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NATIONAL-LOUIS UNIVERSITY

COMMUNITY COLLEGE PRESIDENT'S HEALTH HABITS: A PRESCRIPTION FOR JOB
PERFORMANCE IN RURAL ILLINOIS

A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE

DOCTOR OF EDUCATION

IN

COMMUNITY COLLEGE LEADERSHIP

BY
WILLIAM J. PEACY III

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Dissertation Notification of Completion

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Title of Dissertation: Community College President's Health Habits: A Prescription For Job Performance In Rural Illinois

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Date of Final Approval Meeting June 27, 2014

We certify this dissertation, submitted by the above named candidate, is fully adequate in scope and quality to satisfactorily meet the dissertation requirement for attaining the Doctor of Education degree in the Community College Leadership Doctoral Program.

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June 27, 2014
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DEDICATION

I would like to dedicate this study to my mom and dad. It is unfortunate that my mom is not here and had passed shortly before starting the program. My dad, bless his heart, is fighting his own health battles and is doing well. I am fortunate that he will see his elder son complete this educational achievement. I would also dedicate this to my wife and kids. Though my kids were in college when I started this project, they allowed me the latitude to finish the work.

ABSTRACT

According to current reports, the experts are predicting a mass exodus of senior community college leaders, including presidents. News reports have indicated that some community college presidents have retired due to health problems. For whatever reason, it will cost the institutions to replace the presidents. The presidents are the decision makers of the community college. The presidents provide the guidance to the institution. In order to accomplish the duties of president, they need to have the physical and mental capacity to endure long hours required to complete these tasks.

The purpose of the study was to explore the health and wellness initiative of rural Illinois community college presidents and the perceptions of their personal health and wellness initiatives affecting their job performance. This qualitative case study was situated in an interpretive paradigm. Four rural Illinois community college presidents described their perceptions on their health and wellness, wellness initiatives, health impact on their job performance, and factors that aid in wellness decisions making.

Findings indicate the study participants believe that they are in good health and are able to complete their presidential duties. They believe there are health conditions that can impair job performance and there are measures that can be taken to aid in the prevention of these debilitating conditions. The participating presidents believe being healthy improves job performance. The presidents participate in wellness initiatives. Some initiatives are chosen at the discretion of the presidents and their physicians prescribe other initiatives. The wellness initiatives taken by the presidents only seem to meet their physical, mental, and spiritual needs. To have the most effective health and wellness program, consultation with physicians and other wellness practitioners needs to occur. Topics during consultation should include intellectual

wellness, social wellness, and occupational wellness along with mental wellness, physical wellness, and spiritual wellness. Community college presidents need to be educated in all aspects of wellness and the consequences of poor health. Proper health knowledge is needed to make good decisions on wellness initiatives and ultimately to have healthy community college presidents.

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CHAPTER 1: INTRODUCTION

Background and Study Context

On May 15, 2007, the president of Parkland College resigned due to health reasons. He was nearing the end of his first year of his first three-year contract at Parkland College. In November 2006, he had a heart attack and heart by-pass surgery (Cook, 2007). In March 2010, the president of Victor Valley College resigned due to an undisclosed, life-threatening health condition (Anderson, 2013). In September 2013, the president of Lehigh Valley Community College took medical leave after being diagnosed with cancer. He retired at the end of 2013 (Clark, 2013). These true stories illustrate the impact of health and wellness on the job performance of the president of a community college. The community college expends a great deal of time, finances, and effort to search for and hire a new president. When a president leaves an institution unexpectedly due to health issues, the college can be without leadership for a period up to a year while the college searches for a new president. The institution ceases to advance in its goals and objectives. The presidential “life-force” must now be replaced in order to continue the forward advance of the college. This is important because the president’s health is key to the performance of their duties.

However, more community college presidents are leaving their tenure early and others are retiring due to health and wellness issues (Vaughan & Weisman, 2007). As the leader of the institution, the president needs to be healthy in mind, body, and spirit to properly meet and perform the overwhelming number and variety of obligations and duties. There is little doubt the president is the energy and life force of the community college.

Significance of the Study

Limited research has been done on the health and wellness beliefs of community college presidents and how they feel it affects their job performance. According to the American Cancer Society (2013), a holistic approach is recommended to keep a body healthy. The American Cancer Society has done research on the physical, behavioral, and psychological impacts on health and staying healthy. Staying healthy requires the holistic approach. In order to be an active participant in daily life, a person needs to be healthy. Staying healthy is better than trying to recover from an illness. The recovery from a disease, such as cancer, could be a long and painful process before the person can return to the functions of daily life (American Cancer Society, 2013). The president of a community college has to perform the overwhelming number and variety of obligations and duties. As the leader of the institution, the president needs to be healthy in mind, body, and spirit to properly meet these responsibilities. There is little doubt the president is the energy and life force of the community college.

For many years, research has shown that a great number of community college presidents will retire. Vaughan, associate professor of higher education Antioch University McGregor, and Weisman, professor emeritus of higher education at North Carolina State University, (2007, p. 6) state that 24% of the current presidents plan to retire within 1–3 years; another 32% plan to retire within 4–6 years; and 28% plan to retire within 7–10 years. This is a total of 84% of the sitting community college presidents that intend to retire by 2016. This study also indicated that the average age of the presidents is 58 years-of-age. The figure of “Years in Current Position: 2006” for the community college presidents indicated that 27% were 6-10 years in their current position and 21% were 11 or more years in their current position (Vaughan & Weisman, 2007, p. 5). The balance of the presidents was in the 5 years or less category.

The data worsened from the previous survey conducted in 2001. Based on the 2001 Career and Lifestyle Survey (CLS) data, Vaughan and Weisman (2002, p.1) state, “more than 79% of the presidents intended to retire within 10 years.” They also indicate that the average age of the presidents was 56 years-of-age. The figure of “Years in Current Position: 2001” for the community college presidents indicated that 22.1% were 6-10 years in their current position, 14.6% were 11-15 years, and 10.9% were 16 or more years in their current position (2002, p. 6). The balance of the presidents was in the 5 years or less category. The 2001 survey also includes the comparison of age from the 1996 Career and Lifestyle Study (CLS) instrument that indicated the average age of presidents was 54 years-of-age.

More recently, a research brief from the American Association of Community Colleges surveyed current community college presidents and chief executive officers. The research indicates that 43% of these leaders will retire in the next five years. Another 32% plan to retire in the next six to ten years. According to the research, 75% of the presidents/CEOs plan to retire in the next ten years while the remaining 25% plan to retire in the next 11 to 20 years (Tekle, 2012).

It is clear that the average age of the community college presidents is increasing, more presidents are intending to retire and the distribution of the veteran presidents is changing. From the 2001 to the 2006 CLS data, the presidents with 16 or more years in that one presidency had disappeared. The long-term experience is not there anymore. Current or retired presidents or the chief information officers are filling the positions left vacant by retiring presidents (Duree, 2008). There is a greater intent of presidents to retire and the average age is increasing. The pending presidential vacancies do not include the unexpected health issues that may arise. No one intends to be unhealthy or plan to retire because of health issues. Presidents should be

healthy and able to perform their duties as president. This study will provide knowledge and insights regarding health and wellness issues of veteran community college presidents and its direct relationship to their job performance.

Purpose of the Study

The purpose of the study explores health and wellness initiatives of rural Illinois community college presidents and the perceptions of their personal health and wellness affecting their job performance. This study shows insight on how a rural Illinois community college president thinks about health and wellness. Furthermore, this study explores the perceptions on how health and wellness can impact job performance of the community college president.

Guiding Questions

The driving questions that are used to address the purpose of the study are the following:

1. How do rural community college presidents perceive their own health and wellness?
2. What are the factors that rural community college presidents use to evaluate and engage in their health and wellness initiatives?
3. How and in what ways do rural community college presidents choose their wellness initiatives?

Research Design

This study is qualitative research situated in the interpretive paradigm. Creswell (2007) states, “we conduct qualitative research when we want to empower individuals to share their stories” (p. 40). In whatever environment the research is conducted, the participant is not taken out of their contextual environment (2007). According to Merriam (1998, p. 1), qualitative research “focuses on meaning in context.” The community college presidents will be observed in the context of their natural setting, the community college campus. Multiple sources of data are

also used in qualitative research, instead of just using a solitary data source (Creswell, 2007). It may be easier to survey 500 community college presidents using a quantitative instrument, but the essence of why the community college president believes their health and wellness affects their job performance would not become evident.

The researcher does not interfere with the participant because the interference may cause a change in the behavior of the participant (Johnson & Christensen, 2004). The goal is not to change the behavior of the community college presidents, but to get a better understanding of how they perceive health and wellness affects the competency of their job performance. The community college presidents' point of view will be captured while securing the rich descriptions of their world (Denzin & Lincoln, 2005).

This study is not confirmatory in nature. A hypothesis or theory will not be confirmed as in the deductive nature of quantitative research. The behavior in quantitative research is assumed to be predictable. The studied behavior of the participants of this study, community college presidents, is not predictable. In quantitative research, an experimenter will change one variable while holding all others constant. The results will be observed and recorded. The experiment repeated, results recorded, and compared to the first trial. The experiment is repeated again and again. Control groups are randomly assigned. All of this is done under laboratory conditions. The qualitative researcher observes behavior as it occurs in its natural setting. The researcher will not intervene because the intervention would change the behavior of the research subjects (Johnson & Christensen, 2004). The focus of this study does not include statistical procedures or any other means of quantification. This summarizes the basic definition of qualitative research (Strauss and Corbin, 1990). Strauss and Corbin (1990) go on to state that the researcher needs to have a

“theoretical sensitivity.” Theoretical sensitivity is the “attribute of having insight, the ability to give meaning to data, the capacity to understand” (p. 42).

The case study was chosen as the method of this study. The case study is a “bounded system (a case) or multiple bounded systems (cases) over time, through detailed, in-depth data collection involving multiple sources of information” (Creswell, 2007, pg.73). The case study has three characteristics: particularistic, descriptive, and heuristic (Merriam, 2009).

The particularistic characteristic describes that a study gives “focus on a particular situation, event, program, or phenomenon” (p. 43). Stake (1995) informs that the particularistic characteristic does not show how a case is different from another case, but shows “what it is, and what it does” (p. 8). He continues to show the emphasis on uniqueness and the understanding of the study at hand. This study is focused on how community college presidents believe health and wellness affects their job performance. This study will show the uniqueness of the perceptions of the rural community college president.

The descriptive characteristic describes the final product that is “rich, “thick” description of the phenomenon under study” (Merriam, 2009, p. 44). Stake (1995) posits that the descriptive nature of the case study is not objective, but describes the particular perceptions of the individuals being studied. Merriam continues to indicate that the descriptive nature can be exploratory. This study will use the responses of the individuals to explore the nature of the perceptions of health and wellness and the application to their job performance.

The heuristic characteristic of the case study describes reader’s ability to gain knowledge of the study. This study looks at the beliefs of community college presidents with respect to their health and wellness with the affect on their job performance. The narrative gives thick and rich descriptions to enhance the reader’s understanding of the topic of the study, bring new meaning

to their lives, or to reaffirm what they already know. After examining the contents of the study, the reader should be able to rethink the concepts at the center of the study. This study allows all reader to rethink or confirm their perceptions on how health and wellness can affect job performance.

Johnson & Christensen (2004) indicate the case could be a study of a person, group, classroom, organization, activity, event, or process. A strength of the case study is that the case study provides rich data because it is studied in its normal setting. Case studies are also useful when the researcher has no control over the behavior of the situation or the individual of the study (Yin, 1994). The rural community college presidents are the system to be studied. The exploration of whether or not community college presidents believe health and wellness affects their job performance community college presidents.

This study did not look at a particular phenomenon, like a stroke or a heart attack. This study is not looking for the community college president's adaptation to these events. This study is looking at the perceptions of the holistic concepts of health and wellness and the perceived impact on job performance. Therefore, phenomenology is not the method of choice.

The rural community college president study lends itself to the intrinsic case study. Johnson and Christensen (2004) states, "the researcher describes, in-depth, the particulars of the case in order to shed light on the case" (p. 377). The intrinsic case study is also used for exploratory research to gain knowledge about which little information is known. Another advantage to the intrinsic case study is that researchers can devote all their time and resources to a single case and develop a thorough understanding of that particular case (2004). Little is known about the thoughts or beliefs of community college presidents and how health and wellness affects job performance. Exploratory research is necessary to shed light on the issue.

This study is situated in the interpretive paradigm. The purpose of interpretive research is not about the discovery of a new universal law. The interpretivist looks for the local context and evaluating the data based on that context (Willis, 2007). This research is about the understanding of the environment or context of the health and wellness belief system of the community college president and how they believe their health and wellness affects job performance. The interpretive paradigm looks to understand the context in a deeper, richer way. According to Willis (2007, p. 99), “the goal of interpretive research is an understanding of a particular situation or context much more than the discovery of universal laws or rules.”

Techniques for Data Collection & Data Analysis

One of the data collection techniques used is a semi-structured, open-ended or “elite” interview technique. Lincoln and Guba (1985, p. 269) state that the interview is used when “the interviewer doesn’t know what he or she doesn’t know.” It is unknown what the community college presidents believe about how health and wellness affects their job performance. The semi-structured format allows the participant to give rich, thick, descriptive detailed answer in context to the world in which they exist. The researcher does not interfere with the participant because the interference may cause a change in the behavior of the participant (Johnson & Christensen, 2004). The goal is not to change the behavior of the community college presidents, but to gain a better understanding of how they perceive health and wellness affects the competency of their job performance.

Once the interview questions are created, the questions will be administered to two executive level community college administrators. The purpose of this peer review is to refine the questions to be used in the semi-structured interviews.

