Kind and Sinful, the Meaning of My Leadership Experience in Medical Education - An Autoethnographic Narrative Inquiry

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Abstract: Introduction: Much emphasis has been placed on investigating the attributes of the educational leader, but less attention has been given to understanding his/her leadership experience. Nonetheless, exploring that experience is crucial to reduce the gap between what that person should be doing and what he/she is actually doing. Aim: To understand the meaning of my experience as a leader in medical education from a personal and pragmatic perspective. Methods: I adopt a qualitative approach, supported by an autoethnographic narrative inquiry. For this reason, the manuscript was written in first person. I collected journal records and conducted four (auto)semi-structured interviews to recall critical events (directly or indirectly) related to my life as an educational leader. I analyzed the texts looking for characters, temporality and locations, as well as cultural aspects, tensions and metaphors of my life stories. Results: I composed four resonant plots represented in the following metaphors: a) the original sin, b) the bad son leaves home, c) snakes' heads must be cut off, and d) the apocalypse arrived. Conclusion: My story led me to hold a different understanding of medical education leadership. This understanding accounts for intrapersonal tensions and how the use of power changes you in practice, more than it changes other people around you (as theoretically assumed).

Key words: anthropology; cultural; education; medical; leadership; narration; qualitative research

1. Introduction

Leadership has been considered fundamental to transform medical education [1]. Consequently, numerous investigations have explored successful educational leadership [2]. Although there are various ways of understanding the meaning of this success depending on the lens through which it is viewed, the competency-based approach is the one that currently dominates its conceptualization. Under this lens, successful leadership is defined as the ability to inspire people and articulate them to move in the direction of change [3, 4]. That is, being an educational leader is influencing others to change or transform the curriculum [5]. This way of understanding has several practical implications. For example, it is necessary to have a position, that is, an administrative position, that invests the leader with power [6], because without power it is not possible to socially influence the beliefs, attitudes and behaviors of students, teachers, administrators and other people related to the medical curriculum [7].

There are different types of power and power relations in academia. French and Raven constructed a theory in 1959

that explains that power can be exercised in different ways, for example, through reward, coercion, legitimacy of the position of power, expertise and friendship [8]. These different ways of exercising power can lead to different results in people, such as commitment, obedience or resistance [9].

Although the competency approach strives to conceptualize a series of leadership skills that honor power - including making decisions under pressure, communicating assertively, or fostering discipline [10] - it fails to explain what the experience of leadership is like [11]. In my case, for example, when I began to lead a medical program, I felt lost because my practice changed depending on the context and the people. At first, I missed knowing life stories that would guide me on what it means to lead and that would help me face the various problems that arose; later I believed that if I had accessed those other personal experiences, I would have been able to do a better job.

Other researchers have used the investigation of experiences to understand the meaning of concepts such as terminal illness [12], patient-centered health care [13], or professional identity [14]. The epistemological foundations of this type of study are supported by subjectivity; that is, it is assumed that knowledge about the phenomenon studied arises when the subjects interpret what the phenomenon means that they experience in a particular context [15]. Unfortunately, in the literature, little attention has been given to personal experiences of leadership in medical education [16]. Therefore, I considered it necessary to compose my own narrative about leading in medical education and, thus, help others in my position. I began this study by asking myself what my experience as an educational leader in the medical career meant.

2. Method

This autoethnographic design of narrative inquiry is a way of thinking about one's own experience, given that people usually interpret their past in light of narratives [17]. The art of storytelling is used to understand the meanings that we socially construct about different phenomena that we experience in our lives [18]. In this way, people's lives are studied, considering that their experiences are a valid source of knowledge and understanding [19]. Particularly, the researcher's personal experience is studied within a larger social context [20]. The challenge here is to unmask the political, cultural, and historical aspects of one's own subjectivity to connect it with a higher macrosystem [21].

