

Cultivating a PEARL: Pacific Perspectives on Being a Health Professions Educator Leader – A Qualitative Case Study

Sinead Katherine Kado

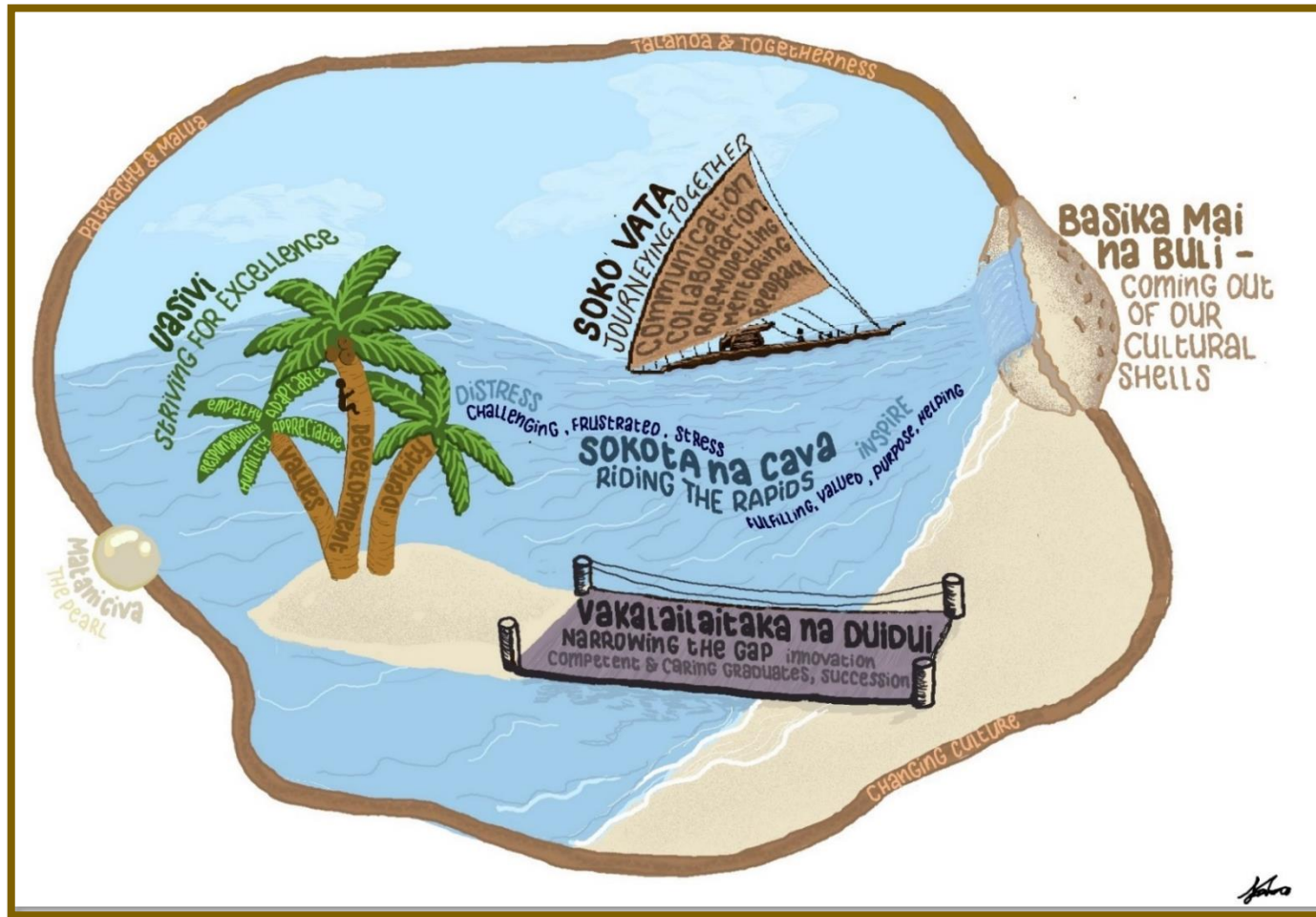
BSc; MBBS; Dip O&G; GCME; MHPEd



This thesis is presented for the degree of Doctor of Philosophy of The University of Western Australia

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2024



Cultivating a PEARL: Pacific Perspectives on Being a Health Professions Educator Leader

Thesis Declaration

I, Sinead Katherine Kado, certify that:

This thesis has been substantially accomplished during enrolment in this degree.

This thesis is my own work and does not contain any material previously published or written by another person, except where due reference has been made in the text or Authorship Declaration.

This thesis does not contain material which has been submitted for the award of any other degree or diploma in my name, in any university or other tertiary institution.

In the future, no part of this thesis will be used in a submission in my name, for any other degree or diploma in any university or other tertiary institution without the prior approval of The University of Western Australia and where applicable, any partner institution responsible for the joint-award of this degree.

This thesis does not violate or infringe any copyright, trademark, patent, or other rights whatsoever of any person.

The research involving human data reported in this thesis was assessed and approved by The University of Western Australia Human Research Ethics Committee.

Approval #: UWA – 2019/RA/4/20/6529

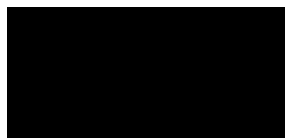
Written participant consent has been received and archived for the research involving participant data reported in this thesis.

The following approvals were obtained prior to commencing the relevant work described in this thesis:

Fiji Human Health Research and Ethics Review Committee

Approval #: FHHRERC 31/2020

Signature:



Date: 1st July 2024

Abstract

Purpose: Health Professions Education (HPE) leadership is commended as a required competency but is difficult to define as it is multi-faceted, contending with clinical, educational and research agendas. Consequently, there is little agreement on leadership approaches to facilitate HPE leadership development. Additionally, promoted leadership theories guiding faculty development tend to be embedded in Global North perspectives which may not apply to diverse cultural contexts.

It may also be contended that Pacific HPE is at a pivotal point and could benefit from leadership development. Despite increasing research emanating from the Global South to guide faculty development, the Pacific voice has been notably absent. Hence, this study elicited the perspectives of Pacific HPE leaders according to an interpretivist approach and a qualitative case study methodology seeking to comprehend *being* an HPE leader and *doing* leadership in this unique cultural context. The findings aim to inform contextually relevant development strategies and add a nuanced perspective to the global HPE leadership discourse.

Methods: Purposeful sampling of HPE leaders from a major Pacific university, who possessed a formal HPE qualification, resulted in the recruitment of seven participant leaders. Data collection employed the novel technique of Rich Pictures, where participants depicted being a leader through a drawing. This was complemented by culturally embedded Talanoa interviews and reflective journals, to capture implicit perspectives. The data were gathered at multiple points over one year during the COVID-19 pandemic. Iterative data analysis utilised Bell et al.'s recommended approach for the Rich Pictures and Miles and Huberman's method for the textual data. The trustworthiness of the study was established by means of reflexivity, triangulation, thick descriptions, an audit trail and member checking.

Results: Three substantive leadership styles were identified through culturally situated visual metaphors: The Bridge engendered assisting students to traverse from novice to competent and role-modelling empathy; The Coconut Tree comprised multiple roles developing students and faculty, and being flexible; and The Boat entailed navigating towards an organisational vision through collaboration. Across these leadership styles, five common themes were ascertained: Emerging from our

Cultural Shell depicting the cultural influences on leadership; Riding the Rapids illustrating the distress and inspiration experienced; Striving for Excellence portraying the leaders' identity and values; Narrowing the Gap conveying the leaders aims; and Journeying Together exemplifying their relational strategies. Collectively, these five themes captured the essence of being and doing HPE leadership in a Pacific setting.

Conclusion: Building on current frameworks for HPE leadership this study suggests Pacific leaders would benefit from reflecting on implicit cultural biases, from being supported to address distressing emotions, by identifying positive leadership attributes and through developing bi-directional relationship strategies. These insights led to the conceptualisation of a Pacific HPE leadership framework depicted as a PEARL in a shell. In accordance with this acronym, the layers of the framework incorporate the **P**acific culture, **E**motions, **A**tttributes and **R**elationships that impact **L**eaders. These understandings about being a leader derived from a unique socio-cultural context, utilising a novel data collection tool, will enlighten HPE leadership development in this setting. Moreover, the overarching principles of culture, emotions, attributes and relationships applied across cultural contexts could inform a more effective global HPE leadership framework.

Visual Abstract

Perspectives On Being A PACIFIC HEALTH PROFESSIONS EDUCATION LEADER



Dedication

I dedicate this PhD to my family.

To my children, Celeste, Gabriela, Abigail and Jack. You are my world.

To my husband, Joseph, for accompanying me on this PhD journey. We did it!

To my parents, for always believing in my abilities and providing steadfast support.

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This PhD journey has been long, and sometimes arduous; however, the journey has provided many opportunities for growth and development. This would not have been possible without the assistance of many people and here I would like to acknowledge their contributions and give my heartfelt gratitude.

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For the research participants, the Pacific HPE leaders, without you this research would have been impossible. Thank you for your adaptability, perseverance and willingness to engage in the activities despite the difficulties faced ordinarily, and then with the COVID-19 pandemic. I hope that together we can improve HPE in the Pacific.

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To the many friends in Perth who have supported me with childcare, walks, cups of tea and laughter. Especially to Larissa, Amanda, Nicole, Tania, Gaynor, Gima, and my Australian mentors, Henry and Linley. Your generosity has been overwhelming. Thank you for taking our family under your wings.

Last but not least, my family, especially my children, thank you for keeping me grounded. I am truly blessed.

*So do not fear, for I am with you;
do not be dismayed, for I am your God.
I will strengthen you and help you;
I will uphold you with my righteous right hand. Isaiah 41:10 (NIV)*

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Authorship Declaration

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Dr Sinead Kado reviewed the literature, designed the study, and then collected and analysed the research data, before drafting the original manuscript.

Co-author signatures and dates:

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Professor Simon Clarke 20th June 2024



Student signature:

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I, Sandra Carr, certify that the student's statements regarding their contribution to each of the works listed above are correct.

Coordinating supervisor signature:

Date: 19th June 2024



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List of Acronyms

In order as presented in the thesis

UWA	University of Western Australia
FHHRERC	Fiji Human Health Research and Ethics Review Committee
HPE	Health Professions Education
FNU	Fiji National University
USA	United States of America
AMEE	International Association for Health Professions Education
GCME	Graduate Certificate in Medical Education
MEDLINE	Medical Literature Analysis and Retrieval System Online
CINAHL	Cumulated Index to Nursing and Allied Health Literature
ERIC	Educational Resources Information Center
FoHPE	Focus on Health Professions Education
TAPS	The Asia Pacific Scholar
MeSH	Medical Subject Headings
UK	United Kingdom
EI	Emotional Intelligence
NHS	National Health Service (UK)
MLCF	Medical Leadership Competency Framework
HPESU	Health Professions Education Scholarship Unit
MLQ	Multifactor Leadership Questionnaire
SEQ	Self-Efficacy Questionnaire
COVID-19	Coronavirus Disease of 2019
PhD	Doctor of Philosophy
ALQ	Authentic Leadership Questionnaire
CMNHS	College of Medicine, Nursing and Health Sciences

Zoom	Videotelephony Software Program
NVivo	Computer Assisted Qualitative Data Analysis Software

List of Fijian Terms

Talanoa	To talk or discuss a subject
Vuniwai	Doctor
Masi	Decorated bark cloth
Uasivi	Perfect or Excellent
Ratu	A male of chiefly heritage
Bula	Hello, or more literally Health
Yagona	A drink made from the Kava plant roots; also known as 'Grog'
Tanoa	A wooden bowl for the preparation of the yagona
Bilo	Cup made from coconut shell to drink the yagona
Mai Kana	Come and Eat
Wavu ni vakatasu	Bridge
Vunikau ni niu	Coconut Tree
Drua	Traditional Fijian Boat
Basika mai na Buli	Emerging from the Cowry Shell
Sokota na Cava	Sailing the Storm
Vakalailaitaka na Duidui	Reducing the Difference
Soko Vata	Sailing Together
Mataniciva	Pearl

1 Chapter One: Framing the Research Question

1.1 Introduction

Leadership is a fluid, dynamic, socially constructed and mediated concept; its meaning therefore changes over time and between cultures, and thus 'evidence' of what works is not easily captured. (1 p896)

Almost a decade ago Judy McKimm and Helen O'Sullivan(1) provided the above commentary, suggesting that health professions education (HPE) leadership had no perfect definition. Although it is acknowledged that leadership is a complex social phenomenon, there is a plethora of leadership models and theories available to guide HPE leaders, but they are most often situated in western contexts.(2, 3) In recognition of this perspective, HPE is encouraging a de-colonisation of entrenched educational and leadership opinions by considering divergent worldviews.(4, 5) At this same juncture, HPE in the Pacific is at a pivotal moment with the proposed development of an HPE course and research unit at the Fiji National University (FNU). Fiji, a low-resourced Pacific Islands nation, has been envisioning Pacific HPE over the last ten years, therefore, effective leadership is required to ensure its success at the individual, team and institutional levels.(6, 7) As current leadership theories may not be fully applicable in the Pacific context, it was deemed prudent to investigate the perspectives of current Pacific HPE leaders in Fiji, capturing their understandings of leadership in this cultural context. The findings from this study aimed to inform future leadership development in this setting and add a distinctive perspective to the extant literature.

After expounding on the research rationale, purpose and significance, this introductory chapter iterates the research questions and provides an overview of the study design and methodology. An explanation of my positionality as a researcher in this cultural setting is then offered before defining some key terminology pertinent to the research. Lastly, an outline of the structure of the thesis provides an orientation to the subsequent chapters.

1.2 Rationale and Purpose for the Research

Health Professions Education is experiencing constant change due to the increasing demands from clinical, educator and researcher roles alongside technical advances and globalisation.(8) In order to navigate these demands successfully leadership development is advocated in HPE(3, 9, 10) and experts in this field suggest leadership development should be grounded in culturally relevant theoretical frameworks.(2, 3, 8, 9) As the literature review

in the next chapter will detail leadership theories advocated by HPE tend to emanate from the United States of America (USA) representing one worldview. In addition, the theoretical and empirical HPE leadership literature is skewed to the Global North (see definition in key terms below) asserting recommendations which may not align with faculty requirements in other jurisdictions. Moreover, current leadership frameworks developed in HPE incorporate personal, interpersonal, organisational and systemic frames but fail to address cultural aspects explicitly.(11, 12) Although there is a move towards integrating diverse viewpoints as evidenced by the recent AMEE guide on Adaptive HPE leadership, the underlying theories were western based, potentially limiting its application.(13) Indeed, research emanating from non-western countries suggests that advocated competencies, while acknowledged as desirable, are difficult to apply in hierarchical cultures and organisations.(14-16) It is clear that a deeper understanding of the complexities of HPE leadership in diverse cultures is required to inform a theoretical leadership framework and future development of global HPE leaders.

From a Pacific viewpoint, faculty development is sparse and previous research has highlighted the difficulty of enabling academic change.(17) Leadership development in this context could assist in promoting and implementing evidence-based academic interventions to enhance HPE practices. However, current HPE leadership frameworks intended to guide faculty development may not apply to the Pacific context. Moreover, research on Pacific HPE leadership was not identified to inform this leadership development endeavour.

Therefore, the research purpose was to investigate the perspectives of Pacific HPE leaders in Fiji to explore the components of leadership in this cultural setting. It was predicted that drawing on the understandings of those currently in leadership, with a grounding in HPE, would provide nuanced views about leadership in this cultural setting. The insights gained from this study were envisaged to assist in developing a framework to guide Pacific faculty leadership development. Additionally, the findings should offer a novel perspective, grounded in the cultural context, to the international literature providing insights into how culture impacts leadership practice. Commonalities identified with the extant HPE leadership theory may also contribute to a more global leadership theory.

This study is significant for several reasons. Firstly, HPE is emerging in the Pacific and requires leadership to nurture future health educators.(17, 18) This study aimed to provide a contextual HPE leadership framework to guide leadership development in a Pacific setting. Second, HPE leadership has been empirically investigated through inductive and deductive analysis that is skewed to western settings.(11, 19-23) In contrast, this research opted to

undertake an interpretivist approach to investigate HPE leaders' perspectives in a low-resourced, non-western setting (Global South). By aiming to develop a leadership framework in a Global South setting the findings have the potential to benefit other less developed nations advocating for leadership development in HPE.(24, 25) Third, most HPE leadership frameworks have been derived from interviews alone.(11, 20, 22). This qualitative case study research views HPE leadership through several data collection tools, to gain a richer, deeper perspective and capture tacit perspectives that may not be evidenced in interviews.(26-29) This methodology could conceivably lead to a more robust framework for leadership, contributing to an inclusive global HPE leadership theory.

1.3 Research Questions and Overall Design

This study aimed to identify the components of 'Being a Pacific HPE leader' with a particular focus on the impact of the Fijian culture. Furthermore, it aimed to comprehend the aims of the HPE leaders and how they would achieve them.

The central research question that guided this research was:

'What are the perspectives of Pacific HPE leaders on being a leader in the Fijian context?'

This central research question was guided by five sub-questions:

1. How do they perceive themselves being an HPE leader?
2. What are the intentions of being an HPE leader?
3. What strategies do they purport to use to achieve these intentions and how do they perceive they work?
4. What outcomes are they hoping to achieve by being an HPE leader?
5. How does the culture and context influence their HPE leadership?

To gain access to the perspectives of Pacific HPE leaders an interpretivist approach was employed to investigate their views inductively, with minimal influence from western theoretical frameworks.(30) Additionally, a qualitative case study methodology was adopted to gain rich, thick data through several data sets.(26, 31) The research was conducted at a major Fijian university (FNU), with the case bound by Pacific HPE leaders currently employed by the University who had completed the Graduate Certificate in Medical Education (GCME). The data collection tools utilised were Rich Pictures - participant drawings used in qualitative research, Talanoa interviews (see Key Terminology) and reflective journals over one year. These data collection tools were employed to gain access to explicit and implicit perspectives, providing a deeper understanding of Pacific HPE leadership. Data analysis was guided by a Rich Pictures analysis framework advocated by Bell et al.(32) and Miles and Huberman's(33) method for the oral and written components.

1.4 Researcher Positionality

I am a white, Anglo-Saxon doctor, who is married to a Fijian paediatrician, and spent over 20 years in Fiji practising Obstetrics and Gynaecology and conducting problem-based learning tutorials for medical students in years 1-3 of a six-year undergraduate program. In 2013, when I was the coordinator of the year 1-3 program, I completed the GCME at FNU alongside my Pacific colleagues. I subsequently developed a medical education workshop, with two Australian colleagues who had conducted the GCME, to implement around the Pacific. The workshops were conducted in Kiribati, Vanuatu, Solomon Islands, Palau and at FNU.⁽³⁴⁾ My aim was to enhance HPE in the Pacific. In 2017, I was awarded an Australian Awards scholarship, as a Fijian, to pursue a Master of HPE, which then led to this doctoral study. I am the primary researcher and have designed the research study with guidance from my supervisors. Throughout the research, I have been mindful of my white privilege and the respect that is afforded to me because of my *vuniwai* (doctor) status. When interacting with my research participants, I consciously listened to their perspectives without imposing my views or beliefs. As a contemporary of the participants, I did not perceive that they felt pressured to say the 'right thing'. In addition, as they were all professionals in their own right, my doctor status bore little significance. There was no power imbalance, and the leaders were confident in their abilities and perspectives. They also understood that the research was being conducted with the aim of improving HPE in the Pacific, which they were happy to be part of. However, whilst reflexivity was practised during the research my unconscious biases may have impacted the interpretations. This is especially the case as I was raised in a western setting and although I have spent a significant proportion of my life in Fiji, I am not a Pacific Islander. Furthermore, I have been removed from the Fijian setting for five years and may not have interpreted all the nuances in the reflections and interviews. This was mitigated as much as possible through research discussions with my supervisors and member checking with the participants. Therefore, through immersion in the Fijian culture, good rapport with the participants and member checking, the Pacific view of HPE leadership was considered to be explored comprehensively. This brief orientation to my positionality in this study is expanded in Chapter Four through my reflections on living in Fiji and my HPE journey.

1.5 Definition of Key Terminology

Several keywords are used throughout this thesis and require defining here to ensure a common understanding:

Theory: A framework of integrated concepts with relationships between them which is able to explain or predict a phenomenon.(35) Theory around the phenomenon of HPE leadership was explored and the data from this study were analysed to develop a framework for Pacific HPE leadership.

Leadership: A process of social influence to achieve a common goal, occurring at an individual or group level and requiring an interconnected set of leadership knowledge, skills and behaviours.(36, 37) The notion of leadership was explored through participants' perspectives to understand how culture impacted the tenets of leadership.

Health Professions Education (HPE): A course of study to provide the knowledge and skills to become a health practitioner, enabling practitioners to assist in the prevention and treatment of disease.(38) HPE in the Pacific context involves Medicine, Dentistry, Nursing, Public Health and Allied Health.

Global North and Global South: The Global North typically includes wealthier nations in North America and Europe, Cypress, Israel, Australia, New Zealand, Japan, Singapore, South Korea and Taiwan.(39)

The Global South refers to countries previously termed 'Developing' or 'Third World' and were often colonised. This includes Africa, China, India, South America, the Pacific Islands and parts of Asia.(39) This study was conducted in a Global South context.

Pacific Islands: A group of Islands in the Pacific Ocean divided into Melanesia, Micronesia and Polynesia by ethnogeographic groupings.(40) Participants were based in Fiji (Melanesia). Most participant HPE leaders originated from Fiji but there was also representation from Polynesia and Micronesia.

Talanoa Interviews: Talanoa is a means of talking where Pacific Islanders are free to 'tala' talk 'noa' around the subject. Talanoa interviews enabled data collection to occur in a culturally sensitive manner.(41)

1.6 Structure of the Thesis

The study reported in this thesis is based on Denzin's interpretive process for research.(42) This process entails six phases including, framing the research question, deconstructing prior conceptions, capturing, bracketing, constructing and contextualising the phenomenon, which correspond broadly to the thesis chapters. Two extra chapters present the cultural context surrounding the phenomenon and the conceptualised framework in the concluding chapter. **Error! Reference source not found.** provides a schematic diagram of the thesis structure based on Denzin's Interpretive process,(42) the corresponding elements of the research process and indicative chapters.

1. Framing the Research Question

Chapter One – The Rationale for the Research

This chapter has established the rationale for the study reported here stating that HPE leadership development is required in the Pacific and there are no culturally situated frameworks to guide leadership development, as most previous research has been conducted in the Global North. The main purpose of this study was to develop a culturally relevant framework to guide faculty leadership development and contribute a nuanced interpretation of HPE leadership to enrich the international discourse. The research questions and study design aimed to capture Pacific HPE leaders' perspectives on their leadership goals, strategies and experiences in this cultural context to generate insights into Pacific HPE leadership.

2. Deconstructing Prior Conceptions of the Phenomenon

Chapter Two – Literature Review

Chapter Two presents a systematically conducted narrative review of the recent HPE leadership literature. The narrative review investigates the traditional, contemporary and emerging leadership theories promoted within HPE and their utilisation in leadership development of health professionals. Additionally, the empirical HPE leadership discourse is examined from Global North and South perspectives to portray the methodological approaches utilised and highlight capabilities promoted in each context. The review establishes that Pacific HPE leadership has not been previously investigated, further justifying the need for the current study.

3. Capturing the Phenomenon

Chapter Three – Methodology and Methods

Chapter Three describes and justifies the interpretivist approach and qualitative case study methodological stance that were utilised. It then details the methods, of selecting

multiple HPE leaders who embodied the phenomenon of Pacific HPE leadership, and employing data collection tools of Rich Pictures, Talanoa interviews and reflective journals to capture the leaders' perspectives. Next, the data analysis approaches are explained for the visual and textual data. Finally, the trustworthiness, ethical considerations and methodological limitations of the study are elucidated.

4. The Cultural Context Surrounding the Phenomenon

Chapter Four – Background and Context

Chapter Four provides a rich, thick description of the cultural context including the history of Fiji and HPE. A brief exposition of HPE in other Pacific islands and the Pacific Rim leadership considerations are offered. Moreover, I provide my reflections on the culture and HPE experiences from my perspective to further expand on my positionality within the research.

5. Bracketing the Phenomenon

Chapter Five – Results

Chapter Five identifies three leadership styles pertinent to Pacific HPE leadership, represented by visual metaphors of the Bridge, Coconut Tree and Boat. Explanation of their essential features occurs through data display, including participants' Rich Pictures and quotes, composite narratives and a researcher synopsis.

6. Constructing the Phenomenon

Chapter Six – Themes

Chapter Six presents the themes ascertained across all identified leadership styles serving to address the research questions. The five themes incorporate the cultural context; the experiences of being a leader; the identity, development and values underlying Pacific HPE leadership practice; the participant leaders' goals; and the strategies utilised to attain those goals.

7. Contextualising the Phenomenon

Chapter Seven – Discussion

Chapter Seven discusses the findings with reference to the extant literature, first considering the three leadership styles and the concept of power. The chapter then focuses on the multifaceted nature of Pacific HPE leadership incorporating culture, emotions, values, and relationships.

8. Framework for the Phenomenon

Chapter Eight – Conclusion

The final chapter summarises the study, considering its strengths and limitations. It incorporates the findings and discussion to produce a conceptual framework for HPE leadership in the Pacific. Implications for policy and practice, particularly relating to faculty development are suggested. Areas for future research are also proposed before concluding the thesis with a final reflection and statement.



Figure 1: Thesis Structure Based on Denzin's Interpretive Process(41)

1.7 Summary

This chapter has introduced this thesis by identifying the need to develop a contextualised framework for Pacific HPE leadership by means of an interpretivist approach. The central question driving this study, namely, ‘What are the perspectives of Pacific HPE leaders on being a leader in the Fijian context?’, was investigated using a qualitative case study research design and employed multiple data collection tools to capture nuanced perspectives. The insights gained have the potential to assist other low-resource settings and provide a fresh perspective to the global HPE leadership discourse. Furthermore, this chapter has foreshadowed the thesis structure and provides an outline of the constituent chapters.

2 Chapter Two: Deconstructing Prior Conceptions of the Phenomenon

2.1 Introduction

Given the complexity of Health Professions Education (HPE) which encompasses curriculum change, pedagogy, research endeavours and clinical practice, while concurrently balancing the needs of universities, healthcare facilities and faculty dynamics, it is imperative to have effective HPE leadership.(3, 7-9) Despite the proliferation of faculty development initiatives aimed to enhance leadership capabilities they often lack foundations in theoretical frameworks and are mainly based in Global North contexts.(2, 3) Therefore, this study endeavours to address that deficit by developing a framework to guide faculty development for HPE leadership in the Pacific context and add a novel perspective to the extant international HPE leadership discourse. To inform this research journey a narrative review of the literature was undertaken in a systematic way to gather, critique and summarise the current literature pertaining to HPE leadership to provide a comprehensive overview of the topic whilst identifying gaps warranting further inquiry.(43, 44) A narrative review was chosen as a flexible, yet rigorous method to comprehend the current HPE leadership discourse and discern differences between Global North and South contexts.(45) The narrative review focuses on three principal domains. Firstly, delineating the theoretical concepts in HPE leadership through traditional, contemporary, and emerging leadership theories espoused by the HPE leadership literature, alongside the purported capabilities required for effective HPE leadership. Secondly, outlining the utilisation of leadership theories by HPE for leadership development. Thirdly, explicating the empirical research on HPE leadership, focusing on promoted capabilities and experiences of being an HPE leader from a Global North and South perspective. After presenting the three domains of the review, the findings will be integrated to substantiate the current research.

2.2 Literature Review Search Strategy

The literature was searched across three databases, namely **MEDLINE** (Medical Literature Analysis and Retrieval System Online), **CINAHL** (Cumulated Index to Nursing and Allied Health Literature) and **ERIC** (Education Resources Information Center). These three databases were chosen as the search was focused on HPE leadership. Research pertaining to medicine is most often indexed in MEDLINE and for other health professions in CINAHL. ERIC was also added as this is a repository for educational research. In addition to systematically searching these three databases, hand searches were conducted of HPE

journals including MedEdPublish (PubMed), Focus on Health Professions Education (FoHPE) (Informit) and The Asia Pacific Scholar (TAPS) (Google Scholar) as these were not indexed in the databases searched. Furthermore, the reference lists and citing literature of key journal articles were examined for literature that the database search strategy may have missed.

The literature search was completed with the assistance of the university librarian and utilised the following search strategy: **population** – faculty, **concept** – leadership, and **context** – health professions education.(46) The limits placed on the search were from 2010 to 2023 as leadership is a social phenomenon and therefore evolves, influenced by current social practices and beliefs.(1) All languages were included, although identified abstracts to be read happened to be in English, reflecting the skewed evidence from English-speaking countries.(47) When searching each database the keywords were expanded using the MeSH (Medical Subject Headings) terms in MEDLINE and similar expansions in the other databases to ensure broad coverage (seeAppendices

Appendix 1). For example, the initial MEDLINE search consisted of the following terms:

Population: Faculty (exp Faculty/ OR exp Health Educators)

SCOPE – Faculty

Teaching and administrative staff having academic rank in a post-secondary educational institution.

Concept: Leader* (exp Leadership)

SCOPE - Leadership

The function of directing or controlling the actions or attitudes of an individual or group with more or less willing acquiescence of the followers.

Context: Medic* Educat* (exp Education, Dental/ OR exp Education, Medical/ OR exp Education, Nursing/ OR exp Education, Pharmacy/ OR exp Education, Public Health Professional/)

SCOPE

Use for general articles concerning medical education.

In addition, a wider search was conducted using only the terms of concept and context to understand the current theoretical perspectives around HPE leadership. In total, over 7,000 titles were screened, and 166 abstracts were reviewed. The details of the search strategy can be found in Appendix 1. Of the 166 abstracts a total of 114 were included in the full paper review and 68 papers were involved in the data extraction phase. The focus for the data

extraction pivoted around three sets of literature, HPE leadership theory, development and empirical research, with particular attention paid to geographical location and health discipline. Additionally, from the HPE leadership theoretical literature (n=18) main theories and capabilities supported were extracted (Appendix 1: Table 11). The reviews concerning leadership development (n=12) were explored according to the leadership frameworks utilised and recommended development strategies (Appendix 1: Table 12). Finally, the empirical research (n=38) was scrutinised separately across Global North (n=28) and Global South (n=10) contexts focusing on the study design and major findings (Appendix 1: Table 13). The following sections expand on the findings from the literature review, beginning with the theoretical perspective.

2.3 Theoretical Concepts in HPE Leadership

A theoretical literature analysis was conducted to determine prevalent theoretical frameworks purported to be effective in HPE, and how these relate to geographical and discipline contexts. Collectively, multiple contemporary and emerging leadership theories were advocated, with little consensus regarding the best theoretical frameworks to utilise. Notably, the theoretical discourse pertaining to HPE leadership predominantly emanated from the Global North, with only one article identified including authors from the Global South.(13) Of the 18 articles identified (refer to Appendix 1: Table 11), 14 were authored by individuals from single countries. The majority (n=9) originated from the United States of America (USA), followed by the United Kingdom (UK) (n=4), and one article from Australia. The remaining three articles with multiple Global North authors included the USA, UK, Australia, Singapore, and Sweden. The last and most recent article collaborated with authors from the Global South including Indonesia, Malaysia and Saudi Arabia, however, the lead authors were from the Global North which may have influenced the recommended theories. Thus, it may be contended that the HPE leadership theoretical literature embodies mainly Global North perspectives, particularly from the USA.

Cultural differences appeared to influence which leadership theories were promoted across the geographical regions. An overview of these advocated leadership theories by HPE is provided in section 2.3.1. after detailing their endorsement by country and discipline contexts. American authors predominantly advocated for Transformational leadership(48-51) and Self-determination theory,(52, 53) alongside other paradigms including Maxwell's levels of leadership, Political, Power, Servant, and International leadership.(5, 50, 54-56) Conversely, the UK literature emphasised the leadership, management and followership triad proposed by McKimm and colleagues(1, 57), alongside Authentic, Adaptive, Ethical, Servant and Relational leadership frameworks.(1, 57, 58) McKimm and colleagues(1, 57) argue that different leadership frameworks need to be drawn upon to address the

interpersonal, intrapersonal, organisational and system aspects of leadership and that HPE leaders should have a range of leadership theories to draw on in different circumstances. However, Gordon and Cleland(59), also from the UK, posit a different approach should be used in medical education, namely Complexity leadership theory, advocating that innovative change occurs through three processes: operational structures, often through a top-down approach; entrepreneurialism, to ensure adaptation at a local level; and an enabling culture to ensure successful change at the organisational and personal level. In contrast, one Australian article proposed a distributed or team leadership model, characterised by autonomy, recognition and a supportive organisational culture.(60) Thus, leadership theories advocated appear to be influenced by the prevailing social and cultural elements of each geographical region. The USA tends to promote a more leader-centric approach, whereas the UK advocates for a more inclusive followership approach and the one article identified from Australia endorsed a distributed team approach. Considering the three articles with authors from multiple Global North countries, Nordquist and Grigsby(55), from Sweden and the USA respectively, suggest a political perspective is required, similar to the principles in Complexity leadership theory.(59, 61) However, Sayers et al.(49), from Australia, Singapore and the USA, recommend combining a Transformational and Ethical leadership approach and McKimm and McLean(12) (UK and Australia) propose an eco-ethical approach to leadership drawing on several current leadership theories. Similarly, the one article including Global South authors, also led by McKimm(13), drew on several emerging leadership theories including Authentic, Adaptive and Eco-ethical, alongside Emotional Intelligence theory, in their recent AMEE guide for HPE leaders, acknowledging the challenging and changing environment that HPE leaders face. Interestingly, McKimm(1, 12, 13, 57) has contributed significantly to the commentary on HPE leadership emanating from the UK, and later collaborating with international authors, illustrating the evolving narrative around HPE leadership. Table 1 provides an overview of the main promoted leadership theories, the countries where the HPE authors were situated and their educational discipline. Notwithstanding the multiple theories promoted, there were overlaps between the preferred leadership theories, which will be expanded on later (see Table 3: Competencies Advocated by Leadership Theories and Related Constructs in HPE).

Table 1: Leadership Theories Promoted by HPE by Country and Discipline

Leadership Theories Promoted by HPE by Country and Discipline		
Theory	Countries	HPE Disciplines
Power	USA	Medicine
Situational	UK	Medicine
Servant	USA; UK; Australia	Medicine; HPE
Transformational	USA; Australia; Singapore	Medicine; Nursing
Self-determination	USA	Medicine
Emotional Intelligence	UK; Global	Medicine; HPE
Distributed / Team	Australia	HPE
Authentic	UK; Australia; Global	Nursing; HPE
Ethical	USA; UK; Australia; Singapore	Medicine; Nursing; HPE
Complexity	UK	Medicine
Political	USA; Sweden	Medicine
Adaptive	USA; UK; Global	Medicine; HPE
Maxwell's Levels	USA	Pharmacy

Turning to the disciplines represented in the theoretical literature the largest influence was from Medicine (n=9), followed by Nursing (n=5), Health Professions Education, (n=3) and Pharmacy (n=1). Although medical education exerts a substantial influence, recent trends show inclusivity of other health disciplines within the HPE leadership literature.(12, 13, 60) Considering the influence of each health discipline on leadership theories there was no consistency in medical education, with each article focusing on different theories purported to be effective. Theories proposed ranged from Self-determination theory at the individual level, across a continuum of Authentic, Adaptive, Ethical, and Transformational, to leader-centric theories including Power, Authority and Political approaches.(1, 5, 50, 52, 53, 55-57, 59) However, nursing education exhibited an inclination towards Transformational leadership (n=3 out of 5) as the preferred leadership approach.(48, 49, 51) Nevertheless, Giddens(48) who promotes Transformational leadership for Nursing Deans also focuses on leadership competencies in her article with Morton(62) on 'Pearls of wisdom for chief academic nursing leaders'. The competencies focused on included communication through

listening and transparency, building collaborations, role modelling respect, succession planning to establish a leadership team, and making time to reflect and rejuvenate, which encompasses far more than a Transformational leadership approach. In corroboration with these 'Pearls', Carragher and Gormley(58), suggest utilising a congruent and authentic leadership framework in nursing education leadership which encompasses many of the aforementioned competencies alongside being a decision maker, mentor and motivator suggesting much overlap between theories. Turning to the articles addressing broader HPE audiences (n=3), they advocated eco-ethical(12) and adaptive leadership(13) in response to contemporary issues of climate health and the COVID-19 pandemic. Distributed team-based leadership was also promoted in the HPE arena by van Diggie et al.(60) The only article identified from pharmacy education promoted Maxwell's five levels of leadership; position, permission, production, people development and pinnacle, but the authors excluded the final level of 'Pinnacle', which refers to organisational change, suggesting this was rarely attainable.(54)

Evident from the reviewed theoretical literature, there are many leadership theories purported to be effective, with some alignment with geographical regions suggesting a cultural influence. Whilst there was less difference between the disciplines of medicine and HPE, nursing education stood out as favouring a transformational leadership approach. Surprisingly, there was scant attention paid to school educational leadership theories such as those promoted by Bush and Glover(63), who endorse leadership for learning encompassing a triad of vision, values and influence, and Leithwood et al.(64) who recommend distributed leadership as an essential aspect of successful school leadership. Despite the nuanced differences, overarching competencies were identified, such as effective communication, empathy, being a good role model, mentoring, motivating and enabling change, albeit with different emphasis contingent on the espoused leadership theory. The next section will briefly describe the prevailing theories underpinning HPE leadership, alongside endorsed competencies. This is by no means exhaustive of the extant leadership theories but focuses on those most commonly promoted in the contemporary HPE theoretical leadership literature.

2.3.1 OVERVIEW OF PROMOTED HPE LEADERSHIP THEORIES

The landscape of leadership and related theories within HPE is multi-faceted and encapsulates aspects of traditional, contemporary and emerging perspectives. Power, Situational, Servant, Transformational, Self-determination, Emotional Intelligence (EI), Distributed, Authentic, Ethical, Complexity, Political, and Adaptive leadership theories were selected to expound either because this was the main leadership theory promoted within an article or if multiple theories within an article were promoted, the theories that were most

common across several articles were nominated. A brief description of each leadership theory is presented, from the perspective of the original author, highlighting the main arguments and competencies and how they have been interpreted in relation to the HPE theoretical literature. Additionally, the opted leadership theories are arranged in chronological order to demonstrate the evolution of leadership theories over time as leadership theory is purported to reflect prevailing social beliefs.(1, 57)

It is noteworthy that although medicine, nursing and allied health are 'traditional' professions with longstanding professional standards, they have acknowledged the limitations of the traditional 'Great Man' leadership theories that were first purported.(8, 57, 63) That is, one is born with innate leadership qualities, or expected to emulate esteemed leaders. However, aspects of autocratic leadership, involving power to facilitate change, have been promoted by some in the HPE leadership discourse.(54-56) This facet of power in leadership will now be explored followed by the contemporary and emerging leadership theories in turn.

2.3.2 POWER-BASED LEADERSHIP

Power-based leadership theories have been advocated by some within the HPE domain.(54-56) French and Raven(65) introduced their seminal framework on power, describing five bases of social power to influence change, and later Raven(66) argued for a sixth power base of informational power. Within this framework, three bases are linked with formal power, associated with positions of leadership, namely legitimate, rewarding and coercive power. These forms of power motivate subordinates through positive or negative influences. Conversely, three bases are associated with informal power and include expert, informational and referent power, whereby followers are more likely to be cooperative if the leader is an expert in their field, being able to provide useful information, and is respected and admired. Furthermore, French and Raven(65) suggest that legitimate power is influenced by culture, such that if age, sex, intelligence and social standing are revered then this shapes leader legitimacy. However, these authors purport that referent power is the most influential when the leader is respected and easily identified with.(65) Conversely, within the context of HPE leadership, the concept of power is viewed varyingly. Kumar et al.(56), promoting effective leadership for program directors, argue that expert and informational power (non-formal) are influential in enabling change, whereas Prescott(54) and Nordquist and Grigsby(55) emphasise positional power. Nordquist and Grigsby(55) adopt a political view of medical education leadership, where they suggest power can be leveraged as an asset to effect policy change. Prescott(54) proposes that positional power is required first in his article promoting Maxwell's five levels of leadership.

However, contradictions arise regarding the need for formal power in leadership as McKimm et al.(13) argue that leadership can be practiced without formal authority in HPE leadership. Additionally, for those in authority, the absence of referent power may impede the change desired.(65, 67) To develop non-positional power HPE leaders are encouraged to be authentic, possess good communication and interpersonal skills, and be a positive role model to foster trust.(13) Nevertheless, whilst power can positively influence people when employed constructively, the risk is that leaders can become power-hungry with deleterious consequences.(56, 67) To address this possibility Kumar et al.(56) recommended that medical program directors adopt the '6A's' alongside the power bases to ensure effective leadership, asserting that leaders be Authoritative and Autonomous while being Authentic, Accessible, Adaptable, and Accountable. Thus, although both formal and informal aspects of power are advocated across the HPE leadership literature, there is a distinct emphasis on ensuring this power is utilised beneficially.

2.3.3 SITUATIONAL LEADERSHIP

As French and Raven(65) highlighted, culture, social structure and organisational position can impact the effectiveness of a leader's influential power. This view was further developed by Hersey and Blanchard(68) in their Situational leadership theory, which promotes the notion that followers need to be considered when leadership is enacted. For instance, a directive approach is required for learners who are unwilling and unable to do a task, whereas if they are willing and able, a delegating approach can be adopted. Other strategies that can be employed include coaching the willing but unable, and supporting unwilling but able learners.(68) In HPE leadership, McKimm and Swanwick(57) suggest this situational approach is useful for different circumstances, insofar as leaders need to adapt their approach based on the situation. They propose this situational approach requires a range of strategies through communicating, mentoring, motivating and inspiring learners to develop.(57) Although not widely used in HPE, Situational leadership theory, with its consideration of followers, has paved the way for the development of contemporary and emerging leadership theories.(57)

2.3.4 TRANSFORMATIONAL LEADERSHIP

In the 1970s, contemporary theories of leadership came to the fore through the work of Burns(69), Bass and Avolio(70), and Kouzes and Posner(71) on Transformational leadership. As mentioned above Transformational leadership is favoured in nursing education(48, 49, 51) and has influenced the wider HPE leadership discourse.(50, 57, 60). Transformational leadership as conceptualised by Burns(69) and further developed by Bass and Avolio(70), emphasises leaders and followers working collaboratively, building on each

other's strengths, to achieve goals. Bass and Avolio(70) identified four dimensions of Transformational leadership as illustrated in Figure 2.



Figure 2: Transformational Leadership - The Four Dimensions.(70)

Kouzes and Posner(71) further built on this depiction and added a fifth dimension of encouragement by celebrating the successes of the team. Accordingly, their five premises were as follows: Model the Way, Inspire a Shared Vision, Challenge the Process, Enable Others to Act and Encourage the Heart.

Transformational leadership has been endorsed in the HPE theoretical literature for its potential to foster teamwork, innovation and empowerment through mentorship.(48, 49, 51) Giddens,(48) who draws on Bass and Avolio's framework, suggests nursing education leaders need to be charismatic to influence faculty to change. However, concerns have been raised that charismatic leaders can display 'narcissistic' tendencies, thereby exploiting their influence for personal gain or causing burnout in their followers.(57, 70, 72) Although Bass and Avolio(70) emphasised ethics and moral values this has not always been applied in practice.(51, 73) To address this failing, Sayers et al.(49) and Fischer(51) recommend Kouzes and Posner's framework for nursing education emphasising that leaders must be role models to their faculty, with exemplary values. Additionally, Lieff and Yamarino(8) suggest that in academic medicine a 'transformational' approach can be utilised if there is an urgent need to change, such as getting accreditation for a course, but there needs to be 'buy-in' from faculty to ensure change is successful. Moreover, in recognising the issue of 'narcissistic' leaders the HPE discourse advocates the values of honesty, equity, accountability and respect are embedded in HPE leaders' approaches to change, by commending a combination of transformational leadership approaches with ethical or servant leadership.(49, 50, 57)

2.3.5 SERVANT LEADERSHIP

In the HPE leadership literature, Servant leadership as proposed by Greenleaf(74, 75) is also a recommended contemporary theory. Servant leadership is advocated to be used in conjunction with other leadership models to cultivate ethical values and empathy.(12, 57) For example, Servant leadership is advocated alongside Authentic and Ecological leadership, to instil justice, empathy and compassion within Eco-ethical leadership as HPE leaders grapple with the global climate health crisis.(12) Furthermore, Servant leadership is suggested to aid in promoting acceptance and understanding across various HPE disciplines as interprofessional practice is fostered.(57)

Servant leadership centres on the leader being servant first, with a set of values, faith and hope. This model underscores the importance of listening and understanding, displaying acceptance and empathy with people, being intuitive, persuasive and aware, and having foresight.(74) Ultimately the leader must lead by being a good example and although Greenleaf acknowledges power and authority, this must be exercised through example and not coercion.(74) The Servant leadership model(75) also focuses on ‘healing’ or to make whole either physically, emotionally or spiritually offering a compelling framework for HPE leadership, however, its adoption remains limited to its integration alongside other leadership models to enhance the capabilities of the HPE leader.

2.3.6 SELF-DETERMINATION AND EMOTIONAL INTELLIGENCE

Transitioning from a focus on the leader being powerful and authoritarian to understanding and motivating followers by being a good role model, the subsequent phase of theories influencing leadership is concerned with the attributes a leader should embody. Whilst not leadership theories *per se*, Self-determination theory and Emotional Intelligence theory are prominent frameworks within the HPE leadership literature, offering insights into how leaders develop themselves and others.(13, 50-53, 57, 58)

Self-determination theory, initially proposed by Deci and Ryan(76, 77), is primarily a motivational theory, that posits autonomy, competence and relatedness are required for intrinsic motivation. Self-determination theory has been advocated in two distinct ways in the HPE theoretical leadership literature. Lyness et al.(52) promote Self-determination theory as a strategy for leaders to develop others, whereas, Yemane et al.(53) advocate the theory to nurture leaders, in academic medicine. Each adopts the same three components of self-determination theory; namely *autonomy* – taking initiative and ownership for actions, *competence* – having a sense of mastery from positive feedback and optimum challenging opportunities, and *relatedness* – a sense of belonging and connection.(76-78) Lyness et al.(52) propose that leaders should give faculty autonomy, through a sense of choice, by listening and providing a rationale for change. Furthermore, faculty need to be supported in skill

development through positive feedback to develop a sense of competence, and relatedness or a sense of purpose can be fostered through making connections with others and having an empathetic attitude. Contrastingly, Yemane et al.(53) advocate for developing a more diverse medical education leadership team by providing future leaders opportunities to establish autonomy, through scholarship and promoting wellness to enhance competence, and mentoring to foster relatedness. Yemane et al.(53) conclude that by developing the internal motivation of diverse leaders through self-determination that career development, networking and a sense of belonging will be enhanced. Although both articles employ the same lens of autonomy, competence and relatedness, their application of the principles varies to achieve distinctive outcomes, illustrating that interpretation of theory in different contexts can have diverse implications, underscoring the contextual nuances inherent in leadership theory interpretation and application.

Furthermore, Emotional Intelligence (EI) theory is advocated in the HPE literature as essential for effective leadership practice to foster self-awareness and empathy.(13, 50, 51, 57, 58) The articles represented medicine, nursing and HPE from the UK and USA suggesting EI is applicable across multiple disciplines and possibly cultural contexts. Emotional Intelligence, as proposed by Goleman(79, 80), comprises four components depicted in Table 2.

Table 2: Goleman's Emotional Intelligence Theory.(80)

Emotional Intelligence Theory	
Self-awareness	Understanding your own emotions, assumptions and biases.
Self-management	Emotional self-control. Adaptability. An optimistic outlook.
Social awareness	Understanding others' needs and viewpoints. Being empathetic.
Relationship management	Nurturing others through coaching and mentoring. Enhancing the productivity of individuals and teams through inspiration and conflict management.

The HPE literature suggests that EI enhances creativity in teams and is well suited to the health professions with its focus on empathy.(13, 50, 51, 57, 58) By cultivating self-awareness, emotional self-control, and optimism leaders can create a positive work environment.(13, 57, 58) Moreover, by being socially aware of others' emotions, leaders can modify their relationships to coach, mentor and develop their team.(13, 51, 57, 58) Despite ongoing debate on whether emotional intelligence is an ability that can be developed or a

personality trait,(57, 58) its integration as a competency into emerging leadership theories promoted by HPE suggests it is beneficial for effective HPE leadership.(13, 57)

2.3.7 DISTRIBUTED AND TEAM LEADERSHIP

Before examining the emerging theories, it is pertinent to explore Distributed or Team leadership, as advocated by van Diggele et al.(60) from Australia. This approach emphasises HPE leaders collaborating within a team, such that individuals with expertise in specific areas can take the lead for particular projects. Although Distributed leadership has been advocated in the school leadership literature, it is less prominent in the HPE discourse.(64) This disparity may be explained by the hierarchical structures in large organisations such as universities.(60) Nevertheless, given the changing nature of HPE, characterised by technology integration, interprofessional practice and problem-based learning, a distributed or team approach may prove more appropriate. Related to distributed leadership, van Diggle et al.(60) also draw on team leadership theory postulated by Hill(36) which promotes effective communication as a key component, with team leaders tasked with understanding issues, formulating feasible solutions, and being both decisive and adaptable. This theory promotes three areas requiring consideration: the task, the relational aspects and the external environment, recommending that leaders should be collaborative, ethical and good role models for the team.(36, 60) Whilst, not widely advocated in HPE many of the competencies outlined align with other recommended leadership theories. As will be explored later, complexity leadership theory and the political perspective acknowledge the need for a bridge between hierarchical power structures and the teams implementing policies on the ground, suggesting the need for more focus on distributed approaches to leadership in HPE.

2.3.8 AUTHENTIC, ETHICAL AND ADAPTIVE LEADERSHIP

Turning now to consider the emerging leadership theories promoted in HPE, most have been advocated combined with other leadership theories, allowing leaders to choose a suite of skills and competencies tailored to their organisational context.(1, 12, 13, 57, 58) This approach, promoted extensively by McKimm and colleagues(1, 12, 13, 57) across various HPE leadership articles, intends to support the development of future HPE leaders. The most promoted emerging theories across the HPE literature include Authentic, Ethical and Adaptive leadership theories.

Authentic leadership is commended as being a positive influence on the interpersonal aspects of HPE leadership.(13, 58) Avolio and Gardner(81) purport it is underpinned by being true to oneself and following personal convictions of value, such as those intrinsic to eco-ethical HPE leadership practice.(12) Within the HPE theoretical literature, Authentic leadership is characterised by self-awareness of values and biases, fostering good communication through

active listening, and being a good role model.(13, 56) Through these attributes, leaders can foster trust, mentor others to be authentic and improve well-being.(56, 58) While Authentic leadership shares many characteristics with Emotional Intelligence theory, it is distinguished by its focus on genuine expression and the development of future leaders to 'be a good leader' rather than merely 'doing leadership'.(13) Additionally, there are many overlapping features with contemporary leadership theories, however, Avolio and Gardner(81) argue that Authentic leadership is different to Transformational and Servant leadership theory because its foundations are in the 'theory of authenticity' such that leaders do not have to be visionary and transformational, and that Servant leadership is not based on theory or empirical evidence. Another aspect of Authentic leadership that Avolio and Gardner(81) support is that leaders must be ethical and transparent to develop authentic relationships. Through self-determination and optimism, leaders can help develop others' authenticity.(58, 81) There is recognition, however, that the context can impact the degree of authenticity practised through the level of inclusivity, certainty, opportunity and ethics in an organisation.(81) These organisational contexts are not addressed by the HPE literature when promoting authentic leadership but should be considered. Despite its merits, challenges exist, including debate about whether authenticity is innate or can be taught, and the difficulty in measuring authenticity and self-awareness to investigate the impact this has on organisational change.(58) One of the underpinning values of Authentic leadership is being ethical, which leads to considering the second emerging theory – Ethical leadership.

Ethical leadership is promoted within HPE in the development of Eco-ethical leadership(12, 13) and to complement transformational leadership approaches.(49) In addition, ethical leadership is advocated to assist in cultural management, ensuring the values and morals of the institution are upheld by doing the right thing.(57) Ethical HPE leaders are exhorted to embody attributes such as accountability, transparency and honesty to be good role models.(12, 13, 49, 57) These attributes are required to ensure a safe and inclusive environment, created through trust, empathy and genuine collaborations.(49, 57) In addition, McKimm and McLean(12) advocate for HPE leaders to be more eco-ethical by role modelling sustainable practice as planetary health becomes a major issue, drawing on the notion that we must do the right thing and provide a good example. Ethical leadership is perceived as an adjunct to HPE leadership practice to ensure leaders are grounded in moral and ethical practice. Indeed, when ethical leadership was first advanced by Treviño and Brown(82) they built on Transformational and Authentic leadership theory purporting that transformational leaders could be unethical and that Authentic leadership had too many constructs to be measured empirically. They developed the concept of Ethical leadership based on their research on ethical leaders and argued that leaders need to be caring, honest,

trustworthy, principled, fair, persuasive and transparent.(82) These principles sit well within HPE as the four pillars of ethics of beneficence, nonmaleficence, autonomy, and justice are promoted in healthcare to ensure the best patient outcomes.(83) To be a truly ethical leader McKimm and Swanwick(57) suggest that HPE leaders must reflect and understand their core values and develop emotional intelligence to ensure they do no harm. While ethical, HPE leaders are also tasked with being adaptable, which is the final emergent leadership theory advocated for combining with other leadership theories.(13, 56)

Being an Adaptive HPE leader is promoted to deal with the constant change in health education and the organisational level of leadership.(13, 56) Adaptive leadership is required to navigate complexity and ambiguity by being flexible, agile and authentic, listening to multiple perspectives and finding a common way forward.(1, 13, 57) In contrast to earlier theories emphasising experience and expertise,(65, 68) Kumar et al.(56) assert that adaptability is more important than stability for program directors to ensure innovation and growth. Adaptive leadership, as conceived by Heifetz et al.(84), purports that whilst change takes time it can enable people and organisations to thrive if leaders build on current valued practices, allow experimentation and learn from failure, encourage diversity in people and thinking, and acknowledge losses that may be faced. McKimm et al.(13) modify and interpret Adaptive leadership for HPE, proposing four components as illustrated in Figure 3.

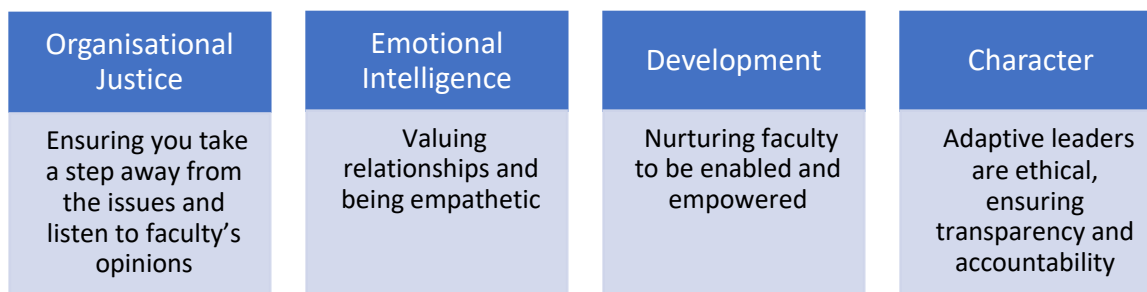


Figure 3: Adaptive Leadership for HPE(13)

These four components encompass aspects of ethical leadership and emotional intelligence illustrating there is much overlap between the different emerging theories, but each emphasises one aspect more than the others, such as the focus on being authentic, ethical or adaptive. Additionally, Wu and Preker(5), who do not promote a theory *per se*, argue for international HPE leadership competencies including global collaborations, respect and reflection to promote cultural competency. The competencies mirror those espoused by Adaptive leadership theory with an additional global perspective, further illustrating the diverse ways in which leadership theory is interpreted within the HPE landscape.

2.3.9 COMPLEXITY AND POLITICAL LEADERSHIP

Moving away from leadership as an individual pursuit, albeit with effective interpersonal relationships, an organisational approach to leadership will now be considered to understand how organisations evolve and adapt in the HPE arena. Complexity leadership theory, proposed by Gordon and Cleland(59) in their recent article ‘Understanding Change within Medical Education’, explains how organisations can change in a knowledge era and consists of three components where enabling leadership interconnects administrative and adaptive leadership, depicted in Figure 4, as proposed by Uhl-Bien et al.(61):

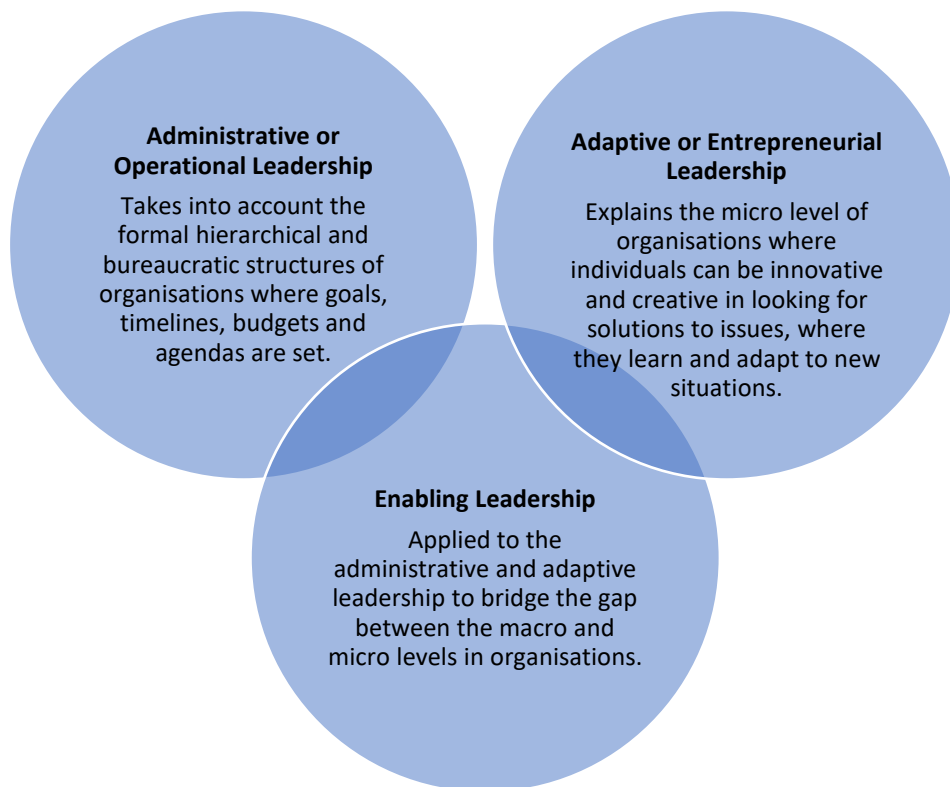


Figure 4: Complexity Leadership Theory - Administrative, Adaptive and Enabling Components.(61)

Unlike individualistic leadership theories, Complexity Leadership theory adopts a collective leadership paradigm recognising organisations need to change and foster new behaviour patterns.(61, 85) By enabling the ‘entanglement’ of individuals at the micro level of adaptive leadership with the macro-organisational level of administrative leadership the theory purports to develop flexible and effective organisations.(61) To effectively implement this approach, Gordon and Cleland(59) suggest faculty cultivate reflective practice, develop collaborations, communicate innovations across the institution, and be involved with planning and decision-making to ensure change is successful and not reliant on individual leadership. This relatively recent theory has just been introduced to the HPE arena and therefore there is little evidence for how this approach would be effective in different settings, especially in hierarchical cultures.

Similarly, Nordquist and Grigsby(55) propose medical schools should be viewed from a political perspective. Drawing on the political frame proposed by Bolman and Deal,(55, 86) medical schools are conceptualised as arenas of competing priorities, scarce resources, and diverse values. Thus, decision-making requires negotiation, and power is portrayed as an asset. Like Complexity leadership theory, this political perspective acknowledges both the top-down hierarchical approach and the bottom-up implementation, emphasising good governance can provide networks that will assist with implementation, similar to enabling leadership. Both Complexity leadership theory and the political perspective in the HPE context suggest ways to navigate adaptive rather than technical challenges, that is aspects that involve behaviour change, such as implementing a new interprofessional curriculum.(55, 59) Even though these approaches offer valuable frameworks for navigating adaptive challenges, they do not provide leaders with a set of skills to help them navigate change. In navigating organisational change, Bolman and Deal(86) suggest there are three additional frames, apart from the political frame, the others include: structural – how the organisation is structured; human resource – consideration of individuals; and symbolic – understanding the culture; and each of these frames needs to be considered to ensure successful change. By integrating these perspectives and addressing the complexities of organisational change, leaders may be able to better navigate the evolving HPE landscape.

2.3.10 ADVOCATED COMPETENCIES

Thus, the leadership theories expounded within HPE leadership include hierarchical, contemporary and emerging theories. It is important to note that many of the theories asserted by HPE share overlapping competencies and characteristics. For instance, Authentic, Ethical and Adaptive leadership acknowledge the importance of honesty, reflexivity and being a good role model. To visualise the commonalities across the leadership theories espoused Table 3 depicts the competencies promoted by each theory. In addition, the authors who conceptualised and built on the theory, the year it was published and where the theory was developed are included. The overlap between the theories underscores their interconnectedness and development. Table 3 has been arranged with the theories in chronological order to match the narrative and to illustrate the change in emphasis over time. It will be noted that earlier theories concentrated on characteristics and interpersonal aspects whilst authentic, ethical and adaptive have a larger focus on values, communication and personal aspects of leadership such as being emotionally intelligent. Furthermore, the most highly advocated attributes included communicating effectively through listening and transparency, being a role model and a change agent, followed by being collaborative, ethical and adaptive. Notably, all theories espoused in HPE leadership have originated from the USA, developed by mainly Caucasian men from the late 1960's to 2000's. This suggests that

current thinking around HPE leadership is heavily influenced by one dominant worldview and may not fit all cultural contexts.

Table 3: Competencies Advocated by Leadership Theories and Related Constructs in HPE

Theories utilised in HPE Leadership	Authors	Year	Country	Leadership Competencies																													
				Characteristics								Interpersonal						Values					Communication			Personal							
				Expert	Adaptable	Passionate	Innovative	Inspire	Decisive	Visionary	Change Agent	Power/Authority	Coach	Mentor	Role Model	Collaboration	Motivate	Teamwork	Ethical	Empathetic	Equitable	Respectful	Honest	Authentic	Feedback	Transparency	Listen	Communication	Reflective	Emotional Intelligence	Well-Being		
Power	French Raven	1959	U S A																														
Situational	Hersey Blanchard	1969	U S A																														
Servant	Greenleaf	1970	U S A																														
Transforma tional	Burns	1978	U S A																														
	Bass	1987																															
	Avolio Kouzes Posner	1998																															
Self-determinati on	Ryan Deci	1985	U S A																														
Emotional Intelligence	Mayor	1990	U S A																														
	Salovey Goleman	1998																															
	BarOn	1997																															
Distributed Team	Spillane	1999	U S A																														
	Leithwood Hill	2007																															

2.4 Leadership Development in Health Professionals

Having delineated the theories and competencies advocated across the theoretical HPE extant literature, this section now turns to consider how leadership theory has been applied to the leadership development of faculty and health professionals more broadly. An ‘umbrella’ approach for this section was taken to get an overview of leadership development across several systematic and other reviews.(87) As HPE leaders traverse both health and education and are often involved in designing leadership development for health practitioners the reviews consulted were not limited to faculty development of HPE leaders; indeed only one systematic review pertaining to leadership development for health educators was identified.(3) Instead, reviews of leadership development across a range of health professionals were consulted to understand the concepts of leadership utilised, the most effective development strategies and where the studies had been conducted that were influencing the HPE leadership development discourse. In total, 13 reviews were identified through the database and hand searching, 10 being systematic reviews. Leadership development was advocated across the breadth and depth of HPE, with the reviews covering undergraduate medicine,(88-91) postgraduate medicine,(92-94), nursing,(95) pharmacy,(96) inter-professional education,(97) and the one for HPE.(3) Most reviews analysed between 20 and 50 articles, with the range being 11 to 117. The reviews aimed to identify the most effective development strategies whilst some also examined the leadership frameworks utilised. For the purposes of this research the review articles were analysed for the cultural context in which the studies were undertaken and what were the most common frameworks used for leadership development, see Appendix 1: Table 12. Overwhelmingly the studies reviewed were from developed nations, or the Global North, with the United States of America (USA) accounting for 63% of the reviewed research, followed by Canada (10%), the United Kingdom (9%), Europe (5%), and Australia (4%). Occasionally an article from a Global South country was included in a review, such as from India, Brazil and Africa, but the reviews did not highlight the findings from these countries as being similar or different, which is surprising as many of the reviews recommended understanding leadership in its cultural context.(3, 93, 95)

A plethora of definitions for leadership was found across the reviews, with many development initiatives lacking a leadership framework, therefore some reviews (n=5) were unable to define leadership.(3, 91, 93-96) Other reviews utilised existing frameworks of leadership for comparing the empirical studies, such as Mangrulkar et al’s six leadership competency domains,(88, 89) Gardner’s multiple intelligences,(2) and the NHS medical leadership competency framework (MLCF).(90) However, there was little consistency across the studies when mapping to the frameworks. The two largest studies(93, 97) found fewer

than 25% of studies utilised a leadership framework to guide their leadership development, and the remaining studies covered a wide array of leadership theories including transformational, distributed, authentic, servant, adaptive, and emotional intelligence, as well as leadership competency frameworks such as the MLCF.(94, 96, 97) However, one recent review by Rodríguez-Feria et al.(47) specifically looked at definitions of leadership and found over twenty definitions from 38 articles. They synthesised these definitions into four common themes: Having a vision, inspiring others, working with others and enabling change and innovation. As illustrated in Table 4 the themes align with Bass and Avolio’s transformational leadership theory(36, 70) and indeed the authors suggested that values should also be included in development strategies which underpin encouraging the heart in the five practices of transformational leadership as proposed by Kouzes and Posner.(36, 71) This finding likely reflects the skewed evidence from the USA where, as will be recalled from the theoretical literature, a transformational approach is often favoured.

Table 4: Medical Education Leadership Themes Align with Transformational Leadership

Medical Education Leadership	Transformational Leadership	
	Bass and Avolio	Kouzes and Posner
Having a vision	Idealised influence	Inspire a shared vision
Inspiring others to do well	Inspirational motivation	Enable others to act
Working with others to show the way	Individualised consideration	Model the way
Bring about change and innovation	Intellectual stimulation	Challenge the process
Values		Encourage the heart

In addition, the reviews aimed to delineate the best practices for health leadership development. The reviews collectively advocated for extended leadership programs, with experiential or mixed-mode learning and projects,(3, 88, 89, 92, 93) alongside coaching, mentoring and reflective practice as effective strategies to develop future leaders.(3, 92-95) However, recommendations also incorporated the need for longitudinal follow-up and evaluation of leadership programs, particularly concerning the impact on organisational outcomes, rather than just knowledge, skills and confidence at the individual level.(2, 3, 93)

Similar to the theoretical literature, the reviews have highlighted that leadership development lacks a common theoretical framework in HPE. Most reviews advocated for a standardised health leadership framework with associated competencies to guide the development of health leadership curricula and assessments. Conversely, Lyons et al.(93) argue that the leadership framework is immaterial and it is the process of development that enhances leadership skills. Indeed, these authors recommend ‘bespoke’ leadership programs that target institutional needs and culture. Nevertheless, the call for a framework remains strong, although the current evidence base is heavily skewed to the Global North, highlighting the urgent need for Global South research to contribute to the development of an overarching global HPE leadership framework and development strategy.