Once the participants for interviews are identified, they will be sent the “Wellness Activities for Community College Presidents” survey (Appendix C). Along with the survey, they will be sent the informed consent form that outlined the purpose of the research. The forms will be sent approximately two weeks prior to the interview. Approximately one week later, they will be sent the interview questions. The interviews will be recorded with a minimum of two recording devices and transcribed for analysis. The interviews will last approximately one hour. The participants will be given the opportunity to review the transcribed interview and make any corrections, if necessary. The participants will also be given the opportunity to review the transcribed interview and make any corrections, if necessary.

For the data analysis, *a priori* theming is taken from the Health Belief Model constructs and the six Dimensions of Wellness. Once the participants review the transcribed interviews (member checking), the interviews will be themed and coded based on *a priori* themes and, if present, emergent themes. The “Wellness Activities for Community College Presidents” survey will be themed and coded with the same scheme. Triangulation will be done with (a) themed and coded transcribed interviews, (b) themed and coded survey, and (c) member checking. Other approaches to validity and reliability could have been used, such as, prolonged engagement or persistent observation of the participants (Lincoln & Guba, 1985; Creswell, 2007). These methods would have been outside of the time parameters of the study and not practical over a large geographical area of rural Illinois.

Assumptions

These are the assumptions during the course of the study:

1. The community college presidents will be open and honest about their health and wellness during the Physical Activities Assessment survey.

2. The community college presidents make health and wellness decisions that will positively affect their job performance.

Definition of Terms

Baby Boomer: a person born due to “a marked rise in birthrate (as in the United States immediately following the end of World War II)” (Merriam-Webster's online dictionary, n.d.).

Community College: A post-secondary institution that is regionally accredited to award associate degrees as its highest degree (Cohen & Brawer, 2003).

Community College President: The chief executive officer (CEO) of the community college. In a multi-campus community college, each campus may have a person that has the title of “campus president.” The multi-campus community college’s CEO may have a title of chancellor or college president.

Occupational Wellness: “being able to enjoy what you are doing to earn a living and contribute to society (Edlin et al., 2000, p. 7).

Stress: “The non-specific response of the body to any demand for change” (Seyle, 1956/1976, p. 63).

Wellness: “Emphasizes individual responsibility for well being through the practice of health-promoting life-style behaviors” (Edlin et al., 1996, p. 508). Wellness, Health, and Well-being will be used interchangeably.

Workaholic: “a person who chooses to work a lot: a person who is always working, thinking about work, etc.” (Merriam-Webster's online dictionary, n.d.).

Chapter Summary

Chapter 1 introduces the research study. This chapter summarizes the background, purpose, research method and methodology, assumptions, and limitations of the research project. This chapter reveals cases where some community college presidents removed themselves from their presidency due to health issues. This chapter also indicates the prediction of a great number of presidents intending to retire in the near future. With this in mind, the perceptions of health and wellness of some rural Illinois community college presidents will be examined. In order to accomplish this goal, a qualitative research methodology was used.

The following chapters will include greater detail in the forms of a review of the literature, the methodology utilized to conduct the research, presentation of the research data, and discussion of the implications and conclusions of the presented research. The literature will review the current issue of the need for individuals to become presidents, and overview of the duties and work demands of the presidents of higher education, the stress of high demand jobs and the related health implications, and the description of stress.

This research is a qualitative case study detailed in the chapter on methodology. The research results are reported, interpreted, and analyzed by the researcher in the chapter on findings. The final chapter discusses the implications of the research and offer suggestions for further research.

CHAPTER 2: LITERATURE REVIEW

Introduction

The purpose of this chapter is to review the relevant literature related to this research study. The purpose of this study is to explore health and wellness initiatives of rural Illinois community college presidents and the perceptions of their personal health and wellness affecting their job performance.

However, more community college presidents are leaving their tenure early and others are retiring due to health and wellness issues. As the leader of the institution, the president should be healthy in mind, body, and spirit to properly meet and perform the overwhelming number and variety of obligations and duties. There is little doubt the president is the energy and life force of the community college.

Vaughan (2007), professor emeritus of higher education at North Carolina State University, stated that “24% of the current presidents plan to retire within 1–3 years; another 32% plan to retire within 4–6 years; and 28% plan to retire within 7–10 years” (p. 6). This is a total of 84% of the sitting community college presidents that intend to retire by 2016. Vaughan’s study also indicated that the average age of the presidents is 58 years-of-age. The 2006 Career and Lifestyle Survey (CLS) data for presidents in their current position indicated that “27% were 6-10 years” in their current position and “21% were 11 or more years” in their current position (Vaughan & Weisman, 2007, p. 5). The remaining presidents were in the service category of 5 years or less. The data showed a worsening trend from the previous survey CLS survey conducted in 2001. Based on the 2001 CLS data, Vaughan and Weisman (2002) stated, “more than 79% of the presidents intended to retire within 10 years” (p.1). They also indicated that the average age of the presidents was 56 years-of-age.

The 2001 CLS data for presidents in their current position indicated that “22.1% were 6-10 years” in their current position, “14.6% were 11-15 years”, and “10.9% were 16 or more years” in their current position (Vaughan & Weisman, 2002, p. 6). The balance of the presidents was in the 5 years or less category. The 2001 survey also included the comparison of age from the 1996 CLS instrument that indicated the average age of presidents was 54 years-of-age. It is clear that the average age of the presidents is increasing, more presidents are intending to retire, and the distribution of the veteran presidents is changing. From the 2001 to the 2006 CLS data, the category of presidents that had 16 or more years in one presidency had disappeared. The long-term experience is not there anymore. There is a greater intent of presidents to retire and the average age of the community college president is on the increase. The intent to retire does not include the unexpected health issues that may arise. No one intends to be unhealthy or plan to retire because of health issues. Presidents need to be healthy and able to perform their duties as president (Bowen, 2013).

The community colleges the presidents are running have changed dramatically since the inception of the community college in 1901. The community colleges started as junior colleges intended to only offer the first two years of the baccalaureate experience for the college student. The enrollments grew rapidly. In the period after World War II and the Korean Conflicts, the junior college had added the vocational degree to the curricular offering (Cohen & Brawer, 2003).

The purpose of the literature review is to provide a summary of books, articles, and other documents related to the study at hand (Creswell, 2012). In a quantitative study, the literature review is quite extensive. The literature review will provide justification for the research and give the rationale for the purpose of the study. The qualitative literature review is minimal

(Burns & Grove, 2009; Creswell, 2012). The qualitative literature review will provide justification for the research problem and may be used to support any findings of the research. The qualitative literature review will not be all-inclusive and allows information from the participants to emerge without being constrained by the literature review (Creswell, 2012).

This literature review gives the historical background for this research and provides the context for research in the current setting. It examines the background of the community colleges, the role of the community college president, stress, health and job performance, dimensions of wellness, previous research, and the Health Belief Model. This review of literature shows the need for exploratory research that focuses on how and in what ways veteran community college presidents believe their personal health and wellness affects the competency of their job performance.

The Community College

The review of the literature of the community college is an important piece of the puzzle to understand function and demands of the rural community college president. The community college has not had the long existence that the universities have enjoyed. The community colleges are young and have gone through many changes during this short lifespan, compared to their university counterparts. The community college section will describe the history and changes of the community colleges and what the presidents' must endure and adapt to make their school prosper in the environment of change.

The community college has a long history of serving the people in its geographical region. The community college started as an extension of high school as a junior college and often taught in a high school building. Cohen and Brawer (2003) stated, "organizationally, most of the early community colleges developed as upward extensions of secondary schools" (p. 8).

The original charge of the junior college was to teach the first two years of a baccalaureate education so the senior institution could focus on research and the last two years of study of the baccalaureate, as suggested by William Harper Rainey, founding president of the University of Chicago, in the late 19th century (Cohen & Brawer, 2003).

Koos (1947), educational scholar at the University of Chicago, reported that the junior colleges had grown from around 16,000 students in the 1920s to over 440,000 students in the 1940s. The junior colleges had experienced such rapid expansion in number of students from the time of its inception in 1901. Koos indicated that by the mid-1940s, the junior colleges had begun to offer terminal general educational opportunities for workforce preparation. Kane, professor of Education and Economics at Harvard University, and Rouse (2005), professor of Economics and Public Affairs at Princeton University, noted that as the veterans returned from war after World War II and the Korean Conflict, the enrollments of the junior colleges expanded. Millions of veterans were given tuition vouchers to attend college.

In the 1960s, the enrollments expanded again as the “baby boomers” started to attend college and many others enrolled in college to avoid the military draft. During this time, the junior colleges began to change their curriculum by adding the vocational degree to their curricular function. As the college and universities became more competitive in the 1950s and 1960s, the community colleges needed to accommodate the underprepared students that were rejected by the universities. The community colleges did not wish to turn anyone away and developed courses to remediate the basic skills in mathematics, English, and reading. The community education function had been around the junior college for many years but greatly expanded in the 1970s. The growth slowed in the 1980s and started growing again in the 1990s (Cohen & Brawer, 2003). As the time progressed from the inception of the junior, the junior

college became more comprehensive by adding community education, developmental education, and continuing education to their curricular options (Kane & Rouse, 2005). The junior college has changed its mission over the course of its relatively short life. Currently, the goal of the community college is to provide a product of high quality education that is accessible and affordable to the people that it serves. Accessibility is met by “open door” admissions where the community college does not have the general entrance requirements of the university so a student can take classes at will. The “open door” policy often means that the student can take classes without having a high school diploma (Kane & Rouse, 2005). The junior college had transformed to the current form of the comprehensive community college.

The modern comprehensive community college offers the option of career and technical education, transfer education, community education, developmental education, or continuing education. According to the American Association of Community Colleges (2008), there are 1,195 community colleges with an enrollment of over 11 million students. Of the 1,195 community colleges, there are 987 public institutions. All of the comprehensive community colleges have five primary curricular areas of functions.

The community colleges have seen many changes in the last 113 years since the inception of the first public junior college. The balance within the five areas with depends on the particular college and the needs of the community. The president must also adapt to the changes of the community colleges. Some of the changes occur quickly. Other changes will occur more slowly. The president is the one responsible to the public for finding that balance. As the preceding paragraphs examined the brief history of the community college, the following section will specifically examine the Illinois community college system. An understanding of Illinois community colleges is important as the presidents of this study are from the Illinois system.

Illinois Community Colleges

The Illinois Community College Board has outlined the history of the community colleges in Illinois. In 1998, the Illinois Community College Board published the history written by Ivan Lach. In this section, the history of the Illinois community colleges will be summarized.

In 1901, Joliet Junior College was formed in Joliet, IL. In 1931, Illinois passed junior college legislation. This new legislation allowed the Board of Education of Chicago to open a junior college offering college coursework for the first two years beyond high school. This junior college was part of the public school system of Chicago. In 1937, Illinois passed its first Junior College Act. The act provided for a statewide junior college system. Legislation provided that the junior colleges be part of the local school board system (Lach, 1998).

In 1943, legislation was added to allow junior colleges to set tax rates for the education and building funds of the college. In the time prior to 1955, eleven Junior colleges had been established. Between 1955 in 1962, seven more junior colleges were created. In 1951, legislation was enacted that set standards and procedures for starting junior colleges. Prior to this action, junior colleges could be established by resolution of the local school board. In 1955, Illinois appropriated state funding for junior college operations (Lach, 1998).

In 1961, Illinois created the Illinois Board of Higher Education (IBHE). This action was done based on recommendations from the Federal Commission of Higher Education. At the time of the creation of the IBHE, junior colleges remained under the jurisdiction of the Superintendent of Public Instruction. The Illinois Board of Higher Education was given general oversight for the study of needs of higher education, approval of units of instruction for public universities and colleges, budget overview for public universities and colleges, and general standards for higher education in Illinois. The IBHE also created the master plan for heritage station in the State of

Illinois. The master plan also included consideration for junior colleges as they impact higher education of Illinois (Lach, 1998).

In 1964, a comprehensive draft of the master plan for higher education was completed. Due to the master plan, the Junior College Act of 1965 was enacted. This legislation served as the foundation for the current community college system. At this time, many of the junior colleges were required to separate from the public school system. The junior colleges became part of the Illinois Board of Higher Education. At this time, only junior colleges without its own tax structure could remain with the local public school district. The new legislation provided for junior colleges to create a locally elected board. The Junior College Act of 1965 gave the affected colleges the rules and regulations of operations and funding. In 1973, junior colleges were officially changed to community colleges by state law. Currently, there are forty community colleges that comprise thirty-eight single college districts and two multi-college districts (Lach, 1998).

In the previous sections, the literature examined the institutions of higher education and the community colleges of Illinois. The nature of the environment of higher education has been presented. The position of president is the leader of these institutions of higher learning. The next section briefly illustrates the development and history of role of the president in the university environment.

The College and University President

The role of the college and university president has changed from the time of the first colleges in the colonial period to the current higher education system. Cohen & Kisker (2010) indicated that the development of higher education in the United States started with the founding of Harvard University in 1636. By 1769, there were nine colleges in the colonies. The president

of the college was usually a “minister who taught classes, raised money, recruited and disciplined students, and presided over all college functions (p. 48). The president was seen to be the ruling power of the college. Much of the president’s time was making sure there were enough students and funding to keep the college operational.

Around 1790, colleges were created and administered in one of three ways. The first method was under a civil corporation that was granted by a state legislature. This was the beginning of the public institutions of higher education. The second method was a private, religious college that was founded by a church organization. The third method was a college formed by a municipality or a private, interdenominational college (Cohen & Kisker, 2010). Basically, these were the colleges that did not fall under the first two methods of formation. All of the colleges had an overseeing board of trustees. At this time, the president was viewed as a representative of the board. Many of the presidents still taught classes but spent a large portion of time in public relations with their local community and fundraising (Cohen & Kisker, 2010; Rile, 2001).