I collected information from February to December 2020. I recorded it in a reflection journal in the notes application on my cell phone, where I included texts, photos, and voice notes about my thoughts, emotions, and reflections when I questioned my identity as an educational leader. I also conducted three semi-structured self-interviews and video-recorded them on Zoom®. I first made a list of questions so that I could gain some distance from myself (see Table 1). I transcribed my answers, and after rereading and reliving my own story, new questions arose that I recorded in another table, after which I conducted another interview that was subsequently video-recorded and transcribed.

Table 1. Semi-structured self-interview questions

Questions for first interviews	Further questions in the post-interview
How did you end up as the director of the medical program?	Why is it not so easy to apply academic leadership principles in your context?
How to describe the medical program?	What makes your position so challenging?
Why did you decide to accept the stigma?	Why did your spirit get lost in this process?
What did you think was going to happen to your career when you accepted the assignment?	In your answers you mention a lot about being good, being bad, what was your religious life like?
How did you plan your work activities?	Where do your ideas of good and evil come from in your life?
What were the most important challenges of your work?	In past interviews you mentioned that you had a conflict with a colleague and that you saw a gender issue at the bottom, why?
What was the most important thing you learned in this position?	
What things were essential to do for the work to work?	In that same conflict you mentioned that a possible cause was tribalism, why?

Questions for first interviews	Further questions in the post-interview
What were your main achievements? What were your biggest failures? How did your term end? What led you to end your term?	Why did being on the powerful side make you feel bad? That is, being a man, being a doctor. You mentioned that your biggest failure was not having told your bosses that you were collapsing, why?

Source: Own creation

After these interviews, I used the qualitative analysis software Nvivo® (version 12) to organize the collected information and analyze it systematically using codes and categories (as shown in Table 2) that I was later able to use to construct narratives of my leadership experience. I read the transcripts again in search of critical events. Mertova and Webster [22] define these events as situations that reveal a change in the narrator's understanding and have a profound effect on the person experiencing said event. Then I placed each critical event from my interviews in the three dimensions established by Dewey to analyze human experience, that is, interaction, continuity, and situation [23]. In other words, I coded the a) personal and social aspects (interaction), b) past, present, and future (continuity), and c) locational aspects of the experiences told (situation). In the second and third rounds of reading, I began to group the codes into three categories: cultural, tensions, and metaphors (see Table 2).

Table 2. Codes and categories that emerged in the interpretive analysis

Time	Place	People	Culture	Tensions	Metaphors
Childhood	Catholic Church	John	History of Centuries	Fear of failure vs. wanting to do things right	Angel on the right shoulder and devil on the left shoulder
Late adolescence - beginning of adulthood	University where John studied medicine	John's Bosses	Protocolary	Goodness vs. evil	With some partners there is redemption, with others there is not.
Three years as director of a medical education center	University where John currently works	Some medical students	Ceremonies	Oppressed vs. oppressor	The snake's head must be cut off
Beginning of the director's term	School of health programs where John currently works	Some medical teachers	Politics of power relations between people	Friendship vs. enmity	
	Medical program where John was academic director	Some administrators of the School of Health Programs	High educational quality	Rewarding grades vs. fraud	
		Academic Medicine Directorate Working Team	Much national recognition	Good treatment between people vs. clashes between egos	
		Some colleagues friendship	Economic power	Vertical vs. horizontal organizational structures	

Time	Place	People	Culture	Tensions	Metaphors
		A colleague's enmity	Private educational institution		
		Some parents of the students	Student leadership		

