

Making the Case for an Integral Approach to Evaluating a Group Coaching Programme for Registrars within a Leadership Development Programme in the Division of Family Medicine at the University of Cape Town

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INTRODUCTION

The Division of Family Medicine at the Faculty of Health Sciences, University of Cape Town (UCT), offers a four-year Master of Medicine in Family Medicine (MMed) programme for registrars who work within the South African public healthcare sector. On successful completion of the programme and the College of Medicine examinations, registrars are eligible to register as specialist Family Physicians with the Health Professions Council.

In response to updated national learning outcomes published in 2021, the Division revised its Leadership and Governance (L&G) module in 2022 to strengthen leadership development within the curriculum (Von Pressentin et al., 2024). Unit Standard 1 emphasises the importance of visionary leadership and self-awareness in the provision of high-quality, evidence-based care (Mash et al., 2021). Evaluation of the revised module revealed a need to develop self-awareness and personal leadership skills earlier in the training programme to better support later professional leadership development (Von Pressentin et al., 2025).

Consequently, the Division introduced an Integral group coaching intervention for first-year registrars in 2026, focused on developing self-awareness and personal leadership skills (see Appendix A: *UCT Registrar Group Coaching Year 1*). Evaluating whether the intervention achieves its intended outcomes, including improvements in self-awareness, self-regulation, and communication skills, is therefore necessary. This report considers an appropriate research approach for evaluating these outcomes.

Research Paradigms

"Ontological assumptions give rise to epistemological assumptions; these, in turn, give rise to methodological considerations; and these, in turn, give rise to issues of instrumentation and data collection" (Hitchcock & Hughes, 1995, p. 21).

A research paradigm comprises the beliefs and assumptions that shape how researchers understand reality, knowledge, and inquiry. It addresses five key questions:

- What is reality? (Ontology)
- What counts as knowledge? (Epistemology)
- What do we value? (Axiology)
- How should knowledge be generated? (Methodology)
- Which tools should be used? (Methods)

Axiology, the study of values and ethics in research, is discussed later in this report. Figure 1 (Brown & Dueñas, 2020) illustrates the relationship between ontology, epistemology, axiology, methodology, methods, and methods within research paradigms.



Figure 1. The building blocks forming a research paradigm and the relationships between them.

Note. Reproduced from *A Medical Science Educator's Guide to Selecting a Research Paradigm: Building a Basis for Better Research*, by M. E. L. Brown and A. N. Dueñas, 2020, *Medical Science Educator*, 30(1), p. 546 (<https://doi.org/10.1007/s40670-019-00898-9>).

Ken Wilber's Integral Theory views research paradigms as complementary rather than competing, arguing that a more comprehensive understanding of complex phenomena emerges through their integration.

“Integral approaches are ‘meta-paradigms’, drawing together separate paradigms into an interrelated network of mutually enriching approaches” (Wilber, as cited in Esbjörn-Hargens, 2009, p. 1).

Integral Theory proposes four irreducible perspectives (subjective, inter-subjective, objective, and inter-objective) that should be considered when seeking to understand any aspect of reality (Esbjörn-Hargens, 2009). Most research paradigms draw primarily on one or two of these perspectives and therefore offer only a partial view of reality. Nevertheless, each contributes a unique and valid perspective to understanding a phenomenon.

Examples of the four main research paradigms in medical science education is illustrated in Brown and Dueñas's figure 2 on research paradigms (2020)