Beginning around 1870, the nation began industrializing. As the number of institutions grew, so did the exercise of presidential power. The focus of the institutions moved from the focus on pure liberal arts and philosophy to the inclusion of the sciences (Rile, 2001). The institutions grew and became more complex as did the role of the president. The power ranged from the autocratic presidency to the presidency that was based on campus democracy (Cohen & Kisker, 2010). Cohen & Kisker further indicated the presidential role was to manage the institution, be fundraisers, and provide public relations. The direct supervision of the students was moved to the role of the deans (Rile, 2001). The leading presidents were building the academic empires in converting the colleges into universities with graduate and professional

schools. The eight most influential presidents in higher education came from the 1870 to 1944 time period (Cohen & Kisker, 2010). Johns Hopkins was founded as a graduate institution by Daniel Coit Gilman. The founding presidents of Stanford and the University of Chicago, Jordan and Harper respectively, used their abundant funds to become leaders in research and graduate studies. The presidents of Cornell, Columbia, and University of Minnesota also moved their institutions toward graduate education (2010). These strong presidents started the trend to move higher education to research and graduate studies.

In the period after the mid-1940s until the mid-1970s, the authoritarian style of the presidents began to wane. Academic senates became more powerful. Faculty members began to serve on the institution's governing boards. Task forces became more common. The faculty began to drive the academic nature of the institution, rather than the president. The president moved from micro-managing to a macro-management role. The president was to focus time on fundraising, representing the institution to its board, and being the voice of the institution to the public. The primary role of the president is administrative. The exact duties of the president will vary based on the demographics, diversity, type of institution, size of institution, private or public, and location (Rile, 2001). Because of the increasing cost of education and the diminishing financial support, the president spends a large amount of time securing funding (Bowen, 2013; Rile, 2001). Overall, the general role of the president has not changed since the mid-1970s (Cohen, & Kisker, 2010; Rile, 2001). The literature has shown the development of the role of the president in a higher education setting. The following section examines the role of the community college president and the responsibility to the changing community college.

Role of the Community College President

Writings of former presidents, presidential career research surveys, and expert authors of community college researchers lend insightful lenses to the role. The community college president has many duties and responsibilities. The specific role and duties of each president are defined by the governing body or board of that particular community college (Wallin, 2007). By investigating the president's contract, the president's personal observations and writings, the role of the president can be seen.

Clyde Blocker, president of Harrisburg Community College, wrote the early literature on the role of the community college president in 1972. In his article, Blocker indicated that the president sets the institutional philosophy and sets the objectives of the college. The president must make these objectives clear to the institutional body. In setting these objectives, the president must keep the needs of the students and community in the forefront. Blocker also indicated that the president's tasks are complicated in an established college, rich in tradition. The president must be able to change the direction of the goals of the college to meet the needs of the students and the community. Blocker stated that this is a "critical leadership responsibility" (p. 254).

Moreover, Blocker (1972) felt that a president must create an organizational environment that has open communication. The president must develop a culture that has open and free communications that does not keep one group from interacting from another. Blocker insisted that the president must be collaborative and seek participation from the constituencies in the decision making on campus. The president gathers all the necessary information to make the proper decision. The president will have a "visible decision-making process which is understood by students, faculty, the administrators, and the trustees" (Blocker, 1972, p. 254). Blocker

suggested that the president had to communicate to the external agencies to the college as well. The president needed to meet with legislators, community leaders, and state agency directors for the well being of the institution. The president's role was to enlighten the policy makers of the issues of the community college and understand the mission of the community college so the policy makers can make the decision that would have a positive impact on the college.

Blocker (1972) explained that the president needed to evaluate programs and personnel. The evaluation needed to be based on a specific set of criteria. The president needed to know the hiring guidelines and job descriptions, the accreditation criteria, financial requirements, legal requirements, and other criteria to be a successful college. The president must be cognizant of the theories of management and administrative organization. Blocker expressed that though administrative structure is important, it should not be replacing function. The structure should not be an "impediment to administrative process and human interaction" (Blocker, 1972, p. 256). The president should resist the move to be more and rigid bureaucratic. Another role of the president is to teach the trustees and the community. The president interacts with these groups and helps them make decisions for the betterment of the college. Blocker (1972) wrote that the "president in the center of the institution interacting directly with the administrators, faculty, students, and trustees" (p. 258). Internal to the college, the primary communication to the trustees is through the president. All communication must be open and clear. The president will make the communication to the board after consulting with the president's advisory council.

Cohen and Brawer (2003) indicated the first community college administrators were part-time administrators that came from the secondary school system. In time, the part-time status developed into full-time status. The administrators had become autocratic and the ruling boards did not question the authority of these administrators. By the 1970s, as suggested by Cohen and

Brawer, these types of situations had disappeared from all but the smaller schools and that the boards had taken a more “intrusive” role in the operation of the colleges. According to Cohen and Brawer, the primary duties of the community college president are very broad. One primary presidential function is to act as an administrator with broad and general oversight and the other is to occasionally meet with the heads of state agencies. The president is to have regular meetings with the board of trustees. As a lesser administrative function, the president will have to make the final recommendation for the hiring new faculty, be the main person for the college’s public relations effort, and coordinate efforts with other colleges and the community groups. In recent years, fundraising is becoming a duty that the president must partake with the shrinking state and local revenue sources. Other duties that the president must contend with are (a) managing the office, (b) negotiation, (c) mediating disputes, (d) being an educational leader, and (e) serving as the college symbol (Cohen & Brawer, 2003).

Wallin (2007), associate professor of adult education at the University of Georgia and former community college president, conducted research that surveyed 548 CEOs from across the country on what should be contained in the CEO contract. The research findings showed eight common roles of the community college president: (a) “academic leadership”, (b) “community leadership”, (c) “fundraising responsibilities”, (d) “business and industry partnerships”, (e) “public school partnerships”, (f) “ authority for hiring and firing”, (g) “communicating with the board”, and (h) “performing a function with the board” (Wallin, 2007, p. 27). The respondents to the survey also indicated that there are other duties of a community college president. The president will need to direct the activities of the administrative staff. The president will need to make recommendation on building plans and manage the overall facilities of the college. The president will formulate and recommend the operating and capital budget to

the board. The president will need to recommend the college's policies for board approval as well. The president also will need to prepare reports for the board and act as the board's advisor (Wallin, 2007).

Vaughan's (2007) research surveyed the CEOs of 545 community colleges in the United States. Weisman and Vaughan (2007) stated from the 2006 Career and Lifestyle Survey (CLS) data that "slightly more than half of the presidents' time (53%) is devoted to internal operations, and approximately one third (34%) of the presidents' time is spent with community and other external relations" (p. 7). Of the time devoted to internal operations, nearly a fifth of the time was each devoted to formal college meetings and administrative tasks. Another 10% was devoted to informal meetings and general person-to-person interactions. Of the time devoted to external activities, the time was split between fundraising, legislative endeavors, and community activities. The remaining time that is not classed as internal or external activities is devoted to professional meetings, reading, writing, and teaching. Weisman and Vaughan (2007) further stated, "these figures indicate a slight shift away from internal activities (56% in 2001) and toward external relations (31% in 2001)" (p. 7). The presidents had shifted their emphasis from internal operations to external relations.

The general role of the community college president has not changed appreciably since Blocker wrote his article in 1972. This was evidenced by the findings of Wallin's (2007) survey of CEOs, focusing on the content of their contracts, and Weisman and Vaughan's (2007) survey of CEOs that identified the details of their work and personal environments. Each of the authors had common themes. The president is a leader and a manager. The president needs to work with the trustees. The president needs to work with the community and legislators. The president is the center of the institution. There is no doubt; the president is the "life-force" of the institution.

In the section that described the history of the community colleges, it was seen that the community colleges have changed and continue to change. In the role as leader of the college, the president will need to accommodate these changes.

The community college president has many challenges in their role as president of the college. According to data collected by Vaughan and Weisman (2007), the president will spend many hours beyond the normal 40 hour work week on the job. They stated that “presidents continue to spend about 57 hours per week performing work-related activities, which include participating in an average of four evening or weekend activities” (p. 7). Presidents have also indicated that they perform work related duties while on vacation.

Though the general role of the president has not changed, the economy has caused many problems for the community colleges. Tuition has risen and has created problems for the students. Even though tuition is lower at community colleges, many students still rely on some form of financial aid to continue their education (Merisotis & Wolanin, 2008). The issue of affordability has been brought to the forefront. The president is the voice of the college and must answer the question why tuition is so high. While it is true that in most cases the president does not make the decision, he or she is in the public view and must take the “heat” for the decisions of the board or other legislative body. With the economy worsening, the president must carefully watch the budget and keep it balanced (Merisotis & Wolanin, 2008).

The president is the steward of the institution’s finances. For the public community college, the president would have to answer to the Board and the taxpayers (Cohen & Brawer, 2003). As the college president is in the public view, he or she would get the most criticism. Jensen, retired chancellor from the Pima County Community College District, and Giles (2006), vice president of the Community College League of California, posited that presidents normally

do not get fired for a poor curriculum but they will get fired for not balancing the budget. Today, the president has been forced to shift the emphasis of the traditional presidential roles and focus on the various forms of fundraising (Redden, 2007; Wallin, 2007).

The president must also work with the governing board of the college. Conflict can manifest itself in a president – board relationship if the roles are not defined and followed. The 2007 Illinois Community College Trustees Association Handbook stated that the president should be the channel from staff to the board. The Handbook also indicated that the day-to-day details should be relegated to the president and staff; the board is responsible for making college policy, while the president and staff are responsible for the administration. The president also needs to get to know the board members. The president needs to make sure that all the trustees get sent the same communications. The duties of the board are generally considered (a) defining the role and mission of the college, (b) evaluating the college's performance, (c) approving plans, (d) establishing tuition, (e) establishing taxes, (f) hiring and evaluating the president, (g) establishing and monitoring the college's budget, (h) approving contracts and expenditures, (i) setting the administrative tone, and (j) representing the college to the community and the community to the college (Illinois Community College Trustees Association, 2007).

The Illinois community college president is the communication channel between the college staff and the board. The president is the top administrator of the college. He or she is the most visible employee of the college. The board and president need to be in an open relationship that is supportive of one another (Illinois Community College Trustees Association, 2007). They need to work together to advance the mission of the college. In essence, the board and president are a team. The team needs to work together in order to be successful and be efficient (Vaughan & Weisman, 2003). The board and president must share trust and respect or the institution will

face difficult times. The president needs to be in close communication with the board chair and often work closely together. The president will often seek the advice of the board chair when action needs a quick response on the part of the president (Illinois Community College Trustees Association, 2007). This will keep the president in touch with the wishes and political desires of the board. The president needs to take care of the board and make the board look good as well as being effective as a president. When the president communicates to the board, all board members should receive the same information (Jensen & Giles, 2006). One board member, or board chair, should not be surprised when another member states in an open meeting that “the president told me....” All the board members should have the same information. Poor or lacking communication can be a cause of stress for the president and board members. Proper communication can help avoid some conflicts in the future. Many presidents have been fired for not being able to have a working relationship with their board (Jensen & Giles, 2006). The board – president relationship is one of the most important relationships in the community college, if not the most important relationship. The board makes the college policy and president will implement that policy. In reality, the president will influence the development of the policy by communicating the opinions of the college staff to the board. The president will relay the wishes of the board to the college community. The president is the top manager of the college and the primary advisor to the board. The president will work with the board chair to develop the agenda for the board meeting and set the tone of the board meeting. A good working relationship between the board chair and the president will provide the basis for a well functioning college (Jensen & Giles, 2006).

The demographics of the community college are changing. There is an increasing population of immigrants. There will be high immigration and multilingualism (Cohen &

Brawer, 2003). The challenge is to educate these individuals. Schuetz (2002), community college graduate researcher at University of California-Los Angeles, reported that there will also be other types of diversity, such as, varying socioeconomic backgrounds, age ranges, working responsibilities, family commitments, and varying academic aspirations will be prevalent. According to Schuetz, nearly half of the community college students will need at least one developmental course, and many of these students will have just graduated from high school. The remedial programs will compete with transfer and career programs for resources. Assessment of outcomes will also challenge the institution. Assessment is linked to accreditation, accountability, and performance funding in higher education (Schuetz, 2002).

A challenge to the institution is a challenge to the president. These challenges are potentially stressful. Keeping everyone happy is not any easy task. No one would deny that the job of a community college president is stressful. The spending must be kept at or under budget. Students, staff, and/or faculty are complaining. Working long hours, evenings, weekends, and during vacation can add to or easily cause stress. The president is the center of the college and at the forefront of the public eye. The president has many duties to perform and must remain healthy to perform these duties. For a deeper understanding of health and wellness, the literature of stress needs to be examined. The following section will supply the appropriate information.

Stress and Health Effect on Job Performance

In this section, the literature will show the relationship of stress to health and job performance. First, stress will be defined and relevant research will be explored on how stress impacts health. The further research will show how health can affect job performance. Lastly, research will be reviewed that will show how health has affected educational employees.

Stress

Stress has become a part of everyday life. Whether the stress is part of one's personal life or their work life, it is part of their life nonetheless. In a 2009 report of the American Psychological Association, the research suggested that two-thirds of American adults were told by their health care providers they had one or more chronic health conditions. The common health conditions were high blood pressure and high cholesterol. The health care providers made recommendations for their patients to make lifestyle and behavioral changes to reduce stress and correct their chronic health conditions. As seen in the previous section, the community college president has a variety of duties to execute during their tenure. The president will work long hours, including evenings and weekends. Some presidents will even work while on vacation. The members of the board may be complaining that the college is over spending its budget or the faculty is complaining that they are not getting paid enough. The stress can accumulate. McGuigan (1999), researcher at the Institute for Stress Management, noted that stress has many meanings and interpretations, especially in the society's view. This section will review the major literature and research on stress and the impact on health. The major definitions of stress and the possible related health issues will be explored.

