DISSERTATION

A GROUNDED THEORY STUDY OF WELLNESS AND COLLEGE AND UNIVERSITY LEADERS

Submitted by

Gregory F. Lorenz

School of Education

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WE HEREBY RECOMMEND THAT THE DISSERTATION PREPARED UNDER OUR SUPERVISION BY GREGORY F. LORENZ ENTITLED A GROUNDED THEORY STUDY OF WELLNESS AND COLLEGE AND UNIVERSITY LEADERS BE ACCEPTED AS FULFILLING IN PART REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY.

Committee on Graduate Work

James Banning

Cathy Kennedy

William Timpson

Advisor Timothy Davies

Acting Director Dale DeVoe

ABSTRACT OF DISSERTATION

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The projections for higher education indicate a large number of senior academic leadership posts being vacated in the future due to retirement of existing leaders. The gap in leadership positions lends itself to an increased importance for developing a pipeline of talent to fill these positions. The leadership lifestyle lived by academic leaders is one of fast pace, high responsibility, and little personal time. This lifestyle may be unattractive for potential leaders. Therefore, the creation of a climate that allows potential leaders to view academic leadership positions as desirable and achievable while allowing for personal wellness is necessary.

This grounded theory study aimed to determine the meaning of wellness for academic leaders in higher education and better understand how they achieved or maintained wellness in their lives. 7 academic leaders were interviewed. The results yielded a grounded theory called wellness maturity with four supporting axial categories: intention, gauge of wellness, reflection, and adaptation. Sitting within the cultural backdrop of the academic leadership lifestyle, wellness maturity represents an optimal wellness destination with constant movement towards the unique destination for each individual. It is represented as a continuum with low wellness maturity on one end and high wellness maturity on the opposite end. Although it is important for individual leaders to have an understanding of what wellness means for themselves, it is more

important for leaders to identify the importance of wellness in their lives. As the leader enters the wellness maturity continuum and moves towards the destination of wellness maturity, he or she engages in a process of self-reflection. Reflection occurs about one's place on the continuum and gauge of wellness. The result of this reflective process is adaptation to the personal and professional challenges associated with the leadership lifestyle.

The results of this study have application for leaders seeking to maintain or achieve wellness within the context of a leadership lifestyle. The major contributions of this study are that it adds to the literature of wellness and particularly higher education leadership, and it offers greater insight into practical applications and considerations necessary for the achievement or maintenance of wellness.

Gregory F. Lorenz
School of Education
Colorado State University
Fort Collins, Colorado 80523
Fall 2009

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Finally, I must thank my children, Lauren and Griffin. You have grounded me throughout my doctoral program and made me realize what is most important in life – time with you. Thank you.

DEDICATION

This dissertation is dedicated to my children, Lauren Emilie and Griffin Paul Lorenz. As you will learn in life, good things happen for good people who work hard. Never, ever give up on your dreams, as these dreams are what feed your spirit.

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CHAPTER I: INTRODUCTION

"...from the outside I was balancing academic leadership, career, family, etc. Inside, it wasn't a pretty picture" (Sinclair, 2004, p. 13).

Snapshot...

6:15 am	Wake up, shower, get ready for day
7:30 am	Leave house to drop kids at school
8:20 am	Arrive at campus
8:30 am	Meeting to discuss experiential education programs
9:30 am	Event management meeting
10:00 am	Meeting with student
11:00 am	Academic Leadership Team meeting
12:30 pm	Work on proposal for experiential education initiative
1:30 pm	Tour potential employer around campus
3:00 pm	Lunch
3:30 pm	Meeting with students
4:30 pm	Email Time
6:00 pm	Leave campus for home
6:15 pm	Play with kids
7:00 pm	Walk dog
7:30 pm	Put kids to bed
8:00 pm	Dinner
8:30 pm	Study/Write dissertation
11:20 pm	Go to bed

The Conversation with Myself

"Leadership...Responsibility...Make it happen ... Maintain your composure... Energize your staff and faculty...Time management..." These are all phrases that we, as leaders, are familiar with and hear on a regular basis. I certainly do. However, when I step back, I wonder, how can I manage this sort of schedule on a regular basis and for how long? How can I manage the expectations and demands of my leadership role?

How can I find the balance between life and work? How do other people do it? Can I keep this pace for the rest of my career?

Yet, as a young leader, I figure it out, and I don't complain. I love my work and the field of education. However, I often wonder what is being compromised in my life. Do I spend enough time with my wife and kids? Do I spend enough time on myself – exercising, eating properly, and engaging in activities/hobbies I enjoy? Do I see my friends as often as I would like, if at all? Do I attend church as often as I would like? The answer to all of these questions is, "NO!" Will I ever get to a point of balance?

What Others Say

"Wow, Greg is a young guy who does good work. He seems to work a lot...too much at times. He sends emails at night and on weekends. How does he manage his personal life, family life, and his work life? I would like to take on a leadership role at the university, but I see the lives that Greg and other leaders live and don't want to assume their level of responsibility and stress. Do I have to have an unbalanced life to possess a leadership role at a college or university?"

Background

Leaders in many industries face a variety of demands and competing priorities. Academic leaders are no different. This section highlights two conditions that create an unappealing climate for leaders to pursue advanced level leadership positions. The first condition is the notion that academic leaders face multiple, competing demands and hectic schedules. The second condition is that of compromised, personal states of wellness for academic leaders as a result of the competing demands and hectic schedules. Potential academic leaders may see the stress levels, hectic lifestyle, and compromise of

current leaders' personal health and wellness as a deterrent to pursue these academic posts. Consequently, these conditions create an unattractive climate for potential leaders to consider pursuing advanced leadership positions.

The potential failure to fill the upcoming leadership positions in higher education lends itself to an increased importance for developing a pipeline of talent to fill these positions. More importantly, the creation of a climate that allows potential leaders to view academic leadership as desirable and achievable, allowing for personal health and well-being is necessary.

In The *Chronicle of Higher Education's* Survey of College and University Presidents, 764 college presidents and chancellors were surveyed regarding their frequency of participation in various activities (Selingo, 2005). The study showed 52.7% of respondents attended to fundraising on a daily basis, 44.4% attended to budget and finance daily, 40.6% attended to educational leadership issues daily, 37.8% attended to personnel issues daily, and 28.1% attended to student life issues daily (Selingo, 2005).

Although this represents only a sample of the multiple competing priorities faced by presidents, it is clear that the demand for academic leaders' time is precious and fewer leaders than expected spend time on themselves. To this point, additional information collected from the same survey of 764 college presidents and chancellors revealed that 43.1% reported exercising daily, 21.1% engaged in spiritual practices daily, 20.7% reported "just relaxing" daily, and 3.4% reported socializing with friends daily (Selingo, 2005). The tension between the academic leaders' competing professional demands and the attention to their personal life frames one part of the research problem. The second

part of the research problem involves a potential shortfall in the pipeline to fill future academic leadership posts.

As the overall pace, workloads, and individual stress levels of administrators in higher education are on the rise, the potential to negatively affect the health, job satisfaction, and longevity of these administrators is increased. Furthermore, the current state of existing and future talent in academic administration positions suggests a significant gap in filling these positions in upcoming years. To this end, the need for younger leaders to fill leadership positions in the next ten years is considerable.

For example, the Bureau of Labor Statistics estimates that 6,000 positions in postsecondary administration will have to be filled annually between 2004 and 2014 (www.bls.gov). In the recent *Chronicle of Higher Education* article, "Boomers' Retirement may Create Talent Squeeze," the author provides statistics that demonstrate the projections for academic leaders (Leubsdorf, 2006). There will be a minimum 50% turnover rate among senior administrators in the next five to ten years (Leubsdorf, 2006). Additionally, these statistics are not isolated in particular segments of higher education institutions. For example, Leubsdorf (2006) also cites two American Association of Community College 2001 studies that project 79% of community college presidents to retire in the following decade.

The gap in leadership positions lends itself to an increased importance for developing a pipeline of talent to fill these positions. More importantly, the creation of a climate that allows potential leaders to view academic leadership as desirable and achievable, allowing for personal health and well-being is necessary. Young academic

leaders may see the stress levels, hectic lifestyle, and compromise of current leaders' personal health and wellness as a deterrent to pursue these academic posts.

Contributing Studies

The idea of companies trying to improve employee performance and productivity is not new. In a 2001 *Harvard Business Review* article, "The Making of the Corporate Athlete," Loehr and Schwartz noted that the elusive but ideal quality in corporate employees is the ability to maintain high performance levels in the face of increased pressure and rapid change in the workplace. Their model of increased performance was built in response to the numerous management theorists that addressed performance from a cognitive perspective but nothing else. For example, they discussed material rewards, company culture, and different management tactics as ways to improve employee performance. Loehr and Schwartz suggested that executives, also called corporate athletes, must train in a similar fashion to world class athletes to achieve high levels of performance. In an effort for corporate athletes to operate at a high performance level, they must attain a condition called, "The Ideal Performance State" (Loehr & Schwartz, 2001, p. 122). The authors depict The Ideal Performance State as a pyramid. Physical capacity is the foundation followed by emotional, mental, and finally, spiritual capacity at the peak.

Although this represents one example of the connection between employees and performance, other examples in literature are prevalent. Specifically, corporations have launched a variety of corporate wellness programs in efforts to address the health and well-being of employees and boost performance levels. For example, Whitehead (2001) discussed Chevron Corporation's health promotion program. The intent of this program

was to address health promotion from a behavior modification, occupational environment, and company culture perspective. These efforts resulted in a basic fitness center being awarded the C. Everett Koop Award and the American Productivity and Quality Center's designation as a best practice company in health and productivity (Whitehead, 2001). In addition, a small but statistically significant reduction in employee lost time was correlated to increased use of the company fitness centers. Finally, at the time of publication of the article, Chevron estimated that the integration, centralization, and standardization of the disability management program would return $6-$9 million dollars per year to the company.

The company Johnson and Johnson also implemented a worksite wellness program in 1979 with a goal to create the healthiest employees in the world (Goetzel, Ozminkowski, Bruno, Rutter, Isaac, & Wang, 2002). Millions of dollars were invested in program re-design in 1995 in an effort to build a multi-year program to improve the health of its workers and consequently reduce benefit expenditures and improve employee productivity (Goetzel et al., 2002). The wellness program re-design placed a higher emphasis on health promotion and disease prevention than the original program. The new program focused on providing intervention services before, during, and after major health related events (Goetzel et al., 2002). Like other worksite wellness programs, Johnson and Johnson offered a variety of incentives to get employees invested in the program. For example, they provided a $500 medical benefit plan credit to employees who participated in the wellness program (Goetzel et al., 2002). At the time of print, the authors noted a "significant cost savings" by the company in response to the wellness program (Goetzel et al., 2002, p. 423).

Deficiencies in Studies

The idea of wellness or wellness management in the corporate world is fairly prominent in literature and in practice (Loehr & Schwartz, 2001; Goetzel et al., 2002; Whitehead, 2001). However, other literature related to wellness and academic leadership only considers education at the secondary level, not the post secondary level (Ackerman & Maslin-Ostrowski, 2004; Beatty, 2000).

For example, Sackney, Noonan, and Miller's (2000) quantitative study considered personal wellness of educators at the secondary level in Canada. The need for this study emerged from a lack of educator wellness research amidst an abundance of corporate wellness research. The purpose of their study was to examine the effects of gender and job category on educators' perceptions of personal wellness. Data were collected from 391 teachers, administrators, and staff using a survey that assessed six dimensions of wellness including emotional, environmental, intellectual, physical, social, and spiritual. Sackney et al. (2000) highlighted the importance of self-awareness and feelings, a workplace conducive to open dialogue about occupational related feelings and worries, and emotional intelligence.

The crux of their article is that the personal wellness of educators, administrators, teachers, and support staff needs increased attention both in literature and practice. Although the educational administrators in this study had more positive perceptions of their personal wellness than teachers and staff, more research is needed to better understand workplace wellness for educators (Sackney et al., 2000).

Another article focused on the emotional dimension of wellness and leadership. Ackerman and Maslin-Ostrowski (2004) used a qualitative, phenomenological method

over eight years to "listen their way" into public and private high school administrators' and leaders' lives (p. 314). Their work emphasized a wounding experience of leaders and defined this concept as a disappointment, problem, disorienting dilemma or complete crisis. A wounding experience was characterized by physical or emotional exhaustion from being obligated to too many people, emotional labor, and other manifestations. This research suggested three implications for leadership practice in the 21st century. First, the authors believe an essential job requirement for leaders will be the ability to be a "whole person" in their leadership including being aware of their personal attitudes and accepting of their emotions and feelings about their leadership. Second, the authors believe that if leaders can gain a true emotional understanding of themselves and their capacity, they can use emotion effectively in their leadership. Third, the authors suggest that the traditional criteria for evaluating effective leadership be reconsidered and leaders should be given permission to acknowledge their limitations and imperfections.

These two articles highlighted two different perspectives of wellness. The first article focused on the multiple dimensions of wellness such as emotional, environmental, intellectual, physical, social, and spiritual dimensions. However, it focused on wellness from the individuals' perceptions of wellness. The second article focused more on the emotional dimension of wellness and a specific emotional "wounding experience" (Ackerman & Maslin-Ostrowski, 2004). Yet, in both articles, the targeted sample population is secondary educational leaders, not post-secondary leaders. There appears to be a gap in literature between corporate wellness and the secondary education, and particularly the post-secondary level.

Purpose of Study

The purpose of this grounded theory study was to discover the meaning of wellness for academic leaders and better understand how they maintained or achieved wellness in their lives. The grounded theory derived from this study has potential to be used to assist leaders in framing their own approaches to realizing wellness as part of their lives. Furthermore, the grounded theory can be incorporated into leadership development programs or graduate programs to complement the development of academic leaders.

Research Questions

The following research questions were "guiding lights" for my research project. There were three central research questions:

1. What does wellness mean to academic leaders?
2. What are the strategies used by leaders to achieve or maintain wellness?
3. Do leaders value wellness or view it as a goal?

Upon completion of this grounded theory study, I also answered the following additional questions. How do leaders know they are well or not well? What theories, philosophies, beliefs, and or attitudes do leaders use to approach or guide wellness in their lives?

Importance of Study

Despite the importance of wellness and wellness management as a component of academic leadership, it is rarely included as a critical component in education or leadership training programs. According to the Bureau of Labor Statistics (2006), the working conditions of educational administrators across all levels are rewarding, fast-paced, and stimulating, but very stressful and demanding. The future of higher education

suggests a large number of vacancies of leadership posts. With the increasing pressures such as budget constraints, fundraising, and hectic schedules for administrators the need to create a desirable and attractive climate for potential leaders is necessary. This study provided pragmatic and theoretical insight into how leaders managed and achieved wellness.

More information is needed to understand the meaning of wellness for academic leaders. Uncovering the approaches or ways in which leaders achieved wellness presents constructive information for current leaders. Furthermore, it aids in encouraging rather than discouraging young leaders from seeking higher levels of responsibility but not at the expense of their own personal wellness.

Researcher's Perspective

In a way, I saw the research questions and dissertation topic as one that not only was useful to the leadership knowledge base and literature, but one that assisted me on my own quest to achieve wellness while pursuing a career in higher education. However, this quest was not without my personal biases. My first biases were a consequence of my academic and industry backgrounds. My academic and professional training are in the disciplines of health, fitness, and wellness. I started studying wellness in college although I was a competitive athlete my entire life. The foundation of my college education was wellness from an exercise science perspective. In a way, exercise was the foundation from which I developed my philosophies about wellness. I tended to focus on the physical body and believed wellness was closely related to one's physical health. As I launched my career, I spent a good deal of time in the fitness industry. During this time, I understood and applied other aspects of wellness beyond the physical but tended to

concentrate my efforts in the physical wellness area. This led me to my second bias I bring to this study-my quest to achieve wellness in my own life.

As my career in higher education unfolded, I assumed significant leadership positions and responsibilities as a young professional. During this time, I got married, had two children, and was forced to consider the other variables that contribute to my own wellness levels. As I matured as a student, leader, father, and husband and progressed with this research project, I came to realize and appreciate other perspectives of wellness beyond my previously limited scope of the physical component. I tended to gravitate towards concepts such as work-life balance and wellness beyond the physical dimensions and built this into my value system. I don't think I have achieved balance in life, but I am aware of the importance of it and continually strive to achieve it. It is this driving force that prompted my interest in this dissertation topic. With this said, I was very aware of my biases and attempted to set them aside as much as possible during my research.

I also entered this study with a few assumptions. The first assumption was that academic leaders find it difficult to achieve a state of wellness in their lives. This assumption is developed from my observations and conversations in my higher education career. From my perspective, I observed overcommitted people with unbalanced lives. Furthermore, my pilot interviews with academic administrators contributed to this assumption.

The second assumption I brought to this study was that wellness could be evaluated via qualitative measures. The literature is filled with a variety of quantitative indicators of wellness such as physiological and psychological indicators. I did not

attempt to measure these clinical variables but felt I could gain a sense of the methods people use to achieve wellness and I intended to develop a theory around these methods.

CHAPTER II: LITERATURE REVIEW

Overview

This grounded theory study attempted to develop a theory about how academic leaders achieve and maintain wellness in their lives. To better understand this research problem, a general understanding of the literature related to health and wellness was necessary.

The selection of the literature for this dissertation was tightly related to the central research question: What is the meaning of wellness for academic leaders? The key elements of this research question included literature related to descriptions, definitions, models, and various perspectives of health and wellness. Therefore, the literature reviewed was organized around these areas. First, the literature review addresses definitions and descriptions of health and wellness. Next, it traces the epidemiological evolution of various wellness models and perspectives. Finally, a review of literature related to the economic basis for corporate wellness programs is discussed.

The selection of the literature and the depth of the literature review also are aligned within the suggested scope of the literature review in grounded theory methodology. Corbin and Strauss (1998) state that with grounded theory methodology, there is no need to review all of the literature in a particular area before the research process begins. They caution that researchers should not be so entrenched in the literature that they become constrained or stifled by it. However, they do believe that

literature can be useful with grounded theory methodology. Corbin and Strauss (1998) believe that being familiar with relevant literature and concepts prior to formal data collection can enhance theoretical sensitivity to subtle nuances in the data. They also view literature as a starting point or way to formulate questions for initial interviews or observations. Finally Corbin and Strauss (1998) suggest that literature can help the researcher determine where to begin to look for data. Because I do not know where my research journey will take me, I felt compelled to have a broad foundation of concepts and knowledge to guide me during my data collection phase.

The intent of this literature review is to illustrate the varied perspectives of wellness. The information about wellness is abundant, yet the multiple viewpoints exist and one description, definition, or perspective does not seem to dominate the literature. To this end, the review of literature yielded a somewhat puzzling landscape of wellness. It is this puzzling landscape that fuels the need for this study.

Descriptions and Definitions of Wellness

As previously described, the terms health and wellness generate a variety of descriptions. For example, as early as 1947 the World Health Organization described health as much more than the absence of disease but an overall state of physical, mental, and socialwell-being (Savolaine & Granello, 2002). Sackney et al. (2000) highlight a spectrum of ideas related to wellness. They describe wellness as integrated, dynamic, and focused on individual responsibility towards maximizing potential. They note that wellness is influenced by one's individual behavior in addition to events and circumstances in one's personal and professional life. They view wellness not as

something to be attained, but a process that should be maintained. This description sets the stage for other definitions of wellness that describe wellness as a process.

Amidst the wellness literature, the idea that wellness is a process surfaced more than once. For example, The National Wellness Institute defines wellness as, " an active process through which people become aware of, and make choices towards, a more successful existence" (National Wellness Institute, 2007). Hatfield and Rickey-Hatfield (1992) define wellness as, "the conscious and deliberate process by which people are actively involved in enhancing their overall well-being including intellectual, physical, social, emotional, occupational, spiritual components" (p. 164). Adams' definition of wellness is "a manner of living that permits the experience of consistent, balanced growth in the physical, spiritual, psychological, social, emotional, and intellectual dimensions of human existence" (p. 15).

The previous literature review of descriptions and definitions of wellness yielded a few important elements to understanding wellness. First, the idea that wellness has multiple dimensions is evident from these descriptions. For example, the physical, mental, social, spiritual, occupational, and emotional dimensions are noted. This concept of the multiple dimensions of wellness will be expanded later in the literature review. Second, the idea that wellness is aimed at maximizing an individual's potential is evident. This seems to be a goal of wellness from these descriptions. Third, and in connection to maximizing one's potential, is the idea that wellness is a process. Wellness seems to be a process towards maximizing one's potential.

Although intriguing, this vagueness and variety in description and definition force me to seek other ways of understanding the wellness concept. It may be better described,

not by these varied descriptions and definitions, but by tracing the historical path of how health and wellness have been viewed epidemiologically yielding different models and perspectives.

Chronology of Health and Wellness

As society endured and persisted through sickness, famine, and other threatening obstacles, epidemiologists tracked the success of society maneuvering through these obstacles. The branch of medicine that studies the transmission and control of epidemic diseases is called epidemiology (Webster's Dictionary, 1989). It is the epidemiologic lens that may provide a clearer picture of wellness. Breslow (2006) described two historical epidemiological eras of health: the communicable or infectious disease era and the chronic disease era. The communicable disease era began during ancient times but still exists today. Epidemiology during this era focused on controlling and containing living organisms such as bacteria and viruses (Terris, 1983). This era of health led to a biomedical perspective of health and wellness.

Traditionally and historically, the biomedical model of health was the "grand narrative" in healthcare (Jasnoski & Schwartz, 1985). The biomedical model adhered to the following ideals. The emphasis of the model was on fighting sickness and illness with drugs and surgery (Allen, Carlson, & Ham, 2007; Ray, 2004). Sickness was caused by pathogens, the role of the patient was to passively accept treatment, and the role of the physician was the "determiner of treatment and healing process" (Ray, 2004, p. 30). In the biomedical model of health, the belief system of the patient was irrelevant to the outcome (Ray, 2004).

As society evolved and the recognized causes of illness expanded, approaches to health care also expanded. To this point, Jasnoski and Schwartz (1985) stated that due to its reductionistic, linear, dualistic, and exclusionary properties, the biomedical model served well when the epidemiological focus was on fighting infectious disease. However, they noted that as behavior and lifestyle become more important in the context of health and disease, the biomedical model was an insufficient approach to healthcare (Jasnoski & Schwartz, 1985).

Although communicable diseases are still part of life, epidemiologists shifted their attention to combating chronic diseases. The chronic health era began in the mid-twentieth century and still exists today. During this epidemiologic transition, researchers began to look at factors that caused significant chronic diseases lasting for decades, rather than weeks or months (Breslow, 2006). Some of these factors included the use of alcohol and tobacco, excessive fat consumption, lack of exercise, and other factors typical of life in industrialized countries such as radiation, drugs and vaccines, hormones in medicine and animal breeding, chemical agents and pollutants of air, soil, and water (Breslow, 2006; Terris, 1983).

The communicable disease era and the chronic disease era both have their place in epidemiologic history. However, a third era of health is on the horizon – one that has undertones of wellness and well-being. In his 1982 lecture, "The Complex Tasks of the Second Epidemiologic Revolution: The Joseph Mountain Lecture," epidemiologist Milton Terris (1983) noted that as early as 1947, health experts were recommending that prevention, not treatment of chronic disease, become the first priority in an approach to eradicate disease. He went on to state that the development of new preventative

techniques and methods in healthcare should have primary emphasis and become an "inescapable necessity" (Terris, 1983, p. 13). These glimpses into the importance of wellness as a serious health concern over the past fifty years were further emphasized as Terris (1983) pointed to the beginning of studies of the epidemiology of health, human vitality, and well-being.

In his 2006 commentary piece, epidemiologist Lester Breslow reinforced the two eras of health previously described by Terris. However, the purpose of Breslow's article was threefold. First, he introduced a third era of health called the fruitful living era. Next, he suggested the need for a new definition of health that includes elements of wellness. Finally, he suggested implications for measuring health in this new era (Breslow, 2006). Breslow substantiated the need for the fruitful living era by considering the demographics of the aging population and noted that people are living longer than ever before. To this point, people are attempting to maintain and develop their health, rather than just combat disease as previously focused on in the communicable and chronic disease eras and biomedical models of health and wellness.

Building his case off of the Ottawa Charter of the World Health Organization, he offered that in the fruitful living era, people would view health as a capacity for doing the activities they want to do with a goal of longevity with good function (Breslow, 2006). Breslow suggested that in this new era of health, measurement of health must include measurement of a person's physical, mental, and social existences, all which comprise his or her resource for living, plus health related practices. Breslow's ideas about the fruitful era of health suggested an alternative to traditional models of health, even though he incorporated elements of typical health and wellness models such as physical, social, and

mental areas. He viewed them as components to build the capacity for living with good function.

Wellness Models

This literature review began with varied descriptions and definitions of wellness. It followed with an epidemiologic analysis of wellness. As the eras of health evolved, so have the models of wellness. This section explores the various models of wellness that add to the puzzling wellness landscape. It begins with some of the more commonly discussed models in the literature and progresses to some more unique and alternative models.

Many wellness models exist. Although their philosophical foundations may differ, they seem to have some comment elements or dimensions. This section will briefly describe some wellness models and highlight the important components of the model. Chandler, Holden, and Kolander developed a wellness model in 1992 (Savolaine & Granello, 2002). This holistic model incorporated five primary dimensions of wellness including social, emotional, physical, intellectual, and occupational dimensions. According to this model, each of the included dimensions has both a spiritual and personal component. Sackney et al. (2000) adopted another wellness model. Their literature review yielded a model similar to other models with six dimensions including emotional, environmental, intellectual, physical, social, and spiritual dimensions. They emphasized a balance of each of these dimensions for optimal health and well-being.

In their quantitative research article, Adams, Bezner, and Steinhardt (1997) considered the philosophical constructs of wellness. They used a salutogenic and systems theory approach to develop a measure of perceived wellness. Specifically, the purpose of

their study was to introduce a philosophically and empirically sound measure of perceived wellness called the Perceived Wellness Survey (PWS). In their review of literature they noted that many models of wellness exist, but they focused on six common dimensions of wellness including physical, spiritual, intellectual, psychological, social, and emotional dimensions yielding a multidimensional model of wellness (Adams et al., 1997; Harari et al., 2005).

Each of the previous models incorporated a variety of wellness dimensions with some dimensions being more common than others. The most common wellness dimensions in these models were spiritual, physical, social, emotional, and intellectual dimensions. These dimensions appear frequently in literature; however, other alternative models of wellness exist that contrast the more common models previously listed.

One idea to be considered when reviewing the wellness literature is the discipline or perspective from which the model emerged. The topic of wellness, considered from multiple disciplines, adds to the puzzling landscape of wellness. For example, the wheel of wellness model considered health and wellness across the lifespan. This model evolved from the counseling discipline and adapted the psychology work of Alfred Adler (Myers, Sweeny, & Witmer, 2000; Sweeney & Witmer, 1991). Although it was later revised into the indivisible self model, the original model proposed five life tasks or dimensions such as spirituality, self regulation, work, friendship, and love (Myers, Sweeny, & Witmer, 2000; Savolaine & Granello, 2002; Sweeney & Witmer, 1991). The life task of work was further subdivided to work and leisure categories. The life task of self-regulation was renamed self-direction and twelve subcategories were created. These categories were defined as sense of worth, sense of control, realistic beliefs, emotional

awareness and coping, problem solving and creativity, sense of humor, nutrition, exercise, self care, stress management, gender identity, and cultural identity (Myers et al., 2000). The indivisible self model emerged from the wheel of wellness model after seven years and data collection from 5380 people. Building from Adler's belief in the unity and indivisibility of self and observing that humans are more than the sum of our parts and cannot be divided, "self" is at the core of the indivisible self model, rather than spirituality as originally planned. This was statistically validated too (Myers & Sweeney, 2008).

Another perspective for health and wellness is that of systems theory. Jasnoski and Schwartz (1985) proposed a model of health that offered a new way of conceptualizing the process of human living. Specifically, they applied general systems theory to ecological, biological, psychological, and social factors resulting in a synergistic framework called the synchronous model of health. In their article, they walked the reader through the development of the synchronous model from its evolution through the biomedical model to the biopsychosocial model and ultimately the synchronous model of health.