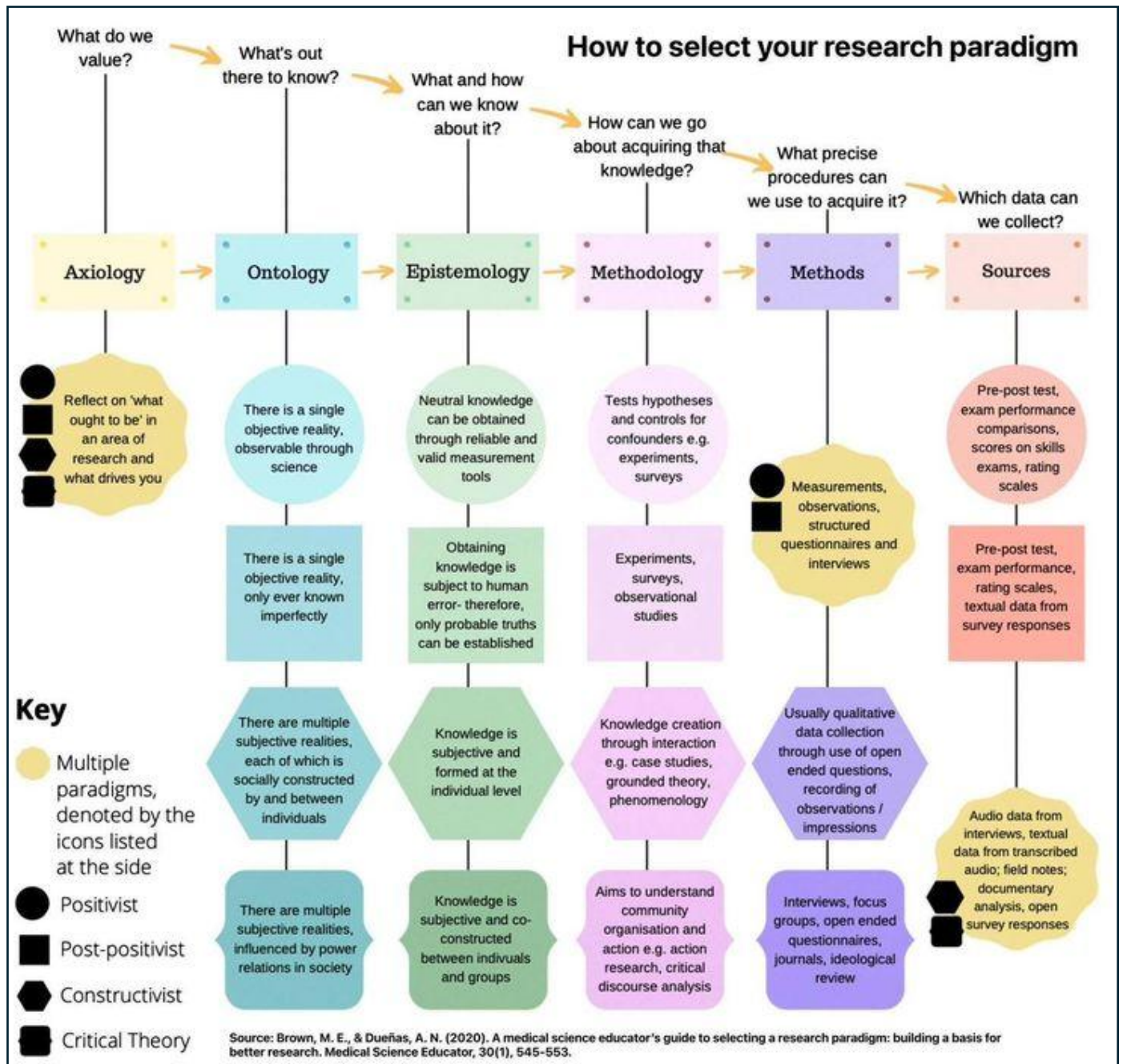


Figure 2. The building blocks of a research project's paradigm within the four main medical science education paradigms. Each shape in the figure represents one of the four main medical science education paradigms.

(Note. Reproduced from *A Medical Science Educator's Guide to Selecting a Research Paradigm: Building a Basis for Better Research*, by M. E. L. Brown and A. N. Dueñas, 2020, *Medical Science Educator*, 30(1), p. 550 (<https://doi.org/10.1007/s40670-019-00898-9>).