Selye (1976), a Canadian physician and researcher, originated the definition of stress in 1936 as "the non-specific response of the body to any demand" (p. 55). Selye defined the response to stress as the General Adaptation Syndrome (GAS) (Selye, 1976; Girdano, Dusek, & Everly, 2009; Powers & Dodd, 2009). The syndrome has three phases; (a) alarm phase, (b) resistance phase, and (c) exhaustion phase. The alarm phase is the body's physiological reaction to the stressors. The alarm phase is the phase where the "fight-or-flight" response is triggered (Selye, 1976; Girdano et al., 2009). The body responds to the alarm phase by increasing

epinephrine, norepinephrine, and cortisol hormones. These are the stress hormones. The hormones cause an increase in blood pressure by the constriction of blood vessels along with the increased heart rate. The person's mental alertness has improved. The person's respirations are increased. There is an increased contraction of the muscle tissue and the glycogen is converted to glucose to increase the energy supply. The skin reduces the amount of blood supplied to the skin. In the resistance phase, the person becomes ready to physically defend him or herself. In the exhaustion phase, the resources are depleted where the defenses break down and illness or death can occur (Selye, 1976; Girdano et al., 2009).

Selye (1976) had defined stress with respect to physiological responses to a stressor. His primary efforts studied the physiological effects of stressors on rats. Selye's focus was that the stress reaction was physiological. Lazarus (1990), from University of California at Berkeley, conducted research on the measurement of stress and had a different viewpoint from Selye; he argued that stress was psychological rather than physiological, a product of the person and their environment (Lazarus, 1990). Lazarus defined stress as "that which demands, tax, or exceed the person's resources" (p. 3). Lazarus indicated that the stress process was transactional. He suggested that the process involved three stages; (a) appraisal, (b) the challenge, and (c) coping. When the individual appraises the event or situation, they will decide whether the event is harmful or joyful and be ready to approach the challenge.

After the situation has been determined as stressful, the person progresses to the coping phase. How the person copes with the stress depends on the how the person views the stress and the person's individual characteristics (Lazarus, 1990). According to Lazarus, stress will depend on the transaction between the individual and the environment. The interaction between the person's character based on motives and beliefs and the environmental factors that may pose

harm or other challenges, based on the interpretation of the individual. Moreover, Lazarus stated that stress is complex and “results from the interplay of system variables and processes” (p. 4). Stress changes moment to moment and is difficult to measure. The literature does not debate that stress can be harmful to one’s health. The literature questions whether stress is psychological or physiological. The debate has been and will be where the source of the stress resides.

Stress can be separated stress into two categories; eustress referred to as “good stress” and distress referred to as “bad stress” (Selye, 1976; The American Institute of Stress, n.d.). Different stressors affect different people in different ways. Even though Selye defined good and bad stress, he viewed stress as cumulative. According to Selye, stress is not an individual moment in time or a response to some specific event. Since the body produces chemicals in response to the non-specific demand, the chemicals accumulate; therefore, stress is cumulative, but is not in and of itself bad condition.

According to The American Institute of Stress (n.d.), stress can impact a person’s performance. As the amount of stress increases, a person’s performance can improve up to a point. At the turning point, performance will start to be negatively impacted and decrease. Each person will have a different turning point. The American Institute of Stress suggests everyone be cognizant of the how their body is affected by stress. Sometimes the signals are subtle. The person needs to pay attention and heed the warning signs before permanent physical damage occurs. The stress response causes the heart rate and blood pressure to rise. Once the stressor(s) are gone the blood pressure and heart rate return to normal. A single event is not a major concern. It is when the person remains in the alarm phase, that damage to the body can occur (The American Institute of Stress, n.d.).

According to Selye's (1976) explanation of the stress response, related diseases were described as "diseases of adaptation" (p. 84). Migraines, high blood pressure, coronary heart disease, fatigue, and depression can all occur from a chronic stress response (Selye, 1976; Girdano et al., 2009; Powers & Dodd, 2009). The prolonged alarm phase Selye considered chronic stress. In the repeated occurrences of the alarm phase, high blood pressure spikes can damage blood vessels, heart, and kidneys just as a persistent high blood pressure can. If a person's coping mechanism to stress is smoking, excessive use of alcohol and/or overeating, that person will increase their risk of high blood pressure, heart attack, and stroke (The Mayo Clinic, 2006; Girdano et al., 2009).

In a study sponsored by the National Institute of Mental Health, researchers at the University of Washington and Duke University were able to link chronic stress and coronary heart disease (Vitaliano, Scanlan, Zhang, Savage, Hirsch, & Siegler, 2002). The investigators studied 90 caregiver couples of Alzheimer's patients while another 88 couples were in the control group. The requirement of the primary caregiver is that they must be 60 years of age or older. The study was for a period of 30 months. During the study period, the participants exhibited poor eating and exercise habits that caused a metabolic disorder that has been shown to cause coronary heart disease. The research indicated the participants had poor stress coping skills and an inadequate social support network. After the 30 months, they found that chronic stress led to the distress and poor health habits that eventually led to coronary heart disease (Vitaliano et al., 2002).

In a 2013 study, subjects reporting stress and adverse health conditions had an increased risk of coronary heart disease (Nabi, Kivimaki, Batty, Shipley, Britton, Brunner, et al., 2013). The study consisted of 7268 men and women and occurred over an 18-year period. Of the

participants, researchers found that individuals that reported very high stress with health impact had a 2.12% greater risk of coronary disease that included coronary death. The conclusion from the study indicated that individuals that perceived that stress affected their health had an increased risk of coronary disease (Nabi et al.)

Brannon and Feist (2000), professors in the department of Psychology at McNeese State University, indicated that stress could be shown outwardly thorough behavioral changes in the individual. People can exhibit anger and hostility when normally mild mannered. Though anger and hostility are related, they differ slightly. Anger is emotion and is usually a short outburst and hostility is an attitude that is exhibited longer term. The outbursts could be swearing and yelling when the person normally does not exhibit that behavior. Other noticeable signs could be a nervous twitch, nervous laughter, outburst of crying, impulsive behavior, easily startled, or increased smoking (Selye, 1976). There are other behaviors that could be attributed to stress related outbursts. Human behavior is not predictable and should be viewed holistically and contextually.

The community college president is under great pressure to have a high performing institution. The president must be able to perform well in their job in order to carry out their duties according to the expectation of the board, public, and college community. This section has examined the literature on stress and the impact of stress on one's health. The president needs to be healthy, but how does health impact job performance.

Health's Affect on Job Performance

What affect does health have on employee job performance? What might happen as the employee endures their work life? Stress may occur as a part of one's job. One of the possible outcomes of stress is depression. Research conducted at the Health Institute in the Tufts-New

England Medical Center indicated that persons with clinical depression had a less than satisfactory job performance than their health control group counterparts (Adler, McLaughlin, Rogers, Chang, Lapitsky, & Lerner, 2006). The study conducted by Adler et al. examined the severity of depression and job performance of 572 persons for a period of 25 months. In the study group, 286 of the participants were diagnosed with a form of depression from the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV). Another 93 individuals were diagnosed with rheumatoid arthritis and 193 individuals were control subjects without psychiatric or medical afflictions. The results of the study found that the “changes in depression severity and job performance were significantly positively correlated” (Adler et al., 2006, p. 1574). The study showed that a decrease in depression had a corresponding increase in job performance.

In 2003, the Commonwealth Fund commissioned a survey to assess the health insurance of adults, cost of medical bills, cost to business and productivity, and other health issues that are of concern to policy makers. The Commonwealth Fund is a private foundation that supports private research to promote health care to the disadvantaged population in the United States. The analysis of the survey by the Commonwealth Fund, found that 29% of the active workers indicated they had some form of a chronic health problem. The chronic health problem could be cancer, heart problems, diabetes, or a debilitating condition. The survey also collected wage information and number of sick days utilized during the year. Based on the analysis of the data, a weighted national estimate of number of workers using sick days was reported and the productivity loss in dollars was calculated. It was estimated that 69 million workers used sick days during 2003 at an economic loss in productivity of \$48 billion. The analyzed survey

indicated “workers with health problems have two-and-a-half times the risk of having six or more sick days during the year” (Davis, Collins, Doty, Ho, & Holmgren, 2005, p. 3).

Another issue that occurs on the job is “presenteeism.” Presenteeism is when an employee will report to work when they are ill or not feeling well and then work at a reduced productivity (Davis et al., 2005). According to the Commonwealth Fund’s survey data, half of the people surveyed reported that they had attended work at least one day in this reduced condition. Of the workers that have health problems, 56% of the workers reported that they had attended work at least one day while feeling ill. Thirty-one percent of the same workers reported that they had attended work six or more days while feeling ill. Based on the analysis of the survey, the researchers estimated that 55 million workers experienced presenteeism in 2003 at a total of 478 million employee workdays. Since there is no way to accurately measure loss of productivity resulting from presenteeism, the researchers assumed the employees were working at half-capacity. Based on the wage data collected, the researchers estimated that the productivity loss was \$27 billion on a national level (Davis et al., 2005).

Park (2007), analyst with the Labour and Household Surveys Analysis Division at Statistics Canada, found similar results in his research. He analyzed the 2002 Canadian Community Health Survey and various cycles of the National Health Population Survey to examine the effects of job stress on the Canadian workers. The surveys utilized a shortened version of the Karasek Job Content Questionnaire. The Karasek Job Content Questionnaire was created to test the Karasek Job Strain Model (Park, 2007). The survey showed that the age group from 40 to 54 viewed their jobs as stressful. According to the survey results, the workers experiencing high job strain also reported that they under-performed in their job duties due to a long-term health problem. Moreover, the workers reported that they had taken a sick day within

the previous two-week period. The data suggested that negative coping behaviors such as smoking or drinking, would have a negative impact on job performance. The data also indicated the workers with high work stress had high income, high education, married, and middle-aged. These workers found their job more stressful when the stress was based on their perceived responsibility (Park, 2007).

Job burnout is similar to depression but has distinct differences. Job burnout is a condition of depersonalization, exhaustion, and inefficacy (Angerer, 2003; Maslach et al., 2001). Maslach et al. believed burnout is caused by incongruence in one or more of six different areas or domains of a person's work life: (a) workload, (b) control, (c) reward, (d) community, (e) fairness, and (f) values.

In the business world, an increased workload means more income to the company. The workload can be too much for the person to handle. The work can exceed the resources of the person or the work can be improperly matched with their skills. In either case, the employee is frustrated and exhausted (Maslach et al., 2001). To meet the increased workload in many instances, the employees are asked to work longer hours, take on additional roles in the company, and often multitask (Angerer, 2003).

Many companies have very rigid rules, regulations, and policies, as do many community colleges. The lack of control of the resources and decision-making ability gives the employee a sense of lack of accomplishment. Angerer (2003) reported "organizations that take on policies that hinder an individual's ability to problem solve inadvertently promote burnout" (p. 103). Angerer posited the employee might not wish to exceed their authority to make a decision. The conflict occurred when the employee cannot perform in a way they see as the most efficient or

productive. The employee may be very committed to the organization but unable to meet the demand of the management and thus a conflict arises (Maslach et al., 2001).

People, in general, like to receive rewards. The reward can be extrinsic or intrinsic. From the job, an employee can receive money, security, or prestige. Yet the employer cannot give the employee everything that they want and still remain profitable. The intrinsic satisfaction now begins to suffer (Angerer, 2003) because employees may feel that they are not financially compensated for the work they perform. They may also feel that they do not receive the social recognition for the achievement of the job. When employees feel that they are devalued, this leads to inefficacy (Maslach et al., 2001).

The today's college graduates are not expected to work for the same company until retirement. Employment has become transient in the modern age due to job mobility and job insecurity (Angerer, 2003). According to Maslach et al. (2001), "people thrive in community and function best when they share praise, comfort, happiness, and humor with people they like and respect" (p. 415). Employees cannot connect if they do not work together long enough to get to know one another. Angerer (2003) stated "why get to know someone on a personal level if they are going to be transferred or fired in a few months or years" (p. 103)? The community breaks down when there is personal conflict with others in the company and social support is broken down (Maslach et al., 2001).

Maslach et al. (2001) stated, "fairness communicates respect and confirms people's self-worth" (p. 415). Fairness is about trust in the workplace. Unfairness can occur in pay, evaluations, promotions, or anywhere inequity is perceived. Management and employee distrust of one another can destroy open and honest communication in the workplace (Angerer, 2003), thus communication should be open and honest. Employees are more concerned about the

fairness of the process than the overall outcome (Maslach & Leiter, 2008). A grievance procedure that does not provide an opportunity for both sides to be heard can be viewed as unfair. The unfair treatment to the employee can be exhausting and adds to the feeling of depersonalization.

The employee has personal values and the organization has a mission statement. The employee may also follow moral standards, such as not lying or stealing. The conflict may occur when the company requires the employee to lie about a product in order to make a sale. A company may not honor a product warranty and the customer service agent must deal with the irate customer. The conflict occurs when there is a mismatch between values and the values are compromised (Angerer, 2003; Maslach et al., 2001). When an employee finds a conflict between their values and the values of the job, they decide what work they want to do over what work needs to be done. The values conflict is related to all three dimensions of burnout (Maslach & Leiter, 2008). Burnout deteriorates the focus of the worker on the job. Maslach and Leiter (2008) have indicated that job burnout is the opposite of the engagement to work. Burnout is a stress phenomenon that has correlated to headaches, gastrointestinal disorders, and hypertension (Maslach & Leiter, 2008).

In a study at the University of London and University College London, Chandola et al. (2008) found that chronic work stress was associated with coronary heart disease and the correlation was stronger for men under the age of 50. The researchers observed 10,308 male and female civil servants from London between 1985 and 2004. Behavioral factors were observed for smoking, alcohol consumption, and dietary habits. Work stress and strain was assessed utilizing a version of the Karasek Job Content Questionnaire. Physical activity was monitored as well. Metabolic syndrome factors were measured regularly, such as, serum triglycerides, cholesterol,

waist circumference, blood pressure, fasting glucose, and cortisol levels. The results of the study indicated that there was a high correlation between a work stress and a significant elevation in morning levels of cortisol. The finding of the study is that work stress can lead to coronary heart disease “through direct activation of neuroendocrine stress pathways and indirectly through health behaviours” (Chandola et al., 2008, p. 645).

