

ORIGINAL ARTICLE



Submitted: 6 October 2023 Accepted: 6 December 2023 Published online: 2 April, TAPS 2024, 9(2), 28-38 https://doi.org/10.29060/TAPS.2024-9-2/OA3151

Pacific perspectives on Health Professions Education leadership – An interpretivist case study

Sinead Kado¹, Simon Clarke² & Sandra Carr¹

¹Division of Health Professions Education, School of Allied Health, University of Western Australia, Australia; ²Graduate School of Education, University of Western Australia, Australia

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.

I. INTRODUCTION

Effective leadership is advocated to foster growth in the ever-evolving Health Professions Education (HPE) landscape and ensure success at the individual, team, and institutional levels (Lieff & Yammarino, 2016; McKimm & Swanwick, 2013; Sandhu, 2019; Steinert et al., 2012). However, Health Professions Education (HPE)

leadership is a complex social phenomenon encompassing relationships, cultural and personal influences (Steinert et al., 2012; van Diggele et al., 2020), making it difficult to define, and then guide development. Whilst many leadership development initiatives exist purporting to enhance leadership capabilities, multiple systematic reviews investigating

leadership development at the undergraduate (Evans et al., 2023; Lyons et al., 2018; Rodríguez-Feria et al., 2023), graduate (Lyons et al., 2021; Onyura et al., 2019; Sadowski et al., 2018; Sultan et al., 2019) and faculty (Steinert et al., 2012) level found that leadership development is rarely grounded in theoretical frameworks and that evaluation of interventions remains superficial. Similar issues occur in other HPE disciplines including pharmacy (Reed et al., 2019) and interprofessional (Brewer et al., 2016) education. These systematic reviews recommend that leadership development needs grounding in theoretical frameworks and capabilities assessed over a longitudinal period.

Additionally, across the reviews there was a dearth of studies from the global south informing their conclusions; most studies originated from the United States followed by the UK, Canada, Europe and Australia. Although established frameworks exist for physician leadership, including CanMEDS, NHS medical leadership competency framework, and ACGME, (Onyura et al., 2019) there is only one recently proposed for health professions educators (McKimm et al., 2022), based on the authors' expertise and contemporary leadership theories, but not on empirical literature around **HPE** leadership. However. recommendations are that to develop tomorrow's HPE leaders an empirically informed, culturally sensitive, leadership framework for health professions educators is required (Ramani et al., 2020; Sandhu, 2019).

Empirical research around HPE leadership has mainly been deductively analysed, using Western leadership frameworks, including Yukl's power model (Sundberg et al., 2015), Bolman and Deal's four frames model of leadership (Lieff, 2010), Goleman's six leadership styles (Saxena et al., 2017), and character-based leadership (Torti et al., 2022). This deductive analysis potentially misses important aspects of leadership, indeed one example of subsequent inductive analysis identified different themes including reflection and feedback not included in the original deductive analysis (Lieff & Albert, 2012; Lieff, 2010). Additionally, most empirical research has relied on semi-structured interviews alone (Lieff et al., 2013; Lieff, 2010; Saxena et al., 2017; Sundberg et al., 2015; Torti et al., 2022), which may not have encapsulated all aspects of leadership, and have been conducted in Western contexts. Spoken language may not convey all the cultural contexts and meanings (Amazonas et al., 2019; Brocklesby & Beall, 2018; Lyon, 2020) and therefore it is recommended considering complementary data collection tools to further our understanding of HPE leadership (Lieff & Albert, 2012; Varpio et al., 2017). Furthermore, there are consistent calls to investigate HPE leadership in different

cultural contexts to inform a faculty development framework (Dujeepa et al., 2019; Steinert et al., 2012; Varpio et al., 2017).

From a Pacific perspective, HPE leadership development is required (Kado et al., 2022; Sweet et al., 2018), however, HPE leadership from the cultural perspective of contemporary leaders in the Pacific is not currently described. Thus, this research reported here embarked on understanding the perspectives of current HPE leaders from this Pacific global south context to provide empirical evidence towards a framework for HPE leadership in this setting to guide faculty development. Furthermore, it contributes a diverse perspective to the current HPE leadership literature to assist building a more nuanced global HPE leadership theory.