Source: Own creation

This analysis allowed me to create an outline, that is, a figure that helped me represent the characters, time and places of my narrative (see Figure 1). With this outline I then began to structure a narrative sketch, defined as a descriptive technique composed of scenes, plots, events and characters [24].
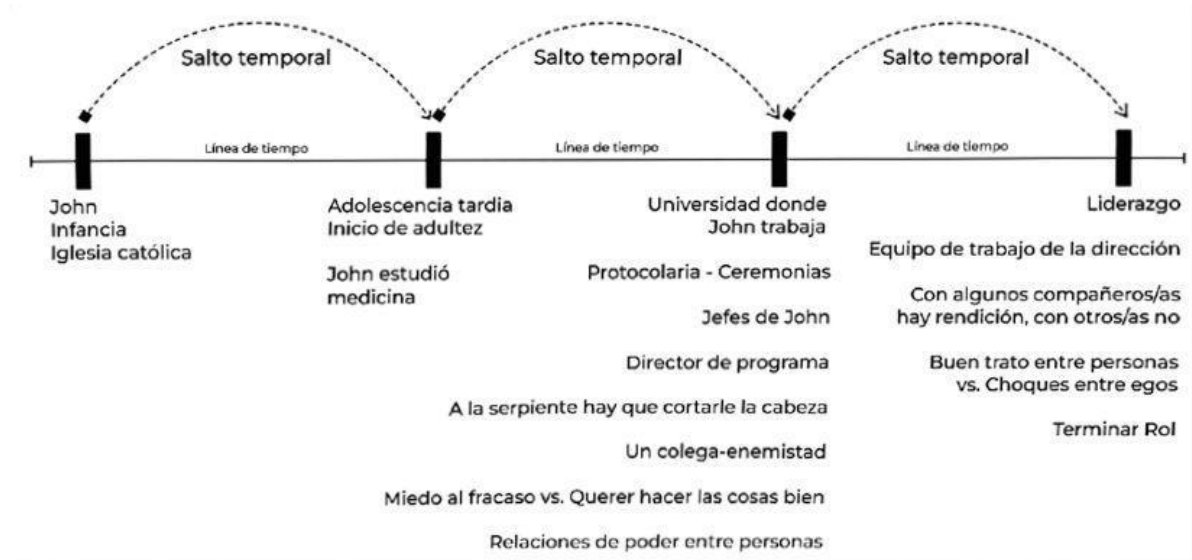

Figure 1. Outline of narrative inquiry. Source: own creation

Some ethical dilemmas emerged during the research. Recounting vulnerable and intimate situations in my relationships with other individuals and institutions, while applying the principles of respect for persons, beneficence, and justice, required a great deal of reflective effort [25]. Autoethnography is itself an ethical practice when the researcher is honest about the events and avoids doing harm by being careful with the words used to describe the people involved [21].

To minimize ethical risks, I made it a point to eliminate from the transcripts, outline, sketch, and narrative the identifications of the characters related to my experiences. Instead, I used generic references such as bosses, colleagues, friends, among others. Only in one case, related to my mother, did I fail to maintain the character's anonymity. Although I did not use her name, it is relatively easy to identify her. I thought about removing her from my story, but my life experiences with her were fundamental to justify the metaphors I used in the narrative structure. So, I talked to her about my research, showed her the narrative text, and discussed whether there was any chance that the text might cause her any harm. Since that risk was minimal, I asked her consent to place her as one of the characters in my story.

3. Results

I present the results with four narrative plots that resonate in my life stories.

(1) The original sin

Every Sunday my mother took me to the cathedral to hear mass. At just eight years old, I didn't understand why she

did that to me. I could have been playing with my younger brother or with my friends from the neighborhood. Instead, I was in that huge temple that smelled of sweat, old wood, and burnt candles, sitting on that uncomfortable bench. I didn't like being there. Because of the echo that such a large space generated, I didn't understand anything the priest said. My mother demanded that I behave well, even though I could see many people standing at the door of the church, chatting, behaving badly. "In my mind, I'm the boss," I thought, so I began to imagine myself playing hide-and-seek with my friends, when I felt a pinch on my thigh. My mother, with her enormous eyes, caught me distracted, elevated. She didn't have to tell me anything. She understood everything with her gaze. I had to stay still, quiet, looking straight ahead, listening to the priest, like a good, obedient child.