They began by tracing the conceptual history of psychology and general systems theory (Jasnoski & Schwartz, 1985). They used the conceptual history of psychology to build the case that the individual and or the environment used to be considered solely responsible for human behavior. However, they proposed that the concept of interactionism provided a new perspective on human behavior. Interactionism contended that instead of focusing on a single cause of human behavior such as the individual or environment, the mutual contributions of personal and situational factors and the

relationship between these variables affected human behavior. This interactionism approach led to a significant advance in psychology moving from a unidirectional, linear model to a bidirectional, multiple-causation model of health and wellness (Jasnoski & Schwartz, 1985).

As their article progressed, Jasnoski and Schwartz (1985) provided a brief conceptual history of systems theory from Cannon's 1932 work on systems theory to Seyle's work on general adaptation syndrome in 1950 to the work of others. Essentially, this review of systems theory led the authors to report on the biomedical model of human health and its evolution. They noted that the traditional biomedical model of health had a foundation of molecular biology and attributed disease and sickness to only physiological phenomena with a single cause. In spite of their feelings that the biomedical model was reductionistic, linear, dualistic, and exclusionary, they noted that it became the "folk model" of the western world (p. 471). Furthermore, they noted that biomedical model was appropriate and necessary, although not sufficient, when the focus was on combating infectious and communicable disease as previously reported by Terris (1983).

However, as they traced the epidemiological evolution from infectious disease to chronic disease as the major medical challenge, lifestyle became more important, and they highlighted the introduction of the biopsychosocial model of health. The biopsychosocial model of health served as a precursor to the synchronous model of health. The biopsychosocial model incorporated rather than eliminated the biomedical model (Jasnoski & Schwartz, 1985). They described the biopsychosocial model as viewing physical phenomena, stress, and environment-person transactions as indications of disease and illness.

Finally, the authors arrived at their proposed synchronous model of health. They noted that the function and process of the model emerged from systems theory, and the structure or form of the model emerged from human ecology. In human ecology, the focus is on the internal and external environment of the person. The individual is at the center or fulcrum in this model. The concepts of positive and negative feedback loops are introduced in efforts to maintain the human system amidst changing internal and external environments. Through the concepts of optimization, the feedback process where people seek optimal environments for themselves, wellness is achieved. In summary, Jasnoski and Schwartz (1985) provided a detailed roadmap of the evolution of the synchronous model of health and suggested a new way to conceptualize the processes of human living.

Ryff and Singer (1998) present a more philosophical approach to health and wellbeing. They synthesized research from multiple disciplines including physiology, geriatrics, African perspectives, social science, sociology, and human development and presented a description of health according to these disciplines. Their perspective of positive human health moved beyond the traditional medical model, which focused on the absence of sickness, but suggested that positive health involved philosophical "goods in life" (p. 2). These goods included living a life of purpose, having quality connections with others, and possessing self-regard and mastery. The authors' view holds three principles. First, positive health is not a medical issue but a philosophical issue. Second, human wellness is about the connection between the mental and physical components and their influence on each other. Their third principle aligns with the previous models of wellness in that wellness is an integrated, multidimensional process with physical, mental, social, and emotional components.

In their opinion piece, Allen, Carlson, and Ham (2007) also considered health and wellbeing in a non-traditional way. Although the purpose of their article was to highlight the need for organizations to view wellbeing as part of a human capital investment strategy that can add to bottom line returns for organizations, their suggestion of a positive psychology and strengths based approach to transform how healthcare and health promotion is viewed by organizations is unique. Allen et al. (2007) used a variety of qualitative, quantitative, and opinion publications to shape their premise. They began by noting that corporate wellness programs are often driven by human capital indicators such as health care utilization profiles, cost/benefit analysis, and economic return related to health related benefits such as absenteeism and workers compensation expense. They followed the historical path of disease in society from previously discussed communicable era to the chronic era to the future fruitful living era. To this end, they strategically painted the picture that the focus of healthcare over history has been on identifying, controlling, and eliminating risk factors of disease and treating people once they are sick.

To move beyond the communicable and chronic health eras and into the fruitful living era, Allen et al. (2007) incorporated and advocated for an approach to health and wellness that included the science of happiness, positive psychology and a strength-based approach to wellbeing. They believed it was imperative that business success be based on two types of indicators-economic achievement and meaning and purpose in the lives by those employed in organizations.

Allen et al. (2007) presented an emerging view of wellness that goes beyond traditional biomedical models of health and wellbeing. Most research on health and

wellbeing still focuses on fixing parts of the human body or mind that are "broken" and not on future prevention (Breslow, 2006; Terris, 1983). Allen et al. (2007) moved beyond the typical wellness dimensions and provided a unique premise that includes positive psychology and a strength based approach to health.

This section provided an overview of wellness models. The first section provided some examples of models more common to the literature. The common thread between these models was that they incorporated dimensions of wellness such as spiritual, physical, social, emotional, and intellectual dimensions. The second section offered descriptions of more unique models of wellness with roots from a variety of disciplines. It started with the wheel of wellness model stemming from the counseling discipline (Myers, Sweeney, & Witmer, 2000; Sweeney & Witmer, 1991). It progressed to offer a complex look at applying systems theory to health and wellness yielding a synchronous model of health (Jasnoski & Schwartz, 1985). Ryff and Singer (1998) offered a wellness model from a philosophical approach. Finally, Allen et al. (2007) offered a model of wellness from a human capital investment perspective.

Making the Case for Worksite Health Promotion

As Warren Buffet, Chairman of Berkshire Hathaway stated,

> "There's no question that workplace wellness is worth it. The only question is whether you're going to do it today or tomorrow. If you keep saying you're going to do it tomorrow, you'll never do it. You have to get on it today" (www.welcoa.org, 2007).

The previous literature review on the various definitions, descriptions, and models of wellness painted a somewhat disjointed picture of wellness in that few common themes

dominated the literature. However, organizations and corporations seem to have recognized and embraced the importance of wellness for their employees and the benefit to the company's bottom line. To better understand how organizations see the financial impact of wellness, this section will provide data from two government publications that outline the current state of health of the U.S. population and the cost associated with these health conditions. This section will then follow with a highlight of award-winning worksite health promotion and wellness programs.

In response to previous health-related governmental reports and objectives developed over the past two decades, The U.S. Department of Health and Human Services developed a comprehensive set of disease prevention and health promotion objectives for the future of America titled, "Healthy People 2010" (U.S. Department of Health and Human Services, 2000). This report highlighted many of the leading health issues facing our country. These alarming statistics provide clear evidence for employers that their employees are at serious risk of compromised states of health. Some of the highlights from the report are listed below.

The Healthy People 2010 report (U.S. Department of Health and Human Services, 2000) offered the following statistics about the state of health in our country. It stated that 18.2 million Americans have diabetes and roughly one-third of them are unaware of that they have the disease. Over 64% of the U.S. population is obese or overweight. Over 31 million people have been diagnosed with asthma. Heart disease and stroke account for more than 40% of deaths per year. Cancer is the second leading cause of death in the United States killing over 500,000 people per year. Over the past century, the average life expectancy of people in the United States rose from 47.3 years of age to

77 years of age. This last fact sounds encouraging; however, at least eighteen countries with populations greater than 1 million people have life expectancies greater than the United States.

In an effort to address these staggering statistics, the Healthy People 2010 report outlined two goals for the country to work towards. The first goal is to increase the quality and years of healthy life for the population. The second goal is to eliminate our nation's health disparities (U.S. Department of Health and Human Services, 2000). Building upon these statistics, the U.S. Department of Health and Human Services issued a report titled, Prevention Makes Common "Cents," and offered further statistics regarding the prevalence, effects, and costs in of health conditions the U.S. (U.S. Department of Health and Human Services, 2003).

Not only are the pure numbers of people who have certain chronic conditions alarming, the financial cost associated with these conditions is also alarming. These costs certainly impact the employers' bottom line. For example, at the time of publication of the previously described report, it was estimated that health care expenditures in the United States would reach $1.66 trillion dollars in 2003 due to diagnosis and treatment of chronic conditions such as asthma, diabetes, cardiovascular disease, and obesity (U.S. Department of Health and Human Services, 2003). The report also predicted that the costs of health care associated with chronic conditions will increase in the future due to the aging population of the U.S. (U.S. Department of Health and Human Services, 2003). Further examples include the fact that 129 million adults in the U.S. are overweight or obese and the cost associated with this is anywhere between $69-$117 billion dollars per year. In the year 2000, 17 million adults were diagnosed with diabetes equaling $132

billion in health care costs. Furthermore, diabetics lost more than 8 days of work per year, totaling 14 million disability days due to the disease. Cardiovascular disease costs the nation more than $300 billion each year and heart disease and stroke are the first and third leading causes of death each year respectively (U.S. Department of Health and Human Services, 2003). Considering the prevalence of these chronic medical conditions and the costs associated with them, employers have begun to realize that they can affect both by offering worksite health promotion programs.

The development and course of some chronic medical conditions previously described can be influenced by individual behavior and lifestyle choices (U.S. Department of Health and Human Services, 2003). Many employers are offering some sort of worksite health or wellness program to address these behavior and lifestyle choices. For example, over 80% of all worksites with 50 or more employees offer health improvement programs and most every employer with over 750 employees are offer some level of health programming (U.S. Department of Health and Human Services, 2007). In addition, employers are realizing a considerable return on their investment in these programs with benefit to cost ratios ranging from $1.49 -$4.91 and a median of $3.14 in benefits for every dollar the employer spends on the worksite health program.

The following review highlights successful corporate and academic institution case studies. Motorola's wellness program realized a company savings of $3.93 for every $1 invested in the program. Employee lifestyle and behavioral medical claims were reduced by $1,400,000 in the first 24 months at Northeast Utilities. Johnson and Johnson's health and wellness program produces an average health care savings of $224.66 per employee (U.S. Department of Health and Human Services, 2003).

As previously noted, many employers are recognizing the financial importance of offering worksite health promotion programs. However, some organizations have truly made health and wellness part of the organizational culture. Although the majority of examples and organizations highlighted so far have been corporations, academic institutions seem to be recognizing the importance of employee health andwell-being as well. For example, in their descriptive article, Sink, Parkhill, Shoemaker, and Jackson (2003) discussed the importance of creating a healthy and well workplace, primarily in the community college setting. Specifically, the purpose of their article was to describe the journey that one community college took to earn recognition by the Wellness Councils of America (WELCOA) as a bronze award winner. They described the wellness program at Blue Ridge Community College in Flat Rock, North Carolina, from inception to recognition.

Sink et al. (2003) noted that due to the increasing stress levels of community college employees, academic leaders should look to The Wellness Council of America's model as inspiration in creating a well workplace. They highlight how WELCO recognizes organizations as "well workplaces" and the authors note that only four community colleges have achieved this recognition. These are The College of DuPage in Illinois, Cuyahoga Community College in Ohio, Central Community College's Hastings Campus in Nebraska, and the afore mentioned Blue Ridge Community College in North Carolina.

Blue Ridge Community College started its wellness workplace initiative with a $500 grant and partnerships with local hospitals and health departments. Six years after inception of the program, wellness was "entrenched as a significant part of the culture" as

the trustees, president, and deans took great interest (Sink et al., 2003, p. 22). One year later, the college sought to become recognized as one of WELCOA's America's Healthiest Companies. In the 2002-2003 year, 76% of the 128 employees participated in at least one wellness activity.

In 1997 the Caterpillar corporation launched their "Healthy Balance" program designed to reduce the severity of disease and its individual and corporate impact. The program educated and empowered employees to take control of their health and make responsible lifestyle choices (www.caterpillar.com, 2007). Caterpillar is projecting to save $700 million by the year 2015. Similar to Blue Ridge Community College, senior leadership support of the wellness program was a critical component to its success. Caterpillar actually infused a commitment to thewell-being of its employees into one of its five corporate commitments of social responsibility. This is specifically addressed when they state,

> Our greatest challenge, as a company and as individuals, is to reach those goals in ways that show that we understand that doing well means doing good. It's also our greatest opportunity; to achieve superior business results, to protect the environment we all share, to have a positive impact on people's lives (www.caterpillar.com, 2007).

Another example of an organization committed to affecting the health of their employees is Union Pacific. Union Pacific's goal is to become the healthiest company in America (U.S. Department of Health and Human Services, 2003). The focus of Union Pacific's wellness program includes a decrease in lifestyle related health care claims, increased employee productivity, increased employer relations, decreased injuries, and decreased absenteeism (U.S. Department of Health and Human Services, 2003). They have received numerous national awards and results of their efforts include a 10%

decrease in health care costs due to lifestyle related factors totaling $53.6 million dollars in 2001 and smoking prevalence decreasing from 40%-28% in the last 10 years (U.S. Department of Health and Human Services, 2003)

Companies seem to recognize the dismal current state of health of their employees and are protecting the future of their employees by offering worksite wellness and health promotion programs. Although Blue Ridge Community College, Caterpillar, and Union Pacific are just three examples of organizations highly committed to the health and wellness of their employees, many more exist.

Summary

The purpose of this study is to develop a theory around the meaning of wellness for academic leaders and determine how leaders maintain and achieve wellness in their lives. To increase my theoretical sensitivity but not over saturate my knowledge base, I reviewed a variety of literature from differing perspectives. After reviewing the literature, it was evident that the literature around wellness is varied and does not have a single dominating theme. The literature review was divided into descriptions and definitions of wellness, chronology of health and wellness, wellness models, and making the case for worksite health promotion programs.

The first portion of this review considered various definitions and descriptions of wellness. This section alluded to the notion that wellness is often described as a process. The next section explored wellness from an epidemiological perspective. From this perspective, the role of health and wellness emerged from the historical way society and medicine addressed the communicable and chronic disease eras. The biomedical model of wellness emerged from the communicable disease era. This model focused on treating

illness with drugs and surgery with the patient taking a passive role in their healing. The chronic disease era shifted the epidemiological focus to addressing lifestyle and behavioral factors that caused illness. This era opened the door to the fruitful living era where health and wellness encompasses multiple facets of a person's life such as physical, mental, and social facets.

The next section about wellness highlighted a variety of wellness models. The literature is abundant with various models but only the more commonly mentioned models in the literature were included. In many of the wellness models, common wellness dimensions were present. These included dimensions such as spiritual, physical, social, emotional, and intellectual dimensions. This literature review also incorporated some of the less common and more unique wellness models. These included the synchronous model presented by Jasnoski and Schwartz (1985) and the philosophical models presented by Ryff and Singer (1998).

The final section of the literature review considered wellness from the corporate wellness or worksite wellness perspective. This section of the review highlighted two major governmental reports and cited significant statistics regarding the poor state of health of the U.S. population. These statistics were also linked to a financial cost that the country or companies incur due to the health conditions of the population. Building off of this information, the literature review cited various corporations and institutions that achieved success with worksite health promotion or wellness programs.

The literature surrounding wellness leads us to feel that wellness is commonly discussed from a variety of perspectives such as epidemiological, corporate, and even personal. The literature is abundant yet lacking a common theme or themes. With all of

the scattered perspectives, how can we find meaning or make sense of wellness? This question fuels the need for this study.

CHAPTER III: METHODOLOGY

Overview

The purpose of this study was to discover how academic leaders maintain and achieve wellness in their lives. This study incorporated a qualitative research paradigm and specifically a grounded theory approach. This chapter will provide information about the research design, data collection and procedures, data analysis, and trustworthiness used in this research study.

Research Design

Qualitative Research Paradigm

This section will be divided into the following areas. First, qualitative research will be described. Next, my rationale for using qualitative research will be provided. Third, a detailed description of grounded theory will be offered.

Qualitative research is described in a variety of ways from simple to complex. Grounded theorists Strauss and Corbin (1998) simply describe qualitative research as, "any type of research that produces findings not arrived at by statistical procedures or any other means of quantification" (p. 10). Creswell (1998) offered a description that emphasized a more complex and holistic view. He described qualitative research as an inquiry process that explores a social or human problem. The researcher develops a holistic picture of the situation using words and participant views in a natural setting.

Metaphorically, Creswell (1989) viewed qualitative research as, "intricate fabric composed of minute threads, many colors, different textures, and various blends of material" (p. 13). It is this sort of description that more deeply explains the essence of qualitative research. To this end, a qualitative research paradigm was appropriate for my study for a variety of reasons.

This section will present the reasons for using a qualitative paradigm. The particular focus of my study could have lent itself to either a quantitative or qualitative research design. The decision to pursue a qualitative study stemmed from a few guiding personal and professional perspectives. Prior to my pursuit of a doctoral degree my academic background and industry experience was grounded in the sciences including physiology, anatomy, kinesiology. These disciplines depended on quantitative research for advancing knowledge and testing outcomes or hypotheses. Furthermore, my Master's thesis used a quantitative research design. Although I was comfortable with the outcomes associated with quantitative research, I never felt complete as a quantitative researcher.

As I progressed in my career in higher education administration, it became evident that quantitative research and data, despite their value, did not provide my colleagues or me a complete picture or understanding of situations. I grew to desire more information about those data and research with which I worked and desired to understand the stories associated with the research I was using in my profession on a daily basis.

Additionally, my stance as a pragmatist further cemented my desire to understand life from a different perspective than solely a quantitative paradigm. According to The New Lexicon Webster's Dictionary (1989) pragmatism suggests that truth is tested by its

practical consequences and therefore viewed as relative. I wanted to transfer my inquiry and research to my profession. Ironically, this desire to understand the stories coincided with my progression in my doctoral studies and the introduction of qualitative research in my coursework. As my dissertation topic became increasingly focused, I realized that using a qualitative paradigm will allow for deep and specific investigation into my topic area. Because of this it is most appropriate for my research problem.

Creswell (1998) suggested eight reasons for conducting qualitative research. Five of Creswell's (1998) eight reasons for conducting qualitative research apply to my study. First, according to Creswell (1998), a qualitative approach should be selected due to the nature of the research question. Qualitative researchers often seek to understand what is going on in a particular situation or phenomena versus comparing or answering the question of "why?" My study was concerned with learning more about what wellness means to academic leaders and how these leaders maintained or achieved wellness in their lives. Furthermore, qualitative research is useful in gathering specific details about feelings, thoughts or thought processes, and emotions that are often difficult to learn about through quantitative research methods (Strauss & Corbin, 1998).

Next, Creswell's (1998) second and third criteria, exploration into a topic area and the need to present a detailed view of the topic, fit my research area of interest. As demonstrated in the introduction, a greater understanding of the meaning of wellness and the processes or tactics used to achieve it, is necessary. This area has particular room for treatment in the higher education and academic leadership realms. Further, qualitative research will allow me to share a deep and intricate perspective of wellness from a variety of leadership perspectives.

To Creswell's (1998) fifth rationale for using qualitative research, my research questions and the perspectives of my participants were explained through very thorough narrative explanation. I welcomed the opportunity to write creatively and openly about the essence of wellness and the perspectives associated with wellness as described by the academic leaders I interviewed. In addition, I anticipated the audience for this study primarily being my academic colleagues. However, the extent of its transferability has great potential. Strauss and Corbin (1998) report that qualitative researchers and grounded theorists hope their work can be relevant to academic and non-academic audiences alike.

Finally, Creswell's (1998) eighth reason for choosing a qualitative study rings true with my study. Essentially, Creswell (1998) suggests that qualitative researchers tell the story through the eyes of the participants rather than the lens of the researcher and expert. Although my background provides me with prior industry experience and training related to wellness and wellness management, the grounded theory methodology and research questions were designed so that my participants are providing the theory about wellness management instead of myself.

Description of Grounded Theory

Within the qualitative paradigm lies a variety of research approaches from phenomenology to narrative inquiry to ethnography and others. Situated on the positivist end of the qualitative research spectrum is my selection, grounded theory. The previous discussion about my decision to choose qualitative research over quantitative research sets the stage for the following discussion about my selected research approach.

Creswell (2003) provides a description of alternate knowledge claims, otherwise referred to paradigms, philosophical assumptions, epistemologies, ontologies, or research methodologies. According to Creswell, stating a knowledge claim means beginning a research project with certain assumptions about how and what will be learned during research. He lays out four schools of thought on knowledge claims: post positivist claims, socially constructivist claims, advocacy or participatory claims, and pragmatic claims.

Postpositivism is commonly aligned with the scientific method, quantitative research, and is sometimes called positivist/post positivist research or empirical science. It also has elements of determinism and reductionism (Creswell, 2003). Social construction involves the development of subjective meanings of experiences. This perspective allows for participants to have multiple meanings of their experiences and the researcher's role is to interpret the meanings (Creswell, 2003). The advocacy or participatory view is commonly associated with social justice issues. A variety of theoretical perspectives such as feminist, queer, and critical theory are incorporated into the advocacy view (Creswell, 2003). Finally, the pragmatic position is concerned with applications and solutions to problems. According to this position, the problem of inquiry, not the methods, is the most important aspect of research (Creswell, 2003). Traditionally, the pragmatic stance is associated with a mixed method approach to research although I felt it had application to grounded theory. In the pragmatic view, researchers have the liberty to choose methods and procedures to best meet their needs. I felt that the need to understand what wellness means and how it is achieved has a distinct

pragmatic application and is appropriate for grounded theory. A brief overview of grounded theory follows.

In response to years of "grand theory" which included quantitative stances and focus on verification of theory, two researchers, Barry Glaser and Anselm Strauss, came together in the 1960s to suggest a different approach – one of theory discovery (Glaser & Strauss, 1967). They called the discovery of theory from data systematically obtained from research, grounded theory (Glaser & Strauss, 1967). They viewed theory generation as a process of research whereby the hypotheses and concepts not only came from the data but were analytically worked out in relation to these data during the research process (Glaser & Strauss, 1967). Grounded theory methodology evolved over the years with Strauss partnering with Juliet Corbin and unintentionally creating a modified version of the original grounded theory methodology (Strauss & Corbin, 1998). A grounded theory approach was not only appealing to me based on my philosophical perspective but also was appropriate for my research problem. Next I will address how a grounded theory methodology was appropriate to my research problem.

Earlier I explained my desire to use research as a scholar and a practitioner. According to Strauss and Corbin (1998), grounded theorists hope that their work has direct or potential relevance for academic and non-academic audiences. This stance is also supported by the originators of grounded theory, Barry Glaser and Anselm Strauss (1967), who believed at the onset of their seminal work, that discovering a theory from the data fits empirical situations and is understandable to both laymen and sociologists. Although other methodologies such as phenomenology and ethnography might have been feasible, grounded theory was most appropriate for my research problem. The following

section describes why grounded theory is more appropriate than phenomenology and ethnography.

As Creswell (1998) explained, phenomenology is an appropriate approach when a single experience or phenomenon is being studied. Phenomenology seeks to describe the essence or meaning of the specific phenomenon. Further, it is imperative in phenomenology that participants have experienced the specific phenomenon under study (Creswell, 1998). The phenomenon in my study is wellness. However, wellness is not necessarily a single phenomenon and its multiple components and interpretations make it difficult to determine if one has experienced wellness or is well. Furthermore, a significant component of my research problem was about discovering a process for how wellness is achieved and maintained. This considered not only the meaning of wellness but also the processes used to achieve it. As Creswell (1998) notes, a phenomenological study describes the meaning of a phenomenon but grounded theory is a situation in which, "individuals interact, take actions, or engage in a process in response to a phenomenon" (p. 56). Although the meaning of wellness is important, my hope was that it would lead me to discover how leaders interact with, take actions, or engage in a process in response to wellness or lack of wellness.

In an ethnographic study, the researcher examines a group's behavior, customs, and ways of life and requires prolonged observation in the field (Creswell, 1998). This study certainly could have taken an ethnographic approach, but I didn't have the ability to take sabbatical and spend prolonged time in the field. This approach may be more feasible after completion of this study to further exploration into this area of wellness and leadership.

Data Collection and Procedures

Regarding data collection methods, Strauss and Corbin (1998) suggested researchers should have four initial considerations before embarking on research. These include the site or group to be studied; the types of data to be used; the length of time to study the area; and the researcher's goals, resources, time and energy. To successfully embark on my qualitative research journey, it was important to acknowledge all of these considerations and specific information about the four considerations is provided. The following section will address the four areas. First, I will describe the participants and the site involved in my research. Second, I will discuss the type of data used. Third, I will briefly describe the length of time to examine my research area, and fourth, I will comment on the researcher's goals, resources, time, and energy.

Participants and Site

Grounded theory uses a method of data collection called theoretical sampling. According to grounded theorists Strauss and Corbin (1998), theoretical sampling means that sampling is not necessarily predetermined prior to research, but it evolves during the research process. Furthermore, theoretical sampling is a cumulative process in that each event or person sampled builds from and adds to the existing data collection and analysis (Corbin & Strauss, 1998). In other words, participants are selected based on their capacity to contribute to the evolving theory (Creswell, 1998). Strauss and Corbin add that theoretical sampling involves a certain degree of consistency to make systematic comparisons yet a certain degree of flexibility to take advantage of real life as it unfolds in the field. It was this process that allowed me to uncover the emergent grounded theory relating to wellness and leadership.

To the first consideration of site or group to be studied, I used a purposeful sampling approach and sampled academic leaders, such as executive directors, assistant or associate vice chancellors, vice presidents, provosts, and presidents, at a multi-institution campus in the central part of the United States. This multi-institution campus houses The University of the Midwest, Municipal State College, and City Community College. The names of these institutions are pseudonyms and additional detail about these institutions is provided in chapter four. Additionally, this campus was close to my work and home and made for efficient data collection trips which added to the convenience of data collection.

According to Corbin and Strauss (1998), the participants in the study need to be individuals who have taken part in an action or participated in the process central to the grounded theory. Additionally, Miles and Huberman (1994) suggest that one of the key features of qualitative sampling involves setting boundaries. They describe this as defining the aspects of the case that can be studied within the parameters of the researcher's time and means, defining the aspects of the case that directly connect to the research questions, and include examples of what is supposed to be studied.

To this end, employing a criterion sampling approach, I used qualifying questions to narrow down my sample. For example, I needed to know if academic leaders viewed wellness as a goal. In addition, I needed to know if the academic leaders felt that they had achieved a state of wellness currently or recently. At this stage, it was not important to know how they defined wellness, as I anticipated that this would emerge from the study. In addition, the specific title or position of the academic leader was not as important as the fact that they had achieved wellness. I kept the pool of potential

participants and academic leaders open to department chairs, deans, vice presidents, and or presidents to achieve an appropriate sample population. Emails were sent to a variety of academic leaders meeting the positional title or level described above at each institution explaining the purpose, nature, and extent of my study. I asked for the individuals' participation in the research study if they appropriately answered the qualifying questions described above. I followed up with a phone call to each leader to answer questions and schedule interview appointments.

Initially I did not know how many interviews or participants I needed to reach a point of theoretical saturation. I planned to interview a minimum of five academic leaders and interviewed a total of seven academic leaders.

Additionally, during the data collection phase, a snowball sampling strategy was used. Miles and Huberman (1994) describe snowball or chain sampling as "identifying cases of interest from people who know people who know what cases are information-rich" (p. 28). Three of the interview participants recommended colleagues either at their own institution or a neighboring institution within the parameters of my IRB approval, which they felt would be contributors to my research study. After consultation with my methodologist, I contacted these individuals and was successful in obtaining interviews.

Type of Data

To Strauss and Corbin's (1998) second consideration of type of data to be used, I used semi-structured interviews to collect data. In the initial open coding phase of data analysis, the intent was to uncover as many categories as possible relating to the phenomenon (Strauss & Corbin, 1998). As the evolving theory emerged, I continued to use a semi-structured interview format but targeted and verified specific categories

related to the emerging theory. For example, I used the same general questions in each interview and attempted to maintain a consistent order of questions during the interview. However, if I noticed an opportunity to delve deeper into a particular participant response that did not necessarily follow the pre-determined order of questions, I did so.