This article describes the empirical research conducted at a major Pacific University utilizing an interpretivist case study approach. It then outlines three styles of leadership identified and discusses how these relate to competencies purported to be needed at different levels of leadership and the current theoretical and empirical discourse around HPE leadership. Implications from this discussion will provide recommendations for Pacific faculty development. Through rich, deep description it is hoped that others in similar settings will resonate with the findings, drawing on insights to apply in their own contexts.

II. METHODS

To understand Pacific perspectives around HPE leadership an interpretivist case study was undertaken at a major Pacific University (Denzin & Lincoln, 2000; Silverman, 1997). A qualitative methodology facilitated participants' perspectives to be fully explored, and using several innovative data sets through a case study approach enabled tacit perspectives to be revealed and triangulated (Merriam, 1988; Merriam & Tisdell, 2016). The case was bound by health professionals who had completed a health education degree and had an active University HPE leadership role. Seven of ten eligible volunteered following leaders purposeful recruitment and ethics approval. Written consent was provided and then data were collected through Rich Pictures, Talanoa interviews, and reflective journals over a one-year period (April 2021 to April 2022), with each participant assigned a pseudonym to maintain anonymity. Each data collection method was chosen to provide rich data to complement and build the interpretation of Pacific HPE leadership guided by the central research question 'What are the perspectives of Pacific GCME graduates on being an HPE leader?'

First, Rich Pictures (Cristancho & Helmich, 2019; Gisby et al., 2023; Kado et al., 2023a) were used to reveal tacit perspectives on being an HPE leader. Participants drew a picture depicting 'Being an HPE leader' and then a subsequent Talanoa interview (Hindley et al., 2020; Tunufa'i, 2016) explored the deeper meanings of the picture and how they enacted leadership. Talanoa is a Pacific way of communicating where people are free to 'tala'- talk 'noa'- around the subject (Hindley et al., 2020). Thus, similar to semi-structured interviews, a set of guiding questions was used such as 'Tell me about your picture' and 'How do you see yourself as an educational leader in this picture', nevertheless the participants were allowed to 'talanoa' or talk around these questions in a culturally comfortable manner. These Talanoa interviews were held via Zoom (Gray et al., 2020) as the research was conducted in the midst of the Covid-19 pandemic. Next, following an orientation session on reflection (Schön, 1987), participants were requested to use a reflective journal with guiding questions and reflective prompts over six months. The reflective journals (Filep et al., 2018; Milligan & Bartlett, 2018) provided an avenue for the HPE leaders to reflect on doing leadership contemporaneously and with minimal influence from the researcher (Alaszewski, 2006). Finally, the second Talanoa interview was conducted, as planned after initial data analysis, exploring aspects of motivation and the influence of culture more deeply, with questions such as: 'What motivates you to continue in your role as an HPE leader?' and 'How do you think the culture has shaped your leadership journey?'

A. Data Analysis

Data analysis was guided by Bell et al.'s (2019) framework for the Rich Pictures and Miles, Huberman and Saldaña's (2014) approach for the textual data. Bell et al.'s (2019) framework comprises seven steps including:

- 1. Locating the style context of the Rich Picture
- 2. Descriptive features colour, shapes, and drawings
- 3. Primary features which aspects are bold or central
- 4. Value features linkages between images
- 5. Low-level interpretation overall picture
- 6. High-level interpretation interpretation from the artist
- 7. Critical judgement has the participant reflected and engaged with the drawing?

For this research, we relied primarily on the high-level interpretation and other aspects were asked in the Talanoa interview as the research was based on the participants' perspectives.

Data analysis began immediately after the interviews with the primary researcher (SK) noting initial impressions in her research journal and then transcribing the interviews verbatim. Data were anonymised and entered into NVivo for further analysis, copies of the transcripts were also stored in the University's data management system. The data were further analysed using Miles, Huberman and Saldaña's (2014) approach which consists of three linked stages:

1) Data Condensation:

Data condensation involves ensuring relevant data to answer the research question is captured and synthesised through coding, memoing and developing concepts.

2) Data Display:

Data is displayed using data summaries and pictorial illustrations to convey the main ideas.

3) Drawing and Verifying Conclusions:

Conclusions illustrate the themes and propositions abstracted from the data display.