Positivism maintains that reality exists independently of human perception and can be understood through objective scientific investigation. *"In this paradigm, phenomena are assumed to follow universal laws and can be measured accurately through systematic observation and experimentation"* (Pretorius, 2024, p. 2702).

Post-positivism assumes that an objective reality exists; however, unlike positivism, it holds that reality can only be understood imperfectly and is therefore open to revision. Researchers, inevitably bring their values, beliefs, and biases into the research process, whether consciously or unconsciously, which emphasises the need for researcher reflexivity and transparency throughout the research process (Pretorius, 2024).

Constructivism assumes that reality is subjective and can only be partially understood because it is constructed by individuals. Each person's reality is therefore unique, reflecting their experiences, emotions, and interactions with their environment (Pretorius, 2024). Knowledge is not viewed as an objective truth waiting to be discovered, but rather as something co-constructed through interactions between researchers and participants.

Critical Theory Critical Theory assumes that social reality is historically shaped by social, political, cultural, economic, ethnic, and gender values that become crystallised over time into structures that are taken as real. Research seeks to critique these structures, expose power relations and oppression, and contribute to social transformation (Romm, 2015)

Each of the research paradigms discussed above reflects a distinct view of reality, shaping what researchers investigate and how they do so. Positivism and post-positivism align primarily with the objective and inter-objective perspectives of Integral Theory and, while post-positivism acknowledges that researchers can only partially understand reality and that their perceptions are influenced by subjectivity, it does not explicitly explore these influences beyond emphasising reflexivity and transparency.

In contrast, constructivism and Critical Theory align more closely with the subjective and inter-subjective perspectives. By integrating these perspectives, an Integral approach provides a more comprehensive understanding of complex phenomena and supports the use of both quantitative and qualitative methods in their exploration.

Debets et al. (2025) conducted a realist review examining how physician leadership development programmes (LDPs) contribute to organisation-level outcomes and found that these outcomes are influenced through multiple mechanisms. The authors argue that LDPs are embedded within a broader leadership ecosystem (LE), comprising factors that shape leadership development and the sustainability of its outcomes. Given the complexity of the LE and the factors influencing the success of LDPs, an Integral approach supports the use of multiple research paradigms and methodological approaches.

MAIN FINDINGS

“Integral methodological pluralism operates according to three principles: inclusion (consult multiple perspectives and methods impartially), enfoldment (prioritize the importance of findings generated from these perspectives), and enactment (recognize that phenomenon are disclosed to subjects through their activity of knowing it).” (Esbjörn-Hargens, 2009, p.16)

Integral Theory suggests that our understanding of reality is shaped, in part, by the methods used to investigate it. Different methods reveal different aspects of reality, whether subjective experiences, relationships, or observable phenomena (Esbjörn-Hargens, 2009).

Consequently, the perspective adopted influences the knowledge generated. An Integral approach avoids privileging one perspective over another. Integrating multiple perspectives enables a more comprehensive understanding of a research topic and generates a wider range of insights and opportunities for intervention.

Methodological Approaches

"Methodology refers to the overall approach to the research process, from the theoretical underpinning to the collection and analysis of data" (Collis & Hussey, 2003, p. 55).

Although some methodologies reflect, or effectively represent, paradigms, others can be applied from a variety of different paradigmatic perspectives (Costley, 2010).

Methodology addresses:

- **Why** particular data are collected;
- **What** data are collected;
- **Who** collects and analyses the data;
- **Where** the data are collected; and
- **How** the data are collected and analysed.

A Quantitative approach assumes that reality exists independently of human perception and can be investigated through objective scientific methods. Validated instruments can measure constructs such as self-awareness and personal leadership attributes before and after an LDP intervention, allowing changes to be analysed statistically. If conducted rigorously, the findings can be presented objectively and are often more difficult to refute. Where a substantial knowledge base on Leadership Ecosystems (LEs) exists, quantitative methods support **deductive inquiry** by testing the effectiveness of specific enablers. However, they may not capture the subjective dimensions of a LE that influences registrar

development, thereby limiting an understanding of how these factors support or hinder leadership growth.