2.5 Health Professions Education Leadership Empirical Research

Building on the insights gained from the theoretical literature and the reviews of leadership development, an examination of the empirical research pertaining to HPE leadership is provided to offer a deeper understanding of leadership practices across the Global North and South. Thus, the concluding section of the literature review explicates the cultural contexts in which the empirical research has been conducted, the methodological approaches utilised, the leadership theories and capabilities championed, and current understandings about being an HPE leader. After completing the full-text reviews of the literature 38 articles were identified that met the inclusion criteria of constituting empirical research on academic leaders in HPE. Details of the search strategy and reasons for exclusion can be found in Appendix 1. Most of the studies were conducted in the Global North (n=28), with half (n=14) from the USA. Ten of the 38 studies investigating HPE leadership were from the Global South representing Saudi Arabia, Iran, Pakistan, the Philippines, Columbia, Uganda and several African countries in one study, providing insights into HPE leadership in different geographical and cultural contexts in the Global South. The 38 articles covered a range of methodologies from quantitative surveys (n=7), to mixed-method designs (n=4), and the majority being qualitative (n=27). A summary of the empirical literature, including the country of origin, discipline, participant characteristics, methodology, and main findings, can be found in Appendix 1: Table 13. The following sections expand initially on the research undertaken in the Global North, including the location, health education discipline investigated, and research methodology utilised. The focus then turns to the current understanding of HPE leadership, including those capabilities purported to be required and the experience of becoming and being an HPE leader. A similar examination of the research and its findings from the Global South is then compared to the Global North.

2.5.1 GLOBAL NORTH HPE LEADERSHIP RESEARCH: WHERE, WHO AND HOW?

Health Professions Education (HPE) leadership has been widely studied in the Global North across several countries and disciplines (Table 5). In considering the cultural contexts in which HPE leadership has been investigated, the countries where this research has been situated comprised the USA (n=14), Sweden (n=5) and Canada (n=4), with single studies from the UK, Singapore, Scandinavia and the Netherlands. In addition, one study linked data from two similar studies, one conducted in Canada and one in Australia and New Zealand to explore cross-country similarities.(98) Few studies gave detailed demographic information about the participants in their studies. Of those that did, mainly studies conducted in the USA, the majority of participants were Caucasian (84-94%).(99-102) Additionally, one study focused on black academic nurse leaders in the USA (103) and another on leaders in Singapore where 70% of participants were of Chinese origin.(23) Although the authors stated where the research had been conducted based on the region or country and whether participants were hospital or university-based there was little discussion about the respective culture and context and how these may have impacted the research findings. One exception was Frydén et al.(104) from Sweden, where they noted that organising and planning were more highly rated than in other contexts and suggested that this may be a specific Swedish finding due to postgraduate medicine being embedded in hospitals rather than universities. Lief and Albert(19) also acknowledged their findings may not be transferrable from their Canadian context, recommending that leaders must be cognisant of the culture and power dynamics in their institutions, which is supported by Sundberg et al.(21) and their work on power and resistance in medical education leadership. Here the authors refer to the culture of the organisation which arguably is also influenced by the culture of the country or region. Predominantly, the research around HPE leadership in the Global North has centred on American, Canadian and European Caucasian perspectives.

Table 5: Global North Empirical Research by Country and Discipline

Global North Empirical Research - Country and Discipline				
Country	Number of articles	of Discipline	Number of articles	
USA	14	Medicine	12	
Sweden	5	Nursing	8	
Canada	4	Health Professions	4	
UK	1	Pharmacy	2	
Singapore	1	Dentistry	1	
Scandinavia	1	HPESU	1	
Netherlands	1			
Canada, NZ & Australia	1			

Note: HPESU – Health Professions Education Scholarship Units

Apart from culture in the geographical sense, there is also a culture within disciplines of health professionals that could impact leadership practices. As stated earlier different leadership theories are promoted within the various disciplines, with nursing promoting transformational leadership.(48, 51) However, leadership theories promoted are not necessarily applied in practice.(19, 97) Thus, it is important to understand the common practices across all HPE leaders to put forward recommendations applicable throughout the HPE spectrum, and to identify the gaps that require further research. Across the Global North empirical research in this review, the main disciplines which have sought to understand HPE leadership included medicine (n=12),(19, 21, 22, 104-113) nursing (n=8),(99-101, 103, 114-117) and pharmacy (n=2),(118, 119) with only a single study found investigating dentistry deans.(102) In addition, four studies investigated HPE leadership across several disciplines, including audiology, radiography, nursing, pharmacy, medicine and physiotherapy education leaders.(23, 112, 120, 121) Away from the mainstream health professionals an additional study was identified focusing on Health Professions Education Scholarship Unit (HPSEU) leaders, which was included as it was related to HPE leadership.(98) Furthermore, across these disciplines many different types of educational leaders were involved with the research. Some studies focused on one class of leader, for example, medical program directors,(104, 105, 108, 111, 113) undergraduate medicine midline managers(21), or nursing or dentistry deans,(101, 102) whereas others included a broad range of deans, heads of department and chief residents to get a comprehensive sense

of HPE leadership across multiple leadership levels.(106, 107, 109, 112) In addition, when stated, depending on the context and how programs were delivered, some leaders were predominantly hospital-based(104) and others university-based.(19, 107) Thus, although HPE leadership has been widely investigated in the Global North, it is heavily skewed to the USA in the disciplines of medicine and nursing, and while a range of HPE leaders have been explored the findings may not apply to other country or discipline contexts. Furthermore, the research previously conducted in the Global North has not explicitly sought to understand the impact of the culture on the way leadership is enacted, but rather focused on the capabilities required to be an effective leader in these settings.

After considering the country and discipline contexts and leadership profiles that have influenced the research findings, the types of study that have been conducted were investigated. The majority of the studies investigating HPE leadership were qualitative in nature (n=19). Given that leadership is a complex social phenomenon it is encouraging that most of the recent research has been conducted with a qualitative lens. Unfortunately, some of these studies lacked a methodological framework to situate their research and simply stated that it was a qualitative study(106, 109), and a few that did utilise approaches such as an exploratory, descriptive qualitative study rarely justified why this approach had been chosen.(114, 115) This lack of methodological rigour also impacted other aspects of the qualitative research which were not fully explained such as adequately describing the data analysis techniques, stating the researchers' positionality and describing how trustworthiness had been enhanced.(104, 106, 107, 109, 120, 121) Despite these concerns the aim of this review was not to judge the quality of the articles but to determine what the current understanding was around HPE leadership and which methods had been utilised to come to these conclusion. All articles, regardless of quality, were reviewed for the insights they provided. With respect to the methods utilised in the qualitative studies, semi-structured interviews alone were by far the most commonly utilised data collection tool (n=12). Other data collection methods included focus groups (n=2),(114, 118) or focus groups combined with interviews (n=2),(116, 117) and one utilised reflective writing.(121) Only two articles were identified that used multiple data collection methods, one an interpretivist case study, using a questionnaire and a semi-structured interview,(120) and the other using interviews and network maps.(112) In alignment with these approaches, Sundberg et al.(22) recommended using a case study methodology with several data sets to fully understand HPE leadership. With regard to data analysis, most qualitative studies (n=14) conducted an inductive thematic approach and supported the themes derived with substantial participant quotes. A few studies (n=5) interpreted the data deductively utilising different leadership frameworks including Yukl's power theory,(21) Senge's systems thinking,(121) Bolman and

Deal's frames of leadership,(104) Hardy and Maguire's Institutional Entrepreneurship,(98) and Gee's i-Identity, power and resistance.(22) A drawback of the deductive analysis was that the data were analysed to fit a pre-determined framework and there was little discussion about which aspects of the data did not fit or what other findings were interpreted to build on the existing models of leadership. Furthermore, very little of the qualitative work moved beyond describing the themes to develop a new framework for leadership. An exception being Lieff and Albert(19) who posited a framework for HPE leadership derived from their themes, which arose from their phenomenological qualitative research on medical education leaders in Canada. The framework conceptualised medical education leadership as comprising four components: Interpersonal – self-awareness, communication and role-modelling; Intrapersonal – relationships and networks; Organisational – shared vision, enable change and management; and Systemic – strategic outside engagement.(19) Overall, the qualitative studies were of mixed quality, utilising mainly interviews as the data collection method with inductive thematic data analysis, and minimal abstraction to develop models or frameworks of HPE leadership.

Bridging qualitative and quantitative research, limited studies (n=4) utilised mixed methods approaches. Three studies began with a qualitative approach to understanding the competencies required of HPE leaders and then translated these into a survey for ranking across the leaders. Examples of this approach included interviews plus a survey among the same interviewed leaders,(107) a modified Delphi survey using an open-ended questionnaire and then two Likert scale surveys(119), and a research group discussion and compilation of a national survey, with the option of open-ended feedback, and local review and field testing of the competency tool developed.(108) These latter two studies explained their research methods comprehensively and devised tools that could be used locally to assist in the development and evaluation of pharmacy education leaders and postgraduate program directors respectively. One study started with a quantitative validated survey with follow-up qualitative interviews to investigate the survey findings.(23)

Regarding the quantitative paradigm, several empirical studies (n=5) focusing on HPE leaders utilised surveys to investigate different aspects of HPE leadership. These were split between using validated questionnaires such as the Multifactor Leadership Questionnaire (MLQ)(101) and the Self-Efficacy Questionnaire (SEQ)(99) and studies that had devised their own(100, 102, 105), which unfortunately were rarely validated or piloted. Nevertheless, these surveys aimed to understand leadership across a larger number of participants than could be achieved with qualitative research and over a wider geographic area to improve the

generalisability of the findings. Figure 5 provides a summary of the methodological approaches employed by the Global North empirical literature.

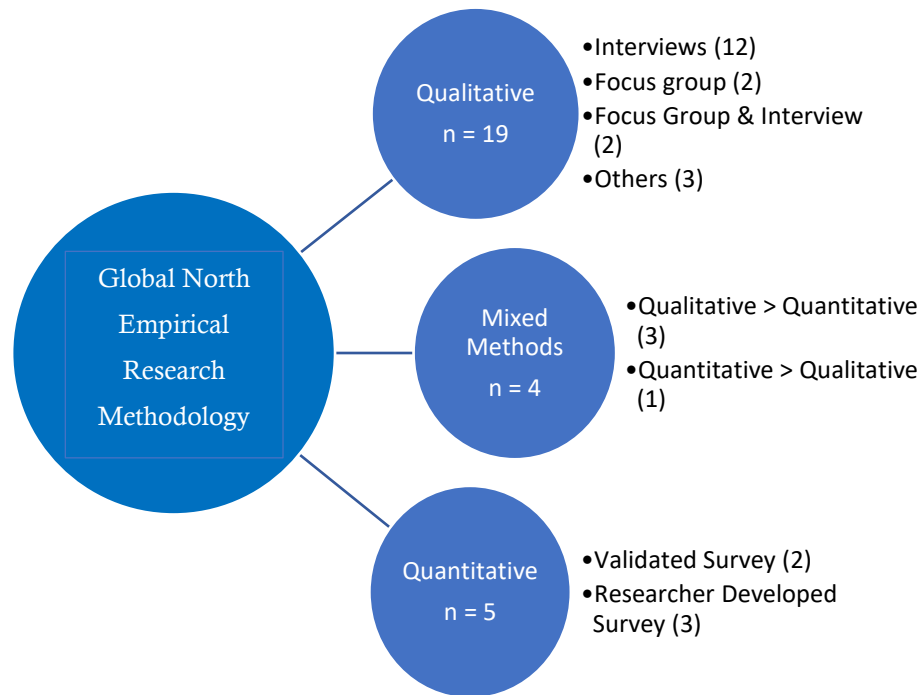


Figure 5: Global North Empirical Literature Methodological Approaches

Taken as a whole, HPE leadership has been empirically researched mainly within medicine and nursing in the USA, followed by Sweden and Canada, utilising primarily qualitative research with semi-structured interviews. Little attention was paid to the impact of culture on leadership practices, although some authors acknowledged that further research in different cultural contexts was needed to strengthen their conclusions. Furthermore, within the qualitative research, relying only on interview methods may have limited the findings to recollections or idealising leadership practices. Additionally, it was noted that much of the qualitative research had methodological flaws that impacted the trustworthiness of the findings. Notwithstanding the poor quality of some of the reported research, taken collectively with the more rigorously reported research, the studies identified common capabilities perceived to be required in a Global North context.

2.5.2 REQUIRED HPE LEADERSHIP CAPABILITIES – A GLOBAL NORTH PERSPECTIVE

When considering the capabilities required for successful leadership advocated across the empirical studies from the Global North, consensus emerged around five main capability themes including communication, collaboration, innovation, planning and mentoring. Whilst other strategies and attributes surfaced across the empirical literature, they were only substantiated by two or three publications. These attributes encompassed being authentic, change agents, ethical, an expert, emotionally intelligent, a role model, and scholarly. The ensuing discourse expounds the main capability themes and their multifaceted nature to understand the prevailing HPE leadership practices from a Global North Perspective.

2.5.2.1 Communication

Communication was identified as a central capability required by HPE leaders across the Global North empirical studies (n=21 out of 28), often perceived as paramount for effective leadership.(100, 102, 107, 108) Nevertheless, communication is multi-faceted, and different components were perceived to impact HPE leadership effectiveness across the studies. Although numerous HPE leaders recognised the need for clear, effective and direct communication,(19, 106-108, 110, 115, 118, 119) whether that be verbal or written, the rationale underpinning effective communication varied. Strikingly, only one study advocated communication to share the vision,(121) whereas others focused more on communication as the ability to speak up and voice concerns or put forward challenging ideas.(104, 107, 115-117) Conversely, Iheduru-Anderson et al.(103 p92) identified the challenges faced by black academic nurse leaders in the USA who had an ‘invisible voice’, which was attributed to the predominantly white culture that disabled them from taking risks. This incongruity with the established culture was articulated by one participant who stated ‘I do everything because of my race and ethnicity because that is who I am’(103 p87) suggesting there is a cultural dimension influencing communication and confidence.

Other studies postulated good communication was needed for disseminating important information,(109) promoting education,(111) engaging strategic partners and increasing the visibility of change.(98) Aside from communicating to deliver information, another pivotal facet of communication recognised by a substantial number of studies was the ability to actively listen to students and faculty.(23, 106, 108, 111, 118, 119) The act of negotiation was also promoted as a necessary communication skill, synthesising the presentation of ideas and being receptive to different viewpoints, to forge agreements on the way forward.(22, 104)

Moreover, communication was construed as both an intrapersonal and interpersonal dimension of leadership. In the intrapersonal domain, honesty and transparency were purported,(23, 107, 116, 119) and promoted as enabling the development of trust.(114) These

personal attributes were posited as facilitators for open and ongoing communication,(107, 118) where leaders were available to listen to concerns and ideas and could be relied upon to give accurate information.(109) The interpersonal dimension recognised the relational nature of communication.(23, 110) Several studies expounded on the technical aspects of speech, suggesting the tone and pace of verbal communication require adapting to diverse audiences,(19) that it should be succinct,(108) timely and responsive,(109, 110) especially in the context of addressing emails and disseminating vital information(109) – endeavours that assume the more managerial aspects of the HPE leader role.

Furthermore, findings concerning communicating during a crisis highlighted the need to communicate frequently and compassionately to instil a sense of care and support for students and faculty.(114, 118) Notably, Sloodweg et al.(111) identified distinct styles of leadership characterised by different communication strategies, such as the ‘Captain’ who communicated through formal meetings and emails; the ‘Carer’ who promoted listening and dialogue; the ‘Professional’ who advanced education through communication; and the ‘Team player’ who engaged in confrontational discussions to provide feedback, illustrating the diverse communication strategies applied. Notwithstanding the divergent reasons for utilising effective communication, the multifaceted role of communication was perceived as pivotal in the repertoire of HPE leadership capabilities across the majority of empirical studies from the Global North.

2.5.2.2 Collaboration

Collaboration was identified as another key capability for HPE leaders, in 18 out of 28 empirical studies from the Global North. However, this capability was conceptualised in two distinct ways. Firstly, collaboration was viewed strategically, in the form of partnerships and networks within an institution or with external stakeholders, to garner support for specific projects or an overarching vision.(98, 100, 107, 112, 116, 121) These networks were perceived as necessary to support the work of HPE leaders and to bolster their professional profiles.(19) Furthermore, Lieff et al.(108) and Traynor et al.(119), focusing on developing competency frameworks for program directors, posited that collaboration was a necessary personal characteristic and skill integral to network building. This perspective is supported by Wijk et al.(110) who conceptualised collaboration as essential for enhancing the effectiveness of the department, and Samaraskera and Ashoka(23) who categorised collaboration as a social responsibility. Additionally, Lieff et al.(112) in their later work on networking in academic health leaders, interpreted networking as role-based, project-based, goal-orientated or opportunistic, focusing on strategic outcomes. Thus, this first conceptualisation posited that collaboration was a personal skill required to strategically enhance personal, program or institutional profiles and outcomes.

Conversely, the second conceptualisation emphasised the development of supportive, caring networks. Described as ‘colleagueship’,(115) ‘collegiality and comradeship’,(107) and ‘teamwork’,(111, 121) this dimension of collaboration involved providing support to peers and requesting their assistance,(104, 115, 121) especially in times of crisis.(114) This supportive orientation extended to trainees as well,(104, 121) exemplified by Chisholm-Burns et al.(118) who highlighted the need for pharmacy education leaders to provide care, tolerance and support during COVID-19. However, interestingly, although providing support for both students and faculty was considered a requisite competency for HPE program directors, it was sometimes categorised separately from the overarching concept of collaboration.(108, 109, 119)

Thus, collaboration, a frequent term within the HPE leadership literature, assumed dual meanings. One dimension emphasised a strategic approach to attain goals and enhance professional and institutional profiles, while the other promoted a more supportive and compassionate approach, aiming to assist faculty and students achieve their goals. Recognising this duality is imperative, as the term ‘collaboration’ has disparate meanings for HPE leaders in different contexts, therefore necessitating consideration of its nuanced connotations in diverse cultures.

2.5.2.3 Innovation

Innovation was also considered an important component of leadership in half the examined empirical articles (n=14 out of 28) within HPE leadership in the Global North. Notably, when considering the domains of the leaders’ roles, innovation was consistently reported within the leadership domain.(108, 109) Indeed, Samasekera and Ashokka(23) had a comprehensive innovation competency domain, including elements such as challenging the status quo, creative problem solving and intelligent risk-taking. These components of innovation were supported by articles which posited innovation as a process of challenging traditional norms,(115) identifying opportunities to improve educational practices(118) and as a mechanism for problem-solving through theorizing or creative ideation.(98, 117) This orientation towards intelligent risk-taking was corroborated by identifying that leaders must not be afraid to fail.(114, 117) Future leaders were advised that cultivating innovation was necessary to foster constructive change, necessitating them to be positive and imaginative.(102, 106, 114, 121)

However, the consensus on the importance of innovation in HPE leadership was not unanimous. Traynor et al.(119) noted innovative thinking failed to meet the competency framework in their Delphi research on pharmacy education leadership. Similarly, Antoine et al.(107) found ‘Imaginative’ was ranked seventh out of ten on the personal and shared leadership values required of American academic medical leaders. Although innovation was identified by about half of the reviewed articles as integral to HPE leadership, there was by

no means consensus on how important this capability was, indicating a diversity of perspectives on the significance of innovation as a leadership capability.

2.5.2.4 Planning and Prioritising

Within the context of HPE leadership, the dimension of planning and prioritisation was recognised as a necessary skill. Although this leans towards a more managerial domain, it has, nevertheless, been included in proposed competency guidelines.(108, 119) Across an array of empirical studies conducted in the Global North (n=13 out of 28) organisational proficiency was advocated. This emphasizes the centrality of management and organisational skills in the execution of leadership, usually denoted as structural or technical components of leadership.(23, 104, 107) The multi-faceted nature of organisational efficiency included time management to meet deadlines,(23, 102, 109) and effective administrative skills to ensure organisational proficiency.(19, 108, 115, 119) Notably, some academic leaders were tasked to comprehend budgets and assume responsibility for the financial management of programs, indicating a range of technical skills required of some HPE leaders.(19, 102, 108) These technical competencies, coupled with perseverance and flexibility, are purported to be necessary in ensuring organisational goals are attained, while also contributing positively towards trainee outcomes.(106, 109, 115)

However, despite the acknowledged need for these organisational competencies, some empirical studies positioned them lower in the hierarchy of leadership competencies(107) urging leaders ‘to focus on leadership rather than management’(102 p1248) and ‘not to drown in administration as an academic leader’,(121 p511) suggesting a tendency to favour leadership capabilities over managerial skills. This sentiment is echoed by De Golia et al.(105) who found that administrative tasks were the predominant contributor to burnout in American psychiatry program directors. Thus, although management capabilities, in terms of planning and prioritisation, were purported to be integral facets of leadership, it was recognised that these should not overburden HPE leaders.

2.5.2.5 Mentoring, Coaching and Empowering Others

Although the concepts of mentoring and coaching have differing definitions, they are often used interchangeably in the literature.(122) Within the empirical articles in the Global North (n=11 out of 28) a variety of capacity-building descriptors for HPE leaders emerged including capacity building, motivation and empowerment, directed at either individuals or teams.(19, 23, 107, 111) Mentoring the next generation was perceived as a central capacity, rated third out of ten of required competencies for academic medical leaders(107) and given high item scores of 4.43/5 for coaching, developing and instructing, and 4.39/5 for empowering others.(23) This emphasis on mentoring underscores its significance and aligns with the recognition that effective leadership includes supporting the next generation of HPE leaders.

Recognition of the need for mentoring current HPE leaders was also acknowledged in several studies as a means to support leaders' growth and development.(19, 102, 114, 119) Those who had undergone mentorship perceived mentorship as more valuable than faculty development or experience.(100) Indeed, the black American academic nurse leaders(103 p87) stated 'mentoring was crucial for our success'. Furthermore, it was advocated that the successes of those who were mentored should be showcased and celebrated, reinforcing the impact of mentorship on personal and professional growth.(108, 109)

Hence, mentorship in HPE leadership goes beyond a single definition and includes coaching, capacity building and empowerment. Mentorship is recognised in the literature as both a capability for HPE leaders to nurture others and a need for the HPE leader's journey.

2.5.2.6 Other Capabilities

In addition to the aforementioned capabilities, an array of other aptitudes were advocated across the studies. Indeed, Traynor et al.(119), when using the Delphi process to identify required competencies in Pharmacy education leaders, identified 20 desirable characteristic traits. Interestingly Thomas-Gregory(120) found in her research, on UK middle managers in allied health, a distinct set of characteristics, encompassing overlapping elements such as optimism, and unique attributes like curiosity, competitiveness, sociability, and humour. As this was the only study identified from the UK it is difficult to say if this is unique to this cultural setting.

Rather than providing an exhaustive list of characteristics, certain facets were advocated across several studies. To begin with, HPE leaders were challenged to be inspiring role models for their trainees and successors across a range of studies,(19, 23, 103, 107-109, 111, 119) which was perceived as a central intrapersonal quality of an HPE leader.(23, 107, 108) While being a role model, there was also an emphasis on authentic leadership(23, 119) which was described as being honest, compassionate, kind and progressive.(106) Concurrently, ethical leadership was also supported, encompassing attributes such as integrity,(100, 107, 119) humility,(102, 107, 115) accountability,(102, 108) and a sense of responsibility and moral obligation.(116) Additionally, HPE leaders were also expected to be experts in both clinical and educational domains,(110) contributing to their credibility as HPE leaders.(19, 113) Indeed, Sundberg et al.(21) coined the term 'vicarious legitimacy' to describe how HPE leaders leverage their standing in clinical and research domains to gain legitimacy in their leadership role, as their HPE leader position was perceived to have lower status in their institution.(21, 22) Maintaining this credibility necessitated scholarly engagement, emphasising evidence-based educational and leadership practices, as well as the production of research for publication in scholarly journals.(107, 109, 120, 121) Moreover, HPE leaders were further expected to be inspirational change agents,(113, 119, 121) demonstrating inner motivation and commitment.(113) Lastly, HPE leaders were expected to be emotionally

intelligent through listening and being respectful of others(107) whilst also being self-reflective.(23, 108). These qualities collectively form the idealised capabilities of HPE leaders, consistently advocated across studies attempting to devise competency frameworks or evaluation criteria. However, a critical question remains; how do HPE leaders navigate the experiential journey of becoming and being an HPE leader in this Global North context? This question invites further exploration into the lived experiences of HPE leaders in this Global North context.

2.5.1 BECOMING AND BEING AN HPE LEADER IN THE GLOBAL NORTH.

Becoming an HPE leader in the Global North was poorly characterised across the empirical literature, but included a blend of faculty development, experience, and role models or mentoring. This trajectory, however, was variable across the different studies. The extent of faculty leadership development received by participants remains poorly described, with little exploration of the specifics of training despite it being widely advocated.(3, 108) Notably, two American studies investigating nursing and dental deans reported 69% and 75% of participants respectively had undergone some form of leadership training.(99, 100) In contrast, in the UK, Thomas-Gregory(120) revealed that among nursing and allied health leaders only a third had received leadership training, none of which was specific to their role, with many relying predominantly on their extensive clinical leadership experience.(120) Furthermore, three studies from the USA, Canada and Scandinavia, identified their participants had received no formal leadership training at all.(19, 22, 115)

Two studies recruited participants from leadership training programs, although the voluntary or required nature of the participation was unspecified.(112, 121) Additionally, one study recruited participants from a nursing leadership conference, suggesting an inherent interest in improving leadership practices.(117) Furthermore, three American studies reported that nursing faculty leaders often held doctoral qualifications, ranging from 76% and 93%,(100, 101, 103) yet these rarely included leadership development explicitly. Hence, this suggests a varied and potentially inadequate level of preparation for academic leadership in HPE, despite the ongoing discourse advocating for faculty development in the Global North context.(3, 19, 22, 119)

Alternative avenues for leadership development were also recommended, including the importance of having a good role model(23, 120) and engaging with informal or formal mentors.(100, 102, 103, 114) Some leaders appeared to rely solely on their previous clinical experience when 'being thrust into leadership' and learning from failure(117 p206) which is indicative of the *ad hoc* nature of developing future HPE leaders. Therefore, if HPE leaders

are not receiving the development required then how do they experience being an HPE leader?

Exploration into the experience of being an HPE leader was scant and focused mainly on the barriers faced as a leader. Sundberg et al.(21, 22) have approached the concept of HPE leadership through the lenses of power and resistance and Gee's institutional identity in Sweden and Scandinavia respectively. Their findings suggest that being a line-level HPE leader (teachers with educational leadership responsibilities) is met with ambivalence due to a lack of formal power in their position, necessitating constant negotiation.(22) These authors highlighted resistance to educational change at the personal and organisational level, where universities may not accord education the same value as research or clinical work.(21) Other identified barriers to HPE leadership included a lack of resources and time, bureaucracy and a negative organisational culture.(106) These barriers can lead to frustration illustrated by a recent study by De Golia et al.(105), involving psychiatry program directors in the USA, who found 'burn-out' present in 45% of those who responded to the study, resulting in a desire to resign. To overcome these challenges recommendations include cultivating a supportive team with clear expectations, and seeking opportunities to improve educational practice.(105, 106, 118) Additionally, empowering oneself as an HPE leader can assist in positively influencing others.(21) Wijk et al.(113) echo these findings suggesting HPE leaders need to involve colleagues and superiors, ensuring there is a mandate for change based on their educational expertise. Finally, the advice from those currently in leadership positions is that you have to 'love the job'.(102, 120)

In summary, the interrogation of the Global North empirical literature was focused mainly on Northern America (USA and Canada) in the disciplines of medicine and nursing and researched through a qualitative lens. The synthesis of the studies revealed a set of capabilities deemed important for HPE leadership including communication, collaboration, being innovative, and organised, whilst also mentoring the next generation. Each of these capabilities was scrutinised shedding light on its nuances within HPE leadership. Furthermore, a diverse set of desirable attributes was identified encompassing being a role model who is authentic, ethical, emotionally intelligent, and a clinical and education expert. Nevertheless, despite the advocacy for a set of common capabilities and attributes there appeared to be an *ad hoc* preparation for the HPE leader role. Becoming an HPE leader involved an array of faculty development, experience and impromptu mentorship. The disparities in leadership preparation and recognition resulted in HPE leaders facing many challenges 'being' an HPE leader. Although few studies explored HPE leaders' experiences the highlighted barriers included issues with power dynamics, promoting educational change

and resource constraints. Suggested strategies to address these barriers comprised cultivating supportive teams, clarifying expectations and empowerment, along with a passion for the role. Skewed heavily to a North American perspective the above discourse does not paint the full picture for a global view of HPE leadership. Therefore, the review now turns to the Global South literature to gain further insights into HPE leadership.

2.5.2 GLOBAL SOUTH HPE LEADERSHIP RESEARCH: WHERE, WHO AND HOW?

The limited but insightful research from the Global South sheds some light on the cultural factors influencing HPE leadership in this context. Nine empirical articles were identified and one thesis through the database and hand searching. Three articles originated from Iran,(14, 123, 124) two from the Philippines,(125, 126) although this was the same study analysed in two separate ways, and single studies from Uganda,(127) Saudi Arabia,(16) Pakistan,(128) and Columbia.(129) The thesis investigated leadership across a consortium of new African medical schools from Namibia, Zambia, Mozambique, Botswana and Lesotho.(15) The geographical dispersion of the research spanned the African, Asian, Southern American and Middle Eastern continents.

Table 6 provides a summary of the Global South literature by country and discipline. Descriptions of the participants in the research varied, with some giving a general descriptor such as ‘supervisors’,(128) ‘educational managers’,(124) or ‘medical education leader’.(129) Others described a range of leaders who participated in their research including deans, deputy chancellors, department heads, program directors and lecturers.(14-16, 123, 125-127) The professions included were mostly medicine (n=7),(14, 15, 123, 124, 127-129) whilst the study from the Philippines investigated medical technology deans (medical laboratory science),(125, 126) and one study from Saudi Arabia included medicine, nursing, dentistry and other allied health educational leaders.(16) Of the few studies that reported demographic data, the age of participants ranged from 35-60 years. (14, 16, 125, 128) One study reported the ethnicity of the participants as 80% Saudi.(16) It has been assumed that the other studies’ participants were ethnic natives of the countries researched. Two studies reported the qualifications of the HPE leaders with two-thirds of Filipino medical technology deans having a PhD and only two of the 12 participants had received management training.(125, 126) Al-Moamary et al.(16) reported that of their 75 participants, 55% had a fellowship, 39% had a PhD, and 35% had a Master of Medical Education qualification, which included a module on academic leadership. The participants who had undertaken the Master of Medical Education qualification felt it had assisted in their leadership practices.

Table 6: Global South Empirical Research by Country and Discipline

Global South Empirical Research - Country and Discipline			
Country	Number of Articles	Discipline	Number of Articles
Iran	3	Medicine	7
Philippines	2	Medical Technology	2
Uganda	1	Health Professions	1
Saudi Arabia	1		
Pakistan	1		
Columbia	1		
Africa	1 (Thesis)		

Turning now to the type of research conducted, most of the studies were qualitative (n=8), one was mixed methods, using a Likert scale survey, interviews and document analysis,(15) and the other quantitative, employing the Authentic Leadership Questionnaire Survey(16)(see Figure 6). The qualitative research varied in its methodological approach with little explanation or justification for the approach used. The methodological approaches included phenomenology,(125, 126), auto-ethnography,(129) and grounded theory,(124) although in the grounded theory approach the researchers used an ethical leadership framework to analyse the data in a more deductive manner, which is contrary to the methodology proposed.(130) Others just stated they were using a qualitative approach.(14, 123, 127, 128) Concerning the methods employed to obtain the data, six of the eight qualitative studies used semi-structured interviews, one used an open-ended questionnaire,(128) and one used a 'Nominal Group Technique' exercise, which involved three groups spending a day deliberating and discussing the core competencies required of an HPE leader.(123)

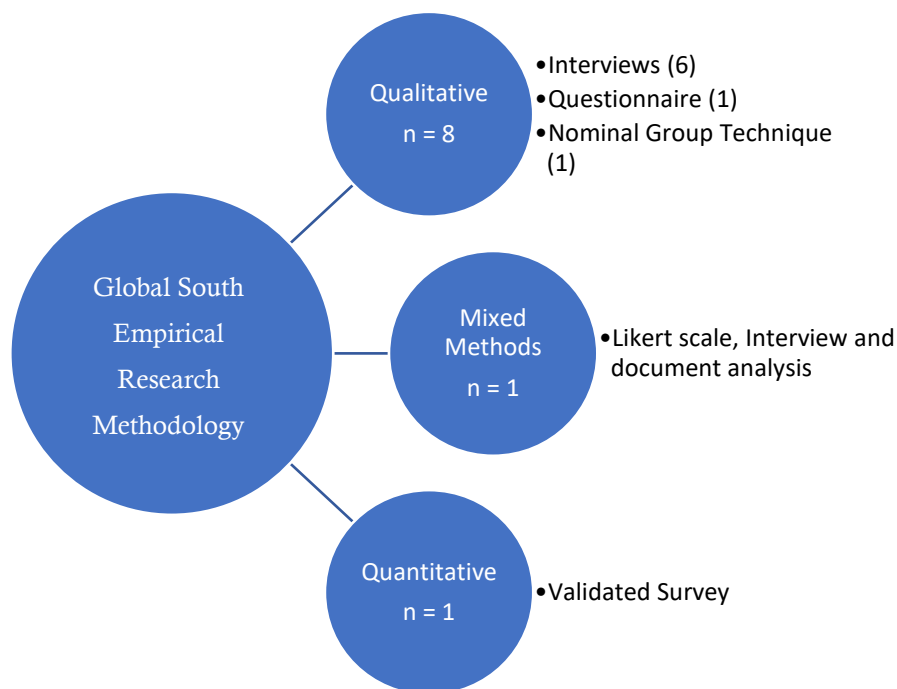


Figure 6: Global South Empirical Literature Methodological Approaches

2.5.3 REQUIRED HPE LEADERSHIP CAPABILITIES – A GLOBAL SOUTH PERSPECTIVE

In parallel with the Global North context, there were myriad capabilities advocated across the empirical Global South articles. Similar to their Northern counterparts, communication and collaboration were recommended by several studies, albeit with a different emphasis on the components of these capabilities. Furthermore, being an ethical and authentic leader was more strongly endorsed alongside several other highlighted capabilities, supported by one or two publications each. These included but were not limited to, clinical and educational expertise, the capacity to provide feedback, working hard and unwavering commitment. The following discourse expands on the capabilities advocated by the empirical studies from the Global South.

2.5.3.1 Communication

Communication proficiency was identified as a common theme over six of the ten Global South empirical studies. This overarching construct encompasses being professional through respectful, constructive communication and active listening.(124) Moreover, the significance of transparency and integrity was highly advocated for establishing trust and respect.(123, 126, 127) However, this was perhaps an idealised competency as evidenced by Al-Moamary et al.(16) who surveyed HPE leaders in Saudi Arabia utilising the Authentic Leadership Questionnaire. Their findings revealed that relational transparency was significantly lower than the other dimensions of authentic leadership - moral perspective, balanced processing

and self-awareness, as proposed by Gardner.(16) The researchers suggested that the cultural context in Saudi Arabia, characterised by a large power distance, may contribute to leaders making autocratic decisions, with little perceived need for transparency. While acknowledging the potential impact of cultural factors, the authors regrettably did not explore strategies to address this challenge. In alignment with these observations, literature on leadership challenges in the Global South settings of Iran, Pakistan and Columbia echoed similar difficulties with hierarchical structures, where trust and respect were difficult to build.(14, 123, 128, 129)

Similar to the Global North setting, only one article presented communication as a tool for promoting a shared vision.(127) However, compared to the Global North, less emphasis was put on the more technical aspects of communication and the need for negotiating and raising concerns, which could be attributed to the hierarchical cultures in which these studies were conducted. Thus, although there were similarities to the Global North found around idealised communication capabilities, such as transparency and active listening, it would appear that these are not always translatable to practice due to cultural norms in the Global South.

2.5.3.2 Collaboration

Collaboration was correspondingly perceived as a necessary capability for effective leadership in the Global South (n=6) with an emphasis on fostering relationships within the team by adopting a person-centred approach.(124, 125) This emphasis on interpersonal relationships was particularly advocated by younger HPE leaders from Pakistan.(128) However, older Pakistani HPE leaders perceived their role as more aligned with being a guide and disciplinarian, which perhaps suggests a shift in cultural perceptions in the Pakistani context.(128) Additionally, the promotion of teamwork was perceived as a means to empower both the HPE leader and the faculty to achieve their goals.(123, 127) De Guzman et al.(126) focused their research on medical technology deans in the Philippines, and envisioned that cultivating team relationships would facilitate the balance between organisational and faculty needs, achieved through the exercise of prudence and understanding by the HPE leader. Another facet of collaboration highlighted in the context of Iran was the necessity to develop networks that could enhance both teaching and research.(123) This was corroborated by Kyamanywa and Redding(127) who researched the key leadership competencies required by medical school deans in Uganda.

Much like the Global North, collaboration in the Global South comprised two concepts: teamwork and networking. However, the distinct emphasis in the Global South centred on building teams within institutions. This approach aimed to support faculty and provide a buffer between organisational demands and faculty needs. Whilst networking was

acknowledged by two studies, it was portrayed more as an aspirational goal than a realised practice in these contexts.(123, 127)

2.5.3.3 Authentic and Ethical

With the emphasis in the Global North HPE literature on authentic and ethical leadership, two studies from the Global South have researched these dimensions within their respective cultural contexts. One study conducted in Saudi Arabia utilised the Authentic Leadership Questionnaire (ALQ),(16) and another study from Iran employed interviews and subsequently analysed the data through an ethical leadership lens.(124) Apart from the previously discussed communication findings that highlighted reduced relational transparency, Al-Moamary et al.(16) found that medical practitioners, who were predominantly male, exhibited lower ALQ scores compared to their allied health colleagues. Notably, the study also identified that individuals who had completed the Master of Medical Education demonstrated no variance in their ALQ scores compared to those without leadership development, which raises several questions: whether structured faculty development changes thoughts and behaviour, what impact do cultural norms and beliefs have on ALQ scores, and should surveys developed in a western context be used to judge abilities in other cultures?

Moving on to consider research conducted by Abdollahi et al.(124) in Iran, they enquired about the attributes required of ethical HPE leaders. Participants articulated that ethical leaders required ethical knowledge, attitudes and skills. Ethical knowledge was comprised of an awareness of religious beliefs and practices. Ethical attitudes encompassed qualities such as being optimistic and altruistic, corroborated by the ideal attributes purported by Bikmoradi et al.(123), also from Iran. Ethical skills were identified as righteousness, patience, tolerance, fairness, responsibility and forgiveness,(124) again aligning with Bikmoradi et al.(123) Given that both studies were conducted in Iran, where Islam is the predominant religion which extols these virtues, it is plausible that these cultural influences shaped the responses of the HPE leaders. This observation aligns with Vergel(129) who conducted an auto-ethnography about being a medical education leader in Columbia, where his Catholic upbringing was inseparable from his leadership identity. Similarly, in the Philippines and Uganda, two other predominantly Catholic societies, leadership was perceived as value-driven, emphasizing qualities such as honesty, openness, humility and understanding.(126, 127) While the Global North, consisting of predominantly protestant Christian countries, also promotes an authentic and ethical approach to leadership, the constituent parts were varying and the emphasis appears to be comparatively less than in the Global South literature. Overall, these insights underscore the imperative of investigating the impact of cultural values and beliefs on leadership knowledge and practices.

2.5.3.4 Supplemental Capabilities

Other capabilities purported to be required by effective HPE leaders in the Global South were expertise, a strong work ethic, commitment, providing feedback and being reflective. The concept of an expert HPE leader was characterised as possessing excellent professional, academic and management knowledge,(124, 127, 128) which mirrors findings from the Global North where it was purported to be needed for credibility. A good work ethic was perceived as a valuable attribute,(127) which was conceptualised by De Guzman et al.(126) as a gift for enhancing productivity in professional roles. This diligence results from being deeply committed to the role of leader, which was also perceived as a required attribute.(123, 124) Similarly in the Global North commitment and motivation were required attributes of change agents. However, the emphasis in the Global South was more on the role and it was not portrayed as part of implementing change. In addition to expertise, hard work and commitment, leaders were expected to provide feedback to their faculty or students. However, this feedback was envisaged as a ‘considerate reprimand’,(125 p324) ‘making everyone follow the rules and maintaining discipline’ (128 p772) and a tool for performance evaluation.(124) This concept of feedback for development differs from the emphasis in the Global North, where development centres more on mentoring. Moreover, two articles promoted that HPE leaders should be reflective as they navigate the complexities of being an HPE leader in the Global South.(125, 127) Self-reflection in the Global North was also expounded but was integrated as part of emotional intelligence which was not captured in the Global South literature.

Although many of these identified capabilities of an HPE leader in the Global South appear on the surface to align with those purported in the Global North, there are discernible differences in emphasis on the importance and components of each capability. The idealised nature of these capabilities from the Global South necessitates an exploration of the perspectives on becoming and being an HPE leader in this context, which may shed light on the cultural and contextual nuances that influence these perspectives, and in turn, impact the leadership practices of Global South HPE leaders.

2.5.4 BECOMING AND BEING AN HPE LEADER IN THE GLOBAL SOUTH

The process of becoming an HPE leader in the Global South was inadequately described in the literature. Of those articles that provided a description leaders were often appointed based on their clinical or educational expertise, and lacked leadership development to prepare them for their roles.(14, 126, 129) Contrastingly, in Saudi Arabia, there had been the implementation of a Master of Medical Education, which included a leadership unit.

However, only 35% of surveyed HPE leaders had undertaken this program, although over 90% of the graduates perceived it as beneficial to their leadership journey. As iterated in the Global North, faculty development was also advocated and requested by leaders in the Global South, but its actual implementation was infrequent.(15, 123, 126)

Thus, HPE leaders in the Global South were subjected to numerous challenges, including navigating hierarchical systems, coping with limited human and material resources, and negotiating tensions between expectations and achievable outcomes.(14, 15, 126, 129) Often Global South universities were embedded in hierarchical structures, some of which were government-controlled.(14, 126, 128) The implications of these hierarchical structures varied depending on the leader's position. Those in positions of authority, such as deans, wielded power and commanded respect.(14, 126, 128, 129) Some older deans perceived their role as being the ruler and maintaining discipline,(128) while others in these powerful positions acknowledged the need for humility to negotiate tensions between the organisation and the faculty, earning genuine respect.(126, 129) Conversely, leaders in government-controlled institutions experienced a lack of authority and power which rendered them demotivated and just completing the required responsibilities.(14, 128) This demotivation stifled creativity, described as fearing innovation and being silenced.(14, 15, 128) These findings resonate with Sundberg et al.(21) whose research in the Global North identified power and resistance as hindrances to HPE leadership practice.

Additionally, leaders faced resource constraints, particularly in terms of human resources, resulting in a multitude of responsibilities across clinical, educator and leadership roles.(15, 126) This situation resulted in leaders having to work hard, bargain and delegate to others.(15, 126, 129) De Guzman and Hapan,(126) in their interpretation of the 'twists and turns' of deanship, noted five tensions faced by Filipino Deans, including balancing the power of position with relationships, meeting university expectations versus the available resources, adhering to rules whilst allowing flexibility, balancing professional and personal obligations, and maintaining scholarship while leading. These tensions were encapsulated by Vergel(129) who described the constant strain between expectations and experience which prevented him from being authentic as illustrated by this quote from his auto-ethnographical account:

'Me había puesto en una posición de ser una súper máquina. Motivar, delegar, dar lo mejor siempre y aparentar calma, como niño bueno, obediente. Sin embargo, nada era real: por dentro me estaba derrumbando'(129 p94)

Translation: 'I had put myself in a position of being a super machine. Motivate, delegate, give your best always and appear calm, like a good, obedient child. However, nothing was real: inside I was collapsing.'

Vergel(129) further described how power had changed him into a person he despised which led him to resign from his HPE leadership position. Moreover, Wessels(15) and De Guzman and Hapan(125) identified that leaders in their Global South contexts of Africa and the Philippines navigated different leadership personas depending on the situation and context. Common leadership personas identified were being powerful and leading from the front, strategic and goal-driven, or managing through delegating or collaborating. Differing leadership styles included becoming a leader or being silenced in the African context and being value-driven and honest in the Filipino context.(15, 126) This multi-faceted approach underscores the need to more fully understand HPE leadership in the Global South context.

2.6 Summary

The literature review set out to provide a comprehensive review of the leadership theories espoused by the theoretical HPE literature, leadership theories used by HPE leaders for development, and the capabilities promoted by the empirical HPE leadership literature, alongside experiences of becoming and being an HPE leader from Global North and Global South perspectives. Leadership theories promoted by HPE are influenced by Global North perspectives, particularly through a North American worldview. Whilst providing valuable insights into practising leadership, they may not be fully transferable to diverse HPE cultural contexts. This review illustrates the need for a more global HPE leadership theory. One that is responsive to perspectives from diverse cultural contexts and is transferrable. In addition, the reviews on leadership development, mainly from a Global North context, highlighted the paucity of leadership frameworks utilised in developing leaders, again pointing to the need to develop a global HPE leadership framework. Finally, the HPE empirical research in Global North and South contexts has been interrogated, highlighting commonalities and differences.

Considering the cultural impact on the theoretical and empirical HPE literature, most has emanated from the Global North Anglo cluster (USA, Canada, UK, Australia and New Zealand) which displays a high-performance orientation in preferred leadership styles and a low in-group collectivism, interpreted as leaders are rewarded for excellence but commitment to family or organisations is lower.(36, 131) Contrastingly, the Global South HPE literature represented Sub-Saharan Africa, Southern Asia, Middle East and Latin America clusters. Although each Global South cluster has unique leadership orientations, all clusters have positive in-group collectivism or a humane orientation interpreted as having strong family values and putting family first.(36, 131) This aligns with the individualistic-collectivist divide proposed by Hofstede.(132) Although current leadership perspectives are heavily influenced by a Global North viewpoint, emerging Global South research provides insights into the

nuances of leadership in different cultural contexts. Nevertheless, further investigation into varying cultural orientations of HPE leadership is required if a global theory is to be developed.(133)

The theoretical HPE literature revealed many proposed leadership theories incorporating traditional, contemporary and emerging leadership components, seemingly influenced by geographical location. Overlapping capabilities across the leadership theories were identified with communication, being a change agent and a positive role model the most commonly cited, followed by being adaptable, ethical and collaborative. Nevertheless, the empirical literature emphasised capabilities differently, primarily including communication and collaboration in both Global North and South contexts demonstrating these capabilities are highly valued, however, nuanced differences in emphasis and application were identified. For example, the Global North focused on communication involving managerial and leadership components by being clear, direct and effective, whilst also being open to listening to students' and faculty's concerns, whereas the Global South emphasised transparency as an idealised but unpractised communication strategy. The Global North promoted innovation, organisation and mentoring as essential for HPE leaders, whereas the Global South focused on idealised attributes of authentic and ethical leadership influenced by their dominant religion. Although culture was alluded to when considering its impact on capabilities, it was not fully explored. The top six capabilities promoted by the theoretical and the Global North and South empirical literature are illustrated in Figure 7. Commonalities across all included communication and collaboration, albeit with nuanced differences. The emphasis on each capability is depicted by the order and size of the font within each category of literature.

Additionally, HPE leaders across the globe experienced being inadequately prepared for leadership. HPE leaders struggled to navigate hierarchical structures, resource constraints and cultural norms that influenced practising idealised capabilities, however this lack of development and struggles appeared more pronounced in the Global South.

Finally, methodological challenges identified illustrated that enhancing methodological rigour, transparency in data analysis approaches and increased researcher reflexivity are required to advance the field of HPE leadership research globally. Moreover, whilst most research was qualitatively orientated, they relied on interviews alone which may not capture all aspects of HPE leadership. Most research focused on perceived required capabilities with less focus on becoming and being an HPE leader.

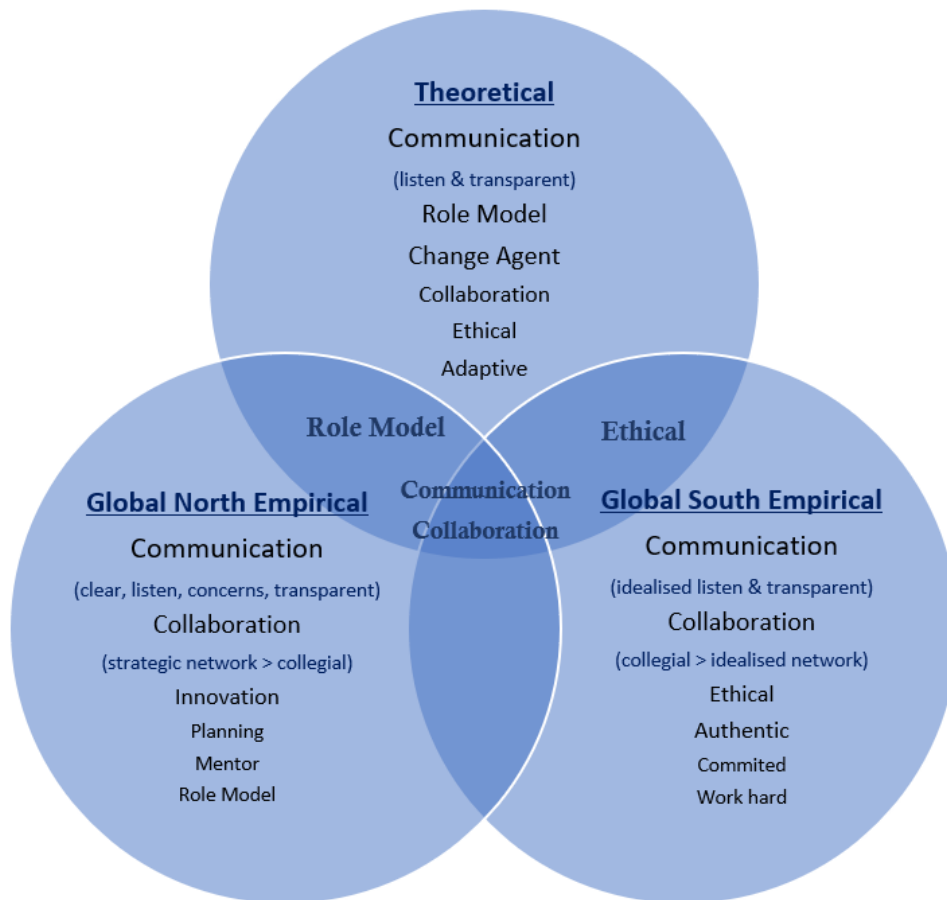


Figure 7: Capabilities Promoted for HPE Leadership by the Theoretical, Global North and Global South Empirical Literature

Overall, the Global North research dominance, particularly in the USA, reflects the historical focus on Global North contexts in the leadership literature and accompanying theories. Emerging research from the Global South emphasizes the need for a more inclusive and culturally appropriate approach to understanding HPE leadership. Notwithstanding the similarities of overarching capabilities, lack of faculty development and struggles faced, there were many nuanced differences identified between Global North and South contexts. Global South studies highlighted the necessity to recognise and adapt to different cultural contexts. Thus, it may be argued that these cultural intricacies require a paradigm shift in faculty leadership development ensuring a culturally specific approach is promoted.

Considering the prior discourse, a compelling argument can be made for studying HPE leadership utilising a robust methodological qualitative study with several different data collection tools, such as a case study approach, to understand this phenomenon more deeply. This approach is particularly suited to understanding nuances of culture on HPE leadership.(26) Furthermore, as evidenced in this review there is no empirical literature exploring Pacific HPE leadership. The Pacific voice is missing from the international discourse on HPE leadership which is required to enhance knowledge in this field. The Pacific offers a unique socio-cultural perspective allowing a comprehensive understanding of HPE leaders' capabilities, challenges and strategies relevant to this cultural context, which can then guide effective faculty development initiatives for tomorrow's Pacific HPE leaders.

This literature review has highlighted the need for an HPE leadership theory and framework applicable across diverse cultural contexts beyond the Global North. This Global HPE Leadership theory and framework could provide structure for leadership development and practice, enabling research with findings comparable across geographical and cultural contexts. Thus, the study reported here adds a diverse cultural perspective on HPE leadership in the Pacific contributing to a more nuanced understanding of global HPE leadership.

3 Chapter Three: Capturing the Phenomenon

3.1 Introduction

The present study aimed to investigate the perspectives of Pacific HPE leaders to understand the complexities of HPE leadership in the Fijian context and culture. The findings were envisaged to guide future faculty development in the Pacific as well as add a novel perspective to the international literature, which may inform leadership development in similar contexts. To access HPE leaders perspectives an interpretivist approach was utilised alongside a qualitative case study methodology. The theoretical underpinnings and reasons for utilising these approaches are expanded upon initially in this chapter. Next, an explanation of participant selection is provided before describing the data collection tools employed, which included Rich Pictures, Talanoa interviews and reflective journals. Each tool is explained in terms of its utility for this research, and the details of how each was used, including overcoming challenges faced. Subsequently, a description of the analytical method is offered using a framework for Rich Pictures proposed by Bell et al.,(32) and for the narrative data Miles and Huberman's(33) approach. Finally, there is a description of how ethics were maintained throughout the research agenda and an explanation of the process to ensure trustworthiness is expounded, alongside the limitations of the study.

3.2 Theoretical Underpinnings of the Research Design

The overarching question for this research was “What are the perspectives of Pacific HPE leaders on being a leader?” Therefore, consideration was given to understanding exactly what perspectives are and the best way to research them. Perspectives are defined by Woods and Charon in O'Donoghue's work as conceptual frameworks, often expressed through words, by which people make sense of the world, also known as a person's point of view.(134) Perspectives are shaped by beliefs, values and experiences and by gaining meaning from several different perspectives, the truth or meaning of the phenomenon can be comprehended.(134, 135) O'Donoghue(134) further purports that people act based on their perspectives, and that actions have meaning, which are influenced by culture and context. By understanding HPE leaders' perspectives, which shape their actions, it was envisaged that insights would be gained about how leadership was enacted in this Pacific setting to guide recommendations for faculty development.

Thus, when exploring perspectives alongside the culture and context affecting them, with the aim of generating theory, a qualitative approach is recommended.(135-138) Qualitative research situates itself in the real world and aims to understand social phenomena in their natural environment by interpreting interviews, observations and documents using an

inductive data analytic approach to create theory.(137, 139, 140) As Denzin and Lincoln(137) have stated, all qualitative research is guided by the commitment of researchers to study the social world from the perspectives of individuals interacting with that world. Consequently, as qualitative research is recommended for exploring perspectives, the first concepts to comprehend are the ontology, epistemology and axiology underpinning this approach; and how I as a researcher related to it.

To understand a complex social phenomenon authentically, such as leadership in a cultural context, individual perspectives and experiences need to be investigated.(137, 138) These individual perspectives will all be unique, and it is incumbent on the researcher to make meaning across the narratives.(30, 138) Thus, an interpretivist ontology was suitable to investigate multiple realities, rather than looking for objective truth.(137, 141) Next, the epistemological stances for qualitative research articulated by Thomas Schwandt(30) informed the interpretivist approach of this study, which states that the researcher remains an observer as they interpret a participant's thoughts and actions, whilst still describing the context, beliefs and values that have shaped these thoughts and actions. Schwandt(30) proposes three tenets to this epistemological approach, namely, *Verstehen*, phenomenological sociology and context. First, having *Verstehen* - an empathetic approach, that is trying to understand why something is said or done from the participant's perspective. Second, using phenomenological sociology, which is how others' actions are interpreted as meaningful. Phenomenological sociology states the meaning is interpreted with indexicality; that is the meaning is dependent on the context; and reflexivity, understanding what the words say and mean. Third, understanding the context in which the phenomenon is occurring. Schwandt(30) explains that the interpreter is not involved in making meaning except for having insight, openness and patience to understand the meanings in the data. Morrison(136) supports this view stating that interpretivism is grounded in people's experiences and is suited to exploring a phenomenon through participant perspectives. Furthermore, Morrison(136) emphasises the need to describe the context in detail and for reflexivity to ensure the participant's voice is heard. This reflexivity or axiology of interpretivist research consists of being aware of one's values, beliefs and biases as a researcher and how they impact the research findings.(142) An interpretivist ontological, epistemological, and axiological approach resonated well with my view of the world and wanting to allow the voice of the participants to shape the themes that were interpreted from the data to ensure the framework developed was embedded in the Pacific way of being. To ensure congruity with the participants' perspectives, once the data had been analysed and tentative propositions made, the findings were shared with the research participants for confirmation in a process called 'member checking'. Therefore, in this study, the ontology, epistemology and axiology aligned to ensure that the perspectives of the participants were heard and interpreted to

develop a substantive framework about HPE leadership in a Pacific setting. These theoretical underpinnings guided the choice of using a qualitative case study methodology, advocated for researching phenomena where there is no absolute truth, and the perspectives and context of participants influence findings.(26, 143)

3.3 Methodology – Qualitative Case Study

Although multiple qualitative methodologies exist such as narrative inquiry, ethnography, phenomenology and grounded theory(141) each had a drawback for this research. Narrative enquiry draws on participants' stories and phenomenology studies people's lived experiences. These approaches would have been appropriate to garner people's perspectives on HPE leadership, but they predominantly rely on interviews and do not have the cultural context as a focus. Ethnography, however, does focus on the cultural context, but benefits from prolonged time in the field which was not feasible for this research. Lastly, grounded theory research aims to develop theory after reaching saturation of data through multiple rounds of data collection and analysis which would have been difficult in the circumstances of the pandemic. Aspects of each of these methodologies have undoubtedly influenced the research but as the main purpose was to understand the perspectives of HPE leaders in a Pacific context through several data sets, a qualitative case study methodology was deemed the most appropriate methodological approach.(26, 144)

Qualitative case study research is largely influenced by three main authors, namely Yin, Stake and Merriam.(141, 145, 146) All agree that a case study should investigate a phenomenon in relationship to its context in real life and use multiple data sets, however, they differ on their approaches to the case study design and in their qualitative philosophies that underpin their case study approach.(142, 147) Each author defines a case study differently with Yin taking a post-positivist stance and advocating theory should drive the research process utilising a more deductive lens(148), which did not fit the epistemological approach of this research. Harrison et al.(149) and Yazan(146) acknowledge that Stake and Merriam use an interpretive or constructivist approach and argue that these philosophical underpinnings fit well within the case study methodology. Stake and Merriam describe three types of case study, including an instrumental case study utilised to help develop or build on theory, which was the purpose of the research reported here. Additionally, Stake takes a flexible approach to data gathering and interpretation advocating that the study design should evolve as data are gathered.(150) Merriam,(26) however, advocates studying a phenomenon in a bounded context and posits that a case study must focus on a specific program or person (Particular), delve deeply into the phenomenon, providing a rich, thick description (Descriptive), and assist the reader to understand the phenomenon through new insights or confirming known theory (Heuristic). Merriam(26) also suggests that a conceptual

framework at the start of the data collection can guide data analysis, but the researcher should also be open to new insights and deviations from the framework. This study drew primarily on Merriam's approach(26), alongside guidance for case study research in educational leadership settings.(144)

Thus, a qualitative case study methodology was chosen for this research for the following reasons. Primarily because it aligned with the interpretivist philosophy underpinning this study that there is no absolute truth as findings are dependent on the context and the perspectives of the participants.(26, 143) Furthermore, qualitative case study research aims to study a phenomenon through several different data sources to get a better understanding of the 'whole' in a particular context,(26, 148, 150) especially when a phenomenon can be best studied in its natural environment.(26, 142, 148, 150) In addition, the case is bound by an institution, program or person on which the research is focusing.(144, 151)

Accordingly, this qualitative case study was bound by HPE leaders who had completed the Graduate Certificate of Medical Education (GCME) and were currently in a leadership role at a Pacific-based university – The Fiji National University (FNU). There was a prolonged time frame of one year to collect the data,(26, 144) data collection occurred in participants' natural context and care was taken to obtain sufficient data to ensure trustworthiness.(144) Furthermore, multiple data collection tools were utilised to gather rich, deep data, enabling development of a framework from the perspectives of Pacific HPE leaders.(26, 141, 144) Each data collection tool was chosen to provide rich data to complement and build the interpretation of Pacific HPE leadership. Initially, Rich Pictures were used to reveal tacit perspectives on being an HPE leader and subsequent Talanoa interviews explored the deeper meanings of the pictures and how they enacted leadership.(27, 28, 152) Next, the reflective journals provided an avenue for the HPE leaders to reflect on doing leadership, guided by a set of questions.(153) Lastly, a follow-up Talanoa interview allowed the researcher to explore aspects informed by the initial data analysis, so that analysis and data collection coincided.(26, 144) These data collection tools deviated slightly from the traditional qualitative case study triad of interviews, observation and document analysis, as observation was curtailed, and documents were difficult to locate due to the COVID-19 pandemic.(26) Nevertheless, the methods utilised provided rich, thick data, as will be explained later. As there were multiple individual realities between the different HPE leaders, similarities and differences were identified between them.(141, 144) However, a limitation of this research is that it is a single case study, and it is hoped that research can be expanded across the Pacific with more time and funding.(154)

For this qualitative case study research several elements intersected as represented in Figure 8. As the researcher is the primary data collection instrument in qualitative research, I needed

to be cognisant of my role. With my own experiences in this cultural context, I needed to remain reflexive and question my own biases. In this sense, my positionality is expanded in Chapter four. Additionally, I needed to maintain rapport with the participants to enable them to tell their unique stories in this cultural context. Utilising an interpretivist approach with several data collection tools enabled the participants to express both their explicit and implicit perspectives. These three components and their interrelated facets of perspectives, rapport and reflexivity were combined in this qualitative case study research.



Figure 8: The Components of this Qualitative Case Study

In summary, this qualitative case study aimed to understand a phenomenon - HPE leadership, in its natural context – the Pacific, and was bound by person, place or program - HPE leaders with a GCME. It utilised several data collection methods to gather participants' perspectives comprising, Rich Pictures, Talanoa interviews and reflective journals, acknowledging that the researcher is both data gatherer and analyst. Rich Pictures combined with semi-structured Talanoa interviews aimed to capture participants' perspectives on 'Being a Leader'; reflective journals allowed investigation of 'Doing Leadership'; and the second Talanoa interviews were designed to delve deeper into the phenomenon of leadership after the initial data analysis. Through a rich, thick description this study sought to provide a heuristic, that presents a deeper understanding of the phenomenon of HPE leadership in the Pacific. Having discussed the rationale for applying a qualitative case study methodology, and outlined the study design, the next sections describe the data collection methods in more detail.

3.4 Data Collection Methods

3.4.1 LOCATING THE CASE STUDY SITE AND POPULATION

In order to understand HPE leadership in the Pacific context, and develop substantive theory to inform faculty development, it was necessary to invite research participants who could provide a rich description of this phenomenon. Health Professions Education, as a discipline, is still in its early stages in the Pacific and most faculty have not been afforded the opportunity to access formal qualifications in this discipline. Therefore, the College of Medicine, Nursing and Health Sciences (CMNHS) at FNU was chosen as the study site as faculty members had an opportunity to undertake a GCME (Details of the GCME and a comprehensive explanation of the culture and context surrounding Pacific HPE leaders is provided in Chapter Four). The college comprises five schools: Medical Science, Dentistry and Oral Health, Nursing, Public Health and Primary Care, and Health Sciences. The GCME was offered to all schools, however, the majority of participants represented Medical Sciences. Of the 15 graduates from 2013 and 2014, 11 were employed at FNU. These 11 graduates were located in the School of Medical Sciences (6), School of Dentistry (2) and School of Allied Health (3), holding leadership positions such as Head of School, Head of Department, or leading curriculum planning, teaching and learning, and assessment committees. It could be argued that other faculty members, who were in positions of leadership without formal educational qualifications, could have also been included to gain a wider perspective, however, with the time and resource constraints it was deemed more appropriate to probe deeply into the perspectives of those involved in HPE leadership who had received a formal medical education qualification. Furthermore, most GCME graduates were in leadership roles, encouraging the college to adopt evidence-based educational practice. Since it was hoped that the insights gained from this study would assist in developing future HPE leaders in the Pacific, it was necessary to understand the perspectives of leaders with firm foundations in HPE. Hence, this case study was bound by HPE leaders who had completed the GCME and were currently in a leadership role at FNU-CMNHS.

3.4.2 GAINING ACCESS AND INVITING PARTICIPANTS

The purposeful sampling method in this study involved approaching the eligible aforementioned HPE leaders. Upon receiving ethics approval from the appropriate institutions (UWA - 2019/RA/4/20/6529 and Fiji - FHHRERC 31/2020), permission was sought from the Vice Chancellor of FNU and the Dean of the College of Medicine, Nursing and Health Sciences to access the names and emails of HPE leaders with a GCME, which was duly granted (please see Ethics section 3.7 for a comprehensive account of ethical considerations within this research). The Dean then requested the Heads of School to provide the required information. The contact details of the 11 eligible participants were then submitted to the FNU ethics committee which sought their consent to be contacted about the research. Nine of the eligible participants granted permission to be approached, one declined to be approached, and one did not respond, as confirmed by the FNU ethics team. An initial email was sent on the 1st April 2021 with the participant information and consent forms attached (Appendix 11, Appendix 12Appendix 13), and a response deadline of the 12th April 2021 was set. Two participants agreed to participate by the deadline, while the remainder had not responded. A reminder email was sent on 14th April 2021, prompting another five health professions educators to volunteer for the research. Two health professions educators stated they regrettably could not take part due to various reasons related to work, health or family obligations, resulting in inadequate time for the research activities. Subsequently, the one initial non-responder agreed to be contacted on the 6th April 2021 but was unable to participate due to ill health. In total, seven participants volunteered to participate from Medical Sciences and Dentistry and Oral Health, from a range of sub-specialities, Pacific Island nationalities and leadership roles within HPE. Correspondence with the participants was conducted through their official email and Facebook messenger if requested by the participant, for ease of communication.

3.4.3 DATA COLLECTION TOOLS

In line with a qualitative case study methodology, multiple data sources were used to gain a rich, deep picture of the phenomenon.(26, 150). Three data collection tools were selected that assisted in revealing participants' tacit knowledge and perspectives: Rich Pictures, Talanoa interviews and reflective journals. These data collection tools allowed the participants to reflect deeply, whilst also providing opportunities to identify and develop their leadership capabilities. The following sections will examine each of the individual data collection tools, Rich Pictures, Talanoa interviews and reflective journals, in turn.

3.4.4 RICH PICTURES

Rich Pictures, an emerging qualitative approach, was the initial data collection tool in this study.(28) Participants were requested to create a picture depicting ‘Being an HPE Leader’ to elicit tacit perspectives and facilitate deeper reflection. The ensuing paragraphs explain what Rich Pictures are, their advantages and the rationale for their use in this research. Next the details of their development and application, as well as the challenges that were overcome, are explained.