This article focuses on the results of the second stage of data analysis, data display, which illustrated three styles of leadership identified through data interpretation. Initial coding was done by the primary researcher (SK) and discussed with the principal supervisor (SC) to refine. Concepts were developed together and the data summaries were compiled by SK and then revised through discussion (SK, SC & SC). The process was iterative where new codes and concepts were discussed and transcripts re-read to ensure alignment. Finally, composite narratives were produced for each leadership style, consisting of the participants' voices combined to maintain anonymity, (Willis, 2018) and a synopsis of each style of leadership was interpreted by the primary researcher, providing rich data summaries for the leadership styles identified. These can be accessed through Figshare:

https://doi.org/10.6084/m9.figshare.24241195.v1 (Kado et al., 2023b)

B. Researcher Positionality

The primary researcher is a white, Anglo-Saxon, medical educator who had completed medical training in the UK and then subsequently lived and worked in a Pacific culture for over 20 years. She completed the health education degree with the research participants and was known to them. At the time of the research, she was not employed at the Pacific University and had no authority over them. Whilst having a deep understanding of the culture and context in which the research was conducted, there is the possibility that her Western upbringing will have influenced the interpretation. This was minimised by taking steps to ensure trustworthiness.

C. Trustworthiness

Trustworthiness was maintained through several avenues. First, the primary researcher practised reflexivity by maintaining a diary throughout the research process to note ideas and meanings from the data. Second, triangulation of the results occurred through data analysis discussions with the research team and differences agreed to. Third, member checking was utilised at each step of the analysis whereby research participants were asked to confirm the transcripts, composite narratives and summaries, and the leadership styles.

D. Ethics Approval

Ethics approval was granted by the University of Western Australia (UWA - 2019/RA/4/20/6529) and the Fijian Ministry of Health (Fiji - FNHRERC 31/2020). Furthermore, the University ethics department was consulted and they gained access to the participants ensuring they felt under no obligation to participate in the research.

III. RESULTS

Seven HPE leaders participated, their academic positions, ethnicities, specialities, years of service and age range are depicted in Figure 1. One participant had originated from a Global South country outside the Pacific but had resided in the Pacific for over 25 years.

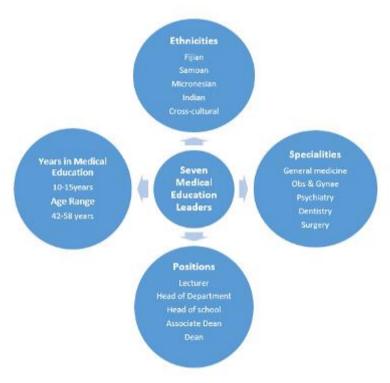


Figure 1. Demographics of Pacific HPE Leaders

Three styles of leadership were interpreted from the data and assigned visual metaphors, which were conceptualised based on the participants' drawings, the Pacific culture and the participants' perspectives of being an HPE leader. First, 'Being a Bridge' - HPE leaders focusing on being effective educators and clinicians. Second, 'Being a Coconut Tree' - HPE leaders aiming to develop faculty whilst also maintaining their clinical and educator identities. Third, 'Being a Boat' HPE leaders who were mostly aiming for organisational change.

Interestingly, only the 'Boats' had received any form of leadership development and this was not directly related to HPE leadership. Each of these styles of leadership is now examined in turn.

A. Being a Bridge

Three HPE leaders, Jasmine, John, and Jeremiah, identified as 'Being a Bridge', illustrated by Jasmine's Rich Picture and Talanoa interview excerpt (Figure 2).



'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 specialty, 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 2. Being a Bridge

Being a Bridge encompassed being passionate about clinical education and having a love of teaching. These HPE leaders' aims were 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.

'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 is 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 (1st Interview)

They aspired to share their knowledge, skills, and attributes with their students to enable them to improve Pacific people's health. 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.

'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.'

-John (1st Interview)

'One thing that I have really appreciated is the multidisciplinary way of teaching. So that is something new, early stages.'

-Jasmine (1st Interview)

They valued the educational development they had received and advocated for future collaborations to develop this further, including structured courses, guidelines and mentorship.

