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Community, Courage, Culture and Care: A Qualitative Study Exploring the Experiences of Planetary Health Leadership in the UK Health Context.

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Community, courage, culture and care: a qualitative study exploring the experiences of planetary health leadership in the UK health context

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ABSTRACT

Background Planetary health and the delivery of planetary healthcare are growing concerns for health and health institutions globally. While the leadership required to navigate this evolving arena is an area of increasing study, little research exists exploring the experience and perceptions of leaders in this field.

Aim This study aimed to explore the experiences and perceptions of leaders working towards planetary health in the UK health context, with a view to making recommendations on leadership and leadership development in this field.

Methods A qualitative study with 25 participants with experience of planetary health and/or planetary healthcare leadership. Virtual semistructured interviews were used for data collection and thematically analysed.

Results Six themes were identified: creating community; managing the scale of the challenge; morality; creating consensus; shaping culture and identity (as leader and/or as activist).

Conclusions This study highlights the relational, collaborative and moral aspects of leadership as central to the experience of planetary health leadership, offering recommendations for leadership educators to strengthen leadership development in this field. It also identified the critical need for the well-being needs of leaders navigating this emotive and uncharted territory to be appreciated and responded to, along with the importance of legitimising and professionalising action and leadership in this field.

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ Planetary health leadership in the context of health and healthcare is attracting growing attention, with early explorations of what this may involve.

WHAT THIS STUDY ADDS

⇒ The role of relational, consensual and moral-based elements of leadership is identified as central to the experience of planetary health leadership in the health context, along with the psychological and well-being challenges leaders experience undertaking this work.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ Informs health leadership educators on elements to focus on with regards to embedding planetary health leadership into curriculums (namely collective and moral components).

⇒ Identifies the need for the emotional support required by leaders navigating this complex and emotive field as an area of policy development.

⇒ Guides researchers in elements of planetary health leadership that may warrant further study.

BACKGROUND

The natural world and human civilisation are interconnected, with human health interdependent on the health of the planet. When both are flourishing, this is termed 'planetary health'.[1] Within this, planetary healthcare describes pursuing sustainable health service delivery that is within planetary boundaries, so that health promotion and disease treatment use appropriate social, financial and environmental resources, contributing to a healthier world.[2] The need to explore the leadership required to achieve and sustain planetary health and healthcare is growing,[3 4] with the absence of leadership identified as a barrier to progress.[5]

There are rising calls for health leaders to mobilise the health workforce and support colleagues in offering services which promote planetary health and deliver planetary healthcare, as well as advocate for the broader systemic changes required.[6–11] In terms of leadership development, mounting demand exists within higher education to embed an understanding of leading to sustain planetary health, termed 'ecoethical leadership', within health curriculums.[12 13] Those coining the term acknowledge these health leaders 'already exist but their numbers are small' suggesting more can be done to support leadership in this space.[12]

While scholars have begun to explore leadership approaches required by health leaders to successfully navigate aspects of the planetary crisis,[14–16] this area of study is in its infancy and a notable gap is the paucity of research exploring the experiences and perceptions of these leaders themselves.

Aim

The study aims to explore the experiences and perceptions of leaders in the UK health context with a history of leading towards planetary health, including but not limited to the delivery of planetary healthcare. This paper does not intend to unearth a formula for what this leadership involves; rather, it aims to understand the complexities inherent, as experienced by those within this space, with a view to offering recommendations on how to support leaders and leadership development in this field.

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Box 1 Example questions from the interview guide

What motivated you to become involved in this work?
Do you see yourself as a leader in this field?
What does leadership in this arena mean to you?
What has challenged you most in your leadership journey?

METHODS

Design and sample

Qualitative research methods were used to elicit in-depth insights from leaders, as qualitative data are useful in understanding experiences, perceptions and motivations.[17] A purposive sampling strategy aimed to recruit information-rich cases through expert sampling, targeting individuals with experience leading, founding or delivering planetary healthcare and/or broader planetary health initiatives in the UK health context. A snowballing approach was also used to ensure wider coverage and increase potential diversity in interviewees.

Data collection and analysis

Given the research aim, semistructured interviews were used since they allow for unexpected issues to emerge, helping overcome researcher-centred bias.[18] Virtual interviews were conducted for convenience, while minimising carbon emissions. An interview guide, informed by the research aims, was devised and pilot-tested (box 1).