In a similar study through the Department of Occupational Health at the Karolinska Hospital in Stockholm, Sweden, researchers found that job strain was an important risk factor in myocardial infarction of working Swedish men (Theorell, T. et al., 1998). The study examined patients that were 45 to 64 years of age that had suffered their first myocardial infarction in the greater Stockholm area from January of 1992 to January of 1993. Theorell and colleagues studied 1047 patients, both fatal and non-fatal myocardial infarctions. Researchers conducted interviews and questionnaires on occupational history and environment. A Swedish version of the Karasek Job Content Questionnaire was utilized to determine work stress and strain. In the case of the cardiac fatalities, the families of the decedents were interviewed. The examination of the patient’s work life included the preceding 10 years of full-time work. Theorell and colleagues examined decision making latitude, psychological demands, and self-reported job strain. The self-reported psychological demands of the patient’s jobs were highly associated with risk of myocardial infarction, for all groups. The study revealed the highest rate of deterioration of decision-making latitude was in the 45 to 54-age range. The decision-making latitude was attributed to promotional mobility. In this age range, employees are set in their positions and decreasing job status could be a threat (Theorell, T. et al., 1998). The researchers suggested that this aspect of stress be examined more closely.

A Canadian study published in the Journal of the American Medical Association, reported that job strain was attributed to the occurrence of a second heart attack (Aboa-Eboule et al., 2007). Aboa-Eboule and colleagues studied 972 men and women between the ages of 35 and 59 that had returned to work after having a myocardial infarction (MI). The participants were observed over an 11-year period. To determine work stress and strain, a French version of the Karasek Job Content Questionnaire was utilized. The results of the study found that 206 of the participants had a second coronary heart disease event. There were 111 non-fatal MI, 82 unstable angina, and 13 fatal coronary heart disease events. The study showed a lower survival rate of those exposed to chronic job strain versus those not exposed to chronic job strain. The research also showed that those exposed to chronic job strain were twice as likely to experience a second coronary heart disease event as those who were not exposed to chronic job strain (Aboa-Eboule et al., 2007). Although the general effects of health on job performance could be extended to any sector of employment, this review examined some of the research that had been specifically done on health and job performance in the educational employment sector.

Health's Affect and the Educational Employee

Researchers at the University of Michigan studied university faculty and administrators. The research found there was a significant correlation between job strain and number of sick days utilized (Blackburn, Horowitz, Edington, & Klos, 1986). The study indicated that employees with higher self-esteem had fewer sick days used than the employees that had low self-esteem. Blackburn et al. found that the main difference between the level of job satisfaction of administrators and faculty was the level of satisfaction with their supervisor. The study indicated that university administrators' satisfaction relied on satisfaction with their supervisor. The study revealed the faculty were not as concerned with their supervisor.

Guglielmi and Tatrow from Lake Forest College (IL) indicated from their research is correlation of job stress, burnout, and impacted health (1998). The difficulty was finding direct causality of the job stress to devise a health promotion program. They indicated that further research was needed to find the causes to design a health promotion program that will provide for healthy and effective teachers.

Research of medical college deans showed a high level of burnout that may lead to “intense chronic burnout” (Mirvis, Graney, Ingram, Tang, & Kilpatrick, 2006). Mirvis, et al. indicated that the research revealed the deans had high levels of personal, job, and environmental stress. They indicated that the deans exhibited a high level of depersonalization that was a sign of attempting to remove themselves from stress. Along with the depersonalization, the deans reported that they had high levels of emotional exhaustion. Mirvis, et al. (2006) posited that the level of burnout will increase and intervention should be done to keep the deans and institution healthy and functional.

Walter Gmelch of the University of San Francisco conducted a research study of stress of the academic employee. In a 1982 presentation, Gmelch and Swent presented research on stress and the impact on health. The researchers studied over 1150 Oregon elementary and secondary school administrators. The study found that high levels of stress correlated with reports of ill health by the administrators. The study found that ill health occurred regardless of the type of stressor (Gmelch & Swent, 1982).

In an Australian study of workers’ compensation claims, the research revealed a high correlation of work claims due to job strain for teachers (Keegel, Ostry, & LaMontagne, 2009). The study indicated there were occupations with high stress that did not have many claims, such as, café workers. The study reported that educators had a higher incidence of workers’

compensation claims. Keegle, Ostry, and LaMontagne found that females in education had a larger number of claims due to job strain than their male counterparts. They also found that males had a higher prevalence for job strain than the female, but many of the males did not file workers' compensation claims (2009).

Teacher and administrator stress has been studied, but limited research has been done to directly link stress of the educational employee and the impact on the employee's health. In the review of the literature, the research indicated the affect of stress on health regardless of the sector of employment.

In summary, the research showed that health could impact job performance. The community college president should consider their health, because it can impact their job performance. The research revealed that employees attended their jobs while not feeling well and they admitted to underperforming. The estimates of cost to business were very high. In the end, the consumer pays the bill. The president cannot fully meet commitments and responsibilities when experiencing presenteeism. The literature reviewed on the role of the president reported the community college president works long hours. The president may not feel well on many days. The literature supported that feeling ill may cause underperformance. The college cannot afford an underperforming president. On the other hand, if employees do not take care of themselves, they could become gravely ill. The community college president would be no exception. The president's job performance could suffer as their health deteriorates. The next section reviewed the previous research on the health and wellness of community college presidents.

Previous Research on Health and Wellness and the Community College President

Community colleges have existed for over 112 years and someone has been at the helm of each institution for each of those years, but there has been little research on the health and

wellness of the community college president. However, in the last five years, a small number of dissertations studies have been done specifically relating to the health and wellness of community college presidents.

Fuerst (2007) studied community college presidents' perception of stress. She based the need of her research on the large number of community college presidents intending to retire by 2007 and the tendency of presidents to change jobs due to job stress. Fuerst did a secondary analysis of the 2001 Career and Lifestyle Survey conducted by Vaughan and Weisman (2002). A statistical analysis program was used for the quantitative analysis. Her analysis indicated that 33.7% of community college presidents indicated that they had a high stress job. Another 58.5% of the presidents stated that their job was of moderate stress. In the analysis, 167 of the 938 presidents surveyed indicated they would leave their presidency for another position, other than another presidency, while 400 presidents indicated that they would not seek to leave their position during the following five-year period. The research revealed the group of 167 presidents considered their positions as highly stressful (Fuerst, 2007).

Dawson (2004) did a quantitative study on the relationship of the wellness practices of community college presidents and their stress levels. The significance of the study was the large number of community college presidents intending to retire by 2007, as in the Fuerst research, and the many responsibilities faced by these presidents. The sample size consisted 586 of the 1084 community college presidents nationwide. Dawson developed the survey instrument that was attitudinally scaled. The attitudinal scale was devised for the people surveyed to respond based on their own view (2004). The survey was pilot tested by two community college presidents, one vice president, and a group of doctoral students. Improvements to the survey were made for the final survey based on comments from the pilot study. The survey was

administered electronically to the subject group of 586 community college presidents with 297 of the presidents responding to the survey. The response rate exceeded the expected rate of 50% (Dawson, 2004). The survey results indicated a positive correlation between stress and the symptoms of stress. As the stress of the job increased, the symptoms and feelings associated with stress also increased. Another major finding in the research found there was no relationship in wellness practices and stress except for physical wellness. The research found that as physical wellness increased, stress levels had decreased. The survey also indicated that the two major causes of stress for community college presidents were internal funding issues and personnel conflicts. The research revealed the stress levels did not vary due to location. It did not matter if the college was located in a rural, suburban, or urban setting. The last significant finding of the research was that the presidents who had a balanced lifestyle were better able to manage stress. These presidents had a better balance wellness practice and thus were able to manage their stress (Dawson, 2004).

In another quantitative dissertation, Harris (2007) examined the stress inducers and the physical activity of the community college presidents in the Mid-Atlantic region of the United States. The study utilized an abbreviated form of the Dawson survey that combined a stress survey and a wellness survey. The study used four different types of statistical methods to analyze relationships between the variables. Harris indicated there were 132 community colleges in the Mid-Atlantic region. Of the 132 community colleges, 87 presidents responded to the survey. The research did not find a statistically significant correlation between workplace activities and stress. The analyses of the data did strongly suggest the top five stress inducers for community college presidents “were (a) the loss of a key administrator, (b) balancing work and family, (c) time management, (d) personnel negotiations, and (e) upcoming accreditation”

(Harris, 2007, p. 82). The data indicated a statistical relationship between student enrollment and campus size as a stress inducer. The analysis examined the relationship between the president's level of physical activity and the level of stress reported. The data indicated no statistically significant correlation between a president's level of activity and their level of stress. The analysis showed the "top wellness practices of community college presidents as (a) maintaining a high self esteem, (b) maintaining a positive outlook, (c) obtaining regular physical exams, (d) listen/play music and/or sing, and (e) getting at least six hours of sleep per night" (p. 83).

Royal (2006) studied the perceived job-related stress and sleep behaviors of North Carolina community college presidents. The presidents were given the standardized Stress in General Scale survey and the Pittsburgh Sleep Quality Index (PSQI) survey. Forty-five presidents responded to the survey, 39 of the surveys were useable. Statistical analyses were done using Statistical Package for the Social Sciences (SPSS) software. The job stress survey was broken into two groups, pressure and threats to job performance. The presidents indicated they did feel they were pressured in their positions but did not feel threatened. An example of being threatened might be a feeling of being overwhelmed in the position. The analysis of the data found that the presidents bordered on good and poor sleep quality (Royal, 2006). The study did find that there was a linear correlation between job stresses and sleep disorders. The study found that many of the presidents utilized exercise as a stress reduction method. The researcher felt that this might have been a mitigating factor that helped the presidents sleep better. The survey was conducted in January, just after the holiday break and the researcher also felt that this might have been another mitigating factor that helped the presidents sleep better. The PSQI surveys the person's sleep patterns over the past 30 days. The researcher felt that this might be too short term

for the purposes of the research. The overall finding of this research was that job stress did impact the sleep habits of the community college presidents (Royal, 2006).

The prior dissertation research of the community college presidents since 2004 has shown that health and wellness of community college presidents has been impacted by job stress (Dawson, 2004; Harris, 2007; Fuerst, 2007; Royal, 2006). The research studies conducted by Harris and Royal referenced the research of Dawson. Some president practice wellness, while others do not. The research showed that stress levels dropped with increased physical wellness activities (Dawson, 2004). There is a significant gap in the literature on community college presidents and their health. While the literature has showed that stress can cause disease and prior research on community college presidents showed that physical wellness reduces stress, why does a person choose to or not to participate in a health and wellness program? The previous research used quantitative surveys and did not obtain the in-depth, descriptive data that would be obtained from an interview.

In the following sections, the literature will review two conceptual frameworks that relate to the decision-making process of the presidents. The Dimensions of Wellness give the accepted wellness areas of an individual's life. The Health Belief Model is one of the behavioral models that contribute to the understanding of why an individual chooses to participate in health programs.

Dimensions of Wellness

The Dimensions of Wellness are an integrated part of one's health. A community college president should be healthy to perform their job. Dr. Bill Hettler developed Dimensions of Wellness that developed into the base philosophy for the National Wellness Institute in 1976.

The National Wellness Institute was founded at the University of Wisconsin-Stevens Point (National Wellness Institute, n.d.).

Edlin, retired professor from the University of California-Davis, Golanty, at Las Positas College, and Brown (2000), associate professor at the University of South Florida, indicated when speaking of health, the wellness of the person needs to be taken into account. Wellness defines the health of the whole person. In many instances, the terms health and wellness are used interchangeably (Insel & Roth, 2004). Powers and Dodd (2009) stated “wellness is also a dynamic concept in that the choices you make each move you along a continuum” (p. 2). At the high end of the continuum, there is peak wellness at a high level of performance. At the low end, there is a low level of wellness that has low performance and is most likely indicative of poor health and behavior (Powers & Dodd). A person’s movement along the continuum can be impacted by their health and wellness behaviors. Healthy behavior will move them to the high end and unhealthy behavior will move them to the low end of the continuum. In the continuum, there are six dimensions of wellness that work together in an integrated fashion: (a) emotional/mental, (b) intellectual, (c) spiritual, (d) social, (e) physical, and (f) occupational (Powers & Dodd, 2009). The community college president is a person and as a person, must be viewed holistically with respect to the dimensions of wellness. To be healthy, the people must promote wellness and live harmoniously (Edlin et al., 2000).

Emotional/mental Wellness

Emotional wellness, or emotional health, requires an understanding of the emotions of life and how to deal with them on a daily basis. Emotional health, also known as mental health, involves your “social skills and interpersonal involvement” (Powers & Dodd, 2009, p. 3). The health of the person is described as how well the person interacts with their environment. If the

person is unable to deal with the stresses of their surroundings, anxiety or depression can present. According to the National Institute of Mental Health (2008), depression is the major cause of disability in the United States for the ages 15 to 44 years. To be in proper emotional or mental health, the person should be balanced and not remain in a high or low emotional state (Powers & Dodd, 2009). Emotional health will vary with the state of the other dimensions of wellness (Insel & Roth, 2004).

Intellectual Wellness

Intellectual wellness is about being open to new ideas. A person maintains intellectual health by keeping the mind active (Edlin et al. 2000; Insel & Roth, 2004; Powers & Dodd, 2009). A commitment to life-long learning is important to intellectual wellness (Roscoe, 2008). Intellectual wellness is the individual's perception of the energized feeling from various intellectual activities (Adams et al., 1997). A person can be intellectually and mentally alert by reading, attending workshops, engaging in discussions with friends, or taking classes (Powers & Dodd, 2009). Keeping up with current events by reading the newspaper can contribute to alertness. Powers and Dodd (2009) also suggested going to college to be exposed to new ideas and "do not shy away from a debate" (p. 3). Good intellectual wellness is accomplished by reaching an optimal level of intellectual activity. An excess or underachievement of intellectual stimulation can reduce intellectual wellness (Roscoe, 2008).