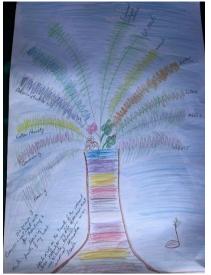
'Well, one important factor that I believe will influence me as an educator is continuing education. Getting that collegiality again. We need another project to work on.'

-Jeremiah (2nd Interview)

'Being a Bridge' focused on developing students as an HPE leader which was expanded on by leaders who were identified as 'Being a Coconut Tree'.

B. Being a Coconut Tree

Jane and Judith exemplified 'Being a Coconut Tree' with their multiple responsibilities, experiences and resilience. Figure 3 illustrates the Rich Picture alongside an excerpt from the interview of Jane.



'A coconut tree would perhaps be the best analogy... the trunk with its rings signifies the learning experiences, and the need to be firmly grounded. The coconut fronds signify the different groups that I interact with as an academic leader. My fellow faculty, most now of whom are trying to undergo some form of medical education, and my role in trying to facilitate this 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.'

Figure 3. Being a Coconut Tree

The 'coconut trees' of HPE leadership had multiple roles and a passion for developing and helping others. Their multiple fronds as HPE leaders included primarily being a clinician and educator, alongside a researcher, administrator, committee lead, and organisation member. They are aiming to ensure excellence and achieve this by valuing both feedback and evaluation to improve themselves, others and the curriculum.

'I am basically multitasking, I can wear different hats and can achieve a lot of things with the different activities. So, we are 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'

-Judith (1st Interview)

They are rooted in the foundations of faculty development (GCME – Graduate Certificate of Medical Education) 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.

'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)

'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.'

-Judith (Reflective Journal)

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.

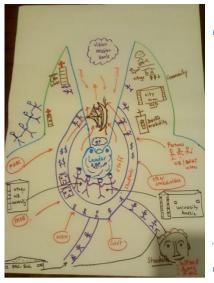
'I have liaised with my network to ask for supplementary teaching for our Postgraduate trainees.'

-Jane (Reflective Journal)

Overall, they know they need to 'walk the talk' to develop the next generation of HPE leaders, as they endeavour to promote excellence in HPE.

C. Being a Boat

Being a Boat was illustrated by Julie and James who were striving to sail to a vision on the horizon to improve HPE at the individual and organisational level. James describes this as a journey with his Rich Picture and interview excerpt (Figure 4).



'I put the leader right in the center, 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 leaders perspective.'

Figure 4. Being a Boat

James and Julie visualised themselves on a leadership journey in a boat heading towards a vision of excellence in health professions education. 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.

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 (1st Interview)

Although they are both consultants in their clinical domain, their identity is now more embedded in their leadership role in health professions education. Their focus is on ensuring good curriculum, development for faculty and leaders, and improving University processes.

What we need is some more basic foundational learning...health professions education for the whole college and so that would be something I would totally pursue to allow and to think of something that would be doable.

-Julie (1st Interview)

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.

I had been frustrated with the processes and felt so much more could be done to support staff and students.

-Julie (Reflective Journal)

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

-James (Reflective Journal)

The boat's overall aim is to grow the next generation of HPE leaders across the whole college through curriculum development and support from the University.

IV. DISCUSSION

In our Pacific setting, all the HPE leaders were aiming to develop excellent healthcare workers to make a difference to the health of the Pacific, however, they did this in different ways. Three styles of leadership were identified across the HPE leaders, which were given visual metaphors of 'The Bridge, Coconut Tree and Boat'. 'The Bridges' focused on developing competent and caring students, 'The Coconut Trees' had multiple roles and nurtured their successors as well as the students, and 'The Boats' focused on the system level to provide the necessary supports for HPE leaders and the students.