Interviews ranged from 30 to 65 min and were conducted, recorded and transcribed verbatim by RY. Transcriptions were checked for accuracy against recordings (prior to their deletion) and pseudoanonymised. To improve the lines of questioning and analysis, field notes were made during interviews. Iterative analysis ran alongside data collection via a process of reflection, accompanying more formal analysis. This process continued until code and meaning saturation were reached,[19] with 25 interviews conducted between April and August 2024. Thematic analysis, informed by Braun and Clarke,[20] followed a process of familiarisation, inductively generating codes, reviewing, defining, naming and actively developing themes, then reporting them. Individual analysis followed by joint discussion guarded against researcher bias, allowing for the strength of evidence of each theme to be confirmed. Themes were validated against the data with participants' actual words included in the article. Both authors reviewed themes and quotes to ensure trustworthiness.

Reflexivity

Both authors are academics in health and social care leadership from interdisciplinary backgrounds. RY is engaged in planetary health education and advocacy. It has been argued that in qualitative research, interviewers should not be viewed as someone contaminating data; instead, they are a cocreator, with their knowledge contributing to understanding interviewee experiences.[21] RY conducted the interviews, acknowledging that interviewers must be reflexive throughout.

FINDINGS

Participant overview

A range of UK leaders with a broad array of planetary health/healthcare leadership experience were interviewed. Areas of work included healthcare decarbonisation and preparedness, education and research, along with public health, wider advocacy and representative roles. 12 women and 13 men participated. Table 1 illustrates professional demographics, demonstrating a mixture of clinical and non-clinical backgrounds with varied clinical seniority.

Table 1 Professional affiliation and clinical seniority

		Clinical seniority†		
Professional affiliation*	No. interviewed	Junior	Mid-tier	Senior
Medicine/dentistry	12	1	3	8
Nursing/midwifery	3	2	–	1
Allied health	3	–	–	3
Pharmacy	2	–	1	1
Non-clinical	5	N/A		

*Professional backgrounds grouped to preserve anonymity.
†Most recent level of seniority if no longer working clinically.
N/A, not available.

Analysis led to six themes (with subthemes) being identified as central to the practice and experience of planetary health leadership.

Theme 1: creating community

This theme reflects the relational and collective aspects of leadership expressed by participants.

Connecting people

This subtheme, notable across most participants (n=18), spoke of the importance of connection-building exemplified below:

> I see my leadership very much as developing networks and developing community… I feel like that's been a success. Just connecting all these people.-T04

Three leaders described housing databases of interested people, bridging their connections with each other. Two repeatedly used the phrase 'my tribe' emphasising their sense of collective identity. Benefits of this community-orientated leadership were evident with stories of how this generated energy, allowed for amplification and distribution of work.

Supporting people

Community was also repeatedly (n=13) described as core to providing the support felt to be integral to sustaining the work, as demonstrated below:

> Finding, like, community within it and friendship also. So that [when] I'm doing the work, it doesn't feel like work. It just feels like hanging out with friends… We know that we're on this shared journey together and that's the starting point from which we then work together and grow together… creating, kind of like, containers of trust and care.-T25

Theme 2: managing the scale of the challenge

This theme explores navigating the complex, emotive and conflicted elements of planetary health leadership.

Holding complexity

Participants (n=12) described the daunting, unknowable and multilayered nature of the planetary crisis:

> You sort of end up paralysing yourself with this deep realisation that human and social and environmental systems are sort of inextricably linked in every direction all at once, all the time… multiple times over. And that complexity I think often paralyses people… I get a little paralysed.-T15

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Table 2 Coping strategies shared by participants

Strategy	No. of participants	Example quote
Comfort in the community	11	"The leader is out front getting knackered, putting all their effort and energy in, feels tired, needs to fall back to the peloton to regroup, be re-fed and nurtured, protected from the elements for a little while and then they can go and lead again." -T03
Taking action	8	"If I wasn't acting and doing this kind of work, I would get more overwhelmed by the state of the planet"-T06
Active hope	7	"I was completely saved by the book Active Hope" - T04
Focusing on progress	6	"Stuff's really, really hard. But there are some really impressive people doing really, really impressive things. Never enough, but always better, always moving faster than yesterday. And that's probably where I draw most of my energy from"- T15
Boundary setting	6	"I'm more conscious of the fact that, you know, at the weekend…… I just need to switch this stuff off." - T08
Spending time in nature	4	"Green time before screentime" – T01
Protected time	4	"Formalising my work… like I will have dedicated time to do this within my week and also I'll be getting a bit of money for it which, yeah just eased up some of the load…" - T25
Spiritual practice	3	"My spiritual practice has kept me doing this" – T14
Finding a sense of purpose in the work	3	"I'm energised by *doing* the work. Not necessarily by *completing* the work or getting results… and I don't think that makes me a busy fool. It's just a different way of getting satisfaction from the work."-T19
Debrief/reflection	3	"I rarely get a chance to reflect on this kind of stuff, so it's been good." –T17
Honouring grief	2	"Since I've been following [a] grieving process, I haven't burnt out." –T14
Finding fun in the work	2	"People who subscribe to causes often feel like it has to hurt to work. Rather than it can be fun… let's have fun… you've got to, if you don't do that, you'll just become so worthy as to be boring and you won't be of use to anybody." - T23
Conviction	2	"If you're fighting for life, it's… the only thing you can do is keep on fighting for your life. Even if the odds are against you." – T02