3.4.4.1 What are rich pictures?

Rich Pictures are participant drawings used in qualitative research to assist participants engage with their thoughts and feelings around a phenomenon.(155) Rich Pictures originated in the 1970s within engineering soft systems methodology to assist small groups analysing problems in complex systems and developing solutions.(156) Since then Rich Pictures have been adapted for qualitative research through group and individual drawings in diverse areas, including experience of health issues and professional identity.(28, 157-159) Furthermore, within HPE Rich Pictures have been employed to understand complex phenomena including ‘pimping’ (firing difficult questions at junior doctors) and the nuances of surgical training.(160, 161) In addition, Rich pictures are advocated as a pedagogical approach in HPE and leadership development.(27, 162) Although participants have found the task challenging they later considered it useful to have time to think, reflect and draw, allowing them to discuss aspects they would not have expressed otherwise.(28, 162, 163)

3.4.4.2 Advantages of Rich Pictures

Cristancho and Helmich(28) and Parrott(155) advocate that Rich Pictures are flexible and easy to use providing space for participants to slow down, reflect and draw about complex situations or phenomena that may be difficult to verbalise. Moreover, Rich Pictures are purported to capture varied social, cultural and personal perspectives incorporating people, places, feelings, ideas and actions.(28, 160, 164) Through participants reflecting on and visualising complex phenomena researchers can gain a deeper understanding by exploring motives, meanings and reasons for individuals’ drawings in the interview.(28, 155, 161, 163) It is suggested that Rich Pictures cause a ‘disruption in thinking’, and when combined with an interview provide a holistic understanding,(161) thus providing richer theoretical interpretations and improving validity.(155, 157, 159-161, 164, 165) Furthermore, compared to concept maps, Pictor technique and photos, Rich Pictures are claimed superior for exploring individual perspectives incorporating feelings and emotions whilst maintaining anonymity.(28) Perhaps most importantly, participants have reported finding the process of Rich Pictures a thought-provoking and cathartic process, allowing them to express tacit perspectives.(155, 159, 161)

3.4.4.3 Rationale for use in this research

Leadership is a complex social phenomenon which can be difficult to articulate.(1) Rich Pictures provided an avenue to reveal tacit perspectives and understand the nuances of leadership in a Pacific cultural setting.(27, 163) Furthermore, Parrott(155) and Bood(159) argue that Rich Pictures fit within an interpretivist paradigm capturing participants' perspectives in a more meaningful way, however, Cristancho(28) purports that Rich Pictures are co-constructed through participants drawing and researchers questions such that the story is co-crafted. For this research, in keeping with the interpretivist approach, the questions were deliberately open-ended to gain the participants' perspectives minimising influence from the researcher. Furthermore, culturally, the use of pictures was deemed appropriate given the traditional arts in Fiji including Masi and body art.(155, 166) Additionally, considering the HPE context in the Pacific, I have found the use of pictures and art helpful in faculty development, teasing apart concepts such as 'being a health professions educator'.

3.4.4.4 How Rich Pictures were developed and utilised in this research

Firstly, the development of the Rich Picture instructions and subsequent interview questions included soliciting feedback from two colleagues and my supervisors. Feedback included positive comments regarding the clear instructions and recommendations to ensure the interview was open and unstructured to allow participants to tell their stories freely. For example, rather than asking about culture directly, allowing the participants to tell their story first, and then probing into cultural elements if they remained hidden as tacit perspectives. After incorporation of the feedback, a pilot Rich Picture and subsequent interview were conducted with a 'critical friend' in Fiji. Mary (a pseudonym) worked at FNU and had participated in the GCME, and thus provided an authentic representation of a participant. Feedback from Mary was integrated into the Rich Picture method, such as opting not to provide an exemplar but using a video explaining what Rich Pictures are to reduce the influence on the research participants.(167) As a researcher, this piloting was invaluable as I was able to reflect on areas for improvement whilst conducting the Rich Pictures activity and subsequent Zoom Talanoa Interview (see Appendix 2).

3.4.4.5 Participant engagement and overcoming the challenges

Several participants stated their reluctance to draw a picture, because of their perceived lack of artistic talent, despite reassurances that artistry was unnecessary, a well-recognised issue regarding the use of Rich Pictures with professionals.(28, 155, 165) This was compounded by travel restrictions to Fiji to maintain rapport and trust, often needed to facilitate the Rich Picture process.(28) Additionally, a second COVID-19 community outbreak caused logistical issues in collecting the art supplies provided. Despite these challenges, after reassurance and re-establishing rapport, all participants engaged with the activity, often

reflecting they had given much thought to the picture. Several participants created drafts before completing a final version and one used the computer to draw their picture. Although drawing was time-consuming,(161) the participants all agreed it had helped them reflect on aspects they may not have articulated in an interview alone. Once participants completed their Rich Picture it was electronically sent to the primary researcher (SK) who then organised a Talanoa interview.

3.4.5 TALANOA INTERVIEWS

Interviews are the mainstay of qualitative research, offering a platform for participants to share their perspectives, and hold a purposeful conversation with researchers.(151, 168, 169) In this study, interviews were utilised to comprehend the Rich Pictures, followed by a second interview once participants had completed their reflective journals and initial data analysis was conducted. Utilising a Talanoa framework to garner the participants' perspectives in Fiji, the interviews were undertaken in a culturally sensitive manner.(41, 170) Talanoa is a means of talking where Pacific Islanders are free to 'tala' talk 'noa' around the subject. Here, a brief explanation and rationale for utilising Talanoa interviews on the Zoom platform are provided, before a detailed description of how the interviews were conducted is expounded.

3.4.5.1 What are Talanoa Interviews?

The Talanoa approach allows a relationship to be built with the participants first and utilises a narrative form of 'storytelling' enabling participants to describe their experiences.(41, 170) It is purported that by prioritising relationships and sharing stories to build trust, participants can express authentic perspectives, leading to the development of Indigenous frameworks.(41, 170) Thus, by utilising this Talanoa approach, this study aimed to uncover tacit and genuine viewpoints, in a culturally sensitive manner, to inform a Pacific HPE leadership framework. However, important to note is that Talanoa interviews were used as a method to gain participant perspectives in this context and not as the research methodology.(171) Although, ideally these interviews would have been conducted face-to-face, the research was undertaken during the COVID-19 pandemic, and the researcher was necessarily removed from the participants. Therefore, the interviews were performed utilising the Zoom platform.(170)

3.4.5.2 Advantages of Zoom Interviews

Face-to-face interviews are generally considered the 'gold standard' of qualitative research as rapport can be built and non-verbal cues contextualise the spoken word.(172-174) However, recent research suggests that video-conferencing interviews can be just as 'in-depth' as face-to-face interviews.(174-176) Stated advantages of video-conferencing include being able to choose a time and place to conduct the interview that is convenient for the participant,

reducing travel time and costs, ease of use, being able to record the interview with or without video and being able to share documents.(174-176) Although Talanoa interviews are also advocated to be held face-to-face, the online platform can be utilised effectively if attention is given to building and maintaining relationships and rapport.(170)

3.4.5.3 Rationale for using interviews?

Qualitative case study research employs interviews as a core data collection method to capture participants' perspectives.(26, 177) Silverman(135) emphasises that the interview is necessary for gaining insight into participants' experiences and perspectives around a phenomenon, claiming that theory can be derived through in-depth interviews and mutual understanding. Similarly, Charmaz(178) highlights that interviews are key for listening to participants' subjective views, which are then objectively analysed whilst staying true to the meanings expressed. These views align with the interpretivist stance of understanding the participants' perspectives while using reflexivity to ensure their meanings are truly captured. However, the interview process is influenced by culture and context, the relationship between researcher and participant, and how the interview is negotiated, hence the need to consider these factors when interpreting the data.(179) Likewise, Silverman(135) suggests that the social distance between the researcher and participant should be minimised through developing rapport and trust, to elicit genuine perspectives. With these precepts in mind, utilising Talanoa interviews was deemed essential to gain the perspectives of Pacific HPE leaders. Thus, this research undertook Talanoa semi-structured interviews, with an interview guide, to ascertain the thoughts, feelings and intentions behind the Rich Picture in question that could not be ascertained from observation alone.(151)

3.4.5.4 How Talanoa interviews were utilised in this research

The initial interview guide for the Rich Picture interview was developed around the main research question 'What are the perspectives of Pacific health professions educators on being an HPE leader?' and a framework for analysing Rich Pictures developed by Bell et al.,(32) as detailed in the data analysis section. This guide was collectively developed, with feedback from colleagues and supervisors, and then piloted with Mary. The first question was open-ended asking 'Tell me about your picture'. Then a sub-set of questions explored components of their pictures that may not have been initially explained such as 'How do you see yourself as an educational leader in this picture?' and 'Are there any cultural elements?'; Appendix 4 provides the full interview guide.

Despite concerns about access to suitable devices and internet connectivity in this low-resource setting,(174, 176) the participants navigated the Zoom platform with ease, and although internet outages were occasionally problematic, the interviews were conducted effectively. Whilst, developing rapport and engagement over Zoom can be problematic, this

is minimised if there is a prior relationship.(173) In this research, I had already developed trust and rapport with the participants, having worked as a colleague at FNU for 13 years, although for the research I was removed from FNU and had no influence over their work or promotion. Furthermore, I had a good understanding of the culture and context. These circumstances placed me in an ideal position to conduct the interviews as I was neither an 'insider' nor an 'outsider'.(169)

Conducting all interviews myself, via Zoom at a time convenient to the participant, I ensured participants felt comfortable discussing their Rich Picture. The initial interviews were undertaken from April to June 2021 and were recorded on the primary researcher's computer. Preparation prior to the interviews included ensuring access to participants' pictures, testing audio and video equipment, and preparing a backup audio recording.(135) The pilot interview highlighted the need for longer pauses and deliberate non-verbal cues across the Zoom platform, as time delays halted the natural flow. During the interviews I consciously allowed participants to speak freely, and I actively listened, putting aside my biases. Despite challenges such as poor sound quality and distractions from participants' work or family, participants freely shared their stories and clarifications were sought where needed. The interviews lasted approximately one hour, with participants often expanding on some aspect of their leadership journey at the end. After each interview, I noted my initial impressions to reflect on the process and record key insights.

Following the initial Rich Picture interviews, participants were requested to keep reflective journals over nine months to record their leadership experiences, as will be expanded upon in the next section. The second Talanoa Zoom interview was conducted between February and April 2022 after initial data analysis of the Rich Pictures and first interviews, alongside completed reflective journals. These interviews focussed on understanding the participants' motivators for continuing in their leadership roles as initial data analysis suggested the role was extremely challenging. In addition, the cultural impact on leadership was explicitly investigated, building on insights from the Rich Pictures. From a pragmatic viewpoint, there were also discussions pertaining to their support needs and how the research process had impacted their leadership journey. The complete question guide for the second Talanoa interview can be found in Appendix 5 Guide for Second Talanoa Interview. The Talanoa interviews provided substantial perspectives which were supplemented by the reflections in the journals participants had completed.

3.4.6 REFLECTIVE JOURNALS

The following sections examine the concept of reflection and the advantages of using reflective journals in qualitative research. Next, the rationale for using reflective journals in the present research is explored, followed by a description of the journal's development including an orientation to reflective writing.

3.4.6.1 What is reflection?

Drawing on the works of Dewey(180) and Schön(181) reflection was a key concept in developing the journals and the accompanying orientation session. Dewey(180) postulated that reflection on knowledge and experience would enable learning. Schön(181) developed this concept of reflective practice further through the precepts of *knowledge in action* and *reflection in action* focusing on immediate changes in behaviour, and *reflection on action* encompassing reflecting after the event. Both scholars focused on using reflection to improve practice by analysing experiences, seeking evidence-based solutions, and implementing them in future practice, concepts familiar to health professions educators. However, critique of this reflective philosophy suggests it emphasises a positivist paradigm, not fully accounting for tacit knowledge, values and beliefs that can also determine behaviour.(182) For this research, which primarily focused on uncovering the perspectives of Pacific HPE leaders, a framework and guide building on the concept of *reflection on action* was utilised to assist participants in revealing their tacit knowledge, values and beliefs, as well as the cultural and contextual influences. Although this research was not specifically focusing on improving individual practice, it may have been a by-product of the research process, and solutions to issues identified may then be used to enhance HPE leadership practices.

3.4.6.2 What are Reflective Journals and their benefits in qualitative research?

Reflective journals have been used increasingly in qualitative research investigating a wide range of human behaviour from spending habits to dealing with stress and anxiety, and understanding the experience of chronic health problems.(183-185) In addition, they are often utilised in the medical education domain to encourage reflective practice and behaviour change (186, 187) Similar to interviews, reflective journals can range from extremely structured to unstructured.(188, 189) In qualitative research, reflective journals usually contain guiding questions to ensure participants record information useful to the researcher.(190) Alaszewski(189) purports that journal entries are contemporaneous, providing participants a voice, and thereby providing insight into how individuals perceive and interpret situations in their natural context.(189) Further advantages of reflective journals in qualitative research have been promoted including reducing recall bias, as participants record their reflections close to an event.(188-190) Additionally, with the aid of prompts, participants are afforded space and time to think, recording their thoughts free from

the direct influence of the researcher, therefore providing a ‘truer’ perspective and insights into unobservable events.(184, 189-191) When these reflections are combined with interviews rich descriptive data can be obtained, further reducing researcher bias.(188, 190) Many research participants have found reflective journals cathartic as they reflect and record their experiences.(29, 190) Given these advantages, a reflective journal was considered a useful tool to capture participants' perspectives and provide rich insights into the HPE leadership phenomenon.

3.4.6.3 Rationale for using Reflective Journals

As evidenced above reflective journals are an ideal tool to capture participants' perspectives around a phenomenon. They allow participants to explore the reasons for their actions within their own social and cultural context beyond what is shared in an interview alone.(188, 189) This assists the researcher in interpreting how cultural and social beliefs, and values influence participant actions.(189-191) Rodgers(180) suggests that reflection can transform experiences into theory and informed by current theories, improve individuals' practice and society as a whole.

Thus reflective journals were chosen as a complementary tool to expand on the initial Rich Picture and Talanoa interview to gain insights into ‘Doing HPE leadership’.(184, 189) Additionally they gave the participants flexibility, around their busy teaching and clinical duties, to reflect on leadership and record their thoughts at a time convenient for them.(153, 192) Participants could use different avenues to collect their thoughts in a way they were comfortable with such as pictures, dot points and in a medium that suited them, electronically, audio recordings or handwritten.(153, 189) Reflective journals have been used in different ways by participants in my previous research experience, some use them extensively and others not at all, therefore, to overcome potential issues of non-engagement, guidance on reflective practice and reminders were utilised to encourage reflection and journal use.(189)

3.4.6.4 Development of the Reflective Journal

The literature and my previous research experiences guided the development of the reflective journal. Considering the heavy workloads of the Pacific HPE leaders and limited formal training in reflective writing, a series of question prompts, alongside guidance on engaging in reflective writing was provided.(187, 192, 193) The ‘Tips for Reflective Writing’ aimed to encourage honest contemplations and received positive feedback from peer review and piloting. Exemplar reflective tips included *‘Find a time and space when you can think without distraction’* and *‘Express yourself freely, be frank and honest. There are no right or wrong answers.’* The complete set of tips can be found in Appendix 6.

The question prompts underwent several iterations to ensure clarity and feasibility. After peer review and pilot testing the number of questions was reduced from 11 to eight. These questions captured descriptive details of leadership events and the HPE leaders' reactions to these, including cultural aspects influencing their leadership actions. The final set of questions included:

1. Think about the event where you experienced being an educational leader.
2. What is the first word that you think of when you think about this event?
3. Describe the event briefly:
Who, Where, When, What happened?
4. Think about 'how' and 'why' this was educational leadership and note your reflections and feelings.
5. What were your aims and how did you achieve them?
6. How would you describe your leadership style in this situation? What do you think influenced that?
7. How do you think the culture and context influenced you?
8. What additional support would help in similar situations in the future?

During pilot testing discussion of an orientation session was positively received. Mary suggested that both an orientation session and the 'tips' would help in the reflective process as it was not something she was familiar with. Therefore, to assist with journal usage and reassure participants about the expected tasks an orientation session with the participants was held after the first interviews to support their reflective practice and journaling.

3.4.6.5 Orientation to the Reflective Journal

Reflection is not innate and although Schön(181) has espoused that professionals need to have knowledge-in-action, reflection-in-action and reflection-on-action this cannot be an assumed skill.(29, 194) In addition, reflection requires time, honesty, commitment and awareness of the many aspects affecting an experience.(180) Therefore, after the first Talanoa interview, an orientation session was conducted to support participants' reflective writing.(29, 184, 189) This session aimed to explain the purpose of the research and the reflective journals, discuss different types of reflection, and review the question prompts.

Two small group orientation sessions were held by Zoom to accommodate participants' schedules. Permission from the individual participants had been sought before the orientation session to ensure they were happy to be known to each other. The sessions were guided by a shared PowerPoint (Appendix 8) and were a mixture of discussion and presentation, covering different aspects of reflection and the guiding questions.(194, 195) Other concepts addressed were the need for honesty,(180, 196) ensuring confidentiality,(188-190) and avoiding the diary influencing their behaviour.(189) During the orientation

sessions, participants raised concerns regarding the time commitment and perceived challenges of writing reflections.(29) However, shared experiences, explanations and reassurance to ensure the task was not too onerous alleviated some of these concerns. Additionally, the participants requested monthly reminders and feedback on their reflections as they wanted to contribute meaningfully to the research agenda. Overall, the orientation sessions engaged the participants with the research task, and they expressed commitment to completing the four to six journal entries requested, despite initial concerns, although one participant remarked, 'Let's see how many you actually get!'

3.4.6.6 Challenges and Adaptations to the Reflective Journal

The COVID-19 outbreak in Fiji in May 2021 presented significant challenges as movement restrictions meant participants could not access the hard-copy journals. To address this situation electronic copies of the writing tips, guiding questions and a copy of the PowerPoint were provided. Additionally, the orientation Zoom recording with a summary of the discussions was sent to all participants.

As the pandemic situation escalated and work pressures intensified, participants found it increasingly difficult to engage with the research tasks. One reminder was sent in July 2021, acknowledging the difficult situation, however, no responses were received. By September 2021, two reflective journal entries had been received, but the situation in Fiji was worsening. In response to these circumstances, the research tasks were modified after discussion with my supervisors. Participants were requested to respond to a five-minute reflective prompt such as 'How did I experience leadership this week?' This resulted in increased engagement with four participants completing the prompt and two completing journal entries. A second reflective prompt was sent in November during the University study break; 'What was your main aim over the last month and how did you go about achieving it?' This prompt elicited three responses.

However, ongoing challenges persisted, with participants facing constant changes and uncertainties, making it difficult to prioritise the research activities. Consequently, it was decided that participants could complete two journal entries and two prompts, and any unanswered questions would be asked during the second Talanoa interview. Those who did manage to engage and complete the journal entries provided useful insights into HPE leadership during this challenging time adding rich data to codes and themes identified across all data sets. The insights provided were analysed continuously throughout the data collection period so that preliminary data analysis from the Rich Pictures, first interviews and reflective journals informed the direction of the second interviews.

3.5 Data Analysis

Data analysis was conducted using an interpretivist approach, acknowledging the importance of the participants' perspectives in their Pacific cultural context.(42, 197) Whilst deductive approaches using existing theoretical frameworks are promoted in HPE research,(138) this study adopted an inductive approach to build substantive theory for the Pacific region,(145, 198) rather than forcing interpretations into a western leadership theory.

Data analysis began with the Rich Pictures utilising an analytical framework proposed by Bell et al.(199) to extract insights from the visual representations. The textual data was then analysed employing Miles and Huberman's approach as recommended by Punch(140) for interpretivist research. Grounded theory analysis was an alternative recommended approach,(140) however, there has been recent critique in the HPE literature about divorcing grounded theory analysis from the methodological approach of the research.(130, 200) The data analysis followed three key processes outlined by Miles and Huberman(33): data condensation, data display and drawing and verifying conclusions. These processes occurred concurrently, allowing for iterative refinement of codes and themes.

The following sections provide a detailed description of the analytical approach for Rich pictures, followed by the application of Miles and Huberman's approach to the textual data. The systematic analytical process enabled the interpretation of participant perspectives through codes and themes, informing the development of a framework for Pacific HPE leadership.

3.5.1 RICH PICTURE ANALYSIS

Rich picture analysis is challenging due to its subjective nature.(165) Three approaches to analyse rich pictures will be briefly discussed before detailing the analytical approach utilised in the present research and for what reason. First, comparing two interview transcripts about the same phenomenon as portrayed by Booton(165) where the first interview was conducted without a rich picture, then participants drew a picture and had a second interview on the same topic. Booton(165) argues that rich pictures combined with interviews afterwards are useful in gaining different insights and provide a more realistic perspective. Second, Bood et al.(159) involved both researchers and participants in interpreting drawings, by having a gallery viewing and coding the words used to describe the pictures. Although Bood et al.(159) found that no new themes were identified that had been expressed through participant interviews, they argued that having multiple perspectives provided a truer picture of understanding 'Living with advanced cancer'. Third, Bell et al.(32, 199, 201) postulate that analysing pictures is an inexact science as we do not fully understand the meanings of others'

drawings, however, they suggest a framework based on Carney's(199) process for critiquing art (Table 7) analysing colour, lines and symbols, boldness and linkages, and the overall story depicted, through a process of 'eductive interpretation', which includes participants' perspectives of the Rich Picture captured in an interview. However, it is important to approach the analysis with caution as this subjective process can lead to apophenia, finding meaning when none exists.(32)

Table 7: Rich Picture Analytical Framework proposed by Bell et al.(199)

Rich Picture Analytical Framework	
Locate Style	What context was the rich picture located in?
Descriptive Features	What colours, shapes and symbols are used?
Primary Features	Which elements are central, bold or big?
Value Features	Are there linkages between components?
Low-level Interpretation	What is the overall picture depicting?
High-level Interpretation	What is the description given by the artist?
Critical judgement	Putting all the above together – Is this a superficial or deep reflection? Did the participant engage in the activity?

Considering the above approaches and the challenge of analysing pictures in isolation, the present research primarily utilised participants' perspectives of their rich pictures, to uncover tacit views and beliefs. Additionally, due to the constraints imposed by the COVID-19 pandemic, a gallery viewing and discussion were not feasible. The Bell et al.(199) framework guided the interviews by asking participants to explain colours, symbols and linkages. The participants' high-level interpretation was considered the most important as this captured their perspectives and interpretations. Once the interviews were completed and transcribed Miles and Huberman's(33) data analytical approach was applied.

3.5.2 MILES AND HUBERMAN'S APPROACH

The data analysis approach of Miles and Huberman(33) follows three distinct processes: *data condensation* - editing, coding, memoing and developing abstract concepts; *data display* – graphs, charts and synopsis to organise and summarise data; and *drawing and verifying conclusions* also known as developing propositions. Data analysis began by bracketing the framing literature and remaining open to the elements depicted through the participants' leadership journeys.(42) Then data condensation commenced alongside data collection, ensuring data collected would aid in addressing the research question. This was followed by

coding the data, writing memos and developing concepts before synopses were written. The second process, data display, involved organising codes and concepts to provide an organised summary and pictorial display to identify main ideas and patterns. Lastly, the process of drawing and verifying conclusions illustrated the patterns, themes, explanations and propositions that explained the data and answered the research questions. Although these are presented here as separate phases, in reality, the data were interpreted, explanations were suggested, further data were collected, and the propositions were verified. There was a constant interplay between coding, developing concepts, displaying the data, suggesting propositions and themes and then returning to the data. This iterative process allowed for the refinement and validation of Themes and propositions. Additionally, this approach contributed to the trustworthiness of the research which is expanded upon after the data analysis section. The steps taken in analysing the data are outlined below in Figure 9 and the ensuing paragraphs describe this process in detail based on Miles and Huberman's approach.

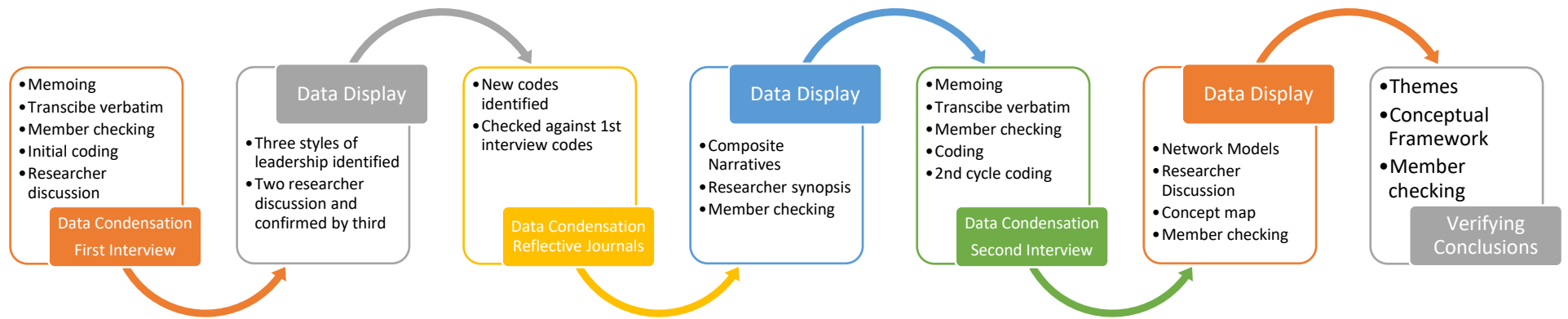


Figure 9: The Analytical Process Utilising Miles and Huberman's Approach(33)

The first step in Miles and Huberman's approach is data condensation through memoing, coding and editing. Initially, as the first interview data were collected, the first interpretive step was to note my impressions after each interview and then transcribe the interview verbatim to become familiar with the data. For example, a note after Jeremiah's and Jasmine's interviews states:

Jeremiah aims to develop excellent students through, not only their knowledge and skills, but also their attitudes so they can provide quality patient care and improve the health of the nation. How does he do this? – Role modelling, loving helping students to learn, collaboration.

As a leader, Jasmine journeys across the bridge with others to develop them to be competent and caring.

The transcripts were sent to the participants for their confirmation of accuracy and all participants stated that they represented a true record of the interviews. The data were then subjected to a first cycle of manual coding using one interview transcript, where words or phrases were assigned a meaning as illustrated in Figure 10. The code assigned was generated as the data were interpreted. I consciously remained open to the data to reduce the influence of the literature around HPE leadership encroaching on the interpretation. This initial coding was shared with my supervisors (SC1 & SC2) who suggested the data had been probed too deeply as there were over 240 individual codes. After discussing the codes, the remainder of the transcripts were coded using larger chunks of data and assigning broader codes. For example, rather than describing different types of reflection in separate codes: reflection in action, reflection on action, and reflection with others; these codes were simply conflated under a code of 'reflection'. Once all the first interview transcripts had been coded, the original coding of the first interview was revisited to ensure all the main ideas were captured. Almost all the original detailed codes had been included under the broader coding headings. Any concept that had not been included was acknowledged and subsequently checked to ascertain if that concept had been included in other interviews.

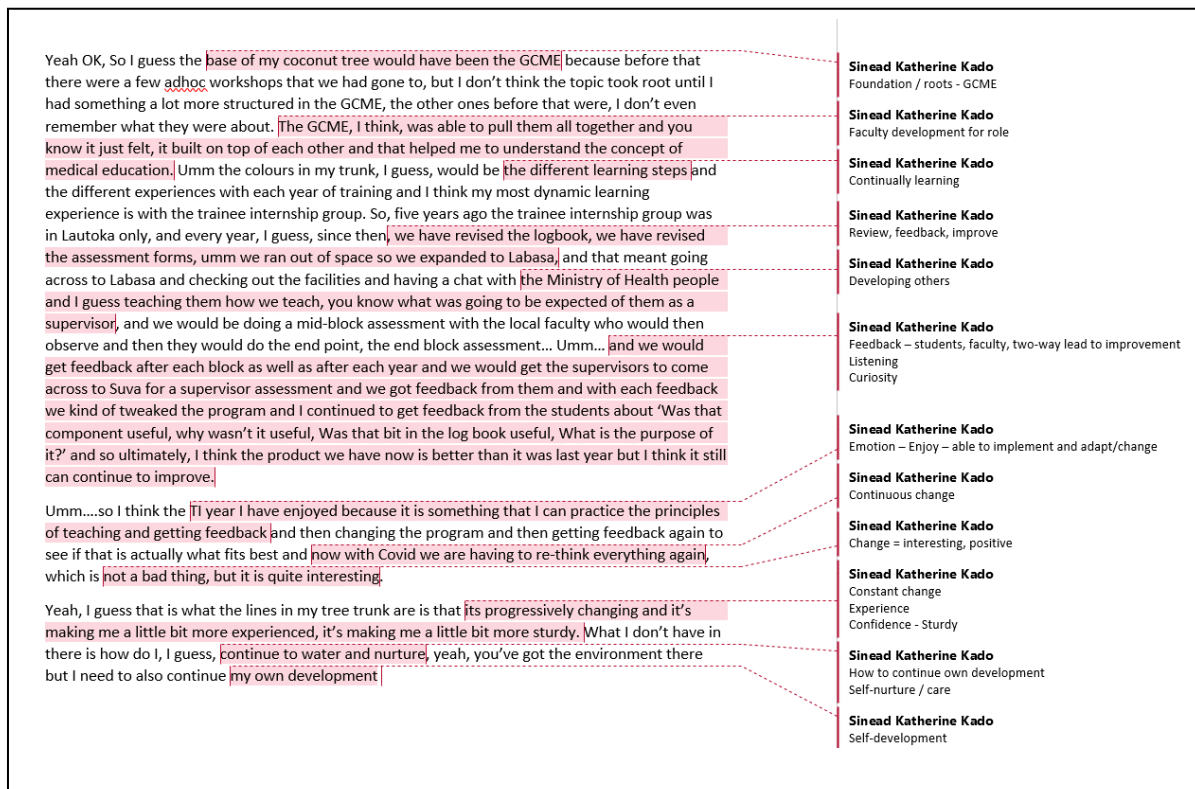


Figure 10: Example of Initial Coding

The coding of the first interviews was aided by using NVivo software. NVivo was used as a repository for the data and to ensure the coding was captured in electronic form. An example of coding in NVivo is shown in Figure 11. The code of 'competent graduates' was evidenced across all participants and was subsequently put under the theme of 'Lesson the Gap'. By reflecting on the data and coding the information accordingly, I attempted to capture the primary essence of that part of the interview as it related to the research questions, to condense the data and understand the underlying meaning embedded in the data.

The first coding cycle included elemental, process, affective and simultaneous coding methods. Elemental coding included 'In vivo' coding which utilises participants' words or phrases, and process coding identifies participants' actions. Affective coding classified emotions expressed into positive and negative elements, and values articulated. In addition, components of the text were assigned to more than one code in a process called simultaneous coding. It became apparent that some codes applied to all leaders whereas others were only interpreted for two or three leaders. The interpreted codes were discussed with the second researcher, my supervisor (SC1), and the data analysis was interrogated.

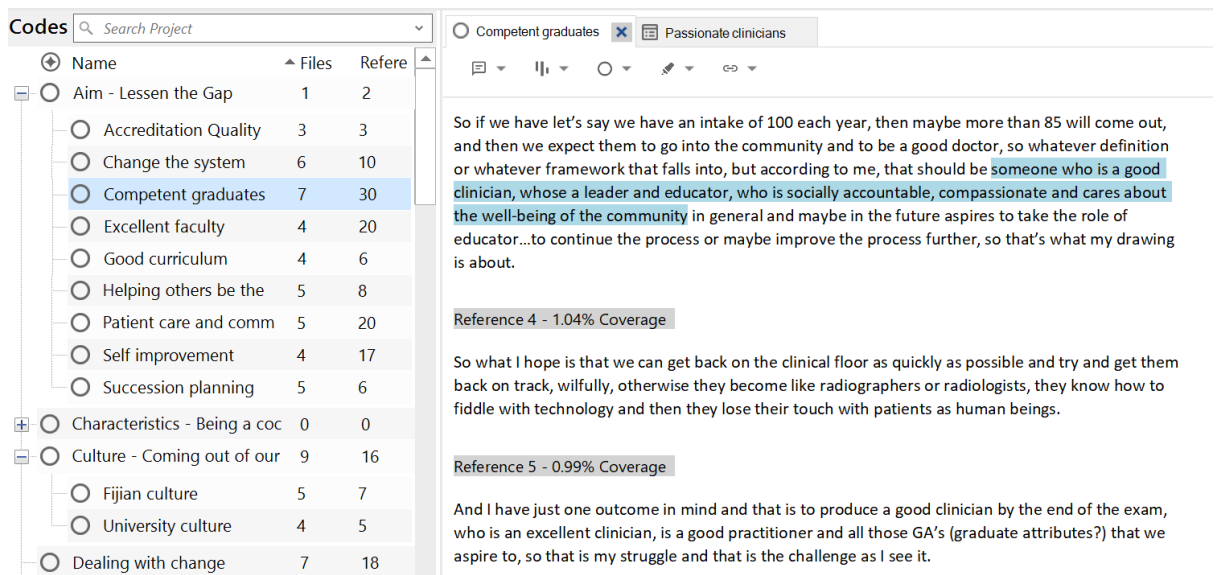


Figure 11: Example of NVivo Coding

After the initial data coding of the first interviews, analysing them alongside the Rich Pictures, a codebook was produced with explanations for each code. These codes were discussed with the second researcher (SC1) and after further interpretation, with the aid of a whiteboard, three styles of leadership were identified (Figure 12). Subsequently, the journal reflections and prompts were analysed by manually coding without the coding book to minimise bias from the previous coding. Next, the data were added to NVivo and similar codes were grouped under one code. Different aspects of leadership that were identified were coded under a separate code. For example, ‘innovation’ was interpreted as a code from the reflective journals which was not evident from the first interviews. When returning to the coding of the first interviews the code of ‘change the system’ often involved innovative ideas and these codes were then combined under innovation as a way of ‘lessening the gap’. A second cycle of coding identified common codes across all three leadership styles. This was partly aided by the function in NVivo to identify shared codes between participants and manual mind maps were also utilised to identify the shared codes. At each stage interpretations were discussed with the second researcher (SC1) and subsequently confirmed by the third (SC2).

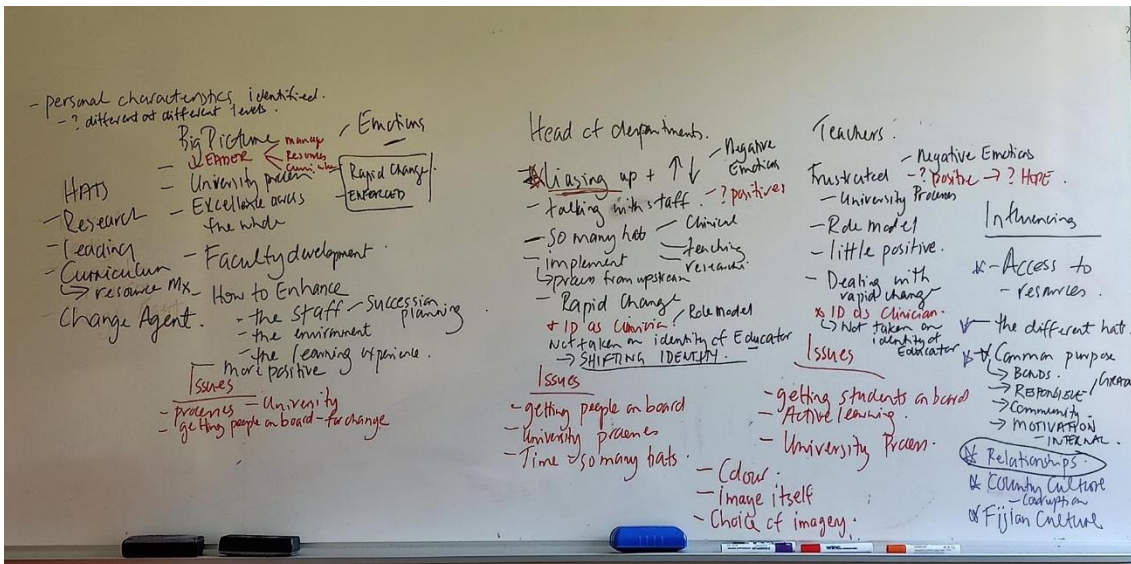


Figure 12: Whiteboard Discussion on Three Styles of Leadership

A data display comprising composite narratives of the three leadership styles was then produced, as will be evidenced in Chapter Five. Composite narratives combine two or three participants' narrative data into one narrative and in this research are constructed entirely from the participants' voice. (202) Composite narratives were used to convey the essence of each leadership style whilst maintaining anonymity as the Pacific is small and people are readily identifiable. (202) The next interpretive step was to provide a researcher synopsis of each leadership style as part of the data display stage advocated by Miles and Huberman. (33) The composite narratives and researcher synopsis were sent to each participant to ensure the essence of each leadership style had been captured and to safeguard against breaches of anonymity.

The analysis from the Rich Pictures, first Talanoa interviews, reflective journals and prompts then guided the second interviews. Research questions that had not been fully addressed such as the impact of culture on the participants' leadership journey were examined more comprehensively, and novel questions that arose including motivation factors to continue their challenging leadership journey were interrogated. The second interviews were transcribed verbatim and sent to participants for confirmation. Similar to the previous coding method, the second interviews were manually coded to reduce interpretation bias before being stored in NVivo and added to the existing coding framework.

Once all data had been gathered, another cycle of coding was conducted, and an updated codebook produced. Then each leadership style was interrogated to search for common themes across all categories of leadership. Within the codebook, every code had a description, 'memos' or comments about the code, and which leadership styles had demonstrated that code across the different data sets. This updated codebook was conferred

with the second researcher (SC1) to ensure mutual understanding. An excerpt of the codebook is illustrated in Figure 13 and the full updated codebook can be found in Appendix 9. On further examination of the codes some were kept as sub-themes under thematic headings, while others were discussed and moved to other themes, such as motivation which was moved from being a value to the driving force of staying in a leadership role. Figure 13 illustrates that Theme Four was interpreted as the aims of the HPE leaders with codes of innovation and competent graduates becoming the sub-themes as these were articulated by all HPE leaders across the different data sets. The code 'good curriculum' was not expressed as consistently and although considered important was assigned as an aspect of producing competent graduates.

▲ Codes and Themes Codebook

Name	Description	Comments	First Interview	Reflective journal	Reflective Prompt	Second Interview
Theme 4 - Aims Lessen the gap	Aims of HPE leaders - To make a difference that will continue after they have left the position or retired	Change the system to improve outcomes through other aims – This is the main aim	CT, Bridges	Boats	All	All
Innovation	Think outside the box to look for new ways to improve educational practice		CT, Bridges	All	Bridges	Boats
Competent graduates	Competent and caring graduates...knowledge, skills and professionalism	'nurturing new coconuts to be fruitful and useful' 'over the bridge to become fruitful trees' empathetic graduates	All	CT	Bridge	All
Good curriculum	Accredited, Relevant, aligned, for student learning.	Related to producing competent graduates. Not articulated in reflections and second interview	All levels but not all people...about half.			

Figure 13: Excerpt from Codebook

Once the codebook was updated and the main themes and sub-themes were tentatively suggested a network model was drawn to understand how each theme interacted with the other themes to understand the Pacific HPE leadership process. This was done both as a picture and a display of narrative boxes (Appendix 10). These tentative network models were shared with the participants in a face-to-face meeting to discuss different aspects of the model. Feedback from the participants was integrated into the analysis and the data was re-analysed. Through memoing interpretations employing concept maps and drawings, going back to the data to check assumptions, revising concepts, and member checking, the themes and sub-themes went through several iterations. The revised themes and sub-themes were then developed and discussed extensively with the second researcher (SC1) and a second network model was developed (Figure 14).

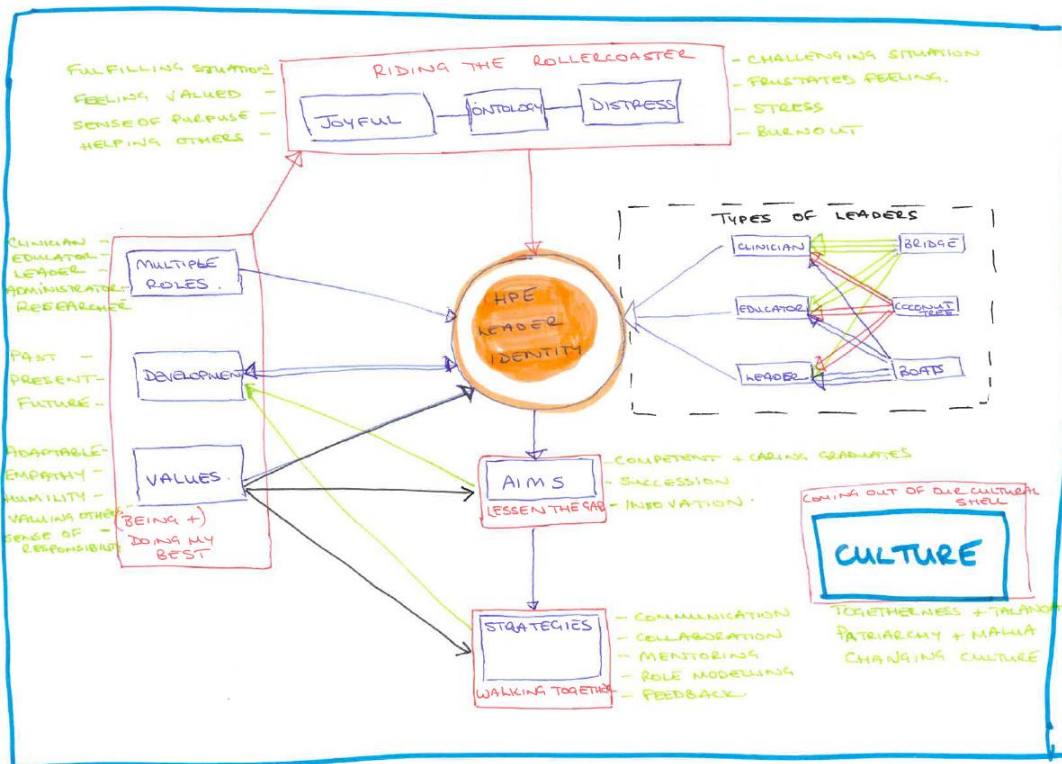


Figure 14: Network Model of Themes and Sub-themes

After discussion and agreement on the themes and sub-themes, a leadership framework was crafted. The themes and framework were then presented to the participants in person and a group discussion was held to revise theme titles. For example, ‘Being and Doing my Best’ became ‘Striving for Excellence’ (Uasavi), which interestingly had been a heading I had previously considered. The participants agreed with the principles of each theme but advocated changing the titles to be more Pacific-orientated. Therefore, in Chapter Six, the theme titles are portrayed in Fijian and English.

These steps in the data analysis illustrate the constant oscillation between data condensation - coding and memoing; data display – summaries and network diagrams; and drawing and verifying conclusions – developing propositions. The data were discussed with a second researcher (SC1), confirmed by a third (SC2), and presented to the participants at each data analysis stage to improve the trustworthiness of the analysis and conclusions.

3.6 Trustworthiness of the Research

Lincoln and Guba(203) postulate that for qualitative research the criteria for research trustworthiness are credibility, dependability, confirmability and transferability. In addition, researcher reflexivity is deemed an essential component of trustworthiness.(204, 205) The recommended components to ensure research trustworthiness under each criteria heading overlap such that providing an audit trail is advocated to enhance dependability and

confirmability. Additionally, Bloomberg and Volpe(206) suggest that reflexivity can be encompassed under credibility and confirmability, however, here it is presented as a separate category as recommended by Korstjens and Moser.(205) In the following sections the way in which each of these criteria has been addressed in this study is described, with Table 8 providing a summary.

Table 8: Trustworthiness Criteria Addressed by this Research

Trustworthiness Criteria	Actions	How Addressed in this Research
Credibility	Prolonged Engagement	Engagement with participants for one year.
	Triangulation	Method and investigator triangulation – multiple data sets and discussions with a second researcher, and confirmation with a third researcher.
	Member Checking	Member checking of transcripts, styles of leadership, themes and framework for Pacific HPE leadership.
Dependability	Audit Trail	Explanation of each data collection tool and how it was administered. A step-by-step guide to data analysis with examples provided.
	Peer Review	Methods and results were presented at several forums for critique and two peer-reviewed publications.
Confirmability	Audit Trail	Explanation of each data collection tool and how it was administered. A step-by-step guide to data analysis with examples provided.
	Triangulation	Method and investigator triangulation – multiple data sets and discussions with a second researcher, and confirmation with a third researcher.
Transferability	Purposeful Sampling	HPE leaders with an education qualification in a Pacific context to answer the research question.
	Thick Description	Description of the context in detail and the voice of the participants through substantial quotes and composite narratives to allow the reader to judge transferability to their context.
Reflexivity	Journal	The researcher’s positionality within the research is explained. The researcher kept a reflective journal to note assumptions, ideas, and how her preconceptions and values affected the research.

3.6.1 CREDIBILITY

In this research credibility was enhanced in the following ways: first there was prolonged engagement with the research.(205) The research was conducted over one year collecting data on three to six separate occasions. Additionally, time was spent with the participants online during orientation to the activities, whilst conducting the interviews and then on two occasions face-to-face during member checking. This ensured trust and rapport were built to assist participants reveal their perspectives and substantive data were collected to address the research question. Second, triangulation occurred in two ways; method triangulation was used as part of the qualitative case study methodology, with data being collected through Rich Pictures, Talanoa interviews and reflective journals. This ensured that different aspects of HPE leadership could be investigated obtaining a truer picture. Furthermore, investigator triangulation occurred where codes, themes and interpretation decisions were discussed between two researchers, and confirmed by a third. Finally, member checking occurred on several occasions throughout the research process. Participants were asked to verify their transcripts and on two occasions the results were presented and discussed to ensure the findings were congruent.(203, 205, 206) Moreover, utilising reflexivity, thick description, seeking negative instances and peer debriefing enhanced credibility. These aspects are covered in more detail under dependability, confirmability and reflexivity.(206)

3.6.2 DEPENDABILITY

To enhance dependability this research employed an audit trail and peer review, alongside triangulation, explained under the credibility heading.(205, 206) An audit trail has been provided by explicating the data collection methods in detail and how the data analysis was conducted through the frameworks of Bell et al.(199) and Miles and Huberman,(33) providing several examples. In addition, the leadership styles in the Results Chapter provide substantial excerpts from the participants to illustrate the interpretive process leading to the themes. The themes, whilst being a more abstract conceptualisation of Pacific HPE leadership and providing an analytical narrative, are supported by quotes from the participants. Furthermore, throughout the research process, the methods and results have been presented for peer review. The proposal was presented and critiqued at the department level, subsequently, the data methods were presented at local and international conferences and published in one peer-reviewed article.(152) The styles of leadership, themes and model of HPE leadership were scrutinised by the participants and faculty in the Pacific and underwent revision based on participant feedback received. An article on the styles of leadership was subsequently accepted for peer-reviewed publication after commendation of a presentation at an international conference.(207, 208) Thumbnails of the articles can be found in Appendix 16 and Appendix 17, with links to the full-text in Appendix 18.

3.6.3 CONFIRMABILITY

Confirmability is similarly upheld by providing an audit trail and using triangulation methods, as already discussed.(203, 205) In addition, reflexivity by the researcher can minimise bias and assumptions held so that the data are more objectively interpreted, which is addressed under the reflexivity component.(206)

3.6.4 TRANSFERABILITY

Transferability was enhanced in this research by providing a detailed description of the context in which the research was conducted alongside my reflections (Chapter Four). This aims to allow the reader to understand the context in detail and my positionality within the research.(203, 205) In addition, substantial parts of the results chapter are dedicated to the participants' voices enabling the reader to make a transferability judgement.(203, 205) Moreover, purposeful sampling was employed to ensure the participants could convey rich, thick descriptions pertaining to HPE leadership in a Pacific context.(206)

3.6.5 REFLEXIVITY

Reflexivity is central to qualitative research.(204, 209, 210) Therefore, I kept a journal from the start of the research process.(206) Initially, this recorded how to conduct the research ethically and trustworthily, identifying the gap and research question. As the research question and methodology were revised, I realised the impact my positionality and biases could have on the research and recorded ways to allow the participants' voice to be clearly heard. This was one of the steps in the decision to employ Rich Pictures and reflective journals as researcher influence is reduced.(28, 185) Following supervisor discussions, I would note the areas for consideration, which led to increased reflexivity. For example, when developing the Rich Picture instructions and interview questions I received peer reviews from two contemporaries to improve the tool, which was then piloted with a typical participant. My reflections after this were, 'My picture probably influenced the way she drew her picture.' and 'I need to refrain from finding solutions when they are expressing their views, just listen!' (see Appendix 2).

After each interview, my initial impressions were noted, for example, after Jane's interview I wrote 'Fantastic picture – so glad I didn't provide an example'. In addition, thoughts on how I as a researcher had impacted the interview process were considered, for example after Julie's interview I noted:

Poor internet connection at the beginning but was okay for most of it. Difficult interview because at home with the children but Julie was not overly distracted. I had to keep myself from thinking too much about solutions to issues raised and consciously just listen to her perspectives. She really focused on her emotions and her HPE leadership journey, feeling frustrated with university processes but also really looking for opportunities to grow as an educational leader.

The audio recordings were then re-visited and further notes were made before transcribing the interviews verbatim. Once the data were analysed, I drew pictures and mind maps, presenting these to the participants for feedback. The discussions aided me to reflect on my influence on the interpretations and I then took into account their feedback to ensure important meanings were incorporated. As the research continued, my positionality within the research became more apparent, as detailed in Chapter One. As a non-indigenous Pacific Islander, how was I interpreting the results? Was I still making the theory 'westernised' with my unconscious biases? Did the participants resonate with the themes and theoretical model? The process of member checking again provided the opportunity to reflect and to think about 'Pacificising' the framework using more Pacific language and imagery. For example, although theme two used an in vivo term 'Riding the Rollercoaster', this did not resonate with all participants as there are no rollercoasters in the Pacific, therefore after discussions and reflection, this became 'Riding the Rapids' which everyone agreed was more appropriate and relatable. Had my western experiences influenced the choice of this in vivo phrase? I am not sure. At all times I aimed to be open to the voice of the participants and put my biases to one side, however, it is impossible to know how my unconscious biases may have affected the research findings. I am reassured that the framework was commended by the participants for the component parts, and it was just the headings or imagery that they wanted to change to make it more Pacific and relatable.

3.7 Ethics

Ethical clearance for this research was obtained from the University of Western Australia (UWA) and Fiji's Ministry of Health, with approval numbers **2019/RA/4/20/6529** and **FHHRERC 31/2020** respectively. While Fiji National University (FNU) ethics clearance was not required as I was not a current employee, I kept the FNU Head of Research informed at each stage of the research agenda and the FNU ethics team assisted in gaining access to the participants.

Ethical principles of respect, research merit and integrity, justice and beneficence were upheld throughout the study. (211, 212) Firstly, participants were approached by FNU ethics to ensure they felt under no obligation to participate. Second, an invitation email (Appendix 11) emphasised the voluntariness of the study, accompanied by a comprehensive participant information form (Appendix 12). Prior to research commencement, each participant signed

a consent form (Appendix 13). Third, during the research attention was paid to ensuring confidentiality by assigning pseudonyms, the researcher transcribing the interviews, removing identifying data from manuscripts and safeguarding the information in a locked cabinet or password-protected computer. Furthermore, anonymised data were kept on the University data management system and will be destroyed after seven years.

The overarching principle of respect was maintained by ensuring the research tasks were not onerous and adapting the data collection to participants' needs, such that the planned focus group and concept map exercise was adapted to member checking and discussing a way forward for the future. Additionally, member checking was employed to confirm both transcripts and research findings enabling the participants' voices to be heard and increasing the trustworthiness of the research.

3.8 Limitations

Originally, the research plan was to conduct face-to-face interviews and observation in Fiji, in keeping with the qualitative case study methodology. However, due to the COVID-19 pandemic and travel restrictions, the research approach required adaptation whilst maintaining methodological integrity. Although the researcher could not be physically present, the phenomenon was still studied in its natural environment through participants' reflections grounded in their culture and context. The pandemic also impacted data collection with some research tasks not being completed, however, the insights afforded during this challenging period highlighted the leadership characteristics and strategies of the participants. Despite these setbacks, sufficient data was collected through the initial interviews and the completed reflective journals and prompts to identify substantive codes and themes. As illustrated in the codebook (Appendix 9) themes and sub-themes were identified across all data collection methods or all leadership styles with utilitarian quotes provided in the Results Chapter. The enthusiastic participation with the Rich Picture and subsequent interview were of value in the data analysis, and the reflective prompt questions were asked in the second interview if they had not been completed. It is acknowledged that observing leadership in practice may have added extra insights not reported by the participants. Another limitation of this research is the lack of diversity in the HPE leaders. There were no HPE leaders with the GCME in public health or nursing and those from allied health were unable to participate in the research. Thus, only doctors' and dentists' perspectives were elicited which may have caused bias limiting the generalisability to all HPE leaders. However, when presented to CMNHS with representatives from all disciplines there was agreement with the framework principles presented.

In addition to the COVID-19 pandemic, several delimitations were imposed to ensure research feasibility. The research focused on one setting, potentially limiting extrapolation to

other Pacific institutions. Moreover, insights from HPE leaders who had not gained a GCME qualification may have enriched understandings of Pacific HPE leadership. Nonetheless, presentation of findings at a broader Pacific forum received positive feedback, suggesting resonance with participants beyond the immediate setting.

3.9 Summary

This chapter on 'Capturing the Phenomenon' has provided a rationale for using an interpretivist approach with a qualitative case study methodology to investigate the perspectives of Pacific HPE leaders on leadership. Through purposeful sampling, Pacific HPE leaders, grounded by the GCME, were able to provide substantive perspectives to address the research question. Deviating from the traditional triad of data collection methods, this research employed novel tools to enhance the generation of tacit and reflective perspectives, in a culturally sensitive manner, whilst reducing the influence of the researcher. Thus, aligning with an interpretivist approach, Rich Pictures, Talanoa interviews and reflective journals were utilised, providing participants with an opportunity to share authentic leadership stories.

The data analysis approach, primarily based on Miles and Huberman's approach, was an iterative process that facilitated the identification of three leadership styles. The extensive examples throughout this chapter illustrate the sequence of the analytical process and the way in which conclusions were extrapolated from the data. The trustworthiness of this research was enhanced through several avenues and ethical principles were maintained. Notwithstanding the acknowledged limitations of the research, this chapter has provided evidence of an authentic and robust research agenda.

Before presenting the results in Chapter Five, the next Chapter sets the scene by transporting the reader to the Fijian cultural context in which this research is embedded. It was considered important to have a deep understanding of this distinctive culture before turning to the results generated from this research.

4 Chapter Four: The Pacific Cultural Context

4.1 Introduction

Tertiary institutions and their faculty do not exist in a vacuum. They are inextricably intertwined with the historical, social and cultural influences that have shaped a country, and by extrapolation influence the institutions and leadership practice.(131) Therefore, this chapter aims to provide an understanding of the Fijian setting where this research was situated to offer a rich description of the culture in which HPE leadership is embedded. Initially, an outline of the history of the islands is provided, followed by my experiences of the Fijian culture; next, an account of the College of Medicine, Nursing and Health Science (CMNHS) in the Fiji National University (FNU) from its establishment until the present time is offered and subsequently, HPE faculty development over the last ten years is examined. Finally, I present a reflection describing my HPE journey in Fiji to illustrate my perspectives and motivators to conduct this research, and further illuminate my positionality.

4.2 The Fiji Islands

Fiji is an archipelago of over 300 Islands situated in the South Pacific Ocean (Figure 15), with most of its 900,000 population located on the two main islands of Vanua Levu and Viti Levu.(213) These beautiful islands are inhabited by a mix of Fijian (i-Taukei - 56%), Indian (Indo-Fijian - 37%) and other races (Chinese, European and other Pacific Islanders) with just over half living in urban centres.(214) The history of Fiji stretches back 3,500 years when the first Melanesian explorers arrived from Papua New Guinea. From then until the time of the European settlers arriving in the late 19th century the Fijian way of life was built on clans and villages, with subsistence agricultural farming and fishing being the main industries.(215) Chiefs were the head of the clans and were either nominated by birthright or fought for their title, characterising a hierarchical leadership system.(215) The European settlers then arrived and stripped the land of Sandalwood and subsequently fished for sea cucumbers (beche-de-mer). In 1855 Cakabou was recognised by the USA as the chiefly head of Fiji but demanded \$45,000 for damages to American property, which Cakabau could not deliver. By 1858 the USA granted Cakabou a further year to pay, but as he was unable to, he signed a deed requesting that Fiji be ceded to Britain. Britain was reluctant to take Fiji as it had experienced clashes with the Māori people in New Zealand and did not want to harm the native Fijians. After negotiating with Australia, Belgium and Germany, none of whom wanted Fiji, Britain finally accepted Fiji to protect the natives and provide a more stable government to control the settlers and people smuggling.(216) After Fiji was ceded to Britain on 10th October 1874 the population demographics began to change more dramatically. Britain largely wanted to

leave the Fijian traditional way of life intact and ensured that land could not be sold, however, the British needed farmers to produce sugarcane on their plantations, therefore they brought indentured labourers from India. These workers were encouraged to stay in Fiji after their tenure expired, which many did, but they had no rights to land or influence in politics, which led to them feeling marginalised.(213)

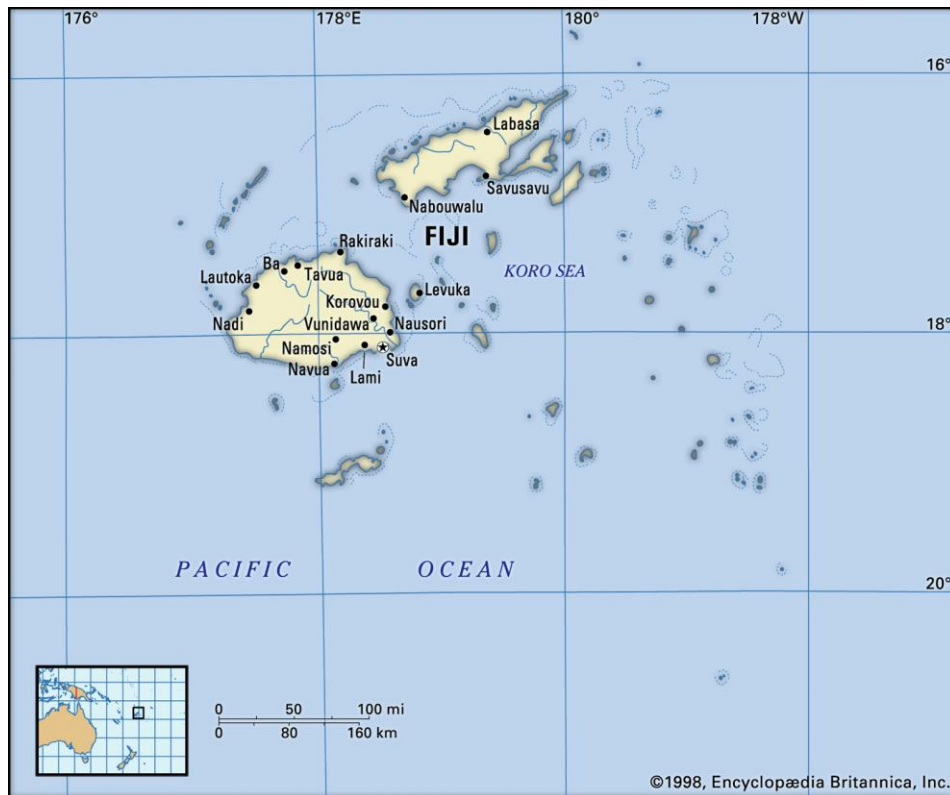


Figure 15: The Fiji Islands(213)

During the 1960s there was increasing pressure from the United Nations for Fiji to become independent. This was welcomed by the Indo-Fijians, but resisted by the native Fijians and Europeans who wanted to remain under the Crown to protect their interests. There was fear that the increasing Indo-Fijian population would rise to power and alter the Fijian way of life.(217) After much negotiation the political landscape in Fiji was divided into three equal racial lines represented in government, Fijian, European and Indian.(217) In 1970, Fiji gained independence from Britain and the move towards democracy began. However, this has not been a smooth process with several coup-d'états occurring since 1987 cited to be mainly based on racial grounds.(218) After the initial coup Fiji was expelled from the Commonwealth and became a Republic, it has since been accepted back into the Commonwealth. With each coup the constitution is re-written to serve the leaders of the day and Voreque (Frank) Bainimarama had been in power since the last coup in 2006, winning the elections held in 2014 and 2018.(213) Whilst conducting the present research there were elections held in 2022 which resulted in a change of government and a coalition. The general

sense now is that with no one political party having dominance, politics in Fiji will become more transparent.(219)

How does this history help explain leadership in this culture? Society in Fiji is transitioning from a traditional chiefly hierarchical leadership to a more democratically elected government. The Chiefs of Fiji had great power over their people and were revered as having divine origin, however, during the 21st century these powers have been reduced and now they are simply referred to as 'Ratu' out of respect for their chiefly heritage.(220) The reins of power have shifted to the government of the day and all people are now known as 'Fijians' in an attempt to reduce racial differences and tensions.(220) Leadership is still perceived by many as a power differential and open disagreement with those in power is not encouraged, indeed successive governments have silenced the press and the opposition.(218) Fiji is hopeful that with the new coalition government, there will be more transparency and accountability leading to greater freedom of speech.(219) In addition, although Fiji is classified as a low-middle income country, the wealth is not spread evenly with about 45% of the population living below the poverty line, which successive governments have been unable to address.(218) Corruption, suppression of free speech and the inability of the government to alleviate the inequalities in Fijian society have resulted in a distrust of those in authority. This has undoubtedly influenced leadership styles in Fiji and how leadership is enacted. Whilst HPE leaders are not directly involved in politics they are nevertheless affected by political decisions and are influenced by the social climate of the time. The political and cultural context of Fiji is vastly different from its western neighbours and colonisers, namely Australia, New Zealand and the United Kingdom, and therefore leadership models from a western perspective may not apply to the Pacific context.

4.3 Recollections of Fijian Culture

Having considered Fiji's history and political landscape I now turn to my recollections of being a 'westerner' in this Fijian culture. This description illustrates my perspectives and positionality within the present research. I first arrived in Fiji in 1994, a naïve medical student from the UK, to complete a four-month elective and conduct a research project around diet and diabetes. What struck me in those first months was the friendliness and generosity of the people with their big 'Bula' (hello) smiles, teasing, and laid-back sense of time. I fell in love with the place and the people. After marrying a Fijian doctor in 1996 and returning to Fiji, I felt like an outsider, being white, female and from the UK. There were large family gatherings where the males would gather around the Grog bowl which consisted of sharing the Kava (Yaqona) drink from a large bowl called a Tanoa using a shared bilo (coconut shell) and having a long Talanoa session (talking). The women would gather in a separate section and prepare the food. The children would be invited first to eat, the men next, but they rarely ate

at that time preferring to finish their grog first. The women would then eat and then after cleaning up would lie around chatting, or playing cards, whilst the children played. Late in the evening, or early in the morning, people would drift off back home. I realised that my experience of a western individualistic culture, where punctuality, order and work were esteemed was in stark contrast to the Fijian culture, where time was fluid, the sharing of resources was valued, and men and women lived their separate lives.

I began to adapt to the different way of life. Nothing was your own. If people were in need or simply admired something you possessed, then it was gifted to them. People would visit unexpectedly, and I was required to provide refreshments. There was always enough food in the pot to feed a couple of extra mouths and the call would go out 'Mai Kana' – come and eat. We constantly had someone else living with us, a niece or nephew, elderly parents and the extended Fiji family visiting from overseas. At all times my husband would have the final say in household decisions. During extended family meetings if I wanted to bring up a question or make a comment I would do so through my husband. The leadership experienced was patriarchal, and whilst my opinions were listened to, the final decision was to be respected and followed.

Reflecting on how the Pacific culture has changed over the last 25 years or so, I have noticed there is still a willingness to share when people are in need. This has become even more evident in the COVID-19 crisis where a bartering system was set up. The Fijian people are still welcoming and friendly, with their big 'Bula' smile. There are some racial divisions as most Fijians are Christian and Indians are Hindu, they speak different languages and have distinct customs and traditions. However, from my experience, most people are happy to engage in these different customs and put their differences aside. The patriarchal leadership is slowly changing with women raising their voices to be heard. There is still respect for those in authority, but in some sectors, there is now more consultation about what is needed rather than being told what to do. Additionally, there is hope for the future as Fiji begins a new chapter in its history with a coalition government.

The history of Fiji and my personal recollections are intended to provide a sense of the culture and context of Fiji. From chiefly clans to a more 'democratic' government, from a patriarchal leadership system towards 'inclusive' consultation, from 'voluntary' colonisation to independence, each has had its impact on Fijian culture and context. So how have the changes in power, politics and culture of a small island nation affected HPE and its leadership? Dr Brewster(221) provides many insights in his book 'The Turtle and the Caduceus' on the medical school journey from its inception until 2010 when it then merged with the Fiji National University.

4.4 Health Professions Education in Fiji

*'Before we move to the future, it is wise to know where we have come from' Roberts(222
p127)*

Medical education was initiated in Fiji when the Suva Medical School was established in 1885 by chief medical officer Dr McGregor who was concerned about the welfare of the native Fijians. A quarter of the population had been decimated by a measles outbreak and the indentured labourers brought with them smallpox and cholera. The aim was to train local vaccinators, and subsequently, local Fijians underwent three years of basic medical training, based on an apprenticeship model, to provide public health services.(221, 223) Later, it became the Central Medical School after receiving philanthropic funding from the USA and it began to take in 40 students a year, 20 from Fiji and 20 from other Pacific Islands (Tonga, Samoa, Cook Islands amongst others). Then, in 1961, the name changed again to the Fiji School of Medicine (FSM) when it offered a full six-year MBBS program alongside programs for dentistry, nursing, public health and allied health.(224) The coup of 1987 had a dramatic effect on the medical school as many doctors who assisted in the training of students left for Australia or New Zealand. It is reported that by 1994 Fiji had lost over 580 doctors along with countless nurses and allied health professionals(225), leaving the medical school in short supply of human resources and as Brewster notes, 'The loss of human resources for health meant a loss of good leadership, with poorly trained individuals placed in senior positions' (221 p253). This led to issues of misappropriated funds and accusations of corruption and bribery that tainted the good name of the medical school. To address the financial issues more students were recruited without the human resource and infrastructure to cope with them.(221) The later coups drained the medical profession further and after a directive from the then-current government in 2010, the medical school merged with the Fiji National University (FNU) and became the College of Medicine, Nursing and Health Sciences (CMNHS).(221) After a tumultuous history the medical school now appears to be in a period of stability. There is, of course, the concern that by being in a large central organisation, leaders of HPE will have less say on the direction the college takes.(222) Additionally, there is still the issue of increasing student numbers, a lack of human resources and political interference in the programs that are run. CMNHS continues to offer both undergraduate and postgraduate programs for Fiji and the Pacific region, but its reputation in the Pacific has dwindled since coming under the umbrella of the Fiji National University. Leadership for HPE under these circumstances is undoubtedly challenging, and this research reported here aimed to understand how the current leaders enact leadership in this context and culture.