These three styles of leadership could be conceptualised as levels, similar to Maxwell's (2011) five levels of leadership which classifies leadership as a process through position — a leadership title, permission — developing relationships, production — getting things done, people development — empowering others, and pinnacle — growing the organisation, however, McKimm et al. (2022) argue that all HPEs can be leaders, they do not need to be in a position of leadership. Although our participants were primarily in positions of leadership, they did not specifically identify that their position assisted or deterred their leadership journey, therefore, it is difficult to say if this positional status impacted their

leadership style. From their interviews and journals, the HPE leaders were more focused on relationship building, the second level: permission. Each style of leadership focused on different aspects of building relationships: 'The Bridges' nurturing their students, 'The Coconut Trees' developing both students and faculty and 'The Boats' collaborating with faculty and external stakeholders to support the college. Relationship building or the interpersonal aspects of leadership were key in all styles of leadership. This is well supported across the theoretical (McKimm et al., 2022; Pinder & Shabbits, 2018; Sandhu, 2019) and empirical research (Lieff & Albert, 2012; Varpio et al., 2017) around HPE leadership.

Focusing on the next level, production, that is getting results from others through influence and credibility, all styles of HPE leaders were respected consultants in their field and were able to influence students, faculty, and the institution. Indeed, evidence suggests that to be a respected HPE leader it is necessary to first have a reputation as an excellent clinician or researcher as being a good educator is often perceived as less esteemed (Maile et al., 2019; Sundberg et al., 2015). Did this hamper their progression to the fourth level, reproduction? All styles of leadership encouraged empowering others, whether that be at the student or faculty level, although they utilised different strategies. 'The Bridge' acted as a role model to develop novice students into competent health professionals, 'The Coconut Tree' utilised a coaching style to nurture the next generation of HPEs and 'The Boats' focused on developing structures and courses within the University to ensure succession planning. The HPE leaders displayed an authentic approach to developing others by often 'walking the talk' and being open to feedback, especially the coconut trees (Lieff & Yammarino, 2016; McKimm et al., 2022). Finally, the impact the leaders had on the organisation varied and this is perhaps where the styles of leadership differed most in comparison to the final level of pinnacle, developing future HPE leaders and growing the university. This was an ideal envisioned by 'The Bridges' but was actualised by 'The Coconut Trees' at a local departmental level and by 'The Boats' at the wider college level. Here a more adaptive style of leadership was portrayed by engaging with the challenges of a low-resource setting and the pandemic and seeking innovative solutions to address them (McKimm et al., 2022).

We would argue that rather than moving through levels of leadership that all these factors, bar level one, position, are evident in the different styles of leadership portrayed in this setting, albeit expressed in different ways. Additionally, although adaptive leadership has been advocated for HPE leaders during these challenging times (McKimm et al., 2022) some aspects were not evident in our HPE leaders. While they acknowledged being stressed and frustrated there was little evidence of them identifying ways to build resilience and perseverance and other intrapersonal aspects of emotional intelligence (Goleman, 2001). To build HPE leaders' emotional intelligence capacities we would advocate utilising faculty development strategies that enhance reflection, such as Rich Pictures, and cultural 'Talanoa' discussions to assist future HPE leaders in reflecting on their experiences and developing strategies to overcome their obstacles (Cammock et al., 2021; Kado et al., 2023a). We also concur with Lyons et al. (2021) that 'bespoke' faculty development is recommended to encompass different styles of leadership encountered in the Pacific cultural setting, rather than using frameworks from an entirely Western perspective.

A. Strengths and Limitations of the Research

This study is the first to our knowledge, investigating HPE leadership in a Pacific setting and it followed leaders over a prolonged period to obtain rich, deep data, using novel data collection methods such as Rich Pictures and Talanoa interviews enabling unique perspectives to be captured.

Nevertheless, there are several limitations including, a small sample size of seven participants at only one institution. This study was also conducted during the Covid-19 pandemic limiting face-to-face interactions which may have affected the findings attributable to Zoom interviews and the unprecedented experiences of the HPE leaders. Additionally, although several measures were taken to increase the trustworthiness of the research there is the real possibility that the findings have been affected by the unconscious biases of the primary researcher (SK).

V. CONCLUSION

Pacific HPE leaders displayed three styles of leadership that were conceptualised as 'Being a Bridge' - focusing on being an effective educator and clinician; 'Being a Coconut Tree' - aiming to develop faculty whilst also maintaining their clinical and educator identities; and 'Being a Boat' who were mostly aiming for organisational change. They accomplished these styles through similar strategies based on developing relationships, being credible and empowering others that are advocated in the different levels of leadership, and which mirrored aspects of authentic and adaptable leadership. However, although the Pacific HPE leaders identified themselves as resilient and adaptable they also expressed significant challenges in relation to the University and the Covid-19 pandemic in this low-

resource global south setting. Intrapersonal aspects of emotional intelligence could strengthen HPE leaders' resilience in this cultural setting through faculty development that encourages reflection, such as Rich Pictures and Talanoa.