A Qualitative approach assumes that reality is experienced and interpreted subjectively by individuals and it explores these perspectives through interaction between researchers and participants, enabling a richer understanding of the factors that influence Leadership Ecosystems (LEs). This supports an inductive approach, allowing enablers and barriers to leadership development to emerge and providing deeper insight into why they operate. Such understanding can inform more effective interventions to support the development of registrars and early-career Family Physicians. However, qualitative findings can be more difficult to present, are often less generalisable, and may be more open to challenge.

A Mixed Methods approach combines quantitative and qualitative methods to provide a more comprehensive understanding of human experience and to explore both what works within a Leadership Ecosystem (LE) or Leadership Development Programme (LDP) and why. By integrating objective measurement with subjective insight, it offers a stronger basis for examining potential cause-and-effect relationships and aligns closely with the Integral approach. However, it increases the complexity of the research design, requiring the deliberate integration of quantitative and qualitative components. Without this integration, findings may become fragmented and fail to reflect the multiple perspectives emphasised by Wilber.

Research Design & Research Methods

“At face value, there are some obvious connections between certain methodological approaches and specific methods” (Costley, 2010, pp. 82–83).

While qualitative methods are more commonly associated with an interpretive perspective, this does not preclude the use of survey research that generates quantitative data (Costley, 2010).

Table 1 - Exploration of Research Methodologies and Methods within Different Research Paradigms summarises four research paradigms and illustrates how they influence research methodology and the selection of research methods. A critique of commonly used research method tools is also provided.