Spiritual Wellness

Spiritual wellness is not necessarily a religious wellness but being in "harmony with yourself and others" (Edlin et al., 2000, p. 7). Insel and Roth (2004) posited that spiritual wellness "involves developing a set of guiding beliefs, principles, or values that give meaning and purpose to life" (p. 45). It involves the feelings of love, joy, empathy, and altruism (Edlin et

al. 2000; Insel & Roth, 2004; Powers & Dodd, 2009). Spirituality means different things to different people. To some, it involves a belief in a higher power. The most common path is the involvement in organized religion. Organized religion offers moral and community support. Many involved find reduced anxiety and feelings of hope (Insel & Roth, 2004). Others find spirituality in music, yoga or practicing art (Edlin et al. 2000; Insel & Roth, 2004). Spirituality can also be expressed by helping others through community activities, environmental activism, promoting human rights, or working with global human development (Insel & Roth, 2004). The optimal spiritual wellness is to feel good about yourself and have a purpose for your life.

Social Wellness

Social wellness is “the ability to perform the social roles effectively, comfortably, and without harming others” (Edlin et al., 2000, p. 7). Social wellness is the relationship of individuals to one another (Roscoe, 2008). To create good social connections, a person must develop good communication skills (Insel and Roth, 2004; Powers and Dodd, 2009). Failure to communicate can cause the breakdown of community and conflict can develop (Angerer, 2003). Maintaining social health is important to cultivating a network of support. Social wellness places value on the act of giving and receiving support (Adams, Benzer, & Steinhardt, 1997). Social wellness is summed as “the movement toward balance and integration of the interaction between the individual, society, and nature” (Roscoe, 2008, p. 3). The community college president spends many hours in a social role, as president and he or she should have a high level of social wellness to perform effectively.

Physical Wellness

The most prevalent dimension is physical wellness. Maintaining a healthy body through regular medical exams, eating correctly, doing regular exercise, avoiding harmful activities, and

preventing illness accomplish physical wellness. According to the Mayo Clinic (2007), physical exercise can improve mood, fight illness, control weight, and help sleep. Lack of activity has been attributed to over 250,000 deaths in the United States each year (Myers, 2003). Myers suggested that a person should participate in five to seven 30-minute sessions of moderate activity per week. A moderate activity could be a brisk walk, swimming, yard work, or cycling. The activity could be recreational or occupational, according to Myers. However, physical health is not limited to physical activity. Physical wellness includes healthy eating, seeking medical care when needed, observing personal safety, and in general, keeping oneself from harm (Edlin et al. 2000; Insel & Roth, 2004; Powers & Dodd, 2009).

Occupational Wellness

The last dimension is occupational wellness. Occupational wellness is defined as “being able to enjoy what you are doing to earn a living and contribute to society (Edlin et al., 2000, p. 7). According to the Wellness Center at Santa Clara (CA) University (2014), the workplace environment may lead to workplace stress. This workplace stress may impact emotional and physical health. Occupational wellness does not always apply to paid employment. Employment for the purposes of occupational wellness may be paid or volunteer activities (Edlin et al., 2000).

None of these dimensions can or should be attended to in isolation; they are intended to be cared for as a whole. Edlin et al. (2000) argued, “wellness is dynamic and continuous, no dimensions of wellness functions in isolation” (p. 6). With that being said, wellness is holistic and should be considered for all parts of life. The dimensions of wellness or health are the areas of a person’s life that are integrated and make them a whole person. This section reported a description of the dimensions and the common views of wellness. The president should factor in all of the dimensions when considering their health; the pieces are interrelated. Typically, a

person would only look at the physical aspect of their wellness. The president should evaluate all the pieces. Bowen (2013) stated, “a president should be chosen for his or her ability to connect and commit to an institution and people served in a physically, emotionally, and intellectually healthy manner” (p. 3). The following section will continue with the review of literature on research related to the Health Belief Model.

Health Belief Model

Community college presidents make a conscious choice whether or not to participate in a health and wellness regimen. The Health Belief Model (HBM) is one of several theories and concepts that help explain the rationale behind the choices an individual will make regarding their health and wellness program. The Health Belief Model was the conceptual framework or “lens” to help sift through the mounds of data accumulated by the researcher for this study. The HBM will help reveal understanding or even allow the consideration of what the study is not revealing. It will also provide the scholarly vocabulary of the study (Anfara & Mertz, 2006). The focus of the Health Belief Model is the person’s perception of susceptibility and seriousness of a medical condition or illness (Munro, Lewin, Swart, & Volmink, 2007). The Health Belief Model has been used in predicting health-protective behaviors by influencing the perceived threat of the illness (Redding, Rossi, Rossi, Velicer, & Prochaska, 2000). A president choosing a health and wellness plan for preventative measures to stay healthy may not fit the model perfectly, but the perception of the possible health issues and the related consequence might influence the president’s decision to start a health and wellness program.

Rosenstock (1974, 1990), professor of Health Behavior Studies at California State University, reported that Hochbaum, Kegeles, Leventhal, and Rosenstock of the United States Public Health Service originated the HBM in the 1950s. The model was developed to explain

why people did not participate in early detection disease screening or prevention programs, specifically for tuberculosis. The screenings for these programs were usually free or at low cost. In the 1970s, the model was extended to include people that had been diagnosed with a disease, especially those with a complicated treatment plan (Rosenstock, 1990).

The developers of the HBM were all trained as social psychologists and the model was heavily influenced by the theories of psychologist, Kurt Lewin. Rosenstock (1974) claimed that the research had a phenomenological orientation, which meant it is “the world of the perceiver that determines what he will do and not the physical environment, except as the physical environment comes to be represented in the mind of the behaving individual” (p. 329). The concept of the model was to be based on the motivation and perceptions of the person and not be limited to a particular type of health concern. In the spirit of the Lewinian tradition, the model was also to include the issues confronting the individual rather than the person’s history. The original HBM had five constructs: (a) perceived susceptibility, (b) perceived severity, (c) perceived benefits, (d) perceived barriers, and (e) cues to action (Rosenstock, 1974, 1990). In its current form, the HBM has six constructs: (a) perceived susceptibility, (b) perceived severity, (c) perceived benefits, (d) perceived barriers, (e) cues to action, and (f) self-efficacy (Champion, L, & Skinner, 2008; Redding et al., 2000; Rosenstock, 1990).

Perceived Susceptibility

Perceived susceptibility is the person’s perception of the risk of a possible or particular condition (Champion, L, & Skinner, 2008; Redding et al., 2000; Rosenstock, 1990). It could be high blood pressure, heart attack, stroke, HIV, or cancer. In essence, what is the threat? The individual may believe that the disease or condition may be possible but not probable that they

will get that particular condition. In essence, the individual weighs the probability of contracting that particular affliction.

Perceived Severity

Perceived severity or seriousness is the person's belief of how serious the condition is or potential condition might be. The severity could be medical or social. The medical severity could have the impact of pain, disability, or even death. The social aspect of severity could impact social relationships, family life, or even their job. An individual may seek treatment for a disease even if they perceive that the disease is not medically serious because the individual feels that the lack of treatment may cause a social stigma or loss of a job. Together, perceived susceptibility and perceived severity has been called a perceived threat (Champion, L, & Skinner, 2008; Rosenstock, 1974, 1990). Even if an individual has accepted that a particular condition or disease is serious enough to consider evaluation, the person would have to decide whether there is a benefit to pursue further action.

Perceived Benefits

Perceived benefits are the perception of the benefit due to taking action on the condition or possible condition at hand. For example, the presidents may ask themselves what is the benefit of taking their blood pressure medication today? They could answer that their blood pressure would stay at a manageable level. The benefit could also be of a social nature. If a person quit smoking or drinking alcohol, the benefit could be a financial savings or a benefit to pleasing one's family (Champion, L, & Skinner, 2008; Rosenstock, 1974, 1990).

Perceived Barriers

Perceived barriers are what the person views as being impediments to a particular preventative or health care action. Barriers could be anything from cost, time, painful side

effects, and so forth. In combination with benefits, it is really a cost benefit analysis (Champion & Skinner, 2008; Rosenstock, 1974, 1990). Rosenstock (1974) stated that the “combined levels of susceptibility and severity provide the energy or force to act and the perception of benefits (less barriers) provided a preferred path of action” (p. 332).

Cues to action

“Cues to action” gives a reminder that motivates a person to take a particular preventative or health care action (Rosenstock, 1974). The trigger could be internal or external. The internal event could be a sneeze or a fever. A television commercial, death in the family, or a note from a physician could be the cue to take some action to health and wellness (Champion & Skinner, 2008; Rosenstock, 1974, 1990). The cue does not even need to be overt. The person might even have seen a needle and thought they needed a tetanus booster shot. Rosenstock (1974) indicated that the trigger could be inversely proportional to the perceived severity and susceptibility of the disease. That is, the less severe the disease is deemed to be, the more intense the cue must be.

Self-efficacy

The last construct is self-efficacy. According to Rosenstock (1990), self-efficacy was added to the HBM in 1988. Self-efficacy was originally a construct of the Social Cognitive Theory developed by Bandura. Self-efficacy is the person’s expectation of a particular outcome to their health action (Champion, L, & Skinner, 2008; Rosenstock, 1974, 1990). Self-efficacy is basically the confidence of an individual in their ability to carry out the behavior at hand. Self-efficacy is self-confidence. For example, a person that is overweight will expect to lose weight if they start to exercise (Redding et al., 2000). Redding et al. have indicated that self-efficacy is one of the most important contributions Bandura made to the field health behavior psychology.

Based on self-efficacy, a community college president might expect that if they start a health program; they will succeed in the activity and maintain good health.

There are many examples of the Health Belief Model being used in practice today. In this section, a couple of samples of research will be reviewed to show the Health Belief Model in use. In a 2005 Aids Education and Prevention article, researchers studied the sexual behaviors and HIV risk of Taiwanese immigrants and the application of the Health Belief Model (Lin, Simoni, & Zemon, 2005). The study selected 144 Taiwanese immigrants with 67 male and 77 female participants between the ages of 18 and 49. The study found that the HBM predicted the sexual behavior of the Taiwanese immigrants with the self-efficacy construct being the most useful indicator of the sexual behavior (Lin et al, 2005).

Abood, Black, and Feral (2003), of the Florida State University and Purdue University, studied a group of 28 university staff that volunteered to participate in a nutrition education program. There were 25 staff members in the control group. The program consisted of a pre- and posttest survey that assessed the five constructs of the Health Belief Model (HBM) with respect to cardiovascular disease, cancer, and nutrition. The survey also performed a risk assessment for cardiovascular disease and cancer as well as a knowledge assessment for nutrition. A food behavior survey was also administered. Based on the food behavior survey, a food analysis was conducted in the laboratory to determine the nutrition content of the food. The 28 volunteers participated in 8-weekly nutrition education sessions. The education sessions were designed based on the responses of the HBM construct questions in the pretest. After the sessions were completed, the posttest was administered. The data confirmed that after the education sessions, the perceived benefit of healthy nutrition had significantly increased. The perceived

susceptibility was rated at low while the perceived severity was rated at moderate (Abood et al, 2003).

The Health Belief Model is based in the beliefs and perceptions of the person, in this case, the rural community college president. The presidents will make decisions on their health and wellness practices based on the six constructs of the Health Belief Model. The president will evaluate the perceived severity and susceptibility of the condition or illness they are trying to avoid. The president will also weigh the benefits and barrier to the screening or treatment. Next, the president will look at the expectation of the screening or treatment. Finally, a decision will be made. Sometimes, the decision stops at the first step. The president may not believe that high cholesterol is a severe problem at the age of 38 and decide not to take the blood test. The decisions may not all be that simple, but the model is a basic model to follow and is a fit for the constructs of this study.

Chapter Summary

This chapter discussed the topics related to health and wellness, stress, job stress, health and job performance, duties of the community college president, background of the community college, dimensions of health, and the Health Belief Model. Research showed that poor health could impede job performance, and the literature supports the assertion that stress is a cause of disease. The community college is a dynamic organization that is changing at a very rapid rate. The literature showed the president of the community college experiences stress while making sure their college is performing optimally. The research indicated that job burnout is a concern and can be health related. The literature showed there has been minimal research done in the area of health and wellness of the community college president. Since the literature showed that health does impact job performance, it would be important to know how the president thinks

their health is affecting their performance. This research study will add to the body of literature by interviewing community college presidents to ascertain their beliefs on how their health and wellness impacts their job performance. This research will also discover the presidents' interpretation of what the six dimensions of wellness mean; what their health and wellness activities are; and how did they choose those activities. The next chapter will outline the methodology and methods used to collect the data required for this study.

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

Introduction

This chapter described the detail of research design, site and participant selection criteria, instrument and data collection techniques, and data analysis techniques. This chapter also included limitations and established the criteria for soundness or trustworthiness for which the study is held accountable. The research design provided the overall strategy and process that the researcher will follow during the course of the study. The research design and methodology was based on the research purpose statement and guiding questions. This study gathered descriptive data from the participants using a survey tool and interviews to illicit the real experiences of the research participants.

Purpose

The purpose of the study explored health and wellness initiatives of rural Illinois community college presidents and the perceptions of their personal health and wellness affecting their job performance. This study showed insight on how a rural Illinois community college president thinks about health and wellness and their perceptions on how health and wellness can impact job performance of the community college president.

Guiding Questions

The guiding questions reflect the thought of the researcher on the most important factors of the study (Merriam, 2009). The guiding questions addressed the purpose of this study in more specific terms. The guiding questions that originated from the purpose of the study are the following:

1. How do rural community college presidents perceive their own health and wellness?

2. What are the factors that rural community college presidents use to evaluate and engage in their health and wellness initiatives?
3. How and in what ways do rural community college presidents choose their wellness initiatives?