(2) The bad son leaves home

When I turned 20, I made the decision to stop practicing Catholicism. I was already in college studying medicine. I read news about pedophilia in the Catholic Church, I attended courses on how the Inquisition persecuted women, and I questioned whether that was the spiritual path for me. I was no longer eight years old; I was in charge of myself. So I told my mother, "From now on, I am no longer a Catholic!" She looked at me in amazement. I felt powerful. How could I continue to pretend to be one, when I felt oppressed? It was not authentic. It was time to face other powerful people, too. Those macho teachers who insulted me every time I didn't know how to answer some of their questions on hospital rounds.

(3) Snakes should have their heads cut off

Almost 20 years later, I was standing in front of one of my bosses, listening to him tell me that he wanted me to be the director of the medical school. I thought it was something to be expected, right? I had studied medicine and a PhD in education, which means I had the ideal training for that position. I had also been working for three years at that same university as director of a medical education center, supporting the implementation of a curricular reform, so I had the experience. So why did his question hit me like a bucket of cold water? My demon, sitting on my left shoulder, was telling me that I was going to fail. My angel, sitting on the other shoulder, was trying to reassure me. "Don't worry, you're going to do very well," he told me. Fear took hold of me, as it had so many times in the past every time I had a challenge in front of me. "I confess that I am a little scared, but I hope to live up to your expectations," I said. "Of course, it starts tomorrow," he replied.

(...) my idea when accepting the position was to learn to do things well… I printed a sheet that said that the ultimate goal of medical education was to improve health care for people and their families, and that training doctors meant improving that care (extract from interview).

At first, achieving the goal I had set for myself was not easy. I clashed a lot with people because they did not easily tolerate me questioning why they were doing activities in a certain way. I recognize that I am not easy either. I like things well done, almost perfect. For that I need to question why and how everything is done. For me, understanding how the world works is fundamental to doing tasks well (to be good). Then I had a coworker with whom everything was conflict from the beginning to the end.

(...) Then this coworker came along, who (...) treated me as if she had more power than me. And it was to impose what she said I had to do. And I, "no more!", did not accept it. So, I clashed! (...) But with this lady there was no way. And obviously the results, well, began to not come. And things were not working (extract from interview).

Both she and I were new in those positions. So, where did she get that idea that she was bossing me around? I had done part of my PhD in Europe, and there the work has very flat organizational structures. For this reason, my conception of a horizontal institution was to work for common objectives through consensus, not using power and position to order and trample on those below or next to you.

(...) It was clash after clash, snub after snub, until one day, well, I talked to myself, and I said to myself: "that lady has me desperate." (...) I spoke to my mother because she was the only person I could tell what was happening to, because at work I didn't feel comfortable with anyone to tell about this situation. My mother told me: "Look, snakes have to have their heads cut off. So, ask for an appointment with your boss now and bring the evidence you have of why things are not working, and that a solution must be found now!" And that's what I did (extract from interview).

A few weeks later we were sitting, the three of us, in the office of one of our bosses. I had prepared meticulously for that meeting. My boss said, "Well, what's going on?" She said, "Yes! What's going on?" I took out my folder and began to explain to my boss, argument by argument, evidence by evidence, number by number, that things at our work were not working out and I explained that my colleague had a "power-hungry" attitude that did not allow her to work collaboratively with me, and that for this reason I could not continue working with her. I noticed at that moment how her expression changed, she had not expected it. She said that she had been working there for many years and that she had never had problems with anyone, only with me. That I contradicted everything she asked, and that she could not work with me either. My boss told us, "Well, you have to work things out because the mission of the university is above your personal disputes." From that moment on, the tension in the environment decreased. We agreed that we did not feel the slightest affection for each other and we agreed that we were not going to pretend what we did not feel, but that the decisions that concerned us were going to be taken by mutual agreement, based on what was best for the results of the university. And the war was over! We did not have any more disputes. Only a cold cordiality. The results began to be seen from there. However, that situation left a deep mark on me because, deep inside, I felt that I could be turning into what I hated most, a bad person.