4.4.1 HEALTH PROFESSIONS EDUCATION FACULTY DEVELOPMENT

Having examined the history and challenges of the medical school I now turn to consider what basic educational development has been offered to those who chose a career as academic health professionals and if any formal development in leadership has been offered. In 2010, a conglomerate of five Australasian universities conducted an external review of the medical curriculum at CMNHS, and recommendations included the need for educational development of clinicians.(226) This resulted in a collaboration between five medical schools from Australasia to deliver a Graduate Certificate in Medical Education (GCME) program in 2013. Since the first cohort of health educators completed the GCME in 2014 or 2015, there has been no further formal medical education faculty development due to funding restrictions and a lack of local faculty to teach the program.(34) At this same juncture, Cuban-trained medical graduates were returning to the Pacific, with large numbers returning to Kiribati and the Solomon Islands.(6) The supervisors in these countries had no formal training in medical education and thus a week-long workshop was developed to assist them in the transition to supervising new graduates. The workshop used an action research framework based on experiential learning theory and resulted from a collaboration between the Fiji National, Flinders and James Cook Universities.(34) After positive feedback from the Pacific, CMNHS proposed that these workshops could provide the basic principles of medical education in the absence of the GCME. Two workshops for CMNHS faculty were conducted in September 2016 and November 2017.(34) As a result of these workshops, three clinicians have embarked on and two have completed Master of Medical Education degrees through courses with British Universities. The Dean of CMNHS had a vision for improving HPE across all the schools and facilitated further collaborations. This culminated in the inaugural medical education symposium held in 2019 to help 'spread the word' on educational techniques to improve learning for CMNHS. In 2021, a webinar series addressing common medical education themes was run in collaboration with Australian Universities to provide the toolkit for effective HPE across the college. Attendance has been encouraging with about 50 faculty members attending each session. The need for faculty development in HPE is now becoming more widely recognised at FNU and a new school within CMNHS has been established to promote HPE development and research which is encouraging. Nevertheless, there has been no formal HPE faculty development for leadership in the Pacific(227), despite recent leadership development for health professionals in the Pacific promoting the development of collaborative networks, mentoring and reflective practice across clinical and academic roles.(228, 229)

The research reported here focussed on health practitioners who completed the GCME as many of them are now in leadership positions within the college such as heads of department

and heads of school, plus they lead many programs or committees. In addition, they are often the leads on academic innovations, are examiners for Pacific internship programs and have played a pivotal role in developing the vision, mission and graduate outcomes for CMNHS. These leaders were the focus of this research so that their perspectives could be elicited to create a leadership framework relevant to this specific culture and context. They are the health professions educators currently enacting leadership in this setting and have had the foundations of medical education scholarship to guide this leadership. The ensuing discussion outlines the components of the GCME to understand the foundations these leaders in HPE have acquired and presents the mission, vision and graduate outcomes developed for the medical school.

The GCME comprised four units undertaken over two years, part-time. Three units were each run as two separate one-week intensive workshops with assignment tasks to be completed. The fourth unit was a year-long advanced educational project in the area of medical education. The first unit focused on teaching and learning covering learning theories, lesson plans, active and adult learning, clinical and problem-based learning, and feedback. The assessment tasks included designing a lesson plan to deliver a practical skills session to a group of peers and then providing constructive feedback, as well as developing a personal learning philosophy. The second unit addressed the principles of curriculum design and evaluation, including outcomes and competency-based curricula, monitoring, evaluation and feedback for continuous quality improvement. Students were required to critique the current curriculum based on evidence from the literature and propose areas for improvement. In addition, students were tasked with designing an evaluation program for the curriculum. These assessments had the aim of leading to practical amendments in the curriculum. The third unit covered assessment, focussing on blueprinting, standard setting and creating both written, practical and work-based assessments. Programmatic assessment was promoted along with portfolio assessment. Students had to maintain a portfolio of assessment types that had been developed and critiqued. Furthermore, students were asked to self-reflect on their achievements before the portfolio was examined by the facilitators. Face-to-face feedback comparing the examiner's marks and the self-assessment attempted to help students self-monitor their learning. Finally, the advanced educational project required students to conduct a small piece of research. Students were matched with supervisors after proposing their research project and then conducted a literature review, acquired ethics approval and completed a report after the research had been undertaken. The final project was the stumbling block for many who had enrolled in the program, due to minimal local research support, and by the end of 2015, 15 students had graduated across the schools of Medicine, Dentistry and Health Sciences from an original 30 participants.

Following the GCME, there was a call to align all the programs within CMNHS with a common Vision, Mission and Graduate Attributes. Representatives from all schools in CMNHS, including the GCME students and graduates, were requested to join the committee and the CAR (Curriculum and Assessment Review) project was initiated. Through intensive workshops and discussions, groups worked on the Vision, Mission and Graduate Attributes. This whole college activity enabled collaboration and collegiality across the schools and allowed faculty to have an input. Such 'buy-in' meant that the way forward was owned and shaped by those who would need to implement it. Of course, there were disagreements along the way and the process was a long arduous journey, but the common goals that were agreed upon helped to pave the way for a mutual understanding of developing the curriculum and assessments to align with the desired graduate attributes. Subsequently, the Vision and Mission were revised by FNU as a whole and CMNHS has adopted the University Vision and Mission as described below alongside the Graduate Attributes that were developed during the CAR project:

Vision

To be the leading dual-sector university in the Pacific.

Mission

To serve the people, the economy, and society of Fiji and the wider Pacific region, by providing education and training for employability, with an excellent student experience; carrying out research with real-world impact, aligned to national priorities and with global relevance; engaging proactively with stakeholders, in our communities, nation, and region; and demonstrating leadership in sustainability.

Graduate Attributes

Adaptable - Demonstrate resilience, innovativeness and positivity in responding to novel or changing environments.

Compassionate - Demonstrate empathy, caring, altruism and cultural sensitivity.

Critical thinker - Demonstrate systematic and objective analysis of data and evidence from diverse sources and contexts in order to solve problems effectively.

Effective communicator - Exhibit advanced oral, written and listening skills to facilitate meaningful and inclusive discourse with patients, colleagues, stakeholders and communities.

Ethical - Demonstrate a professional attitude encompassing respect, justice, integrity and confidentiality by adhering to the health professionals' code of ethics and conduct.

Leader - Demonstrate initiative to articulate a vision, plan strategically, harness the energies and input of others to achieve change, improvements, plans and agreed goals.

Proficient - Demonstrate sustained, advanced and relevant theoretical and applied knowledge, and clinical skills sufficient to provide optimal quality health care for culturally diverse populations.

Self-directed learner - Demonstrate sustained initiative to locate, process and use relevant information and research in order to acquire new knowledge and develop improved skills to provide better care and health services.

Team player - Demonstrate flexibility and respect for diverse opinions, approaches and working styles to contribute proactively with colleagues and communities to the achievement of group goals.

These nine graduate attributes included one domain directed at leadership in health professionals. How are these components of leadership that were developed by the College actioned by the HPE leaders who helped develop the definition? Looking at the leadership domain in more detail there were several descriptors for each section to help guide expectations as students moved from novice to expert (Appendix 14). The criteria for the leadership domain included articulating a vision, strategically planning, carrying out responsibilities and positively influencing others. The criteria identified for the leadership attribute mirror the definition proposed by Rodríguez-Feria et al.(47) and transformational leadership concepts(70, 71) as depicted in section 8.2 Table 4 of the literature review. The research reported here aimed to tease apart these fundamental components to understand if, how and why these elements are articulated in the Pacific HPE context.

4.5 Health Professions Education in the Pacific and Pacific Rim

While FNU-CMNHS leads the way in HPE education and research for the Pacific, several other Pacific health institutions are training the next generation of health professionals.

Their published mission and graduate attributes were investigated to note alignments with the chosen institution for this study, FNU-CMNHS. Table 9 illustrates the promoted attributes from the institution's websites including FNU-CMNHS. Furthermore, the Australian Medical Council and General Medical Council (UK) advocated competencies are provided for comparison. It can be noted that excellence and ethical practice are promoted almost universally for health professionals. Interestingly adaptability is encouraged by several Pacific institutions but not by the medical councils of Australia and the UK. These differences in promoted attributes may also be linked to leadership practices and warrant further investigation, strengthening the need for this study.

Table 9: Published Attributes of Pacific Island Medical Schools

	Respect	Excellence	Compassion	Service	Hospitality	Diversity	Learning	Adaptable	Critical thinker	Communicato	Ethical	Leader	Collaboration	International	Environment	ICT	Research
Cook Islands – James Cook https://www.jcsmmed.org/	✓	✓	✓	✓	✓	✓	✓										
Fiji – FNU CMNHS https://www.fnu.ac.fj/college-of-medicine/		✓	✓				✓	✓	✓	✓	✓	✓	✓				
Fiji – Umanand Prasad https://www.unifiji.ac.fj/umanand-prasad-school-of-medicine/								✓			✓		✓	✓	✓	✓	
Hawaii – John Burns https://jabsom.hawaii.edu/		✓				✓		✓			✓						
Micronesia – New Tokyo http://ntmc.fm/about-us/?ckattempt=1		✓	✓								✓						
PNG – University of PNG https://www.upng.ac.pg/index.php/smhs-home		✓	✓				✓								✓		
PNG – Divine Word University https://www.dwu.ac.pg/en/		✓						✓	✓	✓	✓		✓			✓	✓
Samoa – Oceania https://oum.edu.ws/		✓									✓						
Samoa – National University https://nus.edu.ws/school-of-medicine/		✓															
	1	8	4	1	1	2	3	4	2	2	6	1	3	1	2	2	1
Australian Medical Council https://www.amc.org.au/wp-content/uploads/2023/08/AMC-Medical_School_Standards-FINAL.pdf			✓				✓				✓	✓	✓		✓		✓
General Medical Council (UK) https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/outcomes-for-graduates		✓								✓	✓	✓	✓		✓		✓

Additionally, the Pacific Rim countries of Australia, New Zealand, Canada and United States of America were considered in light of their colonial past to identify indigenous leadership approaches. Although the LIME (Leaders in Indigenous Medical Education) network(230) exists to support indigenous health professions academics there was no identified research investigating leaders in these contexts. Related research in the fields of health and higher education highlighted inherent racism and disparities in pay and promotions.(231-233) Leaders in these contexts contended with multiple responsibilities and were disempowered through colonial leadership practices.(233, 234) Recommendations included leadership paradigms that were more relational through an ethical or servant leadership lens and ensuring succession planning through mentorship and mindfulness.(231, 233, 234) These indigenous leadership approaches may align with the Pacific although the indigenous distribution is different. Whereas the Pacific Rim indigenous peoples experience marginalisation due to being in the minority, in the Pacific the native peoples are in the majority. The lack of research on HPE leadership perspectives from both the Pacific and Pacific Rim indigenous peoples warrants further investigation.

4.6 Recollections of Health Professions Education in Fiji

This last section relating to the culture and context draws on my professional career in Fiji which has undoubtedly influenced this research agenda. I began my HPE journey as an obstetrician in the tertiary hospital in Suva where I was respected by staff and patients alike. I then moved to the medical school to teach undergraduate medical students through problem-based learning. Subsequently, in 2010, I was asked to become the 'acting' coordinator for years one to three. This was a leadership position, but I received no formal preparation, although my predecessor assisted when needed and helped smooth the transition. The multiple responsibilities of developing curriculum, producing exams and managing staff and students were at times exhausting. I persevered even though I was not offered the formal position. Why did I continue in this position? I had a deep commitment to my staff and students to ensure the best training possible within the resource constraints. I was then offered a place on the Graduate Certificate of Medical Education (GCME). I was keen to learn as I felt unprepared for my role, however, I remember being quite inundated at times trying to read the list of articles before the intensive one-week sessions. It was like trying to learn a new language as many educational terms were unfamiliar. I felt bombarded with new information which was difficult to assimilate and there was little time to do the required tasks once back in the workplace. The facilitators were supportive, empathised with our situation and encouraged us to complete our assignments. The advanced educational project was a marathon. Few of us had any research training and had no idea about different methodologies and methods. Talking to many of my colleagues on the course it was

considered to be a plethora of new information and challenging to undertake the research. Although we have all gone on to develop our educational scholarship in different ways, it did not prepare us to make educational changes. I attempted to upskill the problem-based learning tutors by running faculty development sessions, but few attended due to competing priorities and a lack of formal recognition. The GCME graduates were then asked to assist with the CAR project as we had a basic understanding of medical education. The whole operation was time-consuming but did provide the opportunity to discuss as a whole college the way forward and what we would like our graduates to achieve. The development of a common Vision and Mission helped to unite the different schools and looking back it was a worthwhile, albeit expensive, venture. I was then fortunate to be asked to develop a medical education workshop for the Pacific Islands to help upskill the supervisors of medical trainees returning from Cuba, as detailed above.(6) I was able to collaborate with two of the GCME facilitators and we conducted six workshops across the Pacific including the two for CMNHS. From this foundation, I was awarded an Australian Awards scholarship to pursue a Master of Health Professions Education (MHPEd) in Australia. In addition, being a woman from the Pacific and an Australian Awards scholar, I successfully gained a place on the Women Leading and Influencing (WLI) project, which aims to empower Pacific women to make a difference. That project enabled me to reflect deeply on my values and place within the Pacific culture. We discussed the duality of the Pacific, where two languages are spoken, Pacific and Colonial, represented through language and images. Although decolonising practices and beliefs are promoted, the influence of Pacific and Colonial languages and cultures over the last 100 years means these are not distinct entities. For example, the education system is embedded in traditional colonial ways, in the language and the manner in which students are taught, however, at home, children are immersed in their Pacific culture and language and so they become the product of both.

Additionally, as part of the Master of HPE I conducted research investigating 'How Pacific clinical educators translated their knowledge and skills gained from a medical educational workshop to their real-world educational practice.'(17) Findings from that research highlighted the need for faculty leadership development to enable the Pacific HPE leaders of tomorrow to facilitate change and progression. It was envisaged that faculty leadership development would help overcome some of these obstacles and strengthen the enablers identified including further development opportunities such as workshops and strengthening emerging communities of practice. However, on reading the literature around leadership models it became apparent that many models abound(1), and most have been developed within a western context.(7) It was clear that a leadership model should not be 'plucked from the western hat' to guide Pacific faculty development but that a Pacific HPE leadership framework should be developed that was culturally and contextually relevant.

Thus, this present research agenda was established to investigate HPE leadership and its constructs in a Pacific setting. In keeping with the mission of FNU, this research aims to impact faculty development locally, whilst also having global relevance. I view myself as neither an insider nor an outsider, providing a unique position, as I have experienced the GCME, and been an HPE leader in this context, but am currently removed and in a western culture. This reflection on my professional journey towards embarking on this PhD journey provides insight into the motivation to undertake such a research agenda and my positionality within it.

4.7 Summary

The history of Fiji with its blend of Pacific and Colonial heritage provides the cultural context in which these research findings are embedded. Additionally, the evolution of CMNHS and the recognition of the need for faculty development in HPE leadership through experience and research offer the rationale for this research. My reflections position my experiences, shaping my motivation to research Pacific HPE leadership. Having explicated the cultural context, the next chapter focuses on the interpreted results of three styles of Pacific HPE leadership.

5 Chapter Five: Bracketing the Phenomenon

5.1 Introduction

This fifth chapter orientates the reader to three styles of leadership identified after analysis of the Rich Pictures and subsequent Talanoa interviews, beginning to answer the central research question of ‘What are the perspectives of Pacific HPE leaders on being a leader?’. The chapter is arranged to first provide the participants’ demographic details and engagement with the study. Subsequently, each leadership style is explicated through participants’ Rich Pictures and excerpts from the interviews, composite narratives and researcher synopses, illustrating Miles and Huberman’s first two stages of data analysis: data condensation and data display. The detailed descriptions of the leadership styles were further interrogated to interpret the themes pertinent to Pacific HPE leadership presented in Chapter Six.

5.2 The Health Professions Educator Leaders

Seven HPE leaders with a GCME qualification consented to participate in this study. These seven leaders provided a depth and breadth of specialisations within medicine and dentistry, diverse ethnicities and varied leadership positions within the College (

Figure 16 16). The medical disciplines covered included General Medicine, Surgery, Obstetrics and Gynaecology, and Psychiatry. The dentistry positions included both general dentistry and surgery. There was a mix of ethnicities including Fijian, Other Pacific Islanders, Indian and cross-cultural (Part Pacific Islander). All but one participant had grown up in the Pacific, with four having spent their childhood in Fiji. All participants had been in Fiji for over 25 years and were consultants in their clinical disciplines. Participants held varied positions within HPE including higher-leader – Dean, Associate Dean and Head of School, middle-leader – Heads of Department and Head of Units, and clinical educator leader positions including Lecturers. Thus, although the sample size of seven could be considered small it covered a wide range of disciplines, ethnicities and leadership positions.



Figure 16: Participant Demographics

5.3 Data Collected

Data collection began in April 2021 and concluded in April 2022. Table 10 illustrates the data collected from each participant including the dates and length of time for each interview, and the date of each journal entry. In addition, the response to member checking is shown. As detailed in Chapter Three data collection was impacted by the COVID-19 pandemic. Participants who were unable to complete the written reflective prompt responses provided their verbal response in the second interview, except for one participant as the interview was concluded early due to competing priorities.

Table 10: Data Collected from Participants.

Pseudonym	Interview Rich Picture	Confirmed Transcript	Reflective Journal 1	Reflective Prompt 1	Reflective Journal 2	Reflective Prompt 2	2 nd Interview	Confirmed Narrative and Summary	Confirmed Themes and Framework
James	26/5/21 40mins	Yes	9/8/21	1/9/21	10/3/22	10/3/22	11/3/22 36mins	Yes	Yes
Julie	5/5/21 67mins	Yes	3/6/21	19/10/21	19/10/21	10/11/21	22/2/22 57mins	Yes	Yes
Jane	24/4/21 49mins	Yes	29/10/21	29/10/21	8/12/21	8/12/21	24/2/22 24mins	Yes	Yes
Judith	13/5/21 105mins	Yes	1/9/21	17/2/22 (Interview)	--	17/2/22 (Interview)	17/2/22 64mins	Yes	Yes
John	22/4/21 55mins	Yes	30/8/21	1/9/21	1/2/22	--	15/3/22 38mins	Yes	Yes
Jeremiah	4/5/21 44mins	Yes	--	7/4/22 (Interview)	--	7/4/22 (Interview)	7/4/22 30mins	No response	Unable to attend
Jasmine	5/6/21 56mins	Yes	--	5/4/22 (Interview)	--	5/4/22 (Interview)	5/4/22 55mins	No response	Yes

5.4 The Bridge, Coconut Tree and Boat of Educational Leadership

5.4.1 INTRODUCTION

As the data from the Rich Pictures and subsequent interviews were analysed it became clear that there were different approaches to HPE leadership practice. Three leadership styles were interpreted from the data and visual metaphors were assigned to each category. The metaphors were conceptualised based on the participants' drawings, the Pacific culture and the participants' perspectives on being an HPE leader. Visual metaphors were conceptualised in keeping with the interpretivist paradigm and study methods, representing the participants' perspectives and enabling future Pacific HPE leaders to resonate with culturally pertinent leadership imagery. Each metaphor is now identified, alongside its Fijian (i-Taukei) translation. First, the HPE leaders aiming to be effective educators and clinicians were conceptualised as *Being a Bridge - Wavu ni vakatasu*. Second, the HPE leaders who aimed to develop faculty whilst maintaining their clinical and educator identities, described themselves as *Being a Coconut Tree - Vunikau ni niu*. Third, HPE leaders aiming for organisational change were depicted as *Being a Boat - Drua*. These metaphors were then used as a lens to further analyse the data from the reflective journals, prompts and second interviews, before looking at the common themes across all leadership styles. In the subsequent sections, each approach to leadership is described in detail using the participants' Rich Pictures and excerpts from the interview, composite narratives using the participants' voices and then the researcher's interpretation of these approaches. To guide the reader, a description of how the data will be displayed for the three styles of leadership will now be expounded.

5.4.2 RICH PICTURES

The participants' Rich Pictures depicted their perspectives of 'being an HPE leader'. Each participant's picture is displayed under their visual metaphor, alongside substantial quotes describing what their picture means to them. These pictures and descriptions provide evidence for the styles of leadership interpreted.

5.4.3 COMPOSITE NARRATIVE PORTRAITS

The three *modus operandi* to HPE leadership identified are depicted using composite narrative portraits to protect the anonymity of the participants whilst also giving them a voice. (202) The Pacific is small, and although names have been changed and no identifying information has been knowingly presented, there is the real possibility that people will be recognised by

general descriptors. These composite narratives, alongside the Rich Pictures, will assist the reader in understanding the three leadership approaches identified in this context and provide a rich, thick descriptive background to the themes interpreted from the data. The composite narratives are composed entirely of the participants' voices extrapolated from the interviews, reflective journals and prompt data to enable the reader to understand the participants' perspectives.

5.4.4 DATA DISPLAY SYNOPSIS

Following the Rich Pictures and composite narrative, a data display synopsis is provided for each leadership style. This synopsis is my interpretation of the data and is peppered with participants' quotes. Primarily, each synopsis provides a stepping-stone to the themes identified. As the next chapter will illustrate the leaders had several commonalities encompassing their response to being an HPE leader, shaped by their values, aims and strategies within the Fijian context and culture.

5.5 Being a Bridge

Three participants, Jasmine, Jeremiah and John, identified that their main aim was to assist students to cross from being novices to competent and caring graduates. One participant identified with helping students cross the bridge, with another using the imagery of a conveyor belt and the third using arrows to depict assisting the students in becoming competent and caring health practitioners. The metaphor of a bridge was chosen as all three participants identified assisting students to develop, representing their perspectives on being an educational leader. Bridges are also culturally significant as they are often needed to connect people over the many waterways found in Fiji. Jasmine, Jeremiah and John drew the following three Rich Pictures (Figures 17,18 & 19) accompanied by their interview excerpts and subsequently, the composite narrative and the researcher synopsis are presented.

5.5.1 BEING A BRIDGE – RICH PICTURES



Figure 17: Rich Picture 1 - Being a Bridge

‘A river is running there in the middle and to me it indicates time, always going in one direction. In terms of being an educational leader, I put a bridge, that represents a journey across the river of time, the bridge being the education system and the archway is like the door way into the educational world and with this side of the river you have students coming in and it is a new journey into tertiary teaching, tertiary learning and they come with their different opinions and values, with the different upbringings that they have, like a tree they have a lot of values that they come with and then within the journey of education, I see myself as the person that should instil some change in terms of when they actually come out of the door, when they do graduate they become fruitful in whatever field that they actually want to go into. So, the important process for me, which happens in this bridge, is you can actually impart a lot for them to come out and be successful and fruitful on the other side.’

'I've always seen it as like a bridge, from sort of like a wasteland and then you have the bridge and then you have the greener pasture on the other side, that's how I always look at education. So, you know I am the one that is facilitating their walk across the bridge. In this limited span of time, it is not just the speciality, but it's a whole perspective, a holistic learning that we want to impart, because we want people to be empathetic in the field that we work in.'



Figure 18: Rich Picture 2 - Being a Bridge

'This conveyor belt is the Medical University in general, and if you look to the left of the picture, you can see there are lots of small little ones coming in, lots and lots of them. What I mean is there are no processes for intake. The selection criteria is just one based on what marks have been achieved, but as regards to the maturity of the candidate concerned and why this particular student wants to aspire to this particular profession, there is no checklist. Then we have all of them along the belt in this curriculum, on this processing platform. You can see the educator there. Now it is their responsibility to transform this cohort of individuals, there is that one there with the funny hair and earring and wearing whatever, the mini dress, transform them into somebody more suitable for the profession. Also taking care of all the processes that have to be followed. Processes from the universities, the rules and regulations that the government imposes on the system. The educational environment and the ministries that are involved, and then the duties of these individuals as clinicians and their responsibilities towards society and plus whatever personal issues they might be having. Taking all that into consideration and try to transform them into a responsible doctor.'

'You see there that person losing hair and with the eyeglasses, these are all the stresses that we face from different angles trying to achieve a common good. So as a person trying to mould these raw individuals into something meaningful, that have a vital role to play in society as a future generation of clinicians. We expect them to go into the community and to be a good doctor, [and] according to me, that should be someone who is a good clinician, who's a leader and educator, who is socially accountable, compassionate and cares about the well-being of the community in general and maybe in the future aspires to take the role of educator, to continue the process or maybe improve the process further. That is where I stand within the medical school trying to achieve that goal. Also, there is a happy face in the community, so that is the ultimate goal, that the person [in the community] can put their self at ease because maybe somebody cares for them as a whole.'

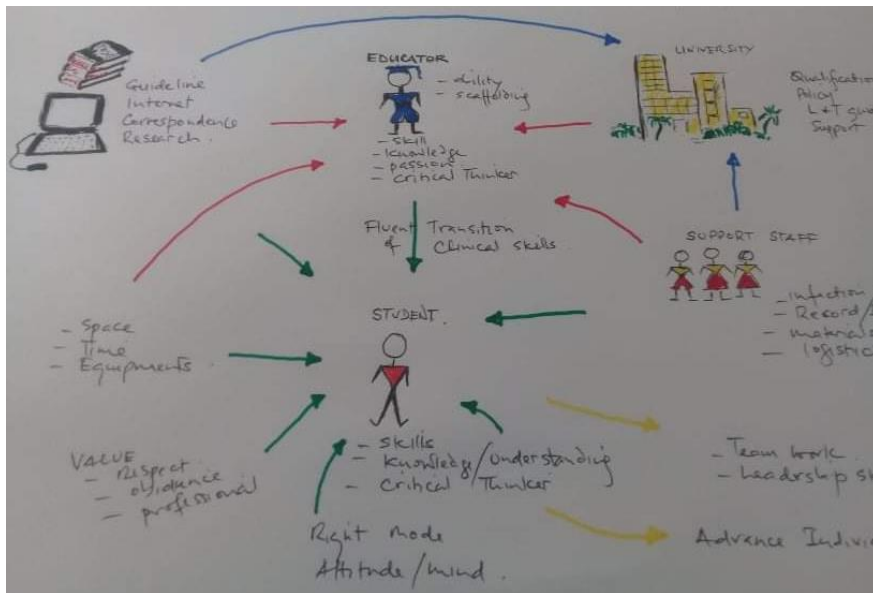


Figure 19: Rich Picture 3 - Being a Bridge

'Me as an educator, I should have the ability to teach, I have to mention the scaffolding as well, actually providing students with a variety of instructional techniques so that the students can move forward, move progressively towards a stronger understanding. And I should have the skills, the knowledge, the passion to teach as well and at the same time I have to be a very critical thinker in order to deliver and then the students that I have to teach should at the end of the day be able to have skills and knowledge, they also have to be critical thinkers in order to be successful. There is an arrow in-between that I wrote fluid transition of clinical skills...what I meant is in their skills development there should be less interruptions. That was in-between me as an educator to the student, but I think on the other side you will see that there was a diagram of a set of books with a computer which could be the tools, the guidelines, the internet and those are things that are required, I need to be able to resource myself with. The University also needs to have a policy that guides my teaching like an L&T guideline so I shouldn't just be going in every direction. There should be support as well from the University. I think the important factors over here as well are the support staff because to be able to have a good clinical set up we need them to do their part to improve on the effects of infection control, recording and logistics.'

'The yellow arrows are what I am expecting the student to achieve, at the end of the day all the students are supposed to be able to have leadership skills, to run a clinic you have to have some leadership skills as well. And also, teamwork to be able to work with, to corporate with the groups in the clinic and advance individual dexterity, what I mean is actually students need to be good with their hands. The most important things are the values, we need our students to be able to be skilful, as well as they have to have some values, respect, and obedience, to be able to act professionally. Your values, your respect and I think I also mentioned the space, the time, the equipment...these are important factors that could contribute to the quality of the students that we are trying to get at the end of the day.'

5.5.2 BEING A BRIDGE – COMPOSITE NARRATIVE PORTRAIT

The main aim for my students would be to be the best clinician that they can be, not just in terms of their clinical skills, but in terms of their people skills. We need our students to have some values, respect, and obedience, to be able to act professionally and have all those graduate attributes that we aspire to. It's not only the medical knowledge that counts, it's the other attributes also. [So] to be a good educator I have to have those leadership factors, all those values, so I can be a good role model.

I think that with Pacific Islanders that when you are teaching, if you have that attitude and that passion to teach it really sets a [good] learning environment, 'It's her class today – Let's go because it's her class'. I've just realised that I am passionate about sharing the knowledge that I have and I want my students to also have that same passion you know when they teach other colleagues of theirs and it's brought out this realisation that as an educator you have the ability to mould, [and one of my student's said] 'I've always looked up to you, everything that you taught me.' I did not actually know that I had imparted something like that and for them to come back and tell you it's like 'Oh I can make a change.' I actually love teaching because it's not only a one-way thing where we just need to deliver. No, it's also, I've learned a lot from it.

With the iTaukei [Fijians] I actually have to milk information out from them and there is this barrier like you are the teacher, I am the student, there is a certain way of doing things, so I try to bring it down to a level where they are comfortable with telling me certain things. I would like to ensure that students can practise what they have learnt and feel confident, but also to be professional. So, I try and gather what they actually know and then we work on building on that. As an educator going through that education bridge it's important for us to always tell the students you can always learn whatever you want to do.

It's all the other people who are involved in education, so it's not just us, there are the other medical faculty, others as well from the Ministry of Health who are also indirectly involved in this educational process, who act as guides and mentors to our students, so yes, we interact with everybody and maybe directly or indirectly we do have an influence on them to improve this process. It has just made me appreciate you know the collective way instead of when I used to look at it from one point of view. The good thing is the collegiality.

We are still having some issues with the support from the University at the moment. For example, all of a sudden, we wake up and we are told 'right go online from tomorrow for the next two weeks'. Now to suddenly modify and adapt to that situation so that the teaching continues it is quite challenging and stressful. I feel as an educational leader within this system, that we are bound by too many of these system issues, rules and regulations and principles. Perhaps they do not apply to medical education, they feel restrictive, I don't feel good about it and that is a continuing struggle. My struggle is how do I improve this process? I mean, what can I further contribute to this system in general to improve the outcome? I believe if it was something like the CAR [Curriculum and Assessment Review] project, which was actually good, where it can be adopted by the University and standardised throughout the University it could improve the policy and guidelines. I also need to read new research to improve my work as an educator, but I am spending most of my time in the clinic. I would have loved to have a mentor to develop me and help me come out of my comfort zone to be a better leader.

5.5.3 BEING A BRIDGE – DATA DISPLAY SYNOPSIS

Jasmine, Jeremiah and John share a common goal to develop students to have excellent knowledge, skills and attitudes to improve patient care and outcomes in their settings. Their primary role as educational leaders is at the coalface of clinical teaching. They discussed the importance of understanding the students as they entered the University; that they will come with a 'set of beliefs and values' that need to be 'moulded' or 'transformed' so that they can become 'fruitful practitioners'. Jasmine, Jeremiah and John are all passionate about their educator roles stating, 'I am passionate about sharing the knowledge that I have.' and 'My understanding and knowledge and skills might help to develop some of these students', illustrating they are committed to sharing their knowledge and skills with the next generation of practitioners. Facilitating learning is their mantra by means of 'scaffolding' information, encouraging knowledge acquisition, supervising skill development and using active learning techniques. Alongside learning the knowledge and skills of their profession these leaders also want to develop the students' values encouraging them to be 'empathetic, respectful and professional'. They foster these values through role modelling and supporting their students to see patients as a whole rather than a disease. In addition, they strive to help students think 'outside the box', developing their 'critical thinking' to devise the best management plans for their patients. Ultimately, they want students to be 'someone who is a good clinician, who is a leader and educator, who is socially accountable, compassionate and cares about the well-being of the community'. These advocated competencies of leadership, teamwork and educator, they hope will assist graduates to lead the change they want to see, work with others to produce the best outcomes and continue the cycle of developing juniors and educating patients and the community to improve health literacy and outcomes.

To achieve these goals, they act as a *bridge* to help students from different backgrounds to cross from being a novice student to a competent, caring graduate. They develop relationships with the students; 'With these young budding doctors I try to find out why they are here and how do they learn and why do they want to learn and how can I facilitate that learning process.' Although they acknowledge this goal is hampered through 'University processes and excess administration work' and 'inadequate time, space and resources'. They expressed their frustration saying, 'It's a continuous struggle, it's actually more like being at the battlefield... these are all the stresses that we face trying to achieve a common good.' Although the GCME has provided the foundation to be *The Bridge*, Jasmine, Jeremiah and John would also like to develop their educational practices through evidence-based educational advances. They find this difficult because of the aforementioned lack of time and access to resources. They recommend University colleges work together to develop a

common vision and mission, and evidence-based teaching guidelines to enhance the work about which they are so fervent.

The Bridges also found being an HPE leader during the COVID-19 pandemic ‘extremely challenging’ as it was something ‘totally new’. They expressed feeling ‘terrified’ when they realised how ‘isolated’ they were, yet recognised the potential opportunity, ‘I have adapted myself to online teaching and am trying to find out more innovative ways to teach’. *The Bridges* were removed from face-to-face teaching during this time and needed to explore ways to ensure ‘that the students were able to practice what they have learnt and also have the confidence to manage the patients well’. This was achieved by finding resources to assist with online teaching, ‘the professional version of Clinical Key is one of them and I initiated discussions to get this resource’ and exploring new ways to continue the best educational practice, ‘we have created a Viber group where I’ve sent some of the feedback [to the students]’. Recruitment has also been challenging but they firmly believe that ‘local affairs should be taken over by the local population rather than relying on expats altogether’. To help them with their challenges they are ‘discussing the matters extensively with colleagues from our faculty’. They also recognised the ‘symbiotic relationship’ they had with their Ministry of Health counterparts before the COVID-19 pandemic. In addition, whilst reflecting on their leadership experiences they expressed their commitment stating ‘So, we do what we do and we do our best, to see how we can improve on this’ and ‘Yeah, I felt, I know it’s going to increase my workload, but I felt good about it. At least I’m creating an impact’. Taken as a whole, notwithstanding the challenges and stress, *The Bridges* were willing to make sacrifices to ensure a positive outcome for students and patients.

Overall, these educational leaders who identified with the visual metaphor of *Being a Bridge* were passionate about clinical education (Figure 20). They aimed to develop the next generation of health professionals to be competent and caring. To achieve these aims they nurtured their students helping them cross the bridge from novice to competent by understanding their students, scaffolding learning, enabling practice and being a good role model. They aspired to share their knowledge, skills and attributes with their students to enable them to improve the nation’s health outcomes. Notwithstanding the struggles and barriers they faced, through university processes and the COVID-19 pandemic, they strove to find new educational techniques to ensure students had the best learning opportunities possible. They valued the educational development they had received and advocated for future collaborations to develop this further, including structured courses, guidelines and mentorship.

Being a Bridge

Helping students from novice to competent and caring



Figure 20: Visual Metaphor - Being a Bridge

education training. As my students' progress in their learning, and mature, they eventually leave my tree, fall to the soil, and in the right conditions, they flourish and continue the cycle of supporting learning. The coconut tree is cultural, it is resilient, and it has many uses, or used by many for different purposes."

'The base of my coconut tree would have been the GCME that helped me to understand the concept of medical education. The colours in my trunk would be the different learning steps and the different experiences with each year of training, it's making me a little bit more sturdy. There are coconuts on the coconut tree and there are different colours and there are some that are really, really novices and new and there are some that are getting a little bit more mature, and I guess they are the senior registrars and junior consultants who would now like to join the faculty. I am solid, sturdy, resilient, but still wavy enough with my fronds to be adaptable, to adapt to new ideas and new thoughts. I like the coconut tree because it is a lot more cultural, it's quite resilient, it's all over the Pacific, it's there in your face but no one really takes notice of it until you actually need something, but actually it provides lots and I'd like to think that maybe I am like that. I'm not a big showy thing that is, not like a massive flamboyant tree that everyone looks at but only blooms once a year, the coconut tree is there all round, so I'd like to be constant and useful. I do like the coconut tree being, it's there all year round and you know I guess, even with storms and cyclones, they will still be standing, you might lose a few nuts along the way, so you shake off the loose bits, get rid of those ones and the sturdy ones will continue.'

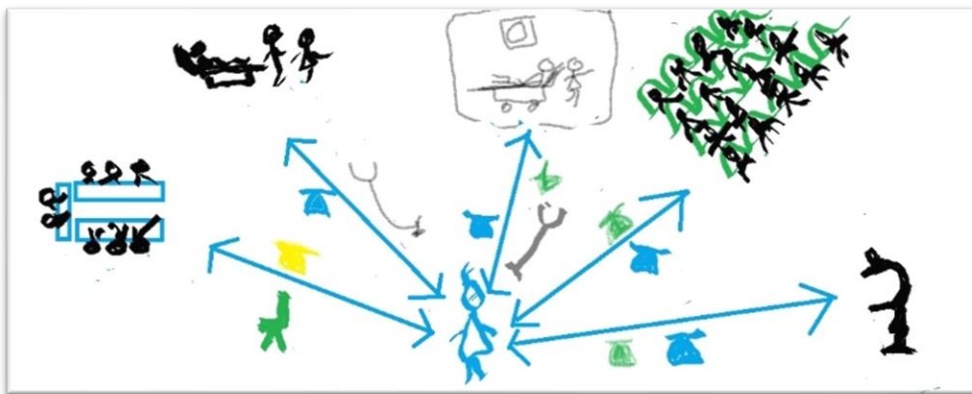


Figure 22: Rich Picture 5 - Being a Coconut Tree

'I am basically multitasking; I can wear different hats and can achieve a lot of things with the different activities. [This part of the picture] is representative of the curriculum, here we have the meeting groups, say the different levels of committees that approve or develop the program and the stages we go through to vet to get the final product of that new program, so I am part of that, and we respond to what the needs of the community are or the country. Then this bedside is when you look at medicine it's important to have all that knowledge, the theory part of it but really it boils down to being there at the level of patient care, the core business and the end product of all of what we do is really patient care and these two are kind of related (patient in bed and a room) it's just in different areas or spheres of the service part of things. These large group sessions with students in a lecture, they can be representative of a larger group or smaller groups like tutorial groups, group discussions...Zoom sessions! So yeah, different hats, multi-tasking. So, we are teaching, teaching, teaching but we are also at the same time we are learning ourselves, and not just because of a one-way delivery, it's two ways, we get the feedback from the students, either directly to us or through other people [represented by the two-way arrows].'

'We want the students to be the best they can be you know and at the personal level at least you yourself, you are also developing, you should be striving for excellence in leadership in medical education and that translates to better practice, better patient care. There is so much work, but the show must go on, so we're just kind of flexible and adapting and trying to be innovative.'

5.6.2 BEING A COCONUT TREE – COMPOSITE NARRATIVE PORTRAIT

As a medical educational leader, we are professionally building ourselves because we have a duty of care to our patients, so I think being leaders in medical education we are striving for excellence for better patient care. We also want our students to be the best they can be. We need to be adaptable, keep challenging ourselves and have a 'Love of Learning'. We also need feedback otherwise it is like you are just putting things in a bottomless pit and you don't know what the effect is. If the students come back and say that was really good, now I understand better, then that feedback is rewarding, and you feel like you can do more. You also need a sense of humour.

We also need to be seen, so in order to be seen we need to be knowledgeable, we need to be heard, and in order to be knowledgeable and to be heard we need to keep up with the processes, with the university and academic requirements, we also need to hear back from the students about what they think, we need to be communicating with and training the faculty who co-teach, so I guess there needs to be a constant revision and monitoring of what we are teaching and whether it is useful, whether it is relevant. I guess the whole purpose of medical education is that we are going to be able to provide skills so that they can work as safe doctors. I think we are the best resource to provide that. My sense is that as faculty leaders we must LEAD, and we need to walk the talk. However, there is a time for compromise, like this year we extended assignment deadlines, but our stance should be that we will NOT compromise on quality learning if we are training health professionals.

It's important that your trainees trust you, that you are speaking with experience and knowledge and skills, that you are not just someone who is telling them, so it's important that you are seen as a good role model for them and that is quite important, you know, for clinical training, so even though it can be too much, clinical service, but it's also important for the trainees really and of course for you also, so it's a two-way kind of thing. We still need to be working and seen to be working to keep the connection between the clinical people, the patients, and the academics. We need to be involved in the clinical arena and maintain the academic standards, linking the two together. Yes, it can be overwhelming, but it's probably really working with your local counterparts to say look I can only give this much because I have other commitments, so you need that good rapport with your counterparts, so they can also be flexible with you and don't overload you. Also delegating I guess and being very clear about what your role is and what others need to do. There is also a lot of administrative work, so I don't have lunch, classes get held or reports are written during lunch, it is fine because I am managing, it is just what needs to be done. There is really too much load though, but then you realise the importance of supervising research, it's similar to teaching, you are also learning, so when you are supervising someone, you also have to read up, you have to make sure of what you are telling them, so I am more enthusiastic now about students' research projects, even though it is too much.

We have a number of responsibilities, the coconut fronds. With each of these coconut fronds, there is a story, the MBBS one, my postgraduates and then there are the professional organisations, the administrative tasks and then all the committee memberships. The community bit I have put there too, family and community, I guess. I mean I get psychologically and professionally exhausted but there is a lot of brightness in my daily work too. I am basically multi-tasking and can achieve a lot of things with the different activities, although there is so much work and no life; no life² (squared), but the show must go on. [I am] putting on more and more hats for the different roles. Often, we are so engrossed with giving we forget about us, but we do need to be nurtured to keep

growing. *The University is inclined towards us getting a PhD, but we are just so overwhelmed with other things, and we don't feel supported so you think 'What's the use of a PhD?' In the end, you're the one who is overwhelmed.*

When a change needs to be made, we have to ensure everybody understands why we are doing things and convincing people it is necessary, get them on board. Sometimes change is really hard and then we just have to work with them and help out as much as we can, so nobody feels too overwhelmed. So, it's about sharing and helping them that helps us progress and really making people feel their contributions are valuable; that they are valued. We are all going through the same pain together, so in the end I say, 'This is our work, it's not my work, it's everybody's work.' I just treat everyone the same way and whatever I am doing is for the good of whatever outcome we are trying to achieve. I also think the leadership part is recognising the strength in others and trying to develop them to develop their own leadership skills, and not being afraid I guess to give that 'power'. I think perhaps you can lead in that way, encouraging others to say you do this and I'll back you up. I like to see others better themselves. It feels good when they acknowledge that something I said or did was useful in their development along the way. But for me to be effective, I find that I need to make the connection. I need to make and build a rapport and in doing this I need to demonstrate "what's in it for them".

In fact, if people had said, 'Why don't you do something in leadership?' I would have probably turned the other way! My leadership positions have been allocated to me, there is no one else to do it and you are the most vocal, so off you go! [There is] no leadership training, it's just all through experience. You know what really defines me is my clinical [role], not the leadership position, but somebody just has to do it. I think I am more of a helper. [But] when you feel valued, you feel like you are really contributing, that's important to keep you going. I think the way the GCME was structured and taught has really helped us in these leadership roles. And we are also there for the younger ones, coaching them along, developing them by walking the talk.

5.6.3 BEING A COCONUT TREE – DATA DISPLAY SYNOPSIS

Jane and Judith are hardworking individuals aiming to improve patient outcomes, student learning, the curriculum, and faculty development through their multiple roles. They have both become leaders serendipitously but are committed to improving the system for the next generation, despite the costs involved. They describe being an HPE leader as having ‘many fronds to the coconut tree’ or ‘wearing multiple hats’ which includes their identities as clinician, educator, researcher, mentor, role model, committee chairperson, assessor, curriculum developer, faculty developer and member of various groups. Whilst the role can be challenging, they said, ‘It’s our reality as medical educators, it’s really what we are here to do.’ Both are accomplished clinicians who have reached consultant level and are passionate about improving patient care and outcomes. They are rooted in HPE through attending the formal faculty development course (GCME), which has provided the foundations for many of their multiple roles. At times their role seems overwhelming as they juggle multiple responsibilities often missing lunch ‘to get things done’ and stating ‘we are so engrossed with giving, giving, giving we forget about us’, and yet they remain intrinsically motivated to improve themselves and others. They believe in life-long learning, terming it ‘Love of Learning - LOL’, and strive to improve themselves through research, seeking feedback and attending CME sessions. Whilst striving to improve themselves they also aim to assist others to ‘be the best they can be’.

Their noble aims are pursued by collaborating with others locally and overseas. Furthermore, they care about students and faculty, going out of their way to understand their struggles, and working through solutions by having good ‘relationships’ and ‘two-way communication and feedback’. Jane and Judith have learnt through experience the importance of documentation and following processes even though it is often laborious, and they encourage others to adopt these practices. They believe in the importance of being seen first as a competent clinician who still plays an active role in the clinical sphere in order to be respected as an HPE academic leader. In addition, Jane and Judith are constantly dealing with change and actively seek solutions ‘outside the box’ to educational issues at both the individual and institutional levels to meet the needs identified. Striving to be excellent role models to students and faculty in their clinical and academic work they attempt ‘to get people on board’ by working alongside faculty and valuing their contributions. To undertake these strategies, Judith and Jane have demonstrated many characteristics that have been likened to the ‘trunk of the coconut tree’. They are steady, responsible, firm and adaptable whilst also being nurturing, reflective and humble. They are both dedicated to their profession, the patients, students and faculty.

Both Jane and Judith visualise themselves more as a ‘helper’ or ‘follower’ rather than a leader but realise someone has got to stand up and take the position of responsibility. Their commitment to improving things in the Pacific and being valued for their work motivates them in their leadership role. As women leaders in the Pacific, they have seen a change from a largely patriarchal system to one that is more open to their suggestions. They talked about feeling ‘more confident’ due to their experiences and being respected as a good clinician. This enabled them to be involved in succession planning by ‘letting others do things and you know just support them, let them grow’ and ‘remain involved and guide them closely’. They aim to ‘walk the talk’ by using a ‘nurturing, open and honest approach to develop them’. ‘Something simple like being on time, communicating professionally, balanced with being kind and respectful.’ They recognised the need to coach the younger faculty and recommended faculty development that would build knowledge, skills and collegiality through a ‘community of practice’.

However, their leadership experience was at times difficult - ‘This week my main aim was staying alive with all these things; Oh Gosh!’ Whilst the challenges of the COVID-19 pandemic could be likened to a cyclone or tsunami, as coconut trees they stood firm in the storm and continued to strive to do their best. Judith and Jane are ‘committed’ even ‘when things go a little haywire’. They ‘just bite the bullet and finish it’ doing things to ‘the best of their ability’. Their strategies incorporated communication, collaboration and being a role model to ensure there was virtual learning and psychological support. They remained humble, resilient and nurturing in order to develop others and search for the best way forward to continue to produce competent and caring graduates.

In summary, Jane and Judith are *The Coconut Trees* of HPE leadership with multiple roles and a passion for developing and helping others (Figure 23). Their multiple fronds include primarily being a clinician, alongside being an educator, researcher, administrator, committee lead, and organisation member. Both are aiming to ensure excellence and achieve this by valuing feedback and evaluation to improve themselves, others and the curriculum. They are rooted by the foundations of the GCME and have grown strong, sturdy and resilient, and yet adaptable to the constant changes and challenges they face. Their experiences have enabled them to grow in confidence but also to nurture others to develop their own leadership style. Jane and Judith understand the importance of working together towards a common goal and ensuring the team is committed and feels valued, providing the support that is required. Although they are juggling many roles, and at times feel overwhelmed, they are committed to improving health education in the Pacific. They enlist the assistance of experts in this quest. Overall, they know they need to ‘walk the talk’ to develop the next generation of leaders, as they strive to promote excellence in HPE.

Being a Coconut Tree
Multiple Fronds and Standing Firm in the Storm



Figure 23: Visual Metaphor - Being a Coconut Tree

5.7 Being a Boat

James and Julie are also committed leaders working towards excellence in the health graduates that the university produces. They have a wider vision that incorporates the curriculum, multiple stakeholders and the community in achieving the outcomes. Their other aim is to develop successors who can take up leadership roles, however, they acknowledge there needs to be specific development and pathways for promotion. They are often drifting or being blown off course by storms but are intrinsically motivated to continue steering towards the vision on the horizon to make a change and improve the health education system. The following two Rich Pictures (Figures 24 & 25) were drawn by James and Julie who identified as *Boats* (Fijian Drua). The Fijian Drua is an apt metaphor as these were traditional Pacific sailing canoes only built by chiefs for exploring new horizons; they are now the symbol for Fijian rugby, the national game, which provides hope and motivation for the nation. Accompanying each picture are explanatory passages from the interview, followed by their composite narrative and the researcher's interpretation.

5.7.1 BEING A BOAT – RICH PICTURES

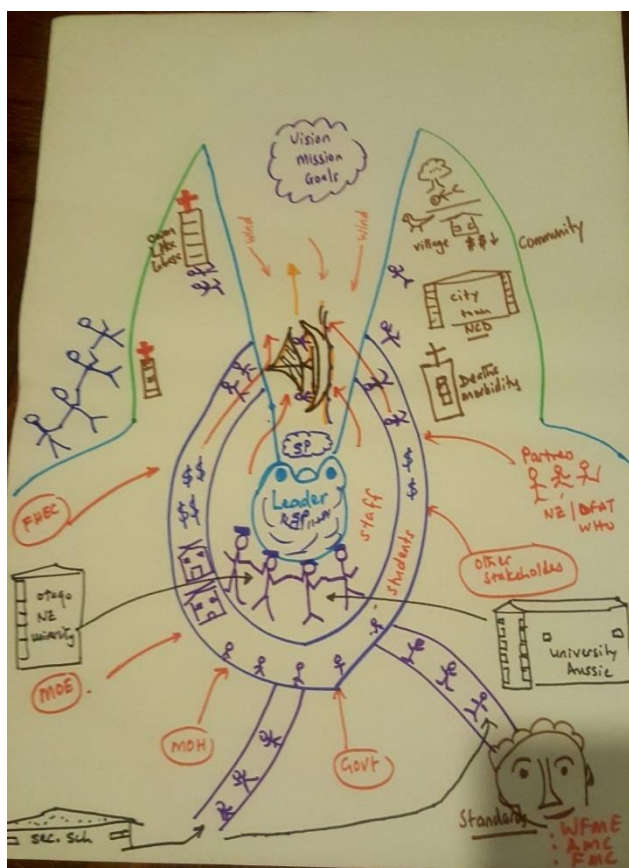


Figure 24: Rich Picture 6 - Being a Boat

“I put the leader right in the centre, in terms of educational leadership and looking straight in front, being clear on what the vision is and the mission and right there in front is the strategic plan that we

need to follow. Long term wise we have got the vision in front of us and those arrows coming there are like winds you know those kind of things that are obstacles that try and oppose; and I likened the trip to, it is like being in a canoe, in the middle there, sailing there to achieve the vision and the mission of what we want to do as far as medical education is concerned from the leader's perspective."

"Immediately behind there are a group of people holding hands together, which are our staff which we need to develop and get them on board with this vision and mission and all the plans that we have in place in terms of educational leadership to improve and garner the peoples buy-in to achieve the goal, and behind the staff, there is a group of little kids and some dollar signs and these are all the students you know that are the main drivers of what we want to achieve."

"On the left-hand side are hospitals that we hope our graduates will be useful to and there you see a group of people holding hands which means the whole process of trying to improve medical education and as leaders developing staff and students, there is a lot of partnerships you know not only from educational providers and stakeholders but from the community themselves who help enhance the learning for our students."

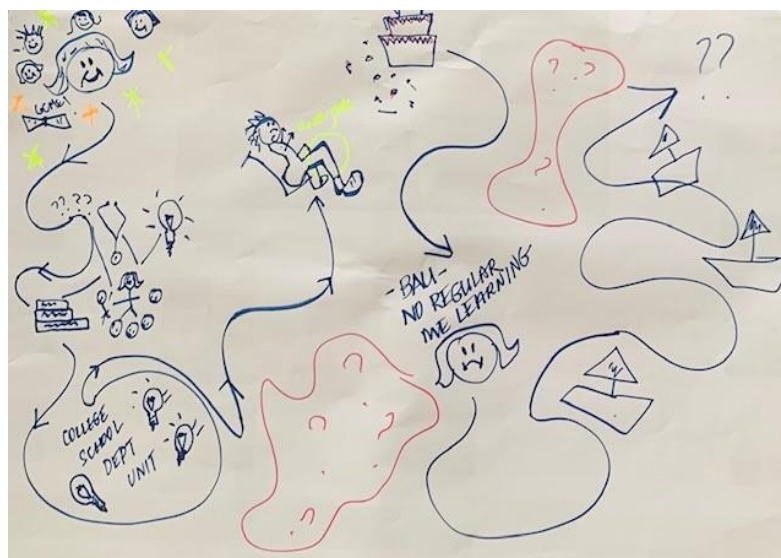


Figure 25: Rich Picture 7 - Being a Boat

"The left-hand top corner you can see there is a lot of smiley faces and what's supposed to be a diploma there, so feeling very happy. Lots of new knowledge and having achieved getting this additional qualification. But after that I still have some questions, I don't know everything. Being able to contribute at a college, department, school, unit level with the little bit of knowledge from the GCME, but then realising that a lot of those contributions are knee jerk reaction in response to things that are happening at certain points in time within the college or school."

"That's a boat, there are three little boats, and I am just drifting and cruising you know and the big question marks at the end. Like you need to be mentoring someone to become HOS or HOD. From my perspective it's trying to make sure the right things are done and trying to ensure that the staff are as well-equipped as they can be, but again it's quite difficult because you have resistance, there are some who just don't want change 'No new tricks'. I think, like I said, the frustration with processes, like everything is just very hard to do and quite a tedious process. Honestly though I think health professions education for the whole college that would be something that I would totally pursue and to think of something that would be doable."

5.7.2 BEING A BOAT – COMPOSITE NARRATIVE PORTRAIT

Educational leadership is looking straight in front and being clear on what the vision and mission is, and right in front is the strategic plan. The path needs to be clear; we need to see where we are going and I liken the trip to being in a canoe, sailing towards the vision and mission. When we look at the vision and where we are heading it's a journey, not a sprint but a marathon, it's going to take time. Sometimes, though I am just drifting because there are winds that are obstacles that try and oppose you, the last month has been rather hectic, and I feel my only goal was to stay afloat. We are frustrated with the university processes and feel unsupported, which can be very disheartening and really wears us down, so we can get a bit burnt out. I guess sometimes we are looking for the quick fix and there isn't one. Although it is frustrating and challenging, I feel I just have to keep trying to do my best and maintain the standards for the college. I want to make sure the staff and students are supported to do their best and so I have to put myself forward to make a change if I am not happy with the status quo.

Educational leadership is really all about the students, who are the main drivers of what we want to achieve, and we also need to develop our staff and get them on board. I want to be able to contribute at the college, department, school and unit level to improve the quality of education for the students and the staff. We need to have enough staff trained in medical education to help the college move forward in teaching and assessment. To achieve this, we encourage staff to have the foundational knowledge, but there are some who are resistant to change and want 'No new tricks'. We have contacted many people who have helped the college before to ask if they were willing to conduct a series of webinars, 'A Month of Medical Education in May'; they assist us where we are deficient in terms of building the capacity of staff. In the long term we need to develop a course that is doable, and we need to have the will, resources and time to see it through. It is a whole process of trying to improve medical education, there are a lot of partnerships not only from educational providers but from the community, which can be utilised.

We also want to make a meaningful impact on the community, often the community is under-resourced and gloomy, and we need to come in as hope. I feel the impact we make at the community level is an important measure of the quality of our leadership in medical education. I think there needs to be better engagement with our stakeholders because we think we are doing a good job, but we need to actively seek feedback from them on what they need. We need to be all holding hands and working together to improve medical education for the staff, students and community.

My main aim is to leave a legacy in terms of developing staff so that when I leave, I know the capacity is good. As a leader I am not the most important person as I know I am not an expert in all areas. I need to identify and nurture people's strengths so that we have a strong team. By supporting, facilitating and acknowledging people's contributions I feel they can be motivated to think of new ideas to tackle problems by 'thinking outside the box', to ensure we provide the best we can for our students. The issues we have been facing during COVID-19 have necessitated flexibility, innovativeness and agility in the midst of a stressful and frustrating situation. Communication has been key amongst all stakeholders including the Ministry of Health, the University, accreditation boards, staff and students and has not always been ideal, leading to a lack of co-ownership, possibly due to differing priorities. We have had to be resilient, fair and just, respecting all opinions, standing firm whilst being empathetic and supportive, to find workable solutions whilst upholding standards. We are stressed, exhausted, overwhelmed and frustrated with little time to attend to personal work. We hope that things get better soon, and we can have a break.

5.7.3 BEING A BOAT – DATA DISPLAY SYNOPSIS

James and Julie are the boat heading towards the vision on the horizon. They keep this vision and the strategic plan of the University central to their thinking and planning. The journey is long and has many hazards with ‘the winds of obstacles trying to blow it off track’. Although their main aim is aligned with the other leaders to produce competent caring graduates, they focus on achieving this through different methods: by seeking to ensure courses are accredited, upskilling faculty in HPE and collaborating with all stakeholders from the community level to external overseas agencies. As they steer their boat towards the vision they need to ‘get others on-board’. They aim to get others on board by listening to their concerns and ideas, valuing skills and teamwork, and supporting faculty by providing faculty development and trying to improve university processes. They are driven by their values of ‘respect, fairness and justice’, and wanting to make a difference to improve health outcomes in the community and health facilities. They want to be the change agents and ‘leave a legacy’ of developing other leaders to take their place as well as improving health outcomes through research and education. As one of the leaders wrote, ‘Make a Choice; take a Chance to make a Change.’

The hindrances to James and Julie completing their journey included ‘university processes, external authorities and faculty resistant to change’. These are ‘frustrating’ and can cause the boat to ‘drift’ as it is too hard at times to keep struggling against the ‘winds and tides of obstruction’. Sometimes they are steering to avoid the rocks of resistance and appear to be off course, but when they get on board other leaders with the same vision and aspirations, they can use the ‘strength of the team’ to get the boat back on the right course. James and Julie communicated the importance of having a strong team of leaders at all levels to help achieve the aims, to listen to their innovations and support their ideas to give the team hope and renewed motivation. The need for succession planning and mentorship is necessary so that the boat does not sink when the captain is lost overboard. As leaders, James and Julie aspire to be ‘flexible, innovative and agile’ to deal with the constant change, even though they find these situations ‘stressful and frustrating’. The COVID-19 pandemic brought with it a fresh set of challenges and a ‘sense of urgency’ where these leaders had to communicate effectively by listening and giving clear direction to ensure the standards of the University were upheld and yet the modified learning, teaching and assessment strategies were feasible. They had to ‘support and empower’ their faculty by collaborating with external agencies to provide resources that were not locally available. They learnt the need for ‘sharing of experiences, finding frugal innovations and above all that communication is vital.’

The culture provided both positives and negatives as they navigated their leadership journey. The art of communication and collaboration enhanced moving forward with new ideas, but

the fact that the Pacific is small also provided hindrances as relationships often run deeper than just work. James and Julie are both intrinsically motivated and have a 'sense of purpose' to improve the system. Recently this enthusiasm has waned due to leadership 'being a rollercoaster' where they felt stressed, frustrated and almost burnt out. This was mostly attributable to university processes and then the added complexity of the COVID-19 pandemic. They both need a break.

In brief, James and Julie visualised themselves on a leadership journey in a boat heading towards a vision of excellence in HPE (Figure 26). They are both intrinsically motivated to do their best by building a strong leadership team, utilising the strengths of the group and collaborating with external stakeholders. Although, they are both consultants in their clinical domain, their identity is now more embedded in their leadership role in HPE. Their focus is on ensuring a good curriculum, development for faculty and leaders, and improving University processes. Their journey is fraught with navigating University obstacles and the storms of change, especially the COVID-19 pandemic. These frustrations have left them exhausted and overwhelmed, on the verge of burnout, and in need of respite and support.

Being a Boat
Navigating Towards the Vision on the Horizon



Figure 26: Visual Metaphor - Being a Boat

5.8 Summary

The three descriptive visual metaphors interpreted begin to answer the central research question of 'What are the perspectives of Pacific HPE leaders on being a leader in the Fijian context'. In addition, their allegories address the questions of 'What outcomes they hope to achieve, and the strategies used to accomplish them.' The Bridges were primarily focused on being educational leaders at the 'coalface' of clinical education aiming to develop the next generation of competent and compassionate health practitioners by practising best-evidence educational techniques acquired through the GCME. The Coconut Trees built on the Bridges core aim by endeavouring to develop other faculty through mentoring and by being a positive role model. The Coconut Trees had multiple roles and were sturdy, yet adaptable, in the face of challenges. The GCME provided the roots to nurture their confidence to take on leadership roles within the University. Finally, the Boats aimed to develop the University and Curriculum and support staff and students to positively impact community health. They endeavoured to keep steering towards their aims and get others on board to develop future leaders. They faced many obstacles which often blew them off course, but they were determined to continue sailing.

These three culturally embedded visual metaphors of the Bridge, Coconut Tree and Boat have illustrated three styles of leaders identified in the Fijian HPE context across all data sets. These descriptions have offered an insight into the HPE leaders' aims, strategies, values and experiences they articulated and provide evidence for the interpreted themes which are presented next.

6 Chapter Six: Constructing the Phenomenon

6.0 Introduction

Following the characterised leadership styles, this chapter expands on the themes which further distil the findings to draw and verify conclusions about Pacific HPE leadership. The themes were guided by the subset of research questions, consisting of:

- a) What are the leaders' intentions and what outcomes are they hoping to achieve?
- b) How did they envisage achieving these outcomes in this unique leadership setting?
- c) How did the culture and context influence their leadership?

Five themes were identified as depicted in Figure 27; the first, *Basika mai na Buli* – Emerging from our Cultural Shell recognised the cultural context in which HPE leadership was executed, influencing the subsequent four themes. The second theme, *Sokota na Cava* – Riding the Rapids embraced the HPE leaders' experience of being an HPE leader incorporating the emotional response to their leadership experiences and the drivers that sustained their leadership journey. The third, and most complex, theme *Uasivi* – Striving for Excellence encompassed the components of 'being' and 'doing' leadership. This theme focused on the intrapersonal aspects of leadership and incorporated the leaders' identities, development and values. The first three themes incorporating the cultural, experiential, and intrapersonal facets of leadership shaped the aims these HPE leaders were striving for and were distilled in the fourth theme *Vakalailaitaka na Duidui* – Narrowing the Gap. Finally, the fifth theme of *Soko Vata* – Journeying Together captured the strategies and interpersonal facets these leaders used to achieve their aims. The latter three themes align with the triad of leadership involving values, vision, and influence as purported by Bush and Glover.(63) In totality, the last four themes comprised the framework for *Being an HPE Leader* which was influenced by the cultural shell, the first theme.

This sixth chapter presents each theme in turn. Initially, the essence of the theme is presented before exploring the sub-themes. Appendix 15 provides a tables of participant quotes that exemplifies the sub-themes identified under each theme (Table 14, Table 15, Table 16, Table 17 & Table 18). The quotes span the Talanoa interviews, reflective prompts and journals, and are grouped according to the Bridge, Coconut Tree and Boat leadership styles. A selection of these substantial quotes are provided in the main text as evidence for the themes and sub-themes. Most themes were derived from *in vivo* participant quotes to remain true to their perspectives, with some modified to the Pacific context during member checking.



Figure 27: Themes and Sub-themes of Pacific HPE Leadership

6.1 Theme One: Emerging from our Cultural Shell

This first theme, *Emerging from our Cultural Shell – Basika mai na Buli*, highlights the cultural context in which the HPE leaders operated and provides their understandings of their culture. Remembering that all the HPE leaders had been in Fiji for over 25 years and all but one had grown up in the Pacific these reflections are from those who have been embedded in this distinctive culture. At times this was difficult for the leaders to articulate as having been immersed in the culture it was challenging to tease apart those aspects that influenced their leadership. As Jane commented on this matter in her reflective journal, ‘So, I am unsure how culture comes into play, but I think culture can get in the way of professionalism. It is possible to be both culturally respectful and professionally respectful. This is a fantastic blend.’ Nevertheless, this theme accommodates the question ‘How does the culture and context influence HPE leadership?’ The HPE leaders recognised constructive and unconstructive factors emanating from the cultural influence they experienced, whilst acknowledging that the culture was changing. The theme was captured succinctly by Jasmine in her second interview and reflective prompt: ‘Definitely the culture in Fiji, as I said I was always you know in my shell, I never was confident in coming out, because I think that was my cultural upbringing’ and she recognised that her education had enabled her to emerge from her shell, ‘Now I actually like speak out, I’ve learned to come out of my shell’. The constructive components identified were a sense of *Togetherness and Talanoa (talking)*, exemplifying collaborating through conversations to attain a common good. Interestingly, although all leadership styles recognised the importance of Togetherness and Talanoa, male leaders expressed it more. Overall, there were fewer quotes relating to positive aspects of the culture in the Rich Pictures and reflective journals or prompts. The positive aspects were mainly revealed during the second Talanoa interview. This may be due in part to the difficult circumstances in which these leaders were practising leadership caused by the COVID-19 pandemic and the authoritarian government, alongside the prevalence of a patriarchal hierarchy in Fiji. The patriarchal aspect was readily identified by many leaders across all the data collection methods and was more strongly voiced by the female leaders. Thus, the unconstructive aspects identified were *Patriarchy and Malua (laid back)* incorporating the notions of not promoting yourself; not questioning authority and keeping quiet due to respect, along with a relaxed attitude. All leaders voiced these unconstructive aspects. However, it was also noted that in *Changing Culture*, the third sub-theme, there was recognition that the culture is enabling people to speak up more but was thought by one HPE leader to be eroding respect and the sense of professionalism.

6.1.1 TOGETHERNESS AND TALANOA

Considering the notion of Togetherness and Talanoa (talking), the leaders noted that the sense of comradeship, especially during crises, enabled collective action for the greater good. In addition, Talanoa sessions were perceived as an avenue to get to know people first before trying to instigate change. These two aspects of the Fijian or Pacific culture were alleged helpful for moving things forward as the following quotes from the second interviews suggest:

*The Pacific culture of working together was of immense help and proved beneficial in completing this document for which I am thankful to my colleagues and superiors. John
2nd Interview*

People are around you and you talk with them and then together, you know I think that interaction is really important to just [talk], which is very ingrained in the culture of Fiji and the Pacific. James 2nd Interview

The multi sectoral approach will certainly help, I think that will benefit if we all share dialogue, a lot of Talanoa session. Jeremiah 2nd Interview

Even though I think these zoom webinars are very good, you know, people. It's the human touch that always goes missing with all these, yeah, you appreciate it better in person. Judith 2nd Interview

Doing activities together and discussing issues were perceived as constructive aspects of the Fijian or Pacific culture and considered instrumental for achieving outcomes. These positive cultural aspects were voiced more readily by the male leaders representing the Boat and Bridge leadership styles. Perhaps, it was easier to articulate these positive aspects in their position as male leaders given that one of the unconstructive aspects identified was patriarchy.