Research Design

Introduction to Research

Why do research? Research is literally to "search again." Research needs to be a systematic inquiry that confirms current knowledge or discovers new knowledge. Research runs across a continuum from theory to action (Patton, 2002). Research is defined as "an ongoing process of searching and working toward the truth" (Neuman, 2009, p. 5). The definition gives the purpose of research. Neuman suggested research is working toward truth but does not give absolute truth. In the news media, people see what is reported as research as what appears to be a contradictory recommendation to common viewpoints. Neuman posited that the contradiction does not come from the research, but rather to the lack of actual scientific research.

Research fits into five general categories. These different types of research meet the needs of the intended audience (Johnson & Christensen, 2004). There are five types of research (a) basic, (b) applied, (c) summative evaluation, (d) formative evaluation, and (e) action research (Johnson & Christensen, 2004; Patton, 2002). Johnson and Christensen indicated these types of research fall on a continuum with basic research on one end and applied research on the other end. Basic research has the focus on formulating general knowledge while applied research focuses on the application of the gained information to some real-world question. Basic research contributes to the overall body of knowledge. Applied research illuminates concerns of society or groups in society. Summative evaluation is used to determine the effectiveness of programs.

Formative evaluation is designed to improve programs. Action research is used to determine the solutions to specific problems (Patton, 2002). In all types of research, the goal is to gain knowledge. How the knowledge is disseminated will depend on the intended audience.

Where does a researcher gain knowledge? Knowledge is gained through experience, expert opinion, and reasoning (Johnson & Christensen, 2004). Knowledge from experience is derived from observation, experiment, or personal experience. The knowledge is said to be empirical. Expert opinions are gained from authorities on a particular topic. Researchers use expert opinions when the researcher does not have the time to sort through all the information available on a specific topic. Care needs to be taken to ensure that the expert has the proper credentials to offer the opinion (Johnson & Christensen, 2004).

Reasoning is knowledge from rationalizing. Here, knowledge is gained from deductive and inductive reasoning. Deductive reasoning arises when the specific conclusions are derived from a set of general statements. It has common use in mathematics. For example, if all cats are felines and you own a cat. Your cat is a feline. The conclusion is specific to your cat, based on a set of general premises. It is deduced that your cat is a feline.

Inductive reasoning starts with specific evidence and moves to develop a general application to many types of situations (Neuman, 2009; Johnson & Christensen, 2004). The researcher takes the specific observations and other evidence and develops a general statement. Johnson & Christensen indicated that the problem with inductive reasoning is that past performance may not always predict future events. According to Neuman, inductive reasoning is geared more to qualitative research, where as, deductive reasoning lends itself to quantitative research. Research falls into three basic paradigms, qualitative, quantitative, or mixed method research (Briggs, Coleman, & Morrison, 2012; Patton, 2002).

Quantitative Research

Quantitative research is a “formal, objective, systematic process in which numerical data are used to obtain information about the world” (Burns & Grove, 2009, p. 22). The behavior in quantitative research is assumed to be predictable. In quantitative research, an experimenter will change one variable while holding all others constant. Briggs, Coleman, and Morrison (2012) posited that numerical data is used to test, confirm, or validate a hypothesis. The studied behavior of the participants of this study, community college presidents, is not predictable. This research study is not designed to confirm, test, or validate any hypothesis.

The focus on quantitative research is the large amount of numerical data. Typically, a quantitative researcher will attempt to confirm a stated hypothesis, the tentative explanation. The hypothesis is deduced from available observations, explanations, or current theories (Johnson & Christensen, 2004). The collected data is analyzed to determine if the collected data supports or invalidates the hypothesis. The numerical component attempts to make statistical relationships of the experimental data. Creswell (2012) indicated that many data points are needed to gain statistical significance.

In quantitative research, the data consists of variables. Variables are either dependent or independent. Independent variables cause a change in some other variable. One or more of the independent variables influences dependent variables. There is a cause-and-effect relationship between the independent and dependent variables (Johnson & Christensen, 2004).

Johnson & Christensen indicated there are two general classes of quantitative research, experimental and non-experimental. Experimental research allow for the direct manipulation of the independent variables. The researcher administering the experiment conducts the manipulation. In conducting the experiment, the researcher will attempt to make all groups of the

study similar. The researcher will make a change in an independent variable applied to the groups. After the manipulation, the researcher will see how the groups have changed. Through deduction, any observed change would be attributed to the manipulation of the variable (Johnson & Christensen, 2004).

Non-experimental research occurs when the researcher is not able to manipulate the variables. One type of non-experimental research examines the causal-comparative nature of the observed groups. The researcher may take two groups that are related by category (independent variable) and collect data common to both groups (Johnson & Christensen, 2004). A researcher may study married versus non-married people utilizing cohabitating couples as a variable category. The dependent variable may be number of arguments per week. Comparing the marital status to the number of arguments could be used determine if the marital status might be the cause of relationship conflicts.

A correlational approach is another method in non-experimental research. A researcher may study college students to collect comparative data on graduation grade point averages (GPA) and starting salary upon graduation. The analysis would attempt to determine the strength and direction of the relationship between the GPA and starting salaries. In this research, the researcher does not manipulate the variables.

In quantitative research, instruments are used to collect the data. “An instrument is a tool for measuring, observing, or documenting quantitative data” (Creswell, 2012, p.151). Creswell indicated that the tool might be questionnaires, tests, logs, and/or checklists gathered from observations, inventories, or tally sheets. The tools are designed to measure some aspect of the study. Measurement is an assignment of a numerical value according to the rules given by the research (Johnson & Christensen, 2004). The measured values are run through statistical analysis

to find the relationships between the variables in the study. Johnson & Christensen indicated that the instruments used have a quality that avoids human bias to give objectivity. The instruments are standardized or tested to carefully measure what is observed in the phenomenon. Any rational set of observers would see the data from the phenomenon and “agree on its existence and its characteristics” (p.33). This does not mean that all the observers would necessarily agree on the interpretation, just that the data exists and that all observers observe the same data.

In general, quantitative research has many strengths. Quantitative research can provide the researcher manipulation and control of the variables. Laboratory experiments can be administered and analyzed quickly. Causal relationships could be represented through numerical analysis. The non-scientific community generally accepts the statistical representation as reliable and valid (Johnson & Christensen, 2004).

Quantitative research requires large number of individuals to make a valid study. In this research study, four community college presidents were studied. Since quantitative research is based on statistical analysis, the larger the number participants the better the statistical power of the data (Krathwohl, 2009). Four participants do not have the statistical power to provide valid results. Therefore, the quantitative research method was not used in this study.

Mixed Methods

Mixed methods research includes elements of quantitative and qualitative research. The researcher must be able to understand both methods in order to integrate the data. Research is conducted to “provide a better understanding of the research problem and question than either method by itself” (Creswell, 2012, p. 535). Creswell suggested another reason to use a mixed method approach. A mixed method approach can have the advantage that gives the researcher

the strengths of both methods. Creswell indicated the method is also used when the research is not satisfied by either method.

Lichman (2013) suggested the purpose of mixed method research is to utilize qualitative and quantitative research into one study. Mixed method research can be partially mixed or fully mixed depending on the use in the research. The degree of use of either qualitative or quantitative research will depend on the uniqueness of the research study. The dominant status of the method will be determined by the logic of the research from the purpose statement (Briggs, Coleman, & Morrison, 2012). To determine whether mixed method research should be used, the researcher will need to examine the research objectives, questions, and purpose. Mixed method research is typically more time-consuming and expensive than a traditional single method research study (Briggs, Coleman, & Morrison).

According to Briggs, Coleman, and Morrison, the weaknesses of mixed method research can arise from a single researcher being unable to understand both qualitative and quantitative methods research. The researcher must be able to understand both methods in order to integrate qualitative and quantitative research into a single study. It may also be difficult to balance the outcomes of both qualitative and quantitative data into the research study.

In mixed method research, qualitative and quantitative data can be collected through either a convergent, sequential, embedded, transformative, or multiphase design (Creswell, 2012). In the convergent mixed method design, the researcher collects the quantitative and qualitative data at the same time. The data is analyzed separately and compared. The researcher interprets the data to see if the datasets are supportive or contradictory. In the sequential method, the data sets are collected at different times.

According to Creswell, there are two sequential design methods. The first sequential method is explanatory sequential design. The explanatory sequential mixed method design method places emphasis on the quantitative research process (2012). The qualitative component of the research process is used to refine or explain the general picture of the research project. The second sequential method is exploratory sequential mixed method design. In exploratory mixed method design, the researcher begins with the qualitative research process. The qualitative data is used to explore a particular phenomenon. The quantitative data collected is used to explain the relationships found in the qualitative data (Creswell, 2012).

In the embedded mixed method design, the data can be collected simultaneously or sequentially. The researcher may start with either qualitative or quantitative data collection. Whichever method the researcher starts, the other method is used in a supportive role. In embedded design, the researcher chooses a primary method. The secondary method may be administered before or after the primary method of choice. The data sets are analyzed separately and are used to address different guiding questions (Creswell, 2012).

In the transformative of mixed method design, the researcher will use a convergent, explanatory, exploratory, or embedded design. Creswell (2012) indicated the transformative method uses a framework to guide the overall purpose of the study. The transformative of design uses a framework to address social issues for particular segment of the population. The purpose of this mixed method design is normally used to cause some social change (Creswell, 2012).

The last mixed method design is the multiphase design. In a multiphase mixed method design, the researcher will use convergent, explanatory, exploratory, and embedded designs. The researcher examines the research project through a series of separate studies called phases. The phases are used to answer one particular research objective. The studies may be used in a

sequential or concurrent fashion. The multiphase makes method design "is popular large-scale health research and in evaluation research" (Creswell, 2012, p. 547).

There are several reasons the researcher may choose to use a mixed method design. The researcher may choose to use quantitative data in the second phase to test the qualitative data of the first phase. Another reason the researcher may choose to use mixed method design is to use the qualitative data to explain the results of the quantitative research or to use one form of data to support the other form of data. Lastly, the researcher may choose to use a mixed method research design to take advantage of the strengths of qualitative and quantitative research (Creswell, 2012). Creswell suggested quantitative data research requires large amounts of data obtained from many individuals. In this research study, the researchers studied four community college presidents. For this study, there were not enough participants to support a quantitative study. Therefore, a mixed method research design was not appropriate.

Qualitative Research

Qualitative research is research that takes place in real world settings (Patton, 2002). Data is collected through personal interviews, observations, or documents. Qualitative research does not include statistical analysis. The focus of this study does not include statistical procedures or any means of quantification. This is the basic definition of qualitative research (Strauss & Corbin, 1990). The natural setting is focused in the field where the researcher and the participant can interact (Creswell, 2007). This research was set at the college of the community college president that kept the president in their college environment and not remove them from their context. Qualitative research is a complex method. There are as many definitions as authors that write qualitative research textbooks. Denzin and Lincoln (2005) state, "qualitative research is situated activity that locates the observer in the world" (p. 3). They continue and state that

qualitative research is conducted in a natural setting and the information is interpreted with respect to the meanings the subjects bring to light. Van Maanen (1979) stated that qualitative research is a broad term that utilizes many interpretive techniques to describe or decode the meaning of our social world.

This study was situated in the qualitative research paradigm. Creswell (2007) stated, “we conduct qualitative research when we want to empower individuals to share their stories” (p. 40). In whatever environment the research is conducted, the participant is not taken out of their contextual environment (2007). According to Merriam (1998), qualitative research “focuses on meaning in context” (p. 1). Qualitative research explores nature that takes into account the context and the setting. The research looks for the “deeper understanding of the participants’ lived experiences” (Marshall & Rossman, 2006, p. 55). The community college president was given a survey and participated in an interview. The interview was conducted in the context of their natural setting as they conducted the business of their community college. Multiple sources of data are used in qualitative research, instead of just using a solitary data source (Creswell, 2007).

The nature of qualitative research is interpretive. In qualitative research, nothing should be ignored (Bogdan & Biklen, 2007). The presidents conveyed their stories through an interview and survey. The stories were in the context of their job setting and gave the comprehensive understanding within their job setting. The richness of the data emerges from the various data sources. The community college presidents’ perceptions were captured while securing the rich descriptions of their world.

A quality of qualitative research is that reality is interpretive and the reality belongs to the individual. The reality lies with the individual, the participating presidents. Merriam (1998)

stated, "Qualitative researchers are interested in understanding the meaning people have constructed, that is, how they make sense of their world and the experiences they have in the world" (p. 6). The meaning of the world that the people have constructed is, in fact, the reality that they see. It is their perception of reality.

The case study was chosen as the methodology for the study. Yin (2003) stated, "a case study is an empirical inquiry" (p.13). Creswell (2007) stated,

Case study research is a qualitative approach to which the investigator explores a "bounded system (a case) or multiple bounded systems (cases) over time, through detailed, in-depth data collection involving multiple sources of information (e.g., observations, interviews, audiovisual material, and documents and reports) and reports a case description and case-based themes. (pg.73)

A case study has three characteristics: particularistic, descriptive, and heuristic (Merriam, 1998). This study is focused on how community college presidents believe health and wellness affects their job performance. The particularistic characteristic indicates that the study focuses on a particular phenomenon or event (Merriam, 2009). This study examined the phenomenon of the health and wellness beliefs of the community college president.

The descriptive characteristic describes the product that is "rich, 'thick' description of the phenomenon under study" (Merriam, 2009, p. 29). The narrative will be thick and rich descriptions to enhance the reader's understanding of the research topic. According to Johnson & Christensen (2004), the case could be a study of a person, group, classroom, organization, activity, event, or process. The strength of the case study is providing rich data because it is studied in its natural setting. Case studies are also useful when the researcher has no control over the behavior of the situation or the individual of the study (Yin, 1994).

The heuristic characteristic indicates that the study will "illuminate the reader's understanding of the phenomenon under study" (Merriam, 2009, p. 44). The reader should be able to expand their knowledge to gain a better understanding of the phenomena of the study. The reader may also be able to rethink any preconceived notion gain from prior information. Stake (2007) indicated the objects of the research allow the reader to merge information with existing knowledge to reinforce prior knowledge.