Notes on Contributors

Dr Sinead Kado is a doctor, medical educator and PhD candidate who reviewed the literature, designed the study, and then collected and analysed the research data, before drafting the original manuscript.

Professor Simon Clarke is a senior honorary research fellow at the University of Western Australia who reviewed and revised the study design, reviewed the data analysis and critically revised the manuscript.

Professor Sandra Carr is the Head of Health Professions Education at the University of Western Australia who revised the study design, analysed the data and then critically revised the manuscript.

All authors have read and approved the final manuscript.

Ethical Approval

Ethics approval was granted by the University of Western Australia (UWA - 2019/RA/4/20/6529) and the Fijian Ministry of Health (Fiji - FNHRERC 31/2020).

Data Availability

Supplementary data in the form of composite narratives – the combined narratives of several participants, and the data summaries interpreted by the researchers are available in Figshare at

https://doi.org/10.6084/m9.figshare.24241195.v1.

Original full transcripts are not available due to anonymity and confidentiality issues.

Acknowledgement

The authors would like to acknowledge the research participants for their commitment and engagement with the research.

Funding

The primary researcher (SK) was in receipt of an Australian Government Research Training Program (RTP) scholarship for this research.

Declaration of Interest

The researchers declare that they have no known conflicts of interest, including financial, consultant, institutional and other relationships that might lead to bias

References

Alaszewski, A. (2006). *Using diaries for social research*. SAGE Publications Ltd. https://doi.org/10.4135/9780857020215

Amazonas, I. T., Kawa, N. C., Zanetti, V., Linke, I., & Sinisgalli, P. A. (2019). Using rich pictures to model the 'good life' in indigenous communities of the tumucumaque complex in Brazilian Amazonia. *Human Ecology*, 47, 341-354. https://doi.org/10.1007/s10745-019-0076-5

Bell, S., Berg, T., & Morse, S. (2019). Towards an understanding of rich picture interpretation. *Systemic Practice and Action Research*, 32(6), 601-614. https://doi.org/10.1007/s11213-018-9476-5

Brewer, M. L., Flavell, H. L., Trede, F., & Smith, M. (2016). A scoping review to understand "leadership" in interprofessional education and practice. *Journal of Interprofessional Care*, 30(4), 408-415. https://doi.org/10.3109/13561820.2016.1150260

Brocklesby, J., & Beall, E. (2018). Processes of engagement and methodology design in community operational research – insights from the indigenous peoples sector. *European Journal of Operational Research*, 268(3), 996-1005. https://doi.org/10.1016/j.ejor.2017.07.053

Cammock, R., Conn, C., & Nayar, S. (2021). Strengthening Pacific voices through Talanoa participatory action research. *AlterNative: An International Journal of Indigenous Peoples*, *17*(1), 120-129. https://doi.org/10.1177/1177180121996321

Cristancho, S. M., & Helmich, E. (2019). Rich pictures: a companion method for qualitative research in medical education. *Medical Education*, *53*(9), 916-924. https://doi.org/10.1111/medu.13890

Denzin, N. K., & Lincoln, Y. S. (2000). *Handbook of qualitative research* (2nd ed.). Sage Publications.

Dujeepa, D. S., Ashokka, B., Su-Ping, Y., & Shuh-Shing, L. (2019). Understanding leadership: Perceptions among health professions educational leaders in the Asian setting. *Journal of Medical Education*, 23(3), 154-174. https://doi.org/10.6145/jme.201909.23(3).0002

Evans, M. A., James, E. J., & Misa, M. (2023). Leadership training in undergraduate medical education: A systematic review. *International Journal of Medical Students*, 11(1), 58-66. https://doi.org/10.5195/ijms.2023.1717

Filep, C. V., Turner, S., Eidse, N., Thompson-Fawcett, M., & Fitzsimons, S. (2018). Advancing rigour in solicited diary research. *Qualitative Research*, 18(4), 451-470. https://doi.org/10.1177/1468794117728411