Each interview was tape recorded with a digital tape recorder and a secondary recording device. Once the interviews were completed, a separate transcriber transcribed them. In addition, I kept a researcher journal containing reflections, observations, and thoughts related to the emerging theory. Much of this information was included in relevant memos during the data analysis phase.

Length of Time to Study the Area

At the onset of my research study, I did not place a specific timeframe on my study but intended for it to be completed as quickly as possible without compromising integrity or quality of the research process and analysis. In the end, the interview sessions with participants took place over a six-month time period.

Researcher's Goals, Resources, Time, and Energy

As a graduate student who was concurrently working in the higher education field, I knew my study had to accommodate the professional and personal demands of my life. I believe I was realistic about my goals, resources, time, and energy I could devote to the research project and particularly data collection. This acknowledgement and realistic approach allowed me to mentally pace myself and manage my own expectations for completion of the research project.

Earlier in this chapter, it was stated that grounded theory uses a method of data collection called theoretical sampling. In the sprit of transparency, the following details

outline how theoretical sampling ultimately unfolded in my study. Using the criterion sampling approach and corresponding qualifying questions described above, I sent email invitations to a variety of individuals in academic leadership positions at the institutions approved through the Institutional Review Board (IRB) protocol. Some participants responded immediately and some did not. After each interview, I began the data analysis process as soon as possible. The results of the analysis influenced the questions I asked in the subsequent interviews. This system held true for the first three interviews. However, as stated earlier, I employed a snowball or chain-sampling strategy as the interview participants began to recommend other potential participants to me. I also continued to email potential participants to secure their participation in my study. As I contacted some of the other participants and arranged interview times that worked with their busy schedules, I encountered some situations where I did not build in time to analyze the results of each interview prior to the next interview. This was partially due to the lag time between contacting the participants, receiving the transcripts from the transcriber, and coding the transcripts. In these cases, I took extensive notes in my research journal about categories to explore further in each interview or I coded the data to the open code level. In sum, theoretical sampling is important to grounded theory and every effort was made to abide by Strauss and Corbin's (1998) call for consistency in theoretical sampling with appropriate flexibility to take advantage of real life in the field.

Data Analysis

Data analysis, particularly with grounded theory methodologies, does not stop once the participant interviews are completed. Grounded theory employs a technique called constant comparative analysis. In short, constant comparative analysis refers to the

process of looking at the data from the interviews, forming emerging categories, comparing the categories to each other and other data, and eventually refining the data until there are no more emerging categories (Creswell, 1998; Schram, 2003). Further information about trustworthiness of the data and collection will be described in an upcoming section.

I analyzed the data collected during my interviews using the traditional coding schemes associated with grounded theory and constant comparative analysis. These included open, axial, and selective coding (Strauss & Corbin, 1998). The data was organized using various organizational methods in the Microsoft Word word-processing software. According to Boychuk-Duchscher and Morgan (2004), coding starts the chain of theory development. The open coding phase refers to the initial analytic process of segmenting information to identify and discover concepts, properties, and dimensions of the data (Strauss & Corbin, 1998). The purpose of axial coding is to reassemble the fractured data from open coding. Through this process, categories are related to their subcategories to provide a more complete explanation about the phenomenon (Strauss & Corbin, 1998). However, it is not until the integration of the major categories into larger theoretical schemes that the semblance of a theory emerges. This final phase is called selective coding and refers to the process of integrating and refining the categories and theory (Strauss & Corbin, 1998). The process of selecting a final code will be described in the next section regarding the summary of my data analysis.

At the core of qualitative research and particularly grounded theory is the quest to answer the question, "what is going on here?" My interviews led me to a variety of open codes, which were then worked into axial codes. The axial codes were continually

refined into a selective code. However, as Corbin and Strauss (1998) explain, only when the major categories formed in axial coding are integrated to form a bigger theoretical scheme can theory begin to evolve. The selective code represents the main theme of the research and data (Corbin & Strauss, 1998). Corbin and Strauss (1998) suggest several techniques that can be used to identify the core category and relationship of the concepts. These include writing the storyline, using diagrams, and reviewing and sorting memos. I used all three methods to varying degrees at various times throughout the data analysis process. All three methods were equally useful in the theory development. Finally, I referred to Corbin and Strauss's (1998) information on refining the theory. This final section of theory refinement included looking for consistency and logic, adding to poorly developed categories, and validating the theoretical scheme as described by Corbin and Strauss (1998).

Trustworthiness

One of the challenges for any type of research is determining if the data and analysis are accurate. In qualitative research, the term trustworthiness is often used to address accuracy of data. Creswell (2003) offers eight verification procedures to assess trustworthiness and he recommends using at least two of them. I used four of the eight procedures including peer review and debriefing, negative case analysis, clarifying research bias, and thick and rich descriptions.

After the initial interviews were transcribed and coded at the open code levels, the information was emailed to the methodologist for review and debriefing. Feedback was shared via email, phone, and in-person conversation when necessary. Coding feedback from the methodologist varied by interview participant but ultimately was supported as

accurate. One of the interview participants also served as a negative case analysis. Detailed information about this participant including how and why she was included will be provided in the following section. The strategy of clarifying bias allowed me to reflect on my bias and clearly state the bias in chapter one, ultimately creating an honest approach to the research. For example, I was aware of my academic and professional background in the health and wellness field, particularly as it related to the physical dimension of wellness. By acknowledging this bias, I reduced the odds of guiding the research questions or analysis intentionally or unintentionally. Finally, I used thick, rich descriptions in my data analysis and summary as suggested by Creswell.

Summary

This section described the actual methodology for my research study. I used a qualitative methodology and specifically a grounded theory approach. This section began with a description of qualitative research and my rationale for using qualitative research. In addition, it provided a general description of grounded theory methodology. Next, this section described my actual data collection procedures and included information about my participants and site selection. Finally, this section offered a description of data analysis and specifically constant comparative analysis. Included in this section was an overview of the coding schemes that were used to arrive at the grounded theory and how I addressed trustworthiness.

CHAPTER IV: DATA ANALYSIS AND FINDINGS

This chapter presents the grounded theory and related findings produced in this study. The purpose of this grounded theory study was to discover the meaning of wellness for academic leaders and better understand how they maintain or achieve wellness in their lives. Three primary research questions served as guiding lights for this study. (1) What does wellness mean to academic leaders? (2) What are the strategies used by academic leaders to achieve or maintain wellness? (3) Do academic leaders value wellness or view it as a goal? Further, upon completion of this grounded theory study, I hoped to answer the following secondary research questions. How do leaders know they are well or not well? What theories, philosophies, beliefs, and or attitudes do leaders use to approach or guide wellness in their lives? This chapter answers all of these research questions. The following section will describe the organization of the presentation of the data and findings.

Organization of Data and Findings

As I worked through the various ways to introduce the findings of this study, I felt it was most important to write up the results in the way that they emerged in the analysis. Although the participant responses literally answered the research questions, as the analysis developed, it became evident that the synthesis of the participant responses for the research questions yielded something much richer and more powerful than literal answers – it yielded a theory grounded in the data. This is the grounded theory described

later in this chapter. To enable the reader to follow the analysis as it unfolded, I chose to organize the chapter in the following format.

This chapter is divided into six main sections. The context for this study was wellness in the world of higher education and specifically as it related to academic leaders. To this end, the first section will explain the cultural backdrop for the study called the leadership lifestyle. Second, the participants of this study will be introduced and demographic data provided. Participant descriptions supporting the "leadership lifestyle" will be incorporated into the second section of participant introductions to add further context and a window into the perspectives of the participants. Third, the core category of this grounded theory study, wellness maturity, will be briefly introduced along with the supporting axial categories. Introducing the core category early in the chapter will allow the reader to better understand how the research questions and subsequent participant responses provided building blocks to the core category. The core category synthesizes the results from all of the research questions. Fourth, research question one, "what does wellness mean to academic leaders" will be answered. Fifth, research question two, "what are the strategies used by academic leaders to achieve or maintain wellness" will be answered. Finally, the research questions and participant responses will be merged together and describe the core category and the supporting axial categories in detail. The participant responses to research question three are also embedded in this section. The following section describes the cultural backdrop for this study, the leadership lifestyle.

Cultural Backdrop: The Leadership Lifestyle

The leadership lifestyle is the context or cultural backdrop for which the grounded theory is relevant for this study and was explained in detail in chapter one. Participants were not prompted with a specific question to discuss the leadership lifestyle they lived, but in every interview it was an obvious and important component of their life. To this end, the leadership lifestyle is the context for which the core category of this study exists. Participant descriptions of the leadership lifestyle were synthesized and briefly can be described in the following manner. Academic leadership positions are lifestyles, not jobs. Although there is a great deal of nobility and gratification that accompanies academic leadership positions such as improving processes and systems for students and the campus community and positively affecting the climate and environment for which students learn, these positions have another side. Many participants described their leadership positions as much more than a "9 to 5 job." They described them as twenty-four hours a day, seven days a week, 50 weeks per year situations. Heavy workloads, important responsibility, and little uninterrupted work time accompany academic leadership positions. Academic leaders are frequently in the public eye and have little room or place to let down their guard. As each participant is introduced below, excerpts and other descriptors related to their leadership lifestyle are introduced.

Participants

To provide a greater understanding of my participants and the core category of wellness maturity, this section will introduce each participant and relevant demographic data. To protect the true identity of the participants, all were given a pseudonym that will be used throughout the remaining chapters. All participants worked at one of three

institutions on a unique, urban, multi-institution campus in the central part of the United States. The term multi-institution campus means that three individual and distinct institutions of higher education occupy one large campus. One institution, City Community College, is a local community college with just over 13,000 students. The second institution, Municipal State College, is a public, four-year, bachelor's degree granting institution serving over 21,000 students per year. The third institution, The University of the Midwest, is a public, urban campus for a large state institution. This institution has three urban locations also housing a health sciences center. The entire institution serves over 28,000 students and grants bachelor's, master's, and doctoral degrees.

Participant One: Lance

Lance is an assistant vice chancellor for undergraduate affairs at University of the Midwest. His career has been solely in higher education starting as a professor of chemistry and assuming a variety of leadership roles over the years. He is currently in the 60-65 year age range. Although the leadership lifestyle was not a main focus of the interview with Lance, he did note the inherent pressures and stresses that accompany academic leadership jobs. When contacted for participation in this study he cited that, "I am not very high up on the food chain at this institution." This statement was interesting as he identified as an academic leader at his institution but did not identify as a leader with a high positional status at University of the Midwest.

Participant Two: Becky

Becky is the vice president of institutional advancement at Municipal State College. Previous to this leadership position, she served in leadership positions with a

variety of non-profit organizations and institutions of higher education. She is in the 36 to 40 year age range.

As Becky discussed the leadership lifestyle, she spoke of the nature of the work of academic leaders and the "conundrum" they face. The conundrum is that their increased success in areas such as education and wealth increases their affinity towards wellness but in her experience and observation, leaders easily compromised wellness. She believes there is an indirect relationship between the level of the leadership position and the amount of wellness that is practiced by leaders. Becky sees a trade-off of leadership and wellness for high-level leadership positions. In her experience she has seen leaders achieving wellness through compromises such as waking up early in the morning to exercise yet drinking coffee all day to stay awake.

Participant Three: Sam

Sam is the Associated Vice Chancellor of Student Affairs at University of the Midwest. He is in the 36 to 40 year age range, and an ambitious academic leader who has held various student affairs leadership positions throughout his career and in graduate school. Sam spoke of the leadership lifestyle he lives. He describes it in two ways – one as a detriment to his wellness and one as an enhancement to his wellness. He talked about his dilemma of balancing workload and vacation time and the negative impact his new job had on his physical fitness. Conversely, he spoke of increased intellectual wellness and growth due to his new job. For example, new situations forced him to learn and read more to improve and become more effective. He also noted the revised allocation of time he devotes to the multiple dimensions of wellness in his life.

Participant Four: Jack

Jack is currently the President of Municipal State College. He has held leadership positions at a wide range of public and private academic institutions in multiple states. He appeared as a seasoned and competent academic leader. He is in the 56 to 60 year age range. Jack frequently eluded to or referenced characteristics of a lifestyle specific to college presidents. This lifestyle is characterized by twenty-four hour a day, seven days per week, thirty days per month jobs. These jobs included frequent events, lunch meetings, high amounts of travel, and little uninterrupted work time. He also noted that these jobs call for leaders constantly to be in the public eye and never let down their guard. Similar to Becky, Jack speaks of an inverse relationship between the level of responsibility leaders have professionally and the amount of time available to participate in wellness-related activities.

Participant Five: Pam

Pam is the Executive Director of Institutional Advancement at City Community College. She has held a variety of academic leadership positions primarily within City Community College. Pam offered various examples of the leadership lifestyle at her institution. This included the culture at her institution that productivity is measured by time in the office and the expectation that senior administrators worked eleven and twelve hour days routinely. She is in the 36 to 40 year age range.

Participant Six: Hank

At the time of data collection, Hank was the Provost and Vice Chancellor for Academic and Student Affairs at University of the Midwest. He was transitioning to the Presidency of a smaller, four-year, private, faith-based institution across the country.

Participant Sam referenced him as a mentor. Hank appeared wise and confident in his interview. He was in the 51 to 55 year age range. He noted some of the issues that make up a leadership lifestyle for academic leaders. These include a job that is highly stressful and sedentary, being constantly surrounded by people, having many direct reports and a large scale of institutional responsibility. He cited often working from 6:00 am to10:00 pm seven days a week.

Participant Seven: Marie (Negative Case Analysis)

In the pre-screening questionnaire Marie stated she did not feel that she was "well" or had achieved wellness; however, she was constantly striving to achieve wellness and was interested in participating in the study. After consultation with the methodologist in this study, we agreed to invite her to participate as a negative case analysis.

Marie is the vice president for student affairs at Municipal State College. Her professional background involved many student affairs leadership positions at a broad range of educational institutions. At the time of data collection, she had started at Municipal State within the previous six months. She recently joined Municipal State from a private, liberal arts institution with 1500 students. Her move to Municipal State was her test in an effort to achieve some balance in her life. Marie is in the 50-55 year age range.

Marie's experience and depiction of the leadership lifestyle can be explained in the following way. In the quest for wellness for academic leaders, she feels one must understand that academic leadership jobs are lifestyles. These lifestyles include elements of nobility and doing well and gratification from problem solving and fixing processes and systems to better serve students. To this end, one is constantly thinking about work

to the point that work becomes part of one's identity and demands part of one's life. She feels that different types of academic institutions have different expectations related to academic leadership jobs as lifestyles.

As this section described, the participants in this study occupied high-level academic leadership positions at a variety of institutions of higher education. Table 1 provides their demographic profile.

Table 1

Participant Demographic Profiles

Pseudonym	Age-Range	Years in Higher Education	Position/Institution
Lance	61-65	39	Assistant Vice Chancellor Of Undergraduate Affairs, University of the Midwest
Becky	36-40	8	Vice President for Institutional Advancement, Municipal State College
Sam	36-40	16	Associate Vice Chancellor Student Affairs, University of the Midwest
Jack	56-60	28	President, Municipal State College
Pam	36-40	16	Executive Director Institutional Advancement, City Community College
Hank	51-55	28	Provost and Vice Chancellor For Academic Affairs, University of the Midwest **at time of interview he was transitioning from current position to the Presidency at a four year, private, faith-based institution in the Midwest*

Introduction of the Core Category: Wellness Maturity

This section introduces the core category that emerged from this study. This section is intended to demonstrate how the participants' responses to the interview and research questions served as progressive building blocks and foundational elements in developing the core category. It will be organized in the following format. A brief overview of the participant responses to the interview questions and research questions one, two, and three will be followed by an introduction of the core category, wellness maturity. The final section of this chapter will provide greater detail of the core category and supporting axial categories.

Research question one asked, "What does wellness mean to academic leaders?" This question was included in the study because I thought the participants' responses had potential to influence the second research question pertaining to the strategies used by academic leaders to achieve or maintain wellness. After analyzing the participant data, the specific meaning of wellness for each leader did not appear to strongly influence the achievement of their wellness. However, the data analysis did reveal a comprehensive understanding of the general meaning of wellness for these leaders. To this end, the individual participants' responses were compiled and synthesized so as to provide a widespread, composite view of wellness for the reader. This composite will be provided later in this section.

The second research question specifically was aimed at understanding the strategies academic leaders used to maintain or achieve wellness in their lives. My results revealed specific strategies, tactics, and philosophies called guideposts and routines, which they used to achieve or maintain wellness. These specific, literal strategies,

tactics, and philosophies are beneficial and informative, answer the research question, and will be explained later in the chapter.

Research question three asked if participants valued wellness or viewed it as a goal. All study participants stated that they valued wellness or viewed it as a goal, although not all participants felt they had achieved their desired state of wellness. However, the data analysis revealed a deeper answer to this research question than a simple yes or no response. For all participants, the meaning of wellness was understandable or identifiable from the interviews and data analysis. More significant than the meaning of wellness for each leader, however, is the importance of wellness in the leader's life. Leaders who were successful in achieving or maintaining wellness knew why they engaged in activities to achieve it; thus, they viewed the achievement of wellness as a goal. The meaning of wellness for these participants informs the importance of wellness for them and thus creates the intention to achieve wellness.

This grounded theory study produced a core category called wellness maturity. The core category is supported by four axial categories: intention, reflection, gauge of wellness, and adaptation. Wellness maturity is best represented as a continuum with two polar opposite ends. Low wellness maturity is on one end and high wellness maturity is on the other. High wellness maturity is an optimal destination and a place on the continuum that is specific and unique for each person. Leaders high on the wellness maturity continuum exhibit distinct purposefulness towards the pursuit or maintenance of wellness, regularly engage in self-reflection, have a sensitive gauge to their state of wellness, and are fully able to work through or adapt to personal and professional challenges that potentially impede the achievement of wellness.

The first supporting axial category is intention. Achieving wellness maturity and entering the wellness maturity continuum are only possible if the personal importance of wellness for each individual is identified. Essentially, identifying the personal importance of wellness in one's life is the precursor or threshold for entry into the wellness maturity continuum. Once the importance of wellness in one's life is identified, it influences the intention to pursue wellness maturity.

The next axial category is that of reflection. Leaders in a position of high wellness maturity reflect often on their gauge of wellness and pursuit of wellness. This reflective process informs the third axial category, gauge of wellness. The fourth and final axial category is adaptation. Wellness maturity is achieved or maintained by having an ability to adapt to the leadership lifestyle and inherent personal and professional challenges that accompany academic leadership positions. The ability to successfully adapt to the leadership lifestyle appears to evolve over time and with experience and is dependent upon one's ability to regularly adjust routines and guideposts to achieve wellness maturity.

Wellness maturity briefly can be summarized in the following way. Once an academic leader has identified the personal importance of wellness, he or she crosses the threshold into the wellness maturity continuum. The importance of wellness influences the leader's intention to pursue wellness maturity. As the leader moves through the continuum, he or she engages in a process of self-reflection assessing the gauge of wellness and place on the continuum. He or she then adjusts routines and guideposts to continue pursuit of wellness maturity.

The previous section provided an introduction to the core category called wellness maturity and its supporting axial categories as well as a summary of the participant responses to the research questions. The following section will communicate the literal participant responses to research questions one and two in detail. It is important for the reader to understand the literal responses to the research questions and how they added to the development of the core category described in the final section of the chapter.

Research Question One: What does Wellness Mean to Academic Leaders?

This particular section is devoted to explaining the meaning of wellness as expressed by these participants. First, the meaning of wellness for each participant will be shared along with supporting data. Then, the meaning of wellness will be expressed in a broad, composite explanation.

Early in the interview, each participant was asked about the meaning of wellness from his or her perspective. The responses provided a broad scope meaning that leaders used different elements in their description or definition of wellness. Nevertheless, each description yielded multiple mentions or overlaps of particular wellness elements. More importantly, however, is the compilation of wellness elements from these participants that offers a composite view of the meaning of wellness.

Participant Explanations

Marie viewed the meaning of wellness as a broad concept with physical, emotional, spiritual, psychological, and fitness components and finding a balance among these components. An additional component for Marie was happiness in the workplace. This included characteristics like having good working relationships, a positive work

environment, feeling connected, and helping students. Her extroversion trait appeared to influence her view of the meaning of wellness as evidenced by the following quote.

> I'm a very social person, so I want to have good working relationships. I want to feel connected. I want a few minutes to say hello to my assistant in the morning to say hello to the student and that kind of thing.

Marie also spoke in great length about academic leadership as a lifestyle. "...you spend a lot of hours at work, so it's a big part of your time, so it needs to be, for me, a positive environment."

The meaning of wellness for Pam is broad. On the surface, she included the physical, spiritual, and professional dimensions of wellness. "When I think about wellness, I think not only of a sort of physical health and physical well-being, but I also think about spiritual and professional and all those other kinds of health, I suppose." Although she did not speak much to the physical dimension of wellness, her view of wellness has developed over the years. Early in life, she viewed wellness as concrete and more focused on the physical dimension.

> You know, I think probably the term for wellness wasn't there when I was obviously younger. I mean, wellness is a relatively new term, but I think probably early on your vision of wellness is physical strength and physical fitness and weight, that kind of stuff... So, it's not as important to do the physical stuff, it's more important for me to be mentally, sort of focused.

Pam spoke to the spiritual dimension of wellness as having two components. The first is a belief in a higher power. "I believe somehow that something else is kind of up there kind of guiding me, or guiding the universe." She goes on to describe the spiritual dimension of wellness as, "...sort of embracing those unknown things and making sure you have tabs on those things you can't see." The second component of spiritual

wellness for Pam was "...those things that fill you in ways that other things don't." This includes participating in activities like playing guitar, building and tiling, getting out in nature, and participating in yoga. Interestingly, Pam noted that her interpretation of wellness evolved over the years.

> You know, then, I would also say that probably when I was in college, I was much more concrete. So, spiritual needs were filled with going to church. Physical needs were filled with going to the gym. And then, work needs were being filled with going to work. You know, those sorts of things. And, then my work was always, when I was younger, my work was always physically active anyway, I worked for the Parks and Recreation department, I worked for camps and you did that kind of stuff, so it was always kind of incorporated in there anyway.

The professional dimension of wellness also was significant to Pam. She used the term professional to refer to one's career or workplace.

> So, if you're really in a state of wellness, you're sort of grounded to your job, and you're happy and satisfied in your job, and it gives you a good sense of fulfillment and you feel like you're balanced in your job.

Happiness in Pam's job entails having significant work, feeling challenged, growing and developing as a professional, enjoying co-workers, having comfort and a sense of community at work, and being able to be free and open about one's family.

Ultimately, Pam is striving for integration of her life into her work. This is something she was struggling with at the time of the interview for a few reasons. A few months before Pam's interview, her campus had endured an abrupt change in campus presidents. According to her, the previous president was not accommodating to the ideas of work-life balance, flextime, or other related philosophies. Productivity was measured by "seat-time" only. At the time of the interview, a new campus president had just

started so Pam did not know what the new president's philosophies related to work-life balance and flextime were.

Another area of transition for Pam was her new role as mother. She described it as being in "a fog of new motherhood." She seemed to be wrestling with how to balance the roles of mother and academic leader. These types of transitions seemed to be driving her desire for work-life integration.

Becky viewed wellness as a balance of physical, mental, emotional, and spiritual elements.

> But, on a broad level wellness to me is balance. It is physical wellness, it is mental wellness, it is emotional wellness. But that to me comes through balance of physical activity, mental stimulation getting away from it all occasionally.

The spiritual dimension of wellness for Becky is not religious but more about spiritual renewal. To this end, she goes on regular trips to the Grand Canyon to renew her spirit and her soul.

However, the overriding component of the meaning of wellness for Becky is one having responsibility. According to Becky, wellness is a responsibility: to ourselves, to the larger community, as Americans, as society, as a personal responsibility of workers and employers, as leaders to be role models, to contribute to the health of communities and families, and as organizations to model wellness behaviors and give permission and inspiration to others to pursue wellness.

The meaning of wellness for Sam is about a balance in all parts of his life.

> I think when you, I don't use the word wellness a lot, when I say the word wellness, I think of it all. A balance...a balance of life. I think of work, I think of family, I think of any commitments you have. I think of emotional, spiritual, I think of a balance of life and what sustains you...what keeps you moving. So, when I say wellness, I think of all those things.

He also views wellness as establishing a lifestyle that meets the critical needs one has. For Sam, there was one overriding element of the meaning of wellness that stood out over the others. This was one of personal development and improvement in all aspects of his life. He considered three areas of life where improvement and development were necessary. The personal area included physical, spiritual, mental, and intellectual elements. The family area included becoming a better husband and father. The third area was the professional area. This included elements like improving communication and leadership in the workplace.

> I think for some people development is very much a part of wellness and moving forward. I would say absolutely for me. Part of my wellness and feeling like I'm doing well is trying to improve or trying to develop in any variety of areas... whether it's being a more effective communicator across our division, or a better father at home or husband at home. Or a better impromptu speaker in large crowds, you know... ...identifying those areas that there may be some discomfort or perception of not being effective and honing in... saying, "I need to get better at that." And, so that's, I think for me, in the context of development, that's a very important part of my wellness personally, is trying to constantly improve and get better.

The meaning of wellness for Lance had two components, physical and mental. "Wellness to me is probably the broader concept...of both the physical component and a mental component." However, his view of the meaning of wellness seemed overshadowed by his method of achieving wellness. "So, one of the things that I do for both physical and mental, somewhere between recreation and rehabilitation, is ride bicycles." Riding bicycles is a gateway for Lance to engage in assessment and self-reflection. His confidence and clarity about wellness is about an important point of this participant.

The meaning of wellness for Lance also is shaped by good relationships and happiness at work.

> I think overall, you have to be happy with your job...and I think you've got to be somewhere above okay and more towards pleased and happy with your job...I do see a lot of people who have problems with their employment, not just in academics. And, it just permeates their whole life, and it kind of poisons the relationship that they have with other individuals..."

When Jack was asked about the meaning of wellness, he noted that his meaning of wellness has been fueled by his observations of his colleagues over the years and their unhealthy habits and lifestyles. However, he was very clear and confident in his response. Jack simply viewed wellness as having a physical component and a mental component. Although he delved into how he achieves wellness in his response, it is important to cite that he was very confident in how and why he did it. He unpacked the mental health component of wellness with three elements. He believes it is absolutely necessary for him to "get away." "So, one of the things is just to have a place to get away to and completely get away, and you say, 'Don't call me unless the campus is burning down,' or something like that." The second element is writing public policy pieces or "think pieces" for professional organizations or newspapers. The third element is to be involved beyond the boundaries of his campus in national issues and boards for professional development.

When Hank was asked about the meaning of wellness, he noted that the type of institution he works at has shaped his meaning of wellness. Specifically, his institution has research functions and a medical school and is a health organization. Further, he believed that his understanding of wellness has grown in his role as provost. Hank, like Jack, was very clear and confident in his view of the meaning of wellness. He considers

wellness as the synergy between physical and nutritional elements and creating enough time or "space" in his life to take care of himself. Hank walks as his primary mode of physical activity to counteract the sedentary office lifestyle of his job. He also carefully considers nutrition and diet as a significant element of wellness to counteract the numerous restaurants in close proximity to campus as well as the meals served at the various functions he attends in his professional role. The third element seemed to be the overriding element for Hank.

> ...first, let me start with the most important for me, and then kind of work into the larger issue. The most important for me is that I can construct the time to take care of myself mentally and physically... ...and that I'm allowing myself enough space in my life to be able to do that.

Hank seemed to cherish his "space" in life to take care of himself and attend to his physical and mental needs.