Finding ways to hold the associated nuance, urgency, uncertainty and complexity was commonly articulated. For example, by grounding themselves with focused actions within their capacity and aligned with their strengths, while acknowledging the interconnected nature of the work.

Self-care

This subtheme attests to the emotive aspects. Participants described how emotional elements can be neglected:

> The emotional heavy lifting we do as leaders in this space is something that can be minimised… we need to be compassionate to our leaders and we need to find ways to help our leaders be self-compassionate while they're doing the heavy lifting…-T14

However, participants' practice of self-care varied. One described it as 'a work in progress' another admitted they 'walk a fine line at the best of times'. Three became (briefly but) visibly teary discussing their experiences. Four others described only truly appreciating self-care after burnout. A range of coping strategies were shared (table 2) with supportive community and staying active most described. Seven leaders championed 'active hope', referring to the work of eco-philosopher Macy.[22] Despite the strategies shared, one leader expressed the depth of emotion felt:

> To be honest, when you have a wobble—nothing makes a difference… It's something you just have to work through… that could be a few hours. A few days.-T12

Inner conflict

Within the theme of managing the challenge, a final subtheme of inner conflict was identified as interviewees (n=7) questioned their place in this work:

> [I started thinking] was I complicit for the work that I was doing? Just trying to tinker around the edges rather than be transformational…-T17

Another described being at a crossroads:

> I've always tried to stay on the line of being 'in the tent'… But I'm pretty close to stepping outside of the tent that I'm in…I thought I could deliver what I wanted to deliver…but I don't think I can."-T20

Others expressed tension within the movement itself:

> Sometimes I would feel as though they were looking at me as though I was like this absolute sell out who just didn't understand [this] was urgent…-T15

Theme 3: morality

This theme explores the moral-based elements of their leadership experience.

Moral courage

This subtheme depicts the desire to act in line with one's values, despite associated risks, typified below:

> It's reflective of my personal values. That's what I return to when I struggle with [this] or where I need calibration or where I'm feeling a bit lonely, still sticking my head above the parapet.-T11

The phrase 'sticking my head above the parapet' was used by three leaders demonstrating the risks felt. Another explored this further after sharing the professional consequences they faced:

> [So] I look back and think, well do I wish I hadn't done that? And the answer is, no, I don't. There was an opportunity to take a stand, and it's important to do that…So, I think it's something about taking the opportunities that are there, and not being frightened to do so.-T24

One leader went further in terms of willingness to take risks:

> I've got to the point in my life now where I absolutely do not care what the repercussions for myself are. Because this is just bigger than me and there's just so much at stake.-T20

Six participants described courageously navigating untrodden paths as vanguards in this work.

Moral conviction and commitment

Participants (n=6) articulated their work as 'the right thing to do', exemplifying a shared sense of morality. Others described it as core to who they are:

> It gets in your blood, and you just have to act on it.-T14

One described the thought of giving up as: 'morally abhorrent.'-T19.

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Similar thoughts were echoed by others, despite differing levels of optimism:

> I'm only really carrying on out of moral conviction. Do I do it with a sense of joy and positivity? No.-T02.

One leader used the term 'moral offset' to describe their interpretation of how others may not view this work as important:

> People will say to me things like 'I really respect what you do, but I'm too busy saving patients to save the planet'… I think part of it is trying to break out of your own self-constructed moral framework where you're ticking a box to say I'm moral enough.-T23

The strength of dedication was also apparent, with two-thirds (n=16) stating they were so committed they either did, still do or would do the work for free, even at personal/financial cost.