6.1.2 PATRIARCHY AND MALUA

The unconstructive aspects identified were being reserved or submissive in a patriarchal society where elders are expected to be respected and revered. There was still a reluctance to speak up, or promote yourself, even if this could result in better outcomes. Additionally, the notion of being 'Malua' or 'laid back', characterised by being late or only doing the minimum work required was seen as detrimental to progress, but an integral part of the traditional culture. Spanning all the data collection methods the following quotes exemplify the difficulties encountered in this cultural setting:

Some of the young ones are still reserved due to the Pacific culture of keeping quiet as a sign of respect. Judith 2nd Interview

*I think one can also hide behind culture, if that makes any sense at all. Patriarchy. Jane
2nd Interview*

In interviews, it is often the aim to 'sell yourself', tout your accomplishments, etc. In our Pacific culture, that is not the norm and for me personally is not something I feel comfortable doing. Julie Reflective Journal

Yeah, and that is something that is common to us Fijians... we sit in silence, we don't voice what we understand. Jeremiah RP Interview

The Pacific culture is more relaxed, more sort of carefree, when you've downed a few bowls of grog [Yagona] practically nothing matters. That cultural context needs to be taken into account. John 2nd Interview

You know now I think I am just back to that, but it's not a good thing, that laid back approach to things. Jasmine RP Interview

Nuanced differences between the three leadership styles were noted. The Bridges articulated unconstructive aspects concerning themselves and enacting leadership, whereas the Coconut Trees thought about the impact on themselves and others, and the Boats leaned more towards how the culture needs to change to enable others to speak up and grow. These less constructive aspects of the culture hindered progress, however, the leaders also recognised that the culture was changing.

6.1.3 CHANGING CULTURE

The changing culture identified by the leaders was envisaged to have mainly positive effects. In particular, the relaxed attitude and patriarchy are being transformed into promptness and egalitarianism. Although these were considered positive changes there remained some concern from one of the Bridges that this was also eroding some constructive cultural values. The leaders mainly reflected in the second Talanoa interview on the aspects of the changing culture as follows:

I see that relaxed attitude has changed a lot and people are becoming more prompt and punctual. The culture is changing now. John 2nd Interview

Patriarchy. Although I think as more and more people speak up, this mentality is getting called out. Jane Reflective Journal

I feel the education that I have managed to come through has helped me in terms of that, breaking that barrier. I think for women it's important that you know we help to build each other up. Jasmine 2nd Interview

Sometimes I'm just looking at some of the iTaukei students, the way they act, the way they behave, and I've noticed that's not really cultural... what we were supposed to be in terms of our cultural lives, the Fijian lifestyle. Those are the things that sometimes really irritate me. I try to understand that they are, it's totally a new generation. Jeremiah 2nd Interview

The majority of the HPE leaders recognised that culture needs to be acknowledged and by probing their perspectives they were able to reflect and recognise areas that may need to be

challenged; for example, the Boats suggested the need to challenge the constraints of culture and see beyond its confines. The Coconut Trees focused more on needing to transform from the patriarchal cultural norm and recognised that it is beginning to change, whereas the Boats proposed that education was empowering the next generation to speak up. One Bridge was concerned that the change was eroding some of the esteemed Fijian cultural values. Cultural change was thus mainly seen as a positive aspect for HPE leadership, especially for the women leaders, who felt empowered, because of their education, to come out of their shells and respectfully challenge the patriarchal culture.

6.2 Theme Two: Riding the Rapids

Having delineated aspects of the culture in which the HPE leaders operate, this next theme elucidates the HPE leaders' experience of being a leader in this cultural context. Theme two addresses the experience of being an HPE leader in this setting by embodying the ups and downs of leadership, manifested in James' statement in response to the reflective prompt *'Leadership this week has been like a rollercoaster'*. As rollercoasters are absent from the Pacific this theme was visualised by the participants as *Riding the Rapids – Sokoto na Cava*, navigating the difficult journey of leadership to reach the vision, or the more literal translation of sailing the storm. It represents how these leaders view their leadership journey and incorporates *Distress* through facing challenging situations, which often leave them feeling frustrated, resulting in stress and being on the verge of burnout. In turn, when asked what motivated these leaders to continue navigating the rapids, the participants identified the *Inspiring* aspects of leadership that counteract the negative facets and included encountering a fulfilling situation which leaves them feeling valued and able to move forward, by having a sense of purpose through helping others.

Leadership in this context is challenging. Fiji is a low-resource setting, despite being classified as a high middle-income country, and there is a constant lack of physical, financial and human resources. On top of these normal constraints, COVID-19 added another layer of difficulty not previously experienced by the leaders. Throughout the research period, the leaders expressed leadership as being challenging and stressful, which was compounded by a sense of frustration. Each of these facets of the negative side of leadership will now be illustrated before turning to the motivators identified for the participants continuing in their leadership role.

6.2.1 DISTRESSING

On the whole, the HPE leaders found leadership challenging and stressful. This is perhaps unsurprising, given that the interviews were conducted, and journals and responses were written during the second wave of COVID-19 in Fiji, and the medical school was having to adapt during a time of crisis. Education was rapidly converted to an online format and students were not allowed on the clinical floor. In addition, medical colleagues within the hospital could not be called upon to assist in the teaching as there was a total disconnect between the Ministry of Health and the medical school. All the HPE leaders expressed the challenge of being a leader in these difficult circumstances. The challenges they faced were often due to circumstances beyond their control and included the introduction of a new learning management system, increasing responsibilities, and gaps in leadership as people left key leadership positions owing to political or COVID-19 pressures. Many of the challenges they faced were 'normal' in this context but were then compounded by the COVID-19 pandemic. Their sentiments are reflected as follows:

This was extremely challenging as it was totally new to me, something that I had never done before. John Reflective Journal

The responsibility was challenging. There were several levels of authority, and even more personalities to communicate with. Jane Reflective Journal

Also planning ahead to the implementation of a new student management software was and continues to be a challenge. Julie Reflective Prompt

There are several uncertainties in the midst of the creation of sudden vacuums in leadership. James Reflective Prompt

The challenges experienced were personal to the individual leaders and were not confined to any particular style of leader. These challenging situations led the HPE leaders to express their feelings of frustration. This frustration was usually attributable to University or Ministry of Health processes. Julie's first words in her reflective journal, when she thought about her leadership situation, were 'sad and frustrated' and this sentiment was echoed by several other leaders:

It was a huge task and exhausting because there was always another layer of approval that was required... this took long and was frustrating. James Reflective Journal

Frustration seems to be a predominant feeling and a sense of inadequacy. Julie Reflective Prompt

It's just that it is a constant story, year in, year out... if it's not working then why do we keep doing it? Jasmine RP Interview

Frustration for the Boats encompassed not being able to provide the best support and training for staff and students, whereas the Coconut Trees felt frustrated by all the additional roles

they had to take on, and the Bridges articulated that they felt frustrated at not being supported in their educational leadership position. In addition to finding their leadership role challenging, leading to feeling frustrated, many of the leaders alluded to being stressed using terms such as 'being terrified' or 'overwhelmed', as well as directly articulating being 'stressed'. There was a real sense that all the leaders had given their all and were exhausted and on the verge of breakdown. Accordingly, their comments exhibit a real sense of their stress:

It's a continuous struggle. It's actually more like being at the battle front. John RP Interview

Stress in an already uncertain environment in the midst of a Pandemic. James Reflective Journal

I was terrified when I was informed that this was my responsibility that I had to complete. John Reflective Journal

In the end, you're the one who's really being... overwhelmed. Overwhelming. Judith 2nd Interview

James said he was really hoping for a break as the last two years had been more challenging than usual, and several leaders wondered how they were going to continue under the pressures of being HPE leaders. The challenges, frustration and stress meant that many leaders were shattered and some on the verge of burnout, mostly the Coconut Trees and Boats who tended to have more roles and responsibilities. The following comments are indicative:

I don't think I can do this for much longer. Jane RP Interview

I feel my only goal was to stay afloat! Julie Reflective Prompt

Yeah, and then I think everybody is at risk of burnout. With all this, there is no real good break, it's been one thing after the other. Judith 2nd Interview

Despite these leadership experiences the HPE leaders chose to persevere in their roles. Consideration is now given to the factors that enabled these leaders to sustain their efforts in the face of such challenges.

6.2.2 INSPIRING

The HPE leaders articulated in the second interview what motivated them to continue riding the rapids to their destination. They experienced fulfilling situations where they felt valued, which led to a sense of purpose because they wanted to make a difference and improve the nation's health. They expressed that this sense of purpose could be achieved by helping others. Although these joyful aspects were not frequently mentioned during the interviews and journals, it is evident that they provided the motivation to keep going during such

difficult times. The Bridges expressed this fulfilment in their love of teaching and making learning enjoyable; the Coconut Trees focused on receiving positive feedback from students as part of their satisfaction, and the Boats felt fulfilled because they had developed the capacity in others to take over their role in due course. The following exemplars span all the leadership styles explicated here and illustrate the fulfilment the HPE leaders found in their leadership roles:

Any one of them could easily take over and are more than capable. That makes me happy!!! Julie Reflective Journal (Boat)

I mean you don't really know how useful that thing is unless the students come back and say that was really good, now I understand it better ...so that kind of feedback is rewarding, and when it is rewarding you feel like you can do more. Judith RP Interview (Coconut Tree)

I actually love teaching because it's not only a one-way thing where we just need to deliver. No, it's also, I've learned a lot from it. Jeremiah 2nd Interview (Bridge)

These fulfilling situations led to feeling valued, articulated particularly by women HPE leaders across all leadership styles. They said it was important to feel valued in their role and to be acknowledged for their hard work. This may have been partly due to the patriarchal context they are immersed in or to the feelings of frustration and inadequacy that they also expressed. Being valued for their contributions helped to keep them motivated in their roles, as illustrated in the following comments from Julie, Judith and Jasmine:

I think a lot of it was more you know just that acknowledgement that some people have worked really hard during a particularly challenging time. Julie 2nd Interview

When you feel valued. That what you contribute makes sense to people and they value your opinion, and you know. So that is very important that you know your work is not a good for nothing kind of contribution. Judith 2nd Interview

Then he said 'no, no, you are here, you take over' and that has never happened before. Yeah, it does make a difference in, in the outlook of you know, before I used to be just, just another day but when those kind of things happen it makes you want to work harder. Jasmine 2nd Interview

Additionally, in order to stay on the leadership ride the participants articulated that they had a sense of purpose, wanting to make a difference. For many of the participants this sense of purpose was intricately intertwined with their spirituality, as James clearly identified. Their comments showed they were all motivated to make a positive change to help give back to society and improve the health of the Fijian nation.

I think really, it's a sense of purpose, why we exist and why we do what we do, and how we contribute to this nation while we are still alive and in this spirit of time before we move on. James 2nd Interview

*So that's important to keep you going, to like, feel like you are really contributing. Judith
2nd Interview*

*You realise that it's what you do, like the little that you do, can actually make a
difference. Jasmine 2nd Interview*

*I want to make a difference not only to the doctors but also to the patients as well... and
give back to the society, then I think I will have achieved something in a small way. John
2nd Interview*

Furthermore, they iterated their desire to help others, expressing some positive emotions such as, 'I enjoy seeing progression in others' (Judith 2nd Interview). Whilst all styles of leader expressed wanting to support students, the Boats and Coconut Trees also focused on supporting staff and one of the Bridges alluded to changing the system to improve outcomes. This is interesting as the Bridges in the main were concerned with students overall, so this statement about improving the system is more akin to the Boats' outlook. However, as stated earlier these three leadership styles are not mutually exclusive and there were overlaps between styles. Overall, the leaders said they were concerned about helping the next generation of health professionals in whatever capacity they could:

*I think people are motivated when they see you supporting and facilitating what they
intend to do rather than saying 'No' as the first answer, so I created that type of
environment. James RP Interview*

*I guess it's because I get a lot more satisfaction... I enjoy seeing progression around me
rather than for me. Judith 2nd Interview*

*I think I'm more of a helper, so if I find that you know, especially my colleagues, they
seek my opinion, they seek my assistance. Jane 2nd Interview*

*Me as an educator, how can I help to facilitate and change this particular system...to
improve the outcome. John RP Interview*

These altruistic tendencies which motivated the HPE leaders to continue in their challenging roles also align with the fourth theme of Narrowing the Gap where they want to make a difference to improve the health of the nation. In addition, their values of being empathetic, humble, responsible and valuing others, as evidenced in the next theme, underpin these altruistic tendencies as they strive towards excellence. In sum, the HPE leaders felt inspired when they experienced fulfilling situations making them feel valued. This then gave them a sense of purpose through helping others. Throughout their leadership experience with all the challenges and being motivated by their sense of purpose, the HPE leaders endeavoured to do their best.

6.3 Theme Three: Striving for Excellence

Striving for Excellence - Uasivi, the third theme, addresses the central research question relating to the leaders' perspectives of being an HPE leader. The participants chose the term *Uasivi* to encapsulate this theme, translated as special or perfect. *Uasivi* is derived from the core term 'sivi' which has three meanings, to carve, to go beyond or to exceed, and to fart! The first two meanings are apt as the Boat and Bridge are carved from wood and Coconut Trees are used for carving. In addition, these leaders exceeded their job descriptions to ensure aims were achieved. Perhaps the last meaning may convey that we are all human, as the leaders aimed to journey humbly alongside their contemporaries rather than being authoritarian leaders. The HPE leaders aimed to do their best and strive for excellence to ensure better health outcomes through developing others. As such, the participants repeatedly voiced their commitment to 'doing their best' within this constrained setting.

So, we do what we do, and we do our best, see how we can, how we can improve on this.
John Reflective Journal

I wanted to finish the year doing the best I possibly could do to prepare them for their role next year. *Jane Reflective Prompt*

I feel I just have to keep trying to do my best and maintain the standards for the college.
Julie Reflective Prompt

I think being leaders in medical education helps us achieve whatever level of excellence we can and that can be translated to better patient care. *Judith RP Interview*

Striving for Excellence encapsulates the *identities, professional development and values* characterising an HPE leader in this context. First, the identities of these HPE leaders included primarily their roles as clinicians, educators, and leaders. Moreover, they articulated many other roles within these identities, including administrator and researcher. More often than not they focused on their roles rather than on their identity. They recognised that professional development (GCME) had equipped them for these roles, identified as the next sub-theme. Furthermore, the HPE leaders recognised needing to continue growing professionally through engagement in HPE and leadership learning. For some this continued professional development was a reality, but for most, it was an unrealised ideal, as they navigated the challenges of being an HPE leader in this setting. Additionally, they recognised the need for future faculty development to nurture their successors. Finally, the last sub-theme of Striving for Excellence recognised Pacific HPE leaders exemplified a combination of underlying values embodying their HPE leader identity. The characteristic values identified across all HPE leaders included: being adaptable, empathetic, humble, responsible, and valuing others.

6.3.1 IDENTITY

During the Rich Picture interview, the HPE leaders identified their many identities and roles often referring to ‘the many different hats I wear’ (Judith and John, RP Interview). Their primary identity was usually as a clinician, then an educator, before being a leader, however, these three identities had different weightings amongst the leadership styles. The Bridges identified being a clinician and educator as their primary roles and less so as being a leader. The Coconut Trees articulated their affiliation to all identities but still leaned towards their identity as clinicians and educators. Whilst acknowledging their leadership positions they didn’t always identify as a leader. The Boats had begun to identify themselves more as leaders, emphasising less their identities as a clinician and educator. Most HPE leaders further asserted it was challenging to be a leader because they needed to maintain their clinical skills and knowledge to be recognised and valued as educational leaders, as Jane and John articulated:

I need to keep my clinical skills, I still need to be working and seen to be working to keep the connection between the clinical people, the clinical patients, the clinical scenarios and the academics. Jane RP Interview

But you have to do your clinical work, in addition then you have to fulfil your teaching obligations and then you have to fulfil those other obligations, clerical jobs and all those things, and then you have to publish, so it’s not easy. John RP Interview

Additionally, the HPE leaders recognised their managerial role and administrative duties, often referred to as frustrating and stressful, as explained in Theme Two. They also had research roles, primarily around clinical outcomes rather than educational. Here, Judith portrays the different hats that she wears:

I’ve got a number of responsibilities or hats that I wear ... This is me being a doctor again, doing the training, doing the teaching... So lots of medical education there and some leadership roles there as well. I am a member of a number of groups, and you know I am involved in research or supervision of trainees doing research. Judith RP Interview

Although these capable individuals were in leadership positions they rarely identified as leaders during the interviews. Often with their busy schedules they were ‘just focusing more on what I am doing’ (Julie 2nd Interview) and ‘multi-tasking, all the hats’ (Judith RP Interview), rather than thinking about being a leader. Only one HPE leader, James (Boat), specifically commented about his leadership identity:

I think one of the downsides of leadership is that people think that leaders, that you are the most important person and that you should know everything, and you should be able to do everything, but you know that’s really not true, I think leaders are there to lead and of course to guide and be prepared to say look you know I really don’t know. James RP Interview

In contrast, perhaps, Jane, a Coconut Tree, reflected during the Talanoa interview that she did not identify as being a leader:

I still don't see myself as a leader, I prefer to be a follower, but I think, I think perhaps you can lead in that way, encouraging others to say you do this and I'll back you up.

Jane RP Interview

The other HPE leaders mainly focused on their many roles and doing leadership through their clinical and educator identities. As these HPE leaders reflected on their HPE leadership journeys it became evident that the foundations of this leadership were in the GCME. The faculty development received was the grain of sand that developed the pearl and gave them the confidence to emerge from their shell.

6.3.2 DEVELOPMENT

Faculty development was identified as the second component of Striving for Excellence. The HPE leaders recognised that most people in their GCME cohort were in leadership positions or influenced students and faculty in their various academic leadership roles. As Judith states:

And I think the way GCME was structured and taught I think that really helped us. If you look at who's holding these leadership roles, it's those who did GCME. Judith 2nd

Interview

Concerning leadership development, the Bridges and Coconut Trees had none, however, both Boats had undertaken some, although it was not tailored to HPE or their position. All leaders recognised the need to continue to develop professionally but this was done in an *ad hoc* way, often learning from feedback or organised workshops and webinars. The following quotes are indicative:

Numerous seminars and webinars with the team from Australia, assessments in medical education, online teaching and assessment you know during Covid, and a conference.

They were all virtually run. James 2nd Interview (Boat)

Nothing formal, just some other little workshops. I do some ad hoc reading, a quick google search. Judith 2nd Interview (Coconut Tree)

There's no other additional training which leads to medical education. That is really sad. Jeremiah RP Interview (Bridge)

Although there had been little opportunity to develop themselves further, all HPE leaders advocated that professional development was needed for the next generation of academics preferably through a structured course like the GCME.

What we need is some more basic foundational learning...health professions education for the whole college and so that would be something that I would, if I were there, would totally pursue to allow and to think of something that would be doable. Julie RP interview (Boat)

So, I think having these workshops is good. Any type of training in person would be preferable. Then you start reflecting on it and you carry out assignments to show you have understood. Judith 2nd Interview (Coconut Tree)

It should be customised training done by people who understand what we are doing, have some knowledge of medical education. Secondly, is the pathway forward, like where is this training likely to lead you, that is also important. John 2nd Interview (Bridge)

Thus, development was envisaged as crucial for HPE leadership in the past, present and future and recommended to be tailored to the Pacific to accommodate the needs of this context, as James recommended:

So, we can just develop our own, so this is our Fiji and Pacific Medical Education Framework, you know, we use this. Because everyone seems to say I have developed a framework, this is good for you universally across the world, which isn't true. James 2nd Interview

Having identified the components of their identity and the importance of development the next aspect of Striving for Excellence explores the leaders' values identified as underpinning this theme.

6.3.3 VALUES

Five values were identified across all the leadership styles including being: adaptable, empathetic, humble, responsible and valuing others. Other attributes included being honest, resilient, and a critical thinker which were identified in some leaders but were not articulated across all leadership styles. In addition, being reflective was identified across all leaders in both interviews, however, many leaders stated they were often busy with no time to reflect. Nevertheless, the research process reported here allowed them the time and space to engage with reflection and when asked about what they valued from the research opportunity it was this reflective aspect. Each of the values identified is now considered in turn.

6.3.3.1 Adaptable

Given that this research was conducted during COVID-19 there was a necessity to be adaptable. Certainly, these leaders were accustomed to natural disasters and coping with change which could explain the value of adaptability being displayed. All leaders discussed needing to change how they approached learning and development. As conveyed by the following participant comments, the Boats and Coconut Trees focused on being adaptable to provide innovative educational practice, whereas the Bridges concentrated to a greater extent on being adaptable to imposed educational change.

The issues we have been facing during COVID have necessitated flexibility, innovativeness and agility in the midst of a stressful and frustrating situation. James RP Interview (Boat)

The show must go on so we're just kind of flexible and adapting and trying to innovate. Judith RP interview (Coconut Tree)

I have adapted myself to online teaching. John Reflective Journal (Bridge)

Although this value could be attributed to the circumstances in which the leaders found themselves, there was evidence across all leadership styles that leaders were adaptable at other times. When Jane compared herself to being a Coconut Tree, she identified the need to be adaptable alongside her other values of being strong and resilient, and Jasmine in relating to being a Bridge recognised the need to accept change for the better:

Solid, sturdy, resilient, but I guess still wavy enough with my fronds to be adaptable, to adapt to new ideas and new thoughts. Jane RP Interview

Something that educators should keep in mind that we should always have that ability to accept change and change for the better. Jasmine RP Interview

Overall, the value of adaptability encompassed being flexible, accepting change and being open to new ideas, whilst not compromising the quality of the education provided. During such an uncertain time adaptability was beneficial, enhanced by the HPE leaders demonstrating the value of empathy.

6.3.3.2 Empathetic

Demonstrating empathy was evidenced across most HPE leaders and encompassed being empathetic by showing care and concern or exhibiting a compassionate approach to develop empathy in others. There was an overlap between the different leadership styles with the Boats being empathetic to staff and students and the Bridges being empathetic to be a role model for students, to walk the talk. The Coconut Trees embraced both these ways of being empathetic. These different approaches to empathy are illustrated as follows:

I was driven by a sense of fairness and justice. Also being empathic and supportive were important. Julie Reflective Journal (Boat)

Communicating professionally, balanced with being kind and respectful are other lessons I am trying to impart by walking the talk... If my student is having a bad day, I've got a box of tissues and all my students, including the registrars, know that they can come to my room if they need to get something off their shoulders. Jane RP Interview (Coconut Tree)

But you know the biggest, the biggest thing I always tell them is, the empathy, like I always tell them from my experience. I want my students to be empathetic towards their patients. Jasmine RP Interview (Bridge)

The HPE leaders who identified empathy as a value evidenced this throughout the research period during this particularly challenging time. They were sensitive to what others were going through and were compassionately moved to provide the support people needed to promote successful outcomes. Again, the female leaders most forcibly voiced the empathetic component of leadership. Although some male leaders articulated they were concerned for students they did not explicitly label this empathy as James elucidates:

*The graduating students were a particular group that I was concerned about. James
Reflective Journal*

However, during the interviews and whilst reading the journals there was a sense that all leaders were empathetic in their approach to HPE leadership. There was evidence that these HPE leaders were sensitive to the ordeal students and colleagues were experiencing, and they concerned themselves with providing the required support. In addition to this empathetic approach, the HPE leaders further demonstrated humility, acknowledging they too needed support.

6.3.3.3 Humility

The HPE leaders evidenced they were aware of their limitations, actively engaging others to fill gaps in their knowledge and skills. Here James and John reflect on acknowledging that they do not know it all:

I think leaders are there to lead and of course to guide and be prepared to say look you know I really don't know how to do that. James RP Interview

*As usual, when in difficulty, I called for help from other colleagues. John Reflective
Journal*

In addition to willingly seeking assistance when required, they acknowledged feeling uncomfortable exercising self-promotion. This was evidenced across all leadership styles.

Often the aim is to 'sell yourself', tout your accomplishments... for me personally it is not something I feel comfortable doing. Julie Reflective Journal (Boat)

I'm not a big showy thing that is, not like a massive flamboyant tree that everyone looks at. Jane RP Interview (Coconut Tree)

My level of experience might help contribute a little bit to the quality development we need for our students. Jeremiah RP Interview (Bridge)

This value of humility may be influenced by the Fijian culture in which patriarchy has subdued the voices of those not in power. That said, humility is revered as a positive quality in many faiths, which could be a core component of their spiritual selves, underpinning successful leadership, therefore the tenets informing this humility warrant further

exploration. The basis of humility in Pacific HPE leadership needs to be understood within the changing culture witnessed in Fiji, according to the participants' perspectives, for further enhancement in future leaders. Humility is also connected to the next component, valuing others, as manifested in the participants' acknowledgement of their contemporaries' strengths.

6.3.3.4 Valuing others

The HPE leaders had an awareness of their own educational and leadership capabilities. This manifestation of meta-cognition enabled them to evaluate their strengths and weaknesses and be suitably humble. Assuming this outlook enabled them to recognise the strengths of others and value their contributions without fear of status being compromised. Accordingly, across all the identified leadership styles the strengths of others were fully acknowledged and served to complement the leaders' substantive role. For example, the Boats were looking to use the strengths of their colleagues to build a strong team, the Coconut Trees wanted to develop the next generation of leaders and the Bridges were encouraging their students to assume roles to supervise students with less experience. Here, James, Jane and Jasmine express how they value others according to their different leadership styles:

Identify the strengths in people that we can nurture and play to the people's strengths. If we play to the strength of people and all the strengths complement each other it's really good. James RP Interview (Boat)

So, I think the leadership part is also recognising the strength in others and trying to develop them to develop their own leadership skills, and not being afraid I guess to give that 'power'. Jane RP Interview (Coconut Tree)

I am thankful that we have post-grad students so that when the under-grad students actually do the process, I actually let the post-grad students supervise instead of me. Jasmine RP Interview (Bridge)

Valuing other people's contributions facilitated collegiality within the department and helped everyone work towards common aims. Notwithstanding the recognition of drawing on other colleagues' strengths, the leaders also displayed a sense of responsibility to ensure outcomes were achieved rather than completely relying on others. This was the final common value identified across all the HPE leaders, namely, being responsible.

6.3.3.5 Responsible

The HPE leaders envisaged this sense of responsibility as going above and beyond their duties to ensure that outcomes were met. At times this meant, as Judith stated, that the leaders were stretched to capacity and had to make personal sacrifices, 'Yeah, no life...already there is no life...it's no life squared now.'(Judith 2nd Interview). They were driven by a sense of purpose, as articulated in Theme Two, which motivated them to keep

going under challenging circumstances. Julie, Jane and Jasmine, representing each leadership style identified, conveyed their thoughts on being responsible and taking on extra tasks to ensure optimal outcomes:

So, burnout of clinical and academic staff also, but I haven't thought about that just yet so, that will be another one, and then I dunno, I should have said 'no' to it but I am a panel member for the accreditation process. Julie RP Interview (Boat)

I am ultimately responsible for the trainees and making sure that their academic requirements are being met, there is a lot of administrative work that is required, so it is a matter of balancing and trying, so I don't have lunch, classes get held during lunch, reports get written during lunch, and that is fine because I am managing it, it's what needs to be done. Jane RP Interview (Coconut Tree)

I felt I know it is going to increase my workload, but I felt good about it. At least I am creating an impact. Jasmine Reflective Prompt (Bridge)

This overriding sense of responsibility meant that personal time was sacrificed, and many of the leaders became exhausted, stressed and perhaps on the verge of burnout, as explained in Theme Two – *Riding the Rapids*. Finding a balance between a sense of responsibility and being overwhelmed will need to be considered in the future and the concept of self-care may need to be conceptualised more carefully.

The values of being adaptable, having empathy, displaying humility, valuing others and having a sense of responsibility were exhibited by these leaders during the research period through the interviews and reflections. These values enabled the leaders to continue to strive towards excellence despite the challenges to reach their aim of *Narrowing the Gap*.

6.4 Theme Four: Narrowing the Gap

The fourth theme of *Narrowing the Gap – Vakalailaitaka na Duidui* encompasses the vision of the HPE leaders and addresses the question of ‘What are the leaders’ intentions and what outcomes are they hoping to achieve?’ Narrowing the Gap was regarded by the participants as a more apposite phrase than Lessening the Gap which was articulated by Jasmine.

I want to be utilised in an area where I can actually bring about some change, to bring about a better system, to lessen the gap. Jasmine Reflective Prompt

This notion encapsulated the essence of the leaders’ aims as the HPE leaders envisaged they could narrow the gap through three main aspirations: Firstly, by developing *competent and caring graduates* who will contribute to improving the nation’s health at the patient and community level. Second, they aimed to formulate a robust *succession plan*, to develop others to take their place in their leadership roles to sustain and improve the system in HPE. Third, their vision included *innovation* to develop tomorrow’s healthcare workforce, in this low-resource setting.

6.4.1 COMPETENT AND CARING HEALTH PROFESSIONALS

The HPE leaders' first core aim was to develop competent and caring health professionals as John explains:

We expect them to go into the community and to be a good doctor, who’s a leader and educator, who is socially accountable, compassionate and cares about the well-being of the community in general. That is where I stand within the medical school trying to achieve that goal. John RP Interview

Each leadership style approached this aim according to a different lens. The Bridges, like Jeremiah, focused on directly developing health professions students through education to nurture competent and caring practitioners:

That we see that the student is able to practice what they have learnt and also have the confidence to manage the patients well. Jeremiah Reflective Prompt

The Coconut Trees went beyond focusing primarily on students and aimed to develop faculty and improve the curriculum, overlapping with the succession and innovation sub-themes, in their quest to develop competent and caring health professionals. On this, Judith made the following comment:

We want the students to be the best they can be, we should be striving for excellence in leadership in medical education and that translates to better practice, better patient care. Judith RP Interview

While the Boats worked towards this aim through external stakeholder collaborations and ensuring curriculum accreditation, they still articulated the desire for graduates to make a

meaningful impact on the community. Here, James considers the complexity of seeking to ensure competent graduates:

*Like the World Federation of Medical Education, AMC and the accreditation that is going on and the councils... as being a leader, and of course comes in the question about quality, what are we providing in terms of quality for the staff and quality for the students... Those kids [graduates] are walking into the community... who come in hopefully to make a meaningful impact to the community through our leadership. James
RP Interview*

Furthermore, as alluded to above, it was acknowledged that for this aim of graduating competent and caring health professionals to be realised, succession was needed to ensure continuity in HPE. The leaders envisaged they could develop the next generation of HPE leaders to continue narrowing the gap and make a positive difference. Therefore, succession was identified as the second component necessary for narrowing the gap.

6.4.2 SUCCESSION

Succession was ascertained for all HPE leaders, and exemplified here by James, to ensure improvement could continue from one generation of leaders to another.

It also means that as leaders, we fail if we do not prepare sufficient successors in our lifetime of leadership. James Reflective Prompt

Again, the style of leadership influenced how this succession was envisaged. The Bridges looked at succession as an ideal or hope, but did not always actively pursue developing others, whereas the Coconut Trees were dynamically developing other faculty to replace them. The Boats realised the importance of filling leadership positions, attempting to ensure there would be enough leadership capacity in times of crises, however, this was difficult to achieve in this context because of having to ride the rapids, as evidenced in the second theme. These different approaches to succession are exemplified in the following quotes from John, Judith and James:

Maybe [the health graduate] in the future aspires to take the role of educator, to continue the process or maybe improve the process further. John RP Interview (Bridge)

We have a group of young faculty staff who want to make a difference as medical educators and I believe my leadership style is more of a coach. Judith Reflective Journal (Coconut Tree)

The lesson learnt is to ensure that we have broad-based cover while in a position of leadership, to ensure there is sufficient depth to cover in times of crises. James Reflective Prompt (Boat)

Taken as a whole the leaders appreciated the need to develop other faculty in both HPE and leadership. For some they took on this responsibility themselves to ensure they had a

successor, for others it was difficult to attract faculty to take their place and so this second sub-theme of succession was both a reality and an ideal. These first two sub-themes are intertwined because ensuring graduating competent and caring health professionals continues requires a robust succession plan for HPE leadership. Additionally, to achieve these two aims the leaders recognised they needed to embrace change and look towards an innovative way forward.

6.4.3 INNOVATION

Innovation was thus deemed indispensable as the third sub-theme in narrowing the gap. The COVID-19 pandemic heightened this sense of requiring innovation as traditional modes of developing competent and caring graduates had to be modified. This VUCA (235) (volatile, uncertain, complex and ambiguous) environment catalysed the innovativeness of the HPE leaders as they were required to look for new mechanisms in order to develop graduates and fellow faculty. As illustrated from the following quotes innovation was manifested in different ways from introducing multi-disciplinary teaching and initiating well-being webinars, to looking at new techniques to utilise online clinical teaching or ensuring graduates were work ready. Nevertheless, despite these different approaches, the underlying concept was interpreted as promoting improvement and change through innovation.

One thing that I have really appreciated is the multidisciplinary way of teaching. So that is something new [that I have started], early stages. Jasmine RP Interview (Bridge)

I decided to do something to support student and staff mental health in the form of webinars. Jane Reflective Prompt (Coconut Tree)

This required re-thinking of what we're doing and applying some thinking outside the box to ensure we provide the best we can for our students to meet desired learning outcomes. James Reflective Journal (Boat)

Many of these innovations, of course, were triggered by the COVID-19 pandemic, acknowledging its effect on clinical training and the mental wellbeing of both faculty and students. Perhaps this sub-theme of innovativeness would not have been so manifest in a more stable environment. However, on discussing the way forward during the feedback group discussion after the pandemic, there was still evidence that despite returning to some semblance of normalcy, the leaders were still aiming to make change for the better through innovative measures. The following quote by Julie embodies this forward-thinking disposition, even in the face of adversity.

It's all about the 3 C's: make a Choice, take a Chance to make a Change!! Julie Reflective Journal

The question is now raised as to how these leaders envisage they will reach these aims to narrow the gap through developing competent and caring graduates, succession and innovation. Accordingly, theme five of *Journeying Together* is now considered in which the HPE leaders articulated that the most important aspect of achieving these aims was building relationships.

6.5 Theme Five: Journeying Together

This fifth theme of *Journeying Together – Soko Vata* encompasses the strategies deemed necessary by the HPE leaders to fulfil the vision of narrowing the gap, focusing primarily on building relationships and the interpersonal aspects of being a leader. The following quotes from James and Jasmine exemplify this notion of Journeying Together to achieve the stated outcomes:

Immediately behind there is a group of people holding hands together, which are our staff which we need to develop and get them on board with this vision and mission. James RP Interview

You know I am the one that is like facilitating their walk across the Bridge... the journey that is across the Bridge together with them. Jasmine RP Interview

Journeying Together comprised five sub-themes. The combination of *communication, collaboration, mentoring, role-modelling, and feedback* was identified by the HPE leaders as essential for building relationships.

6.5.1 COMMUNICATION

Communication was expressed as a strategy for achieving aims evident across all leadership styles. The HPE leaders recognised the importance of clear communication to convey ideas to others whilst also listening to students or faculty to ensure that change in practice would meet their needs. Notwithstanding that at times this process could be frustrating as in Julie's admission during the Rich Picture interview that 'I often feel like I am speaking a foreign language', it was well recognised that communication was key to effective leadership practice as Jane articulates:

So as an educational leader, I need to have this open communication with the people who teach, with the people who get taught. Jane RP Interview

Communication was seen as a two-way process of, on the one hand, giving information and, on the other hand, listening by seeking opinions and expertise. It was perceived as essential to convey important information to peers about necessary changes, especially concerning the COVID-19 pandemic, and to request assistance when expertise was required. In addition,

being consultative when addressing problems was thought helpful for making progress and facilitating innovative change. Although each leader talked about communication from their perspective assisting different aspects of their leadership journey, they all reflected on the multiple aspects of communication, especially in the reflective journal entries. The following comments are indicative:

I had a meeting with all the course conveners for the program and explained to them that since face-to-face clinical is most likely not happening, we would resort to virtual clinical exams. Judith Reflective Journal

I discussed this matter extensively with colleagues from my faculty and consulted other faculty members who were experienced in this endeavour. John Reflective Journal

We had met all the [heads] to understand what was required in the second half of the year... It was essential to be consultative and hear out the opinions of our staff in this matter. James Reflective Journal

Jeremiah also observed that he was mindful of his non-verbal communication too.

So, I need them to really understand that and develop some skills to understand that, to be able to read my verbal and non-verbal communication. Jeremiah RP Interview

Whilst communication may seem to be an obvious component of leadership it was affirmed very strongly in this context. Often junior faculty are just expected to listen and obey in this largely patriarchal society, which was explicated in theme one - Emerging from our Cultural Shell. Communication that is explanatory, consultative and engaging was identified as the first sub-theme and considered to be foundational for collaboration.

6.5.2 COLLABORATION

Collaboration, the second sub-theme, was crucial for Journeying Together to improve teaching and develop faculty. The Bridges recognised needing partnerships to provide innovative clinical programs in the absence of clinical attachments and to provide students with different perspectives on healthcare through multidisciplinary learning. This was echoed by the Coconut Trees who engaged outside experts to facilitate learning for students and faculty, whilst the Boats expressed the need to collaborate with faculty to co-create curricula and assessments. In his reflective journal, John sums up their collaborative relationships saying, 'The working relationship was a symbiotic one'. The following quotes support the interpretations made of how the different styles of leadership embodied collaboration:

One thing that I have really appreciated whilst I was there is the multidisciplinary way of teaching. Like there's not only one perspective that you are looking at the whole time.

You are just more appreciative of the things that you learn in that manner. Jasmine RP Interview (Bridge)

I have liaised with my network to ask for supplementary teaching for our Postgraduate trainees. Their energy and enthusiasm to share knowledge and inclusive nature has meant that we in Fiji have benefited greatly. Jane Reflective Prompt (Coconut Tree)

It also provides an opportunity for a bottom-up approach in co-creating the modified L&T [Learning and Teaching] and assessments. James Reflective Journal (Boat)

Collaboration was clearly identified by these HPE leaders as being an indispensable constituent for progressing towards their aims of competent and caring graduates and innovation. As Julie echoed in her reflective journal her focus was to ‘promote partnerships, teamwork and collaboration’.

6.5.3 MENTORING

Mentorship was the third sub-theme identified, expressed in two distinct ways by the HPE leaders, for mentoring others and for receiving mentorship. Whilst most HPE leaders exercised being a mentor and articulated how they wanted to develop others, there were times when they considered that mentorship was lacking, especially for their development, as Julie states:

Honestly, they talk about mentorship you know at school level... and yet there is nothing like that for the higher positions. Julie RP Interview

All leadership styles expressed the need to mentor junior faculty allowing them to grow into their leadership roles. The Bridges also spoke about enabling students to pursue their leadership journeys, and the Boats mentioned the necessity for developing all staff, not just focusing on one or two individuals. Jasmine and Jane recognised that mentoring can assist in building the next generation of leaders.

So, when they actually go through the journey, with me trying to facilitate and helping them along the way... it's sort of like a tree of life, they actually go out becoming more fruitful. Jasmine RP Interview

I see it as sacrificing some stuff so I can build someone else's leadership skills. Jane Reflective Prompt

There was a real sense that they wanted to build up the local graduates so that, in time, Fiji could provide excellent health professions education without excessive reliance on external assistance, as John illustrates:

I am happy to be able to mentor our young colleagues so that leadership roles in medical education can be taken over by local graduates in due course. John Reflective Journal

In addition, Julie and Judith, directly mentioned mentoring and coaching.

I think she wants to hand over, and I think it's a good idea to give it to Sarah to also mentor her and grow her in the role. Julie RP Interview

We have a group of young faculty staff who want to make a difference as medical educators and I believe my leadership style is more of a coach. Judith Reflective Journal

As Judith noted she identified herself as a coach rather than a mentor. Whilst there are differences between coaching and mentoring definitions, which will be expanded upon in the next chapter, perhaps the terms have been used here to mean the same thing as they are often used interchangeably. Overall, the leaders aimed to produce the next generation of HPE leaders, engendering their succession through mentoring. Additionally, the HPE leaders identified role-modelling as important alongside mentorship, not only for their successors but for students graduating as health professionals.

6.5.4 ROLE-MODELLING

Most HPE leaders identified they needed to 'walk the talk' and be positive role models to their students and junior faculty. Thus, role modelling was established as the fourth sub-theme of Journeying Together. Moreover, Jane, for example, acknowledged the role model who had shaped her leadership journey and interactions with others.

I mean there is a lot of dialogue in our morning handovers, we are inclusive, and I think a lot of it has been the way Roy has taught, so he would have been one of the people who have nurtured my development and growth. Jane RP Interview

Through role-modelling those characteristics they believed would make a competent and caring health professional or an effective HPE leader, Julie, Judith and Jasmine, representing each leadership style, hoped that the next generation of health professionals would, in turn, emulate them.

I think being honest and practical were also important as well as showing leadership by example. Julie Reflective Journal (Boat)

It's important that you also are seen as a good role model for them and that is quite important for clinical training. Judith RP Interview (Coconut Tree)

I saw a lack of empathy in our new graduates that I felt I could not teach them, I had to act it in order for them to know. Jasmine Reflective Prompt (Bridge)

Although this strategy was identified across all leadership styles not all HPE leaders identified themselves as role models. In the small group of participant HPE leaders, it was mainly the women who acknowledged that they needed to be role models, with only one male participant alluding to the desirability of role modelling.

I think that even those values that I mentioned for the student I think I should also have those with me as an educator. Jeremiah RP Interview

This could be attributable to the male leaders not recognising themselves as role models or perhaps it was a tacit understanding that remained hidden. Nevertheless, as this characteristic was identified across all leadership styles, it was deemed significant. The women HPE leaders identified that by consciously role-modelling good clinical or leadership skills they would have a positive impact. Not only did the leaders identify role modelling as an effective technique to help develop others' agency, but they also recognised the importance of feedback as a two-way process to help develop themselves and others.

6.5.5 FEEDBACK

Feedback, the fifth and final sub-theme of Journeying Together, was regarded as a strategy to improve learning and develop competent and caring graduates articulated well by the Coconut Trees. These HPE leaders actively sought feedback from the students to improve the curricula and their teaching methods to help develop the competencies of the next cohort. For example, Jane and Judith felt it was important to receive feedback, ensuring continuous improvement as part of their HPE leadership role.

I think I have enjoyed it because it is something that I can practice the principles of teaching and getting feedback and then changing the program and then getting feedback again to see if that is actually what fits best. Jane RP Interview

So we are teaching, teaching, teaching but we are also at the same time we are learning ourselves, and not just because of a one-way delivery kind of thing but it's two ways, we get the feedback from the students, either directly to us or through other people, so we also need that feedback to tell us whether we are doing OK or we just suck at what we are trying to do, so that feedback is important. Judith RP Interview

The Boats, however, stated that although they recognised the importance of feedback, they needed to ensure a safe environment at the University level for that feedback to be articulated and embraced. In this connection, the Pacific culture of patriarchy impacted the feedback provided as well as University processes to which Julie and James alluded in the following comments:

If we could develop that kind of you know practice where people won't feel threatened to be sharing and getting you know feedback and ideas. Julie 2nd Interview

And that kind of culture where people can speak, it's open it's safe, you know they don't facilitate those. James 2nd Interview

One Bridge, John, referred to incorporating feedback by asking students how he could facilitate the learning process.

So, what I try to do is, whoever it is in whichever group of these young budding doctors I try to find out why they are here, and how do they learn, and why do they want to learn and how can I facilitate that learning process. John RP Interview

Feedback was primarily envisaged as a means to improving educational practices in the HPE leaders' quest to produce competent and caring graduates. There was little evidence that this feedback was incorporated into developing successors or evaluating innovations. Although the leaders acknowledged the importance of feedback, they also expressed concerns that this was stifled in some of their settings.

6.6 Summary

This sixth chapter has explained the five themes interpreted across all HPE leaders. Although each style of leader may have approached the theme differently, the essence of the theme was expressed across all leadership styles. In *Emerging from our Cultural Shell*, the HPE leaders identified constructive *Talanoa* and *Togetherness*, which they are working to enhance, ensuring people can be heard, counteracting the unconstructive *Patriarchy*. Additionally, *Malua*, although not embodied by the HPE leaders, often resulted in slow progress, but was perceived to be evolving to promptness through the *Changing Culture*. Although the specifics are not pertinent to other HPE leadership settings, this cultural context is central to understanding and contextualising Pacific HPE leadership and the subsequent themes.

Riding the Rapids comprised leadership 'ups and downs' in this cultural setting. This second theme, representing the emotional reaction to leadership, was frequently perceived as distressing, whereby HPE leadership was considered to be challenging, frustrating and stressful, leading to feelings of inadequacy and potential burnout. Nevertheless, there was also reason to be more optimistic. For example, there was inspiration when the HPE leaders experienced a fulfilling situation. In addition, just being valued for the work they are committed to, prompted a sense of purpose in helping others. The leaders persevered as they felt motivated to continue riding the leadership rapids. This perseverance and commitment were embodied in the next theme *Striving for Excellence* highlighting who the HPE leaders were and addressing the central research question about their perspectives of 'being' an HPE leader. This theme was underpinned by three constructs: identity, development and values. The HPE leaders' identity was multifaceted involving being a clinician, educator and leader with administrator and researcher roles. Many did not identify as a 'natural leader' but recognised the need to be in leadership positions to ensure outcomes were achieved. Their identity, based on their values, was also developed through attending a formal faculty development initiative providing the foundation for their HPE leadership roles. The leaders recognised these foundations, the need to continually develop themselves, and to enhance future development opportunities for their successors. Past, current, and future development were seen as integral to developing their own and others' identities as HPE leaders. Furthermore, the values they embodied were being adaptable, empathetic, humble, valuing others and having a sense of responsibility. These values ensured that they accepted and

advocated for change whilst understanding the challenges others faced. As such, the HPE leaders were reluctant to promote themselves and were willing to seek assistance when needed. Moreover, they valued faculty contributions to strengthen the team and develop them into better leaders. Finally, the sense of responsibility enabled the leaders to embrace their many roles and continue to work towards their aims despite the challenges. This theme of Striving for Excellence influenced their aims of Narrowing the Gap, the next theme. Ultimately the HPE leaders wanted to narrow the gap in the nation's health by developing competent and caring health practitioners, enabling others to fill their roles through succession and finding innovative ways to develop students and faculty. To achieve these aims the leaders articulated five key strategies conceptualised as Journeying Together concerned with the interpersonal aspects of leadership. At its core is the need for effective communication encompassing giving clear explanations and listening to others' ideas. This foundation of effective communication is necessary for collaboration, mentoring, role-modelling and feedback. Combining these interpersonal strategies enabled the HPE leaders to work towards their aims by participating in teams and engaging experts through collaboration; mentoring the next generation of health professionals and educational leaders; role-modelling by 'walking the talk'; and eliciting and providing feedback to improve educational outcomes. In this context, these relational strategies were practised by some, but not all HPE leaders. For some these practices were an ideal to aim for or had not been identified as part of their HPE leadership role. However, it was interpreted that whether this be an ideal or currently practised these relational aspects provided the explanation for Journeying Together and provided insights into the nature of the strategies that were (or should be) adopted to achieve the outcomes identified of competent and caring graduates, successors and innovation. The key aspects identified over the last two chapters pertinent to Pacific HPE leadership include the three leadership styles and the interaction with culture, emotions, values and relational components that impact how leadership is enacted in this context to reach its aims.

7 Chapter Seven: Contextualising the Phenomenon

7.1 Introduction

To comprehend the multifaceted dimensions of Pacific HPE leadership, this discussion chapter first briefly covers the three Pacific HPE leadership styles identified before evaluating the role of power in Pacific HPE leadership. The commonalities across the leadership styles revealed the interplay of culture, emotions, values and relationships with Pacific HPE leadership and how it is enacted. These findings are linked to the study aims and compared to the extant literature to provide implications for policy and practice. The insights gained paved the way for a Pacific HPE leadership framework to guide faculty development. Furthermore, the universality of some aspects of this portrayal of leadership may assist in developing a future Global HPE leadership model.

7.2 Leadership Styles and Power

The three unique Pacific HPE leadership styles identified were primarily based on the participants' drawings and narratives, embedded within the Pacific cultural context in a university setting and therefore displayed distinctive characteristics. The Bridges were principally committed to clinical education in their disciplines and concerned with developing students to enable them to be competent and caring practitioners. They embodied the values of empathy and responsibility, role-modelling these virtues to their students. Furthermore, they developed relationships to nurture their students and searched for innovative ways to enhance their educational practice. The Coconut Trees reported having arrived in their leadership roles serendipitously while undertaking multiple roles and responsibilities. Nevertheless, they were deeply committed to improving healthcare education by developing students and faculty. They undertook this task in a caring manner endeavouring to improve themselves and others through education and collaboration. As with the Bridges, the 'Coconut Trees' role-modelled exemplary clinical practice which inspired their learners, whilst being adaptable in the face of change. Finally, the Boats exhibited a vision to improve HPE practices across the University, aiming to utilise collaboration at local and global levels to progress towards their aspirations. The Boats valued communication, particularly listening, to build their teams and foster the development of future leaders. Furthermore, they held the values of respect and justice, and could be flexible in their execution of leadership when faced with obstacles.

Across these leadership styles, five common themes were identified relating to Pacific culture, the emotional reaction to practising leadership, the values underpinning HPE leadership identity and practice, and the relational aspects they invested in to achieve their aims. Whilst each leadership style executed these leadership practices in nuanced ways, these five themes provide the framework for Pacific HPE leadership practice. Before examining each of these constructs in relation to the extant literature consideration is first given to the formal and informal power status of the Pacific HPE leaders and the impact this had on their leadership. Although power was not identified as a theme, there was the suggestion that each leadership style corresponded to leadership levels. However, when comparing the leadership styles to the leadership levels proposed by Maxwell(236) it became evident that all leadership styles utilised or aspired to the other four levels of leadership including developing relationships, influencing, empowering and growing the organisation without having to be in a formal position, the first proposed level of leadership.(208) This led to considering how the Pacific HPE leaders leveraged their formal or informal power.

As discussed in the literature review (section 2.3.2) formal and informal power can influence change, as proposed by French and Raven.(65) The Boats and Coconut Trees were primarily in formal leadership positions, such as the head of department or associate dean. Alternatively, the Bridges, more frequently held informal leadership roles. Whilst Prescott(54) promotes Maxwell's positional leadership level for Pharmacy education leaders, the findings from this research suggest the HPE leaders' position, or otherwise, did not appear to influence their leadership practice, signifying that all can exercise leadership. This notion of all health professions educators exercising leadership is promoted by McKimm et al.(13) in their HPE leadership guide and van Diggle et al.(60 p5) who emphasise 'a title is not required to enable effective leadership' for healthcare educators. However, within the Global North empirical HPE literature, there is debate on whether formal authority and power are necessary for HPE leadership. Sundberg et al.(21) found undergraduate medical education leaders in Northern Europe felt powerless due to a lack of status and met resistance when trying to implement change. Nevertheless, Slootweg et al.(111) conceptualised medical program directors as captains, carers, professionals and team players. The captains were authoritarian using their formal positional power to ensure change, whereas the team players took a more collaborative approach using informal power. Slootweg et al.(111) advise HPE leaders to develop self-awareness and adapt their leadership style, advocating that team players enable strategic goal attainment. In this study, the Pacific HPE leaders did not use their positional status to wield power or assume a commanding approach as their dominant leadership style. This finding is perhaps surprising in a hierarchical culture, but as was explained in Theme One, the cultural concepts of Togetherness and Talanoa may

counterbalance this positional power approach. This contradicts findings from other Global South contexts where Wessels(15) identified issues such as isolation and hierarchy in Africa and de Guzman and Hapen(126) discussed the tension between superiority and relationships in the Philippines that hindered leaders' progress. Therefore, it may be argued that this positive affiliative aspect across the Pacific HPE leadership styles, where leadership practice draws on referent informal power,(65) needs to be nurtured in future Pacific HPE leader development.

Other aspects of informal power utilised in the Pacific context were expert and informational power,(65) endorsed by Kumar et al.(56) for developing program directors. All Pacific HPE leaders were clinical consultants in their field influencing others through clinical and educational expertise, which the Coconut Trees identified as being seen and heard due to being knowledgeable. Similarly, Sundberg et al.(21, 22) found to be valued as medical education leaders their participants needed to have good standing as expert clinicians or researchers. In the Pacific setting, credibility as HPE leaders meant clinical and educational expertise was necessary as noted in the Coconut Tree composite narrative. 'We need to be involved in the clinical arena and maintain the academic standards, linking the two together.' The Coconut Trees also highlighted that clinical and educational expertise fostered trust in their trainees which has recently been advocated for medical leadership by Victor Do et al.(237) in their 4C's of Influence comprising Character, Competence, Connection and Culture.

The study findings and theoretical literature suggest that informal expert, informational and referent power are preferred over formal positional power.(56, 65) However, lack of formal power has hindered HPE leadership in some contexts.(15, 21) In the Pacific setting where hierarchical structures are still prevalent, informal power could be strengthened through faculty development and ensuring that the university values educational as well as clinical expertise to foster educational change and trust. Furthermore, French and Raven(65) emphasised the importance of culture on formal and informal power perceptions and the impact that has on successful leadership.

7.3 Leadership and Culture

'It is imperative to view leadership as a set of personal characteristics and actions that are deeply rooted in the society's cultural values.' Dorfman et al.(131 p511)

A key finding from this research relates to the interaction between Pacific culture and HPE leadership practice, identifying both constructive and unconstructive cultural influences,

whilst acknowledging its dynamic nature. Positive constructs were characterised by Togetherness and Talanoa or a sense of working together for the collective good and talking around issues to identify solutions. Conversely, negative constructs included Patriarchy and Malua reflecting masculine hierarchical structures and a laid-back attitude to progressing strategies. The dynamic nature of the culture was mostly perceived as being beneficial, with negative aspects evolving towards egalitarianism and promptness, facilitating the HPE leadership journey to improve healthcare education. All three leadership styles articulated these cultural aspects, although the male leaders more readily identified with the positive constructs. Jasmine, one of the Bridges, during the Rich Picture interview, encapsulated the impact of her cultural upbringing by observing 'it moulds a person's way of thinking', and James, a Boat, articulated 'I think very much the culture and context have got a great influence in the leadership... how we solve problems... how we communicate.' (James 2nd Interview)

The findings of Togetherness and Talanoa are echoed in recent research on Pacific emergency medicine leaders by Phillips et al.(228) who state that teams were built through collaboration and effective communication. Malua was identified by Stewart et al.(238 p51) when reporting on a nursing leadership program in Fiji where they noted cultural differences needed to be considered, 'There is an ongoing need to understand beliefs and values... and indeed, ideas about time.' However, Patriarchy and the dynamic nature of culture have not been addressed within the scant Pacific health leadership literature. Nevertheless, the present study findings concur with the work of Hofstede(239) which investigated societal culture's impact on organisational culture. Hofstede characterises Fiji as high on power distance suggesting a hierarchical culture (patriarchy), moderate on uncertainty avoidance denoting a pragmatic and fairly relaxed attitude (malua), and low on individualism characterised by loyalty to the extended family group and organisations rather than focusing on self or the nuclear family (togetherness). These findings indicate that cultural aspects impact understanding and practices of leadership. Therefore, a more nuanced appreciation of how cultural dynamics impact HPE leadership would be desirable. From this perspective, it is interesting to examine, how the intersection of culture and leadership has been addressed within the extant HPE leadership literature. The Global North HPE literature rarely considers the cultural contexts, in the sense of geographical regions, despite the call for embedding faculty development in culturally contextual theoretical leadership frameworks.(3, 93) Whilst there has been an acknowledgement that findings from qualitative studies may not translate to other cultural contexts there is often negligible description of said cultural context for judgement of transferability, except to say that leaders are located in a

university or hospital setting in a specific country.(21, 104) For example, Lieff et al.(19) describe their participants as coming from a large Canadian university institution. Instead, the focus has been on organisational culture, according to which traditions and beliefs of the institution can foster a positive or negative engagement with leadership and change.(11, 106) Whilst organisational culture is certainly related to societal culture, Hofstede postulates that organisational culture is explicit, whereas societal culture is implicit.(132) Nevertheless, the positive aspects referred to in the present research of Togetherness and Talanoa align well with collaboration and communication which have been identified as necessary for leadership across most HPE advocated leadership theories and research as identified in the literature review (section 2.6). Conversely, the negative aspects identified by this research of Patriarchy and Malua differ from the Global North interpretation of undesirable HPE organisational cultures. Sundberg et al.(21) identified an organisational culture resistant to change in research investigating medical education leaders in Sweden, and Bharwani et al.(106) found bureaucracy, lack of trust and fear of failure barriers to academic health education leadership in Canada. This lack of shared societal and organisational culture suggests that current portrayals of HPE leadership may not fit the Pacific cultural context and, indeed, the Global South HPE literature highlights that idealised leadership capabilities promoted by the Global North are not always achievable in their Global South cultural contexts. Al-Moamary et al.(16) drew attention to reduced communication transparency in their Saudi Arabian cultural context, and Wessels(15) suggested the hierarchical culture in Africa hindered idealised leadership practice. Furthermore, as the research reported here has highlighted and Vergel(129) has attested to, describing how his Columbian Catholic upbringing influenced his HPE leadership, cultural upbringing will impact leadership practice. Even within the Global North literature, Iheduru-Anderson et al.(103) alluded to the cultural impact of being a black American nurse educator leader as highlighted in section 2.5.2.1 of the literature review. The outcomes of the present study suggest that a more culturally sensitive approach to HPE leadership is required as it navigates dynamic cultures, supported by Hayat and Amini,(240) from Iran, who draw attention to the importance of culture in their critique of character-based leadership. This finding is timely as the broader HPE community proposes decolonising current viewpoints by listening to alternative perspectives.(4)

This study, therefore, underscores the need to consider and reflect upon cultural beliefs and values as they influence leadership practices.(131-133) Accordingly, future research in HPE would be well advised to investigate the impact of cultural influences on leadership practice not only from an organisational viewpoint but also from the broader cultural context. Additionally, as part of leadership development, leaders should be prompted to consider their

cultural upbringing and the implicit biases and assumptions that may affect their leadership practices.(57, 133) Wu and Precker(5) endorse this suggestion advocating for HPE leaders to reflect on their cultural background and de-centre their worldview. By reflecting, researching and reporting on cultural aspects of leadership a more global HPE leadership theory may be developed and genuine collaborations across diverse boundaries can be nurtured.

7.4 Leadership and Emotion

'Leadership works through emotions... emotional states do affect how people will feel and therefore perform' Goleman, Boyatzis and McKee (80)

The next key finding impacting Pacific HPE leadership was Riding the Rapids which captured the HPE leaders' emotional experiences whilst operating in this challenging context. It will be recollected that this research was situated in a low-resource setting, during political challenges as well as the COVID-19 pandemic. This finding around emotions incorporates the lived experience of the participants' highs and lows in pursuing their leadership journey. Unfortunately, the distress experienced was noticeably prominent in the participants' stories, centred around challenging situations causing frustration and stress, leading them to feel overwhelmed and burnt out.

The Boats were challenged by the constant change and a lack of human resources, frustrated by the bureaucratic processes leading to 'stress in an already uncertain environment in the midst of a pandemic' (James Reflective Journal). The Coconut Trees were confronted by the multiple responsibilities they assumed, and the frustrations incurred with time constraints, leaving them feeling overwhelmed and thinking 'I don't think I can do this much longer' (Jane RP Interview). The Bridges were faced with performing tasks outside their scope to maintain the educational momentum and often became frustrated by the unsupportive system. As one participant commented *apropos* of this 'I was terrified when I was informed that this was my responsibility' (John Reflective Journal). Involvement in the research reported here enabled the leaders to reflect on their leadership, whereas most of the time they reported that they were just doing, rather than being.

The challenges faced by the Pacific leaders are not all unique to this setting. Similar difficulties experienced globally have included multiple responsibilities and bureaucratic processes(14, 22, 105, 106) which Thomas-Gregory(120 p632) described as the 'dark side' of leadership. In the Global North, De Golia et al.(105) conducted a burnout survey on psychiatry program directors in the USA citing the most common contributors as bureaucratic processes including the number of administrative tasks and adhering to

regulations, like the Boats. Alongside the constant change, the pandemic, unsurprisingly perhaps, added an extra layer of stress, as Simonson(114) noted with nurse education leaders. Additionally, feeling time pressure to achieve all the allocated duties has been reported, similar to the Coconut Trees.(114, 120) Contrastingly, Bharwani et al. identified a fearful culture and a lack of resources as barriers to effective medical education leadership in Canada. Moreover, the Global North literature has identified racial and gender discrimination,(103, 105) and personal issues such as juggling professional and personal duties, especially childcare, as challenges HPE leaders experience,(120) which the Pacific HPE leaders did not characterise, possibly due to the collectivist culture and involvement of extended family.

Comparable findings relating to the Global South identified that hierarchical or patriarchal systems were challenging to navigate.(14, 15, 129) Many colonised countries in the Global South are characterised by a hierarchical culture.(132) That said, there are also unique challenges for different regions. The Pacific HPE leaders commented on a lack of support from the University during a particularly challenging time. Whereas Qamar et al.(128) from Iran commented on poor leadership of superordinates as inhibiting and Wessels found isolation in African institutions difficult to contend with.(15) Thus, it may be argued that the cultural context discussed previously is likely to have a profound influence on the challenges faced in the exercise of HPE leadership.(131, 132) Furthermore, although common challenges for HPE leaders have been identified spanning the extant literature there is a relatively narrow focus placed on the emotional impact these circumstances have on HPE leaders. For the Pacific HPE leaders who participated in the present research, circumstances led them to articulate feeling stressed, overwhelmed, terrified and at risk of burn-out. This portrayal of debilitation is reiterated by other HPE leaders, but more so in the Global South.(14, 105, 129) Bikmoradi et al.(14) noted low morale, trust and respect in Iranian medical universities and Vergel(129) conceded he became worn down with the constant expectations and lack of confidence from colleagues.

It is important, therefore, to consider what motivates HPE leaders to continue their leadership journey despite the challenges faced. The Pacific HPE leaders expressed fulfilment in developing others and were encouraged by positive feedback. Furthermore, their leadership journey was sustained by feeling valued and having a sense of purpose towards improving the nation's health. This is supported by the HPE leader role having meaning when satisfaction is gained through seeing others progress which De Golia et al.(105) identified as a protective factor against burn-out and de Guzman and Hapen(125) focused on meaning being gained by reflection on the vision, providing direction for leadership in the

Philippines. However, this differs from the notion of motivation promoted by HPE leadership through self-determination theory whereby motivation is said to be due to a combination of autonomy, competence and relatedness. Whilst it could be said that positive feedback can affirm competence, the Pacific HPE leaders did not specifically identify autonomy or relatedness as motivating them in their leadership journey. Nevertheless, togetherness was ascertained as a cultural aspect and therefore may have been an assumed bolster. There were few suggestions from the Global South HPE literature on addressing challenges, nevertheless, recent recommendations from an Asian perspective suggest collectivist cultures, similar to the Pacific, could develop resilience by exploring the concept of relatedness in preventing burnout.(241) In the Global North, leaders have advocated that supportive relationships can counteract the negative aspects of the HPE leader role, such as having caring colleagues,(105) helpful superiors,(110) a strong, loyal team(106) and staying connected during a crisis.(118) Furthermore, mentorship has been promoted for championing leaders(100, 102) with Iheduru-Anderson(103 p87) noting 'mentoring was crucial for our success'. Other supportive measures included ensuring a positive organisational culture characterised by physical and psychological safety, enabling autonomy, and providing development opportunities to ensure competence.(106, 114) Whilst these strategies may provide helpful guidance for supporting leaders in the Pacific, they require further investigation as to their applicability in this context. Future research needs to examine which aspects of self-determination theory relate to different contexts in assisting HPE leaders to remain motivated. Furthermore, the strategies of autonomy, competence and relatedness do not fully address the emotional aspects and how they impact the leader which raises the question as to how HPE leaders deal with these negative experiences leading to emotional stress and burnout.

To navigate the emotional rapids of Pacific HPE leadership, interventions that assist leaders in developing self-awareness and emotional regulation, giving them space, time and skills to reflect on 'being' an HPE leader may help.(121, 242) Souba(242) conceptualises the 'Being of Leadership' as four ontological pillars: awareness, commitment, integrity and authenticity which can provide a framework for HPE leaders to reflect on their emotions and how they impact their leadership. Awareness can, as Souba(242 p4) states:

[Awareness] assists us to reflect and refocuses the way in which we "see" who we are; rather than being defined by what we know (our expertise), have (our titles), and do (our job), we "see" who we are most fundamentally as the being of human being.

This reflection and self-awareness were prompted by the research tasks in the study being reported and the Pacific HPE leaders acknowledged it assisted them in their leadership; a process that is encouraged in the HPE theoretical leadership literature emanating from the

Global North.(50, 58, 62, 108) However, as experienced during this research, self-awareness requires time and guided reflection which can be difficult to facilitate in resource-strained and hierarchical cultures where leadership tends to be viewed as comprising titles and tasks.(14, 15) This self-awareness is necessary for understanding and managing emotions effectively, a central tenet of Emotional Intelligence theory.(80) As the concept of Emotional Intelligence has come to the fore it has also been promoted within the HPE theoretical literature and emerging leadership theories such as Authentic leadership.(13, 58, 81) However, there is now a need to investigate whether HPE leaders practice Emotional Intelligence, and to understand the interplay of culture with emotional experiences and coping mechanisms in the exercise of HPE leadership.

The Pacific HPE leaders in this research were able to identify their emotions of being frustrated, overwhelmed and exhausted, and were then given the opportunity to reflect on what motivated them to continue their leadership journey. One of the motivation concepts interpreted, namely, having a sense of purpose, is supported in Emotional Intelligence theory as a drive to achieve something beyond status or financial reward.(80) This notion also aligns well with the second ontological pillar proposed by Souba(242) commitment, which refers to pledging to do something for others rather than for self-fulfilment. The Pacific HPE leaders strongly articulated this sense of purpose as James exemplifies '[It is] why we exist and why we do what we do and how we contribute to this nation whilst we are still alive and in this spirit of time before we move on' (James 2nd Interview). This disposition sustained them on their difficult journey. Such a commitment to the leadership role is also valued as an HPE leadership capability globally,(12, 62, 123) and appears to enable leaders to withstand the obstacles they will face. Nevertheless, the advice from some HPE leaders is 'You have got to love the job!'(102, 120) On the other hand, there were other aspects of motivation for the Pacific HPE leaders including the need for fulfilment and feeling valued, which are not explored in Emotional Intelligence theory or the ontological pillars of leadership. The theoretical HPE leadership literature points leaders to be self-aware and able to support others but does not fully examine how leaders should be nurtured to enable their well-being and prevent burnout. To develop resilience and well-being cultural influences need to be considered where collectivist cultures are suggested to be protective, whereas hierarchical tendencies are detrimental.(241) In the Pacific, where both these elements are found, the togetherness aspects should be highlighted and nurtured, and as recognised by the participants the culture is evolving with patriarchy on the decline which provides a positive outlook.