AN EXPLORATION OF RESEARCH METHODOLOGIES & METHODS WITHIN DIFFERENT RESEARCH PARADIGMS			
RESEARCH PARADIGM	RESEARCH METHODOLOGY & DESIGNS (Principles for acquiring knowledge)	RESEARCH METHODS (Techniques or tools commonly associated)	CRITIQUE OF METHODS
POSITIVISM (Objective reality to be observed)	Empirical data is gained through observation, which is free from interpretation and individual values. Requires a testing of a hypotheses and uses Quantitative methods. Data is also measurable, can be numerical or categorical, and open to statistical analysis. For example - Experiments - Trials - Surveys - Structured Interviews - Data can be extracted from databases etc... - Action research (PDSA cycles) Should strive for objectivity and eliminate bias. Ensure Internal Validity to establish cause & effect, data Reliability with appropriate use of tools as well as External Validity by appropriate sampling so that findings can be extrapolated to the larger population. Ensure rigour by careful design to control for confounders & bias.	PREDOMINANTLY QUANTITATIVE Structured questionnaires / interviews / surveys Measurements of numerical variables using appropriate tools such as a scale or a score on a test or assessment. Measurement of non numerical variables / concepts such as "self awareness" using a likert scale.	Structured surveys and questionnaires and interviews are relatively easily administered and if well structured give very clear information which is easier to work with and report on. Surveys or self administered questionnaires can reach large groups. Risk overlooking important data if literature review and testing of survey tool / questionnaire not done well. Observational / Analytical studies are useful to generate a large population view by way of appropriate sampling techniques. However they require careful planning to minimise bias and confounders. Tools need to be carefully considered. Are they appropriate for the variable/s being measured and do they actually measure what they should. Comparative data can be statistically analysed.
	Knowledge is gained through observation of behaviour or phenomena. The various methodological approaches include Quantitative ones such as - Experiments, - Surveys, - Observational studies - Action research However Qualitative approaches are not excluded. Given that complete objectivity is not attainable and knowledge is imperfectly understood, it therefore follows that there may be a need for constant revision and updating.	Observations using appropriate tools which can categorise the data. Experiments / Trials Statistical analysis	Experiments / Trials allow for cause & effect to be established by manipulating an independent variable and measuring the dependant variable. Control groups can be added. Data can be statistically analysed. However meticulous attention to design is important as confounders and bias can undermine the findings.
CONSTRUCTIVIST (Subjective reality to be interpreted)	Knowledge is co-constructed through interaction between researcher/s and participant/s as well as the interpretation of this interaction. Subjectivity is embraced and knowledge is gained through the use of Qualitative methods. For example - Case studies - Phenomenology, - Grounded Theory (thematic analysis) - Action Research An interpretivist approach seeks to understand how individuals interpret the world and their experiences. The influence of personal and cultural bias are accepted. Validity & Reliability considers whether the knowledge gained is credible, transferable to another setting, dependable or consistent if repeated and lastly, supportive by the participant data rather than a researcher's bias (confirmable).	PREDOMINANTLY QUALITATIVE Open ended questions (un / semi structured) via self completed questionnaires or with an interviewer. Focus Groups (discussion points) Diaries / logs / Photos / Videos / Narratives Recording of observations or impressions gained Ethnographic or Case Studies	Qualitative data from open ended / semi structured interviews and questionnaires as well as other sources such as focus groups / diaries / logs / narratives / observations etc can provide rich data however the subjective nature of the data makes it difficult to analyse and rigour in the data analysis process is essential to ensure credibility, transferability, dependability and confirmability. (Triangulation / member checking etc)
CRITICAL THEORY (Subjective reality to be interpreted)	Reality is shaped over time by a range of cultural and social values and subject to individual and cultural construction. The focus is on understanding communities or organisations and tends to seek historically located, structural insights geared towards - critique of the status quo, - education to address ignorance and misapprehensions, and - emancipatory action. Methodological approaches favour dialogue and dialectics, and can include emancipatory action research as well as more quantitative approaches. Knowledge is gained through use of mostly Qualitative methods. For example - Action research - Critical Discourse Analysis However Quantitative methods can be used if they are employed, for example, to expose inequities or other power dynamics.	PREDOMINANTLY QUALITATIVE BUT QUANTITATIVE CAN BE USED Focus / Discussion Groups Open ended questionnaires Journal entries Ideological literature review	Diaries / logs / photos / videos / narratives are useful for exploring historical events. Observational studies using videos / recordings / observing in "natural environment are useful to try minimise the impact of the observer on the behaviour of others. Ethnographic or case studies allow for a richer exploration of individuals / groups to gain understanding of social interactions, behaviours and perceptions.

Table 1. Exploration of Research Methodologies and Methods within Different Research Paradigms. Note. Adapted from course notes, Brown and Dueñas (2020), Pretorius (2024), and concepts discussed in Chapter 7 of Costley (2010).

Research design is shaped by factors including the researcher's philosophical stance, ethical considerations, methodology, practical constraints, and the subject matter. An Integral approach integrates diverse philosophical and methodological perspectives, enabling the use of multiple approaches to generate contextually relevant knowledge. However, researchers must remain explicit about their perspective and apply the methodological principles of their chosen paradigm to ensure rigour.

Evaluating a leadership development programme (LDP) for registrars within a Leadership Ecosystem (LE) requires a multi-perspective approach. The research question—*How effective is the Integral group coaching intervention for first-year registrars in developing self-awareness and personal leadership skills?*—can be explored through Wilber's four irreducible perspectives.

For example:

- **Objective** – A positivist or post-positivist approach can be used to determine whether the intervention resulted in measurable changes in self-awareness, personal leadership skills, behaviour, or communication.
- **Inter-objective** – Using a similar approach, the researcher could explore whether the intervention led to organisational-level changes. For example, improved communication skills may have contributed to the introduction of regular team meetings to discuss challenges at a facility.
- **Subjective** – A constructivist approach could explore the meaning that registrars attribute to the intervention and whether it led to changes in their beliefs, assumptions, self-awareness, or willingness to engage differently with colleagues and patients.
- **Inter-subjective** – A Critical Theory approach could use focus group discussions to examine how power dynamics, organisational culture, and the behaviour of senior staff within the LE either supported or hindered the development of self-awareness and personal leadership skills. Insights from this perspective could inform efforts to address these factors and strengthen the LE.