Composite Meaning of Wellness

As evidenced in the participant explanations, the meaning of wellness for each academic leader was individualized. Although some elements of wellness were expressed more frequently than others, each leader had an individual interpretation to the question: what does wellness mean to you? This section attempts to synthesize the participant responses. Table 2 presents a summary of the elements that represent the meaning of wellness for these academic leaders. Eight elements were common to multiple participants. Most participants viewed wellness as a broad concept that included multiple elements. Additionally, the term "balance" was used frequently to describe the meaning of wellness. A common interpretation of wellness was the balance of the specific elements identified by each participant. Most participants identified "physical" as an

element of wellness. This usually was followed by a listing of certain physical activities engaged in and included activities such as walking, running, biking, and going to a health club. The mental component of wellness frequently was cited as a component of wellness. This element took on a variety of meanings for each individual but nonetheless, it was commonly cited. Nutrition is another often-cited element. The spiritual dimension of wellness was common although some participants offered it immediately as an element and others offered it after prompting. However, it should be noted that spiritual wellness is not synonymous with religion according to participant responses. Many participants discussed the professional dimension of wellness although all did not use the term "professional." The other elements as described by participant responses included happiness at work, responsibility, development or improvement, time, good relationships, and the emotional element of wellness.

Table 2

Common Elements of Wellness

Element	Descriptor
Physical	Staying active
Good Relationships	Maintaining good relationships
Happiness at Work	Good working relationships Positive work environment Feeling connected Helping students (deferred gratification)
Emotional	Having capacity to be there for others
Spiritual	Spiritual renewal Believe in higher power, having tabs on things unseen, faith in humanity Filling needs in ways other things don't
Balance	Balance of physical, mental, emotional, and spiritual Balance of all parts of life Synergistic role of physical, nutrition, time to relax
Responsibility	To ourselves To ourselves To the larger community As Americans As society A personal responsibility of workers and employers As leaders to be role models To contribute to the health of communities and families As organizations to model wellness behaviors
Development of Self	Improvement of one's self in following areas Personal –physical, spiritual, mental, intellectual Professional –communication and leadership Family – husband and father
Lifestyle	Establishing a lifestyle to meets one's critical needs

Research Question Two: What Strategies are used by Leaders to Achieve or Maintain Wellness in their Lives?

The next section provides participant responses to the second research question, "What strategies are used by academic leaders to achieve or maintain wellness in their lives?" This question was designed to gain further insight into the actual practices academic leaders used to achieve or maintain wellness. In the research question, the word "strategies" was used as a general word to encompass any potential mode, method, or practice used by leaders. However, as the interviews and data analysis unfolded, it became clear that varying levels of these modes, methods, and practices were in use. This section will provide literal responses to the second research question. It is the hope that this section can be viewed as a summary of "best practices" used by these participants to achieve or maintain wellness. This section will be organized in the following manner. First, a general summary explanation of the responses will be provided with specific analytic differences between them. Next each section will be followed by specific participant examples to add detail and support.

Participants offered varying examples of ways they achieved or maintained wellness in their lives. It became clear early in the interview phase that different levels and types of these examples existed and can be summarized in two high level categories called guideposts and routines. Guideposts are over-arching, higher level approaches that leaders use to provide direction in pursuit of wellness. They consist of strategies and philosophies. Routines are actionable, tactical, distinct, lower level methods that leaders engage in on a regular basis. Routines consist of tactics and escapes. The next section will provide further detail and examples of guideposts.

Guideposts

The guideposts described below vary by each participant and some leaders actually have multiple guideposts in their pursuit of wellness. These guideposts provide participants with the over-arching context and understanding for how or why they engage in activities to achieve wellness. Philosophies are at the highest level of the guidepost category. The American Heritage College Dictionary (2000) defines a philosophy as, "a basic theory; a viewpoint; the system of values by which one lives" (p. 1026). There is a connection and at times an overlap between the meaning of wellness for the participant and the philosophy described below for each participant.

Lance believes that wellness is achieved and maintained by his internal drive and sense of optimism to work through any disruptive influences that stand in the way of achieving wellness. Becky uses high-level philosophies to guide her life and drive her commitment and obligation to wellness. Her positive outlook on life, being positively productive for her and others, and a work hard-play hard mentality, drives her commitment to this overarching obligation for wellness. Additionally, she believes in a holistic mind-body connection where the mind can positively or negatively affect the body and vice-versa.

Sam has an underlying but very strong philosophy about always wanting to improve and develop every aspect of his life as described in the summary of research question one. He also believes that if a person's core values are not met, one becomes off balance in life.

Jack uses many philosophies to guide his work and life. These philosophies seem to allow him to achieve wellness. His philosophies can be divided into four areas:

change, people, role modeling, and alignment of words and actions. First, Jack believes that meaningful change in higher education is a long-term process. As such, leaders must understand this, approach change from a long-term process, help others to view change in this manner, and pace themselves. Second, he feels higher education is a people business. He speaks to getting the right people in the right positions and helping them prepare for their futures by taking care of themselves. Third, he believes in role modeling wellness behaviors and encouraging and supporting wellness among his staff. Finally, he believes leaders must ensure consistency between their actions and their words.

Pam has one major overarching philosophy that she attempts to incorporate into her life. This is work-life integration as described in the summary of research question one. As previously described, this concept is very important to her particularly after giving birth to her child. She also promotes this concept with her staff. A second important but not regularly practiced philosophy that Pam highlighted was summarized in a quote she included in her own dissertation. She shared, "Hope in humanity and self overtakes pessimism." This quote was particularly important as her daughter was the hope she was seeking. Finally she notes her generally laid back approach to life as an overarching philosophy she uses.

Hank's previously noted background allows him to draw on his theatre training often as a source of his philosophy. His training was particularly helpful as it relates to understanding his pace of work and how he achieves balance. Hank believes in the philosophy that to be good in a job, one must be good to oneself. He believes that work is a form of service and uses a servant leadership approach to his leadership role. He

believes in giving back and leaving the situation better than when he started. Finally he strives for alignment between his personal values and his vocation.

Academic leaders also used various strategies in their pursuit of wellness. Strategies still fall under guideposts but are less conceptual than philosophies. Marie uses a variety of high-level strategies in pursuit of wellness. For example, she uses an "attitude" such as, "manage the job or let it manage you" to control the various inputs related to her wellness. She uses emotional interventions such as "recalculation" and "making transitions" to stop thinking about work when she feels overwhelmed. Marie balances her energy by choosing situations at work that allow her to manage expectations related to her position. She also uses similar strategies for job choice and selection, which ultimately impacts her wellness. Some of these strategies include always knowing one person where she moves and living near an airport so she can travel to see family.

Becky has a conscious commitment to achieve wellness. This is represented by turning negative situations into positive situations, not taking any day for granted and making the most of it, and infusing a balance of various wellness activities into her life. Her incorporation of strategies is evidenced by phrases she uses to describe why she takes vacations or breaks from work. She does this to "put it all aside," "check out," and "re-find her soul." Becky speaks in general about protecting her time to accomplish what she needs to and a commitment to honoring her personal schedule.

Sam uses a variety of higher-level strategies to achieve wellness. He uses an explicit strategy of commitment and verbalizes his commitment as a way to achieve wellness. These include a yearly commitment to attend a monastery to disconnect from the world and find clarity as well as yearly commitments to family vacations. Other

strategies include re-gauging his life, committing to an active lifestyle and working out, managing his emotions, consulting with colleagues about balancing vacations and workload, and recommending that one determines his or her core values to guide personal and staff wellness.

Jack uses a variety of higher-level strategies to maintain wellness. He believes the only way to "get away" is to really get away by having a place to go that is removed from work such as a vacation home. This escape allows him to let his defenses down and relax. Another strategy he uses is to stay involved in national higher education issues through participation in professional organizations and boards. A third strategy he uses is to blend personal passions, wellness, and professional development activities into a singular event such as attending a National Collegiate Athletics Association tournament as part of professional obligation. He also uses strategies at work such as developing long term plans to achieve success as a way to manage expectations of his constituents and nurturing his staff in order to develop a great working team.

Pam highlighted a singular strategy that allowed her to add some enjoyment to her current daily duties. She participates in campus celebration planning. This allows her to get her mind off the daily tasks and duties associated with her job.

Hank uses a variety of strategies to maintain wellness. One of his primary strategies is escaping from work on a periodic basis. He is deliberate about the type of location he visits. For example, it must be a quiet place with few people. Another strategy he uses is that of building a strong organizational structure in his office and having enough leaders to run the organization in his absence. A third strategy he uses is pacing himself and approaching his new job like a long term commitment rather than a

short term stint. He is aware of his workaholic nature, and he is deliberate about his job choices and the types of stressors that go along with each job type.

Routines

Research question two also uncovered some very pragmatic and specific methods that academic leaders used to achieve or maintain wellness. These are called routines and include tactics and escapes. The following section will provide a description of each with special emphases on the escapes.

Lance rides his bike almost daily. Although bike riding offers a way for Lance to become physically fit, the physical fitness benefit is almost secondary to the "experience" of bike riding. The experience of riding allows time for self-reflection and self-assessment. The physical ritual of riding bikes contributes positively to physical fitness but his internal commitment is a stronger contributor to wellness.

Marie uses a variety of "low-level" tactics to achieve wellness. These tactics are divided into tactics that occur "inside work" and "outside work." Inside work tactics include manufacturing breaks between meetings, limiting meetings at lunchtime or in the late afternoon and evening, and creating strategic, manageable expectations and leadership boundaries in new jobs. Outside work tactics include seeking counseling or therapy periodically, talking to friends, pursuing hobbies such as antiquing and travel, hiring a personal trainer, getting massages, and going to spas to "decompress, recalculate, and rejuvenate."

Becky uses a variety of regular tactics to achieve, maintain or even "recover" wellness. These tactics are divided into role modeling, workplace tactics, combating negativity tactics, and activity tactics.

Sam employs a variety of tactics to achieve or maintain wellness. The first one is reading books. The types of books he reads are "self help" and leadership books and regular fiction books. He mentions sleep as a refreshing tactic particularly during his escapes to monasteries. He participates in a regular retreat to a monastery. Sam speaks of the concept of mentorship as a valuable tool that has aided him over the years. He notes this as something he has done regularly since graduate school and essentially is to understand how his mentors balanced professional and personal obligations. He identifies past and current mentors specifically in context of wellness and balance of life. Sam takes vacations as a tactic for wellness but only recently made this a regular commitment. He speaks to his previous way of living where he would not take vacations but only long weekends. Now, extended family vacations are a priority. Sam sought the advice of colleagues to figure out how to manage work while on vacation and developed a tactic of checking email early in the morning before family awoke. This is a way for him to get away from the office but still manage his professional responsibilities.

Jack uses a variety of tactics to maintain wellness. These tactics can be divided into the categories of physical, escapes, writing, health, and travel. He has used and continues to use a variety of physical modes of exercise to maintain fitness and health. Prior to injuries he ran and played rugby as modes of exercise. Now he plays golf and rides a stationary bike for exercise. He also exercises early in the morning every other day and on weekends. Another tactic Jack uses to achieve and maintain wellness is "escaping" to a vacation house and removing himself from work. His wife will often schedule time with his assistant to make these trips happen. Jack uses golf and formerly used rugby as a means of traveling to different places. These trips were a form of escapes

for him. Writing is a tactic for Jack that helps him achieve wellness. He sees writing as a form of mental health, often writing on evenings and weekends. Finally, Jack takes medications to manage his blood pressure and sees a doctor on a regular basis.

Pam talks to the tactics and activities she uses, has used, or strives to use in her quest for wellness. Prior to childbirth, she practiced yoga. She has a passion for travel and has taken and currently takes long weekends and longer vacations although she wished for more of these. She aspires to sit, read, listen to music to achieve wellness but has not participated in these activities regularly yet. At work, she keeps mental lists of priorities and addresses the highest priority work items first to manage her workload. Although she does not formally reflect on a regular basis, she does engage in reflection when she is in nature.

Hank uses a variety of tactics to achieve wellness. These tactics can be divided into five categories –personal time, escapes, daily time management, physical activity, and organizational structures at work. Hank is committed to and dedicates two hours of private time every morning from 4:00 am to 6:00 am for himself. Additionally, he "escapes" to various places to recharge his batteries and relax. His inventory of places to escape is usually out of state and occurs for periods of time longer than weekends. He finds places that he describes as "sanctuaries." He uses a variety of daily time management tactics. These include having his assistant schedule appointments for him, working for two hours of solid time and taking appointments in thirty-minute intervals after that and checking emails between meetings. He will often walk for physical activity and schedule meetings away from the office so he can walk to them. Finally, he has re-

organized his organizational structure to have fewer direct reports. This helps him achieve wellness.

One of the most frequently mentioned tactical routines for academic leaders in this study was the necessity to escape from work on a regular basis. This sub-category is called "escapes." Most participants stressed the importance of escaping from the office and physically removing themselves from the local areas as a very important method used to maintain wellness. It must be noted that escapes could have been categorized as a separate category because they seemed to be more significant than routines but more tactical than guideposts. Most of the leaders who have attained a desired level of wellness escape on a regular or routine basis. However, the benefit the leaders gain from escaping fuels their guideposts. This section describes how some of the participants view the importance of escapes.

Participating in "escapes" fulfills Becky's need to "check out." She refers to her sacred place, the Grand Canyon, as a place to renew her soul and spirit. For Becky, her regular trips to the Grand Canyon put the human impact in perspective. She describes her journey into the canyon as going "below the rim." Going below the rim equalizes people as professional position or stature does not matter anymore. Also, her trips below the rim eliminate life and work problems that occur above the rim.

> I mean the Grand Canyon is always a place that I've said that's where I go to renew my soul. I renew my spirit; I renew my soul. You know, you go into this billions years old hole in the ground and you're immediately put into perspective in terms of what impact you have while you're on the planet which is like a grain of sand, you know. It puts you completely back into perspective about how, you know, all the problems that you deal with on a daily basis are, you know, minor in comparison and to be able to come back with a new perspective and those problems seem... we call it below the rim. These problems seem to go away when you're below rim because they're all above the rim.

Sam speaks emotionally about attending a monastery as an escape or "time out" from life. He uses his one week, once a year at the monastery to read, reflect, and re-gauge his life. His use of the term re-gauge is powerful. To Sam, this experience allows him to focus on what matters most and makes him a different person when he returns.

Jack clearly identified the routine of having "escapes" as a necessary component of his wellness plan. He bought a vacation home and travels there for long weekends, a week at a time, or long vacations. This far away place allows him to let his guard down and be himself without having to filter his words or behaviors. Golf also serves as an escape for Jack. The setting of the golf game, the intellectual, personal, and physical challenges, the pursuit of perfection, and the social aspect of golf all factor in to his reason for using golf as an escape.

Hank has been taking regular escapes for five years now and feels it works well for him. His escapes involve natural settings, lots of walking, and finding "sanctuaries" to instantly relax.

Although there are three primary research questions in this study, questions one and two can be answered literally and independent of one another. Accordingly, the previous section provided a summary of participant responses specifically to research questions one and two. Participant responses to research question three; do leaders value wellness or view it as a goal, will be provided in the following section.

Although the primary research questions posed in this study were sufficiently answered, the data revealed something much greater. It revealed a theory grounded in the data that synthesizes the three primary research questions. The following section will describe the core category of this study.

The Core Category: Wellness Maturity

The results of this grounded theory produced a core category called wellness maturity with supporting axial categories of intention, reflection, gauge of wellness, and adaptation. Earlier in this chapter, the core category and supporting axial categories were briefly introduced. Additionally, the findings of research questions one and two were shared to allow the reader to follow the evolution of the development of the grounded theory and better understand how the research questions contributed to the grounded theory.

Sitting within the cultural backdrop of the academic leadership lifestyle, wellness maturity represents an optimal wellness destination with constant movement towards the unique destination for each individual. Figure 1 shows a visual depiction of the core category and supporting axial categories. It is represented as a continuum with low wellness maturity on one end and high wellness maturity on the polar opposite end. Note how the axial category of intention anchors the continuum between the two ends. The spiral around the anchor of intention is laced with a reoccurring cycle of the axial categories gauge of wellness, reflection, and adaptation.

Although it is important for individual academic leaders to have an understanding of what wellness means for themselves, it is more important for leaders to identify the importance that wellness has in his or her life. The axial category of intention represents the importance or purposefulness towards the pursuit or maintenance of wellness in one's life. The identification of the importance of wellness in one's life is the threshold or precursor to entering the wellness maturity continuum. The American Heritage College Dictionary (2000) defines intention as, "a thing intended; an aim or a plan" (p. 707).

Academic leaders must be deliberate and have an aim or a plan to get to the desired destination of high wellness maturity. One's intention to pursue and achieve wellness maturity is influenced by the relative importance one places on wellness in his or her life. The importance of wellness as previously noted is framed by the meaning of wellness for each individual.

As the academic leader enters the wellness maturity continuum and moves towards the destination of wellness maturity, he or she engages in a process of self-reflection. Reflection occurs about one's place on the continuum and state or gauge of wellness. The result of this reflective process is the adaptation to the personal and professional challenges associated with the leadership lifestyle. One's ability to successfully adapt is dependent on one's ability to engage in self-reflection on a regular basis. Additionally, leaders high on the wellness maturity continuum use a variety of low-level routines and higher-level guideposts to guide their pursuit of wellness and adjust these routines and guideposts as a result of the self-reflective process. Leaders high on the wellness maturity continuum also have acute awareness or sense to gauge their level of wellness. This gauge, also a reflective mechanism, serves as a guide in the adaptation process.

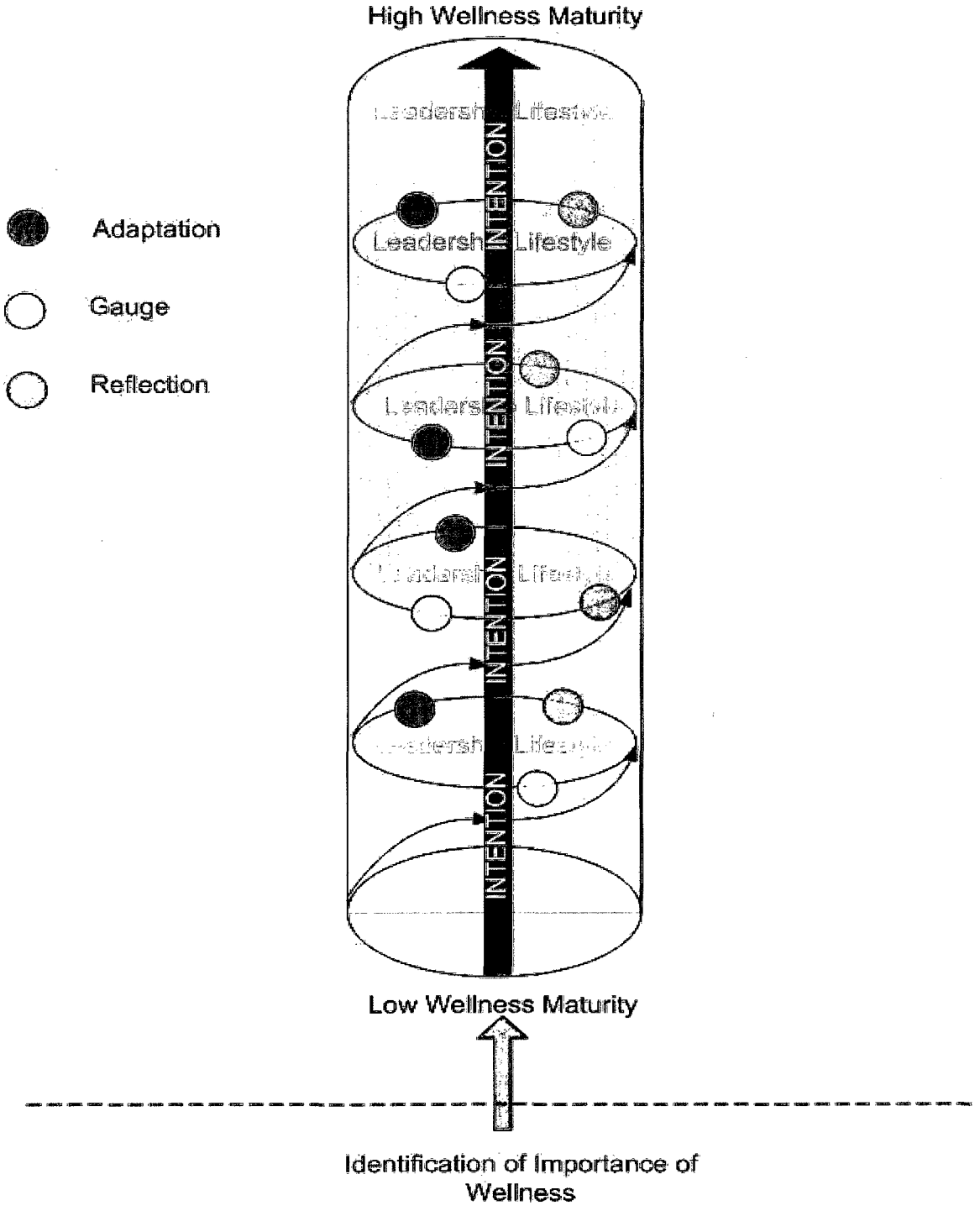

Figure 1. The Wellness Maturity Continuum: Wellness maturity depicted as a continuum moving from threshold to low to high wellness maturity including the axial categories of intention, gauge of wellness, reflection, and adaptation.

Axial Category: Intention

Intention is an axial category of the core category, wellness maturity. This category was not immediately obvious during data analysis. It emerged from a constant comparative process of attempting to connect the meaning of wellness for each participant to the notion of wellness maturity. After reflecting upon the interviews, reading and re-reading the interview data, and repeatedly attempting to answer the question, "why is wellness important to this person?" I realized the missing link between the meaning of wellness and wellness maturity was the importance of wellness for each participant.

As previously described, each participant responded to the question, "what does wellness mean to you?" in a different way. Lack of a common response among participants was troubling at first as I hoped for some significant connection between the meaning of wellness and how each participant achieved wellness. However, after re-examining the data, the analysis for most participants yielded a particular reason why wellness was important in their life. Also, during the re-examination of the data, I referred back to the qualifying questions for this study. The qualifying questions for participation in this study were: Do you value wellness or view it as a goal? Do you currently or recently feel you have achieved a state of wellness. All of the participants answered "yes" to question one in the pre-screening phase of the study. Six of the seven participants responded "yes" to question two. However, in the pre-screening phase of the study, Marie noted that although she valued wellness and viewed it as a goal, she did not feel that she was in or has achieved a state of wellness. She also noted that she did not feel one ever gets to a full state of wellness, but it is something for which one always

strives. As noted earlier, after consultation with the methodologist in this study, we agreed to use Marie as a negative case analysis.

Realizing that all participants valued wellness and searching for the reason as to why wellness was important, rather than what it meant to each participant, opened the door for the emergence of intention as an axial category to wellness maturity. The relative importance of wellness for leaders informed or drove their intentional efforts to pursue a heightened state of wellness. Table three provides participant examples that will offer further detail to the category of intentionality and the link between the meaning and importance of wellness.

The meaning of wellness for Lance includes mental and physical components and also is shaped by good relationships and happiness in the workplace. More important than the meaning of wellness for Lance is the reason he pursues wellness. Wellness is important to Lance because he craves time to reflect and assess himself. The importance of reflection and self-assessment fuels his intention to pursue wellness maturity. He is intentional in his pursuit of wellness as demonstrated by his twenty-five to thirty year commitment and regularity in riding his bicycle, not just for the physical fitness benefits. He claims riding his bike is "somewhere between recreation and rehabilitation." He rides his bike close to 1000 miles per year not only or necessarily for the physical benefits of riding but for the opportunity to engage in self-reflection and personal assessment. Intentionality for Lance is evidenced by his purpose, reasoning, and importance for riding his bike – to reflect, socialize, and stay physically and mentally fit.

Table 3

The Link Between Meaning, Importance, and Intention

Participant	Meaning	Importance	Intention
Marie	Wellness is a broad concept with physical, emotional, spiritual, psychological, and fitness components and finding a balance among these components. Happiness in the workplace is another component.	Of all of the participants, the importance of wellness for Marie was the least clear or recognizable.	Intention is somewhat unclear although she did exhibit intentionality in a variety of ways.
Lance	The meaning of wellness has two components - mental and physical. The meaning is also shaped by good relationships and happiness at work.	Lance craves time to reflect and assess himself.	He is intentional is his pursuit of wellness as demonstrated by his 25-30 year commitment and regularity in riding his bicycle. Intention is evidenced by his purpose for riding his bike – to reflect, socialize, and stay physically and mentally fit.
Pam	The meaning is broad. On the surface, she included the physical, spiritual, and professional dimensions of wellness. Pam spoke to the spiritual dimension of wellness as having two components. The professional dimension of wellness was also significant.	The importance of wellness is to achieve work and life integration.	She is somewhat intentional in pursuit of wellness. She has identified her wellness maturity destination and is trying to achieve this through modeling behaviors with her staff and negotiating work schedules with her new boss.

(table continues)

Table 3 (continued)

The Link Between Meaning, Importance, and Intention (continued)

Participant	Meaning	Importance	Intention
Sam	The meaning of wellness is about a balance in all parts of his life. He also views wellness as establishing a lifestyle that meets the critical needs one has. There was one overriding element of the meaning of wellness that stood out over the others - personal development and improvement in all aspects of his life.	Wellness is important to move forward in life.	He is intentional in his pursuit of wellness in that he views it as developmental and is constantly striving to improve and develop himself personally and professionally and intentionally engages in activities to do so.
Becky	The meaning of wellness includes a balance of physical, mental, emotional, and spiritual elements. However, the overriding component of the meaning of wellness is one of responsibility.	Wellness is important because it is a responsibility.	Although Becky views wellness as a responsibility, her intentionality about achieving wellness is evidenced in two ways - effective leadership and escapes.
Jack	Wellness has a physical component and a mental component.	Wellness is important for sustainability in his career and positive job performance.	He is extremely intentional about his pursuit of wellness maturity. He has identified the components necessary to achieve it, and can identify when he is well and not well.
Hank	He considers wellness as the synergy between physical and nutritional elements, and creating enough time or "space" in his life to tale care of himself.	To be good in job, he has to be good to himself.	He was intentional in how he achieved wellness and knew exactly what strategies and tactics to use.

Marie, the participant used in this study as a negative case analysis, provides an interesting element to the axial category of intention. Of all of the participants, the importance of wellness for Marie was the least clear or recognizable. This might be expected with a negative case analysis. At the time of the interview with Marie, she had been in her current position about six months. She had transitioned to Municipal State College from a small, private, liberal arts institution where her professional and personal life blurred together, and she admittedly was unable to separate the two.

> My last job was in a small town too, it was a suburb of Chicago, so I'm in the grocery store, run into a trustee, I'm in the grocery store, run into a student. That was fine for me, but you know, when you're trying to get a break from work and you run into a trustee who wants to talk to you about something. That the church I went to, two trustees, I love them, they're great, they were fabulous, they were my biggest supporters, but I don't want to talk about school on Sunday mornings. I just want to go in and pray and go home. So, here there's much more anonymity so that will help too. You know, it's almost like when you have one of those jobs in a small town that's stamped on your forehead.

Although the importance of wellness was somewhat unclear for Marie, she did exhibit intentionality in pursuit of wellness in a variety of ways. As described in an earlier section of this paper, Marie viewed academic leadership positions as lifestyles. In her quest for wellness maturity, she has been particularly intentional throughout her career in her approach to creating and managing expectations in her work environments. At times, she intentionally created expectations for herself that contributed to her inability to separate work and personal life.

> And, I intentionally ate in the cafeteria every day that I could. Sometimes there were a couple faculty tables. Sometimes staff would be there, but most of the time, I ate with different groups of students. And, so I set myself up, that they think they have direct access... But, that's a good thing, I think, because generally, I was seen as an available, accessible, caring Dean... It's a bad thing, because whenever you're out in public, everybody has access to you. But, that was my choice.

Marie has also been intentional about the types of positions and institutions she has worked at. For example, at one point in her career, she moved from being the number two person in student affairs at a large research school with little student interaction to a small, liberal arts school where she had constant student contact. Over time she realized that she was overcommitted in the small liberal arts school and had set the expectations for how she interacted with the campus community and students too high, and she admittedly needed a change. This example provides another exhibition of her quest to achieve wellness maturity.