In future development endeavours in HPE leadership the concept of ‘being an HPE leader’ could be further refined, especially for cultural contexts where self-awareness is not the norm.(238) Self-awareness as part of the ontology of being a leader and a component of Emotional Intelligence could allow leaders to become mindful of their emotions, assumptions and biases and regulate them through self-management. However, further research is recommended into those aspects that sustain and nurture leaders, beyond the sense of purpose and altruistic tendencies advocated. Although current frameworks for ontology and emotional intelligence promote self-awareness of emotions and their regulation to be effective leaders, they fail to address the support required when circumstances cause leaders to be overwhelmed. This research would suggest that, in the Pacific context, positive reinforcement through constructive feedback, appreciation for efforts made and celebration of achievements could go a long way to maintaining motivation and a positive outlook. Avenues for mentorship and other nurturing relationships are further aspects that need to be explored that could sustain the leadership journey.

7.5 Leadership and Values

‘Leaders ground their actions in personal and professional values’ Bush and Glover (63 p555)

Another important study finding was that Pacific HPE leadership was values driven. The HPE leaders identified core values that enabled them to strive for excellence, or in their terms ‘Uasivi’- to go beyond, encompassing being adaptable, empathetic, humble, valuing others and having a sense of responsibility.

Adaptability was conceived by the Pacific HPE leaders as being flexible and adapting to change, exemplified by the visual metaphor of the coconut tree bending in the storm. Adaptability was vital for implementing innovative educational techniques in the Pacific setting, and responding to stressful challenges, particularly during the COVID-19 outbreaks. While adaptability is advocated across several leadership theories promoted in HPE, including Situational, Team, Complexity, and Adaptive leadership theory,(36, 61, 68, 84) it is theorised in different ways. The Pacific HPE leaders' conceptualisation of adaptability concurs with Team leadership which advocates for adaptability when finding solutions to complex problems,(36) and Adaptive leadership theory postulating that leaders need to build on the past, allow innovation and learn from failure.(13, 84) Similarly, adaptability is defined in Emotional Intelligence theory, where leaders can juggle multiple roles, are comfortable with ambiguity and can adapt to new challenges.(80) However, other definitions were not voiced by the Pacific HPE leaders such as advocating leaders modify their leadership style

to followers' capabilities, found in Situational theory(68) or emphasising organisational innovation and flexibility from Complexity theory.(59, 61)

Given the widespread advocacy of adaptability in the theoretical literature it would suggest adaptability is considered a vital value to embody in HPE leadership. Indeed, Kumar(56) argues that leaders need to be adaptable to negate stagnation in entrenched practices. Moreover, Adaptive leadership has recently been promoted in the AMEE guide for HPE leaders.(13) However, the empirical literature does not always support this stand. In their research to develop competency inventories neither Lieff et al.(108) nor Frydén et al.(104) identified adaptability as a competency for program directors in the USA and Sweden respectively. Furthermore, Dujeepa et al.(23 p22) were surprised that adaptability received the lowest mean score on their survey of HPE leaders in Singapore commenting 'they somehow do not place as much importance on being adaptable to the changing environment'. When researching values-based leadership for academic medical leaders in the USA Antoine et al.(107) did not identify adaptability *per se*, but one of the top values included compromise. Some support for adaptability was portrayed by Traynor et al.(119) who conducted a Delphi process for Pharmacy education leaders and whilst adaptability was rejected as a value it was included in the skills section. Nevertheless, when investigating leaders' experiences some articles highlighted the need for flexibility. For example, the advice for future dental deans was to 'be humble, stay flexible, innovative, accessible and accountable'(102 p1248) and military academic nurse leaders said flexibility was a key attribute enabling them to adapt to new roles.(115) Specifically related to the COVID-19 pandemic Chisholm-Burns et al.(118) interpreted adaptability and flexibility as a main leadership theme for American pharmacy education and de Guzman and Happen(126) based in the Philippines advised flexibility was required to navigate the tensions between leadership rules and roles. Thus, adaptability is advocated in the theoretical HPE literature, and although not viewed as a required competency, has been beneficial to those experiencing HPE leadership. Despite this debate on whether adaptability should be an HPE leader value, the Pacific HPE leaders found adaptability valuable in their leadership journey. Furthermore, its importance is considered paramount in the Pacific as it was also identified as a core competency in the graduate outcomes for CMNHS and for several other Pacific medical academic institutions (see Chapter 4). For Pacific HPE leadership, where crises loom around every corner, whether political or natural disasters, the need to be adaptable is recommended.

Empathy was another value identified by the Pacific HPE leaders, aligning with the graduate attribute of compassion, and envisaged as two distinct entities: empathy for patients and role-modelling this behaviour for students, depicted by the Bridges and Coconut Trees; and

empathy towards staff and students requiring support, articulated by the Coconut Trees and Boats. While the female HPE leaders identified more readily with empathy, the male leaders acknowledged the need to provide support, which may be attributable to the patriarchal culture identified, as Hofstede identified feminine cultures were more caring.(132) Similar to the concepts articulated, empathy is also advocated in Servant leadership,(74) and Authentic, Ethical and Adaptive leadership, being linked to Emotional Intelligence.(81, 82, 84) Emotional Intelligence theory conceptualises empathy as being in tune with others' emotions and perspectives.(80) Surprisingly, within the empirical Global North HPE leadership literature 'empathy' is not prominent as a required value. Although, when promoted it aligns with the Pacific HPE leaders such as relatedness to others (52), and role modelling empathy to students.(49) Other conceptualisations of empathy not found in this study included it being necessary for cultural understanding,(5) and part of an eco-ethical outlook for sustainability.(12) Whilst empathy as a specific characteristic is not explicitly promoted in HPE leadership Emotional Intelligence as a wider concept is evident within the theoretical literature.(13, 50, 51) Conceptualisations of Emotional Intelligence differ though with Fischer et al.(51) advocating it is needed to influence others in transformational leadership for nursing education, whereas Mets(50 p68) suggests leaders need to be 'optimistic, supportive and energetic' by controlling their mood. McKimm et al.(13) utilise Goleman's four frames advocating that HPE leaders must become aware of their biases, be optimistic, understand their team and manage relationships. This concept of Emotional Intelligence encompasses far more than empathy. Related concepts to empathy such as caring and providing support were highlighted in some studies, although there was debate over whether caring is an interpersonal(23, 110) or intrapersonal skill.(19) In this study empathy was interpreted as a value of the leader and therefore was part of their intrapersonal leadership, which resonates with Lieff et al.(19)

However, somewhat surprisingly, the Global South literature mostly did not support empathy in HPE leadership, instead focusing on honesty, integrity, and transparency.(16, 123, 125, 127) Nevertheless, recommendations made by Abdollahi et al.(124) from Iran included empathy as part of being compassionate, perceived as an ethical value for medical education leaders. Kyamanywa et al.(127) from Uganda also included empathy in their personality-related competencies for medical deans. The overall neglect of empathy in Global South HPE leadership could be for several reasons; firstly, leaders in Global South contexts may be focusing on doing leadership as opposed to contemplating the values that underpin their leadership journey; second, concerning their humanistic culture, empathy may be an intrinsic practice that remains a tacit perspective; and third, within hierarchical organisational structures there may not be avenues to practise empathetically. The concept of empathy as a value in HPE leadership in Global South contexts warrants further research

to comprehend if empathy is a unique leadership value practised in the Pacific Global South context. Furthermore, the concept of Emotional Intelligence and its development should be investigated to enable Pacific HPE leaders to cope with the emotional challenges highlighted previously.

Humility was also endorsed as a value in the present study, voiced in two distinctive ways across all leadership styles. The first by acknowledging their limitations and seeking assistance when required; and the second by refraining from boasting about their achievements. As Jane articulated 'I'm not a big showy thing, not like a massive flamboyant tree that everyone looks at' (Jane RP Interview). In addition, one of the Coconut Trees discussed being able to say 'sorry'. Humility aligns with the Pacific culture as Julie attests, 'it is often the aim to sell yourself, tout your accomplishments [but] in our Pacific culture that is not the norm.'(Julie Reflective Journal). However, humility is not promoted within the theories postulated by HPE, although related aspects, such as acknowledging the work of others, can be found in Servant and Authentic leadership.(75, 81) Furthermore, there was little support for this value in the theoretical HPE literature. One exception was Wu and Precker(5 p3) in their discourse around international leadership skills where they advocate leaders need to display 'respect, humility, and empathy for other customs and languages'. Concurring with the findings of humility as a value, within the empirical HPE literature, some HPE leaders have found humbleness beneficial in their leadership journey.(102, 115) Additionally, Antoine et al.(107) promote humility as a value for American academic medical leaders and Kyamanywa(127) include humility alongside empathy in Uganda, similar to the findings in this study. Recent research highlighting character-based leadership for physicians emphasises humility as core, however, this has been criticised in its application to other cultures.(240, 243) Whilst, not widely endorsed in the HPE leadership literature, humility was a fundamental value for Pacific HPE leadership. Further attention to the role of humility within Pacific HPE leadership is warranted drawing on the ideologies of Humble leadership which comprise self-awareness, being open to feedback and appreciating others.(244) This last tenet of Humble leadership was identified as a separate value in the current study.

Valuing Others encompassed being appreciative and utilising the strengths of others. Relating to this, James said during the Rich Picture interview, 'If we play to the strengths of people and all the strengths complement each other it's really good' and empowering the next generation of educational leaders as Jane iterated 'recognising the strength in others and trying to develop them to develop their own leadership skills' (Jane RP Interview). Additionally, Julie, one of the Boats acknowledged needing to listen to diverse perspectives.

This concept of valuing others incorporates respect as promoted by Adaptive and Servant leadership theories.(74, 84) Furthermore, respect is advocated as a component of individualised consideration in Transformational leadership which nursing education leaders are expected to model(48, 49, 62) and is a desired competency for HPE leadership.(107, 108, 119) However, valuing others is more than just respect as Judith captured in her comment about ‘really making people feel their contributions are valued’(Judith RP Interview). Thus, this notion of valuing others is only fully in accord with Fischer et al.(51) who suggest nursing education leaders should enable others by listening to all and valuing diversity. This incorporates the second aspect of valuing others, empowering the educational leaders of tomorrow. This aspect was somewhat supported by the empirical literature as capacity building of the team, where leaders empower team members(111) through collaboration and consultation(125) to foster the team’s growth.(107) Wijk found leaders felt empowered with support and cooperation from their superiors and Iheduru-Anderson et al.(103) and Bikmoradi et al.(123) advocated for trust, support and respect that were lacking in their institutions. The Pacific HPE leaders embodied these recommendations by identifying others' strengths, respecting them and empowering them to lead educational change as part of a team, similarly positioned with the team player and ethical graduate attributes. This positive value, related to the cultural dimension of togetherness, and their recognition of needing to be valued, requires nurturing through faculty development, to ensure the aim of succession is fulfilled.

The final value the Pacific HPE leaders endorsed was a sense of responsibility, with the Boats and Coconut Trees taking on extra responsibilities due to their commitment to faculty and students. The Bridges articulated that they felt responsible for making a difference by bringing about positive change through empowering the students. This sense of responsibility was underpinned by their sense of purpose or commitment as elaborated in the second finding of leadership and emotion. Whilst not extensively promoted in the theoretical literature, responsibility is recognised as a component of ethical leadership.(49, 82, 124) In the Global North empirical literature, dedication or commitment to the leadership role is a recommended competency(23, 119) and Lieff et al.(108) suggest that a management skill is taking responsibility for risks and decisions. Similarly, in the Global South Abdollahi et al.(124) postulated an ethical skill for medical education leaders in Iran entailed being responsible, and Kyamanywa et al.(127) suggested a good work ethic was a competency required for medical school deans in Uganda. These recommendations do not fully reflect the essence of the Pacific HPE leaders' devotion to their role. However, Horton-Deutsch et al.(116 p90) interviewed American nurse education leaders identifying a key theme of ‘Doing the right thing out of a sense of responsibility’. Additionally, the Pacific HPE leaders cared

about the students and faculty which drove their sense of responsibility which Slootweg et al.(111) identified in medical education leaders they classified as carers who felt a big responsibility towards leadership. The literature does not encapsulate the passion and drive evident among Pacific HPE leaders inspired by their sense of purpose and helping others, keeping them motivated. Moreover, this sense of responsibility is enhanced by the cultural value of togetherness and their aim of improving the nation's health by narrowing the gap.

The discourse around the five core values of adaptability, empathy, humility, valuing others, and responsibility underpinning the Pacific HPE leaders' practice, offers insights into the multidimensional nature of leadership in this context. Pacific HPE leaders, situated in a low-resource setting compounded by political upheaval and natural disasters, endorsed adaptability. Their recognition of flexibility, innovation and resilience reflects their ability to respond to crises and develop solutions amidst uncertainty. Moreover, the centrality of empathy in HPE leadership is highlighted, for patients, students and faculty, emphasising compassionate care within Pacific HPE leadership. Furthermore, humility, deeply rooted in Pacific cultural norms, was a key value for the HPE leaders. Humility in this setting was characterised as acknowledging limitations, seeking assistance and not being proud to enhance collaboration for success. Related to humility, valuing others was also purported, recognising the importance of utilising strengths in the team and listening to diverse perspectives, facilitating inclusion and fostering development. Finally, a strong sense of responsibility was a defining value, driven by the Pacific HPE leaders' commitment to making a difference. These five values serve as the underlying pillars of Pacific HPE leadership and offer unique insights into the drivers of current leadership practice in this cultural context. Furthermore, the values of adaptability, empathy and valuing others were captured within the graduate attributes of FNU-CMNHS, providing evidence for translation of proposed attributes into action. Across the Pacific adaptability and compassion are also highly valued attributes suggesting these aspects are pertinent to this setting. However, humility and a sense of responsibility have not been captured in listed Pacific graduate attributes. Future discussion and debate should focus on whether these displayed leader values should be included in future iterations of desired Pacific health professions attributes. Whilst the values identified were not fully endorsed by the current HPE literature, adaptability and empathy align with aspects of Emotional Intelligence. Furthermore, compassion, humility and valuing others are incorporated within Servant leadership. However, responsibility is not overtly addressed in leadership theory. All the values were affirmed by some empirical research from the Global North and South, suggesting they may be applicable across diverse cultural contexts. As the field of HPE leadership evolves, further

exploration of these values across diverse cultural contexts is warranted to investigate their global applicability and impact.

7.6 Leadership and Relationships

'Leadership is a relational phenomenon, situated in specific contexts and involving patterns of relationships among different sets of people that develop over time.' Lief et al. (111 p1570)

One of the tenets of leadership is to influence others and this research sought to understand the strategies Pacific HPE leaders utilised to achieve their goals. They used a suite of relational approaches rooted in the strengths of their culture, Talanoa and Togetherness, focussing on communication and collaboration. Furthermore, mentoring, role-modelling and feedback were additional relational strategies utilised to develop students, faculty and themselves. Having developed relationships with others the Pacific HPE leaders were then able to exert influence through a variety of means: The Bridges through role-modelling empathy and responsibility to their students; The Coconut Trees also utilised role-modelling of professionalism, alongside caring for their students and faculty and demonstrating a commitment to improving faculty development through collaboration; and the Boats influenced others through listening and respecting the team's views, and advocating for alliances with outside agencies.

To begin with, communication is central to the Pacific HPE leaders' practice, however, communication was envisaged in multiple ways such that each leader discussed a different aspect. From the Boats, James focused on listening to faculty to understand their concerns, whereas Julie struggled with faculty listening to the need for academic change. Within the Coconut Trees, Judith emphasised the need to keep faculty informed of changes during the crises and Jane acknowledged the need for open and honest communication. Representing the Boats, John highlighted the need for discussion with colleagues, whilst Jasmine found one-to-one communication helpful for student learning and Jeremiah stressed the importance of non-verbal communication. These varied communication strategies underscore the multi-faceted nature of communication.

The overall concept of communication, including listening, is well supported by the theoretical HPE literature(5, 12, 49, 50, 56, 58, 60, 62) and as highlighted in the literature review (Table 3) all leadership theories promoted by HPE endorse aspects of communication, while the emerging leadership theories of Authentic, Ethical and Adaptive leadership emphasise the need for transparency.(81, 82, 84) Furthermore, as detailed in the empirical literature review, communication is promoted as a pivotal capability across many

professional and cultural contexts.(22, 102, 108, 111, 118, 124, 127) In the Global North Lief et al.(108) developed a competency inventory for Canadian program directors, through a rigorous multi-staged approach and piloting, devoting a whole section to communication and relationship management. Under communication three competencies were included, these were: focusing on presenting complex information clearly, keeping people informed and listening well, much like the Boats and Coconut Trees iterated in the present study. These aspects are supported by Chisholm-Burns et al.(118) who conducted three focus groups with Pharmacy education leaders during COVID-19 and identified a main theme of open and ongoing communication characterised by frequent communication with reliable information, although they warned against overwhelming students with excess communication.(118) In contrast, being rebuked was experienced by military nurse educators where their clear and direct communication was sometimes perceived as arrogance,(115) suggesting that context needs to be considered when identifying effective communication strategies.

Whilst the Global South has advocated for clear and open communication, these contexts have often found it challenging to implement, corresponding with Julie's concern about her ineffectual communication.(15, 16) Wessels(15) conducted a survey across new medical schools in Africa which revealed leaders experienced a lack of transparency and open communication, similar to the findings from Al-Moamary et al.(16) generated from their authentic leadership questionnaire in Saudi Arabia. The recommendation from these studies was to ensure leadership development explicitly focused on communication. Furthermore, advocacy for constructive, respectful communication through listening, negotiating and networking was highlighted by Abdollahi et al.(124) from Iran and Kyamanywa(127) from Uganda, illustrating the desire for effective communication across diverse Global South contexts. As exemplified by the Pacific HPE leaders there are multiple facets to communication, including the challenges of being heard and the impact of non-verbal communication which are not fully addressed in the HPE literature. This underscores the need to delineate the multi-faceted nature of communication within HPE faculty development, including how to navigate difficult encounters. Furthermore, the nuances of communication, such as being open and transparent, and the impact of non-verbal communication require further exploration in different cultural contexts.

Collaboration was the next strategy identified by the Pacific HPE leaders. Interestingly, the Bridges and Coconut Trees both gave examples of enacting collaboration, whereas the Boats talked about opportunities for collaboration. The Bridges engaged superiors, interprofessional colleagues and support staff within the University to improve educational

practices, and the Coconut Trees worked together with external experts to supplement local educational input. For the Boats they envisaged an improvement in future partnerships to co-create educational policies and improve assessment strategies. Again, collaboration as a leadership strategy is well supported across the emerging leadership theories, and the theoretical and empirical HPE literature, as detailed in the literature review.(12, 23, 60, 61, 77, 112, 115, 121, 125, 127) The Pacific HPE leaders envisaged collaboration in three distinct ways: Firstly by collaborating with colleagues to improve educational practices. This is somewhat similar to the Global North strategic collaboration to attain a program goal(113, 121) but also incorporates aspects of developing communities of practice or teamwork, more readily identified in the Global South.(124, 125) However, it differs from the concept of collaborative teamwork counteracting the hierarchical university bureaucracy suggested by Bikmoradi et al.(123) Secondly, collaboration was understood as requesting assistance from external agencies to support education in the Pacific. While this collaboration is strategic, it is also personal as assistance often relies on established individual professional connections. This could be envisaged as goal-based as purported by Lieff et al.(112) where there is deliberate engagement to achieve a common objective. Thirdly, collaboration was considered to be an idealised goal to be achieved in the future similar to other Global South findings. At no time did the Pacific leaders voice collaborating for personal gain which is in contrast to Lieff et al.(19, 112) who have consistently found this to be an aspect of collaboration in the Canadian context. Therefore, collaboration in the Pacific context seems to be conceptualised in a unique way combining both strategic goals and enhancing collegiality to improve HPE practice, incorporating the cultural dimension of togetherness, highlighting the importance of cultural context in leadership practice.

Although communication and collaboration are advocated competencies across the breadth of HPE leadership literature, as the findings from this study and the exploration of the literature have emphasised, there are many facets to these overarching capabilities. Future research should be directed towards understanding the nuances of communication and collaboration. Moreover, during HPE leadership development, exploration of the blanket terms of communication and collaboration is warranted to comprehend effective practices in different situations. For the Pacific HPE leaders drawing on the cultural strengths of Talanoa and Togetherness should enhance these advocated competencies.

Mentorship was the third strategy identified which James described as ‘a group of people holding hands.... as leaders developing staff.’(James RP Interview). All participants actively engaged in mentoring the next generation of HPE leaders and expressed fulfillment in developing local graduates to fill their positions. Jane, a Coconut Tree, acknowledged that

this required sacrifices because it involved extra time. Furthermore, HPE leaders from the Boat and Bridge styles identified they would have appreciated some mentoring for their role as exemplified by Jasmine in her second interview 'I would have loved to have, you know women leaders that would have, you know guided me'. Concurring with these findings leadership theory advocates mentoring, particularly Transformational, Distributed and Adaptive leadership approaches, alongside Emotional Intelligence and Self-determination theory.(36, 71, 76, 79, 245) This dedication to developing others through coaching and mentoring also aligns with contemporary HPE leadership.(19, 20, 48, 49, 111, 246) However, in hierarchical organisations, globally, which promote power, competitiveness and task management or have not embraced diversity, this nurturing of others can be hampered.(14, 15, 22, 103) In addition, the Global North advocated the need for leaders to mentor the next generation alongside valuing mentoring for their own leadership journeys, as voiced by the Pacific HPE leaders.(23, 100, 102, 103). However, mentorship as a specific term was not supported by other Global South HPE leadership contexts. Nevertheless, they did recognise the need for development, being an advisor and empowering others, which are related considerations to the concept of mentorship.(123, 125, 127)

Mentorship in the Pacific context embodied developing the next generation, but also wishing to be mentored themselves. Within the literature, there is more emphasis on leaders developing others with little attention to nurturing leaders, even though it is highly valued by those who have received mentorship.(102, 103) Moving forward with HPE leadership development in the Pacific a conscious effort needs to be made to identify mentors that can guide and nurture the next generation of HPE leaders.(241) Mentors should be sourced locally but may also need development on how to mentor.(122) If overseas mentors are recruited they should have international leadership skills, be sensitive to the local cultural context and be willing to adapt and learn.(5) Additionally, avenues should be sought on how leaders can be supported in their journey to assist them Riding the Rapids. As the Pacific leaders identified, and Ramani et al.(122) also attest, mentorship is a two-way undertaking, in which HPE leaders should be mentors and mentees.

As a related strategy to mentoring, role-modelling was also put forward as a leadership strategy.(122) The Boats and Coconut Trees discussed being a good leadership role model to motivate others achieving this by, in Jane's description, 'walking the talk' (Jane Reflective Journal). The Coconut Trees also acknowledged needing to role model good clinical practice for their trainees and extolled those who had influenced their own leadership journey. The Bridges focused on being an empathetic and professional exemplar in their HPE leadership roles. Again, being a role model is supported by leadership theory, especially

Transformational leadership's principle of Modelling the Way(71) and Distributed leadership,(64) as well as the emerging theories of Authentic, Ethical and Adaptive leadership.(81, 82, 84) In addition, the various aspects of being a role-model described by the Pacific HPE leaders are supported within the Global North empirical literature. Role models that influenced the leadership journey,(120) needing to role model compassion(109) and as a component of the professional domain of HPE leaders.(19, 108, 111) Furthermore, role modelling was identified as a positive aspect of HPE leadership in Pakistan.(128) However, a difference from the findings of the current study is that being a role model is categorised as an intrapersonal aspect of leadership as it is argued that it is not necessary to have a direct relationship.(19, 122) The conceptualisation of being a role model in the Pacific HPE context is considered to be relational because these leaders became aware of the need to be a good role model in their interactions with students and faculty, rather than it being an innate value.

Finally, feedback was recognised as a strategy to improve HPE leadership practice. The Boats emphasised the need to create safe spaces for feedback. Accordingly, James iterated, 'that kind of culture where people can speak, where it is open and safe, you know they don't facilitate those' (James 2nd Interview). Whereas the Bridges and Coconut Trees focused on receiving feedback to improve their educational practice. While feedback is supported by self-determination theory(77) there was little support for receiving feedback to improve leadership practice. Exceptions are Yemane et al.(53) who advocated self-determination theory to improve diversity in HPE leadership and Qamar et al.(128) who found medical academic leaders in Iran appreciated feedback from seniors, colleagues and students. More often feedback was viewed as a way to improve others(52, 115, 124) and a competency to be developed.(109) In contrast, Lieff et al.(19) found that program directors sought feedback on their leadership practices due to feelings of isolation and loneliness. Thus, feedback in the Pacific context differs by centring around HPE leaders wanting to improve their educational praxis and therefore seeking out informal feedback from their students. Furthermore, it was suggested feedback practices could be enhanced by creating a safe cultural space which can be difficult to achieve in hierarchical cultures.(14, 15, 17, 123) This highlights the need to foster a culture of feedback within HPE leadership initiatives.

The above relational strategies were utilised to progress the Pacific HPE leaders' vision. Leadership and vision are synonymous according to which leaders and their followers aim for the same goal.(50, 51) Pacific HPE leaders' vision or aim was to narrow the gap in health outcomes in the Pacific. They identified three sub-aims to achieve this: firstly, by training competent and compassionate healthcare graduates to impact community health positively, second, by ensuring succession through developing future educational leaders, and third,

through innovative educational approaches. These aims are context-specific, but they provide the impetus for developing relationships, striving for excellence, and overcoming challenges in their unique cultural context.

In summary, the strategies employed by the Pacific HPE leaders to attain their goals reflect a relational approach grounded in their cultural context and values. By utilising culturally appropriate communication, combined strategic and collegial collaboration, and the duality of giving and receiving mentorship, role modelling and feedback in their leadership, they envisaged improving educational practices and outcomes, and nurturing the next generation of HPE leaders. Whilst there is widespread endorsement of communication and collaboration globally there is less support for mentoring, role modelling and feedback, particularly in the Global South. As the discourse around HPE leadership continues, further exploration and refinement of these strategies are required in diverse cultural contexts to understand the nuances of relational strategies in advancing global healthcare education leadership.

7.7 Summary

Three Pacific HPE leadership styles have been identified from this research: The Bridge, Coconut Tree and Boat. An examination of power concerning Pacific HPE leadership revealed the utilisation of informal power to influence, related to positive cultural aspects. Furthermore, common facets identified included the influence of culture, emotions, values and relationships as the Pacific HPE leaders journeyed towards their vision for competent and caring graduates, educational innovation and succession planning.

Thus, this study has highlighted the multifaceted nature of Pacific HPE leadership. The Pacific HPE leaders' identification of cultural influences including Talanoa and Togetherness and Patriarchy and Malua shaped their leadership practice. These influences impacted their values and relational strategies as they navigated their leadership journey underscoring the importance of identifying cultural aspects in leadership development initiatives. Furthermore, the recognition of emotion in their leadership experiences highlighted the challenges they encountered and the need for more support. The identified positive dispositions of having a sense of purpose and feeling valued could be developed further to sustain Pacific HPE leaders, alongside enhancing all aspects of emotional intelligence to increase self-awareness and resilience in the face of adversity.

In addition to the cultural and emotional aspects, the Pacific HPE leaders uphold core values that guide their leadership practice, namely, adaptability, empathy, humility, valuing others and a sense of responsibility. These values are influenced by their cultural immersion and

underpin their interpersonal strategies. Whilst not always promoted by the wider HPE leadership literature, the values parallel facets of Servant, Authentic and Adaptive leadership theories, and the culturally influenced values purported in this study may serve as the principles for effective HPE leadership in the Pacific context. The relational strategies used to influence others include globally affirmed communication and collaboration, although nuances in these practices are based on cultural context and values. Furthermore, mentoring, role-modelling and feedback for nurturing others were advocated and requested to enhance their leadership journey. The interplay of culture, emotion, values and relationships to attain the vision for Pacific HPE leadership led to conceptualising a theoretical leadership framework for this distinctive context with a view to informing faculty development.

When developing HPE leaders in the Pacific attention should be given to assisting future leaders in identifying their leadership style. This may be based on the current articulation of the Bridge, Coconut Tree or Boat, as these styles are relatable in the Pacific context, or unique metaphors may also be conceived. Within these metaphors, attention needs to be given to the cultural, emotional and relational aspects and the underlying values which may well assist future leaders to reflect and develop self-awareness.

The variation in supportive or discordant findings across the HPE literature *vis a vis* the research reported here may be attributable to diverse cultural and organisational contexts and warrants further investigation as to which aspects are consistently displayed by HPE leaders and which are found to be most effective in different contexts. Overall, the Pacific HPE leaders identified themselves as leaders in relation to their cultural context, as a Bridge, Coconut Tree or Boat. Still, they share many leadership typologies advocated in HPE leadership more holistically, such as communication and collaboration. The similarities identified across all HPE leadership research could inform a global HPE leadership framework that can be applied to diverse cultural contexts.

8 Chapter Eight: Conclusion

8.1 Introduction

This concluding chapter brings the thesis to a close by first summarising the research study and key findings discussed with reference to the extant literature to answer the research questions. Limitations of the study are acknowledged and a researcher reflection on the PhD journey is offered. Following this, a conceptual framework for Pacific HPE leadership is presented, illustrating the Pacific HPE leader as the pearl at the centre of several layers of influence depicted as a shell. From the study findings implications for policy, practice and future research are then posed. The final section of this chapter presents the study's contribution to the field of HPE and ends with a concluding statement highlighting the importance of the study.

8.2 Summary of Research

This study set out to answer a central research question around the perspectives of Pacific HPE leaders to investigate their experiences of being a leader, their aims and the strategies utilised to achieve those aims, in a Fijian cultural setting. The drivers for this research included recognising that educational change is challenging in the Pacific and that current HPE leaders have not been afforded specific leadership development.(34) Furthermore, although there is consensus that leadership should be a required competency of healthcare educators, there is little agreement on what this competency comprises.(10) HPE leadership is particularly multi-faceted as it contends with both clinical and educational dilemmas, alongside university bureaucracy, thus specific faculty development is desirable.(246) Having established that leadership development would be beneficial in Fiji and is advocated as an HPE competency, the first step in this research process was to determine current understandings of HPE leadership to guide that development. However, as the literature review in this thesis revealed, current leadership theories promoted by the HPE literature tend to originate from the USA, with the HPE theoretical and empirical literature skewed to the Global North. Leadership competencies, such as communication and collaboration, were consistently advocated by the theoretical literature and endorsed by the global empirical literature. Nevertheless, there were differences in interpreting and enacting these competencies in diverse cultural contexts.(22) Therefore, purported western framed leadership competencies may have been inappropriate for the Pacific context. Additionally, despite increasing research from the Global South contributing to the nuanced understanding of HPE leadership in distinct contexts, the Pacific voice was absent. These findings established the need to investigate Pacific HPE leadership to understand the subtleties

embedded in this culture, thereby guiding relevant faculty development and adding a novel perspective to the continuing HPE leadership discourse.

When considering the methodological approach to the research it was noted that most empirical research relied on interviews exclusively to comprehend capabilities, focussing less on *being a leader*. Additionally, as discussed in Chapter Three, interviews may not capture implicit views entirely and therefore this study utilised a novel approach to capture more tacit perspectives. Accordingly, to obtain the perspectives of the Pacific HPE leaders on *being a leader* an interpretivist approach was utilised to inductively analyse the data and not restrict it to a western theoretical framework.(136) Furthermore, in keeping with an interpretivist approach a qualitative case study methodology was employed to gather rich, deep data through three complementary data sets.(26) The data collection tools were chosen to be culturally congruent and assist in eliciting tacit perspectives, and comprised of Rich Pictures,(152) reflective journals (29) and Talanoa interviews.(41) To ensure that the research question would be adequately answered, and in keeping with Merriam's(26) approach of focusing on a person or program, the case was bound by Pacific HPE leaders who had a formal HPE qualification and were currently working at FNU. Following ethics approval, eleven eligible leaders were purposefully selected and approached, with seven volunteering to participate in the study over one year. These seven Pacific HPE leaders represented a range of leadership positions and roles in medical and dental education giving breadth and depth to the data collected. While the primary researcher was known to the Pacific HPE leaders she had no authority over them, and the previously built rapport assisted with data collection during the COVID-19 pandemic. Through the data collection tools, especially the Rich Pictures, the participants were afforded an opportunity to share both explicit and implicit perspectives around HPE leadership in the Pacific.(152) Data interpretation was initiated during data collection to inform the direction of the second interview which enabled a deeper investigation of the emotional and cultural aspects of leadership. Rich Picture analysis was guided by the method postulated by Bell et al.(199) and the textual data through Miles and Huberman's(33) three-stage method. This iterative analysis led to two levels of interpretation, the first, at the level of data display, identified three leadership styles, depicted by visual metaphors of the Bridge, Coconut Tree and Boat, pertinent to the Pacific. The second was at the level of verifying conclusions, where five themes were conceptualised across all leadership styles. Throughout the study, trustworthiness was rigorously applied, and ethical principles were upheld to ensure the Pacific HPE leaders' perspectives were accurately depicted.

To comprehend the cultural context in which this study was embedded Chapter Four presented a descriptive narrative of the country's history and the development of HPE. Originally a chiefly tribal culture, Fiji has transitioned from being a traditional hierarchy to colonial rule and then through democracy and dictatorship, after several coup d'états, and finally back to democracy.(213) This tumultuous history has impacted the culture and led to a low-resource nation distrustful of authority. The evolution of the medical school over the last 100 years highlighted the greater focus on HPE during the past decade, illustrating further the need for this study. A brief consideration of Pacific HPE attributes and leadership in Pacific Rim countries situated this study within the broader Pacific context. Lastly, my reflections on experiencing the culture and my HPE journey in Fiji illuminated my positionality, and motivation to conduct the research.

In regard to the results, the identified leadership styles comprised, first the Bridges assisting their students traverse from novice to competent, personifying values of empathy and responsibility, and role-modelling these virtues, by developing relationships and seeking innovative educational approaches. Secondly, the Coconut Trees who undertook a plethora of roles and responsibilities, being deeply committed to improving health education for students and faculty through collaboration, adaptability, caring and role-modelling. Thirdly, the Boats envisaged innovative health education practices across the university, through local and global alliances to develop future HPE leaders by embracing values of respect and justice. These three unique leadership styles relied on relationships, influence and empowerment, rather than formal authority, to exercise leadership towards organisational change.(208) Although each leadership domain was distinctive, they also shared several key commonalities leading to the conceptualisation of five overarching themes which comprised: Emerging from our Cultural Shell; Riding the Rapids; Striving for Excellence; Narrowing the Gap; and Journeying Together. These themes ostensibly capture the essence of being Pacific HPE leaders and doing leadership.

Emerging from our Cultural Shell encapsulated the cultural context in which Pacific HPE leadership is embedded and highlighted the positives of Talanoa and Togetherness and the challenges of Patriarchy and Malua whilst acknowledging the Changing Culture with an optimistic outlook. Next, Riding the Rapids captured the emotional navigation experienced during their HPE leadership, characterised by predominantly Distress attributable to Challenges and Frustration. Nevertheless, the participants were Inspired to continue in their roles by being Valued, having a Sense of Purpose and Helping Others. Despite the iterated difficulties, there was a determination to continue Striving for Excellence which was driven by their Identity, Development and Values underpinning their HPE leadership role. The

HPE leaders' identity was multi-faceted incorporating clinician, educator and leader dispositions alongside multiple roles and responsibilities. Development focused on the foundations of the GCME, the ad-hoc nature of current initiatives and the desire for future support. Values of adaptability, empathy, humility, valuing others and being responsible were influenced by their cultural upbringing and were fundamental to their identity as HPE leaders. Their identity, development and values guided their vision to Narrow the Gap by developing Competent and Caring Health Professionals through Innovation in educational practices and Succession planning. To achieve this vision, they engaged in Journeying Together utilising Communication, Collaboration, Mentoring, Role-modelling, and Feedback. These relational practices were bi-directional and were influenced by the participants' positive cultural roots and values as they navigated their HPE leadership journey.

Whilst these findings are unique to the Pacific context, there were still several parallels with the theoretical and empirical HPE leadership literature. Four key aspects germane to Pacific HPE leadership were discussed: Culture, Emotions, Values and Relationships. The positive cultural aspects of Talanoa and Togetherness were valued across many global contexts in the guise of communication and collaboration,(127) which were also highlighted as strategies in Journeying Together in the present study. However, the negative Pacific elements of Patriarchy and Malua differed from challenges faced in the Global North, which mainly focused on organisational culture.(106) The Global South partially resonated with some difficulties, particularly hierarchical cultures.(14) The key finding that culture impacts leadership practice may not be surprising, nevertheless, it is given scant attention in the HPE literature arena. This study highlighted how culture can influence leadership practice. Given the heterogeneous cultural contexts in which HPE leadership is exercised, it would be valuable for HPE leaders to reflect upon their implicit biases, based on their cultural upbringing, and their impact on leadership practice.

The next key finding was the emotional reactions to their leadership journey in Riding the Rapids, bringing to attention the burden of leadership in this context. Leadership challenges led to frustration and stress, a finding echoed across the global extant literature.(103, 105, 129) These frustrations also appeared to be culturally influenced, such that identified struggles varied in different locations. To navigate emotional challenges leaders are encouraged to be emotionally intelligent, which includes self-awareness and modification of emotions, however, there is little focus on strategies to support HPE leaders.(119) The Pacific leaders voiced the need to have a sense of purpose through developing others and felt valued by receiving positive feedback. These identified enablers could be developed further by instituting a psychologically safe environment for feedback and appreciating the efforts of

academic faculty to sustain the Pacific HPE leadership voyage. Furthermore, facilitating reflective practice may assist leaders as the participant HPE leaders identified this as a positive aspect of this study.(187) As Pacific HPE leadership moves forward it would be desirable to take cognisance of the emotional burden placed on leaders, how this impacts practice, and which avenues can support them better.

Despite these challenges, the Pacific HPE leaders embraced Striving for Excellence underpinned by their identity, development and values. In regard to the values – later referred to as attributes in the framework – these included adaptability, empathy, humility, valuing others and a sense of responsibility, in the Pacific cultural context. Adaptability and empathy are purported necessary in the Pacific HPE context (Chapter 4 Table 9) and across several leadership theories (Chapter 2 Table 3). Additionally, these attributes have recently been promoted for HPE leaders globally, suggesting widespread endorsement.(13) Nevertheless, the values of humility, valuing others and a sense of responsibility appeared more apposite to the Pacific HPE leaders, echoed by only some leaders from the global empirical HPE literature.(51, 102, 116, 127) These values seemed rooted in the collectivist cultural aspect of togetherness and their commitment to making a difference, driving them to continue in their leadership roles despite the challenges.

This commitment to making a difference by Narrowing the Gap was the leaders' main aim in the present study. To achieve this aim, they focused on relational strategies through Journeying Together, including communication and collaboration which are well supported by the HPE leadership literature.(108, 118, 125) However, nuanced interpretations and practices of these strategies in different settings were revealed, leading to the conclusion that cultural dimensions of communication and collaboration should be attended to. Other relational strategies included mentoring, role-modelling and feedback to nurture the next generation of educational leaders. These latter strategies were also desired to develop the Pacific HPE leaders' potential. Whilst there was support for individual strategies highlighted by several articles the bi-directional nature of these strategies in the Pacific was distinctive.(102, 108, 128) It would be prudent in future leadership development to consider utilising mentoring, role-modelling and feedback to nurture leaders themselves, as well as cultivating these skills in the leaders to assist others, potentially strengthening HPE in the Pacific.

The above findings address the research questions posited at the start of this research agenda. The three styles of leadership provide a picture of *being* a Pacific HPE leader. Additionally, the key findings of emotional responses and leadership being value-led, in the themes of Riding the Rapids and Striving for excellence respectively, give further insights into *being* a leader in the Pacific context. When being an HPE leader the *intentions* and *outcomes* aspired

to were captured within Narrowing the Gap to develop competent and caring health professionals through innovation and succession. To achieve these aims *strategies* utilised were encapsulated within Journeying Together highlighting the relational nature of HPE leadership in this setting. Pacific HPE leadership is *culturally* influenced, envisaged as Emerging from our Cultural Shell as the Pacific HPE leaders identified the enhancing and opposing aspects, acknowledging an optimistic outlook for cultural change. This cultural influence impacted *being* a Pacific HPE leader, in their depiction of culturally embedded visual metaphors and the values underpinning their leadership. The challenges faced in this setting also shaped their emotional responses. Furthermore, the strategies utilised towards the leaders' vision were inextricably tied to the positive cultural aspects of Talanoa and Togetherness. Drawing on the findings from this study attending to culture, emotions, values and relationships when conceptualising HPE leadership in this Pacific setting would appear advantageous.

8.3 Limitations of the Research

The detailed account of Pacific HPE leadership including the leadership styles and themes should be considered in conjunction with the limitations of this study. Whilst the present study was conducted according to rigorous methodology and trustworthiness, several limitations were recognised.

Firstly, this study involved only one university in Fiji. Across the Pacific, there are five regional medical schools which could have provided more breadth to the study. However, FNU houses the most established medical school, often providing educational support to other Pacific medical programs, therefore the other medical schools may not have provided the depth of information required. Furthermore, as the research was conducted during COVID-19, accessibility to FNU was more feasible through established networks. Although there are many similarities between Pacific cultures there are also unique aspects which could impact leadership practice. Therefore, the specific findings relating to culture may not apply to all Pacific settings, nevertheless, the framework that has been conceptualised may assist in considering distinctive cultural characteristics and their impact on HPE leadership. Future collaboration with other Pacific institutions could expand this research to delineate similarities and differences in distinct Pacific jurisdictions.

Secondly, the purposeful sampling of Pacific HPE leaders, who had completed a formal educational qualification (GCME), limited the number of eligible participants. Seven participants volunteered to participate, which could be deemed a low number on which to base the findings. Consideration could have been given to including HPE leaders with

informal HPE training to obtain wider representation, however, again they may not have been able to provide a depth of reflection on the research phenomenon. The participants in this study spanned many disciplines within medical and dentistry education and represented diverse Pacific cultures providing an array of perspectives. Nevertheless, nursing, public health and allied health were not represented which may have provided different insights. This also potentially limits the applicability of the findings to these professions, although the framework was well received at the CMNHS HPE symposium. As with all qualitative research generalisability of findings is limited as illustrated in the above observations. However, reader generalisability can be applied where aspects of the findings resonate with readers in their own contexts.(26) According to the notion of 'reader generalisability'(26) the accounts of leadership embedded in the study may serve to encourage readers to reflect on their own experience in similar situations and enable them to derive new insights, understandings and meanings, especially as they relate to problems of practice.

Third, this study was conducted during COVID-19 and the Talanoa interviews were accomplished via the Zoom platform. Although participants were comfortable with this mode of communication due to the pandemic, they would have preferred a face-to-face interview. Fortunately, rapport had been established prior to the research facilitating honest reflections on Pacific HPE leadership, despite the limitations that were brought to bear. In addition, travel restrictions limited access to hard-copy research materials and negated the ability to observe leadership in this cultural setting. Observation and immersion in the cultural context may have added further insights about Pacific HPE leadership. Additionally, the impact of the pandemic meant leaders had less time to participate in the research activities, necessitating the adaption of the originally planned research tasks. Adaptability came to the fore with participant leaders engaging with the reflective journals and prompts electronically to provide valuable insights about leadership during this particularly challenging time. Despite the difficulties experienced during the COVID-19 pandemic the participant HPE leaders engaged well with the adapted research tasks providing rich data. In addition, reflective journals are recommended when observation is curtailed,(189) thus the above identified limitations were minimised.

Fourth, the study's central enquiry was to investigate the perspectives of Pacific HPE leaders. As the results were interpreted it became clear that the positive cultural influences and strategies utilised were relationally orientated. Insights from faculty and students on the impact of these strategies could have added to the findings but were beyond the scope of the current study. This provides direction for future research, where perspectives from those

impacted by leadership could add alternative viewpoints to revise the conceptualised framework.

Lastly, as detailed in the first chapter, my positionality as a white, anglophone researcher may have affected the interpretation of the data through unconscious biases. This was minimised through reflection, member checking at each analysis stage including the framework, and a deep connection with the culture.

The limitations stated here have been explicitly realised related to scope, access and time, however, there may be other implicit limitations that the researchers were unaware of. Nevertheless, despite the acknowledged limitations, the research findings have been well received at Pacific and international forums. I now turn to provide my reflections on the PhD journey.

8.4 Researcher Reflections

As I have journeyed through this study, from conceptualisation through conducting and analysing the data to interpreting the findings and developing a framework, I have become aware of the many opportunities for growth and learning. This PhD has provided avenues for me to foster my research skills through the research tasks, conference presentations, peer-reviewing and publishing articles, mentoring others, and building networks. (A list of publications, presentations, and other achievements during the PhD are detailed in Appendix 18). The benefits of systematically searching the literature to understand the current conceptualisations of HPE leadership and identifying the gap cannot be understated. The review enabled me to gain a deeper understanding of HPE leadership and address my preconceptions of what leadership entailed from my western upbringing. Reflexivity facilitated bracketing my own perspectives and previous conceptions of leadership to interpret the participants' perspectives. Utilising a novel data collection tool to collect leadership perspectives highlighted the importance of gaining peer review and pilot testing, helping me to refine the tool and reflect on my own PhD journey through visualisation. As I began collecting the data, I was struck by the willingness of the participants to share their leadership journeys which were navigated in true Talanoa and Togetherness style as only those from the Pacific would truly understand. There have been moments of Malua in this research journey, not so much in being 'laid back' but being set back through global pandemics and family commitments. I have Ridden the Rapids of research, learning to persevere through setbacks and being encouraged through presentations, feedback and acceptance of publications. I too have Emerged from my Cultural Shell becoming more open to the myriad of perspectives put forward and leaning in more attentively to cultural

influences. In addition, I have become more confident in my abilities to research and present in a culturally sensitive manner, with enhanced awareness of my Global North upbringing and how that may impact on my perceptions. I am excited for the future and where this research may lead. I hope that in some small way, this contribution to the ongoing dialogue around HPE leadership will positively inform faculty development, especially in the Pacific, as we nurture the next generation of HPE leaders. From the study's findings, reflecting on the meaning of the themes and interpreting Pacific HPE leadership as being embedded in culture, emotions, values and relationships, the conceptualisation of a leadership framework for the Pacific was produced. It is envisaged that this conceptual framework could assist in guiding future HPE leadership development.

8.5 Conceptual Framework for Pacific HPE Leadership

In this conceptual framework for Pacific HPE leadership, the leader is located at the centre (Figure 28), as the PEARL (Mataniciva). The Pacific HPE leader is iteratively shaped and nurtured by relationships, attributes, emotions and culture that are depicted by the surrounding layers of the shell. Each layer impacts the leader and in turn, the leader influences the layers.(237) The PEARL is conceptualised as **Pacific culture**; **Emotions**; **Attributes** (adaptable, empathetic, humble, responsible and appreciative); and **Relationships** that shape the **Leader**. The outermost layer of the shell comprises the cultural milieu by which the leader has been moulded and which impacts the other layers. This cultural aspect will include leaders' cultural upbringing, the cultural circumstances in which they practice leadership and the organisational culture. As such, this is an expansion of systemic or structural frames focusing on organisational culture purported by current HPE leadership models.(13) Praxis is required to understand these cultural aspects so that leadership can be actioned successfully. Therefore, leaders are encouraged to be reflexive about how their cultural upbringing has shaped their beliefs and values and influenced their leadership behaviour.

When considering *being* an HPE leader it was interpreted that emotions impact leadership significantly.(80) Whilst emotional intelligence addresses understanding emotions and emotional regulation it encourages an optimistic outlook and a focus on consideration and nurturing of others.(80) Extending beyond developing emotional intelligence, this aspect of leadership conceptualised here requires acknowledging the emotional turmoil experienced by HPE leaders, affecting their practice and necessitates seeking supportive measures to ensure leaders can remain motivated and committed. The findings from this study suggest that as well as developing emotional intelligence, promoting well-being through supportive structures may assist HPE leaders in riding the emotional rapids of leadership.

In addition to recognising the emotional aspects of HPE leadership, attention was devoted to the values underpinning leadership practice.(63) These values, also known as attributes, were often embedded in the cultural upbringing and need defining to bring to consciousness the impact these values have on leadership practice. Highlighted attributes of adaptability and empathy may be universal to good leadership practice but will have cultural nuances that require identification to ensure successful leadership in different contexts. Other attributes emphasised in this study included humility, responsibility and appreciation (valuing others), which appeared more unique to the Pacific setting. Further exploration and reflection on attributes that enhance leadership practice would be beneficial.

Whilst the emotions and attributes encompass the *being* of leadership, also referred to as the intrapersonal characteristics, the *doing* of leadership is incorporated into the interpersonal aspects of leadership. In the Pacific, leadership utilised relationships to reach the desired goals. Universally communication and collaboration are advocated but their interpretation needs to be contextualised to ensure effective practices in different cultures. Furthermore, other effective relational practices, including mentoring, role modelling and feedback, could be nurtured in a dynamic bi-directional manner such that both leaders and followers benefit. Finally, the vision of the HPE leader can be identified and will be unique to each setting and each leader. Nevertheless, attention needs to be drawn to the dynamic interplay of leadership and the influence of culture, emotions, attributes and relationships on the successful pursuit of the vision.

This framework has been primarily developed from the empirical findings generated from this study, but also draws on several leadership and related theories. Building on the current framework of HPE leadership that incorporates intrapersonal, interpersonal, organisational and systemic components,(13, 19) this conceptual framework brings to attention the importance of considering other aspects to build on the existing framework. Such that, geographical culture in addition to organisational culture is considered; emotional reactions are attended to supporting leaders' well-being alongside developing emotional intelligence, and values or attitudes for effective leadership are nurtured in the intrapersonal component. The bi-directional aspects of relationships are emphasised in the interpersonal with a particular focus on mentoring, role-modelling and feedback. The framework proposes a way in which HPE leadership can be conceptualised and developed, specifically for the Pacific, but which may also resonate with the wider HPE community. It provides a way to interrogate the cultural and emotional aspects, the values and relationships required, to fulfil a shared vision in different cultural contexts. By bringing each of these aspects of leadership to awareness, it is envisaged a more effective leadership development strategy can be employed.

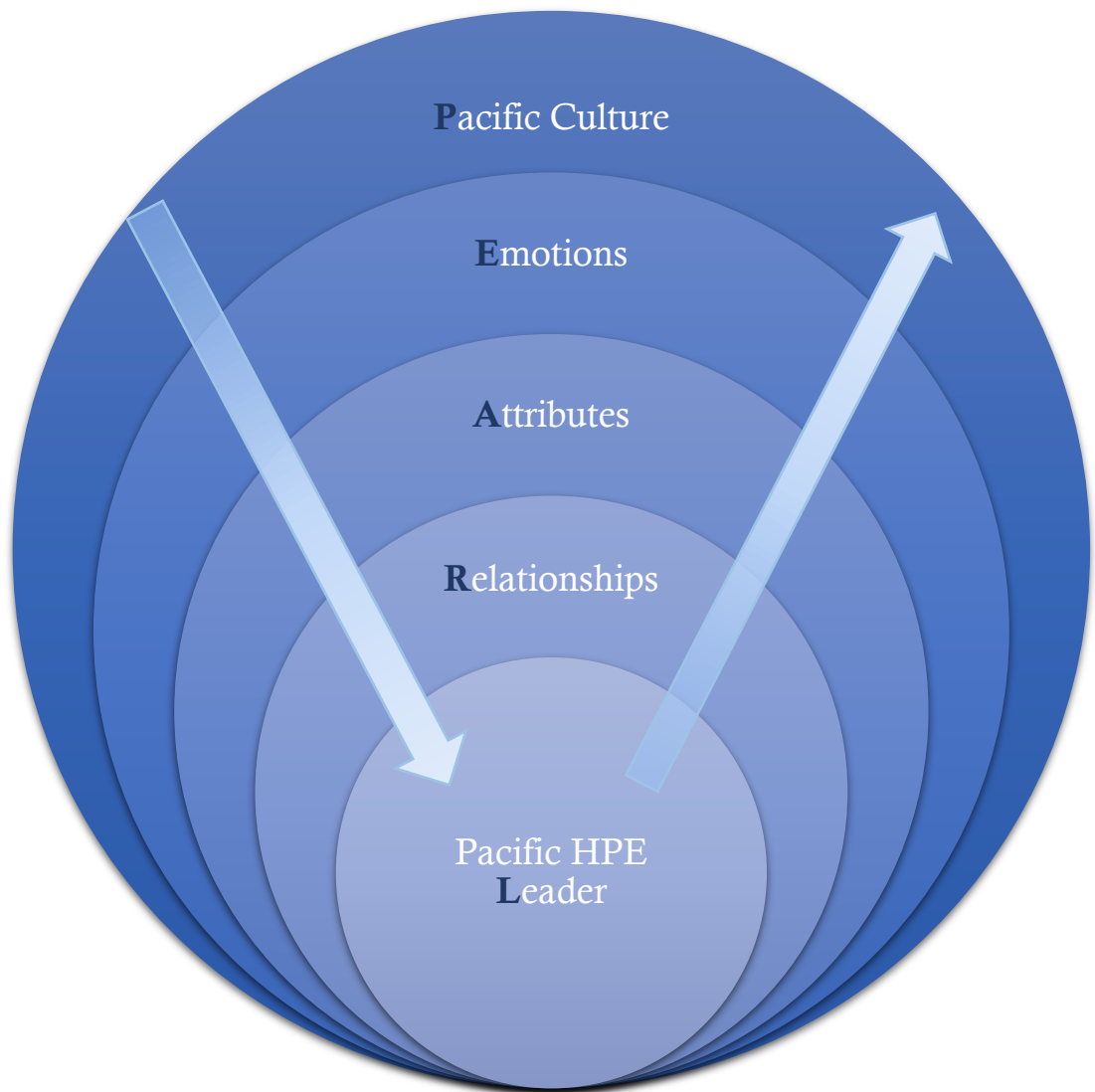


Figure 28: Theoretical Framework for Pacific HPE Leadership

8.6 Implications for Policy, Practice and Future Research

The findings from this study could prove fruitful in informing FNU policies and Pacific HPE leadership development and practice. As discussed in Chapter Four development for HPE is lacking in the Pacific and leaders are not prepared formally and specifically for their roles. Furthermore, it was established that the HPE leaders had benefitted from the GCME, and all faculty had the potential to be leaders in their educational spheres. It follows, therefore, that HPE enhancement needs to be advocated, incorporating leadership development for faculty. The findings generated from this study may serve to inform this enhancement. In particular, it has been indicated from the literature review that faculty development initiatives for leadership tend to be most effective when they are longitudinal, experiential and project-

based, paired with mentoring and based on reflective practice.(3) The Pacific HPE leaders also advocated for good role models and feedback to improve their leadership practice. Furthermore, when designing a program for HPE leadership the framework conceptualised from this study could be drawn upon to assist future leaders reflect on culture, emotional impacts, attributes and relational aspects that could influence their leadership and reaching institutional goals. Reflection also requires nurturing in this low-resource setting.(186) As the HPE leaders attested they were often overwhelmed and stressed with multiple responsibilities and therefore had little time or energy to reflect on practice. Institutions would benefit from recognising the impact this anxiety has on leadership and providing dedicated space and time for leaders to reflect and develop. In order to encourage such reflection, modalities like Rich Pictures and reflective journals could be employed alongside discussions with supportive mentors who are able to provide constructive feedback.(122) In addition, valuing the contributions of faculty could assist in motivating them to continue their leadership journey.

Whilst this study has explicated many areas of Pacific HPE leadership that will assist leadership development in this context, it has also uncovered a number of aspects of HPE leadership that warrant further investigation holistically as well as concerning the Pacific more specifically. As the literature review highlighted HPE leadership has rarely been examined in relation to societal culture. The present study suggests that cultural influences profoundly impact leadership practice, through their influence on the organisation, personal values, and leadership strategies. As the call for de-colonising current theories and developing a more global HPE community strengthens(4) it behoves future research to explore cultural nuances and their impact on applying leadership theory to practice in HPE. With wider global insights into the practice of HPE leadership in different cultural contexts, a more nuanced HPE leadership framework can be developed applicable to diverse settings.

The empirical research and the current study also underscored the challenges HPE leaders face, especially in Global South contexts.(105) These challenges can lead to frustration, stress and burnout.(105) Although Self-determination theory is advocated to enhance motivation,(78) and leaders are encouraged to be self-reflective through emotional intelligence to control their emotions,(13) there is relatively little research addressing how emotions *per se* influence the practice of leadership. Leaders are encouraged to be optimistic to provide a positive outlook, however, future research could also investigate the impact of an overwhelmed and stressed HPE leader, as this is the reality many leaders face. A better understanding of the ontology of HPE leadership, that is how emotions affect thoughts and behaviour, may assist in providing better support for future leaders.

Another area of HPE leadership that warrants further investigation is the leader-follower dyad.(247) There is substantial research from the viewpoint of leaders and purported capabilities required of HPE leaders, but less research on the impact this has on followers and the perspectives of what followers value in an HPE leader. This is also a noted limitation of the current study. The strategies identified by the Pacific HPE leaders were all relational and thus the experience of students and faculty requires exploration as to the efficacy of these approaches. Additionally, the cultural influence on relational strategies deserves attention in future research endeavours as collectivist cultures may be able to utilise these in different ways.

Concerning the conceptual framework developed from this research, as this study was only conducted at one Pacific university, investigating the framework's applicability to other Pacific-based HPE leaders is warranted. Furthermore, due to the abstraction of the framework and the potential impact it could have on global HPE leadership frameworks and development it should be tested in other jurisdictions, especially the indigenous HPE leaders of the Pacific Rim.

Related to the efficacy of leadership, many of the reviews investigating leadership development identified the lack of evaluation beyond satisfaction and knowledge acquisition.(93) For the Pacific, should leadership development be enacted based on the conceptualised framework, long-term follow-up will need to be implemented to identify impacts on the organisation, innovation and student success. Ultimately, it would be beneficial to investigate the effect on patients and health, as the central aim was to narrow the gap in health inequities.

Lastly, in alignment with Lieff et al.(19) and Broome(101), research in HPE leadership would benefit from being more eclectic rather than relying on traditional interview and survey tools. As this study illustrated, using the Rich Picture method enabled participants to reveal tacit perspectives. It would be interesting to investigate the different visual metaphors of diverse jurisdictions to map similarities and differences in the conceptualisation of being an HPE leader in pictures. Additionally, in line with case study research, observation as a methodological tool could provide richer insights, mapping perspectives to observed practice.(26) The above future research suggestions may afford more insights into HPE leadership in the Pacific, as well as globally, to inform HPE leadership development and enactment.

8.7 Contribution to the field of HPE leadership

This thesis contributes to the field of HPE leadership through several avenues. To begin with, Pacific HPE leadership has not been previously explored, therefore the findings generated by this study provide insights from a unique socio-cultural context. Although, the findings are exclusive to the Fijian context the importance of culture and its influence on HPE leadership was highlighted as a significant aspect to consider, furthering current perceptions of predominantly organisational cultures impacting on HPE leadership.

Another unique contribution of the research was the methodological approach of this study. HPE leadership has not knowingly been previously investigated using Rich Pictures. This data collection tool allowed tacit perspectives to be articulated and the HPE leaders appreciated the insights that were gained into their leadership practice. Indicative comments from the HPE leaders included 'I would never have told you this in an interview' (Jane RP Interview) and 'Wow, this picture is talking a lot'(Judith RP Interview).(152) Jeremiah found the exercise particularly helpful commenting:(152)

'One thing I have learned, straight after I had drawn these pictures, I was sitting at home looking at it again, sometimes you know maybe it's a way, a better way of summarising ourselves as an educator, as a leader....doing some Rich Picture like this and I know that if I looked at it again tomorrow, I might see a couple of new things again.' (Jeremiah RP Interview)

Subsequently, analysis of the Rich Pictures and ensuing Talanoa interviews enabled the visualisation of three leadership styles pertinent to the Pacific. These visual metaphors could assist Pacific HPE leadership development relating to culturally congruent allegories. Additionally, Rich Pictures have the potential to be used in education, as well as research, to enable faculty and students to reflect differently on leadership concepts and gain deeper insights.(162)

Finally, the thematic findings and interrogation of the extant literature led to the conceptual framework for Pacific HPE leadership presented above. This further abstraction from the data brings to light the importance of considering culture, emotions, attributes and relational strategies in the execution of HPE leadership towards a vision. Whilst this framework was developed with the intention of guiding faculty development in the Pacific, those elements that resonate in other jurisdictions could assist HPE leaders in reflecting on these aspects in relation to their leadership practice. This expands on previous frameworks(19) by drawing attention to the impact of cultural influences, emotional experiences, contextually situated attributes, and the bi-directional nature of relationships on HPE leadership. Rather than

being a set of competencies for *doing* HPE leadership,(123) the framework aims to highlight areas that could also be considered when *being* a leader.

8.8 Conclusion

The need for researching Pacific HPE leadership was established at the beginning of this thesis and the perspectives of current HPE leaders were ascertained by means of a qualitative case study using novel and traditional data collection tools. Arising from the study's findings of leadership styles and common themes, the main insights have been incorporated into a conceptual framework for Pacific HPE leadership. Thus, it may be argued that this research has been significant for three reasons: first, there was no Pacific voice in the HPE leadership literature to inform a more global perspective; second, the use of Rich Pictures enabled tacit perspectives to be revealed to provide a richer, nuanced perspective; and third, a conceptual framework has been developed to guide faculty development in the Pacific. The evidence-based framework provides a scaffold for future leaders to reflect on the impact of culture, emotions and attributes (values) on how they become and be leaders. It further refines the importance of relational strategies impacting successful leadership to enable progress towards their vision. Whilst the study provides significant insights limitations of the research have been acknowledged. In addition, although this research could potentially influence Pacific HPE leadership development, many avenues of further research warrant exploration to refine the framework, especially observation of practice, gathering student and faculty perspectives on effective leadership, and conducting long-term follow-up of development initiatives. Furthermore, the applicability of the framework to other Pacific contexts and the wider global arena requires investigation.

Pacific HPE stands at a pivotal point. Over the last ten years, the momentum for developing HPE has increased. Since the GCME in 2012, Pacific HPE workshops have been conducted, the inaugural Pacific Health Professions Symposium was held in 2019 and is poised to continue as an annual event to showcase research from the Pacific and enhance HPE practices. In 2023, an HPE research committee was established and has garnered support from Australasians as part of the steering committee. Plans are now underway to conduct monthly webinars on HPE and develop micro-credentials towards a certificate of HPE. This research is timely in providing a framework for developing HPE leaders to carry these initiatives forward. Acknowledging that some barriers to leadership will take time to change such as a lack of time or resources, equipping leaders with the abilities to manoeuvre successfully through the leadership rapids is paramount. The conceptual framework could assist in developing leaders' reflective practice to explore their values and emotions concerning leadership, and their relational interpersonal skills, whilst being sensitive to the

culture in which they must practice leadership. These principles are likely applicable beyond the Pacific region such that global HPE leaders can use the framework to identify cultural influences, emotional reactions, attributes and relational strategies pertinent to their contexts and exercise of leadership.

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10 Appendices

10.1 Appendix 1 Literature Review Search Strategy and Results

10.1.1 SEARCH STRATEGY FOR MEDLINE, CINAHL AND ERIC

MEDLINE Search terms:

Population: Faculty (exp Faculty/ OR exp Health Educators)

SCOPE – Faculty

Teaching and administrative staff having academic rank in a post-secondary educational institution.

Concept: Leader* (exp Leadership)

SCOPE - Leadership

The function of directing or controlling the actions or attitudes of an individual or group with more or less willing acquiescence of the followers.

Context: Medic* Educat* (exp Education, Dental/ OR exp Education, Medical/ OR exp Education, Nursing/ OR exp Education, Pharmacy/ OR exp Education, Public Health Professional/)

Total Results: CC = 2,128 Titles, PCC = 837 Titles

CINAHL Search Terms:

P - Faculty

C - Medical education OR nursing education OR medical training OR medical school OR health education OR health class OR health studies OR medical study OR medical teaching OR teaching of medicine

C – Leadership (Abstract)

Terms included: leadership, research methodology, interviewing, qualitative research, medical education, thematic analysis, nursing education, surveys, communication, research, focus groups, systematic reviews, leaders, mentoring, health education, medical schools, academic medical centres, content analysis, longitudinal method, educational leadership, and theory.

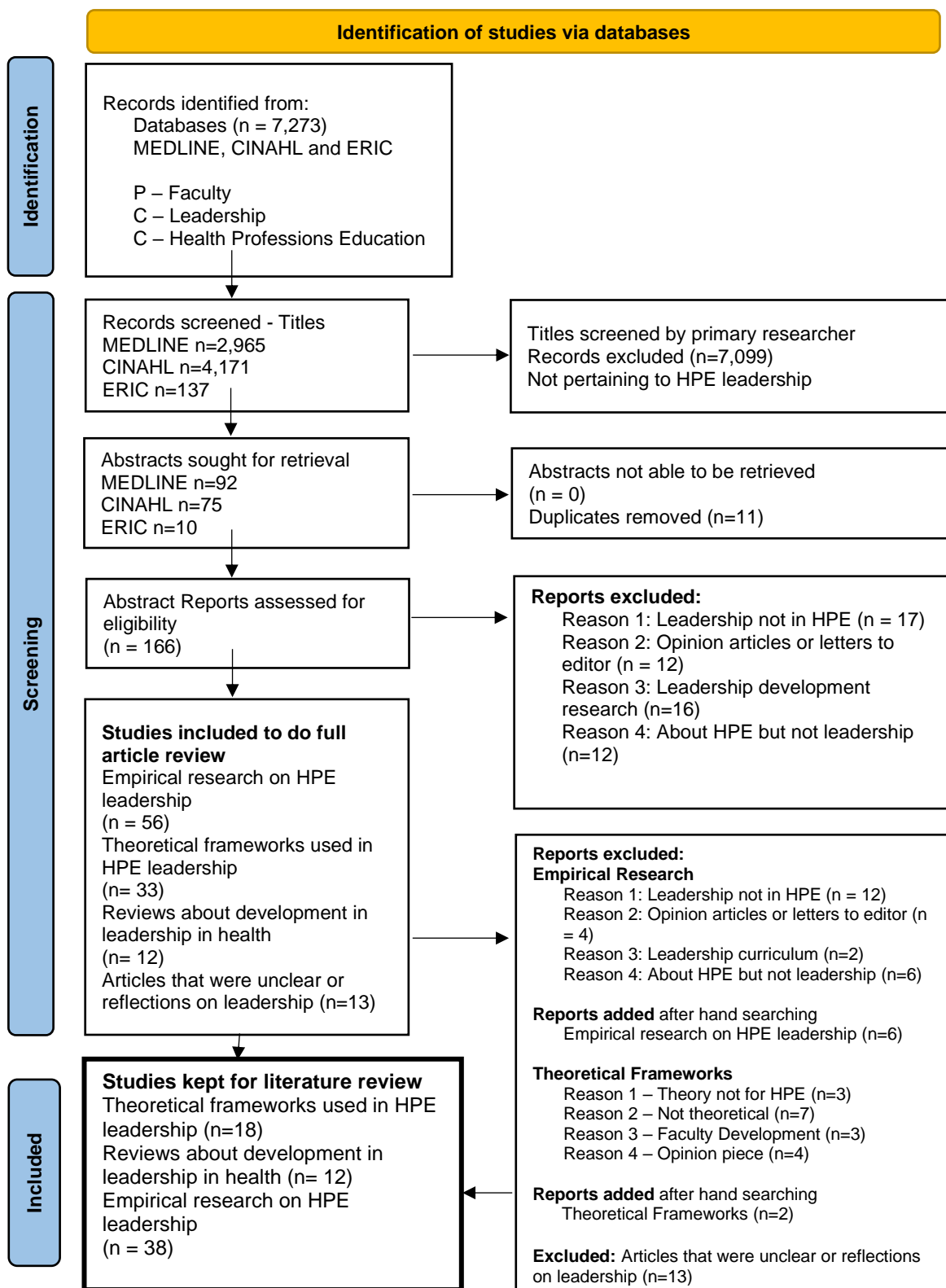
Total results: CC = 3,703, PCC = 468

ERIC Search Terms:

(Medical education OR education, medical) AND (leader OR leaders OR leading OR leadership) AND (faculty OR staff OR teacher? OR Educator? OR Dean?)