An Integral approach acknowledges the strengths and limitations of each research paradigm and recognises that no single perspective can fully capture the complexity of human experience. By giving equal consideration to objective, inter-objective, subjective, and inter-subjective perspectives, it integrates insights from different approaches to develop a more comprehensive understanding of complex phenomena.

Ethics discussion

The increasing emphasis on the workplace as both a site and focus of learning may reflect what Nikolou-Walker and Garnett describe as a shift from an industrial to a knowledge society (Adams & Hills, 2007). In this context, work-based learning provides opportunities for professional development and enables academic staff to investigate and learn from their own practice through “practitioner inquiry” (Adams & Hills, 2007).

All research involves ethical considerations, but workplace-based research requires particular attention to the challenges of insider research. Mercer (2007) defines insider researchers as members

of the organisation or social group being studied who possess pre-existing knowledge, relationships, and understanding of the research setting. While insider research offers both advantages and

disadvantages, Mercer emphasises the importance of researcher reflexivity and recommends a reflexivity statement to address potential bias.

Advantages of insider research

- Easier access to participants through existing relationships, knowledge and experience within the setting.
- Greater trust and rapport as a result of existing relationships.
- Richer contextual understanding.
- Ability to interpret subtle organisational or cultural nuances.

Challenges of insider research

- Role conflict between researcher and colleague / teacher / manager / student.
- Potential bias and assumptions.
- Power dynamics that may influence participants.
- Maintaining confidentiality and objectivity.
- Need for reflexivity throughout the research process.

Given the researcher's dual role as course convenor and researcher, careful attention must be paid to ethical considerations that protect participants and ensure research integrity. See Table 2 - Ethical considerations for insider research

- **Informed consent:** Participants should receive clear information about the study's purpose, procedures, risks, benefits, and their right to withdraw without penalty. They should be reassured that participation, or any critical feedback provided, will not affect their academic standing, assessment outcomes, or relationship with the programme.
- **Protection from harm:** Potential academic, professional, and psychological risks should be minimised. Safeguards are needed to ensure participants feel able to express negative views without fear of repercussions. Consideration should also be given to managing any professional or reputational risks associated with the researcher's dual role.
- **Independence and conflicts of interest:** The researcher's roles as curriculum designer, lecturer, and researcher create a potential conflict of interest. Using an independent third party to recruit participants, obtain consent, or collect data can reduce social desirability bias, enhance participant confidence, and strengthen the credibility of the findings.
- **Confidentiality and anonymity:** Data should be de-identified, securely stored, and reported in ways that prevent participants from being identified, particularly within small cohorts or distinctive professional groups.
- **Voluntary participation:** Participation must be entirely voluntary and free from actual or perceived coercion. Recruitment should ideally occur after course completion and the release of results.
- **Research integrity and reflexivity:** The researcher should acknowledge their insider position and reflect on how their involvement as curriculum designer, facilitator, and convenor may influence the study. Strategies such as reflexive journaling, peer review of coding decisions, and member checking can enhance trustworthiness.
- **Independent ethical oversight:** Ethical review and oversight should remain independent of the programme being evaluated to ensure impartial governance throughout the study.

Table 2 – Ethical considerations for insider research. (Note. Adapted from IASREC course notes, World Medical Association 2025, University of Wales Trinity Saint David, 2022)

"Reflexivity is the process of a continual internal dialogue and critical self-evaluation of the researcher's positionality as well as active acknowledgement and explicit recognition that this position may affect the research process and outcome." (Berger, 2015, p. 220)

The insider researcher can never completely remove themselves from bias or from influencing or being influenced by their context. A reflexivity statement is a declaration in which the researcher critically examines and transparently reports how their background, beliefs, experiences, values, and relationship to the research setting may have influenced the design, data collection, analysis, interpretation, and reporting of the study. This should always be included.