Moral imperfection

This subtheme speaks to the responsibility to role-model environmental sustainability, with almost half (n=12) advocating for leading by example:

> We need to change the way that we live and therefore I have to change the way I live in order to be able to talk with authority about those changes… I don't think it's possible to overstate how important I think that credibility is.-T19

Most leaders (n=15), including those who saw individual action as fiercely important, stressed that striving for moral purity or perfection was, as two interviewees described it: 'a disservice' to the cause. Rather, there was broad consensus that offering authentic imperfection is more likely to humanise the work:

> Everyone who's not a saint, is able to hold two values at once… As humans…we're all sinners.-T02

One leader stressed:

> I don't want this space to be about the fun police… I'm certain that if we become those people we're going to lose.-T15

Greater focus was placed on advocating for system changes that make aligning to sustainable behaviours easier and equitable for all.

Theme 4: creating consensus

This theme depicts consensus-building elements described by participants as core to their leadership.

A hopeful vision with a practical mission

This subtheme describes the commonly felt need (n=11) to give people something hopeful to relate to and want to work towards:

> [Leading] means having some good stories to talk about what a possible future is and telling them in a way that engages people both rationally and emotionally.-T23

Translating this with actionable steps was a perspective commonly shared (n=11):

> Defined problems [where you can] make progress, excites people and brings people along with you… if you go too abstract, people can't really get on board with that and can't see themselves in [it]. -T16

One leader stressed that visioning was irrelevant without meaningful action:

> It's got to be actioned… Action, action, action. That's literally it.-T02

Framing both vision and mission through the health lens was described (n=10), with health seen as a uniting currency and health workers considered trusted messengers. One leader expressed doubt regarding the influence of health voices but considered the health industry an economical giant with financial power to create change.

Collaborative communication

Over half (n=13) leaders expressed the importance of skillful listening in their experiences and/or tailoring one's communication to the needs and values of recipients. Notably, four leaders (unprompted and across both genders) described witnessing this approach more commonly in women leaders, with 'feminine' skills. One participant defined this feminine approach as:

> Collaborative, consensual, thoughtful, listening skills for modern day leadership.-T23

Collective and co-ordinated

Nearly all participants (n=18) described the importance of breaking down professional, sectoral and/or global barriers:

> I was more externally focused on how can [health] be in service to the wider climate movement… Speaking with other sectors [like] architecture or town-planning—where can we learn from you and you learn from us?-T25

Eight leaders expressed a need for enhanced co-ordination between leaders/groups, cautioning against competition or allowing frustrations to channel between those with the same end goal:

> We cannot let competition get in the way. This challenge is not just a planetary challenge. It's a challenge to human behaviour and psychology.-T12

Theme 5: shaping culture

This theme depicts the culture-changing elements of their leadership experiences via the subthemes of creating enabling cultures, normalisation and investing in people.

Creating an enabling culture

Establishing safe and empowering environments were consistently (n=19) described, exemplified below:

> I always thought about our work as needing to shout very, very loudly at every level, repeatedly, 'You have permission to run at this, whoever [you] are'.-T15

Similarly, the need to re-examine cultural hierarchies and celebrate leadership at all levels was voiced (n=10), with perceived seniority not always felt to correlate with experience or passion for planetary health:

> My personal take is not to abolish the hierarchy but take the ego out of [it]. -T19

Normalisation

Nearly all (n=19) participants stressed the need for environmental awareness to become woven into the fabric of health institutions, which three saw as core to their leadership role. Examples of how existing mechanisms have been, could and should be used to incorporate it into existing deliverables and governance processes were offered:

> It's important that it becomes very pervasive… where it's in every job description, every job advert, every appraisal, every

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trust value, every team objective. So there's that kind of cultural shift… it requires that kind of widespread change and thinking and behaviour.-T16

One leader emphasised the need to normalise the narrative:

It's quite important to speak as though this is a quite a normal thing. It's not—*If* we're going to do it, it's *how* we're going to do it. It's not—*If* we're going to do it, it's *when* we're going to do it. It's not—*If* we're going to do it, it's *who's* going to do it. OK? No ifs in this argument.-T23

A culture that invests in people

Offering paid time, secure roles and progression was repeatedly (n=12) conveyed as crucial to the culture change required:

Our leadership needs to be to give people the space, time and power to see the change and make the change and get things to happen systemically.-T14

This was not only seen as vital for progress but also considered beneficial for well-being.

Theme 6: identity

This theme examines how leaders self-identify as leader or activist.