> And, I thought, I've either got to change the way I do this job or maybe it's time for me to move...I know, there are some real specific reasons why I took this job and they relate to lifestyle and getting my life back...You know, so, I think because I made good decisions about this particular job, I mean, I gave up a lot of things I love, in taking this really administrative job, in order to get some of the things, which are more on the wellness side of my personal stuff.

She views her position at Municipal State College as the true test of her ability to achieve some sort of wellness in her life.

Becky believes wellness is important because it is a responsibility. According to Becky, it is a responsibility that she as a leader has as well as one that society has. Her view of wellness as a responsibility is demonstrated below.

> ...As much as I'm a crazy workhorse and can be here at 10:00 at night, occasionally I do try to model good behavior...and that means, you know, I go to the gym several times a week during lunch. I hold lunch hours a couple times a week to make sure I get over to the campus gym and do that...So, I have a responsibility as a supervisor to also model that...and be able to say to my staff it is okay for you to take an hour long lunch. It is okay for you to break away from your work on a daily basis...And to try to model that as much as I can even though I know they also recognize sort of a grueling schedule that I keep.

Although Becky views wellness as a responsibility, her intentionality about achieving wellness is evidenced in two ways. First, she is intentional about achieving and maintaining her wellness so she can be an effective leader. "I can't be productive for other people unless I'm productive for myself. And so I have a responsibility to try to strike that balance so." However, Becky also understands what she needs to do to maintain wellness and this includes regular and intentional "escapes" such as rafting trips to the Grand Canyon and hiking trips to Nepal. Not only is Becky intentional about her need for escapes, but she is very clear as to why they are needed. Becky's regular escapes to the Grand Canyon allow her to "put her mind elsewhere" and "check out." Ultimately, these escapes serve as spiritual renewal for Becky.

For Sam, wellness is important to move forward in life. He is intentional in his pursuit of wellness in that he views it as developmental and is constantly striving to improve and develop himself personally and professionally and intentionally engages in activities to do so.

> I think for some people development is very much a part of wellness and moving forward. I would say absolutely for me...And, so that's, I think for me, in the context of development, that's a very important part of my wellness personally, is trying to constantly improve and get better.

Sam's intentionality is evidenced in his renewed commitment in two areas of his life. First, he has committed regularly to take week-long vacations with his family. He never used to take long family vacations due to his workload and feeling like there was always too much work to do to take long vacations. However, in his pursuit of wellness maturity he has committed to becoming a better father and husband and realized that family vacations are necessary to achieve personal and family wellness. The second area that

Sam has intentionally committed to is his participation in a monastery on a regular basis for rejuvenation. He sleeps, reads, and comes back refreshed. He knows what he must do to be well and why he does it.

> Sleep, too, is also an area that I think I get refreshed... When I don't get enough sleep or I'm consumed mentally or intellectually, I lose sleep. And, you don't always realize how exhausted your body is until you take a break. And, actually, I've started re-examining that and really getting appreciation of that by going on a retreat. This past fall, at the end of summer, in August, I spent, it's kind of odd but, it's very healthy, I think. I spent four days at a monastery. And, you go and read, and reflect and you walk in the mountains and you kind of re-gauge, if you will, where you're at in your life... But, yeah, when you talk about wellness and you re-gauge about your energy level...and where you're at, after that particular retreat for me, I'm a completely different person... You really begin to understand what it means to mentally get focused on what matters, and where you're taking, say, a division of student affairs, where you're taking yourself personally, where you're taking your family...

For Pam, the importance of wellness is to achieve work and life integration. "It's really important for me, I think, to be able to integrate my life into my work." The need for this stems from where Pam is currently in her life. She describes it as a, "fog of new motherhood" as she recently gave birth to a daughter. During the interview timeframe, Pam noted that she struggled with her ability to manage her work and her family life.

> My former supervisor was the president of the college who's no longer here, was of the mindset that seat-time in your job is really the most important thing. And, when I was really struggling with, I was taking on a new position but I was really struggling with the idea of coming off of maternity leave and whether I want to be working at all, which if I had my druthers, I probably wouldn't and trying to determine whether or not there could be some flexibility in my work situation, and she was not supportive of that at all. She basically believed that because I was an upper-level administrator of the college, that I'd be setting a poor example if I, for example, worked from home one day a week or if I did four 10-hour days or even cut my schedule down to 32-hours a week or something like that, so there was really no negotiating. The only thing that she negotiated was that if I wanted to take my leave, I could do that, which I did for a while. So, that was very frustrating, and I was very, very, very unhappy. Especially those first few months coming back to work.

Although Pam is clear about the importance of wellness in her life, at the time of the interview, she seemed only somewhat intentional in her pursuit of wellness. She has identified her wellness maturity destination as work and life integration and is trying to achieve this through modeling behaviors with her staff and negotiating work schedules with her new boss.

> We have a new president now who, she just started last week, so I'm not really sure what her style is, but in the interim, when our old president was gone and our interim president was here, I felt like, I guess I did then, I felt like I had the flexibility to, if I needed to go pick her up or if I needed to bring her into the office for a day, if I needed to take a day off of work because she was sick or something like that, I felt a little bit flexible to do that, so I thought that...that was really important to me. You know, there have been events where I've had to bring my daughter with me because, I didn't have any other choice...so I have staff that have kids and so I'm able to provide them with the flexibility to do what they need to do in terms of integrating that family or bringing their family with them.

Wellness is important to Jack for sustainability in his career and positive job performance. He is extremely intentional about his pursuit of wellness maturity. He has identified the components necessary to achieve it and can identify when he is well and not well. Because he is intentional about his pursuit of wellness and understands it is a critical component to positive job performance and sustainability, he is able to transition or adapt to potential hurdles or roadblocks to achieving wellness. "I've been a rugby player for many years, I was a runner for many years. I finally had to give this up, give running up just this last summer because of pain in the back and long-time injuries and stuff. So, I've transitioned from that into doing a lot of stationery bike-riding to keep my health."

> And, the hardest part is the realization that there's certain things you can't do anymore, I mean, the quitting, having been forced to give up running was really tough... And now, I mean, I had to change my lifestyle a little bit to be able to do

> it, because running, I could go do at noon pretty easily... So, I've had to sort of get used to this notion of getting up earlier in the morning now, getting over to the health club right away, and I do that, basically on an every other day basis, except that on weekends I try to get both days in, Saturday and Sunday in on the weekend... So, now I've accommodated my lifestyle to fit my work style, because it's a little different in an urban environment than it was in a rural environment.

Hank rated high on the wellness maturity continuum, as did Jack. Hank was very clear and intentional about why wellness is important to him. At the time of the interview, he was the Provost at University of the Midwest but had recently accepted a presidency at another institution in the Midwest. He was commuting to and from his new institution while also maintaining a full time schedule at University of the Midwest. Essentially, he was working one full time job and transitioning into a second job. He speaks about the importance of wellness and this importance influences his pursuit of wellness maturity below.

> Well, I have to say, for me, this is going to be up to a, maybe not a twenty year, but pretty close to a twenty year commitment I'm getting ready to make. And so, I keep reminding myself, my inner monologue that this is not a sprint, this is a marathon... And so, I have to prepare for that. I have to pace myself, I have to take good care of myself, and that's going to be, those are important values for me, if I'm going to be good in a job, then I have to be good to myself in this next period of time.

Hank also was intentional in how he achieved wellness and knew exactly what routines and guideposts to use. For example, he knew that he must "create space" for himself to take care of himself. To do this, he wakes early and uses the 4:00am to 6:00am timeframe as his own personal time. He generally did not deviate from this schedule. Additionally, Hank's intentionality can be demonstrated by his awareness of his need for

regular escapes or vacations as well as the types of environments he prefers for his escapes.

Summary of Intention

One of the axial categories of wellness maturity is that of intention. The axial category of intentionality was mapped back to the importance of wellness to the participant and the meaning of wellness to the participant. Table 3 identifies the meaning of wellness for each participant, the importance of wellness for each participant, and ultimately how each participant demonstrated intentionality. Each participant in this study exhibited intentionality to a varying degree. The degree to which the participants exhibited intentionality influenced their location on the wellness maturity continuum and ultimately affected their success or progress towards achieving wellness maturity.

Axial Category: Reflection

The concept of reflection emerged as an axial category of wellness maturity. Although this category clearly emerged for some participants during the coding phase, in others it was less obvious but equally important. As the wellness maturity theory evolved during data analysis, I knew reflection was an important part, but I wrestled where its appropriate place was. However, as the category of adaptation materialized, it became clear. Essentially, adaptation is driven by a reflective process and one's assessment or gauge of wellness and location on wellness maturity continuum. Said another way, one is able to adapt to the leadership lifestyle and achieve wellness maturity by engaging in a continuous cycle of a self-reflective process about his or her pursuit of wellness, where he or she is at on the wellness maturity continuum, and his or her areas of strength and weakness relative to the pursuit of wellness. Based on this reflective process, he or she

will adapt routines and guideposts to achieve wellness. Although each participant engaged in reflection in different ways, the important component of reflection in the wellness maturity model is that reflection is part of one's regular activity.

Table 4 provides a snapshot of the depth of reflection, the frequency of reflection, and the primary role or purpose of reflection in the lives of the participants.

Table 4

Reflection of Participants

Participant	Depth of Reflection	Frequency of Reflection	Purpose of Reflection
Lance	High	Regular	Performance
Marie	Low	Sporadic	Life Assessment
Becky	Medium	Regular	Renew spirit
Sam	High	Constant	Professional and Personal Growth
Pam	Medium	Sporadic	Work-Life Integration
Jack	High	Regular	Problem Solving
Hank	High	Constant	To Stay "Grounded"

As Table 4 shows, one of the primary roles of reflection in Lance's life is related to performance of his job and his role as an academic leader.

> But, one of the things I do and probably overdo is, I reflect too much on what I could've done better or what I should've done. There's some people who can make the decision and just say, "That's it." I'm not one of those. I do maybe a little bit too much reflection.

His frequent engagement in a self-reflective process allows for him to adapt to his leadership lifestyle. Additionally, as previously stated, the meaning of wellness for

Lance includes happiness in the workplace. He connects reflection to happiness at work in the following example.

> The mental part of it, I think is sort of an internal reflection. And, this is an interesting question. I think you have good and bad days in your job and I don't think that's just for administrators or managers or supervisors. And, I think you reflect on, at the end of the day, whether it was a good day or it was a bad day and everybody has bad days and everybody makes mistakes...But, it's that end-of-the-day assessment of, am I willing, am I having such a bad day that I don't want to go to work tomorrow. That has never happened to me. I've had some bad days, and I've had a couple of days where I've had to kind of walk away from a situation that I was heavily involved in. But, I don't know that I've even had a day that I didn't think I could do a good job the next day or that I just dreaded coming to work or...no. Haven't had one of those.

The role of reflection for Marie was a challenge to identify but can be summarized in the general category called "life assessment." Because Marie ranks lower on the wellness maturity continuum, she may not be using self-reflection as effectively as she could; however, she uses reflection to assess where she is at in life.

> So, I can feel when I'm too focused in work. I have a friend that I call and I say, "Candice, my briefcase is talking to me." And, the first time I said it, that means priorities aren't getting done, and when my briefcase is talking to me, I know there's a problem, because I'm not getting it to shut up.

The previous example demonstrated how Marie uses reflection to assess the amount of time work is consuming in her life and she seems to recognize her warning signs and can adapt her life to get back in balance. Additionally, she uses reflection in her general life assessment process in the following way. "So, when I'm feeling not well, or out of balance, I'll sit down and go okay, what's the problem?" This conscious engagement of self-reflection provides the opportunity for her to adapt her lifestyle, routines, and guideposts to get back in balance.

The role of reflection for Becky was important, and she manufactured opportunities to engage in reflection on an annual or biannual basis through her adventure trips. As previously mentioned, Becky regularly took trips to Nepal to hike or to the Grand Canyon to raft and viewed these trips as ways to "re-find her soul." These trips allowed her to come back to her regular life more refreshed and renewed.

For Sam, reflection plays a large role in his life. He reflects often. He reflects professionally to prepare for the unknown in his job, improve his performance, and to re-frame his mental models so he can effectively adapt to his work environment and parlay his adaptation to success. "I'm reframing my mental model about speaking. So I have to reflect on that, think about that differently mentally, so I can change my behavior of giving talks and keynote addresses, and feeling very comfortable doing that." This example demonstrates a direct connection between the action of reflection and the outcome of reflection, in this case, improved public speaking.

Sam also reflects personally on his role as a husband, parent, and father on issues of patience, how well he understands his kids' experiences and how he reacts to his kids.

> And sometimes, reflecting on, whether its issues of patience...or issues of understanding their experiences, now that they are in junior high, or middle school...and trying to see how I react to my kids...whether it's about grades...discussion about the opposite sex...how do I prepare for that, and prepare to engage them, and how can I, it's reflecting on, how do I become and effective parent and not just lose touch because of how I grew up?

Sam also reflects on the overall impact he is making on the world. Ultimately, Sam views reflection as a way to achieve a mindset for improvement in his life. "I tend to think whenever you think you've arrived because you know it all, that's actually when

you start to slip." Sam provided a variety of examples that demonstrated how reflection can effectively influence adaptation in pursuit of wellness maturity.

Pam is positioned midway on the wellness maturity continuum. One reason she is only midway on the continuum is that she has not connected reflection to adaptation. The role of reflection for Pam seems to be the pursuit of work-life integration, yet she is still wrestling with this. She does not regularly engage in structured self reflection, but she attempts to reflect when she, "needs to take the space to really think about things."

Jack regularly engaged in self-reflection for the primary purpose of problem solving. He used exercise as a time for mental clarity, organization, and uninterrupted problem solving time. He cited various examples of mentally working through staffing issues at work or organizing major thoughts for papers he was writing.

Essentially, Hank views the role of reflection as a way to keep one "tethered" or grounded. He is very concerned about being authentic rather than just using skills he may have learned to accomplish a task rather than be truly committed and engaged in the moment. This thinking stems from his theatre training. Theatre training was the root of his constant self-reflection. He reflects constantly but does not necessarily have a particular time or place where he does it.

> ...Because if you were an actor, you're always going in and seeing where you are emotionally, you're always being very hyper-aware of yourself physically and emotionally because while you're playing another character, you're also yourself. And so, you're always checking in, "Where am I? Where am I? Where's the character? Am I the character? And where am I in that?" And so, as a director, which is the other part of my work, you're always kind of looking at, and what's occurring on the stage and you're checking in with yourself about, "How are you feeling?" You are the ideal audience so you're playing out the audience experience, while you're shaping what's happening, so you're always engaged in this reflection.

Summary of Reflection

Reflection emerged as a critical component of wellness maturity. As demonstrated above, the role of reflection was different for each participant. The three participants with the highest placement on the wellness maturity continuum, Jack, Hank, and Lance, strategically incorporated reflection into their life and used reflection to fuel their ability to adapt to the leadership lifestyle and their pursuit of wellness. Sam, who is on the mid-range of the wellness maturity scale, uses reflection often and strategically. The role of reflection for Sam was obvious, and he clearly used reflection as a means of adaptation. The other participants who rated lower on the wellness maturity scale engaged in reflection to varying degrees and the purpose of reflection for each was average at best.

Axial Category: Gauge of Wellness

One research question was aimed at understanding if academic leaders know if they are well or not well. As the results indicated, academic leaders did know when they were well and less than well. To this end, the axial code, gauge of wellness, was identified as a supporting category to wellness maturity.

There seemed to be an overriding sense of self-awareness to describe one's gauge of wellness. Participants noted an internal "sense" or "feeling" about their wellness levels. The following are participant descriptions of how they sensed if they are well or not well. Marie stated,

> I just do. I guess maybe there's two things. One is, if the tape is playing in my head too long about work, then that's a sign. If I'm worrying about things. That I'm not getting away from it like I need to....
>
> So, I can feel when I'm too focused in work. I have a friend that I call and I say, "Candice, my briefcase is talking to me." And, the first time I said it, that means

> priorities aren't getting done, and when my briefcase is talking to me, I know there's a problem, because I'm not getting it to shut up.

Sam described his sense of lack of physical wellness in the following description.

> So, for me, wellness, it starts getting kind of under my skin if I don't do anything for a while, I don't feel healthy. I feel it. And, I sense it. When two weeks go by, and I haven't done anything... A couple of weeks go by and I know I haven't done it, a little sensor goes off and I say, "Man, Sam, you haven't done anything. Let's get something going."

He went on to describe his gauge for lack of mental or intellectual wellness.

> But, if I'm consumed by work and I haven't spent time reading or thinking about, reflecting on my own welfare, escaping from work and thinking about, you know, whether through meditation or prayer, just to kind of get centered, I pick up on that.

As the participants further described how they knew when they were well and not well, the responses fell into two categories – definable or tangible indicators of wellness and less definable or less tangible indicators of wellness.

Some of the definable indicators of wellness included measuring the number of bad days at work, constantly thinking and worrying about work, decreased productivity, clarity, and focus, lack of patience and "niceness," grumpiness and irritability, lack of sleep or inability to stay awake, exhaustion, susceptibility to sickness, and behavior that negatively impacts family or home life.

Lance provides two tangible descriptors of his gauge of wellness.

> I think physically, when I look at people my age and a lot of the friends I have are within plus or minus five years of my age, I feel that I could get on a bicycle today if it was warmer and ride 50 miles and not have any problems at all. And, most of the people that I interact with, can't do anything close to that. So, I feel that just in a judge of my peers that I'm in reasonable condition physically.

He also offers a unique perspective on his gauge of workplace wellness.

> And, I think you reflect on, at the end of the day, whether it was a good day or it was a bad day and everybody has bad days and everybody makes mistakes. It's the frequency with which that happens and it's the impact that that has on your ability to get your job done the next day or the next week...But, it's that end-of-the-day assessment of, am I willing, am I having such a bad day that I don't want to go to work tomorrow. That has never happened to me. I've had some bad days, and I've had a couple of days where I've had to kind of walk away from a situation that I was heavily involved in. But, I don't know that I've even had a day that I didn't think I could do a good job the next day or that I just dreaded coming to work or...no. Haven't had one of those.

Becky clearly knows when her wellness levels are off. She identified certain definable indicators that served as a gauge for her state of wellness.

> ...I mean if I go a week ever without some form of exercise I start, you know, not being a productive person. I'm not as nice, you know. I'm not as patient all those things...I get more easily distracted. I find that my sort of mental attention is more easily broken. If I'm not sorta physically well my mental health goes.

She goes on to say the following.

> Um, you know, I don't find that I'm probably as patient as a supervisor, as a colleague, you know, my sort of patience level wanes or my tolerance for little things wanes when I'm not feeling as well physically.

Jack knows himself well enough to know when his wellness level is low.

> The other way I know is there are occasionally, there'll be times when I'll go home and I'll just crash. Literally, get home, I'll be watching the news, and I'll fall asleep and I'm gone, and I know my batteries are just run down. I mean, it doesn't matter if it's sunlight or not, I can't stay awake....When I start seeing those things, my behavior starts getting bad, or I'm just so tired when I get home that I can't be company or I can't watch TV or do anything, I know I need to do something different.

Hank spoke to a very challenging situation where his physical wellness was compromised due to his transition from one job to the next and it manifested in an illness.

> Well, I'll give you a current example. I've burned a candle pretty badly in the past few months. We've been traveling back and forth, I work all week and then we travel and work at the new place and work all week. I picked up some kind of bronchial thing about three weeks ago, when we were coming back from Spain, and just couldn't shake the doggone thing. And then, Tuesday of this week, I woke up and thought, "I'm not doing well. I'm not well, and I can feel it." And so, I called in sick, which I don't do here. So, it's a big deal when I call in sick, and I said, "I'm sick. So, cancel my meeting with the governor. I'm just sick, I can't do it." And, went to the doctor, and I had bronchitis. So, I had let myself go too much, I had not, although I was trying everything in my power, just too many hours of the day and no time, no downtime.

Some of the less definable indicators of wellness, as described by the participants included having a positive attitude, feeling comfortable with oneself, physically feeling better, feeling awake and energized, having a sense of joy in life, feeling like life is manageable, having good mental feelings, having horizons open up to you, a negative impact on work, not feeling constrained, and having others want to be around you.

Lance provides some description of less tangible indictors of wellness or lack of wellness.

> I believe that if you were to ask me if I feel I'm fine and I feel that I would be high on some wellness scale, I think I would be there. I don't feel that I physically have any issues right now that preclude me or even interfere with my job.

Becky offered this.

> I find myself out of kilter. Physically it impacts sort of kind of mental stability in that capacity. When I go into these the occasional off times periods of mental and physical health I'm more selfish, I go inward I don't go outward, you know, and I recognize what happens there.

Jack noted how his wife served as a gauge to his wellness as described below.

> I really do, it manifests in my behavior at home, I carry it around with me. That's probably the hardest thing, because it's really hard, I think on, the ones that you're closest to. I mean, these are tough jobs and you get frustrated or you just

> feel like things aren't going the right way or you're not getting done what you need to get done and you feel bad about it, and you carry it around with you...So, my wife will be the first one to tell me, and she's pretty good at being honest with me about it but that's why she's learned to book the time away. She sort of knows how long a cycle I can go before my batteries run down.

Summary of Gauge of Wellness

The gauge of wellness and related indicators described above serve as radar or antenna for academic leaders to understand their state of wellness. More importantly, through a reflective process, the gauge of wellness leads to adaptation of routines and guideposts to re-calibrate wellness and continue in pursuit of wellness maturity.

Axial Category: Adaptation

As previously stated, wellness maturity is achieved or maintained by having an ability to adapt to the leadership lifestyle and personal and professional challenges that accompany that lifestyle. Some of these challenges include adaptation to situations such as new jobs or roles and changing work-place dynamics and contexts. This is called professional situational adaptation. Other challenges include adaptation to hurdles to achieving wellness such as physical injuries, birth of a child, or heavy workloads. This is called personal situational adaptation. Adaptation to the leadership lifestyle is a dynamic process and is always changing and evolving with time and one's experience. As such, adaptation is really an ability rather than a trait and can be learned or honed over time. Finally, the ability to adapt is fueled by the engagement in a self-reflective process. The following section will provide detail into the two sub-components of the category of adaptation: professional and personal situational adaptation associated with the leadership lifestyle and the evolution of adaptation over time.

Professional and Personal Situational Adaptation

Earlier in this chapter, the cultural backdrop "leadership lifestyle" was introduced. All of this is compounded by the ever-present challenge to incorporate one's personal and family life into this leadership lifestyle. This challenge includes addressing childcare needs, spending time with spouses, partners and family, and engaging in hobbies and personal wellness types of activities.

Achieving wellness maturity involves adapting to the previously described situational challenges. Specifically, for academic leaders to achieve or maintain wellness maturity, they have to successfully adapt to professional and personal situational challenges that confront them. The next section will discuss adaptation to various situations related to the leadership lifestyle and specifically the professional situational challenges academic leaders' face.

The participants often spoke of the various jobs they held or the institutions they worked for over the course of their careers. Each time a participant changed jobs or institutions, he or she was presented with a new or different situation and the opportunity to adapt to the new situation. One of the most significant examples of successful adaptation to a changing position was that of the participant Hank. At the time of the data collection, he was transitioning from the role of Provost and Assistant Vice Chancellor of Student and Academic Affairs at the University of the Midwest to the presidency of a private, faith-based institution in the midwestern part of the United States. Essentially, he was engaged in two jobs at the same time as he was faced with the pressure of entering the presidency with a "plan" in place upon his official start date and

the pressure of closing out and transitioning his work as Provost at his current institution. This transition also involved a good deal of travel between the two institutions.

Historically, one of Hank's most important strategies for maintaining wellness was to wake early and use two hours in the morning as his personal time. To continue to make progress with both jobs, he has adapted his routine to overcome the challenges presented to him with this situation.

> I get up at four every morning. So, usually my private time to do the kinds of things I need to do for mental space is between four and six in the morning... Then, from six in the morning until nine or ten at night, it's work. And, that's almost seven days a week... So, that 4-6am time is really important...and then, I've taken on other kinds of projects and activities and my current concern is that because I'm transitioning, I'm literally holding two jobs right now... I've lost my 4-6am time, because I'm using my 4-6am time to do my next job. And, then I come here and put in my full day and then I go home and use the next window to do my other job again.

Sam shares his perspective about adapting to new professional situations specifically in the context of his wellness pursuit. At the time of the interview, he had been at University of the Midwest for a fairly brief period of time. As he reflected on his roles at previous institutions and his use of adaptation to achieve success, he shared the following.

> So, I've always wanted to learn, to learn about different contexts. And, I'm using work as an example. I'm working in the context of this particular institution and implementing programs and policies and initiatives, working with people and making things happen. The next institution I go to, even if it's just like this institution, I can only use that as some historical information, but the context has changed. So, I can't do a cookie-cutter approach and do that, and so I have to re-think and re-learn with the dynamics and the people and the environment, how do I help move forward in this direction of certain initiatives? So, you constantly have to think that way and constantly have to adapt and adjust.

Lance also exhibited professional adaptability in a number of ways. Reflecting on his career experience as both a faculty member and administrator, he spoke about how he had to adapt his work style over the years to be successful.

> So, I've always had an office at home whether I was teaching or doing research or writing papers or preparing lectures, so even before I was in an administrative role, I always had an office at the home. It may have been in the furnace room, it may have been an empty bedroom, but I've always felt that I needed in my job to be able to work past a 9-5pm schedule. I've never operated very well on a 9-5pm schedule. I'm a very early person, so I get in and get a couple hours worth of work done before 8 or 9 o' clock in the morning. That was more difficult with a family at times, particularly on the weekends and evenings when you've got kids in something.

Lance knew that he needed a home office and adapted to fit what options were available such as an empty bedroom or even a furnace room. He also knew that his preference was to work outside of the normal nine to five schedules and he adapted his work habits to meet this need.

Jack's career has spanned almost every sector of public higher education. He has learned to adapt to each professional situation as well as to his personal situations. In his current role of President of Municipal State College, his years of leadership experience allowed him to exhibit adaptability in the following way. He has been able to manage the expectations of various stakeholders through his philosophy that true change in higher education takes time. When he arrived at Municipal State College, he laid out a ten-year plan to achieve success. The timeframe of this plan allows him the ability to manage expectations of the community by making progress each year but having enough flexibility to account for the unforeseen. This example demonstrates how Jack has used lessons learned over time, adapted to his current role as President and how he is managing the significant expectations that accompany the leadership lifestyle.

At the time of data collection, Pam's institution was in a state of transition between campus presidents. As previous described in the intention section, according to Pam's boss, productivity was measured by "seat time." Under this presidency, Pam was granted maternity leave to accommodate the birth of her child but was not provided any further flexibility to manage the transition from maternity leave back to work. In this case, Pam adapted to the situation by accepting the lack of flexibility in her work environment even though she was not happy about it. Then her boss was abruptly fired. The interim president allowed Pam to have more flexibility with her role as a senior level administrator and new mother. Although temporary, this opportunity provided Pam the encouragement and hope that integration of work and personal life was possible.

Interestingly, Marie, the negative case study participant, exhibited professional situational adaptability quite often. Her experiences provide yet another example of how she has been able to adapt to the professional situational challenges that accompanied her leadership lifestyle at the various jobs and institutions she has been involved with over the years. She is very adept at adapting to the culture of the institution she is working at, understanding that she has the ability to create the expectations around her role as an academic leader. Marie feels strongly that academic leadership positions are lifestyles and operates with the philosophy that one must, "figure out ways to manage them" or they will manage you. She speaks of adaptability in managing the personal and professional aspects of her life in terms of transitions. "So you have to be able to emotionally stop it. Or, make transitions to where you are making conscious decisions to leave it (work) at home or in the briefcase."

The leadership lifestyle presents professional as well as personal situations that academic leaders must adapt to. This section will address personal situational adaptation that is necessary for leaders to achieve wellness maturity.

One of the most prominent examples of personal situational adaptation involves that of interview participant Jack. Jack was an active, competitive athlete during his life and continued his participation in sports and fitness activities into his adult years. As Jack interpreted the meaning of wellness, he specifically highlighted the physical aspect of wellness as important to him. As he reflected on his career, he observed that over the years, he encountered a number of injuries that forced him to adapt his preferred mode of physical activity.