Total results: CC = 137, PCC = 13

10.1.2 PRISMA DIAGRAM FOR IDENTIFICATION OF STUDIES



Adapted From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71

10.1.3 TABLE OF THEORETICAL LITERATURE IN HPE LEADERSHIP

Table 11: HPE Leadership Theoretical Literature

	Journal article	Year	Country	Discipline	Main Theoretical argument
1.	Lyness, J. M., Lurie, S. J., Ward, D. S., Mooney, C. J., & Lambert, D. R. (2013). Engaging students and faculty: Implications of self-determination theory for teachers and leaders in academic medicine. BMC Medical Education, 13(1), 151-151. https://doi.org/10.1186/1472-6920-13-151	2013	USA	Medicine	Self-determination theory as a useful strategy for academic leaders. Foster intrinsic rather than extrinsic motivation. <ol style="list-style-type: none"> 1. Autonomy – sense of choice, listen, provide rationale. 2. Competence – feel good about what they do, optimal challenge, support skill development, and provide helpful feedback. Relatedness/sense of purpose – acknowledge feelings, have empathy, and provide connections with individuals, groups and community.
2.	Mets, B. (2016). Leadership in Academic Anesthesiology: Theories and Practice. Int Anesthesiol Clin, 54(3), 66-82. https://doi.org/10.1097/AIA.000000000000105	2016	USA	Medicine	Draws on several leadership theories – Kouzes & Posner, Kotter, Goleman, and Servant leadership to suggest a set of ideals and competencies for academic leaders in anaesthesiology. Several sections overlap. Have an inspiring vision, mission and values statement. EI = optimistic, supportive, energetic, committed. Be a role model. Allow innovation. Management. Communication. Values – honest, forward-looking, competent, inspiring (K&P). Servant Leadership. Self-awareness.
3.	Fischer, S. A. (2017). Transformational Leadership in Nursing Education: Making the Case. Nursing Science Quarterly, 30(2), 124-128. https://doi.org/10.1177/0894318417693309	2017	USA	Nursing	A call to action to embed Transformational leadership into nursing education; Benefits include: <ol style="list-style-type: none"> 1. Assist team-based work. 2. Reduce incivility & competition among faculty. 3. Increase collaboration with clinical practices and nurses. 4. Increase retention because of a better work culture. Kouzes & Posner: Model the way – Align values with Vision & mission. Increase EI. Inspire a shared vision – Team spirit. Challenge the process – Innovation, trial & error, challenge barriers. Enable others – Listen to all and value diversity. Encourage – Celebrate! Have standards and accountability.

4.	Giddens, J. (2018). Transformational leadership: What every nursing dean should know. <i>Journal of Professional Nursing</i> , 34(2), 117-121. https://doi.org/10.1016/j.profnurs.2017.10.004	2018	USA	Nursing	Transformational leadership. (Burns and Bass) 1. Idealised Influence – Charismatic – moral, ethical, committed, passionate, high expectation 2. Inspirational Motivation – vision – engages and persuades followers to have a sense of purpose. 3. Intellectual stimulation – promote innovation, involve others in change 4. Individual consideration – growth of followers through coaching, mentoring, and feedback – increase self-efficacy. (most important factor for followers) Facilitating change also needs flexibility and the use of transactional leadership, can be learnt, needs self-reflection and motivation to change, and helps teams more than individuals.
5.	Giddens, J., & Morton, P. (2018). Pearls of wisdom for chief academic nursing leaders. <i>Journal of Professional Nursing</i> , 34(2), 75-81. https://doi.org/10.1016/j.profnurs.2017.10.002	2018	USA	Nursing	No Leadership theory Advocated competencies – Facilitate change, Management, intellectual, values, communication & self-awareness. “Pearls” for success as a new nursing dean – Communication – listen, transparency. Build collaborations. Role model respect. Resource Mx. Succession Planning. Leadership team. Get a mentor. Reflect & rejuvenate.
6.	Kumar, B., Swee, M. L., & Suneja, M. (2019). The ecology of program director leadership: power relationships and characteristics of effective program directors. <i>BMC Medical Education</i> , 19(1), 436. https://doi.org/10.1186/s12909-019-1869-3	2019	USA	Medicine	Power and 6A's 1. Legitimate – Authority – in a position of leadership – needs more than that 2. Referent – Authenticity – good communication & interpersonal skills – build trust – be a good role model. 3. Informational – Accessible – strengthen knowledge transfer 4. Expert – Adaptability – constant change 5. Reward – Autonomy – self-leadership, development through formal, mentor, coach – well-being. 6. Coercive – Accountability – requires feedback from trainees.
7.	Prescott, W. A. (2022). Ascending the Levels of Leadership in Pharmacy Academia. <i>American journal of pharmaceutical education</i> , 86(2), 79-82. https://www.proquest.com/scholarly-journals/ascending-levels-leadership-pharmacy-academia/docview/2638086871/se-2	2022	USA	Pharmacy	Maxwell's five levels of leadership 1. Position – title only, people do things because they have to. 2. Permission – relationship – trust & care – people follow because they want to 3. Production - Build organisation – team – acknowledge success 4. People development – develop successors – mentor & care 5. Personhood / Pinnacle – rarely achieved – people follow you because of who you are.

8.	Yemane, L., Omoruyi, E., Poitevien, P., & Blankenburg, R. (2022). AIMS: Increasing Diversity in Graduate Medical Education Leadership. <i>Journal of Graduate Medical Education</i> , 14(3), 340-342. https://doi.org/10.4300/jgme-d-21-01015.1	2022	USA	Medicine	Self-determination theory – to develop leaders Increase internal motivation through: 1. Competence – wellness, scholarship, mentoring 2. Relatedness – mentoring 3. Autonomy – provide opportunities
9.	Wu, A., & Preker, A. (2023). Identifying International Leadership Competencies in Medical Education. <i>Medical science educator</i> . https://doi.org/10.1007/s40670-023-01897-7	2023	USA	Medicine	International leadership skills – promotion of skills that allow collaboration across geographical boundaries – to promote global equity. Similar skills to leadership in other settings plus cultural competency and humility. Communication skills – especially listening, empathy, tolerance, respect, and humility are more important. De-centre own worldview and reflect.
10	McKimm, J., & O'Sullivan, H. (2016). When I say ... leadership. <i>Medical Education</i> , 50(9), 896-897. https://doi.org/10.1111/medu.13119	2016	UK	Medicine	Overview: Leadership, management & followership Relational leadership – dialogical - teams Authentic – experience, reflection & feedback Ontological – being – gaining wisdom Adaptive – change in complex systems Leiff & Albert: intrapersonal, interpersonal, organisational and systemic.
11	Carragher, J., & Gormley, K. (2017). Leadership and emotional intelligence in nursing and midwifery education and practice: a discussion paper. <i>Journal of Advanced Nursing</i> , 73(1), 85-96. https://doi.org/https://doi.org/10.1111/jan.13141	2017	UK	Nursing / Midwifery	Congruent / Authentic leadership Congruent – Stanley – communication, decisionmaker, motivator, open, approachable and role model. Authentic – Avolio & Gardner – collaboration, vision, self-aware, +ve mentoring EI – set of competencies – good references. More focus on clinical leadership
12	McKimm, J., & Swanwick, T. (2018). Educational Leadership. In T. Swanwick (Ed.), <i>Understanding Medical Education: Evidence, Theory and Practice</i> . John Wiley & Sons. http://ebookcentral.proquest.com/lib/uwa/detail.action?docID=1547076 (added)	2018	UK	HPE	Overview of Leadership Theory Concerning Medical Education Leadership, management (& followership) – all interconnected. 1. Formal Mx – Power & authority – need collegiality 2. Collegial Mx – transformational, participative, relational, distributed, collaborative 3. Political Mx – power, transactional 4. Subjective Mx – post-modern 5. Ambiguity Mx – situational, adaptive 6. Cultural Mx – values-led, servant, ethical, EI Change Mx – not linear – culture, politics and technical factors – need to develop a learning organisation.

					Faculty development – horizontal and vertical.
13	Gordon, L., & Cleland, J. A. (2021). Change is never easy: How management theories can help operationalise change in medical education. <i>Medical Education</i> , 55(1), 55-64. https://doi.org/10.1111/medu.14297	2021	UK	Medicine	Proposal on using different theories to examine change in medical education = complex. How do institutions (macro level) and individuals or teams (micro level) deal with change? 1. Institutional logics; 2. Paradox theory; 3. Complexity leadership theory. Focus on Complexity leadership theory (new to med ed): 1. Operational – How innovation is embedded in organisational structures – often a top-down approach 2. Entrepreneurial – how innovation, adaptation and learning occur at the local level 3. Enabling – how to bridge between organisations and individuals to ensure successful change.
14	van Diggele, C., Burgess, A., Roberts, C., & Mellis, C. (2020). Leadership in healthcare education. <i>BMC Medical Education</i> , 20(2), 456. https://doi.org/10.1186/s12909-020-02288-x	2020	Australia	HPE	Overview of leadership theory: Transactional to Transformational Team leadership – distributed – autonomy, accountability, recognition, supportive organisational culture. Management and leadership skills required. Skills = communication, networking, organisational, mentoring, team building, research.
15	Nordquist, J., & Grigsby, R. K. (2011). Medical schools viewed from a political perspective: How political skills can improve education leadership. <i>Medical Education</i> , 45(12), 1174-1180. https://doi.org/10.1111/j.1365-2923.2011.04085.x	2011	Sweden USA	HPE	Political perspective: Bolan and Deal – 5 assumptions: 1. Interest groups with competing priorities. 2. Have different values and ideals. 3. Scarce resources to be allocated. 4. Power = asset 5. Decisions made by negotiation. Need to identify interest groups; Who has the power to change policy; What resources are available? Adaptive or technical challenges? Identify issues – Look at alternatives – make decisions. Implementation process: 1. Top-down – hierarchical 2. Bottom-up – teachers implement 3. Governance – networks to implement.
16	Sayers, J., Lopez, V., Howard, P. B., Escott, P., & Cleary, M. (2015). The Leadership Role of Nurse Educators in Mental Health Nursing.	2015	Australia Singapore USA	Nursing	Based on Kouzes and Posner – Transformational and Ethical 1. Role Model – respect, empathy, listen, encourage 2. Mentor – partnerships, trust – self-efficacy and retention

	Issues in mental health nursing, 36(9), 718-724. https://doi.org/10.3109/01612840.2015.1033040				<ol style="list-style-type: none"> 3. Change agents: innovate and take risks 4. Encourage – celebrate success 5. Stewardship – values-based, equity 6. Ethical: accountable, responsible Provide feedback, reflection time, respectful, and collaborate
17	McKimm, J., & McLean, M. (2020). Rethinking health professions' education leadership: Developing 'eco-ethical' leaders for a more sustainable world and future. Medical Teacher, 42(8), 855-860. https://doi.org/10.1080/0142159x.2020.1748877	2020	UK Australia	HPE	Advocating for Eco-ethical leadership for HPE leaders – planetary health. Draw on several leadership theories and frameworks: Leader, manager, follower Interpersonal, intrapersonal, Organisation, System Leadership theories: Authentic, Ecological/Regenerative, Value-led/Moral/Ethical, Servant. Characteristics: accountable, advocate, role model, committed, listen, network, share power and information, authentic, collaborate, communicate well, empathetic, compassionate...all with a focus on improving sustainability and planetary health. Draw on collective intelligence and wisdom – need to change the culture – may need activism and encouraging early followers.
18	McKimm, J., Ramani, S., Forrest, K., Bishop, J., Findyartini, A., Mills, C., . . . Radu, G. (2022). Adaptive leadership during challenging times: Effective strategies for health professions educators: AMEE Guide No. 148. Medical Teacher, 1-11. https://doi.org/10.1080/0142159x.2022.2057288	2022	Global	HPE	Draws on several contemporary leadership models to address 4 levels of HPE leadership: <ol style="list-style-type: none"> 1. Intrapersonal – emotional and social intelligence – culture impacts 2. Interpersonal – Authentic, inclusive, primal 3. Organisational – Adaptive 4. Global – regenerative, eco-ethical, meta-leadership. Lots of overlap between different theories – especially on self-awareness and EI. Need Grit, trust, vulnerability, self-awareness of biases, think globally

10.1.1 TABLE OF REVIEWS OF LEADERSHIP DEVELOPMENT IN HEALTH

Table 12: Reviews of Leadership Development in Health

	Journal Article	Year	Databases	Number of studies	Years covered	Countries represented	Definition of Leadership	Findings	Recommendations
1	Rodríguez-Feria P, Czabanowska K, Babich S, Rodríguez-Sánchez D, Carreño Hernández FL, Hernández Flórez LJ. Defining Leadership in Undergraduate Medical Education, Networks, and Instructors: A Scoping Review. <i>International Medical Education</i> . 2023;2(1):49-70. doi:10.3390/ime2010006 .	2023	ERIC, Embase, MEDLINE Google for grey lit, 2 Latin American Caribbean databases	38 articles from 23 studies	2009 - 2022	US - 12 UK - 3 Canada - 2 Europe - 3 Australia, Korea and Saudi Arabia - 1	1. Have a vision, 2. Inspire others to do well 3. Work with others to show the way 4. Change and innovate. Over 20 different definitions	Definitions of leadership	1. Include values in definitions of leadership 2. Collaborations between US / UK / Australia and LAC
2	Evans, M. A., James, E. J., & Misa, M. (2023). Leadership Training in Undergraduate Medical Education: A Systematic Review. <i>International journal of medical students</i> , 11(1), 58-66. https://doi.org/10.5195/ijms.2023.1717	2023	PubMed (MEDLINE), Embase, ERIC, PsycInfo, and Web of Sciences	16 articles	2014 - 2021	USA Canada	The process of influencing people by providing purpose, direction, and motivation while operating to accomplish the mission and improve the organisation. Mangrulkar et al. - leadership competency domains: team management, change	Most leadership programs focus on pre-clinical students with mixed teaching methods – classroom and clinical / community. Developed leadership skills – evidence-based medicine, conflict management, inter-	1. Leadership development needs a standardised competency framework. 2. Mixed methods with longitudinal project-based better with smaller cohort sizes.

							agency, teamwork, interprofessional, evidence-based medicine and practice, and professionalism and ethics,	professionalism and emotional intelligence.	
3	James, E., Evans, M., & Mi, M. (2021). Leadership Training and Undergraduate Medical Education: a Scoping Review. <i>Medical science educator</i> , 31(4), 1501-1509. https://doi.org/10.1007/s40670-021-01308-9	2021	PubMed, ERIC	35 articles	2015 - 2020	USA - 24, UK - 3, Multi-country – 2 Australia, Belgium, Brazil, Canada, Iran, and India – 1	collaboration, transparency, community centeredness, accountability, and teamwork, Mangrulkar et al. six content domains: leadership, change agency, teamwork, interprofessional, evidence-based medicine and practice, and professionalism and ethics	No consistency in leadership frameworks, not including all med students, mostly focusing on domains of change, teamwork and leadership through mostly interactive sessions and assessments or projects.	Development of standardised leadership framework for medical students.
4	Lyons, O., Su'a, B., Locke, M., & Hill, A. (2018). A systematic review of leadership training for medical students. <i>New Zealand medical journal</i> , 131(1468), 75-84. https://www.proquest.com/scholarly-journals/systematic-review-leadership-training-medical/docview/2052768826/se-2	2018	Pubmed, Embase, ERIC, MEDLINE PsycInfo	11 articles	2000 - 2014	US – 8 Sweden – 2 Switzerland – 1	No definition of leadership	Mostly subjective positive outcomes. Short stand-alone courses appear to be effective. Need more longitudinal evaluation on the longevity of change.	1. Standardise theoretical framework for clinical leadership 2. Development of competency-based assessment.

5	Steinert, Y., Naismith, L., & Mann, K. (2012). Faculty development initiatives designed to promote leadership in medical education. A BEME systematic review: BEME Guide No. 19. Medical Teacher, 34(6), 483-503. https://doi.org/10.3109/0142159x.2012.680937	2012	MEDLINE EMBASE, CINAHL, Web of Science, ERIC, and ABI/Infor m	48 articles 41 studies of 35 different interventi ons	1980– 2009	US – 30 Canada – 3 UK, Africa & Asia – 1	No definition of leadership	Features contributing to positive outcomes included using multiple instructional methods within single interventions; experiential learning and reflective practice; individual and group projects; peer support and the development of communities of practice; mentorship; and institutional support. Participants value leadership development activities and report changes in attitudes, knowledge, skills and behaviour	Faculty development programs should: ground their work in a theoretical framework; articulate their definition of leadership; consider the role of context; explore the value of extended programs and follow-up sessions; and promote using alternative practices including narrative approaches, peer coaching, and team development.
6	Lyons, O., George, R., Galante, J. R., Mafi, A., Fordwoh, T., Frich, J., & Geerts, J. M. (2021). Evidence-based medical leadership development: a systematic review. BMJ Leader, 5(3), 206-213. https://doi.org/10.1136/leader-2020-000360	2021	MEDLINE (Google Scholar and Web of Science for hand search)	117 articles	2000 – 2020	USA-67% UK-16% Europe-7% Canada-4% Australia- 3% Africa, India, Israel & Qatar one each	No definition of leadership Leadership theory did not impact outcomes - courses included theory, performance, self and change management, communication and teamwork.	Organisational outcomes increased through project work, mentoring, coaching and reflection. Internal training with an external and internal facilitator has better outcomes and is cheaper. Bespoke programs may be better	Better evaluation of training with more objective designs, mixed methods, and longitudinal.
7	Onyura, B., Crann, S., Tannenbaum, D., Whittaker, M. K., Murdoch, S., & Freeman, R. (2019). Is postgraduate leadership education a match for the	2019	ABI/Infor m Global, CINAHL, CBCA Education, Education	31 articles	2007 – 2017	USA - 18, UK-7, Canada-2, Australia-2, Netherland s-1,	No definition of leadership - programs mainly used CANMED, ACGME, NHS, and MLCF frameworks.	Topics looked at quality improvement and patient safety, conflict management and financial - many different topics - no	Increased feedback to participants on leadership capabilities, including more contemporary leadership models to deal with

	wicked problems of health systems leadership? A critical systematic review. Perspectives on Medical Education, 8(3), 133-142. https://doi.org/10.1007/s40037-019-0517-2		Source, Embase, ERIC (ProQuest), OVID Healthstar, OVID MEDLINE PsycInfo, Scopus, and Social Science Abstracts			Germany-1	Others included EI, shared, adaptive, transformational, relational	uniformity on what should be covered. Teaching mainly didactic and workshops, project work (40%) and case-based learning.	wicked problems through collaborative approaches. Need longitudinal programs with mentoring, coaching and experiential learning.
8	Reed, B. N., Klutts, A. M., & Mattingly, T. J. (2019). A Systematic Review of Leadership Definitions, Competencies, and Assessment Methods in Pharmacy Education. American journal of pharmaceutical education, 83(9), 1873-1885. https://doi.org/10.5688/ajpe7520	2019	Pubmed, Scopus	44 articles	Not stated	Not stated	No single definition of leadership - looked at common knowledge, skills and attributes described - aligned to Transformational Kotter's 8 stages, Authentic, Servant	Eight definitions of leadership and 16 knowledge, skills and attributes.	More research, and consensus on what expected of students of pharmacy
9	Sadowski, B., Cantrell, S., Barelski, A., O'Malley, P. G., & Hartzell, J. D. (2018). Leadership Training in Graduate Medical Education: A Systematic Review. Journal of Graduate Medical Education, 10(2), 134-148. https://doi.org/10.4300/jgme-d-17-00194.1	2018	MEDLINE ERIC EMBASE and MedEdPORTAL	52 articles	1991 – 2015	Not stated	Looked for elements of faculty development programs. Looked at MLCF to see what was covered in each - mentioned CanMeds and AGCME. In discussion - PITO - personal, interpersonal, team and organisational.	Found several elements of leadership covered - teamwork, models of leadership, Time Mx, and developing others. Development - small group teaching, mentoring, coaching, and project-based most effective	Better quality of studies - utilise educational frameworks and how faculty developed. Need more qualitative data.

10	Sultan, N., Torti, J., Haddara, W., Inayat, A., Inayat, H., & Lingard, L. (2019). Leadership Development in Postgraduate Medical Education: A Systematic Review of the Literature. <i>Academic Medicine</i> , 94(3), 440-449. https://doi.org/10.1097/acm.0000000000002503	2019	MEDLINE Embase, PsycInfo, ERIC	21 articles	1980 - 2017	USA-19, UK-1, Canada-1	Leadership framework compared with Gardener's multiple intelligences - Character, Emotional Intelligence and cognitive knowledge	Most studies had no conceptual framework and only focused on cognitive outcomes, not longitudinal outcomes.	Need leadership frameworks, longitudinal development, and better evaluation.
11	Brewer, M. L., Flavell, H. L., Trede, F., & Smith, M. (2016). A scoping review to understand "leadership" in interprofessional education and practice. <i>Journal of Interprofessional care</i> , 30(4), 408-415. https://doi.org/10.3109/13561820.2016.1150260	2016	CINAHL, Informat, SCOPUS, ProQuest, Science Direct, MEDLINE PsycInfo, and Ulrichsweb	114 articles	1994 - 2014	USA-53, Canada-28, Australia-14, UK-6, Europe-4, NZ-2, Global-7, Nicaragua-1, India-1	No leadership definition	Only a quarter of the studies defined the leadership approach they were using. Of those that did included Transformational (individualistic), Team, Shared, Distributed and Collaborative (shared)	Need more research in educational and practice settings to gain a shared understanding of interprofessional leadership and the required competencies.
12	Webb, A. M. B., Tsipis, N. E., McClellan, T. R., McNeil, M. J., Xu, M., Doty, J. P., & Taylor, D. C. (2014). A First Step Toward Understanding Best Practices in Leadership Training in Undergraduate Medical Education: A Systematic Review. <i>Academic Medicine</i> , 89(11), 1563-1570. https://doi.org/10.1097/acm.0000000000000502	2014	PubMed, Education Resources Information Center (ERIC), Academic Search Complete, and Education Full Text.	20 articles	1980 - 2014	17 (71%) in the United States, 3 (13%) in the United Kingdom, and 1 (4%) each in Canada, Switzerland , Sweden, and Israel.	MLCF used to map	Most courses were longitudinal – one semester to four years and covered at least three domains of MLCF.	Need programs to evaluate longitudinal outcomes and behaviour change. Should be standardised to a framework.

13	Morrow, K. J. (2015). Leadership Curricula in Nursing Education: A Critical Literature Review and Gap Analysis. The Journal of nursing education, 54(7), 367-371. https://doi.org/10.3928/01484834-20150617-02	2015	Academic Search™ Premier, CINAHL, and Health Source	13 articles	2008 – 2013	Not stated	No definition of leadership	Active learning strategies of reflection, peer learning, interdisciplinary teams and partnerships with organisations.	More attention needs to be given to organisational partnerships to impact policy. Adapt approaches to leadership to incorporate diverse populations.
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10.1.1 TABLE OF EMPIRICAL RESEARCH ON HPE LEADERSHIP

Table 13: HPE Leadership Empirical Research

	Title	Year	Country	Discipline	Methodology & Methods	Main Findings
			Global North			
1	(19) Lieff, S., & Albert, M. (2012). What do we do? Practices and learning strategies of medical education leaders. <i>Medical Teacher</i> , 34(4), 312-319. https://doi.org/10.3109/0142159x.2012.643835	2012	Canada	Medicine	Phenomenological Case study 16 medical education leaders interviewed.	Four frames for leadership – Interpersonal, Intrapersonal, Organisational and Systemic
2	(8) Lieff, S. J., Zaretsky, A., Bandiera, G., Imrie, K., Spadafora, S., & Glover Takahashi, S. (2016). What do I do? Developing a competency inventory for postgraduate (residency) program directors. <i>Medical Teacher</i> , 38(10), 1011-1016. https://doi.org/10.3109/0142159x.2016.1147532	2016	Canada	Medicine	Four-phase study – 1. Developed inventory. 2. Sent to national leaders to verify. using Likert scales 3. Sent to local leaders. 4. Trialled as MSF for 17 PDs.	5 headings & 26 competencies. 1. Communication and relationships - listen & respect. 2. Leadership - vision, innovation, support & motivation. 3. Professional and self-management - responsible, self-reflect, life-long learning, role model. 4. Environmental engagement - collaboration, improve program. 5. Management skills and Knowledge - responsible, accountable, delegate, decisions, empower.
3	(112) Lieff, S. J., Baker, L., Poost-Foroosh, L., Castellani, B., Hafferty, F. W., & Ng, S. L. (2020). Exploring the Networking of Academic Health Science Leaders: How and Why Do They Do It? <i>Academic Medicine</i> , 95(10), 1570-1577. https://doi.org/10.1097/acm.0000000000003177	2020	Canada	HPE	Constructivist Grounded Theory Interviews and network maps 24 Health Science Academic Leaders Compared results to Ibarra and Hunter's model for networking in business.	4 types of networking – 1. Role bound - part of the job - affected by the boss's leadership style. 2. Project-based - more autonomy - for a specific project - time-bound. 3. Vision/goal-based - deliberate engagement to achieve a common goal. 4. Opportunity - no agenda - valuable - 'met at a conference' each category - increase

						autonomy (self-directed) and agency (initiative)
4	(106) Bharwani, A., Kline, T., Patterson, M., & Craighead, P. (2017). Barriers and enablers to academic health leadership. <i>Leadership in Health Services</i> , 30(1), 16-28. https://doi.org/10.1108/LHS-05-2016-0023	2017	Canada	Medicine	Qualitative study, No methodology Inductive analysis Interviews with 77 people - 5 groups - trainees, mid and senior faculty, deans, external executives	Organisational (O) and Personal (P) +ves and -ves O+ve = strong team, resources, opportunity, clear expectations, positive culture, O-ve = bureaucracy, wrong leaders, -ve culture, lack of resource/time, government interference. P+ve = Authentic, communication, self-awareness (EI), innovative, strategic planning; P-ve = lack of KSA, micromanage, closed mind
5	(98) Varpio, L., O'Brien, B., Durning, S. J., Vleuten, C. v. d., Gruppen, L., Cate, O. T. J. t., . . . Hu, W. (2017). Health Professions Education Scholarship Unit Leaders as Institutional Entrepreneurs. <i>Academic Medicine</i> , 92(8), 1189-1195. https://doi.org/10.1097/acm.0000000000001576	2017	Canada, Australia & NZ	HPE scholarship units	Re-analysis of two data sets on HPSEUs - originally interviews Using Bourdieu's theory & constructivist paradigm. 14 HPSEU leaders - Canada; 23 (16 HPSEU, 7 other leaders) AUS / NZ	Used Institutional Entrepreneurs framework to analyse the data: 1. Theorizing = problem-solving- find issues in the institution people are concerned about and show how new intervention will help. 2. Strategic relationships - dean, groups, individuals. 3. Increase visibility - make sure people know how it is helping.
6	(111) Slootweg, I. A., van der Vleuten, C., Heineman, M. J., Scherpbier, A., & Lombarts, K. M. J. M. H. (2014). Program directors in their role as leaders of teaching teams in residency training. <i>Medical Teacher</i> , 36(12), 1073-1079. https://doi.org/10.3109/0142159x.2014.923561	2014	Netherlands	Medicine	Phenomenographic Qualitative Study Interviews with 14 Program Directors	Four styles of leadership identified: 1. Captain - me - regulation, duty, rules, delegate. 2. Carer - You - facilitate, give feedback, and responsibility. 3. Professional - It - patient care, role model, collaboration. 4. Team Player - us - create opportunity, empower, role model.

7	(23) Dujeepa, D. S., Ashokka, B., Su-Ping, Y., & Shuh-Shing, L. (2019). Understanding Leadership: Perceptions among Health Professions Educational Leaders in the Asian Setting. <i>Journal of Medical Education</i> , 23(3), 154-174. https://doi.org/10.6145/jme.201909_23(3).0002	2019	Singapore	HPE	Mixed methods Validated Survey (Citaku) and Interviews	Survey: Self-management = lowest; social responsibility. Honesty and accountability = highest individual. 6 domains in qualitative 1. Cognitive - problem-solving. 2. Technical - Time Mx, knowledge. 3. Interpersonal - collaboration, care, motivation. 4. Intrapersonal - self-aware, persevere, committed. 5. Development - coaching, conflict resolution, help for self and others. 6. Innovative - try new things.
8	(22) Sundberg, K., Josephson, A., Reeves, S., & Nordquist, J. (2017). May I see your ID, please? An explorative study of the professional identity of undergraduate medical education leaders. <i>BMC Medical Education</i> , 17(1). https://doi.org/10.1186/s12909-017-0860-0	2017	Scandinavia	Medicine	Phenomenological qualitative study – interviews with 14-line level medical education leaders. Deductive analysis with Gee's i-Identity and Power and Resistance	1. Perceived identity – ambivalent; work with others, lots of roles; negotiator – communicate, diplomat, mediator, neutral. 2. Identity process – 'unofficial' therefore little power 3. Power & identity – low status
9	(21) Sundberg, K., Josephson, A., Reeves, S., & Nordquist, J. (2015). Power and resistance: leading change in medical education. <i>Studies in higher education (Dorchester-on-Thames)</i> , 42(3), 445-462. https://doi.org/10.1080/03075079.2015.1052735	2015	Sweden	Medicine	Constructivist qualitative Interviews 16 medical education leaders –midline & lowline Thematic analysis using Yukl's power model as a guide	Not respected as educational leaders - need to be good as clinicians or researchers. Lack of shared identity between leader and follower. Unclear job description Power = 1. Use of Influence – freedom to make change & creation of power; and 2. lack of authority – lack of status & formal power; Resistance = culture, identity and organisation resistance

10	(104) Frydén, H., Ponzer, S., Heikkilä, K., Kihlström, L., & Nordquist, J. (2015). Roles, tasks and educational functions of postgraduate programme directors: a qualitative study. <i>Postgraduate Medical Journal</i> , 91(1080), 588-593. https://doi.org/10.1136/postgradmedj-2015-133315	2015	Sweden	Medicine	Qualitative study – Interviews with 17 Program Directors. Deductive analysis with Bolman & Deal's framework.	<ol style="list-style-type: none"> 1. Structural - organise and plan. 2. Human Resource - support and relationships - conflict resolution. 3. Political - negotiate educational needs and mediate. 4. Cultural - promote education. Overlapping functions for some tasks eg. Mini-CEX - in all categories.
11	(121) Bolander Laksov, K., & Tomson, T. (2017). Becoming an educational leader - exploring leadership in medical education. <i>International Journal of Leadership in Education</i> , 20(4), 506-516. https://doi.org/10.1080/13603124.2015.1114152	2017	Sweden	Medicine, Dentistry, physio, nursing, psychology	Qualitative participatory action research; 10 mid-level programme directors Method - reflective writing - convenience sampling, Deductive analysis - CoP - qualitative content analysis	<ol style="list-style-type: none"> 1. Domain- student-centred; faculty development, inspiration and vision, organisational learning, collaboration = bridges and networks. 2. Community - admin to leader, aware of literature for evidence-based practice, communication, and change in perspectives. 3. Practice - work with change, learning community, and a place to reflect.
12	(110) Wijk, H., Ponzer, S., Heikkilä, K., Kihlström, L., & Nordquist, J. (2019). Factors influencing effectiveness in postgraduate medical education – a qualitative study of experiences of the responsible clinical consultants. <i>BMC Medical Education</i> , 19(1), 3. https://doi.org/10.1186/s12909-018-1433-6	2019	Sweden	Medicine	Qualitative 17 interviews – postgraduate medical education consultant (CRE) Content analysis	<ol style="list-style-type: none"> 1. Individual - expert & networks. 2. Relational - support, cooperation, communication. 3. Attitudinal - colleagues, organisation, shared vision. 4. Structural - \$, regulations, time.
13	(113) Wijk, H., Heikkilä, K., Ponzer, S., Kihlström, L., & Nordquist, J. (2021). Successful implementation of change in postgraduate medical education – a qualitative study of programme directors. <i>BMC Medical Education</i> , 21(1), 213. https://doi.org/10.1186/s12909-021-02606-x	2021	Sweden	Medicine	Interpretivist qualitative study. 16 program directors - interviews Odman for analysis	<ol style="list-style-type: none"> 1. Belonging to a group - 'We' - work as a team and represent a group not just on your own. 2. Vision and meaning - +ve impact - inner motivation and commitment to the organisation. 3. Mandate 4 change- empowered - trust and power from superiors, PD's an expert in clinical and education. 4. Involving colleagues - getting others on board - 'anchoring' lots of discussions; facilitate.

						5. Long-term perspective- perseverance - patience - step by step.
14	(120) Thomas-Gregory, A. (2014). Professional identities of middle managers: A case study in the faculty of health and social care. <i>Educational management, administration & leadership</i> , 42(5), 620-639. https://doi.org/10.1177/1741143213513186	2014	UK	Nursing Allied Health	interpretivist case study - 14 middle managers - HODs - 10 nursing, 4 allied health. questionnaire and Interviews	Main findings - experience in clinical assisted in a leadership role; good role models. Characteristics - curiosity, competitiveness, optimism, sociability and humour. love the job; some difficulties - personal - childcare; role includes lots of responsibilities, no time for scholarship - but encouraged to keep going - most had PhD
15	(101) Broome, M. E. (2013). Self-Reported Leadership Styles of Deans of Baccalaureate and Higher Degree Nursing Programs in the United States. <i>Journal of professional nursing</i> , 29(6), 323-329. https://doi.org/10.1016/j.profnurs.2013.09.001	2013	USA	Nursing	Multifactor Leadership Qualities survey 344 Nursing Deans – 54% response rate	77% - transformational. 21% - transactional. 2% - passive. Optimism, shared vision, confidence in goals being met; satisfaction when others meet expectations.
16	(102) Haden, N. K., Ditmyer, M. M., Rodriguez, T., Mobley, C., Beck, L., & Valachovic, R. W. (2015). A Profile of Dental School Deans, 2014. <i>Journal of dental education</i> , 79(10), 1243-1250. https://doi.org/10.1002/j.0022-0337.2015.79.10.tb06018.x	2015	USA	Dental	31 item survey (12 = demographics) 56 Deans across the USA	Advice for future Deans: 1. Understand Budgets 2. Communication skills 3. To be humble, flexible, innovative, accessible and accountable. 4. Need good mentorship. 5. Understand stakeholder needs. Got to love the job!
17	(100) Delgado, C., & Mitchell, M. M. (2016). A Survey of Current Valued Academic Leadership Qualities in Nursing. <i>Nursing Education Perspectives</i> , 37(1), 10-15. https://doi.org/10.5480/14-1496	2016	USA	Nursing	Informal Survey 12 of the highest-ranking Universities Nursing faculty 52/724 = 7% response rate	1. Qualities = Integrity, Communication, Problem-solving, Vision, Fairness. 2. Issues = less faculty, less resources, team building difficult, partnerships with community &/or clinical. 3. Mentoring and experience best for development.

18	(115) Chargualaf, K. A., Elliott, B., & Patterson, B. (2018). From Military to Academic Nursing: Embracing an Untapped Leadership Resource. <i>Journal of Nursing Education</i> , 57(6), 355-358. https://doi.org/https://doi.org/10.3928/01484834-20180522-06	2018	USA	Nursing	Qualitative descriptive study semi-structured interviews 13 faculty nurses	Military leadership helped with Educational Nursing Leadership - collaboration; innovation; take risks; clear and direct communication; confidence; good work ethic; give feedback; efficiency, perseverance; flexibility; humility, assertive, integrity
19	(109) Cenoz-Donati, A. B., Schillerstrom, J. E., & Pokorny, J. J. (2019). Development of Evaluations to Assess the Quality of Residency Program Directors. <i>Academic Psychiatry</i> , 43(1), 28-36. https://doi.org/10.1007/s40596-018-0985-4	2019	USA	Medicine	No methodology Interviews with 22 - 5 Program directors, 5 chairs, 7 chief residents, 5 academic deans and 1 DIO	12 items - some specific to the USA. Generic = role model, feedback, scholarly activity, admin, communication, approachable, good learning environment, wellness of trainees.
20	(119) Traynor, A. P., Borgelt, L., Rodriguez, T. E., Ross, L. A., & Schwinghammer, T. L. (2019). Use of a Modified Delphi Process to Define the Leadership Characteristics Expected of Pharmacy Faculty Members. <i>American journal of pharmaceutical education</i> , 83(7), 1619-1628. https://doi.org/10.5688/ajpe7060	2019	USA	Pharmacy	Delphi process with 1st round open-ended questions - developed themes - 2 rounds of Likert scales and able to add comments 23 pharmacy chairs	10 guiding principles 4 learning competencies 6 skills 6 expected leadership activities 20 characteristics
21	(118) Chisholm-Burns, M. A., Brandon, H. H., & Spivey, C. A. (2021). Leadership lessons from administrators, faculty, and students during the COVID-19 pandemic. <i>Currents in pharmacy teaching and learning</i> , 13(10), 1306-1311. https://doi.org/10.1016/j.cptl.2021.07.001	2021	USA	Pharmacy	qualitative study focus groups x3 – executives (7), faculty (5), leadership students (9)	1. Open communication 2. Stay connected 3. Adaptable and flexible 4. Stay productive 5. Turn crisis into opportunity Executives - Optimism; move towards goals. Faculty - look after student wellbeing; Students - self-care and needs of others.
22	(99) Singh, A., & Spadaro, K. (2022). Leadership Self and Means Efficacy Among Nursing Faculty: A National Study. <i>The Journal of nursing education</i> , 61(11), 636-640. https://doi.org/10.3928/01484834-20220912-05	2022	USA	Nursing	Exploratory, descriptive correlational study - validated survey on self-efficacy. Snowball sampling – after sent to 700 nursing deans.	69 respondents (1-10%) Self-efficacy = 70%; means efficacy = 66%; self-regulation = 77% If NO leadership development = higher confidence in their abilities

23	(114) Simonson, N., Brown, M., & Klingbeil, C. (2023). Academic nursing leadership: Lessons learned during a pandemic: A qualitative research study. <i>Nurse Education Today</i> , 120, 105620. https://doi.org/https://doi.org/10.1016/j.nedt.2022.105620	2023	USA	Nursing	Exploratory, descriptive qualitative study Focus groups 11 Academic Nursing leaders	3 Themes – 1. Technology – reliance on, virtual exhaustion 2. Time and change – insufficient time, constant change, crisis mode 3. Well Being – physical safety, psychological impact Leadership Pearls - communication, mentoring, planning, innovation, succession planning.
24	(107) Antoine, E. B., Rocha, A. M., & McGinty, G. (2022). Values-Based Leadership: A Survey of Academic Medical Leaders to Inform Curriculum Development. <i>Journal of healthcare leadership</i> , 14, 137-142. https://doi.org/10.2147/jhl.S379737	2022	USA	Medicine	Mixed - methods - qual interviews and rank order survey 19 academic chairs & deans (12 physicians)	Individual values; shared values & competencies. 10 ranked statements under each category
25	(103) Iheduru-Anderson, K. C., Moore, S. S., & Okoro, F. (2022). The voice of Black academic nurse leaders in the United States: A qualitative study. <i>Journal of professional nursing</i> , 39, 84-95. https://doi.org/10.1016/j.profnurs.2022.01.007	2022	USA	Nursing	Narrative study – Critical Race Theory Interviews – 34 Black academic nurse leaders	Themes: 1. Path to academic leadership - mentorship; qualifications, got the role because no one else wanted it. 2. Need trust and support - to do the job well, don't take the credit, challenge authority. 3. Acceptable black nurse - positive, invisible, uppity & angry, treading the thin line.
26	(105) De Golia, S. G., Houston, L. J., Madaan, V., Zalpuri, I., Welton, R., Bernstein, C., . . . Sudak, D. M. (2023). The Burden of Leadership: a Survey of Burnout Experiences Among Psychiatry Program Directors. <i>Academic Psychiatry</i> , 47(2), 174-180. https://doi.org/10.1007/s40596-022-01675-4	2023	USA	Medicine	Survey with 3 open-ended questions 31% response - only 25% used (210/880)	44% - Burnt out - want to resign - 77%, discrimination 66% No meaning- 44% compared to 56% - 'No burn out' – want to resign - 45%; Discrimination 45%; No meaning 2% Contributing factors - admin; regulation; decrease in support staff, no control over schedule, juggling responsibilities - work/home. Protectors - Supportive colleagues, supp. Leadership, meaningful interactions with trainees, family time, support staff

27	(116) Horton-Deutsch, S., Pardue, K., Young, P. K., Morales, M. L., Halstead, J., & Pearsall, C. (2014). Becoming a nurse faculty leader: Taking risks by doing the right thing. <i>Nursing Outlook</i> , 62(2), 89-96. https://doi.org/10.1016/j.outlook.2013.12.003	2014	USA	Nursing	Interpretive phenomenological 6 interviews and 2 focus groups within the researcher group.	Risk-taking and doing the right thing: 1. Sense of responsibility - to students and faculty, to the institution. 2. Sense of Vision - push ahead, negotiate, do the homework - collaborate, be strategic & perseverance. 3. Values - moral obligation.
28	(117) Pardue, K. T., Young, P. K., Horton-Deutsch, S., Halstead, J., & Pearsall, C. (2018). Becoming a nurse faculty leader: Taking risks by being willing to fail. <i>Nursing Forum</i> , 53(2), 204-212. https://doi.org/https://doi.org/10.1111/nuf.12244	2018	USA	Nursing	Interpretive phenomenological 6 interviews and 2 focus groups within the researcher group. (Same study as above with a different analytical focus)	1. Developing a culture of supportive experimentation - allows innovation & creativity - needs encouragement and optimism 2. Working hard for success - often new ideas take a lot of work. 3. Learning from Failure - look at the components - change - try again.
			Global South			
29	(15) Wessels, Q. B. (2022). Understanding leadership development within new medical schools in Africa http://hdl.handle.net/11427/36731	2022	Africa Namibia, Zambia, Mozambique, Botswana and Lesotho		Mixed methods Likert survey – 29 responses Interviews – 10 Document Analysis	Individual leadership: personal, Institutional, and cultural impact 1. Leader in front 2. Strategist 3. silenced leader 4. Becoming a leader 5. Leader as manager Institutional factors: Hinder leadership – hierarchical, poor communication, isolation Consortium: Enables strategic thinking outside constraints of the institution.
30	(129) Vergel, J. (2023). Kind and sinful, is the meaning of my leadership experience in medical education. An autoethnographic narrative inquiry. <i>Iatreia (Medellin, Colombia)</i> , 36(1), 86-97. https://doi.org/10.17533/udea.iatreia.184	2023	Columbia	Medicine	Autoethnography 3 self-interviews, notes and audio recordings	Four metaphors about the journey to medical education leader. 1. Original Sin: childhood experiences - be good, catholic upbringing. 2. Bad son leaves home - rejects Catholicism, studies medicine.

						<p>3. Snake's head must be cut off - culture of heteropatriarchy; tension with colleague; cold cordiality.</p> <p>4. The apocalypse - COVID-19 - motivate, delegate, be your best - collapse - angry.</p> <p>Tensions: expectations vs experience; intrapersonal - religious, gender, interprofessional</p> <p>Power changed self, not others.</p>
31	(123) Bikmoradi, A., Brommels, M., Shoghli, A., Sohrabi, Z., & Masiello, I. (2008). Requirements for effective academic leadership in Iran: A Nominal Group Technique exercise. BMC Medical Education, 8(1), 24. https://doi.org/10.1186/1472-6920-8-24	2008	Iran	Medicine	Nominal Group Technique exercise 24 participants – 3 teams – 1 day workshop to reach consensus	<p>Six themes of effective leadership:</p> <ol style="list-style-type: none"> 1. Shared vision, goal & strategy 2. Teaching & research leadership 3. Fair & efficient management 4. Mutual trust & respect, commitment 5. Development & recognition 6. Transformational Leadership; collaboration <p>Ideals – unable to be practised in the current Iranian academic context.</p>
32	(14) Bikmoradi, A., Brommels, M., Shoghli, A., Khorasani-Zavareh, D., & Masiello, I. (2010). Identifying challenges for academic leadership in medical universities in Iran. Medical Education, 44(5), 459-467. https://doi.org/https://doi.org/10.1111/j.1365-2923.2009.03570.x	2010	Iran	Medicine	Qualitative study Interviews 18 participants - HoD, Dean, Chancellor. All professors of some type	<p>3 themes</p> <ol style="list-style-type: none"> 1. Organisational issues - govt interference; too many responsibilities; poor selection of leaders. 2. Managerial Issues - No leadership training; delegate but interfere; mismatch of who in position. 3. Organisational culture - fear of innovation; don't criticise; low motivation.
33	(124) Abdollahi, H., Abbaspour, A., Shoja Ghaleh Dokhtar, L., & Minaee, A. (2022). Identifying the dimensions and components of ethical leadership competency of Educational Managers of Mashhad University of Medical Sciences (Descriptive-interpretive). Future of Medical Education Journal, 12(4), 33-39. https://doi.org/10.22038/fmej.2021.57679.1400	2022	Iran	Medicine	Interpretive, descriptive study Interviews 16 medical school managers and assistants	<p>2 dimensions with knowledge (K), skills (S) and attitudes (A)</p> <ol style="list-style-type: none"> 1. Ethical: K – rules & regs. Ethical awareness S – responsible, forgiving, patience, altruism; A - optimism 2. Technical competence: - K – professional, management; S – communicate, evaluate, and make decisions; A - commitment

34	(128) Qamar, K., Ahmed Khan, M. G. S., Ahmed Khan, S., & Tasawar, A. (2019). Educational and Academic Leadership. The professional medical journal, 26(5). https://doi.org/10.29309/tpmj/2019.26.05.3475	2019	Pakistan	Medicine	Survey with open-ended questions 32 supervisors; experienced (>5 years) and new (<5 years)	Experienced – leaders = academic & program knowledge; professional development; if bad to down student learning & demotivate leaders; good - effective education, distributed tasks. Role = ruler, guide, discipline. Young – leaders = student-centred, collaborative. Bad=cheating and decrease innovation; good= role model, innovation, motivation and collaboration. Role = dynamic and democratic. Both valued feedback.
35	(125) de Guzman, A. B., & Hapan, M. F. (2013). It Takes Two to Tango: Phenomenologizing Collaborative Mindset of Filipino Academic Deans. The Asia - Pacific Education Researcher, 22(3), 315-326. https://doi.org/https://doi.org/10.1007/s40299-012-0056-7	2013	Philippines	Medical Technology	Qualitative phenomenology interviews with 12 deans Phenomenological analysis	4 aspects to relationships 1. Truth – honesty, openness, transparency – understanding. 2. Development – collaboration, consultation – empowerment. 3. Equality - tempered dominance, considerate reprimand – followers. 4. Meaning - reflection & vision, mission - direction.
36	(126) de Guzman, A. B., & Hapan, M. F. (2014). Understanding the Twists and Turns of Academic Deanship: A Phenomenology of Filipino Medical Technology Deans' Struggles as Organizational Managers. The Asia - Pacific Education Researcher, 23(2), 261-272. https://doi.org/https://doi.org/10.1007/s40299-013-0102-0	2014	Philippines	Medical Technology	Qualitative phenomenology interviews with 12 deans Phenomenological analysis Same study as above different emphasis on analyses	5 opposing things to negotiate – 1. superiority v relationships - prudence – understanding. 2. Rule v role - transparency – flexibility. 3. Obligation v allocation - Justice – bargaining. 4. Personal v Professional - productivity - hard work. 5. Scholarship v leadership - excellence - risk-taking
37	(16) Al-Moamary, M. S., Al-Kadri, H. M., & Tamim, H. M. (2016). Authentic leadership in a health sciences university. Medical Teacher, 38(sup1), S19-S25. https://doi.org/10.3109/0142159x.2016.1143092	2016	Saudi Arabia	HPE	Authentic Leadership Questionnaire (ALQ) 75 of 79/84 sent questionnaires usable. Academic Health Science leaders - medicine and allied	Masters of Medical Education 35% of participants - thought helped leadership and had a module on leadership but no effect on ALQ scores. Relational transparency is down compared to others - may be due to culture - high power - Hofstede. Medics lower ALQ (also a higher percentage of men)

					health. Mostly medicine, mostly male.	
38	(127) Kyamanywa, P., & Redding, P. (2021). What are the key leadership competencies required by medical school deans in Uganda? A qualitative cross-sectional study. Afr Health Sci, 21(4), 1950-1959. https://doi.org/10.4314/ahs.v21i4.54	2021	Uganda	Medicine	Grounded theory based. Interviews 13 Deans – 9 current (2 female); 4 previous	Roles 1. Academic – education & research 2. Admin – communication, collaboration, \$ management, capacity development 3. Professional – advisor, role model Competencies 1. Personality – open to learning – behaviour 2. Training – expert in medicine, education & research – knowledge 3. Organisational skills – communication, collaboration, \$ management, work ethic, strategic & change management – skills Personality – honesty, integrity, humility

10.2 Appendix 2 Reflections After Piloting Rich Picture

Reflections after piloting the Rich Picture

The rich picture instructions were sent to Mary by email, which included an example of a rich picture I had drawn (Figure 29), and she was requested to draw a picture before the interview. The interview was held by 'Zoom' and lasted one hour. Mary's feedback included that the exemplar helped her understand what was expected. She spent about 10 minutes before the organised interview drawing the picture in just one colour. Connecting to the Zoom call was challenging as her computer had frozen, therefore she had to use her phone to do the interview. Mary took a photo of her picture (Figure 30) and sent it to me via email as this was easier than sharing a screen. As Mary commented, 'We are not used to doing things this way'. The interview was insightful, and I would have liked to use it for the research. Looking back at the Zoom recording was also helpful. I noticed I did not always leave a long enough pause before asking another question and did not make enough eye contact. I made a note to be more aware of the participants even though I found it challenging via Zoom. The audio recording was clear. Many of the reflections were around management rather than leadership, but there were some useful insights when I probed more about leadership. The picture provided a useful starting point to gain insights into Mary's perspectives. She did note that she was busy as she had been informed the day before of a task that needed to be completed within 24 hours, this may have explained why she spent only 10 minutes on the drawing. In addition, I felt she had used my rich picture as a template for her own, which also included elements of time, family and tasks that needed to be completed. A tension was identified between ensuring that the task of drawing a rich picture was understood, but not influenced. I felt my picture had influenced Mary preventing her from drawing something from her perspective. During a follow-up interview with Mary to discuss the reflective journal prompts I asked her if she felt my picture had influenced hers and she admitted it probably had. I showed her an Open University U-tube video on Rich Pictures (https://www.youtube.com/watch?v=eiCL29e_sZA) that explained the process. We discussed that this would help the participants understand the required task without unduly influencing them.

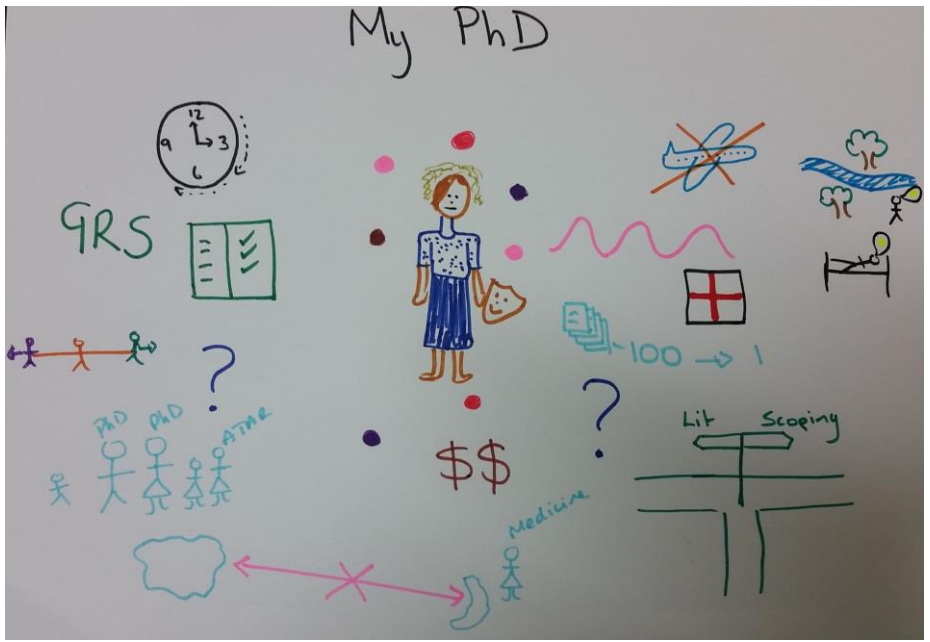


Figure 29: Example of a Rich Picture Drawn by the Researcher

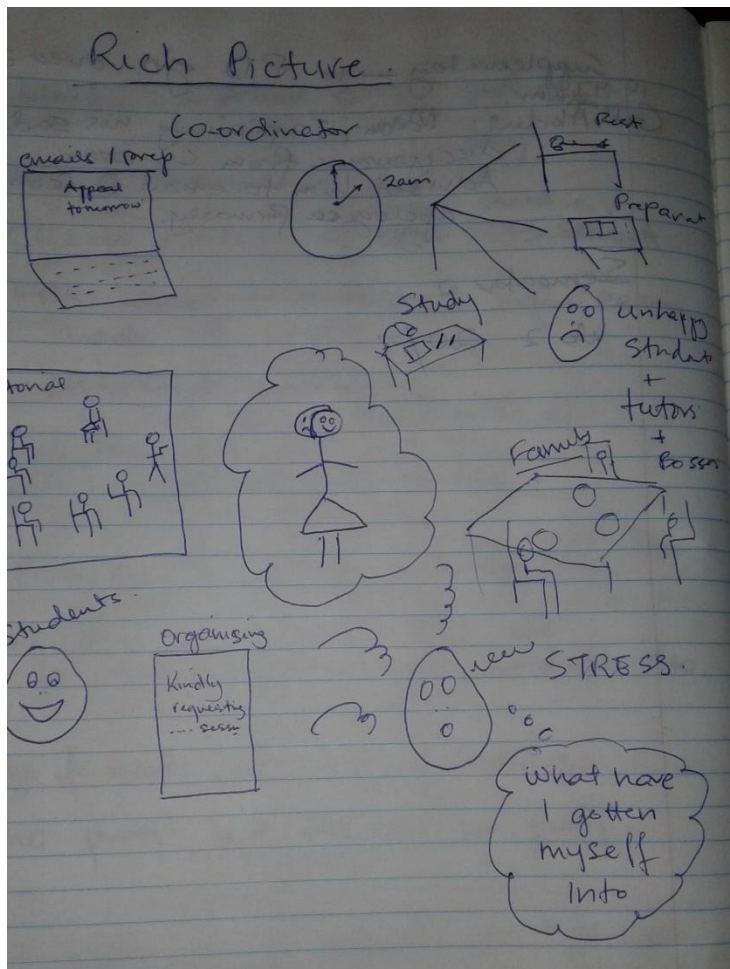


Figure 30: Mary's Rich Picture

10.3 Appendix 3 Instructions for Rich Pictures

Rich Picture Instructions

1. What is a Rich Picture?

'A picture is worth a thousand words'. Pictures also help us to think in a different way and can help us see things from a different perspective. It has been shown that by drawing a picture people can reflect and express things they may not have done in an interview alone.

I hope that you will find this activity engaging and enlightening and I look forward to hearing the stories behind your pictures.

You may find this U-tube video about rich pictures helpful:

https://www.youtube.com/watch?v=eiCL29e_szA

It refers to a group drawing, but the principles can also be applied to an individual drawing.

2. How to draw a Rich Picture

- a. Please take 20-30 minutes to draw a picture of being a medical education leader.
- b. Please draw mainly pictures but it does not have to be artistic. Stickmen are fine. You can include some words, arrows and symbols as well. You can use as many colours as you wish.
- c. The drawing should represent your perspectives of being a medical education leader. Try and include all aspects that you feel are important including people, environment, culture, relationships, thoughts and emotions.

3. Definitions of Leadership and Medical Education

The following definitions of leadership and medical education may be helpful as you think about your experiences:

Leadership: A process of social influence, working towards achieving a common goal and requiring an interlinked set of knowledge, skills and behaviours which can occur in an individual or group context.(1)

Medical education: A course of study aiming to provide the knowledge, skills and attitudes required for someone to become a proficient health professional.(2)

1. Northouse PG. Leadership : theory and practice. 6th ed. Thousand Oaks: SAGE; 2013.
2. Gregg A, Scarborough H. Medical education. Encyclopædia Britannica: 2014.

4. What to use and where

- a. Please pick up an A3 sheet of paper and a set of colouring pens from the Department of Medical Sciences. You may keep the pens.
- b. Try and do the picture in a quiet private place to allow you to reflect about your educational leadership experience.

10.4 Appendix 4 Guide for Rich Picture Talanoa Interview

The Rich Picture Talanoa interview guide

- Tell me about your picture?
 - How did you start? Tell me more.
 - Can you explain about the different elements and colours; how are they interconnected?
 - Can you tell me about your leadership story shown here?
 - Are you able to share the feelings you had while you were drawing?
- How do you see yourself as an educational leader in this picture?
- What were you trying to achieve in this picture and why?
- What was the context of this picture?
- Are there any cultural elements?

10.5 Appendix 5 Guide for Second Talanoa Interview

The Second Talanoa Interview Guide

1. **Confirm demographics** – age, title, discipline, ethnicity, time in Fiji, number of years in medical education and faculty development undertaken.

2. **Reflective prompts if not completed:**
 - a. ‘How have you experienced leadership this week?’
 - b. ‘What has been your main aim this month and how did you go about achieving that?’

3. **Questions**
 - a. What drives or motivates you to continue in your role as an HPE leader?
 - b. How do you think the culture has shaped your leadership journey?
 - c. How can we support the HPE leaders of tomorrow? What support would you like to assist you in your leadership journey?
 - d. What have you learnt about yourself as a leader during this research?

10.6 Appendix 6 Reflective Writing Tips

Tips for Reflective Writing

1. Find a time and space when you can think without distraction or disturbance, if possible.
2. Record your reflections as soon after the leadership experience as possible.
3. Express yourself freely, be frank and honest. There are no right or wrong answers.
4. Try to not let the diary affect your normal behaviour.
5. Don't worry about spellings, grammar and punctuation. (But it would be helpful if it is legible!)
6. Describe the leadership situation first: who, where, when, what.
7. Then think about 'why' and 'how' this situation occurred. (Think about your own assumptions, beliefs and values, the students, staff, institution, culture and context, skills you had or needed)
8. Reflect on how these insights may impact your future educational leadership practice and what support would be beneficial.

10.7 Appendix 7 Reflective Journal Question Prompts

Question Prompts for Reflection

1. Think about the event where you experienced being an educational leader.
2. What's the first word that you think of when you think about this event?
3. Describe the event briefly:
Who, Where, When, What happened?
4. Think about 'how' and 'why' this was educational leadership and note your reflections and feelings.
5. What were your aims and how did you achieve them?
6. How would you describe your leadership style in this situation? What do you think influenced that?
7. How do you think the culture and context influenced you?
8. What additional support would help in similar situations in the future?

10.8 Appendix 8 Reflection Orientation PowerPoint



Why reflection for this research?




We do not learn from experience, we learn from reflecting on experience.
— John Dewey

- ▶ Medical education leadership in the Fiji
- ▶ Develop educational leadership theory
- ▶ Faculty Development
- ▶ Enhance educational leadership skills


John Dewey, Ph.D., KQED.com
https://www.kqed.com/author/7918-john_dewey/

Types of Reflection (Schon 1987)



- Descriptive
- Expressive
- Analytical

The Four R's (Bain et al 2002)



- ▶ **Report and Respond**
 - ▶ Description - What, who, when
 - ▶ First word
- ▶ **Relate**
 - ▶ How and why - assumptions, skills
- ▶ **Reasoning**
 - ▶ Issues around the event - different perspectives
 - ▶ Culture and context
- ▶ **Reconstruct**
 - ▶ Thinking to the future
 - ▶ How would you do things differently, skills or support you need

<http://transfermaterialchange.pbworks.com/>

How to Reflect

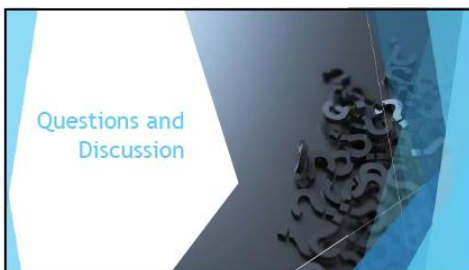


- ▶ Space and Time
- ▶ Be honest
- ▶ Tell your story
- ▶ What?
- ▶ Feelings
- ▶ How and Why?

Questions around Educational Leadership



- Think about the event where you experienced being an educational leader.
- What's the first word that you think of when you think about this event?
- Describe the event briefly: Who, Where, When, What happened?
- Think about "how" and "why" this was educational leadership and note your reflections and feelings.
- What were your aims and how did you achieve them?
- How would you describe your leadership style in this situation? What do you think influenced that?
- How do you think the culture and context influenced you?
- What additional support would help in similar situations in the future?