Gisby, A., Ross, C., Francis-Smythe, J., & Anderson, K. (2023). The 'Rich Pictures' method: Its use and value, and the implications for HRD research and practice. *Human Resource Development Review*, 0(Ahead of Print).

https://doi.org/10.1177/15344843221148044

- Goleman, D. (2001). The emotionally intelligent workplace; How to select for, measure and improve emotional intelligence in individuals, groups and organisations (1st ed.). Jossey-Bass.
- Gray, L. M., Wong-Wylie, G., Rempel, G. R., & Cook, K. (2020). Expanding qualitative research interviewing strategies: Zoom video communications. *The Qualitative Report*, 25(5), 1292-1301. https://search.proquest.com/scholarly-journals/expanding-qualitative-research-interviewing/docview/2405672296/se-2?accountid=14681
- Hindley, P., November, N., Sturm, S., & Wolfgramm-Foliaki, E. (2020). Rolling out the mat: Talanoa as a higher education research methodology. *Theory and method in higher education research*. Emerald Publishing Limited. https://doi.org/10.1108/s2056-3752200200000006007
- Kado, S., Clarke, S., & Carr, S. (2023a). '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://doi.org/10.1177/16094069231182633
- Kado, S., Clarke, S., & Carr, S. (2023b). Supplementary data for Pacific perspectives on health professions education (HPE) leadership. https://doi.org/10.6084/m9.figshare.24241195.v1
- 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
- Lieff, S., & Albert, M. (2012). What do we do? Practices and learning strategies of medical education leaders. *Medical Teacher*, 34(4), 312-319. https://doi.org/10.3109/0142159x.2012.643835
- Lieff, S., Banack, J. G.-P., Baker, L., Martimianakis, M. A., Verma, S., Whiteside, C., & Reeves, S. (2013). Understanding the needs of department chairs in academic medicine. *Academic Medicine*, 88(7), 960-966. https://doi.org/10.1097/ACM.0b013e318294ff36
- Lieff, S. J. (2010). The mindsets of medical education leaders: How do they conceive of their work? *Academic Medicine*, 85(1), 57-62. https://doi.org/10.1097/ACM.0b013e3181c46e47
- Lieff, S. J., & Yammarino, F. J. (2016). How to lead the way through complexity, constraint, and uncertainty in academic health science centers. *Academic Medicine*, 92(5), 614-621. https://doi.org/10.1097/acm.000000000001475
- Lyon, P. (2020). The SAGE handbook of visual research methods. SAGE Publications, Inc. https://doi.org/10.4135/9781526417015
- 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
- Lyons, O., Su'a, B., Locke, M., & Hill, A. (2018). A systematic review of leadership training for medical students. *New Zealand Medical Journal*, *131*(1468), 75-84.
- ${\color{blue} https://www.proquest.com/scholarly-journals/systematic-review-leadership-training-medical/docview/2052768826/se-2}$
- Maile, E., McKimm, J., & Till, A. (2019). Exploring medical leader identity and its formation. *Leadership in Health Services*, 32(4), 584-599. https://doi.org/http://dx.doi.org/10.1108/LHS-12-2018-0066
- Maxwell, J. (2011). The 5 levels of leadership: Proven steps to maximize your potential. Hachette Book Group.