> So, for me, part of it is just physically staying healthy...I've always been an active person...and I've had to change my style of physical activity over time... I've been a rugby player for many years, I was a runner for many years...I finally had to give this up, give running up just this last summer because of pain in the back and long-time injuries and stuff... So, I've transitioned from that into doing a lot of stationery bike-riding to keep my health up... I do a lot of walking... So, now I've accommodated my lifestyle to fit my work style, because it's a little different in an urban environment than it was in a rural environment.

Notice how Jack was intentional about keeping healthy but he speaks of "transitioning" from running and rugby to riding a stationary bicycle for fitness. Jack looked at the challenge and potential barrier to maintaining his physical wellness due to injury and adapted his lifestyle and mode of exercise to continue to maintain his engagement in wellness. This example of personal situational adaptation is a noteworthy example of an academic leader adapting to maintain his engagement in wellness to attain wellness maturity, however other participants also experienced personal situational adaptation to varying degrees.

Earlier in this chapter, Pam talked about the importance of wellness as being the need for work-life integration. This stemmed from having to deal with the birth of her daughter and how she wrestled and continues to wrestle with blending her home life with her personal life as described below.

> I kind of feel like I sort of backtracked and lost myself a little bit, probably as a result, I know I did, as a result of being pregnant, your whole world changes. I mean, your whole, everything about you, and I'm sure you've experienced this too, everything about you changes... You don't have the flexibility to do whatever you want anymore, you don't have, I don't have time to sit and think, ever... So, I think as I'm sort of coming out of this fog of new motherhood, trying to think of ways in which I can fill myself...and seeking ways to fill myself...

Adding to her dilemma is her self-questioning about continuing to work in a professional and competitive work environment as well as determining the primary focus of her life.

> It's time to retire. I know, I'm too young to retire, but.... You know, I'm still sort of grappling with the idea of do I want to be in the, sort of, competitive work environment at all? ... Do I want to be doing something is more, so that work is not my focus? Raising my child is my focus, and being part of my family is really where I get the most joy in my life, and that's really what brings me a sense of belonging anywhere...so I don't really know, I'm not really sure what I want to...I'm still kind of grappling with it, do I want to do the, go in the, kind of be involved in the hustle, I don't really know.

Pam's example is one that demonstrates she has not yet adapted to her personal situation but she is aware of her need to adapt to her "fog of new motherhood" and is attempting to create a culture within her specific department that allows for work-life integration,

> ...it's my philosophy to incorporate those sorts of things, and because I'm a supervisor, I see the need to do that...so I have staff that have kids and so I'm able to provide them with the flexibility to do what they need to do in terms of integrating that family or bringing their family with them.

Pam has not yet achieved wellness maturity in part because she has not adapted to this personal situation.

Sam's professional and personal situational adaptation was somewhat blurred as he seemed to want to separate his professional and personal life but was not yet able to do so at the time of the data collection. However, Sam's professional life influenced his personal life and he demonstrated the ability to adapt to his personal situations. Two specific examples speak to this adaptation process.

First, for many years, Sam rarely used his vacation time and would take a long three or four day weekend or holiday at best for vacation. Only recently, until he began working for University of the Midwest, did he begin to use his vacation time and take longer family vacations. His role model and boss, participant Hank, heavily influenced this change in routine. Hank encouraged all of his staff to use vacation time and spend time with their families. Sam recalled a moment after work where Hank influenced his thinking about vacations.

> And, so, I'd have talks with him after work and raise this variety of questions and balance. He gave this idea about vacationing. He goes, "Sam, you know, growing up, we didn't always have the money. But, we said, you know what, we're going to take this vacation, probably can't afford it, but we're going to go with our kids and we're going to do it. When are you going to do it? When they're teenagers?" And, that really set in place this idea, "I'm going to take a week." I never did it before. He goes, "You just gotta do it. Your time will go by and be gone, and it'll be too late."

In this situation, Sam adapted his normal routine of only taking long weekends or holidays for vacations in order to spend time with his family and pursue family wellness.

The second example of how Sam exhibited personal situational adaptation is his annual attendance to a monastery. Although Sam's father regularly attended a monastery, Sam only recently started attending. Due to his ability to refocus and

rejuvenate as a result of attending the monastery, he adapted his normal lifestyle and routines to incorporate visits to the monastery on an annual basis.

Although this example was described earlier in this chapter, the importance of these two examples is that Sam has committed to participation in two things in his pursuit of wellness– family vacations and the monastery. He has adapted his regular routine to incorporate these two commitments and appeared to be very optimistic about the effects of this adaptation.

Evolution of Adaptation over Time

The element of adaptation appears to evolve with time and experience. The next section will provide further insight into how some of the participants have adapted to personal or professional situations with experience and time.

Many of the participants demonstrated, in various ways, that their ability to achieve wellness or successfully engage in tactics or strategies to achieve wellness has developed over time. In essence, the results of this study indicate that one's ability to adapt to the leadership lifestyle and successfully achieve wellness maturity evolves over time and with experience. Even Marie, who does not rate high on the wellness maturity continuum, provided evidence that her ability to adapt to professional situations has grown over time. For example, she noted that early in her career, she lived in residence halls as part of her job description in student affairs. She felt as if she was constantly working without a break. Over the years, as she worked in institutions of different sizes and types, she learned how to set expectations in the workplace to limit or increase her accessibility as an administrator based on what type of style was needed at the time. She

also learned how to allocate her energy throughout the day so she was not necessarily working on full tilt all of the time.

> There are some points in my career where I get up in the morning, make coffee, five o'clock, do e-mail for 40 minutes, organize the day, then take a shower and then go in. But, by four, I'm dead. My energy is already spent. So, sometimes, I think, I'm only going to expend 60% of my energy on work today. I've got to save some for when I get home so I'm not so exhausted.

As Jack reflected on his gauge of wellness and how he knows if he is well or not well, he noted that his ability to deal with stress has improved over time and with experience as a result of his previous leadership positions.

> ...I think I've learned it more over the years. I've actually learned how to deal, and this is probably important, I think I've actually learned how to deal with the stress better over the years. I think I handle it a lot better, I don't allow myself to personalize it so much, you know, it's not about me, and I've been in enough places now, and this is probably the one thing that's helpful, when you're dealing with these issues, they're really immediate and you somehow think they're unique to where you're at, but after you've been a few other places, you realize they're not unique at all, everybody's dealing with these same issues, they may have nuances to them, and so you both learn on ways to handle it that you wouldn't know about before, but you also learn that this too shall pass, it'll get by, so I just think I handle it better now.

Interestingly, Hank, who rates high on the wellness maturity continuum, admittedly felt his understanding of wellness recently has grown in his role as provost and with his involvement in his particular institution due to its medical school and the school's regular involvement in nutrition and wellness initiatives. During the interview he was transitioning to a new role as president of a university. He was already thinking about how he would adapt to his new role, schedule, and lifestyle and implement certain tactics and strategies to maintain wellness. In the excerpt below, Hank speaks to the number of direct reports he will have in his new presidency position.

> The next place I'm going, it's seven people and so, I can handle everybody, still have space on my calendar, decide what I want to do. I'm going to, again, in the next job, allow myself again, about an hour for physical activity first thing in the day and give myself more time in the morning to get the work done, then take the appointments from about 10 o'clock on... Because in that job, I'll have more evening responsibilities than I do here, so I'll probably start a little later in the day than I'm doing now, and then adjust it that way. But, I'm going to be far more conscious of my calendar.

He is anticipating his new situation, making adjustments and adapting to his new lifestyle and work schedule.

Summary of Adaptation

Wellness maturity is achieved or maintained by having an ability to adapt to the leadership lifestyle and personal and professional challenges that accompany that lifestyle. This section summarized adaptation into three areas: personal situational adaptation, professional situational adaptation, and evolution of adaptation over time, and provided participant examples to support the adaptation category.

Summary

This chapter provided the findings of the research study, the grounded theory, and responses to the research questions. The findings were organized and presented in a way that allowed the reader to become aware of how the research questions contributed to the development of the grounded theory. In review, this chapter presented the cultural backdrop for this study called the leadership lifestyle. It provided the demographic information for the participants. The core category, wellness maturity, was introduced along with the supporting axial categories, intention, reflection, gauge of wellness, and adaptation. Next, the findings related to research questions one and two were provided.

Finally, the core category of wellness maturity and the axial categories were described in depth. This section included responses to research question three as well.

Research question one asked, "what does wellness mean to academic leaders?" Participant explanations were individualized although some responses were more frequent than others. Most participants viewed wellness as a broad concept with multiple elements such as physical, mental, nutritional, spiritual, and professional.

Research question two asked, "what strategies are used by leaders to achieve or maintain wellness in their lives?" The results of the study indicated that participants used various guideposts and routines to achieve and maintain wellness. Additionally, and most importantly, a overarching grounded theory for how wellness is achieved and maintained was developed.

The grounded theory of wellness maturity can be summarized in the following way. Wellness maturity is best represented by a continuum with two polar opposite ends. Once a leader identifies his or her personal importance of wellness, the leader crosses the threshold into the wellness maturity continuum. The importance of wellness for the leader creates the intention to pursue wellness maturity. This also addresses research question three which asked, "do leaders value wellness or view it as a goal?" As the leader moves through the continuum, he or she engages in a process of self-reflection assessing the gauge of wellness in pursuit of wellness maturity. The leader then adjusts routines and guideposts to adapt to the leadership lifestyle and professional and personal challenges associated with that lifestyle.

CHAPTER V: IMPLICATIONS

Chapters one and two described the overview, purpose, need for, and literature relevant to this study. This study was important and necessary for a few reasons. Mainly, although the literature related to wellness is fairly abundant, the literature related to wellness and educational leaders in general is fairly limited. Furthermore, the literature related to wellness and leaders in the field of higher education is even more narrowed. There are 6000 higher education administration positions projected to be filled by the year 2014 (www.bls.gov). Yet as described in chapter one, the generation of leaders considering these vacant leadership positions also is wrestling with how to achieve or maintain wellness in their lives while simultaneously meeting the demands and responsibilities of the leadership lifestyle. As I embarked on the proposal of this research project, I aimed to provide something useful to the field of higher education leadership. I hoped to provide academic leaders struggling with the high-stress, fast-paced leadership lifestyle something practical. The results of this grounded study were presented in chapter four. This next section discusses the implications and practical application of those results.

An important feature of this study and the chosen grounded theory approach was the potential for practical application. This chapter addresses the implications of the results and demonstrates how the grounded theory of wellness maturity applied to my participants and how other academic leaders seeking to maintain or achieve wellness can

find usefulness. This chapter will be divided into the following sections. First, a brief review of the cultural backdrop will be provided. Next, my participants will be grouped according to their wellness maturity levels and the rationale for these groupings will be discussed. In this section, the negative case analysis for the participant Marie will be shared. Finally, the recommendations for the participant groups to achieve or maintain wellness maturity will be offered.

The Leadership Lifestyle

As chapter four explained, the cultural backdrop for this study was called the leadership lifestyle. The context focused on how academic leaders at a dean's level or above in higher education institutions maintain or achieve wellness. These participant leaders painted a picture of a fast pace, high responsibility lifestyle that accompanies the leadership positions in academic institutions. Leaders routinely are faced with challenging situations, overwhelming amounts of work, long hours, and minimal uninterrupted work time. The need for academic leaders to maintain or achieve wellness is a vital ingredient to a sustainable life and career.

Wellness Maturity Levels

This section will first describe the participant groupings according to their wellness maturity levels. Next it includes the rationale for the groupings. Finally, the recommendations for the participants to maintain or achieve wellness will be shared.

Although each participant had a different level of wellness maturity, the participants were grouped with others who had similar wellness maturity levels. This format yielded three participant groups and provided a straightforward way to address the study's implications. The first grouping includes only one participant, Marie, who has not

yet entered the wellness maturity continuum. The second grouping includes participants Becky, Sam, and Pam who are in the mid-range wellness maturity level. The third grouping includes participants Lance, Jack, and Hank who are in the high wellness maturity range. The rationale for each participant grouping will be explained based on the extent the participants in the group aligned with the core categories of the grounded theory wellness maturity.

Marie is the first participant discussed and is the negative case analysis in this study. When she was contacted for participation in the study, she responded by saying that she valued wellness and viewed it as a goal but had not achieved wellness. This was interesting because she was very interested in participating and had met two of the qualifying criteria, except for the most important criterion – having previously or currently achieved wellness. She stated that she did not necessarily feel that anyone ever achieves wellness although one can continually strive to achieve it. After consultation with the methodologist we decided to include her as a participant in the study to compare her perspective to that of other participants in the study who felt they have achieved wellness.

The decision to place Marie into the first grouping of wellness maturity was based on the degree she aligned with the axial categories: intention, gauge of wellness, reflection, and adaptation. Marie was an interesting participant because on the surface she seemed to align with many of the axial categories of wellness maturity. She exhibited intention in a variety of ways. Marie was intentional in the types of academic leadership positions she pursued and the types of institutions for which she worked. Her work experience spanned a range of institutions and based on her professional experience, she

had a solid understanding about the leadership lifestyles required for employment at various types of institutions.

Marie also was intentional in how she set expectations for how accessible she wanted to be as she entered new leadership positions. For example, at the small liberal arts institution that she worked at prior to Municipal State College, she noted and almost boasted that she would regularly and intentionality eat in the cafeteria with students. This made her appear to be accessible and caring. According to her, students valued her accessibility. In a different example, she noted how she would attend many of the athletic functions at the small liberal arts institution fully knowing the potential strain it would place on her personal free time. She told a story about how one of the wrestlers was keenly aware whether she attended the wresting matches or if she was absent. Prior to the match, he would approach her and ask her if she was attending the upcoming match. For a vice president of student affairs, having this level of connection with students is admirable. However, she dually noted the flipside to creating the perception that she was readily accessible to students. She regularly spoke to the strain of the lack of boundaries placed on herwell-being. To this end, she cited one example where university trustees approached her in the grocery store and at church wanting to talk "business" with her. Although she valued the relationship with these trustees, she wanted to re-establish her personal boundaries, and she aimed to get them back at her relatively new role at Municipal State. The previous examples address how Marie exhibited intentionality in how she set and managed expectations in new leadership positions.

Another axial category was reflection. As noted in Table 4, Marie's depth of reflection was low. Her frequency of reflection was sporadic and the purpose of

reflection, when she did purposefully reflect, was about assessing her life. As noted in the previous chapter, Marie did reflect when she felt her life getting out of balance. Achieving wellness maturity requires one to adapt to the leadership lifestyle as a result of engaging in a reflective process. Although Marie engaged in reflection sporadically, it did influence her ability to adapt to professional situations.

As chapter four described, professional situational adaptation was part of the axial category of adaptation. Marie was skillful at adapting to the leadership lifestyle as evidenced by one of her guideposts, "figure out ways to manage them (leadership lifestyles) or they will manage you." She also believed in making emotional transitions between professional and personal life and making conscious decisions to leave work at work so as not to interfere with the personal dimension of life.

In terms of her gauge of wellness, Marie seemed to have a limited or one-dimensional gauge of wellness. She only appeared to use a professional lens to gauge her level of wellness and seemed unable to separate her personal and professional life and identity. The two descriptions she offered, presented in chapter four, overwhelmingly speak to work or overworking as her primary gauge of her wellness level.

With all of this said about Marie's alignment with the axial categories of wellness maturity, she has not entered the wellness maturity continuum as the other participants have. In this grounded theory, the axial category of intention is dependent upon the identification of the importance of wellness in one's life. Marie has not identified the importance of wellness in her life yet. Although she exhibited intention in some of her behaviors, the intention was not developed from the importance of wellness or connected to her desire to achieve a destination of wellness maturity. In essence, she is involved in a

great deal of activity to achieve wellness but without a destination and purpose to direct her efforts. Even though her alignment with the axial categories was important to the development of this grounded theory, she was unable to cross the threshold into the wellness maturity continuum without identification of the importance of wellness. Therefore, Marie is placed in the first wellness maturity grouping.

The second wellness maturity grouping includes Pam, Becky, and Sam. This is the mid-level wellness maturity grouping. Contrary to Marie, members of this group have identified the importance of wellness in their lives and therefore are intentional in their pursuit of wellness maturity. They know why they engage in the activities and have a purpose to direct their efforts. The importance of wellness for Pam is to achieve work-life integration. The importance of wellness for Becky is the responsibility she has as a leader. The importance of wellness for Sam is to move forward and continually improve and develop in every aspect of his life. These participants are striving to achieve wellness but have not yet achieved it. However, they understand that wellness maturity is an optimal destination requiring constant movement towards the destination.

This participant group also engaged in reflection at varying depths and frequencies. In general, reflection is part of their regular practice although they engage in it in different ways. Although Pam only reflected periodically, she had not connected her reflective practice to adaptation. In other words, she did not reflect about her position on the wellness maturity continuum or use this reflection to modify or adapt her routines and guideposts to achieve wellness. This is an additional reason why she is in the mid-level wellness maturity grouping.

Next, participants in grouping two seemed to have a comprehensive set of indicators to gauge their wellness compared to the participant in the first grouping. These indicators encompassed both tangible and intangible indicators as described in the previous chapter. For example, Sam described his sense of his lack of physical, mental and intellectual wellness in chapter four. Becky described her specific indicators when she sensed her physical wellness was off such as having less patience and being easily distracted.

Finally, the participants in this group were actively involved and working to overcome and adapt to the challenges in front of them. Pam was attempting to achieve work-life integration and adapting to her changing work environment to reach this goal. At the time of the interview she was wrestling with this but striving to adapt to her work environment. Sam was aiming to improve his performance in a variety of personal and professional areas, and Becky was striving to advance her notion of wellness as a responsibility.

The third high-wellness maturity grouping includes Lance, Hank, and Jack. They have identified the importance of wellness in their lives. The importance of wellness for Lance was to have the opportunity to regularly reflect and assess himself and his performance. The importance of wellness for Hank and Jack was improved and positive job performance. This group also understood how to achieve and maintain wellness in their lives to the point that they exuded a sense of confidence in their attainment of wellness maturity. These participants seemed familiar with wellness, what it meant to be well, and approached their pursuit of wellness as if they have achieved it in the past. To this end, the participants in group three had a very keen gauge of their wellness levels.

They had very clear indicators of their wellness or lack of wellness. For example, Jack noted his extreme exhaustion as an indicator and Hank noted his irritability with his family as indicators of lack of wellness.

The participants in this grouping reflected regularly and used this reflective practice to adapt to their leadership lifestyle. Hank provided a great example of how reflection plays an integral part in his life. His theatre training was the catalyst for his constant self-reflection. He was trained in theatre to always assess his position relative to his environment and surroundings. Lance reflected regularly during his daily bike riding sessions. Jack used exercise as a means of reflection to solve specific problems.

The previous section identified the wellness maturity groupings of my participants and rationale for why the participants were clustered into groups one, two, or three. As stated earlier, each participant had an individual and unique wellness maturity level. However, for this section of this study, the participants were grouped with others who exhibited similar states of wellness maturity. The first grouping included Marie, the negative case analysis. Although Marie was intentional in some of her routines at work and exhibited professional situational adaptation, she has not entered the wellness maturity continuum yet. She has not identified the importance of wellness in her life and therefore has not created the intention and purposefulness to pursue wellness maturity. Grouping two, the mid-level wellness maturity group, includes Pam, Becky, and Sam. The participants in this group have identified the importance of wellness in their lives and are intentional in their pursuit of wellness. They have a solid awareness of their gauge of wellness and engage in reflection at varying depths and frequencies. Participants in this group are actively working to adapt to the challenges of their specific leadership lifestyle

but have not yet achieved a high level of wellness maturity. Group three, the high wellness maturity grouping, includes Hank, Jack, and Lance. These participants have identified the importance of wellness in their lives and thus have the intention and confidence to pursue wellness maturity. This group has a keen gauge of wellness and is very aware to when they are well and not well. Also, this group engages in reflection often.

Recommendations to Maintain or Achieve Wellness Maturity

This section will provide recommendations for the three groups of participants to either achieve or maintain wellness in their lives based on their placement on the wellness maturity continuum. This section is written so that other academic leaders aiming to achieve or maintain wellness maturity can use these recommendations. Once an individual identifies where he or she is located on the continuum, or what grouping he or she most aligns with, the appropriate recommendations for that grouping can be applied.

Those Outside the Wellness Maturity Continuum

The first set of recommendations is aimed at grouping number one and includes the participant who has not yet entered the wellness maturity continuum. Although it appears that Marie exhibits various elements of wellness maturity, she actually has not entered the wellness maturity continuum. Because Marie has not entered the continuum yet, the following steps are suggested.

1. *Re-examine the meaning of wellness.*

First, Marie must re-consider the meaning of wellness for herself. She offered a variety of descriptions of wellness at varying times throughout the interview. The analysis of the data indicated her description of wellness was broad, lacked specifics, and lacked

confidence. Marie will benefit from taking stepping back from her hectic schedule and seriously considering what wellness means to her.

2. *Identify the importance of wellness.*

Once Marie has a clear understanding about the meaning of wellness for herself, it will lead her to the next critical step of asking why wellness is important to her. As the results of the grounded theory indicated, the meaning of wellness for participants was connected to the importance of wellness for the participants. Marie likely will have many reasons as to why wellness is important, but she must identify the overriding importance of wellness in her life. Some examples could include self-preservation, positive job performance, or stress reduction, among others. Whatever the reason, she must be clear and confident about it. This will create the necessary purposefulness and intention to enter the wellness maturity continuum.

3. *Reflect.*

Once Marie has the intention to pursue wellness, it is recommended that she create strategic opportunities to reflect on her gauge of wellness, specific to the importance and pursuit of wellness maturity as well as her place on the wellness maturity continuum. It is possible that Marie did not engage in self-reflection often because she did not know what she was reflecting on or reflecting about. Achieving wellness maturity requires one to reflect on his or her pursuit of wellness and make appropriate adjustments or adapt and continually make progress towards achieving it.

4. *Become more familiar with your gauge of wellness.*

As Marie engages in a reflective process, she also must become familiar with her own personal gauge of wellness beyond what she already knows. This will likely take time to develop but is feasible once she is aware that this is an important step.

Those in the Mid-Range of Wellness Maturity

Group two is the mid-level wellness maturity group and includes the participants who understand the personal importance of wellness but have not yet achieved high wellness maturity. The recommendations for this group are primarily messages of re-enforcement to the behaviors they are already engaged in as the participants are on the right track.

1. *Notice the positive steps.*

The first recommendation is that through some mechanism, the participants in this group are made aware of the positive steps they are taking towards achieving wellness maturity. In essence, becoming aware of their positive steps will create the necessary re-enforcement to stay on track and achieve their goal of wellness maturity. This is important because although group two is making progress, they lacked the confidence that the members of group three had relative to their pursuit of achieving wellness maturity. There could be many mechanisms to become aware of their positive behaviors. For example, reading this research study may create awareness for the participants to stay focused on achieving wellness maturity.

2. *Keep your eye on the goal.*

The next recommendation is not to lose sight of the importance of wellness as this creates the direction and purposefulness towards achieving it. The results of this study indicated that achieving or maintaining wellness is a long-term commitment that evolves over time

and with experience. As participants progress through their leadership lifestyles and careers, they will likely experience distractions and disruptions so it is important to stay focused on the importance of wellness. Practical ideas include writing down the importance of wellness in a journal and reviewing it regularly or placing a piece of paper stating the importance of wellness in a location that is easily and frequently visible.

3. *Notice your progress.*

Third, members of this group should be aware of times when they feel like they have achieved some higher-than-usual level of wellness maturity so they can refer to that state as a reference or baseline norm. Having a sense of success will provide the participants something to aim for. This awareness may be achieved through engagement in a reflective process.

5. Reflect.

Building from the third recommendation, the fourth recommendation is about reflection. Although two of the three members of group two reflected regularly, Pam could engage in reflection more often. She seemed to be wrestling with finding the time to engage in reflection but engaging in reflection would be extremely helpful to her pursuit of wellness maturity.

Those Who Have Achieved Wellness Maturity

Group three includes the participants with high wellness maturity. The question for this group is not how can they achieve wellness maturity but how can they maintain wellness maturity? The following recommendations are suggested for participants in this group.

1. Maintain a positive outlook.

First, it is likely that the leadership lifestyle will continue to provide personal and professional challenges to the participants in this grouping. A critical component to maintaining wellness maturity is being aware of these challenges and continuing to preserve the outlook that one can adapt and work around or through the challenges they face.

2. *Continue to use old and new routines and guideposts.*

Next, the participants must remain aware of the importance of the routines and guideposts in the maintenance of their wellness and continue to engage in new and different routines and guideposts, in addition the ones that have worked over the years. The routines and guidepost they have used in the past have positively contributed to the development of their wellness maturity.

3. *Re-calibrate Intention.*

Third, it is possible that the importance of wellness for an individual can shift over time. For example the importance of wellness for a participant could change from improved job performance to preserving one's physical health to have the capability to play with grandchildren. If the importance of wellness changes, the participant must make note of this and re-calibrate the purposefulness and intention towards achieving wellness maturity. Because the participants in this group have achieved wellness maturity, they will me more likely to recognize when they are in or out of a wellness maturity state.

Summary

This chapter grouped the participants into three groups: those who have not yet achieved wellness maturity, those who achieved mid-level wellness maturity, and those who achieved high-level wellness maturity. Rationale was provided for the placement of

participants in each grouping. Although each participant was at a different place on the wellness maturity continuum, participants were grouped with others in similar locations along the continuum. This chapter also provided recommendations for the participants in each general grouping as well as for academic leaders looking to learn from these participants and this grounded theory. The final chapter will compare the grounded theory against the literature and provide recommendations for future research.

CHAPTER VI: DISCUSSION

Introduction

This chapter integrates the literature and my findings. Specifically, I report on the findings that support and challenge the literature related to wellness, the achievement of wellness, and my results.

Purpose of the Study

In review, my purpose was to discover the meaning of wellness for academic leaders and better understand how they maintained or achieved wellness in their lives. The grounded theory I derived has the potential to be used to assist leaders in framing their own approaches to realizing wellness as part of their lives. Furthermore, the grounded theory can be incorporated into leadership development programs or graduate programs to complement the development of academic leaders.

Methodology

Grounded theory employs a data analysis technique called constant comparative analysis. In short, constant comparative analysis refers to the process of looking at the data from the interviews, forming emerging categories, comparing the categories to each other and other data, and eventually refining the data until there are no more emerging categories (Creswell, 1998; Schram, 2003). I analyzed the data collected during my interviews using the traditional coding schemes associated with grounded theory and

constant comparative analysis. These included open, axial, and selective coding (Strauss & Corbin, 1998) to arrive at the grounded theory of wellness maturity.

Importance of Study

Despite the importance of wellness and wellness management as a component of academic leadership, it is rarely included as a critical component in education or leadership training programs. As described in chapter two, according to the Bureau of Labor Statistics (2006), the working conditions of educational administrators across all levels are rewarding, fast-paced, and stimulating, but very stressful and demanding. The future of higher education suggests a large number of vacancies of leadership posts. With the increasing pressures such as budget constraints and fundraising and hectic schedules for administrators, the need to create a desirable and attractive climate for potential leaders is necessary. Supporting this position, Sackney, Noonan, and Miller (2000) explored the effects of gender and job on educators' perceptions of personal wellness. They explained that educational administrators work many hours and leave little time for personal fulfillment or development of the dimensions of wellness. They suggested that if educational administrators can develop their personal wellness, they could become more effective administrators and experience certain inner rewards.

More information is needed to understand the meaning of wellness for academic leaders. Dawson (2004) concluded her dissertation titled, The Relationship of Stress Levels to Wellness Practices Among Community College Presidents, by recommending that aspiring community college presidents become more aware of demands of the position of president and understand the importance of wellness. Uncovering the approaches or ways in which academic leaders achieved wellness will hopefully present

constructive information for current leaders. Furthermore, an increased understanding of these approaches may aid in encouraging rather than discouraging future leaders from seeking higher levels of responsibility but not at the expense of their own personal wellness. My grounded theory study provided pragmatic and theoretical insight into how leaders manage and achieve wellness successfully.