10.9 Appendix 9 Codebook for Themes and Sub-Themes

Leadership in HPE in Fiji

Name	Description	Comments	First Interview	Reflective Journal	Reflective Prompt	Second Interview
Theme 4 - Aims Lessen the Gap	Aims of HPE leaders - To make a difference that will continue after they have left the position or retired	Change the system to improve outcomes through other aims – This is the main aim	Tree and Bridge	Boats	All	All
Innovation	Think outside the box to look for new ways to improve educational practice		Tree and Bridge	All	Tree and Bridge	Boat
Competent graduates	Competent and caring graduates...knowledge, skills and professionalism	‘nurturing new coconuts to be fruitful and useful’ ‘over the bridge to become fruitful trees’ empathetic graduates	All	Tree	Bridge	All
Good curriculum	Accredited, relevant, and aligned, for student learning.	Related to producing competent graduates. Not articulated in reflections and second interview	All levels but not all people	-	-	-

Name	Description	Comments	First Interview	Reflective Journal	Reflective Prompt	Second Interview
Patient care and community	Seeing the patient as a whole – care and compassion. Making a positive difference in the community, and a smile on people’s faces.	‘The new coconuts being fruitful and providing nourishment for the community’. This is a result of nurturing competent and caring health professionals and then leads to lessening the gap.	All	Boats and Trees	-	-
Succession planning	Developing others to fill your position. Excellent faculty. Faculty development. Recruit the right people, and assist promotions. Helping faculty to be the best they can be.	Also in strategies.... need to think about where it belongs. ...perhaps it is an aim and I need to think about the strategies they use to fulfil that aim.	All	All	All	All
Theme 3 Doing my Best Strive for Excellence	Ensuring the best job is done and requesting feedback to improve. Identity, professional development and values	It is difficult to tease out – leader, educator and clinician, their identity is primarily tied to being a clinician. Identity and values were displayed as they talked about their journey in HPE leadership	Trees and Bridge	Boats	Boat and Trees	All

Name	Description	Comments	First Interview	Reflective Journal	Reflective Prompt	Second Interview
Adaptable	Adapting to the changing situation eg. Covid	Bend with the storms of change	All	All	Trees and Bridges	Bridge
Empathy	Care and concern - Understanding other people – wanting to ensure others are OK.	Wanted to see empathy in their students and felt the best way was to role model – related to strategies. Motivation is to help others – put in ‘Riding the Rapids’	Bridge and Tree	Boat and Tree	Bridge	All
Humility	Knowing limitations, letting others take the lead	Although not directly reflected in the second interview participants talked about helping others as their motivation.	All	All	-	-
Motivation	Intrinsic motivation to make a difference – sense of purpose. Passionate	Include in Theme 2 ‘Riding the Rapids’ – the motivation to stay on the ride.	Bridge and Tree	-	-	Boat and Bridge
Self-improvement	Continually learning through feedback, teaching, life-long learning, reflection	Part of striving to do their best – being excellent	Tree and Bridge	-	-	All
Reflection	On how to improve themselves, how they facilitate learning	The research process also enabled them to reflect but many stated they	All	-	-	All

Name	Description	Comments	First Interview	Reflective Journal	Reflective Prompt	Second Interview
		often didn't reflect as they were so busy doing. An important aspect to develop.				
Sense of Responsibility	A sense of responsibility to improve outcomes, to get the jobs done.	Related to a Sense of Purpose	All	-	All	All
Valuing others	Students, faculty, patients – doing the best for them, enabling them, allowing them to use their strengths.	Also, the need to feel valued– expressed in 2 nd interview, especially women leaders. Being valued is part of motivation.	All	Boat and Bridge	Boat	-
Theme 1 Culture Coming Out of Our Cultural Shell	Cultural context – enablers and inhibitors to leadership Culture was analysed again after the codebook was produced to tease out components.	Country – laid back, poor health-seeking behaviour, multicultural, indigenous students. Talanoa, collectivist culture, patriarchy.	Bridge	Tree and Boat	-	All
Theme 2 Emotions Riding the Rapids	The emotions associated with being an HPE leader – positive and negative.	There were far more instances of negative emotions especially when dealing with the uncertainty and change due to COVID-19	All	All	All	All

Name	Description	Comments	First Interview	Reflective Journal	Reflective Prompt	Second Interview
Challenging	There are many challenging situations associated with COVID-19, University, Students	These challenging situations led to feelings of being overwhelmed, frustrated and inadequate.	All	All	All	All
Frustrated	Frustrated with University processes, promotion criteria, clerical duties, lack of commitment from others, and lack of faculty development.	The challenging situation leads to frustration and then to feeling stressed.	Tree and Bridge	Boat and Tree	Boat and Tree	Boat and Bridge
Inadequate	Feel they don't have the necessary skills and knowledge to take up leadership positions and lead medical education initiatives.	Lack of confidence, especially the women. This could be related to patriarchal culture.	Tree and Boat	-	All	-
Overwhelming	So many roles; exhausted	Linked with frustration ...similar quotes; and leads to stress.	Tree and Bridge	-	-	Boat and Bridge
Stress	A struggle...related to COVID-19 changes...being on the battlefield. Many stressful experiences are due to uncertainty.	Stress also leads to being 'burnt out' and not knowing how you are going to keep going.	Bridge and Tree	Boat and Bridge	All	Boat

Name	Description	Comments	First Interview	Reflective Journal	Reflective Prompt	Second Interview
Fulfilling	Situations that have gone well and led to a positive outcome	Although there were fewer examples of fulfilling situations these were key to keeping motivated.	All	Boat	-	Bridge
Sense of Purpose	Meeting the needs of patients, students and faculty...putting others before self.	Most participants alluded to this and were fulfilled by helping others.	All	-	-	All
Identities and roles Sub-theme for Theme 3	Clinician, educator, administrator, chairperson, researcher...multiple responsibilities Identified in first interview	All participants commented on their multiple responsibilities.... their many hats or coconut fronds. Not all participants had all roles.	All	-	-	-
Administrator	Lots of administrative responsibilities	All leaders reported that administrative duties detracted from their other roles.	All	-	-	-
Clinician	The role of clinician is primary...need to be seen to be fulfilling clinical duties and keeping up-to-date.	This is their primary identity...it comes at the expense of medical education.	All except one Boat	-	-	-
Evaluator	Using feedback to improve curriculum	Not included as a role/identity	Only one voice	-	-	-

Name	Description	Comments	First Interview	Reflective Journal	Reflective Prompt	Second Interview
Family	Especially during Covid	Balancing family and work difficult – mainly for the women – associated with culture	All	-	-	-
Leader	Taking a leadership role rather than being an official leader	Assuming a leadership role to make change	All	-	-	-
Learner	Lifelong learning – CPD, CME	Strive to keep improving – related to ‘being my best’ and ‘Development’	All	-	-	-
Researcher	Either involved as a primary researcher or as a supervisor of research.	Often struggle to find time to do this activity even though required by the University.	All	-	-	-
Teacher	clinical, undergrad	Mostly clinical teaching – bedside, surgery, simulation.	All	-	-	-
Theme Five Strategies Journeying Together	The interpersonal skills that were articulated that would help reach the vision or aim	The positive cultural aspects of Talanoa and Togetherness aided in these strategies				

Name	Description	Comments	First Interview	Reflective Journal	Reflective Prompt	Second Interview
Collaboration	With other outside agencies to bring in expertise, with MoH colleagues to assist in teaching, with other disciplines to assist in students' journey.	Almost all participants talked about collaboration with others to reach the desired outcomes. Support to others mainly – students and faculty but also from others to assist in teaching	All	All	Trees and Bridges	Boats and Bridges
Communication	Listening, especially to feedback and needs of faculty/students. Clear communication about what is required of faculty and students. Empathetic communication.	In communication, several participants highlighted the need to listen. Communication is key to the other strategies.	All	All	-	Tree and Boat
Striving for Excellence	Striving for excellence...in faculty, students, and themselves (related to life-long learning) Being and doing their best	Possibly put this in values – intrapersonal Became Theme 3	All	Boat	Boat and Tree	All
Feedback	By understanding the students' and faculty's needs, making learning tailored to their needs.	This was partly incorporated into mentoring and then conceptualised as feedback. Feedback – both ways	All	-	-	All

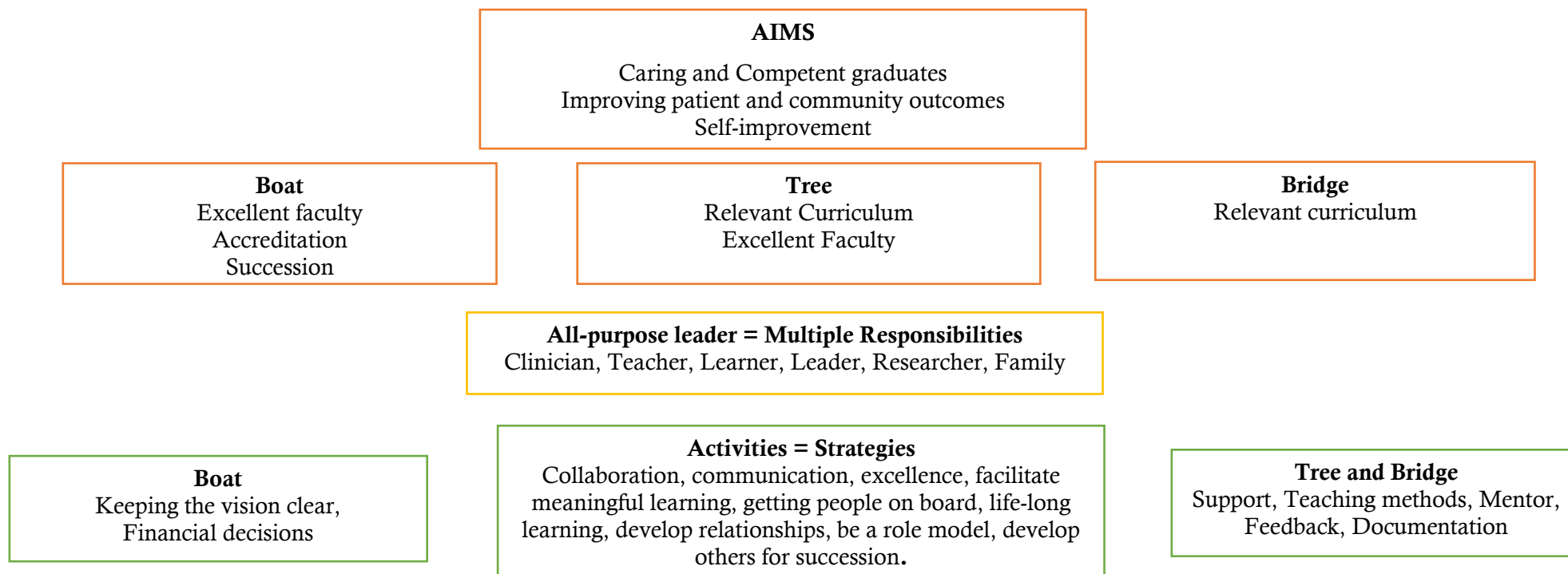
Name	Description	Comments	First Interview	Reflective Journal	Reflective Prompt	Second Interview
Innovative / Adaptive	Innovation to adapt to changing situations.	Moved to Innovation as an aim and adaptability as a value.	-	All	Bridge	-
Mentor	For students and junior faculty	Developing others to be able to take on your role....at all levels	All	Tree and Bridge	Boat and Tree	Tree and Bridge
Relationships	Building relationships...more than 'getting people on board'. Building relationships with faculty, MoH staff and students to understand them and get the best out of them.	Relationships and communication are also important at a cultural level. Incorporate 'togetherness' in cultural aspects and in theme-journeying together	All	Tree and Bridge	Tree and Bridge	All
Role model	Mainly being a role model for students, MoH staff and junior faculty.... having leadership, educational, and professional values...but also learning from role models.	Role modelling was interpreted as different from mentoring. Considered putting it with values but after discussion decided it fitted better under relationships.	All	Boat and Tree	Tree and Bridge	Bridge

10.10 Appendix 10 Network Models

Network Model from Rich Pictures Analysis

Drawing insights from picturing HPE Leadership

The Aims, Activities and Attributes of the All-purpose Pacific HPE Leader

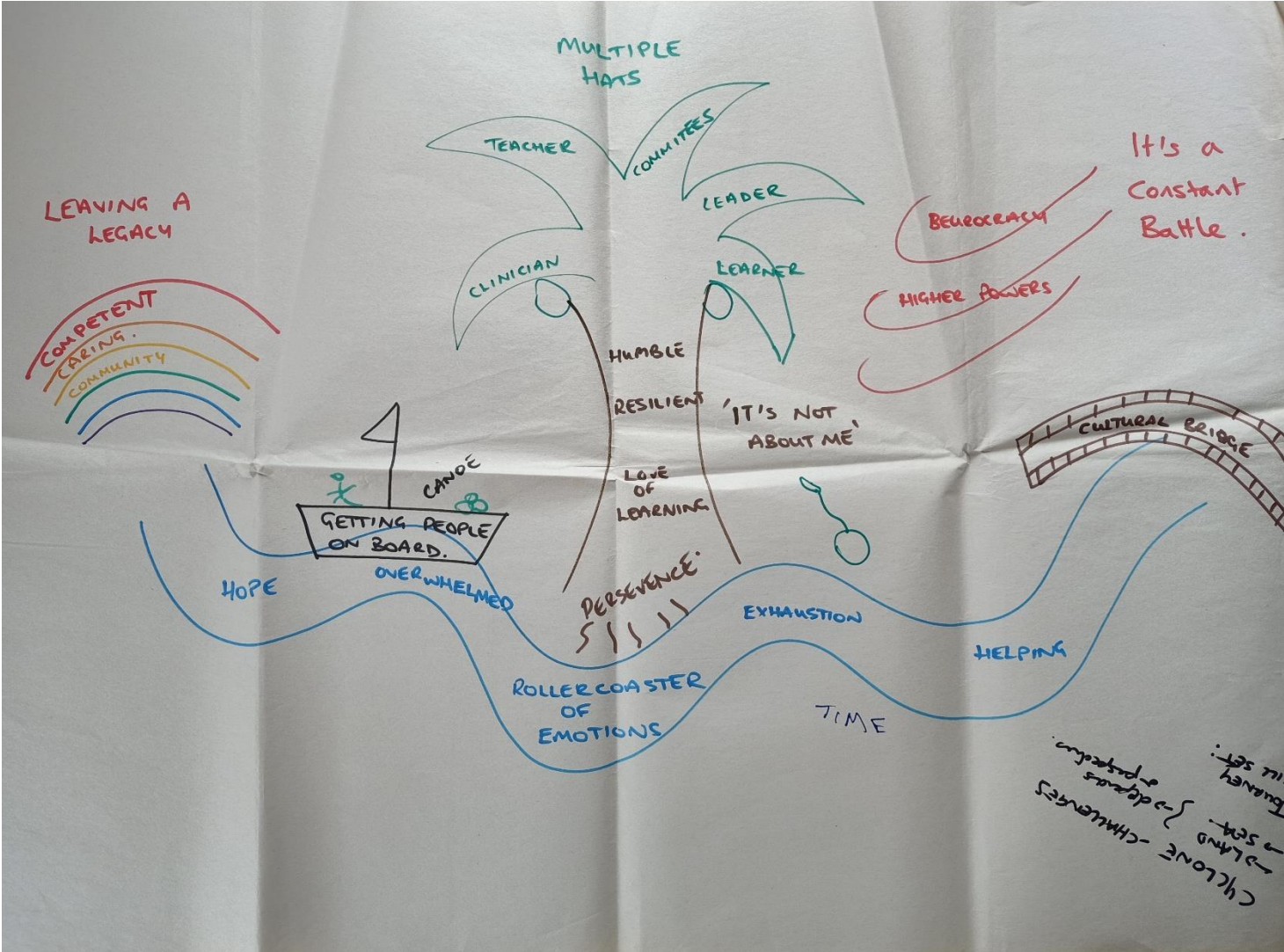


Boat and Tree
Keeping the vision Getting the job done,
Being in the centre Resilient, realistic

Common Attributes
Adaptable, Humble, Reflective,
Responsible and Valuing Others

Tree and Bridge
Passionate, motivated, wanting to do
the best job, critically thinking.

Tentative diagram of the components of Pacific HPE leadership



10.11 Appendix 11 Invitation Email to Participants

Invitation to participate in Sinead Kado's PhD research project.

Bula Vinaka and greetings from Western Australia.

I hope this e-mail finds you well. I am Sandra Carr, the Head of Health Professions Education at The University of Western Australia, and Dr Sinead Kado's primary research supervisor. Please see the following information from Sinead about her project below:

Dear.....

I am pleased to be able to invite you to be part of my PhD research. Your decision to participate is entirely voluntary and will not impact your educational role now or in the future.

I am exploring health educators' perspectives on medical education leadership in Fiji to develop contextually and culturally situated leadership theory to inform future faculty development and add a new perspective to the international literature.

The research will require approximately 10 hours of your time over 10 months and will include drawing a picture (no artistic skill required) with an interview, keeping a reflective journal with a follow up interview and finally a mapping exercise as part of a focus group.

Full details are in the participant information form attached.

I understand that you are busy with the medical school and your clinical and research commitments, but I hope you will be able to take up the invitation to be part of this research. I am planning to do most of the data collection during the mid-semester and semester breaks. The potential benefits may include improving your own reflective and leadership practices, as well as potentially helping to inform future faculty medical education leadership development to ensure that we provide culturally and contextually relevant leadership programs.

Thank you for your time in considering this request. Please reply via email by the 12th March 2021 to indicate your willingness to participate or if you feel unable to take up this invitation at this time. Also, please do not hesitate to contact me if you would like to discuss the research project further and what it would entail to take part.

Kind regards,

Sandra Carr and Sinead Kado

Sinead: sinead.kado@research.uwa.edu.au

Sandra: sandra.carr@uwa.edu.au

UWA Human Research Ethics Committee approval number: 2019/RA/4/20/6529

Fiji Ministry of Health Ethics Committee approval number: FNHRERC 31/2020

10.12 Appendix 12 Participant Information Form



THE UNIVERSITY OF
**WESTERN
AUSTRALIA**

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6009
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Participant Information Form

Project title: Developing theory on being a medical education leader from the perspective of Fijian GCME graduates. An interpretivist case study.

Name of Researchers:

Dr Sinead Kado (PhD student)

Prof Sandra Carr (Primary supervisor)

Prof Simon Clarke (Assistant supervisor)

Invitation:

“You are invited to participate in a project about Pacific medical education leadership. You are being asked to take part in this project because you have completed the GCME and are currently working as a health educator.”

This research project is for Sinead Kado’s PhD and she will be the primary researcher who will do the data collection and primary analysis. Her supervisors are Prof Sandra Carr, who is the head of health professions education, and Prof Simon Clarke who coordinates the Doctor of Education. They are both based at the University of Western Australia and will provide guidance and feedback in all stages of the research.

Aim of the Study (What is the project about?)

This study aims to research the perspectives of health educators in Fiji on medical education leadership to develop theory on culturally and contextually situated medical education leadership. Many leadership models exist that may apply across different contexts but a model for medical education leadership in the Pacific has not been previously studied. The findings are expected to guide development of culturally and context relevant faculty development programs aimed at enhancing leadership for learning and to add a unique perspective to the medical education leadership literature.

What does participation involve?

Participation in this study involves several activities over the course of 6-8 months during 2021. The activities are as follows:

1. **Drawing a ‘rich picture’ and taking part in an interview** (2 hrs). You will be asked to make a drawing of a leadership experience (no artistic skills required) and then be interviewed about your picture and what it means to you. This will be done by Zoom or in person depending on travel restrictions.

2. **Reflective Journal** (4-6 hrs). Participants will have the opportunity to attend a 1-hour orientation on reflective writing and how to use the reflective journal before being asked to complete six reflective pieces over the course of four months.
3. **Interview** (1hr) After completion of the journal entries a second interview will be conducted to ensure your perspectives are captured correctly.
4. **Focus group and mapping exercise** (2 hrs). Towards the end of the study a focus group will be held with about five participants in each group to map the important concepts around medical education leadership and to plan a way forward for future faculty development.

It is envisaged the research will take up to 10 hours of your time over the study period.

Voluntary Participation and Withdrawal from the Study

Participation in this research project is completely voluntary and you may withdraw from the study at any time. Data that is identifiable to you will be destroyed when you withdraw unless you agree for the data already obtained to be analyzed. In addition, there will be no consequences on your teaching appraisal or promotion based on your participation or withdrawal from this study.

Your privacy

Your privacy is of utmost importance therefore the following measures will be taken to ensure the information you provide remains confidential.

1. Findings from this research will be published but you will not be identified in any part.
2. Data gathered will be de-identified and any information you provide will be confidential.
3. The de-identified data will be kept in a secure password protected server at UWA for a minimum of seven years after completion of the research.

Possible Benefits

Participation in this research may provide an opportunity to develop your reflective practice around medical education leadership which could help you to develop your leadership practice. It may also enable you to assist in further understandings about Pacific medical education leadership and contribute to future faculty development to help health education practitioners become leaders for learning.

Possible Risks and Risk Management Plan

The risks associated with this research are minimal, however, the project does require a commitment of time, approximately seven hours over eight months. If this will be difficult to commit to but you would still like to participate, please contact the primary researcher Sinead Kado (see contact details below).

Contacts

If you would like to participate or discuss any aspect of this study please feel free to contact either Sinead Kado on sinead.kado@research.uwa.edu.au or on mobile +61 456633891 or Sandra Carr on sandra.carr@uwa.edu.au

Sincerely,

Chief Investigator Sandra Carr

Approval to conduct this research has been provided by the University of Western Australia, in accordance with its ethics review and approval procedures. Any person considering participation in this research project, or agreeing to participate, may raise any questions or issues with the researchers at any time. In addition, any person not satisfied with the response of researchers may raise ethics issues or concerns, and may make any complaints about this research project by contacting the Human Ethics office at UWA on (08) 6488 4703 or by emailing to humanethics@uwa.edu.au. All research participants are entitled to retain a copy of any Participant Information Form and/or Participant Consent Form relating to this research project.

10.13 Appendix 13 Consent Form



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Email:
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Participant Consent Form

Developing theory on being a medical education leader from the perspective of Fijian GCME graduates. An interpretivist case study.

I, _____ have read the information provided and any questions I have asked have been answered to my satisfaction. I agree to participate in this research project, realizing that I may withdraw at any time without reason and without prejudice.

I understand that all identifiable information that I provide is treated as confidential and will not be released by the investigator in any form that may identify me unless I have consented to this. The only exception to this principle of confidentiality is if this information is required by law to be released.

I agree that the data collected may be published whilst ensuring that I will not be identified in any way.

I agree to have my interviews audio recorded. Yes No

I agree to have my Zoom interviews recorded. Yes No

I agree to be part of the focus group which will be audio or zoom recorded. Yes No

Participant signature

Date

Approval to conduct this research has been provided by the University of Western Australia, in accordance with its ethics review and approval procedures. Any person considering participation in this research project, or agreeing to participate, may raise any questions or issues with the researchers at any time.

In addition, any person not satisfied with the response of researchers may raise ethics issues or concerns, and may make any complaints about this research project by contacting the Human Ethics Office at the University of Western Australia on (08) 6488 3703 or by emailing to humanethics@uwa.edu.au

All research participants are entitled to retain a copy of any Participant Information Form and/or Participant Consent Form relating to this research project.

10.14 Appendix 14 Leadership Graduate Attribute Rubric

Leader

Outcome: Demonstrate initiative to articulate a vision, plan strategically, harness the energies and input of others to achieve change, improvements, plans and agreed goals.

Criteria	Benchmark	Milestone	Capstone
Initiative to articulate a vision	Identify appropriate solutions to problems using independently chosen strategies and be able to communicate these.	Demonstrates a variety of collaborative strategies and techniques to resolve problems and to create a shared vision in a simulated or real life situation	Create, evaluate and reflect on collaboratively agreed strategies to problems or situations and make recommendations for improvement.
Strategically plan	Identify relevant theory and concepts to interpret existing data for developing plans.	Develops a collaborative plan for action based on simulated or real life situations	Create, evaluate and reflect on collaborative plans of action and make recommendations for improvement.
Carrying out responsibilities	Critically examine the role of personal responsibility in relation to leadership issues.	Demonstrates accepting and taking responsibility in simulated or real life situations.	Evaluate and reflect on the importance of responsibility in leadership roles and make recommendations for improvement.
Positively influence	Identify strategies related to building successful partnerships with others. Identify and define implications and consequences of positive and negative influence	Critically examine influence in relation to real world issues	Evaluate and justifies alternative courses of action in making influential decisions and any consequences for stakeholders.

10.15 Appendix 15 Tables of Themes with Illustrative Quotes

10.15.1 THEME 1: BASIKA MAI NA BULI – EMERGING FROM OUR CULTURAL SHELL.

Definitely the culture in Fiji, as I said **I was always you know in my shell**, I never was confident in coming out, because I think that was my cultural upbringing' *Jasmine 2nd Interview*

'Now I actually like speak out, I've learned to come out of my shell' Jasmine Reflective Prompt

Question: How does the culture and context influence HPE leadership?

Table 14: Theme 1 Basika mai na Buli –Emerging from our Cultural Shell

Basika na Buli – Emerging from our Cultural Shell			
Sub-themes	Styles of Leaders		
	Boats	Coconut Trees	Bridges
Talanoa (Talking) and Togetherness	<p>I think the culture in terms of togetherness, getting to know people and getting to connect with people. You know before you can connect them with the strategic plan or the college or the university, it's important that you connect with them as people. <i>James 2nd Interview</i></p> <p>People are around you and you talk with them and then together, you know I think that interaction is really important to just</p>	<p>Even though I think these zoom webinars are very good, you know, people. It's the human touch that always goes missing with all these, yeah, you appreciate it better in person. <i>Judith 2nd Interview</i></p>	<p>The Pacific culture of working together was of immense help and proved beneficial in completing this document for which I am thankful to my colleagues and superiors. <i>John 2nd Interview</i></p> <p>The multi sectoral approach will certainly help I think that will benefit if we all share dialogue, a lot of Talanoa session. <i>Jeremiah 2nd Interview</i></p>

	<p>[talk], which is very ingrained in the culture of Fiji and the Pacific. <i>James 2nd interview</i></p>		
<p>Patriarchy and Malua (Laid back)</p>	<p>I think just sometimes that you know it can be a bit frustrating in that culture where everyone just kind of does the minimal and I think it is also to save their own sanity. <i>Julie RP interview</i></p> <p>In interviews, it is often the aim to 'sell yourself', tout your accomplishments, etc. In our Pacific culture, that is not the norm. and for me, personally is not something I feel comfortable doing. <i>Julie Reflective Journal</i></p> <p>I think we need to take all these opportunities for improvement, unfortunately in our culture we don't look at criticism as a means of improving, it's just criticism. <i>Julie 2nd Interview</i></p> <p>And that kind of culture where people can speak, it's open it's safe, you know they don't facilitate those. <i>James 2nd Interview</i></p>	<p>Some of the young ones are still reserved due to the Pacific culture of keeping quiet as a sign of respect or maybe not too driven. <i>Judith Reflective Journal</i></p> <p>It is the only way I can see trying to bring a point across about equity and not trying to destroy the patriarchal system but trying to make them aware...they come on...females can have leadership roles, they can be secretariats, so can males. <i>Jane 2nd Interview</i></p> <p>For Fiji culture, I think the women are more submissive. Things are like the males are more authoritative and the women are submissive. <i>Judith 2nd Interview</i></p> <p>I think culture can get in the way of professionalism. It is possible to be both culturally respectful and professionally respectful. This is a fantastic blend. But I think one can also hide behind culture, if that makes any sense at all. Patriarchy. <i>Jane Reflective Journal</i></p>	<p>You know now I think I am just back to that, but it's not a good thing, that laid back approach to things. <i>Jasmine RP interview</i></p> <p>Yeah, and that is something that is common to us Fijians... we sit in silence, we don't voice what we understand. <i>Jeremiah RP Interview</i></p> <p>The way that things function here, it is just a directive that is given all of a sudden by people in powerful positions and then you have to follow, you don't have much of a say in those. <i>John RP Interview</i></p> <p>Definitely the culture in Fiji, as I said I was always you know in my shell, I never was confident in coming out, because I think that was my cultural upbringing, you know, you're supposed to, even if you know, you just have to like keep your mouth you know, like just be quiet. <i>Jasmine 2nd Interview</i></p> <p>With the culture definitely, it moulds a person's way of thinking, ...with the iTaukei's I actually have to milk information out from them and there is this barrier like they always have this sort of barrier like you are the teacher, I am the student. <i>Jasmine RP interview</i></p>

			<p>The Pacific culture is more relaxed, more sort of carefree, when you've downed a few bowls of grog (yagona) practically nothing matters. That cultural context needs to be taken into account. <i>John 2nd Interview</i></p>
<p>Changing Culture</p>	<p>I think very much the culture and context has got a great influence in the leadership, in how we solve problems and how we address issues and how we communicate with people but at the same time we just need to be careful that it does not restrict us. This is where the value of outsiders come in trying to break down that wall and elevate the thinking you know to see above and beyond, that can sometimes be restricted with context. So, for example, if we say that money is always an issue in developing countries or poor resource setting then we aim low and we target less in terms of our strategies and achievements, but I think if we see beyond that and there are people who see beyond that. <i>James 2nd Interview</i></p> <p>It is usually not normal for us to appeal decisions but to accept them gracefully and bow out. However, I think it was important to challenge the lack of procedure in this case. <i>Julie Reflective Journal (in response to the question about culture and context.)</i></p>	<p>I think some of the female trainees still get some of that, particularly from male tutors but I think that is going to slowly change as it is becoming unacceptable and I think it is something that has got to change from the top, from the faculty, not just in Fiji but also in the professional colleges. <i>Jane 2nd Interview</i></p> <p>I think one can also hide behind culture, if that makes any sense at all. Patriarchy. Although I think as more and more people speak up, this mentality is getting called out. <i>Jane Reflective Journal</i></p> <p>I'm not sure, but it's an observation that they [female health professionals] are more vocal with me, not vocal as in argumentative, but vocal as in wanting to contribute to give their opinion...maybe they are a bit more comfortable with coming forward with their opinions. <i>Judith 2nd Interview</i></p>	<p>I see that relaxed attitude has changed a lot and people are becoming more prompt and punctual. The culture is changing now. <i>John 2nd Interview</i></p> <p>I feel the education that I have managed to come through has helped me in terms of that, breaking that barrier. I think for women it's important that you know we help to build each other up. <i>Jasmine 2nd Interview</i></p> <p>I see the difference now the young, younger generation is now, they are more empowered, I see that they are more empowered compared to when I was their age, yeah so, I think yeah, there is change. <i>Jasmine 2nd Interview</i></p> <p>Sometimes I'm just looking at some of the iTaukei students, the way they act, the way they behave, and I've noticed that's not really cultural... what we were supposed to be in terms of our cultural lives, the Fijian lifestyle. Those are the things that sometimes really irritates me. I try to understand, and I try to understand that they are, it's totally a new generation. <i>Jeremiah 2nd Interview</i></p>

10.15.2 THEME 2: SOKOTA NA CAVA – RIDING THE RAPIDS

‘Leadership this week has been like a rollercoaster.’ – James reflective prompt

Answers the central research question: What are the perspectives of Fiji HPE leaders on being a leader? Exploring ontological emotions.

Table 15: Theme 2 Sokota na Cava – Riding the Rapids

Sub-themes	Sokota na Cava - Riding the Rapids		
	Styles of Leader		
Distress	Boats	Coconut Trees	Bridges
		<i>Sad and frustrated. Julie Reflective journal</i>	
Challenging Situation	<p>Also planning ahead to the implementation of a new student management software was and continues to be a challenge. <i>Julie Reflective Prompt</i></p> <p>There are major critical changes. There are several uncertainties in the midst of the creation of sudden vacuums in leadership. <i>James Reflective Prompt</i></p> <p>It is becoming very challenging I think to be honest. Anyway, what doesn't kill me only makes me stronger! <i>Julie 2nd Interview</i></p>	<p>The responsibility was challenging. There were several levels of authority, and even more personalities to communicate with. <i>Jane Reflective Journal</i></p> <p>Once you are official that's it, like you really have to keep up. <i>Judith Reflective Prompt</i></p> <p>My most challenging educational leadership experience has been dealing with a problem senior registrar in the final postgrad year. <i>Jane Reflective Journal</i></p>	<p>This was extremely challenging as it was totally new to me, something that I had never done before. <i>John Reflective Journal</i></p> <p>It's a continuous struggle. It's actually a, more like being at the battle front, the front-line foot soldier, trying to take all those incoming assaults from everywhere, so that the process continues whatever happens. <i>John RP Interview</i></p> <p>Hardly anyone wants to do PBL [problem-based learning] with the amount of time you need to prepare and the amount of contact time, it's just too much. It's a challenge. <i>Jasmine RP Interview</i></p>

<p style="text-align: center;">Frustrated Emotion</p>	<p>I had been frustrated with the processes and felt so much more could be done to support staff and students. <i>Julie Reflective Journal</i></p> <p>It was a huge task and exhausting because there was always another layer of approval that was required-Ministry of Health clearance for training sites. This took long and was frustrating. <i>James Reflective Journal</i></p> <p>Frustration seems to be a predominant feeling and a sense of inadequacy. <i>Julie Reflective Prompt</i></p>	<p>Exam board, their meetings and you know what they could do to help make these eight or nine hours of meetings less painful. Imagine chairing an eight hour meeting.... like every student you're discussing. (sigh) <i>Judith Reflective Prompt</i></p> <p>I think he communicates differently, different styles. I often feel the need to respond to emails to get the job done. <i>Jane reflective Journal</i></p>	<p>I am not criticizing anyone, but the system is not very supportive. <i>John 2nd Interview</i></p> <p>I feel as an educational leader within this system, that we are bound by too many of these system issues, rules and regulations and principals...they feel restrictive, I don't feel good about it and that is a continuing struggle. <i>John RP Interview</i></p> <p>It's just that it is a constant story, year in, year out and like we, our department just had a meeting a couple of months ago and I said if it's not working then why do we keep doing it? <i>Jasmine RP Interview</i></p>
<p style="text-align: center;">Stress</p>	<p>Stress in an already uncertain environment in the midst of a Pandemic. <i>James Reflective Journal</i></p> <p>It has been quite stressful in this position, there always seems to be so much pending. I feel my only goal was to stay afloat! <i>Julie Reflective Prompt</i></p>	<p>This week my main aim was staying alive with all these things, Oh Gosh! <i>Judith Reflective Prompt</i></p> <p>In the end, you're the one who's really being... overwhelmed. Overwhelming. Yeah, and then I think everybody is at risk of burnout. With all this, there is no real good break, it's been one thing after the other. <i>Judith 2nd Interview</i></p> <p>I don't think I can do this for much longer. <i>Jane RP Interview</i></p>	<p>I was terrified when I was informed that this was my responsibility that I had to complete. <i>John Reflective Journal</i></p> <p>Now to suddenly modify and adapt to that situation so that the teaching continues. It is quite challenging and stressful. <i>John RP Interview</i></p> <p>I've been loaded a little bit with stress in trying to ensure that the objective of the work that has to be done is achieved. <i>Jeremiah Reflective Prompt</i></p>
<p style="text-align: center;">Inspiring</p>	<p><i>That makes me happy!!! Julie Reflective journal</i></p>		
<p style="text-align: center;">Fulfilling Situation</p>	<p>Any one of them could easily take over and are more than capable. That makes me happy!!! <i>Julie Reflective journal</i></p>	<p>I think the TI year I have enjoyed because it is something that I can practice the principles of teaching and getting feedback and then changing the program and then</p>	<p>And the thing too with education is such that, one thing that I have realised over the years is if it is just one way it become monotonous and boring but if you change</p>

	<p>I think that is really important and it makes you feel comfortable in the long term that you know you have got the capacity rather than not developing people around you for future leadership. <i>James RP interview</i></p>	<p>getting feedback again to see if that is actually what fits best. <i>Jane RP interview</i></p> <p>I mean you don't really know how useful that thing is unless the students come back and say that was really good, now I understand it better ...so that kind of feedback is rewarding, and when it is rewarding you feel like you can do more. <i>Judith RP Interview</i></p>	<p>things around it actually becomes a fulfilling journey. <i>Jasmine RP interview</i></p> <p>I actually love teaching because it's not only a one-way thing where we just need to deliver. No, it's also, I've learned a lot from it. <i>Jeremiah 2nd Interview</i></p>
<p>Feeling Valued Emotion</p>	<p>I think a lot of it was more you know just that acknowledgement that some people have worked really hard during a particularly challenging time. <i>Julie 2nd Interview</i></p>	<p>I mean I enjoy the acknowledgement, but I don't live for it. <i>Jane 2nd Interview</i></p> <p>When you feel valued. That what you contribute makes sense to people and they value your opinion, and you know. So that is very important that you know your work is not a good for nothing kind of contribution. <i>Judith 2nd Interview</i></p>	<p>They said who was going to lead the team. Then he said 'no, no, you are here you take over' and that has never happened before. Yeah, it does make a difference in, in the outlook of you know, before I used to be just, just another day but when those kind of things happen it makes you want to work harder. <i>Jasmine 2nd Interview</i></p>
<p>Sense of Purpose</p>	<p>I really think that it's about being able to make a positive change. <i>Julie 2nd Interview</i></p> <p>I think just focusing on past success and what you've done, what we have built up over the years and how we contribute to this nation. <i>James 2nd Interview</i></p> <p>I think really it's a sense of purpose, why we exist and why we do what we do. And how we contribute to this nation while we are still alive and in this spirit of time before we move on. <i>James 2nd Interview</i></p>	<p>I actually feel satisfied in that I leave a unit in a better shape than when I joined it. <i>Jane 2nd Interview</i></p> <p>So that's important to keep you going, to like feel like you are really contributing. <i>Judith 2nd Interview</i></p>	<p>I want to make a difference not only to the doctors but also to the patients as well... and give back to the society then I think I will have achieved something in a small way. <i>John 2nd Interview</i></p> <p>It is just amazing and often we tend to look at ourselves like you know 'Oh no, no one cares' but then then at that platform you realise that it's what you do, like the little that you do can actually make a difference. <i>Jasmine 2nd Interview</i></p> <p>I look at health and I feel it is not fully meeting its goal in Fiji, so I thought my knowledge and skills might help develop these students to contribute to the quality development. <i>Jeremiah RP Interview</i></p>

<p>Helping others</p>	<p>I'm very keen to look at is you know staff support but also student support I don't think we do that particularly well. <i>Julie 2nd Interview</i></p> <p>I think people are motivated when they see you supporting and facilitating what they intend to do rather than saying 'No' as the first answer, so I created that type of environment. <i>James RP Interview</i></p>	<p>It's much easier to help other people write theirs. It's...I guess it's because I get a lot more satisfaction...it was a lot more... I enjoy seeing progression around me rather than for me. <i>Judith 2nd interview</i></p> <p>For me, I'm more of a, I think I'm more of a helper, so if I find that you know, especially my colleagues, they seek my opinion, they seek my assistance. <i>Jane 2nd interview</i></p>	<p>So, when they actually go through the journey, with me trying to facilitate and helping them along the way, when they do go out they go out with, it's sort of like a tree of life, they actually go out becoming more fruitful. <i>Jasmine RP Interview</i></p> <p>Me as an educator how can I help to facilitate and change this particular system that has been established as and will probably continue to do whatever it is doing in the future, to improve the outcome. <i>John RP Interview</i></p>
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10.15.3 THEME 3: UASIVI – STRIVING FOR EXCELLENCE.

*All and all, I left feeling satisfied that **I had done the best I could** have. –Julie Reflective Journal - Boat*

*I wanted to finish the year **doing the best** I possibly could, to prepare them for their role next year – Jane reflective prompt – Coconut tree*

*So, we do what we do and **we do our best**, see how we can, how we can improve on this. – John Reflective Journal - Bridge*

Answers the central research question: What are the perspectives of Fiji HPE leaders on being a leader? Exploring ‘Doing’ Leadership

Table 16: Theme 3 Uasivi - Striving for Excellence

Uasivi - Striving for Excellence			
Sub-themes	Styles of leader		
	Boats	Coconut Trees	Bridges
HPE Leader Identity	<i>I was thinking about myself as an educator, then I was looking at myself as a leader, sometimes I am just focusing more on what I am doing. Jeremiah RP Interview</i>		
Multiple Roles Clinician Educator Leader Administrator Research	I do have a lot more administrative and clinical things I have got to be thinking about, and so unfortunately the medical education side has taken a back seat, but it does of course naturally continue to pop up. <i>Julie RP Interview</i> I think because it exhausts a lot of energy and I think with the multiple roles I have, I need to be more strategic. <i>Julie RP Interview</i>	With each of these coconut fronds, there is a story to each of them. <i>Jane RP Interview</i> What I have recognised is with the year of administrative work is that I need to keep my clinical skills, I still need to be working and seen to be working to keep the connection between the clinical people, the clinical patients, the clinical scenarios and the academics. <i>Jane RP Interview</i>	So, this man with different hats, the different hats are clinical academic, administrator etc. <i>John RP Interview</i> But you have to do your clinical work in addition, then you have to fulfil your teaching obligations and then you have to fulfil those other obligations, clerical jobs and all those things, and <i>then</i> you have to publish, so it's not easy. <i>John RP Interview</i>

	<p>We are collaborating with them through this research. It's a big project and we are just trying to make sure we do it right. <i>James RP Interview</i></p> <p>I think one of the downside of leadership is that people think that leaders, that you are the most important person and that you should know everything, and you should be able to do everything, but you know that's really not true, I think leaders are there to lead and of course to guide and be prepared to say look you know I really don't know. <i>James RP Interview</i></p>	<p>'I still don't see myself as a leader, I prefer to be a follower, but I think, I think perhaps you can lead in that way, encouraging others to say you do this and I'll back you up.' <i>Jane RP Interview</i></p> <p>I am basically multi-tasking; I can wear different hats and can achieve a lot of things with the different activities. – <i>Judith RP Interview</i></p> <p>I've got a number of responsibilities or hats that I wear – <i>Judith RP Interview</i></p> <p>This is me being a doctor again, doing the training, doing the teaching. <i>Judith RP Interview</i></p> <p>So, lots of medical education there and some leadership roles there as well. I am a member of a number of groups, and you know I am involved in research or supervision of trainees doing research. <i>Judith RP Interview</i></p>	<p>Yeah, I think one of my challenges at this time which might actually influence my teaching is that I am spending most of my time in my clinic, and there is new research, new studies that can improve my deliverance to the students. <i>Jeremiah RP Interview</i></p> <p>So, I work mainly in the hospital Monday to Thursday with final year and post-graduate students. <i>Jasmine RP Interview</i></p>
Development	<p><i>Have more medical education to help creativity and innovation and also leadership workshops to promote passion to rise up to the challenge and walk the walk. Judith Reflective Journal</i></p>		
Past	<p>You can see there is a lot of smiley faces and what's supposed to be a diploma there, so feeling very happy, you know a lot of new knowledge... being able to contribute at a college, department, school, unit level with the little bit of knowledge from the GCME. <i>Julie RP Interview</i></p>	<p>I don't think the [HPE] topic took root until I had something a lot more structured in the GCME. <i>Jane RP Interview</i></p> <p>And I think the way GCME was structured and taught I think that really helped us. If you look at who's holding these leadership roles, it's those who did GCME. <i>Judith 2nd Interview</i></p>	<p>It [GCME] has changed my outlook. The outlook before was different, it was much narrower, what the course has done is helped me understand the learners better, it helped me modify my approach towards teaching those with different needs. <i>John RP Interview</i></p> <p>The medical education, actually for me I think it was a 180 degree turn for me in terms of how I taught my students. <i>Jasmine reflective prompt</i></p>

<p>Present</p>	<p>So, it's about encouraging having that foundational knowledge, I guess, in all honesty I've also been a bit slack, because of all those other things in that second part of the picture, but honestly you know FNU [Fiji National University] processes can be really wearing on someone. <i>Julie RP Interview</i></p> <p>Numerous seminars and webinars with the team from Australia, assessments in medical education, online teaching and assessment you know during Covid, and a conference. They were all virtually run. <i>James 2nd Interview</i></p>	<p>The thought had crossed my mind to further that [medical education] and when I wrote up my performance plan... because my special interests now are I guess Pacific health and medical education. <i>Jane 2nd Interview</i></p> <p>Nothing formal, just some other little workshops. I do some ad hoc reading, a quick google search. <i>Judith 2nd Interview</i></p> <p>LOL is not 'laughing out loud' but LOL is 'Love of Learning'. <i>Judith RP Interview</i></p>	<p>There's no other additional training which leads to medical education. That is really sad. <i>Jeremiah RP Interview</i></p> <p>I felt it was good that we had the support of DFAT, we had the support of MFAT, when I came through, those conferences and workshops they sponsored, so those were really helpful platforms in our teaching career. <i>Jasmine RP Interview</i></p> <p>There have been intermittent workshops that have been happening, but we had covered it all in the GCME, nothing new. <i>John 2nd Interview</i></p>
<p>Future</p>	<p>What we need is some more basic foundational learning...health professions education for the whole college and so that would be something that I would, if I were there, would totally pursue to allow and to think of something that would be doable. <i>Julie RP interview</i></p> <p>So, we can just develop our own, so this is our Medical Fiji and Pacific Education Framework, you know, we use this. Because everyone seems to say I have developed a framework this is good for you universally across the world, which isn't true. <i>James 2nd Interview</i></p>	<p>I think if you have a big enough community of colleagues who are doing the same program who can continue to use what we've learnt in HPE and translate that into your daily sessions and then check back with each other to ask 'How did that session go? Did it happen like we were taught it was going to happen?' <i>Jane 2nd Interview</i></p> <p>So, I think having these workshops is good? Any type of training in person would be preferable. Then you start reflecting on it and you carry out assignments to show you have understood. <i>Judith 2nd Interview</i></p>	<p>Training and teaching will give you a technical know-how of the skills but it's really the on-the-job learning, this is important. So, it should be meaningful, it cannot be one size fits all. It should be customised training done by people who understand what we are doing, have some knowledge of what medical education. Secondly, is the pathway forward, like where is this training likely to lead you, that is also important. <i>John 2nd Interview</i></p> <p>Well, one important factor that I believe will influence me as an educator is continuing education. Getting that collegiality again. We need another project to work on. <i>Jeremiah 2nd Interview</i></p>

Values	<i>All those values, respect, obedience, professionalism, as an educator I should have that. Jeremiah RP Interview</i>		
Adaptable	<p>On the morning of the presentation, I woke up to a water cut!!! So that threw me off and I ended up bathing in the swimming pool!! Gross I know but I wanted to be fresh. I was also worried that there would soon be a power cut as well and so was charging my phone and laptop and made sure to email my presentation. <i>Julie Reflective Journal</i></p> <p>The issues we have been facing during Covid have necessitated flexibility, innovativeness and agility in the midst of a stressful and frustrating situation. <i>James RP Interview</i></p>	<p>Solid, sturdy, resilient, but I guess still wavy enough with my fronds to be adaptable, to adapt to new ideas and new thoughts. <i>Jane RP Interview</i></p> <p>The show must go on so we're just kind of flexible and adapting and trying to innovative. <i>Judith RP Interview</i></p>	<p>Something that educators should keep in mind that we should always have that ability to accept change, and change for the better. <i>Jasmine RP Interview</i></p> <p>I was thinking that something that I need to do most probably is just to analyse myself at times. Looking at my strength, looking at my weakness, looking at my opportunities it's more like a SWOT analysis. Analyse myself. If do that I will be able to understand the direction I should take. <i>Jeremiah 2nd Interview</i></p> <p>The curriculum had to be tweaked to suit the online platform, which I managed to do, although not perfect but satisfactory enough to fulfil the need of the day. I have adapted myself to online teaching. <i>John Reflective Journal</i></p>
Empathy	<p>I was driven by a sense of fairness and justice. Also being empathic and supportive were important. <i>Julie Reflective Journal</i></p> <p>The graduating students were a particular group that I was concerned about. <i>James Reflective Journal</i></p>	<p>Communicating professionally, balanced with being kind and respectful are other lessons that I am trying to impart by walking the talk. <i>Jane RP Interview</i></p> <p>If my student is having a bad day and I've got a box of tissues and all my students, including the registrars, know that they can come to my room if they need to get something off their shoulders. <i>Jane RP interview</i></p>	<p>But you know the biggest, the biggest thing I always tell them is you always, the empathy, like I always tell them from my experience. <i>Jasmine RP Interview</i></p> <p>There needs to be more concern. The patient is complaining of pain and actually you should go down and have a look. So that is what matters to me. <i>John 2nd Interview</i></p>
Humility	<p>I think leaders are there to lead and of course to guide and be prepared to say look you know I really don't know how to do that. <i>James RP Interview</i></p>	<p>I engaged assistance from medical education experts. <i>Judith Reflective Journal</i></p> <p>I actually did say to them before the end I said that I'm sorry about the way I reacted. <i>Jane RP Interview</i></p>	<p>As usual, when in difficulty, I called for help from other colleagues. – <i>John Reflective Journal</i></p> <p>Not EVERYTHING that I will say might be right, you have the right to tell me that I am wrong. <i>Jasmine Rich Picture Interview</i></p>

	Often the aim is to 'sell yourself', tout your accomplishments... for me personally it is not something I feel comfortable doing. <i>Julie Reflective Journal</i>	I'm not a big showy thing that is, not like a massive flamboyant tree that everyone looks at but that only blooms once a year, the coconut tree is there all round, so I'd like to be constant and useful. <i>Jane RP Interview</i>	I am not really trying to say that I am the only experienced person, but I thought that my small, my level of experience might help contribute a little bit to the quality development we need for our students. <i>Jeremiah RP Interview</i>
Valuing others	<p>It was also important for me that she knew I didn't agree with her views, but it was on principle this needed to be addressed. <i>Julie Reflective Journal</i></p> <p>Identify the strengths in people that we can nurture and play to the people's strengths. If we play to the strength of people and all the strengths complement each other it's really good. <i>James RP interview</i></p>	<p>I am aware of others in the room and I do make an effort to ensure that people who should, like everyone has to have a fair say. <i>Jane RP interview</i></p> <p>So, I think the leadership part is also recognising the strength in others and trying to develop them to develop their own leadership skills, and not being afraid I guess to give that 'power?' <i>Jane RP Interview</i></p> <p>Really making people feel that their contributions were valuable...they are valued and that we were all going through the same pain together. <i>Judith RP interview</i></p>	<p>I am thankful that we have post-grad students so that when the under-grad students actually do the process, I actually let the post-grad students supervise instead of me. <i>Jasmine RP interview</i></p> <p>I consulted other faculty members who were experienced in this endeavour. This was a great learning experience for me. <i>John Reflective Journal</i></p>
Sense of Responsibility	<p>So, burnout of clinical and academic staff also, but I haven't thought about that just yet so, that will be another one, and then I dunno, I should have said 'no' to it but I am a panel member for the accreditation process. <i>Julie RP Interview</i></p> <p>It was not possible to take a break because I was requested to take on another role... hopefully the opportunity will come next month to take some time off. <i>James Reflective prompt.</i></p>	<p>I am ultimately responsible for the trainees and making sure that their academic requirements are being met, there is a lot of administrative work that is required, so it is a matter of balancing and trying, so I don't have lunch, classes get held during lunch, reports get written during lunch, and that is fine because I am managing it, it's what needs to be done. – <i>Jane RP Interview</i></p> <p>And nobody wanted to go, volunteer to go, and so I felt like, hey, I'm already helping them. So, I volunteered and said, 'No, it's OK I will stay'... because you know you are committed. <i>Judith 2nd Interview</i></p>	<p>Me as an educator how can I help to facilitate and change this particular system that has been established as and will probably continue to do whatever it is doing in the future, to improve the outcome. <i>John RP Interview</i></p> <p>I don't really want to...to just to die with my knowledge without sharing my knowledge with others. <i>Jeremiah RP Interview</i></p> <p>I want to be utilised in an area where I can actually bring about some change. I felt I know it is going to increase my workload, but I felt good about it. At least I am creating an impact. <i>Jasmine Reflective Prompt</i></p>

10.15.4 THEME 4: VAKALAILAITAKA NA DUIDUI - NARROWING THE GAP

‘I want to be utilised in an area where I can actually bring about some change, to bring about a better system, to lessen the gap’ - Jasmine reflective prompt.

Addresses the Question: What are the intentions for being an HPE leader and what outcomes do they hope to achieve?

Table 17: Theme 4 Vakalailaitaka na Duidui – Narrowing the Gap

Vakalailaitaka na Duidui - Narrowing the Gap			
Sub Themes	Styles of Leader		
	Boats	Coconut Trees	Bridges
Competent and caring health professionals to make a difference.	<p>On the left hand side are hospitals that you know we hope our graduates will be useful to when they graduate. <i>James RP interview</i></p> <p>Like the World Federation of Medical Education, AMC and the accreditation that is going on and the councils... as being a leader, and of course comes in the question about quality, what are we providing in terms of quality for the staff and quality for the students... Those kids [graduates] are walking into the community... these are the people who come in hopefully to make a meaningful impact to the community through our leadership. <i>James RP interview</i></p> <p>I fear the quality has gone down a bit in MBBS, really they still need that supervision in hospital, what’s the right way to do things and I think the change in</p>	<p>I guess the whole purpose of medical education is that we are going to be able to provide skills so that they can work as safe doctors. <i>Jane RP Interview</i></p> <p>We want the students to be the best they can be, we should be striving for excellence in leadership in medical education and that translates to better practice, better patient care. <i>Judith RP interview</i></p>	<p>We expect them to go into the community and to be a good doctor, who’s a leader and educator, who is socially accountable, compassionate and cares about the well-being of the community in general. That is where I stand within the medical school trying to achieve that goal. <i>John RP interview</i></p> <p>That we see that the student is able to practice what they have learnt and also have the confidence to manage the patients well. <i>Jeremiah Reflective prompt</i></p> <p>I see myself as the person to instil some change so that when they do graduate they become fruitful in whatever field they go into...for them to come out and be successful...it’s holistic learning we want to impart, because we want people to be empathetic. <i>Jasmine RP Interview</i></p>

	the TI year has helped. It's really about being able to make that positive change. <i>Julie 2nd Interview</i>		
Succession	<p>The lesson learnt is to ensure that we have broad-based cover while in a position of leadership, to ensure there is sufficient depth to cover in times of crises. <i>James Reflective Prompt</i></p> <p>It also means that as leaders, we fail if we do not prepare sufficient successors in our lifetime of leadership. <i>James reflective prompt</i></p> <p>I think as well that I wouldn't have bothered if I didn't have someone who could step up to my role. I am fortunate I have three excellent [successors]. Any one of them could easily take over and are more than capable. <i>Julie Reflective Journal</i></p>	<p>We have a group of young faculty staff who wants to make a difference as medical educators and I believe my leadership style is more of a coach. <i>Judith reflective journal</i></p> <p>I think I mentioned that he was the small coconut that had fallen off and was beginning to shoot and he was beginning to help me. So I feel comfortable that I have managed to develop him [to take over]. <i>Jane 2nd interview</i></p>	<p>Maybe in the future aspires to take the role of educator, to continue the process or maybe improve the process further. <i>John RP interview</i></p> <p>I've already told the students, in terms of me like pulling back and someone else coming to take them. I really felt the reaction when I told them. <i>Jasmine reflective prompt</i></p>
Innovation	<p>This required re-thinking of what we're doing and applying some thinking outside the box to ensure we provide the best we can for our students to meet desired learning outcomes. <i>James Reflective Journal</i></p> <p>This required innovativeness, the use of free online simulation and learning from colleagues in Australia, New Zealand and Singapore. <i>James reflective journal</i></p> <p>But I have always been one to put myself forward especially if I am not happy with the status quo! It's all about the 3 C's: make a Choice, take a Chance to make a Change!! <i>Julie Reflective Journal</i></p>	<p>We need to come up with other innovative means to enable virtual clinical experience. <i>Judith reflective Journal</i></p> <p>I decided to do something to support student and staff mental health in the form of webinars. <i>Jane reflective prompt</i></p>	<p>One thing that I have really appreciated is the multidisciplinary way of teaching. So that is something new, early stages. <i>Jasmine RP interview</i></p> <p>I have adapted myself to online teaching and I am trying to find out more innovative ways to teach. <i>John reflective journal</i></p> <p>I have created a Viber group where I've sent some of the feedback [to the students] <i>Jeremiah reflective prompt</i></p>

10.15.5 THEME 5: SOKO VATA - JOURNEYING TOGETHER

Immediately behind there are a group of people holding hands together, which are our staff which we need to develop and get them on board with this vision and mission. James Rich Picture Interview.

You know I am the one that is like facilitating their walk across the bridge... the journey that is across the bridge together with them. Jasmine Rich Picture Interview

Addresses the Question: What strategies do the leaders purport to use to achieve the aims of competent and caring graduates, succession and innovation?

Table 18: Theme 5 Soko Vata – Journeying Together

Soko Vata - Journeying Together			
Sub-themes	Styles of leader		
	Boats	Coconut Trees	Bridges
Communication	<p>We had met all the HOS and HODs to understand what was required in the second half of the year... It was essential to be consultative and hear out the opinions of our staff in this matter. <i>James Reflective Journal</i></p> <p>I feel I just have to keep trying to do my best and maintain the standards for the College but it is trying to have [people] also not knowing or doing things in a timely manner...I often feel like I am speaking in a foreign language. <i>Julie Rich Picture Interview</i></p>	<p>I had a meeting with all the course conveners for the program and explained to them that since face to face clinical is most likely not happening, we would resort to virtual clinical exams. <i>Judith Reflective Journal</i></p> <p>So as an educational leader I need to have this open communication with the people who teach, with the people who get taught. <i>Jane Rich Picture Interview</i></p>	<p>I discussed this matter extensively with colleagues from my faculty and consulted other faculty members who were experienced in this endeavour. <i>John Reflective Journal</i></p> <p>I find it really easy to do a five-minute preceptor with them and then we just go through the process of learning and I think they learn more in terms of having that one-to-one communication. <i>Jasmine Rich Picture Interview</i></p> <p>So I need them to really understand that and develop some skills to understand that, to be able to read my verbal and non-verbal communication. <i>Jeremiah RP Interview</i></p>

<p>Collaboration</p>	<p>It also provides an opportunity for a bottom-up approach in co-creating the modified L&T and assessments. <i>James Reflective Journal</i></p> <p>During the interview, being visionary, innovative, and democratic, were the focus, as well as promoting partnerships, teamwork, and collaboration. <i>Julie Reflective Journal</i></p>	<p>Thru engaging assistance from medical education experts. <i>Judith Reflective Journal</i></p> <p>Finally, I have liaised with my network to ask for supplementary teaching for our Postgraduate trainees. Their energy and enthusiasm to share knowledge and inclusive nature has meant that we in Fiji have benefited greatly. <i>Jane Reflective Prompt</i></p>	<p>I am [working with the head] contributing to the process by exploring resources that support clinical education in the absence of clinical attachment. <i>John reflective prompt</i></p> <p>One thing that I have really appreciated whilst I was there is the multidisciplinary way of teaching. Like there's not only one perspective that you are looking at the whole time. You are just more appreciative of the things that you learn in that manner. <i>Jasmine Rich Picture Interview</i></p> <p>Also teamwork to be able to work with, to cooperate with the groups in the clinic. I think the important factors over here are the support staff too. <i>Jeremiah Rich Picture interview</i></p>
<p>Mentoring</p>	<p>I think she wants to hand over, and I think it's a good idea to give it to Sarah to also mentor her and grow her in the role. <i>Julie Rich Picture Interview</i></p> <p>Honestly they talk about mentorship you know at school level, like you need to be mentoring someone to become HOS or HOD and yet there is nothing like that for the higher positions. <i>Julie Rich Picture Interview</i></p> <p>There you see a group of people holding hands which means the whole process of trying to improve medical education and as leaders developing staff. So it's going to be a journey for everyone, not only the staff who we are trying to build as leaders. <i>James RP interview</i></p> <p>You know creating the right environment where they are allowed to flourish, allow</p>	<p>I asked if he would be agreeable taking on the responsibility of coordinating. I added that I would remain involved and guide him closely. I see it as sacrificing some stuff so I can build someone else's leadership skills. <i>Jane Reflective Prompt</i></p> <p>I'm learning to delegate, let other people do things and you know just support them, let them grow. <i>Judith reflective Prompt</i></p>	<p>I am happy to be able to mentor our young colleague so that leadership role in medical education can be taken over by local graduates in due course. <i>John Reflective Journal</i></p> <p>So when they actually go through the journey, with me trying to facilitate and helping them along the way, when they do actually come out, it's sort of like a tree of life, they actually go out becoming more fruitful. <i>Jasmine Rich Picture Interview</i></p> <p>I would have loved to have, you know women leaders that would have, you know whose opinions would have guided me. <i>Jasmine Second Interview</i></p>

	them to make mistakes, give them that space that helps them and I will feel good if I leave and the capacity is good. <i>James RP interview</i>		
Role-Modelling	<p>I think being honest and practical were also important as well as showing leadership by example. <i>Julie Reflective Journal</i></p> <p>I think people are motivated when they see you supporting and facilitating, so I have created that type of environment and I think it is important that we are respectful of people, the leaders need to feel their contribution is appreciated. <i>James RP interview</i></p>	<p>My leadership style is to walk the talk, for lack of better description. <i>Jane Reflective Journal</i></p> <p>It's important that you also are seen as a good role model for them and that is quite important, you know, for clinical training. <i>Judith RP Interview</i></p> <p>I mean there is a lot of dialogue in our morning handovers, we are inclusive and I think a lot of it has been the way Roy has taught, so he would have been one of the people who have nurtured my development and growth. <i>Jane RP Interview</i></p>	<p>I saw a lack of empathy in our new graduates that I felt I could not teach them, I had to <i>act</i> it in order for them to know. <i>Jasmine Reflective Prompt</i></p> <p>It's important that the change that you [want to] see and you aspire to, to become a part of it, then when you are part of it other people aspire to be like that too. <i>Jasmine reflective prompt</i></p> <p>I think that even those values that I mentioned for the student [skilful, respect, professional] I think I should also have those with me as an educator. <i>Jeremiah RP Interview</i></p>
Feedback	<p>Not so much complaining, some just sharing that you know this could be done better, why is it? And giving feedback and following up at-risk students. <i>Julie Rich Picture Interview</i></p> <p>If we could develop that kind of you know practise where people won't feel threatened to be sharing and getting you know feedback and ideas. <i>Julie Second interview</i></p> <p>And that kind of culture where people can speak, it's open it's safe, you know they don't facilitate those. <i>James second interview</i></p>	<p>I think I have enjoyed it because it is something that I can practice the principles of teaching and getting feedback and then changing the program and then getting feedback again to see if that is actually what fits best. <i>Jane Rich Picture Interview</i></p> <p>So we are teaching, teaching, teaching but we are also at the same time we are learning ourselves, and not just because of a one way delivery kind of thing but it's two ways, we get the feedback from the students, either directly to us or through other people, so we also need that feedback to tell us whether we are doing OK or we just suck at what we are trying to do, so that feedback is important. <i>Judith Rich Picture Interview`</i></p>	<p>So what I try to do is, whoever it is in whichever group of these young budding doctors I try to find out <i>why</i> they are here and <i>how</i> do they learn and <i>why</i> do they want to learn and <i>how</i> can I facilitate that learning process. <i>John Rich Picture Interview</i></p> <p>So it's sort of like a constructive, a positive and negative criticism sort of thing that we do, so we try for them to give their inputs on what they think I should have done differently and because of the changes in the technologies and investigative tools that we have nowadays. <i>Jasmine Rich Picture Interview</i></p> <p>I actually love teaching because it's not only a one way thing where we need to deliver. No, it's also, I've learned a lot from it. <i>Jeremiah 2nd Interview</i></p>

10.16 Appendix 16 Peer-Reviewed Published Article on Rich Pictures



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Sage Journals

Regular Article



'I Would Have Never Told You that' – Using Rich Pictures as a Qualitative Tool to Uncover Tacit Perspectives on Leadership

Sinead Katherine Kado ¹, Simon Clarke², and Sandra Carr ¹

Abstract

Interviews and focus groups are the mainstay of qualitative research, but may not capture fully the perspectives of participants when investigating complex social phenomena. Increasingly visual elicitation techniques, including Rich Pictures, are being utilised to further explore tacit perspectives. Two key questions around Rich Pictures were considered: 'What are the affordances and constraints of using Rich Pictures to uncover tacit perspectives?' and 'Moving forward, how can we most effectively use Rich Pictures in future research?' This case study answers these questions by reflecting on our experiences while conducting research into the complex social phenomena of leadership in health professions education. Through our reflections on using Rich Pictures, the research participants' experience, and in-depth literature exploration of Rich Pictures, the affordances and constraints of this data collection tool are examined. Furthermore, the considerations needed when using Rich Pictures are expounded before providing a set of guiding recommendations for those considering using Rich Pictures in their qualitative research.

Keywords

arts based methods, case study, methods in qualitative inquiry, oral histories, interpretive description

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10.17 Appendix 17 Peer-Reviewed Published Article on Leadership Styles

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Pacific perspectives on Health Professions Education leadership – An interpretivist case study

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Abstract

Introduction: Health Professions Education (HPE) leadership development is advocated for success at the individual, team, and institutional levels. Many leadership theories exist informed mainly by Western perspectives, however, Pacific HPE leadership has not been investigated. Therefore, this research aimed to understand Pacific HPE leaders' perspectives to develop substantive theory to guide faculty development in this setting and add nuanced perspectives to the international HPE leadership discourse.

Methods: Using an interpretivist case-study methodology, seven HPE leaders were purposefully recruited. Data collection tools included Rich Pictures, Talanoa Zoom interviews, and reflective journals. Participants drew a picture on 'Being an HPE leader', subsequently explaining their depiction, and then reflected on leadership events in their journals over six months. Codes and themes were identified using Miles, Huberman and Saldaña's approach.

Results: Metaphors were assigned to three HPE leadership styles identified: The 'Bridge' - helping students from novice to competent; the 'Coconut Tree' - multiple roles and sturdy in the storm; and the 'Boat' - navigating towards the vision.

Conclusions: Rich Pictures, interviews and reflective journals allowed HPE leaders to reflect on 'Being an HPE Leader' and revealed tacit perspectives. This study suggests there are different styles of leadership, pertinent to the Pacific context, depending on the aims, strategies, and attributes of different HPE leaders. Although grounded in the Pacific, certain aspects may resonate in similar contexts. Notwithstanding that many facets of leadership identified align with current leadership models, intrapersonal emotional intelligence and cultural aspects of HPE leadership should be considered when designing contextually embedded faculty development.

Keywords: *Medical Education, Health Professions Education, Leadership, Qualitative Research, Case Study, Pacific*

Practice Highlights

- Rich Pictures assist revealing tacit perspectives by facilitating reflection on leadership.
- Many aspects of contemporary leadership are practiced in HPE leadership in the Pacific.
- Development of intrapersonal emotional intelligence is required to thrive in this challenging context.
- A better understanding of HPE Leadership in the Global South is required to inform a Global HPE leadership framework.

10.18 Appendix 18 List of Publications, Presentations and Awards Attained During Candidature

10.18.1 PUBLICATIONS

1. **Kado, S.**, Clarke, S., & Carr, S. (2024). Pacific perspectives on Health Professions Education leadership—An interpretivist case study. *The Asia Pacific Scholar*, 9(2). <https://doi.org/10.29060/TAPS.2024-9-2/OA3151>
2. Krishna, A. A., **Kado, S.**, Dubey, A., Grant, C., & Kado, J. (2024). Clinical practice guidelines: Their utility, dissemination and monitoring at Colonial War Memorial Hospital: A mixed methods study from Fiji. *Internal Medicine Journal*, (ahead of print). <https://onlinelibrary.wiley.com/doi/abs/10.1111/imj.16349>
3. Wood, H., Brand, G., Clifford, R., **Kado, S.**, Lee, K., & Seubert, L. (2023). What Do Students' Questionnaire Responses Tell Us about Their Language around Person-Centred Care? An Exploratory Sentiment Analysis. *Healthcare*, 11(17). <https://www.mdpi.com/2227-9032/11/17/2458>
4. **Kado, S. K.**, Clarke, S., & Carr, S. (2023). 'I Would Have Never Told You that' – Using Rich Pictures as a Qualitative Tool to Uncover Tacit Perspectives on Leadership. *International Journal of Qualitative Methods*, 22. <https://journals.sagepub.com/doi/abs/10.1177/16094069231182633>
5. Wood, H., Brand, G., Clifford, R., **Kado, S.**, Lee, K., & Seubert, L. (2023). Student Health and Social Care Professionals' Health Literacy Knowledge: An Exploratory Study. *Pharmacy*, 11(2). <https://www.mdpi.com/2226-4787/11/2/40>
6. **Kado, S.**, Lindemann, I., & Brand, G. (2022). Supporting Pacific clinicians' medical education practice change through faculty development: A qualitative case study. *Focus on Health Professional Education: A Multi-Professional Journal*, 23(3), 1-17. <https://fohpe.org/FoHPE/article/view/598>

1. **Kado S**, Clarke S, Carr S. We Want to Lessen the Gap: Perspectives on Health Professions Education Leadership from a Global South Country. AMEE - An International Association for Medical Education: Transforming health care education through inclusivity and innovation; Glasgow, Scotland 2023.
2. Bolster J, **Kado S**, McKimm J. Is it an interview? Is it a focus group? No, it's a group narrative reflection: A novel data collection method. AMEE - An International Association for Medical Education: Transforming health care education through inclusivity and innovation; Glasgow, Scotland 2023.
3. **Kado S**, Bolster J, McKimm J. What method is this? Combining a narrative with group reflection: An evaluation of a novel data collection method Australia and New Zealand Association for Health Professional Educators: Turning Tides - Navigating the Opportunities; Gold Coast, Australia 2023.
4. **Kado S**, Clarke S, Carr S. 'We want to lessen the gap by walking over the bridge together': Pacific perspectives on Health Professions Education Leadership. Australia and New Zealand Association for Health Professional Educators: Turning Tides - Navigating the Opportunities; Gold Coast, Australia 2023.
5. **Kado S**, Clarke S, Carr S. Understanding Health Professions Education Leadership Through a Pacific Cultural Lens: An Interpretivist Case Study. APMEC - Asia Pacific Medical Education Conference: Celebrating Excellence in Scholarship of Teaching and Learning – Trends Issues Priorities Strategies; Online 2023.
6. **Kado S**, Clarke S, Carr S. Being a Coconut Tree: Viewing Health Professions Education Leadership through a Pacific Lens. AMEE - An International Association for Medical Education: Redefining Health Professions Education Together; Lyon, France 2022.
7. **Kado S**, Clarke S, Carr S. Drawing on Experience: Using Rich Pictures to Explore Health Professions Education Leadership. Australia and New Zealand Association for Health Professional Educators: Partnerships; Online 2022.
8. **Kado S**, Lindemann I, Brand G. Growing medical educators in the Pacific. Are workshops enough to change educational practice? APMEC - Asia Pacific Medical Education Conference: Our Heritage, Our Strength: Future proofing healthcare professionals; Online 2022.
9. **Kado S**, Lindemann I, Brand G. Growing medical educators in the Pacific. Are workshops enough to change educational practice? AMEE - An International Association for Medical Education: The Virtual Conference; Online 2021.
10. **Kado S**, Lindemann I, Brand G. How do we grow medical educators in the Pacific? – A qualitative case study. Australia and New Zealand Association for Health Professional Educators: Moving forward in Ambiguity; Online 2021.

10.18.3 KEYNOTE PRESENTATIONS

1. **Kado S**, Understanding leadership in Health professions Education. Fiji National University Health professional Education Symposium; Suva, Fiji 2023

10.18.4 INVITED SPEAKER

1. Oman Medical Specialty Board Leadership Workshop – 2022 and 2023
Kado S. Becoming and Being a Good Leader.
2. National University of Singapore – PRIME - Priority Research in Medical Education
 - a. **Kado S**, Lindemann I, Brand G. Growing medical educators in the Pacific. Are workshops enough to change educational practice? 2023
 - b. **Kado S**, Clarke S, Carr S. Understanding Health Professions Education Leadership Through a Pacific Cultural Lens: An Interpretivist Case Study. 2024

10.18.5 AWARDS

1. 2023 UWA citation for outstanding contributions to student learning
2. 2023 Best Oral Presenter – runner up – APMEC
3. 2022 Nomination for a citation for outstanding contributions to student learning – Allied Health - UWA
4. 2022 Fellowship of the Higher Education Academy – FHEA
5. 2022 ANZAHPE Post-graduate student prize for best abstract
6. 2022 Best Oral Presenter Merit Award – APMEC
7. 2021 Associate Fellowship of ANZAHPE