(...) I live in a society that, well, it is no secret that it is a society where normative heteropatriarchy dominates. And obviously I am a man. And the last thing I wanted was to exercise the power of a position by promoting that normative, heteropatriarchal ideology. I felt that, if I did so, I was being bad. And I didn't want to be bad, I wanted to be good (extract from interview).

(4) The apocalypse came

(...) that was when the pandemic came. Basically, in the previous year and a half I had already managed to put together a solid, collaborative work team. Things were very organized. I had managed to overcome the main problems of the position (...). But the pandemic brought everything down. The hospitals closed, the students could no longer (...) do their practical activities (extract from interview).

I began to notice that some people, who had previously trusted me, were now treating me as if I were responsible for all the bad things caused by the pandemic. The uncertainty was difficult to handle. The fourteen hours of work a day were not enough to offer a feeling of trust.

I had put myself in a position of being a super machine. Motivating, delegating, always giving my best and pretending to be calm, like a good, obedient child. However, nothing was real: inside I was breaking down. Then I held a meeting with a group of students. One of them began to raise his voice, to shout. I could not stand the lack of respect any longer. When in my life have I ever had to accept a student shouting at me? I asked myself. I began to raise my voice as well. And suddenly I saw myself as the teacher I had always hated, the powerful one who trampled, who oppressed, I was now the villain (or the snake). Not achieving what I had originally set out to do when I accepted this position was a revelation to me. So I stopped.

So I saw an opportunity to speak out. I needed to be repaired. Even the best machines need to be repaired from time to time. I asked to end my term and asked for a replacement. I trained my new colleague, a woman. I explained everything about her duties. Then I took out my notebook and thought, "Now what are my new goals?"

4. Discussion

When studying leadership, especially leadership by faculty, research has focused more on the competencies of the leader, which are often exceptional characteristics [26], and less on their leadership experiences, which are often characterized in a more conflictual and ordinary way [27, 28]. This demonstrates a tension between the expectations placed on the person who leads and what the experience of leading means.

In this autoethnographic narrative, I present my understandings of the meaning of my experience as a leader in medical education. I interpret it through Catholic metaphors, which was a revelation to me, given that I believed I had long since renounced the religious practices of my childhood. However, retelling and reliving my story revealed certain intrapersonal, religious, gender, and interprofessional tensions that were present during the conflicts I faced in leading a medical program, and were even prevalent when I ended this role.

Using power to influence others to change was the instrumental way I used to understand educational leadership. This definition assumes that by implementing leadership competencies others will change. But this was not my experience. On the contrary, leading a medical program led me into a position (of possible oppressor, tribalist and misogynist) that put me in enormous tension with the kind of moral identity I had built over the years (as an obedient Catholic child, an oppressed medical student, an agnostic and anti-patriarchal adult). All of this was exacerbated by the chaos brought on by the COVID-19 pandemic, which led me to question whether I could reconcile this antithesis in the midst of an environment that culturally prevented me from behaving authentically. My experience made me understand educational leadership differently. By considering my internal tensions, I understood that exercising the power of the leader also changed me (for better and for worse), rather than just changing others.

This finding is consistent with the results of Rodríguez-Pulido and Artiles-Rodríguez [29], who describe personal factors that affect the way educational leadership is practiced. These include personal wear and tear caused by daily confrontation with tense environments and loss of trust among colleagues. It also coincides with the findings of Aravena et al. [30], who studied the metaphors used by some educational leaders from Colombia, Mexico and Chile to find meaning in their leadership experiences. Since this is such a complex and abstract concept, they considered that they could better understand it by associating it with everyday situations that reflected the cultural aspects, beliefs and values of the people who lived the experience. Although the metaphors were more related to external challenges than to internal ones, some referred to the fear of uncertainty and loneliness, leading them to think that perhaps they were not good leaders. For example, the metaphor of being lost in a labyrinth or that of the surfer who fears that the wave will overwhelm him.