Deficiency in Studies

This study was necessary because it contributed to a body of literature that was deficient. As stated in chapter one, the literature related to wellness in the context of the corporate world is fairly prominent (Loehr & Schwartz, 2001; Goetzel et al., 2002; Whitehead, 2001). However the literature related to wellness and academic leaders, particularly in higher education, is lacking with the exception of Dawson (2004), who studied the relationship of stress levels and wellness practices among community college presidents in a quantitative approach.

Sackney, Noonan, and Miller's (2000) quantitative study considered personal wellness of educators at the secondary level in Canada and Ackerman and Maslin-Ostrowski (2004) qualitatively studied the emotional side of leadership for public and private high-school administrators. These studies addressed wellness or components of wellness in educators in general but not academic leaders in higher education.

Furthermore, Myers and Sweeney, creators of the wheel of wellness and indivisible self model of wellness, evaluated 32 doctoral dissertations using the wheel of wellness model, the wellness evaluation lifestyle, the indivisible self model, and the five factor wellness inventory. Not one of them addressed wellness and academic leaders. Myers and Sweeney (2008) suggested that few studies regarding wellness have been

conducted in populations other than undergraduate students and suggested that this change.

My study adds knowledge to the wellness literature in a few ways. First, it provides a theory about the achievement of wellness grounded in data from academic leaders in the higher education field but with the potential to be transferred to other populations after further research. Second, it fills a void in the academic leadership literature, particularly in the higher education sector.

Brief Overview of the Findings of this Study

Three research questions guided this study: What does wellness mean to academic leaders? What are the strategies used by academic leaders to maintain or achieve wellness in their lives? Do academic leaders value wellness or view it as a goal? As described in chapter four, the results of this grounded theory study produced a core category called wellness maturity. The core category is supported by four axial categories: intention, reflection, gauge of wellness, and adaptation. Wellness maturity is best represented as a continuum with two polar opposite ends. Low wellness maturity is on one end and high wellness maturity is on the other. High wellness maturity is a desired destination and a place on the continuum that is specific and unique for each person. Leaders high on the wellness maturity continuum exhibit distinct purposefulness towards the pursuit or maintenance of wellness, regularly engage in self-reflection, have a sensitive gauge to their state of wellness, and are fully able to work through or adapt to personal and professional challenges that potentially impede the achievement of wellness.

Discussion

Corbin and Strauss (1998) state that with grounded theory methods there is no need to review all of the literature in a particular area before the research process begins. Therefore, a broad review of the literature was conducted prior to the data collection phase and shared in chapter two; another review of the literature was conducted after the results of this study were analyzed. In the second literature review, the literature was examined with a more refined and specific lens – one that searched for literature related to the meaning, models, and achievement of wellness and most importantly one that compared the grounded theory of wellness maturity to the literature. To this end, although there will be some overlap to the literature review from chapter two, it is evident that my study supports a large amount of literature that was not touched upon in chapter two.

This chapter presents a summary of the findings that both support and challenge the literature, recommendations, and future research. Thus, this chapter will be divided into the following sections. The literature related to the grounded theory of wellness maturity and particular elements of the grounded theory that support the literature will be discussed. This includes the descriptions and definitions of wellness, some of the axial codes of wellness maturity, models of wellness, the various dimensions of wellness, and the achievement of wellness will be discussed. Next, the axial categories not fully supported in the literature will be discussed. Finally, the recommendations for future research will be provided.

Descriptions and Definitions of Wellness

The grounded theory of wellness maturity, the axial codes, and results of the research questions align with a fair amount of literature. In other words, the literature supports the findings produced in this study to a reasonable extent. Clark (1996) notes that wellness cannot be directly observed, like height or weight and is an abstract concept. She goes on to suggest that wellness is so abstract that it can be considered more of a construct than a concept because it is constructed from multiple sources. With this in mind, and because the concept or term "wellness maturity" is not identified specifically in the literature, I decided to begin with a comparison of the synthesis of the various descriptions and definitions of wellness in the literature to the grounded theory of wellness maturity.

Wellness as a Process

Chapter two provided a preliminary overview of the literature related to wellness. The review specifically provided a variety of descriptions and definitions of wellness. Many descriptions and definitions emanated from the World Health Organization's definition of health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (World Health Organization, p. 10). This particular definition of health, although not wellness, views it as a state yet other literature supports it as a process.

As noted in chapter two, the National Wellness Institute defines wellness as, " an active process through which people become aware of, and make choices towards, a more successful existence" (National Wellness Institute, 2007). Hatfield and Rickey-Hatfield (1992) define wellness as, "the conscious and deliberate process by which people are

actively involved in enhancing their overall well-being including intellectual, physical, social, emotional, occupational, spiritual components" (p. 164). Harari, Waehler, and Rogers (2005) define wellness as a dynamic process of maximizing an individual's potential.

Although the various definitions of wellness cited in the literature have merit and affinity to the grounded theory of wellness maturity, Harari, Waehler, and Rogers' (2005) description comes close to aligning with wellness maturity. Their definition speaks to the dynamic process of attaining wellness and maximizing one's potential. In my study, Sam really aligned with the descriptor of maximizing one's potential as self-improvement was the intention for Sam to engage in wellness activities.

The literature is prevalent with descriptions that propose that wellness is a process, not a static state, just as the grounded theory of wellness maturity exemplifies. For example, Crose, Nicholas, Gobble, and Frank (1992) describe a multi-dimensional, systems model of wellness, and suggest that health is variable, not static. "Health is not a static endpoint, but rather a dynamic, fluctuating state of the organism..." (p. 150). Similarly, wellness maturity is a continuum with constant movement towards a desired destination. Clark (1996) offered that, "Wellness is a process of moving toward greater awareness of and satisfaction from engaging in activities that move the whole person toward fitness, consistent belief systems, commitment to self-care, and environmental sensitivity/comfort" (p. 8).

Roscoe (2009) provides an excellent synthesis of the literature of wellness and notes that despite significant attention to wellness in the literature, there is little

consensus to a definition. She explains that most authors agree that wellness is a multi-dimensional construct, and it is represented on a continuum rather than an end state.

The findings from my study and specifically the grounded theory of wellness maturity differ from the view that wellness is a "state" and support the notion that wellness is a "process." This can be visualized in the diagram of wellness maturity in Figure 2 that shows a continuum that is anchored by the axial code of intention between the two ends of the continuum. The spiral around the anchor of intention is laced with a reoccurring cycle of the axial categories of gauge of wellness, reflection, and adaptation. The pursuit of wellness maturity is not something that is static. It is a continual process of gauging one's status in pursuit of wellness maturity through a reflective process and adapting to challenges to ultimately achieve it. Once wellness maturity is achieved, one must continue to gauge, reflect, and adapt. I conclude that wellness is a process, not a state.

Axial Categories of Wellness Maturity Supported in the Literature

As I conducted the second literature review after the data were analyzed through the lens of wellness maturity, the grounded theory of wellness maturity aligned with the literature in other ways, in addition to it being a process. The following section explores the other elements of wellness maturity that are identified in the literature.

Intention

As the results of my study indicated, the first axial category of wellness maturity is intention. Identifying the personal importance of wellness in one's life creates the intention for that individual to engage in the pursuit to achieve wellness. Essentially, it is

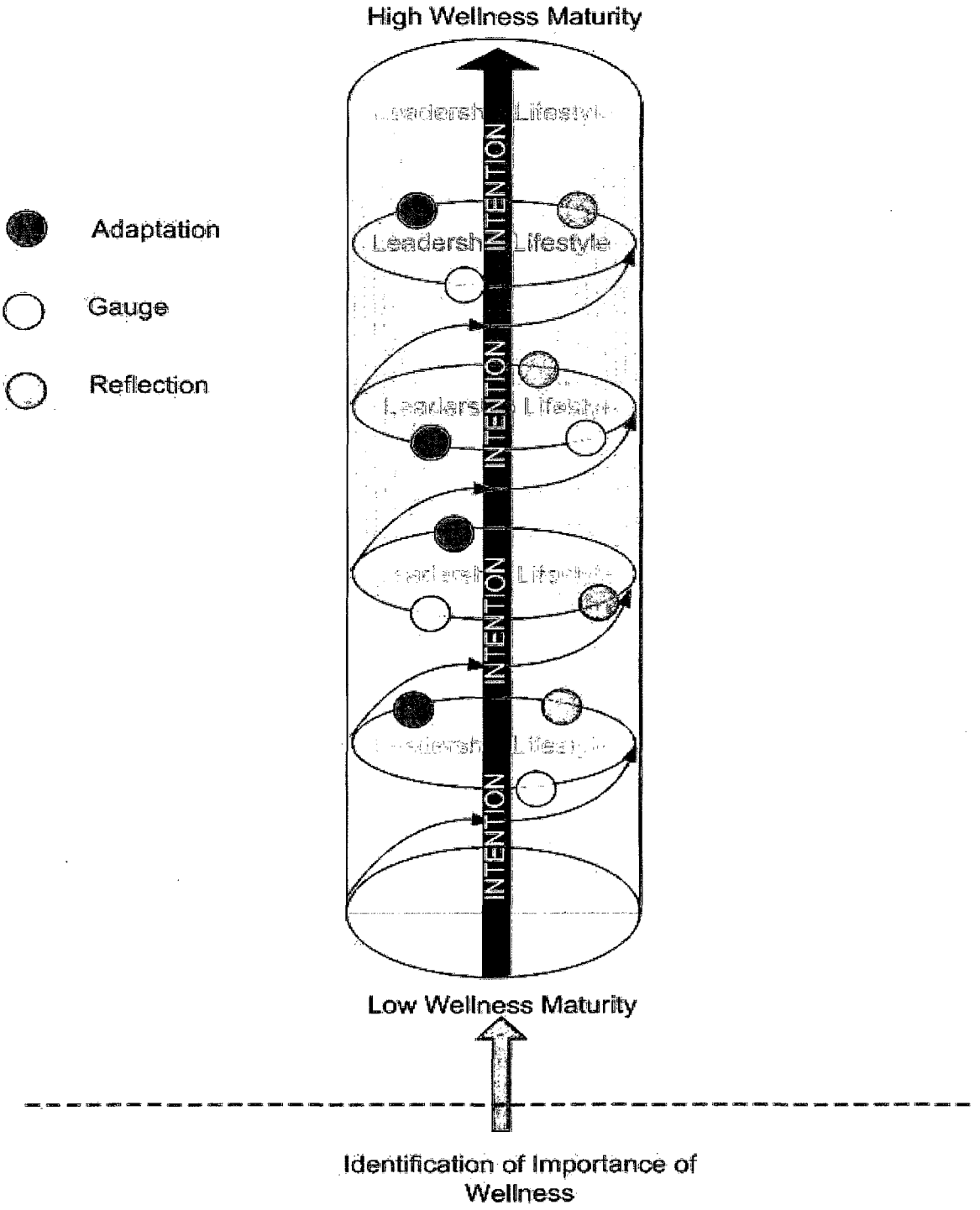

Figure 2. The Wellness Maturity Continuum: Wellness maturity depicted as a continuum moving from threshold to low to high wellness maturity including the axial categories of intention, gauge of wellness, reflection, and adaptation.

the precursor or threshold for entry into the wellness maturity continuum. This section adds support from the wellness literature to purposefulness and intention.

Egbert (1980) provided a review of wellness literature and concluded that wellness is a concept that cannot be clearly defined; however it is possible to provide a list of characteristics of wellness from her literature review. Not all of them are listed in the following paragraph but just the characteristics identified by Egbert that align with wellness maturity. The first two characteristics cited by Egbert are (a) wellness involves a person who has a clear meaning and purpose in life and (b) a person has a unifying force in his or her life. These two characteristics align with the axial category of intention in the grounded theory of wellness maturity. My findings indicated that the first step for one to achieve wellness maturity was to clearly identify and articulate the importance of wellness in one's life. This identification contributes to forming the intention to pursue and achieve wellness maturity. Additionally, Hatfield and Rickey-Hatfield (1992) define wellness as, "the conscious and deliberate process by which people are actively involved in enhancing their overall well-being including intellectual, physical, social, emotional, occupational, and spiritual components" (p. 164). This definition includes two very important descriptors of wellness, "conscious and deliberate." My results demonstrated that one must be aware of or conscious of his or her status in pursuit of wellness maturity and also must be intentional or deliberate towards the pursuit of wellness if it is to be achieved.

Clark (1996) introduced the whole person's wellness model in her book. She noted that motivation is intrinsic to the whole person's model of wellness. Building from Clark's (1996) work, if the axial code of intention were extrapolated, it is plausible to say

that being intentional in the pursuit of wellness is fueled by one's motivation to pursue wellness.

The visual diagram of wellness maturity in Figure 2 shows the axial code of intention as central to the theory. It appears from the literature review that intention, as part of the achievement of wellness, is reasonably supported in the literature.

Adaptation

My study indicated that wellness maturity is achieved or maintained by having an ability to adapt to the leadership lifestyle and inherent personal and professional challenges that accompany academic leadership positions. The axial code of adaptation is supported in the wellness literature and discussed in this section. Because adaptation is an axial code of wellness maturity and such a prominent component of the grounded theory, I felt compelled to provide a brief overview of the literature related to adaptation. Other prominent works such as Seyle's (1956) general adaptation syndrome discuss adaptation as well. However, it is not within the scope of this study to review all of the adaptation literature.

Earlier in this section Egbert's (1980) review of the wellness literature yielded multiple characteristics of wellness. The first two were reviewed earlier. The third wellness characteristic identified by Egbert is that a person has the ability to cope creatively with life's situations. This characteristic aligns with the axial code of adaptation in wellness maturity. The leadership lifestyle for the participants in this study served as the environment that one must adapt to and the inherent life situations that Egbert speaks to.

In an article titled, *Content Validity in the Assessment of Health Status,* Abanobi (1986) outlined why scholars and practitioners of health have had difficulty developing a valid and reliable instrument of health assessment and pointed to the many definitions and models of health in the literature. In emphasizing his point, he cited Engel's definition of health where "health exists when an organism is successfully adjusting in its environment and is able to maintain this state free of undue excitation, capable of growth, development and activity in an integrated sense" (p. 38). Ivan Illich's (1976) book titled, *The Medical Nemesis*, addressed adaptation in the following way. Health is a process of adaptation. It is a result of a reaction to a socially created reality. It encompasses an ability to adapt to changing environments among other things (Illich, 1976).

The brief discussion about adaptation to this point focused on the adjustment or adaptation of the individual to the environment one is in. The literature review for adaptation yielded other perspectives about adaptation theory and behavior adaptation that may provide some context and support for wellness maturity. This literature will be succinctly summarized and matched against wellness maturity.

Heyink (1993) provided an overview of adaptation theory and well-being. The context for his work considered circumstances and well-being. Specifically, he focused on one's adaptation of subjective meaning of circumstances when one is not able to affect or change circumstances such as with a serious illness or injury. It should be noted that the literature review on adaptation theory and well-being did not specifically define the notion of well-being. However, Diener, Lucas, and Scollon (2006), and to some extent Heyink (1993), use happiness as a descriptor or indicator of well-being. Heyink (1993) noted that for some researchers, well-being is considered an attitude and lack of well-

being as a personality characteristic. He reviewed the literature related to adaptation and stated that a concrete definition of adaptation process differs with different authors. For example, he cited Helson's work that built on signal detection theory and judgment theory work. He cited Taylor who emphasized a variety of motivational factors that contributed to adaptation.

Heyink (1993) provided three varying perspectives on adaptation theory. First, he described adaptation as, "an intrapsychic process in which past, present, and future situations and circumstances are given such cognitive and emotional meaning that an acceptable level of well-being is achieved" (p.1332). In this perspective, adaptation is used as recuperation from a setback and the relationship between well-being and adaptation is reciprocal, meaning that when one's feeling of well-being is affected, the body mobilizes adaptive "means" that contribute to recuperation (Heyink, 1993). If this perspective of adaptation was applied to wellness maturity, it might look like this. If an academic leader is faced with a significant personal or professional challenge as part of the leadership lifestyle, he or she would have to figure out, consciously or subconsciously, a way to adapt to that specific challenge. In my study, Pam was struggling to adapt to the birth of her child and balancing this situation affected her well-being with her work responsibilities. Another example is Jack who had to adapt to injuries that affected his mode of preferred exercise. In both cases, these participants had to adapt to the situation to recuperate and gain back their level of well-being.

Heyink (1993) provided another lens of adaptation in that of coping theory. In coping theory, adaptation assumes a certain recovery of well-being after a setback and, in

turn a favorable outcome. He notes that coping is concerned with the development of behavior with a goal of reducing or eliminating stress inducing circumstances.

A third perspective shared by Heyink (1993) related to adaptation is that of personal control. This involves the individual's subjective perception of the extent to which he or she is in control of events and environment (Heyink, 1993). He goes on to say that there is little doubt that perceived or real control can positively and negatively affect well-being. Of the three perspectives of adaptation theory, this perspective of adaptation seems to align most with wellness maturity. The academic leader must reflect on status of his or her pursuit of wellness maturity, gauge herself or himself and adapt.

Using adaptation theory as a frame of reference, Heyink (1993) proposed three adaptive groups of mechanisms: shifting intrapsychic criteria, cognitive reconstruction, and future-time perception. These three mechanisms will be briefly described.

The first strategy, shifting intrapsychic criteria, means that the individual determines the way a situation is experienced, either positively or negatively, using some intrapsychic criteria or mental standards. The individual then compares his or her situation to that criteria or standard. To adapt to the situation, the individual would shift the criteria or mental standards and assess his own situation relative to the newly adjusted criteria. The second strategy, cognitive reconstruction, involves the individual's development of theories, explanations, and evaluations of events, situations, and circumstances. In this mechanism, the initially threatening or potentially negative situation, as cognitively assessed, is modified. The concept of wishful thinking is associated with cognitive reconstruction. Ultimately, the individual readjusts his or her beliefs or attitude to make the situation acceptable. The third mechanism of future-time

perception can be described as follows. The individual's interpretation of the future and what the future holds is a strong 'weapon' that may lessen the perception of the present situation or makes sense of it (Heyink, 1993).

With the previous literature review on the concept of adaptation, wellness maturity differs with the adaptation theory listed above in one major way. Adaptation theory seems to talk about returning or recuperating to baseline levels of well-being. It focuses on adjusting one's perception of an event or situation to return the individual's level of well-being to a normal or baseline state. The grounded theory of wellness maturity opposes this view. It implies that one aspires to move from a static state to a dynamic, ever-changing pursuit of a higher level of wellness. As leaders encounter challenges such as physical injuries, changes in institutional leadership, or any other number of personal and professional challenges, they adapt to the situation and work through or around the challenge. They adapt but recuperate to a new and different level of functioning, not the original level of functioning. Additionally, the grounded theory of wellness maturity and participant examples focused primarily on behavior modification rather than cognitive reconstruction. Emphasizing this point, an example of behavior modification is exemplified in Jack's ability to adjust his behavior related to exercise and specifically his mode of exercise from rugby to running to cycling.

My findings indicated that the ability to adapt to the personal and professional challenges of the leadership lifestyle is critical to the achievement of wellness maturity. The leadership lifestyle and the environment that academic leaders in higher education must function in serves as the analogy to the environment referenced in the previous descriptions. Although these definitions speak to health and not wellness specifically,

they include elements of adaptability and growth, similar to those found in wellness maturity. Therefore, the axial code of adaptation is supported in the wellness literature.

The previous sections considered the grounded theory of wellness maturity from the various descriptions or definitions of wellness as cited in the wellness literature. Additionally, two of the four axial codes, intention and adaptation, were compared to the literature. The next section will consider the grounded theory of wellness maturity from the perspective of the various models of health and wellness cited in the literature.

Models of Wellness

This study was not intended to develop a specific wellness model. The literature review yielded many models of wellness; however, it is not within the scope of this chapter to review all of the models, particularly the models already discussed in chapter two. This section will not review each model but will add to the literature by introducing health and wellness models revealed in the second literature review that align most closely with the grounded theory of wellness maturity.

In a review article, Larson (1999) provided four major models of health, two of which were reviewed in chapter two. He noted the medical model of health, the World Health Organization Model (WHO) of health, the wellness model of health, and the environmental model of health. The medical model of health approaches health from the perspective of the absence of disease or disability. This model has been highly beneficial to the advancement of medical science and health and continues to be the dominant model of health in the United States (Larson, 1999). This medical model discussed by Larson is equivalent to the biomedical model of health described by Jasnoski and Schwartz (1985) in chapter two.

Larson (1999) shows the progression from the medical model to the World Health Organization model. This model takes on a more holistic view of health. The World Health Organization's constitution calls for the highest standard of health as a fundamental right of all persons worldwide, including the physical, social, and mental aspects of health. This leads to the World Health Organization model of health stated earlier as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (Larson, 1999, p. 124). Larson states that the World Health Organization's definition of health is perhaps the most comprehensive definition of health.

Larson (1999) cited the wellness model of health and synthesized a variety of literature to explain this model. The wellness model recognizes the important connection between the mind and the body. It says that health is more than the absence of disease or illness but also includes dimensions such as well-being, energy, ability to work, and efficiency.

Finally, Larson introduced the environmental model of health. Although Larson admitted this model has many definitions, the essence of the model is individual adaptation to multiple environments including physical and social environments. Goldsmith (1972) highlighted Wylie's definition of health as an example of the environmental model of health. Health is "the perfect continuing adjustment of an organism to its environment. Conversely, disease would be an imperfect adjustment" (p. 213).

The environmental model described by Larson (1999) has overlap with the systems theory of health discussed in chapter two. This model is also supported by Crose

et al.'s (1992) principles: (a) health is multidimensional (b) health is variable, not static, (c) health is self-regulating within life dimensions, and (d) health is self-regulating across life dimensions. Clark (1996) also incorporated a systems model of wellness as she describes the "whole persons model of wellness" that will be described in more depth later in this chapter. She went on to describe the systems model of wellness as "an organized set of dynamically interrelated parts" (p. 7).

After reviewing and comparing the grounded theory of wellness maturity to the models discussed by Larson (1999) and the systems model of health discussed by Jasnoski and Schwartz (1985) and Crose et al. (1992), some distinct areas of the grounded theory were supported and some differed with the literature. Interestingly, the results of my study did not speak to the medical model of wellness, as I would have expected. In everyday conversations when wellness is discussed, the topic of doctors or medical components of wellness such as doctor visits or clinical symptoms of illness are almost always raised. In my study, only one participant spoke of taking medications or seeing a doctor as a way to achieve or maintain wellness. Although speculative, this tells me that wellness maturity did not support the literature related to the medical/biomedical model of wellness. The participants adhered to or aligned with other models of health and wellness.

The most prevalent model where wellness maturity was supported in the literature was that of the environmental model proposed by Larson (1999). The environmental model speaks to the adaptation of the organism to the environment. As previously discussed in this chapter, the axial code of adaptation is critical to achieving wellness

maturity and overcoming the personal and professional challenges associated with the environment called the leadership lifestyle.

Clark (1996) introduced a model of wellness called the whole persons wellness model, which is based on the following assumptions. First, whole persons are capable of self-assessing their own wellness needs. Next, they are capable of taking action to meet their wellness goals. Third, whole persons are capable of evaluating their progress towards wellness. Fourth, whole persons are in the process of moving towards wellness. Fifth, they are capable of displaying characteristics of wellness even when ill, disabled, or dying. Sixth, whole persons have innate self-healing processes that can be activated to enhance wellness. Seventh, whole persons can learn to move to a higher level of wellness when facilitated by nurses well-grounded in wellness theory and practice. Finally, whole persons can learn from modeling, clearly structured goals, means to meet those goals, and peer support. Clark summarizes the whole persons model of wellness in the following paragraph.

> In the model, whole persons are conceptualized as energy systems of mind/body/spirit oscillating in a spiraling course through time and space from conception to infinity. Whole persons are in constant change as they move between and within dimensions toward and away from illness, disease, aggressive acts, and withdrawal. The spiral movement continues through time and space as whole persons evolve toward high-level wellness and self-actualization. Whole persons are believed to have innate self-healing and self repair abilities which may lie dormant or become blocked in the process of interrelating with the environment (p. 7).

Clark's whole person's model of wellness has some assumptions as stated in the previous paragraphs. After reviewing these assumptions in conjunction with my grounded theory of wellness maturity, there was very clear alignment on four assumptions. The first assumption that whole persons are capable of assessing their own

wellness needs aligns with axial code "gauge of wellness." Academic leaders must continually assess or evaluate the importance of wellness in their life and their intention towards their pursuit of wellness. The second assumption that whole persons are capable of taking action to meet their wellness goals aligns with the axial code of adaptation. If one is high on the wellness maturity continuum, he or she is capable of adapting to the challenges to meet his or her wellness goals. One of the most prominent examples is that of participant Jack. Jack used to play rugby and then ran for his exercise regimen. Due to injury, he chose to adapt his mode of exercise and begin riding a bike to continue his pursuit and maintenance of wellness maturity. The third assumption that whole persons are capable of evaluating their progress towards wellness aligns with the axial code of gauge of wellness. As academic leaders pursued wellness maturity, they went through a series of cycles consisting of reflection, gauging their wellness, and adapting to their leadership lifestyle. They had to assess their status in relation to their pursuit of wellness maturity. The fourth assumption that whole persons are in the process of moving towards wellness aligns with the overall wellness maturity continuum. Wellness maturity is not a static state but a dynamic, continual process with movement from low to high wellness maturity.

Wellness Maturity and High-Level Wellness

As the grounded theory of wellness maturity was compared to the health and wellness literature, a seminal work in wellness stood out. Halbert Dunn, physician, teacher, statistician, public health administrator, author, lecturer, and consultant wrote a book titled *High-Level Wellness*. The notion of wellness presented by Dunn (1961) has distinct overlap with the grounded theory of wellness maturity. Therefore, this section is

devoted to explaining the construct of high-level wellness. It will be followed by a discussion of how wellness maturity and high-level wellness relate.

Elizabeth Nielson, consulting editor and founder of the journal *Health Values: Achieving High Level Wellness* (later changed to *The American Journal of Health Promotion*), dedicated her introduction of the volume twelve, number three edition of the journal to Dr. Dunn (1988). In her introduction, Nielson (1988) emphasized the creation of the term "high-level wellness" coined by Dr. Dunn, his vision and the vision of the journal, *Health Values*. Both Nielson and Dunn describe the idea of high-level wellness in the following manner.

Wellness is differentiated from good health. Similar to the medical model of health presented earlier, good health can exist when an individual is free from illness; at peace with his or her environment. In other words, it is a condition of homeostasis. Dunn's definition of wellness is conceptualized as dynamic – a condition of change in which the individual moves forward climbing toward a higher potential of functioning (Nielson, 1988, p. 4). According to Dunn, high-level wellness for the individual is "an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable. It requires that the individual maintain a continuum of balance and purposeful direction within the environment where is functioning" (p. 5).

Nielson (1988) continued to expand on the high-level wellness concept. The definition of high-level wellness does not suggest that there is an optimum level of wellness but that wellness is a direction in progress toward a higher level of functioning. She suggested that no matter how favorable the static, unchanging environment may be,

the individual engaged in high level wellness should function in a constantly changing environment which the individual must find ways to modify and adapt for progress.

Nielson (1988) concluded her description with the following summary of high-level wellness. First, high level wellness involves a direction, showing forward and upward progress toward a higher level of functioning. Next, within its challenge to reach a higher potential, high-level wellness involves an open-ended and always expanding future. Third, high-level wellness involves a holistic view of the individual integrating the body, mind, and spirit in the functioning process. Ardell (1977) supported this description by offering that high level wellness is a lifestyle. It is "a focused approach which you design for the purpose of pursuing the highest level of health within your capability. A wellness lifestyle is dynamic, ever changing as you evolve throughout life" (Ardell, 1977, p. 65).