CONCLUSION

Registrars are trained within a complex health system rather than solely in a university classroom. Evaluating their leadership development therefore requires a context-sensitive understanding of both the Leadership Development Programme (LDP) and the Leadership Ecosystem (LE) in which learning occurs. An Integral approach provides a framework for incorporating objective, inter-objective, subjective, and inter-subjective perspectives, enabling a richer understanding of effective leadership development and the changes required within the LE to support it.

Work-based learning offers significant opportunities for professional development by enabling practitioners to learn from and investigate their own practice. However, such enquiry must be conducted within a robust ethical framework to ensure the protection of participants, the management of potential conflicts of interest, and the integrity of the research process.

RECOMMENDATIONS

Evaluating LDPs within complex ecosystems can be difficult. An integral approach to mapping out the areas for research focus and interventions provides a framework for the insider researcher focussed on evaluating and optimising a course curriculum.

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APPENDICES

Appendix A

UCT REGISTRAR GROUP COACHING – YR 1 – CURRICULUM - 20260715

AREAS FOR EXPLORATION OVER 4 YEARS AND BEYOND

What needs to be included in each of the four years.

The Intent is to have a thread following through from 1st and 2nd to 3rd and 4th year and access to support beyond reg training for recently qualified Family Physicians.

- 1st year – **focus on self** – the I and how I show up (5Lens Enneagram)
- 2nd year – focus on the relational space – **the We and how I influence**
- 3rd year – **the system** and my roles / **leader as coach skills**
- 4th year – embodiment of the roles and practices – practical applications to EPAs and look at incorporating a **formal 360 feedback with debrief for 4th yr / LMF profile**
- LMF – into Next 5 & mentoring space

PROPOSAL FOR UCT PROGRAM – 1st years

First year program – focus on self awareness / self regulation & communication	
Session 1 – Introductions, understanding of leadership & Enneagram intro	
Session 2 – Introduction to the Integral U framework	
<i>Integral U framework</i>	Introduction to the framework – making sense of the four Integral dimensions / incorporate personality, lines and how these integrate. Stages of development & maturity. How we shift ourselves and others with increased self awareness – which dimensions are we blind to?
ENNEAGRAM DEBRIEFS TO HAPPEN BEFORE SESSION 3	
Session 3 – Exploration of meaning making of individual Enneagram reports	
<i>How to use the Enneagram report to support personal development</i>	
Session 4 – Self Regulation – Practices	
<i>Risk & Impact of stress – Professional – Patient safety – Teams</i>	
Session 5 – Self Regulation & Resilience - Practices	
<i>Experiential session re self regulation / practices – based on their current expertise and awareness. Set intentions to flow into next session.</i>	
Session 6 – Self care – work life balance – Health care worker identity	
<i>Raise awareness of how we contribute to difficulties with maintaining our work – life balance. Reading – Literature on burnout and prevention</i>	
Session 7 – How we show up, expectations of others & self – Health care worker identity cont.	
<i>Expectations / imposter syndrome / critical voices – link to Enneagram styles and key messages from others. Is there an alternative way to be?</i>	
<i>Reading - article on shame in medicine</i>	
Session 8 – Communication / language / assumptions	
<i>Discussion and experience of self / others. Where are our energies / communications styles and how do we recognise and include others? Link to enneagram styles.</i>	
<i>Resource - Ted talk by Anil Seth – hallucinating our conscious reality</i>	
Session 9 - Dealing with conflict	
<i>Difficult conversations with colleagues / patients. Keeping language / styles in mind and a focus on head, heart & gut and language.</i>	
Session 10 – Reflective practice and wrap up – first year	

OUTCOMES

- Development of self awareness.
- Development of the need for self regulation and some practices.
- Increased awareness of areas of strength and those needing development.
- Improved communication skills.
- Build on reflective practices