Other works, however, do not mention intrapersonal tensions when studying the experiences of educational leaders. Despite recognizing that the personal characteristics of the leader are important when exercising educational leadership, in their description they have emphasized only the positive aspects, such as reliability, altruism or high productivity [31, 32].

Similar findings have been described by educational leaders in times of crisis who, for example, in the COVID-19 pandemic, narrated experiences that highlighted responsibility and adaptability [33]. This may be because expressing vulnerability in educational leadership experiences is perceived as a risk to maintaining the power that the leader needs to exercise his role, and for this reason, in these other cases, intrapersonal tensions have not been revealed as an issue inherent to the experience of leading.

The intrapersonal change that leadership entails may have implications for how this problem is studied in medical education. If more attention is paid to understanding how the internal problems of the educational leader occur, other ways of resolution than resigning from that leadership role, as I did, could be explored. In addition, when theorizing the competencies of the leader, his experiences should be considered, especially when dealing with intrapersonal tensions that

can change his way of being and acting when exercising his leadership power.

It is important to highlight that the qualities of a single life experience are not generalizable [34], although generalizing my experience was never an objective in this research. The abstraction of the meaning of educational leadership based on the experience of a single person, however, needs to explore other life stories in future research to look for similar patterns [35].

5. Conclusion

In this narrative inquiry, I explain how my personal experience influenced the way I understand the meaning of educational leadership. This new understanding takes into account how intrapersonal tensions and the use of power change you in practice, instead of changing others, as theoretically assumed.

Declaration

"Bondadoso y pecador, el significado de mi experiencia de liderazgo en la educación médica. Una indagación narrativa autoetnográfica" was originally published in journal IATREIA. With the author's consent, the English version has been published in AMEIR.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

References

[1] LeBlanc C, Sonnenberg LK, King S, Busari J. Medical Education Leadership: From Diversity to Inclusivity. GMS J Med Educ [Internet]. 2020 [consultado el 02 de marzo del 2022];37(2). https://doi.org/10.3205/zma001311

[2] Matsas B, Goralnick E, Bass M, Barnett E, Nagle B, Sullivan E. Leadership Development in U.S. Undergraduate Medical Education: A Scoping Review of Curricular Content and Competency Frameworks. Acad Med [Internet]. 2022 [consultado el 10 de marzo del 2022]; 97(6): 899-908. https://doi.org/10.1097/ACM.0000000000004632

[3] Davenport D, Alvarez A, Natesan S, Caldwell MT, Gallegos M, Landry A, et al. Faculty Recruitment, Retention, and Representation in Leadership: An Evidence-Based Guide to Best Practices for Diversity, Equity, and Inclusion from the Council of Residency Directors in Emergency Medicine. West J Emerg Med [Internet]. 2022;23(1): 62-71. https://doi.org/10.5811/westjem.2021.8.53754

[4] Simonsen KA, Shim RS. Embracing Diversity and Inclusion in Psychiatry Leadership. Psychiatr Clin North Am [Internet]. 2019;42(3):4 63-471. https://doi.org/10.1016/j.psc.2019.05.006

[5] Diaz DHS, Kothari P, Williams RL, Lee R, Mancias P, Davis JA, et al. Office of Medical Education: Opportunities for Trainees to Engage and Lead in Curricular Innovation and Reform. MedEdPORTAL [Internet]. 2021;17:11112. https://doi.org/10.15766/mep_2374-8265.11112

[6] Keane AM, Larson EL, Santosa KB, Vannucci B, Waljee JF, Tenenbaum MM, et al. Women in Leadership and Their Influence on the Gender Diversity of Academic Plastic Surgery Programs. Plast Reconstr Surg [Internet]. 2021;147(3): 516-526. https://doi.org/10.1097/PRS.0000000000007681

[7] Sundberg K, Josephson A, Reeves S, Nordquist J. Power and Resistance: Leading Change in Medical Education. Studies in Higher Education. 2017 Mar 4;42(3): 445-62. https://doi.org/10.1080/03075079.2015.1052735