As leader

Almost half (n=12) described some (at least initial) discomfort with the label 'leader'. Two attributed their discomfort to the magnitude of the challenge:

If I'm all we've got… When people say [we're the] leader at this stuff. You go, oh God… if we are the best then like we're actually in quite a bit of trouble.-T15

Others (n=7) identified with reluctant/unintentional leadership, finding themselves leading purely because the work was important, connecting with the earlier theme of morality. Seven acknowledged leading within specific areas, recognising the collaborative ecosystem of leadership required. Six conveyed an overglorification of leadership; that anyone and everyone has a role to play, with two emphasising the need to avoid conflating leadership with expertise.

As activists

Unprompted, six leaders described themselves as activists, with four depicting activism as their entry point:

I was always a climate activist before I came into [this]…then I started to see the link between health and climate, in terms of my job. -T01

There were different interpretations of activism; perceived on one end as simply being active, to working outside the system and exploring civil disobedience:

I do believe activism is probably going to be more part of my future…I'm trying to keep it intellectual rather than gluing myself to the road, but for me, nothing, absolutely nothing, is off the table.-T20

Five felt strongly that health voices engaging in visible activism offered legitimisation, while others, when asked, expressed unease regarding perceived credibility or risks of polarisation of more radical activist approaches (n=4):

I really worry that I could lose a lot of that credibility by being that [person] that brings the traffic to a standstill.-T19

One leader described being impressed by those who could find a balance:

People that are able to, like, jump between those worlds… being accepted by [Government] and also being tolerated and understood [by the wider environmental movement] that, you know, though they may wear a suit… they're still on the side of the angels.-T15

However, most leaders (n=22) described activism's importance within the leadership ecosystem, even if they did not identify with the term themselves. One leader stressed the need for a better word:

We need to find a new way that people recognise themselves as being active in this space. -T12

DISCUSSION

This study explored the experiences and perceptions of planetary health leadership within the UK health context. Our findings suggest there are elements they experience as core to their leadership practice.

First, we confirm the role of community and collective agency as central; as recognised in other work.[12 23] We identify that strengthening human connection is experienced as essential, and that the role of community is itself deeply valued by leaders in this space. This may partially explain the discomfort experienced by some with self-identifying as 'leader', with the recognition that planetary health leadership is a collective endeavour, not a heroic tale. Scholars have similarly identified the need to avoid over-glorifying 'self' as leader in environmental leadership,[24] which aligns with longstanding calls to move away from heroic leadership to more relational approaches.[25 26] As such, a recommendation for leadership educators may be to focus their attention on *leadership* development over leader development. (Table 3 offers a summary of recommendations).

Moreover, the supportive role of community was experienced as emotionally protective. Psychological challenges of leading in an intrinsically emotive, complex and conflicting field were evident in our study. Psychological implications of the planetary

Table 3 Summary of recommendations and possibilities for future work

Area of work	Recommendation
Within education programmes	Embed planetary health education more consistently into health curriculums and course design
	Target leadership education to focus on leadership development over leader development; breeding a more collective leadership approach
	Ground leadership education with a moral and values-based lens as a method to create moral consciousness and in turn environmental consciousness among learners
Within health organisations/systems	Enable supportive organisational contexts which emphasise the need for self and collective care in this work
	Normalise and professionalise action to strengthen collective resilience and allow for meaningful progress
Researchers	Explore the potential role of women's leadership in the planetary health crisis
	Compare perspectives of leaders engaging in planetary health leadership depending on where they exist within the system
	Examine the experiences and perspectives of global health leaders
	Explore how health leaders who do not (yet) perceive planetary health to be within their scope, begin to reflect on and experience the leadership required

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crisis are being increasingly researched.[27 28] While studies have acknowledged these to be occupational health hazards for health workers[16] and for those whose careers depend on understanding the challenge,[29] our research highlights an understudied area: the emotional impact the planetary crisis has on those leading in this arena. Self-care and compassion as aspects of leadership have been well explored.[30 31] Our paper sheds new light on how leaders experience this in the context of the planetary crisis, with its bleak prospects forming another reason why some participants struggle with the label of leader. Scholars have argued for the need for 'radical self-care' to navigate the planetary crisis in social work,[32] and our research suggests the same ought to apply to health. Our findings identified action and active hope[22] as particularly helpful, therefore, creating supportive streams of work around this may prove beneficial. Additionally, collective spaces such as Schwartz Rounds (structured forums where colleagues come together to discuss emotional aspects) may prove critical.[33]

Linked to this, while some participants in our study described carving careers out of their leadership work, it is thought that swathes of the impactful work in this field is led by interested health workers in their free time.[34] This risks the burden of work resting on the shoulders of people who may shine brightly before ultimately burning out; a point strongly acknowledged within our study. Greater mobilisation of the health community by normalising, professionalising and enabling action, as identified within our analysis, may not only enhance progress, but may strengthen the collective resilience required, allowing leaders and teams space to rightly prioritise self-care, knowing others will champion the work.