- McKimm, J., Ramani, S., Forrest, K., Bishop, J., Findyartini, A., Mills, C., Hassanien, M., Al-Hayani, A., Jones, P., Nadarajah, V. D., & 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
- McKimm, J., & Swanwick, T. (2013). Educational leadership. In T. Swanwick (Ed.), *Understanding medical education: Evidence, theory and practice*. John Wiley & Sons. http://ebookcentral.proquest.com/lib/uwa/detail.action?docID=15 47076
- Merriam, S. B. (1988). Case study research in education: A qualitative approach (1st ed.). Jossey-Bass.
- Merriam, S. B., & Tisdell, E. J. (2016). Qualitative Research: A guide to design and implementation. Jossey-Bass.
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook.* SAGE Publications, Inc.
- Milligan, C., & Bartlett, R. (2018). Solicited diary methods. In P. Liamputtong (Ed.), *Handbook of research methods in health social sciences*. Springer Singapore. https://doi.org/10.1007/978-981-10-2779-6 15-1
- Onyura, B., Crann, S., Tannenbaum, D., Whittaker, M. K., Murdoch, S., & Freeman, R. (2019). Is postgraduate leadership education a match for the 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
- Pinder, K. E., & Shabbits, J. A. (2018). Educational leadership during a decade of medical curricular innovation and renewal. *Medical Teacher*, 40(6), 578-581. https://doi.org/10.1080/014215 9x.2018.1440079
- Ramani, S., McKimm, J., Thampy, H., O'Sullivan, P. S., Rogers, G. D., Turner, T. L., Chisolm, M. S., Kusurkar, R. A., Hays, R., Fornari, A., Kachur, E. K., Wilson, K. W., Filipe, H. P., & Schumacher, D. J. (2020). From clinical educators to educational scholars and leaders: Strategies for developing and advancing a career in health professions education. *Clinical Teacher*, *17*(5), 477-482. https://doi.org/10.1111/tct.13144
- 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
- Rodríguez-Feria, P., Czabanowska, K., Babich, S., Rodríguez-Sánchez, D., Carreño Hernández, F. L., & Hernández Flórez, L. J. (2023). Defining leadership in undergraduate medical education, networks, and instructors: A scoping review. *International Medical Education*, 2(1), 49-70. https://doi.org/10.3390/ime2010006
- 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
- Sandhu, D. (2019). Healthcare educational leadership in the twenty-first century. *Medical Teacher*, 41(6), 614-618. https://doi.org/10.1080/0142159x.2019.1595555
- Saxena, A., Desanghere, L., Stobart, K., & Walker, K. (2017). Goleman's leadership styles at different hierarchical levels in medical education. *BMC Medical Education*, *17*(1), 169. https://doi.org/10.1186/s12909-017-0995-z

Schön, D. A. (1987). Educating the reflective practitioner. Jossey-Bass

Silverman, D. (1997). Qualitative research - theory, method and practice. Sage.

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

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. *Academic Medicine*, 94(3), 440-449.

https://doi.org/10.1097/acm.000000000002503

Sundberg, K., Josephson, A., Reeves, S., & Nordquist, J. (2015). Power and resistance: Leading change in medical education. *Studies in Higher Education (Dorchester-on-Thames)*, 42(3), 445-462. https://doi.org/10.1080/03075079.2015.1052735

Sweet, L., Young, L., & Kado, S. (2018). Enhancing health professional education capacity in the Western Pacific region. *Rural and Remote Health*, *18*(3), 4306-4311. https://doi.org/10.22605/RRH4306

Torti, J. M. I., Inayat, H., Inayat, A., Lingard, L., Haddara, W., & Sultan, N. (2022). Perspectives on physician leadership: The role of character-based leadership in medicine. *Medical Education*. https://doi.org/10.1111/medu.14875

Tunufa'i, L. (2016). Pacific research: Rethinking the Talanoa 'methodology'. *New Zealand Sociology*, *31*(7), 227-239. https://www.proquest.com/scholarly-journals/pacific-research-rethinking-talanoa-methodology/docview/1882017954/se-2?accountid=14681

van Diggele, C., Burgess, A., Roberts, C., & Mellis, C. (2020). Leadership in healthcare education. *BMC Medical Education*, 20(Suppl 2), 456-456. https://doi.org/10.1186/s12909-020-02288-x

Varpio, L., O'Brien, B., J. Durning, S., van der Vleuten, C., Gruppen, L., ten Cate, O., Humphrey-Murto, S., Irby, D. M., Hamstra, S. J., & Hu, W. (2017). Health professions education scholarship unit leaders as institutional entrepreneurs. *Academic Medicine*, 92(8), 1189-1195.

 $\underline{https://doi.org/10.1097/acm.0000000000001576}$

Willis, R. (2018). The use of composite narratives to present interview findings. *Qualitative Research*, *19*(4), 471-480. https://doi.org/10.1177/1468794118787711

*Sinead Kado Division of Health Professions Education, University of Western Australia, Perth, 6009, Australia Email: sinead.kado@research.uwa.edu.au