[8] Spears R. Social Influence and Group Identity. Annu Rev Psychol [Internet]. 2021;72: 367-390. https://doi.org/10.1146/annurev-psych-070620-111818

[9] Yukl G. Effective Leadership Behavior: What We Know and What Questions Need More Attention. Acad Manag Perspect [Internet]. 2012;26(4): 66-85. https://doi.org/10.5465/amp.2012.0088

[10] Abdel-Razig S, Ibrahim H. Roles, Responsibilities, and Needs of Institutional GME Leaders: A Multinational Characterization of Designated Institutional Officials. J Grad Med Educ [Internet]. 2019;11(4 Suppl): 110-117. https://doi.org/10.4300/JGME-D-19-00192

[11] Velthuis F, Helmich E, Dekker H, Koole T, Jaarsma ADC. "My Right-Hand Man" versus "We Barely Make Use of Them": Change Leaders Talking About Educational Scientists in Curriculum Change Processes - A Membership Categorization Analysis. Adv Health Sci Educ Theory Pract [Internet]. 2019;24(4): 725-737. https://doi.org/10.1007/s10459-019-09894-5

[12] Molzahn AE, Sheilds L, Antonio M, Bruce A, Schick-Makaroff K, Wiebe R. Ten Minutes to Midnight: A Narrative Inquiry of People Living with Dying with Advanced COPD and Their Family Members. Int J Qual Stud Health Well-being [Internet]. 2021;16(1): 1893146. https://doi.org/10.1080/17482631.2021.1893146

[13] Killingback C, Clark C, Green A. Being More than "Just a Bog-Standard Knee": The Role of Person-Centred Practice in Physiotherapy: A Narrative Inquiry. Disabil Rehabil [Internet]. 2021;6: 1-8. https://doi.org/10.1080/09638288.2021.1948118

[14] Flores MA. Feeling Like a Student but Thinking Like a Teacher: A Study of the Development of Professional Identity in Initial Teacher Education. J Educ Teach [Internet]. 2020;46(2): 145-58. https://doi.org/10.1080/02607476.2020.1724659

[15] Turner J, Morrison A. Designing Slow Cities for More than Human Enrichment: Dog Tales-Using Narrative Methods to Understand Co-Performative Place-Making. Multimodal Technol Interact [Internet]. 2020;5(1): 1. https://doi.org/10.3390/mti5010001

[16] Velthuis F, Varpio L, Helmich E, Dekker H, Jaarsma ADC. Navigating the Complexities of Undergraduate Medical Curriculum Change: Change Leaders' Perspectives. Acad Med [Internet]. 2018;93(10): 1503-1510. https://doi.org/10.1097/ACM.0000000000002165

[17] Clandinin J, Cave MT, Cave A. Narrative Reflective Practice in Medical Education for Residents: Composing Shifting Identities. Adv Med Educ Pract [Internet]. 2010;2: 1-7. https://doi.org/10.2147/AMEP.S13241

[18] Caine V, Clandinin J, Lessard S. Considering Response Communities: Spaces of Appearance in Narrative Inquiry. Qual Inq [Internet]. 2021;27(6): 661-666. https://doi.org/10.1177/1077800420948105

[19] Blix BH, Caine V, Clandinin DJ, Berendonk C. Considering Silences in Narrative Inquiry: An Intergenerational Story of a Sami Family. J Contemp Ethnogr [Internet]. 2021;50(4): 580-594. https://doi.org/10.1177/08912416211003145

[20] Kim, JH. Understanding Narrative Inquiry: The Crafting and Analysis of Stories as Research. Los Angeles: Sage publications; 2015.

[21] Ellis C. Telling Secrets, Revealing Lives: Relational Ethics in Research with Intimate Others. Qual Inq [Internet]. 2007;13(1): 3-29. https://doi.org/10.1177/1077800406294947

[22] Mertova P, Webster L. Using Narrative Inquiry as a Research Method: An Introduction to Critical Event Narrative Analysis in Research, Teaching and Professional Practice. 2a ed. Oxon: Routledge; 2020.