In turn, our paper identified the focus of leaders to be on empowering others in this work; a concept broadly acknowledged as a core component of traditional leadership[35] and identified similarly by Pettinger *et al* within their uniprofessional study on the experiences of sustainability leaders.[36] Our study also challenges assumptions about who counts as a leader, acknowledging that planetary health leadership can occur anywhere within traditional hierarchies. As such, embedding the principles of planetary health leadership into health curriculums, as has been argued for and gradually adopted,[12 13] may foster the skills and attributes required at an early stage.

Moreover, consensual approaches to leadership were experienced as essential in our analysis: with a need to lead with rather than over or against others. Collaborative, interdisciplinary approaches were advocated for, with pleas for better co-ordination to facilitate cohesive outcomes. This is perhaps unsurprising given the rapid growth in key players engaging in this work.[37] Notably, women leaders and associated feminine skills were identified as valuable in terms of the collaborative and consensual leadership styles used. The 'untapped potential' of women leaders in planetary health has been considered,[38] with calls for women's leadership to be centred in planetary health education.[39] Female leadership has been associated with improved public health outcomes in global crises,[40] so a deeper exploration of its role in the planetary crisis may prove valuable. Furthermore, while it is known that emotions play a significant role in motivating environmental action,[41] the reflections of leaders in our study aligned with research identifying that effective communication must spark emotions conducive to wanting to take action in order to be effective.[42] Additionally, health-framed messaging was experienced as important, which is similarly supported by other work.[43 44]

The ethical aspects of environmental action,[45 46] environmentally-aware leadership[12] and leadership in general[47] have been explored elsewhere. Unique to this study, our findings unravel how this is experienced by leaders themselves, and how the sense of ethical (moral or value-led) leadership strengthens courage and commitment in the work. Begum *et al* identified moral education as a method to create moral consciousness and in turn environmental consciousness among learners, which may be valuable within healthcare education.[48] However, as noted in our study, while reconnecting to one's values was experienced as grounding, the commitment to and (for some) consuming nature of the work that followed one's moral awakening risks becoming an emotional vulnerability, so educators ought to proceed with care. However, the observations identified in our study that this work requires embracing progress over perfection, debunks myths of ecoperfectionism and may create an inviting route into the work.

Lastly, the potential role of activism within leadership has already been acknowledged,[12 49] and what activism means has, as in our study, been found to be in the eye of the beholder.[50] While debates regarding radical activist approaches continue,[51] from the perspectives of leaders in our study, it is clear that its role is seen as critical in the wider ecosystem of the leadership required, even by those who do not identify as activists themselves.

Strengths

The detailed interviews offered unique reflection within an evolving and understudied field of leadership. The diverse professional backgrounds and varied roles across the planetary health landscape provided triangulation of the data by eliciting multiple viewpoints. Methods were grounded in evidence and rigour, and the trustworthiness of the analysis was optimised.

Limitations and future work

While a range of leaders participated, the sampling method may have led to bias.[52 53] Additionally, a comparative aspect, depending on where leaders are positioned in the system, was not included but may be an opportunity for further work. This study was limited to the UK to ensure feasibility, but centring health leaders at the forefront of the planetary crisis is vital, providing opportunities for further work. Moreover, as environmental awareness increases (by necessity if nothing else), exploring how health leaders who do not (yet) perceive this issue to be within their scope, begin to reflect on and experience the leadership required may prove valuable.

CONCLUSIONS

The study offers a unique contribution to the literature by examining the experiences and perceptions of leaders working towards planetary health in the UK health context, shedding light on implications and opportunities for further work.

X Rammina Yassaie @ramminay

Contributors RY conceived of study, planned it and conducted the interviews. CS and RY undertook independent analysis of the data to confirm the thematic breakdown. RY: manuscript writing and editing. CS: manuscript editing. RY is the guarantor.

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Patient consent for publication Not applicable.

Ethics approval This study involves human participants and was approved by Sheffield Hallam Ethics Board ER64510895. Participants gave informed consent to participate in the study before taking part.

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