Nielson (1988) raises one primary challenge associated with the construct of high-level wellness that she envisioned the journal Health Values to tackle.

> The challenge posed by the concept of high-level wellness is how to achieve its end within everyday living and for mankind as a whole. The challenge must be met by both individuals and by society within its various groups, ideologies, races, religions, and cultural patterns (Nielson, 1998, p.4).

Of all the literature reviewed in comparison to wellness maturity, the concept of "high-level wellness" seems to align with wellness maturity more than most other literature. First, Nielson and Dunn state that wellness is different than good health. Interestingly, most of the literature review did not specifically distinguish between health and wellness or health and wellness models. The high-level wellness model does. The participants in my study did not view wellness and health synonymously. In fact, only

one participant spoke to taking medication for high blood pressure or seeing a doctor as a method of achieving or maintaining wellness. The participants considered health and wellness as separate but related concepts. They seemed to view health as a component of wellness but wellness as a higher-level aspiration.

Second, high-level wellness is seen as a dynamic concept with movement towards a higher and optimal place is similar to wellness maturity. Wellness maturity assumes that wellness is dynamic and one's engagement in the pursuit of wellness and one's adaptation to the personal and professional challenges associated with the leadership lifestyle is constantly changing and individuals must adapt to progress towards wellness maturity.

Building from this, the definition of high-level wellness does not suggest that there is an optimum level of wellness but that wellness is a direction in progress toward a higher level of functioning. Likewise, the grounded theory of wellness maturity does not suggest that once wellness maturity is reached, one can't progress any further or higher. Rather, it suggests that one can get to a place of wellness maturity but he or she must intentionally work to maintain it and likely one will fluctuate between different levels of wellness maturity.

Finally, both Nielson and Dunn raised concerns and or anticipate further areas of research related to high-level wellness. In 1961 Dunn recommended that more research was needed to develop high-level wellness to those in leadership positions. Nielson (1988) additionally raises the challenge about how to achieve high-level wellness in everyday living as in mankind as a whole and suggests that it must be met individually and as society as a whole. My grounded theory study of wellness maturity provides a

response to both Dunn and Nielson. Although the participant profile in my study was academic leaders in institutions of higher education, the results begin to fill the void that exists in giving leaders the theory and recommendations to achieve wellness maturity. Additionally, Becky spoke intently to the fact that wellness is a responsibility that we as individuals, leaders, society, and Americans have. At first, my personal, emotional response to this suggestion was that it was an odd perspective. However, what Becky was saying mirrors Nielson's (1988) suggestion to her challenge.

Dimensions of Wellness

One of the main research questions posed in my study aimed to understand what wellness meant to academic leaders. This question and subsequent data analysis evoked a variety of responses as shared in chapter four. Most participants viewed wellness as a broad concept with multiple elements. These elements included physical, mental, nutritional, spiritual, and professional. The composite responses to the meaning of wellness research question can be compared to the various dimensions of wellness cited in the literature. To this end, the following section will review the most common dimensions of wellness cited in the literature. Additionally, the dimensions that emerged from this research study will be compared to the wellness dimensions from the literature and discussed.

As chapter two discussed, many wellness models exist and although their philosophical foundations may differ, some common wellness dimensions are often included. Crose, Nicholas, Gobble, and Frank (1992) proposed that health is multidimensional and support this by identifying six life dimensions: physical, emotional, social, vocational, spiritual, and intellectual. However, they also note that some models of

wellness include three domains and others include five domains. They go on to say that despite the variance in the models, most models include some attempt to account for the physical, physiological, biological processes that occur in the body, the mental, intellectual, emotional process that occur in the mind, and occasionally the social and spiritual processes. In a comprehensive review of the literature, Roscoe (2009) reviewed the counseling-based literature related to wellness and identified five common wellness dimensions including social, emotional, physical, intellectual, spiritual, dimensions. She noted the dimensions less frequently cited in the literature to be the occupational, psychological, and environmental dimensions. She also proposed a holistic model of wellness and included seven dimensions of wellness: social, emotional, physical, intellectual, spiritual, occupational, and environmental. The following section will describe the most dimensions of wellness cited in the literature.

Physical Wellness

Physical wellness refers to the more conventional aspects of health (Sackney, Noonan & Miller, 2000). Hettler described physical wellness as, "the degree to which one maintains and improves cardiovascular fitness, flexibility, and strength" (as cited in Roscoe, 2009, p. 219). Additionally, Hettler stressed the "importance of maintaining a healthy diet and attempting to produce bodily balance and harmony through awareness and monitoring of body feelings, internal states, physical signs, tension patterns, and reactions"(as cited in Roscoe, 2009, p. 219). Roscoe (2009) summarizes physical wellness to include continuous efforts to maintain physical activity, focus on nutrition, self care, and healthy lifestyle choices.

Emotional Wellness

Roscoe's (2009) review of the counseling-related literature for emotional wellness synthesized the various definitions and models into the following description. In general, emotional wellness is described as awareness and control of one's feelings, and having a realistic, positive, and developmental view of self, conflict, and life circumstances. Common themes include one's attitude and beliefs toward oneself and life and awareness of and appropriate handling of feelings. Roscoe summarized emotional wellness as, "an awareness and acceptance of feelings, as well as a positive attitude about life, oneself, and the future" (p. 219). Sackney, Noonan, and Miller (2000) considered emotional wellness from an educator perspective and suggested that for beginning teachers, emotional wellness is important for success.

Intellectual Wellness

Adams, Bezner, and Steinhardt (1997) described intellectual wellness as "the perception of being internally energized by an optimal amount of intellectually stimulating activity (p. 211)." Roscoe (2009) summarized a review of the counseling-based literature to conclude that intellectual wellness can be defined as,

> the perception of, and motivation for, one's optimal level of stimulating intellectual activity. The optimal level of activity is achieved by the continual acquisition, use, sharing, and application of knowledge in a creative and critical fashion for the personal growth of the individual and for the betterment of society (p. 220).

Sackney, Noonan, and Miller (2000) described intellectual wellness not from a counseling perspective but from an academic perspective. They simply defined intellectual wellness as positive psychological and cognitive well-being. They continued to describe an intellectually well person as one who works to improve his or herself and

become a lifelong learner. They suggested that intellectual development can be applied to any area that might interest the individual giving them a catalyst to grow in knowledge and understanding. They presumed that the school environment would provide these opportunities for teachers, staff, and administrators (Sackney, Noonan & Miller, 2000).

Social Wellness

Sackney, Noonan, and Miller (2000) suggested that social wellness may be the most misunderstood dimension of wellness. Drawing from Roscoe's (2009) review of the literature related to wellness she described the dimension of social wellness as, "the movement toward balance and integration of the interaction between the individual, society, and nature" (p. 218). From an educator or school setting perspective, social wellness can include an individual's extra commitment to students, parents, and the community (Sackney, Noonan, & Miller, 2000).

Spiritual Wellness

The Wheel of Wellness Model was a foundational model for the evolution of wellness in the counseling field. In Sweeney and Witmer's Wheel of Wellness model, spirituality is at the center or core of the model and the most important characteristic of well-being. According to this model, components of spirituality included having a sense of the meaning of life in addition to religious or spiritual beliefs and practices (Myers & Sweeney, 2008). Although Sweeney and Myers (2009) noted that feedback over the years about spirituality's centrality of a well person has been universal and almost intuitive, statistical analyses did not support the centrality of spirituality relative to the other components of wellness. With this said Roscoe (2009) noted that spiritual wellness

is the most commonly explored wellness dimension in the literature. She synthesized many descriptions of this dimension in the following way.

> ...spiritual wellness is the innate and continual process of finding meaning and purpose in life, while accepting and transcending one's place in the complex and interrelated universe. Spiritual wellness is a shared connection or community with others, nature, the universe, and a higher power. Additionally, spiritual wellness is the development of values and a personal belief system (p. 221).

Occupational Wellness

Roscoe (2009) cited many definitions of occupational wellness and one particularly seemed appropriate for this literature review. Occupational wellness is, "one's attitude about work and the amount of personal satisfaction and enrichment one gains from one's work" (Roscoe, 2009, p. 221). Roscoe summarized the many definitions of occupational wellness as the extent one conveys individual values, gains satisfaction from work, and one's ability to balance multiple roles and contribute to the community.

Environmental Wellness

Renger et al. (2000) described environmental wellness as including the impact on and balance between home and work life and an individual's relationship with nature and the community. Larson (1998) noted two general types of definitions of health: an idealistic definition in which health is open ended (similar to wellness model) and a more "elastic concept in which health is related to stresses and interaction with the environment" (p. 131). She went on to reference Seyle who observed that life and health are a dependent upon adaptation to our environment. In sum, the environmental dimension of wellness focuses on a reciprocal relationship with the environment.

Comparison of Wellness Dimensions to Findings

The next section will compare and contrast the various dimensions of wellness as described above to the results of my study. First, the physical dimension of wellness will be compared to the findings of my study. When asked about the meaning of wellness, most participants identified "physical" as an element of their wellness. This element was followed by a certain physical activities such as hiking, walking, running, biking, and going to a health club. The physical dimension of wellness as described above aligns with the participant explanations in this study.

Next, the emotional dimension of wellness will be compared to the results of this study. Although participants did not overwhelmingly speak about the emotional dimension of wellness, comparing the results of the grounded theory to Roscoe's (2009) definition of wellness previously described suggests some overlap with one another. For example, one element of Roscoe's definition of emotional wellness is an awareness of feelings. Being aware of one's feelings is helpful when one is gauging progress in the pursuit of wellness. Additionally, Roscoe (2009) speaks about emotional wellness where one has a positive attitude. A positive attitude provides the necessary support for one to continue to pursue wellness maturity.

Interestingly, the intellectual dimension of wellness did not emerge as an independent dimension in the data analysis or it was not coded as such. However, Sam's perspective of wellness, being one of improvement and personal development, aligns with Sackney, Noonan, and Miller's (2000) description of an intellectually well person as one who wants to improve his or herself. One potential reason this dimension did not emerge was because higher education is an intellectually stimulating environment in its

own right. It is likely that the participants engaged in the intellectual dimension of wellness but did not identify it because it has been part of their way of life or being for so long.

The social dimension of wellness as described above was not a commonly cited dimension in the participant interviews. Although Marie thrived on being social and talking with many colleagues and students as part of her daily rituals, her behavior does not match the description of the social dimension of wellness described above. However, participant Becky viewed wellness as a responsibility that we as leaders, Americans and society have to the larger community and ourselves. In a way, Roscoe's (2009) description of social wellness, "...social wellness is the movement toward balance and integration of the interaction between the individual, society, and nature" can be construed as part of the social dimension of wellness (p. 87).

The participants spoke of the spiritual dimension of wellness often. Some offered it without prompting and some added it after a probing question. Participants referred to spiritual wellness using phrases such as, "spiritual renewal," "keeping tabs on things unseen," "faith in humanity," and "belief in a higher power." Using Roscoe's (2009) summary of spiritual wellness, the findings produced in this study align fairly well.

All participants in this study referred to the professional or occupational dimension of wellness in one way or another although they did not use these specific terms. Essentially, the cultural backdrop for this study is the leadership lifestyle that speaks to this specific dimension of wellness. Roscoe (2009) defined occupational wellness as," one's attitude about work and the amount of personal satisfaction and enrichment one gains from one's work." Six of the seven participants clearly aligned

with this definition. Pam was the one participant who, due to her challenge to adapt to the leadership lifestyle, seemed to fall short of saying she was personally satisfied and enriched from her work.

A "new" dimension not cited in my initial literature review is that of the environmental dimension of wellness. As my second literature review was underway, this dimension stood out as the one that aligned most with what was trying to be achieved with this study. Environmental wellness includes, "the impact on and balance between home and work life..." (Roscoe, 2009, p. 221). At the beginning of this grounded theory study, the lens that was used to drive the pursuit of the specific topic of understanding how leaders achieved and maintained wellness in their lives stemmed from this description, although it was not known at the time.

The previous section discussed the findings of the study supported in the literature. This included descriptions and definitions of wellness, the axial codes of intention and adaptation, various wellness models, and dimensions of wellness. The next section will discuss the findings that are not fully supported in the literature.

Findings Not Supported in the Literature

Reviewing the literature and comparing it to the findings of my study, there was distinct alignment between some elements of the grounded theory and the literature. These were discussed in the previous section. However, there were some findings that were not completely supported in the literature and will be described in the following section. These include the achievement of wellness, the gauge of wellness, and reflection. In all cases however, I attempted to make a connection between the findings from my study and the literature as much as possible.

Achievement of Wellness

One of the primary research questions in my study aimed to understand what the strategies were that academic leaders used to maintain or achieve wellness in their lives. As the results of this study indicated, various guideposts and routines were identified as well as an overarching grounded theory as to how wellness is achieved. Because wellness is such a broad and abstract concept, the review of literature did not yield much in the way of how academic leaders or educators achieve or maintain wellness. This section will provide an overview of the results of a dissertation about the relationship of stress levels and wellness practices among community college presidents and the results of a grounded theory about cardiac risk patients attempting to create and sustain change behavior change over time.

Dawson (2004) investigated the variety and level of wellness practices of community college presidents and the relationship of these practices to the stress levels of this group. One of her research questions was, "what are the 10 most common wellness practices among college presidents?" Using descriptive statistics to determine the mean, standard deviation, and range for each wellness variable, and using a five-point scale including never, seldom (4-5 days per year), sometimes (4-5 days per month), fairly regularly (usually 1-2 days per week), and regularly practiced (3+ days per week or as appropriately applies), her data indicated the ten most common wellness practices among community college presidents. Wearing seatbelts had the highest mean score and experiencing love and joy had the lowest mean score. The order from highest to lowest score of wellness practices among community college presidents as concluded by Dawson (2004) were: wearing a seatbelt, having a positive out look, reading news and

journals, setting priorities, actively listening, maintaining high self esteem, finding beauty in nature, finding humor and laughing, getting six or more hours of sleep a night, and experiencing love and joy.

Fluery (1991) conducted a study to identify, describe, and provide an analysis of the psychological and social processes used by individuals to initiate and sustain cardiovascular health behavior over time. Essentially, her study developed a grounded theory that spoke to the achievement of wellness for people attempting to initiate change in cardiac risk factor modification. Her grounded theory consisted of three stages: appraising readiness, changing, and integrating change. In the appraising readiness stage individuals constructed an intention to initiate and sustain health behavior. Change occurred when intentions were transformed into personalized action. This aligns with the intention component of wellness maturity. In the appraising readiness stage, "identifying barriers" was a component of this stage. Stage two, changing, incorporates self-monitoring. Self-monitoring reflects the individual assessment of adherence to self determined performance criteria and progress towards desired goals. This is the same as "gauge" in wellness maturity. One reflects on his/her gauge of wellness and pursuit of wellness maturity/progress towards the ultimate goal.

Fleury's (1991) findings of empowering potential explained an individual's motivation to initiate and sustain cardiovascular health behavior. It is a continuous process of individual growth and development that facilitates the emergence of new and positive health patterns. Concepts of individual growth and development and continuous process align with wellness maturity.

The results of these two studies are parallel to my study in some ways. Although my population is different, I attempted to understand how academic leaders maintain and achieve wellness. Fleury (1991) suggested that the intention to create a well thought out plan or wellness goal was one way to initiate and sustain positive health behavior. Similarly, the achievement of wellness maturity depends on one's ability to create intention in pursuit of wellness maturity.

Dawson's (2004) findings of the ten most common wellness practices among community college presidents were somewhat disappointing. I had hoped to find more overlap between the grounded theory of wellness maturity and her findings. The next section presents a comparison of the axial, codes of gauge of wellness and reflection, to the literature.

The axial codes of adaptation and intention, previously described in this chapter were referenced in the literature related to wellness models, descriptions and definitions. Therefore, they essentially were findings that support the literature. However, the axial codes of reflection and gauge of wellness were not prevalent in the literature related to wellness descriptions, models, or definitions. Although I attempted to connect wellness maturity, including gauge of wellness and reflection, to the literature, there was not an obvious alignment in the literature. Therefore, they are placed in this section of findings not supported in the literature.

Gauge of Wellness

One of the axial codes of this study was "gauge of wellness." The academic leaders reflected on their status in relation to their pursuit of wellness maturity and gauge of wellness or general state of wellness. The notion of gauging wellness or assessing

wellness is highlighted in the literature. Harari, Waehler, and Rogers (2005) specifically mentioned the challenges associated with the development of an assessment or gauge of wellness. They noted that there is difficulty in translating a concept such as wellness, which is so broad, multifaceted and personalized into one measurable identity. They went on to share barriers to measuring wellness as the lack of a systematic theory of wellness and lack of theoretical consensus as to what wellness consists of. Further, Harari et al. (2005) stated that there is disagreement about whether optimal wellness results from an equal emphasis on all wellness dimensions or whether some dimensions overshadow others.

Adams, Bezner, and Steinhardt (1997) presented a model called the Perceived Wellness Model (PWM) that was originally presented in Adam's dissertation (Harari et al., 2005). In their model perceived wellness is a multidimensional, salutogenic or health causing construct which embraces a systems perspective. The idea that wellness can be perceived and measured as such is important. Typical indicators of health and wellness have included clinical variables such as blood pressure and cholesterol measures, physiological variables like maximal oxygen consumption and muscle strength, and behavior variables such as smoking and dietary habits. However, these indicators provide little information on wellness of the mind (Adams et al., 1997). They believed that a theoretically based, empirically sound measure of perceived wellness was lacking and developed the perceived wellness survey. The perceived wellness survey uses six dimensions including the physical, spiritual, intellectual, psychological, social, emotional, occupational, and environmental dimensions of wellness. Results from Adams et al. (1997) indicated firm support for content validity and reliability of the perceived wellness

survey and recommend that it can and should be used by health and wellness practitioners in addition to obtaining clinical and psychological variables. However, Harari et al. (2005) dispute Adams et al.'s findings and say that the perceived wellness survey does not support the perceived wellness model and does not stand up psychometrically.

The gauge of wellness in the context of wellness maturity uses indicators of wellness or lack of wellness. However, these indicators tend to be intuitive and based on self-awareness, and life experience rather than on clinical variables or perceived wellness survey results. One of the recommendations for future research is triangulating subjective indicators of wellness with clinical indicators and or perceived wellness survey results or other methods.

Reflection

Reflection was one of the supporting axial categories for wellness maturity. As a leader moves through the wellness maturity continuum he or she engages in a process of self-reflection assessing the gauge of wellness and place on the continuum. Reflection and reflective learning is prevalent in the literature (Atkins & Murphy, 1993; Forrest, 2008; Le Cornu, 2009; Scanlan & Chernomas, 1997). Yet, as I conducted the second literature review with an eye for reflection related to wellness maturity, I found the literature sparse. This may be due to the lack of clarity of a definition of reflection, its complexity and abstractness, or the many different reflective models that exist (Atkins & Murphy, 1993; Forrest, 2008; Scanlan & Chernomas, 1997). Much of the reflection literature focuses on reflection as a component of experiential learning or work-based learning (Bailey, Hughes, & Moore, 2004). This section will offer a brief overview of

reflection and make connections to wellness maturity and the supporting category of reflection where possible.

Scanlon and Chernomas (1997) address reflection in the nursing education field although their work has applicability in other fields. "An ability to reflect evolves out of our experiences both as a professional and a person. Reflection, however, can be used more deliberately if we realize the meaning and impact of reflection on our personal and professional development" (p. 1138). Scanlon and Chernomas (1997) reference Schon's work and summarize the relevance the importance of reflection for practitioners or in the case of my study, academic leaders, in the following way. "Germane to the development of professional expertise is the use of reflection so that the practitioner can get in touch with the tacit knowledge inherent in practice" (Scanlon & Cernomas, 1997, p. 1139).

Scanlan and Chernomas (1997) offer assumptions and beliefs about reflection in the nursing education field. One primary assumption is that reflection is a mental process that is used in everyday life yet it can be further developed for a specific professional purpose. Building off of this assumption, reflection as a component of the pursuit and achievement of wellness maturity in the context of the leadership lifestyle can be the professional purpose. The idea that reflection can be developed for a specific professional purpose is similar to the axial code of intention in wellness maturity.

Atkins and Murphy (1993) conducted a literature review of the reflection literature. They concluded that there is consensus around the lack of clarity about the definition of reflection that leads to challenges with comparing models and literature related to reflection. However, they do provide two definitions. Reflective learning is "...the process of internally examining and exploring an issue of concern, triggered by an

experience, which creates and clarifies meaning in terms of self, and which results in a changed conceptual perspective" (p. 1189). Atkins and Murphy also highlight Boud, Keogh, and Walker's (1985) definition of reflection. "Reflection in the context of learning is a generic term for those intellectual and affective activities in which individuals engage to explore their experiences in order to lead to new understandings and appreciations" (Boud, Keogh, & Walker, 1988, p. 19). The commonalities within the two definitions include the internal examination or exploration and a changed perspective or understanding (Atkins & Murphy, 1993).

Considering wellness maturity, these definitions of reflection have applicability. First, the internal examination or exploration process described in the definitions aligns with the process used by academic leaders to gauge their level of wellness and place on the wellness continuum in pursuit of wellness maturity. Next, the resulting change in perspective or understanding described in these definitions of reflection can be aligned with the axial code of adaptation. As leaders assess their gauge of wellness, they make adjustments and adapt to the challenges within their leadership lifestyle.

The reflection literature also includes a perspective that reflection can be conceptualized in stages. The reported number of stages involved in reflective process ranges from three to seven stages (Atkins & Murphy, 1993; Scanlan & Chernomas, 1997). Building from Atkins and Murphy's work, Scanlan and Chernomas (1997) proposed a three-stage model of reflection. Stage one is the awareness stage focused on the present. Awareness is the foundation of reflection; without it, reflection cannot occur (Scanlan & Chernomas, 1997). The second stage of reflection is the critical analysis stage. This stage connects the present with the past and the future. Although an individual

may be aware of an event or feeling, without the critical analysis stage to review and connect the experience to the past or the future, reflection has not occurred. The final stage is learning or a change in perspective. This equates to affective, cognitive, and sometimes behavioral changes (Scanlan & Chernomas, 1997).

Using the stage model described above and applying it to wellness maturity, it might look something like this. As an academic leader moves through the wellness maturity continuum, he or she must regularly be aware of progress towards wellness maturity as well as the indicators or gauge of wellness. This awareness is connected back to the importance of wellness and intention to achieve it. However, to have movement in the continuum from low to high, the leader must critically analyze progress or lack of progress towards wellness maturity. Using the stage model proposed by Scanlan and Chernomas (1997), the ability to adapt and make adjustments in routines guideposts and lifestyle is possible.

Future Research and Recommendations

As demonstrated in this chapter, many of the findings from this study are supported in the literature to a reasonable extent yet others were not. Building from the findings of this study, this section provides possible areas for future research and recommendations. It will be organized in the following way. First, multiple opportunities for future research will be offered and second, two major recommendations will be provided.

Future Research

As I reviewed the findings and the literature, one of the most obvious areas for future exploration involves expanding the application and usefulness of these findings to

populations beyond the participant profile in this study. Therefore, the first set of recommendations for future research is related to the population of participants. This could include academic leaders in particular institutional segments of higher education such as community colleges, research institutions, and private colleges. Furthermore, the application and usefulness of the findings could be expanded to institutions of different sizes and student populations. Specific areas for future research include follow up studies using similar methodology to this study with academic leaders in the segments listed above. For example, one future study might sample academic leaders in community colleges only or another might include academic leaders in institutions with 2000 students or less. Additionally, this study could be replicated using a sample of academic leaders from a geographic region different than the one used in this study to assess any influence of geographic residence on achievement of wellness. The sample populations for future studies are endless but the intriguing opportunity is to assess the transferability of wellness maturity to other populations and samples.

Next, there is an opportunity to expand the findings of this study to populations outside of higher education. As was mentioned early in this paper, wellness and wellness management programs are prominent in corporate settings but less so in educational settings. Can the grounded theory of wellness maturity apply to leaders in corporate environments? Does the way wellness is achieved or maintained fluctuate by industry? Future research in these areas can answer these questions.

Building from the previous recommendations for future research, the results of this study present an opportunity to explore the meaning of wellness for leaders in a variety of settings. For example, the composite results for the meaning of wellness in my

study did not indicate the intellectual dimension of wellness as one that was indicated by participants, yet Roscoe's (2009) review of wellness literature revealed that the intellectual wellness dimension was one of the most commonly cited dimensions. To this end, future research using sample populations outside higher education would be interesting to compare.

Another area for future research includes refining a sample of academic leaders by experience or age and determining if any differences in wellness maturity exist between leaders with less experience and those with more experience. Essentially, the question becomes this. What role does experience play in achieving and maintaining wellness maturity?

The second major recommendation for future research is about gauging or assessing wellness. As chapter five mentioned, participants gauged their wellness levels using intuitive indicators based on prior experience and self-awareness rather than surveys or clinical indicators of wellness. A potential follow up study could triangulate the levels of wellness as determined by placement on the wellness maturity continuum, various clinical indicators such as blood pressure, heart rate, and stress levels, and a survey tool similar to the Perceived Wellness Survey developed by Adams et al. (1997).

A third major area for future research includes the axial code of reflection as described in the findings of this study. In general, the literature on reflection and its role in maintaining or achieving wellness for academic leaders is minimal. A refined and specific examination of reflection and particularly how academic leaders engage in reflection and what the process for reflection is for those that rate high on wellness scales or the wellness maturity continuum could aid in the usability of these results. For

example, determining the most frequently used and most effective techniques for engaging in reflection as a means of achieving or maintaining wellness can be very useful to graduate students in educational leadership programs and for practitioners.

Recommendations

The findings from this study and the research process I engaged in to achieve the findings of the study contributed to my recommendations. As I said in chapter one, I hoped that the results from this study had applicability and usefulness to leaders working in higher education. I believe that the findings of this study achieved that hope. To make this happen, I propose the following recommendations.

First, the grounded theory of wellness maturity should continue to be examined and refined through future studies with other populations as described in the previous section. It is likely to evolve over time and with different subsets of populations. Using a similar methodology to the one described in this study could accomplish this. Addressing any number of the previously described recommendations for future research would strengthen and further develop the theory.

Second, a component of wellness management should be added to graduate school curriculum, particularly for educational leadership and similar types of programs. This could take the form of an entire course, a unit of study, or a discussion topic. The results of this study indicate that training future leaders to understand that particularly within a leadership lifestyle, their attention to wellness and achieving and maintaining wellness maturity is important. Additionally, graduate students in educational leadership programs will one day become or already are role models for staff, faculty, and students they interact with. This places them in a powerful position to influence the behavior of

others. A few participants in this study highlighted the power of influence and role modeling. Sam recalled a time when he was in graduate school and was observing the work-life balance of two very different faculty members. One was constantly contributing to his profession, writing and publishing articles, serving as the editor to journals, and other types of professional activities. The other worked a regular nine to five schedule, didn't take part in extensive professional development, yet each seemed equally effective in Sam's eyes. Becky saw it as her responsibility to role model healthy living and wellness with her staff. She took this challenge seriously and even highlighted participant Jack as an institutional role model for herself.

The previous section provided recommendations for future research. The recommendations focused on applying the grounded theory to additional populations, looking for ways to triangulate gauge of wellness indicators, and increasing knowledge about the role of reflection and the achievement or maintenance of wellness. This section also provided recommendations for the applicability of the findings of this study. These recommendations included the on-going refinement of the theory and the incorporation of wellness management discussions into graduate school curriculum.

Conclusion

The purpose of this grounded theory study was to discover the meaning of wellness for academic leaders and better understand how they maintain or achieve wellness in their lives. Grounded theory was the chosen methodological approach due to its applicability to academic and non-academic audiences as well as its ability to better understanding the processes associated with certain phenomenon such as wellness. The findings of this study produced a grounded theory called wellness maturity and four

supporting axial categories: intention, gauge of wellness, reflection, and adaptation. The major contributions of this study are that it added to the literature of wellness and particularly higher education leadership positions and it offered greater insight into practical applications and considerations necessary for the achievement or maintenance of wellness.

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