[23] Schaefer L, Hennig L, Clandinin J. Intentions of Early Career Teachers: Should We Stay or Should We go Now? Teaching Education [Internet]. 2021;32(3):309-22. https://doi.org/10.1080/10476210.2020.1730317

[24] Saleh M, Menon J, Clandinin DJ. Autobiographical Narrative Inquiry: Tellings and Retellings. Learn Landsc. [Internet]. 2014 [consultado el 20 de febrero del 2022];7(2):271-82. https://doi.org/10.36510/learnland.v7i2.665

[25] Small R. Codes Are not Enough: What Philosophy Can Contribute to the Ethics of Educational Research. Journal of Philosophy of Education [Internet]. 2001;35(3): 387-406. https://doi.org/10.1111/1467-9752.00234

[26] Tobon S, Juarez-Hernández LG, Herrera-Meza SR, Nuñez-Rojas AC. Evaluación de las prácticas directivas en directores escolares: validez y confiabilidad de una rúbrica. Educación XX1 [Internet]. 2020;23(2): 187-210. https://doi.org/10.5944/educXX1.23894

[27] Gorsky D, Barker JR, MacLeod A. Servant and Supervisor: Contrasting Discourses of Care and Coercion in Senior Medical School Leadership Roles. Studies in Higher Education [Internet]. 2018;43(12): 2238-50. https://doi.org/10.1080/03075079.2017.1318366

[28] Wijk H, Heikkila K, Ponzer S, Kihlstrom L, Nordquist J. Successful Implementation of Change in Postgraduate Medical Education a Qualitative Study of Programme Directors. BMC Med Educ [Internet]. 2021;21(1): 213. https://doi.org/10.1186/s12909-021-02606-x

[29] Rodriguez-Pulido J, Artiles-Rodriguez J. Aprendizajes y Buenas Prácticas para la Gestión de la Institución Superior. REICE [Internet]. 2017 [consultado el 15 de febrero de 2022];15(1). https://doi.org/10.15366/rei- ce2017.15.1.00

[30] Aravena F, Pineda-Baez C, Lopez-Gorosave G, Garcia-Garduño JM. Liderazgo de Directores Noveles de Latinoamérica a través de las Metáforas: Chile, Colombia y México. REICE [Internet]. 2020 [consultado el 15 de febrero de 2022];18(3): 71-9. https://doi.org/10.15366/reice2020.18.3.004

[31] Taghavinia M, Maleki MR, Arabshahi KS. Educational Leadership in Education Development Centers: A Qualitative Study. J Educ Health Promot [Internet]. 2021;10: 46. https://doi.org/10.4103/jehp.jehp_733_20

[32] Libby AM, Ingbar DH, Nearing KA, Moss M, Albino J. Developing Senior Leadership for Clinical and Translational Science. J Clin Transl Sci [Internet]. 2018;2(3): 124-8. https://doi.org/10.1017/cts.2018.34

[33] Dumulescu D, Muţiu AI. Academic Leadership in the Time of COVID-19-Experiences and perspectives. Front Psychol [Internet]. 2020;12: 1272. https://doi.org/10.3389/fpsyg.2021.648344

[34] Chaaban Y, Al-Thani H, Du X. A Narrative Inquiry of Teacher Educators' Professional Agency, Identity Renegotiations, and Emotional Responses Amid Educational Disruption. Teach Teach Educ [Internet]. 2021;108: 103522. https://doi.org/10.1016/j.tate.2021.103522

[35] Quintão C, Andrade P, Almeida F. How to Improve the Validity and Reliability of a Case Study Approach? Journal of Interdisciplinary Studies in Education [Internet]. 2020;9(2): 264-75. https://doi.org/10.32674/jise.v9i2.2026