Yin (2003) posited that a case study may be exploratory but all studies must have a purpose. The exploration of this study is whether or not community college presidents believe health and wellness affects their job performance as community college presidents. The research explored the views of the community college presidents with respect to their health and wellness definitions.

This study was situated in the interpretive paradigm. The purpose of an interpretive paradigm in research is not about the discovery of a new universal law. The interpretivist is looking for the local context and evaluating the data based on that context (Willis, 2007). This research was about the understanding of the environment or contexts of the health and wellness belief system of the community college president and how they believe their health and wellness affected job performance. The interpretive paradigm looks to understand the context in a deeper, richer way. According to Willis (2007, p. 99), "the goal of interpretive research is an understanding of a particular situation or context much more than the discovery of universal laws or rules." The application of the methodology and methods depend on the development of the questions and the acquisition of the data from the questions. The following section described the research process, question refinement, and collection of the data.

Research Process and Data Collection

This study utilized the organization of the research process prescribed by Creswell. His research process consists of six steps. The steps are (a) identification of a problem, (b) literature review, (c) state the research purpose and question development, (d) data collection, (e) analysis and interpretation of the data, and (f) reporting of the research (2012).

Chapter 1 introduced the identification of the problem and stated the research purpose. The problem was stated to limit the scope of the inquiry. Chapter 1 provided the rationale and justification for this research study.

Chapter 2 reviewed the relevant literature applicable to the research problem. The literature review provided the information that showed this research study was not a duplicate of a prior research study. The literature presented existing knowledge that provided the basis for this study.

Chapter 3 provided the details of the process of question development and how the data was collected. The question development and refining process was given in detail. The details of participant selection were elucidated. The chapter detailed the mechanics of the collection of the data.

Chapter 4 and chapter 5 discussed the analysis and interpretation of the data. After the data was collected, it was separated in to categories based on *a priori* themes. Once the data was categorized, it was reassembled as a summary of the findings. The summary of the data also included interpretations and conclusions that provided answers to the guiding questions. In the following section, the refinement of the questions utilized in the data collection and methods used to collect the data is discussed.

Peer and Expert Review

After the interview questions were created, a round table of peers was convened to refine the initial questions. The round table began with a summary of the purpose of the study and the conceptual framework that will be used in the study. The round table discussion refined the interview questions. Similarities were found between 2 questions. The one question was refined and the other question was eliminated. Using the conceptual frameworks, gaps were identified in the interview questions. The questions were clarified and confusing questions were simplified without changing the intent of the questions. The wellness activity questions were vetted and utilized in two different research studies and not reviewed by the expert reviewers or in the round table discussion.

After the final revision of the interview questions, the questions were sent to 2 executive level community college administrators to conduct a test pilot of the interview questions. The members of the pilot were not eligible as participants of this study. The purpose of the pilot was to refine the questions to be used in the semi-structured interviews and refine the data collection procedure (Yin, 2003). After the discussion of the interview questions with the members of the test interviews, the members indicated the questions should elicit sufficient responses to answer the guiding questions of this study. The questions were not refined from the pilot.

Site and Participant Selection

The participants of the study were selected through purposeful sampling of community college presidents that had at least one year of service in a rural single campus, Illinois public community college. For this study, the perceptions of the rural president were deemed to be the goal for the research. Race and gender were not considered for this study. As with any new job, stress can occur from the new situation. Many public service professions that have high stress,

such as police officers and fire fighters, have a one-year probationary period. With this in mind, presidents were chosen that had at least one year of service with their current institution.

This study utilized purposeful sampling to select the participants. Purposeful sampling “leads to selecting information-rich cases for study in depth” (Patton, 2002, pg. 46). Patton (2002) indicated that purposeful sampling of a small number of participants is used to gain information-rich data. Stake (1995) asserted, “the first criterion should be to maximize what we can learn” (p. 4). Within purposeful sampling, researchers can limit individuals or sites based on their individual membership in a particular subset of that group (Creswell, 2012). Creswell called this “homogeneous sampling” (2012, pg. 208). This research study selected presidents of rural community colleges within the state of Illinois. The rural community college president was chosen to limit the geographic variability of urban, suburban, and rural environments that could have shown inconsistency in the data for a small group of participants. The urban institutions in Illinois are all part of a multi-campus community college district and did not fit the criteria of this study. The most of the suburban community colleges in Illinois are located in the suburbs of Chicago. The rural setting was chosen to diversify the geographic diversity of the participants while keeping the rural environment of the participant. The effort was chosen to wisely use time and resources to gain a geographically diverse sampling of community college presidents for interviews. Within the homogenous sampling framework, a volunteer sampling method was applied. The members of the homogenous group, rural Illinois community college presidents, were solicited to participate in this doctoral study. Of these members, presidents were able to volunteer to participate in the research. In volunteer sampling, the participants usually have a strong opinion of the topic of the research (Briggs, Coleman, & Morrison, 2012).

The impetus for the inclusion of only single campus community colleges in this study was due to the type of personal and business interactions of the community college president. The single campus structure gives the experience of the community college presidents of direct responsibility to a board of trustees or other governing board and direct contact with faculty. The community college district president/CEO/chancellor of a multi-campus college does not usually have the direct contact with faculty and usually works from a district office. In Illinois, the only urban community college district is a multi-campus district and so is not applicable or appropriate because it does not fit the site section criteria. Illinois has one rural, multi-campus community college district. This district was also excluded from the study.

The community colleges and presidents were initially selected based on geographic location, rural Illinois. Carnegie Foundation for the Advancement of Teaching classification data was used to create the list of rural Illinois community colleges. From the generated list, the college websites and the respective president's offices were contacted to determine individual president eligibility. The rural Illinois community college presidents were invited to participate in this research study. The volunteering presidents were investigated to determine eligibility of length of tenure and single campus status. Table 1 illustrates the selection criteria.

Table 1. Site Selection Criteria

Order	Attribute	Process	Sampling method	Purpose
1	Geographic location	Carnegie Foundation classification data	Homogeneous sampling	To find Illinois rural community colleges
2	President length of tenure	College website and contacting the president's office	Homogeneous and Volunteer sampling	To determine eligibility of the participant

Survey

This research utilized two data collection strategies. The first data collection technique was a survey. The second data collection techniques used was a semi-structured, open-ended interview. The survey is a form of interview that is formal in nature (Yin, 2003). Yin indicated that the survey is only one component of the case study and not meant to define the overall assessment of the study. The survey was used to gain information about a particular group of individuals (Creswell, 2012).

It is unknown what the community college presidents believe about how health and wellness affects their job performance. Once the participants for interviews were identified, they were sent the “Wellness Activities for Community College Presidents” survey (Appendix C) written by Dr. Eva Dawson (2004) and the informed consent form that outlines the purpose of the research. This task was completed approximately three weeks prior to the interview. This survey is the wellness portion of a larger survey of Dr. Dawson that also exams stress indicators of community college presidents. The survey was a Likert scale survey that was used as the survey instrument in Dr. Dawson’s quantitative dissertation. The survey was utilized in this study for qualitative purposes. The survey was used to determine the dimensions of wellness and self-efficacy of the participants. The survey also determined the frequency of activity of the participants. Harris (2006) also used an abbreviated version of the Dawson survey to study community college presidents. The survey was piloted prior to use in the dissertation (Dawson, 2004). Dr. Dawson gave permission to use her survey tool for this study.

Interviews

The semi-structured interview format will allow the participant to give rich, thick, descriptive detailed answer in context to the world in which they exist. This qualitative multiple-

site case study consisted of semi-structured interviews of sitting community college presidents. These participants were selected specifically and purposefully for this study. In order to obtain the information-rich data, an interview was used. The nature of the interview is to gain the subjective view of the interviewee that has been exposed to some social situation (Merton, Fiske, & Kendal, 1990). The interviewee will be able to explain, in depth his or her experiences and of the situation. These experiences placed the interview in a personal context. The interview questions elicited a wide range of highly detailed and specific responses to the situation of the study. The interview approach is classified as a nondirective approach. This approach allows the interviewees the control to express themselves in what they feel are important rather than what is presumed to be important to the interviewer.

Dexter (1970/2006) describes a special, nonstandard interview called an elite interview. The elite participants are ones who "are considered to be influential, prominent, and/or well informed in an organization or community; they are selected on the basis of their expertise in areas relevant to the research" (Marshall & Rossman, 2006, p. 105). Yin (2003) indicated the interview can be used in the case study, but will be concentrated on specific topics by the case study protocol. Marshall and Rossman (2006) posited that elite interviewees might prefer the relaxed conversation and interplay of the interview. This is a different environment to the press conference or business meeting they may have attended earlier in the day. Marshall and Rossman continued to say, "Elites often respond well to inquiries about broad areas of content and to open-ended questions that allow them the freedom to use their knowledge and imagination" (p.106). By the nature of the position of the community college president, the elite interview approach was used. Community college presidents are elite individuals in the community in which they serve.

Approximately one to two weeks prior to the interview, the participants were sent the interview questions. The interviews were recorded with a minimum of two recording devices and transcribed for analysis. The interviews lasted approximately one hour. The participants were given the opportunity to review the transcribed interview and make any corrections, if necessary.

After the transcribed interviews were reviewed by the participants (member checking), the interviews were themed and coded. Though the interviews were recorded, interview field notes will be kept as part of the audit trail enhancing transparency of the research.

Role of the Researcher

In qualitative research, the researcher collects the data for the research study. This researcher does not create an instrument that the participant will later complete and return to the researcher. The researcher will physically gather the data through interviews, sifting through documents, or observations (Creswell, 2007; Merriam, 1998; Lincoln & Guba, 1985). Lincoln and Guba indicated that the human researcher is ideally qualified for qualitative inquiry. They continued to propose that a human being is adaptable to and responsive to many different situations and environments without any programming. The human researcher can assemble the pieces of the situation and put it into its holistic context. Lincoln and Guba also posited the human researcher can combine theory and experiential knowledge for a better understanding of our social order. The researcher can also immediately process information to formulate a hypothesis and then quickly test the hypothesis. Similarly, the human researcher can immediately process data, ask for clarification, and make corrections if necessary. Lincoln and Guba (1985) stated, "These are formidable advantages, indeed! But, of course, they are meaningless if the human instrument is not also trustworthy" (p. 194). The researcher must be reliable and credible in conducting their qualitative research.

Creswell (2007) posited the researcher's background and experience would be integrated into the interpretations that emerge from the study. He indicated the "researcher comments on past experiences, biases, prejudices, and orientations that have likely shaped the interpretation and approach of the study" (p. 208). Cohen et al. (2007) stated, "it is important for events and situations to be allowed to speak for themselves rather than to be largely interpreted, evaluated or judged by the researcher" (p.254). The researcher may interject their bias into the interpretation of the study. The researcher needs to control his or her personal biases through reflexivity; essentially, the self-reflection of personal bias. The researcher must be transparent and disclose possible biases. The researcher must give his or her background as part of the transparency of the possible bias.

The researcher of this study has a Bachelor of Science and Master of Science degrees in chemistry with 30 hours of upper level undergraduate hours in civil engineering. Along with these degrees, he has six graduate hours in Forensic Science. He has worked for the last 20 years in higher education, 12 years as a professor and 8 years as an associate dean. His instructional experiences include teaching as an adjunct instructor at a state metropolitan university and teaching full-time at three community colleges in Illinois. He has worked as an associate dean at two community colleges in Illinois. Over the 20 years experience, the researcher has observed leadership at the various levels of the community college. The researcher has observed the presidency from an outside perspective while participating as a faculty member and a front-line administrator.

During the course of this researcher's doctoral studies, research has shown a great number of projected retirements of community college presidents and other community college administrators in the near future. This information provided a point of interest to the researcher.

As a matter of observation, this researcher has personal knowledge of many administrators that have high blood pressure and are overweight. This researcher has these afflictions and high cholesterol as well. This researcher has personal knowledge of a community college president that required heart surgery during his presidency to correct heart blockage. In 2007, this researcher was taken to the emergency room while at work for a high blood pressure episode that was initially believed to be a heart attack or a stroke.

This researcher was an executive officer of the Illinois Council of Community College Administrators (ICCCA). He has interacted with many other administrators from other community colleges, including their presidents. In this role, the researcher also worked closely with the Illinois Community College Trustees Association (ICCTA) and the Illinois Community College Board (ICCB). The ICCCA was an advisory board to the Illinois Community Colleges Presidents' Council and ICCB.

Prior to working in education, this researcher worked for over ten years in public safety. Most of this work was in law enforcement. This researcher worked as a patrol officer, communications and records supervisor, juvenile officer, gang officer, and crime scene investigator. This researcher has extensive experience and training in interviews and interrogations. He has extensive experience in investigations and fieldwork. He also has experience in maintaining records and confidentiality of those records.

This researcher was a senior examiner for the Lincoln Foundation for Performance Excellence, now Illinois Performance Excellence (ILPEX). Illinois Performance Excellence uses the Baldrige Criteria for Performance Excellence in Illinois to make quality awards to those organizations whom apply. Currently, the Higher Learning Commission (HLC) is adapting the Baldrige Criteria for accreditation purposes. The HLC is using Illinois Performance Excellence

as part of reaccreditation for institutions in Illinois as a pilot. An examiner must examine documents and interviews to apply the the criteria to evaluate the performance of an organization. The examiner must have good evaluative and interviewing skills to be successful.

This researcher was able to utilize the extensive experience gained from conducting interviews as a criminal investigator, college administrator, and ILPEX examiner. He was able to conduct interviews with appropriate followup questions to extract the information required by the guiding questions. The researcher was also able to use the experience as a police officer, crime scene investigator, and ILPEX examiner to interpret and evaluate the data gathered during this research process.

Conceptual Framework

The conceptual framework is used to develop and link the guiding questions to a larger construct (Marshall & Rossman, 2006). Merriam (2009) posited that qualitative studies do not test the theories, but rather, build on existing theories or conceptual frameworks. Merriam used the terms theoretical framework and conceptual framework interchangeably. The framework will be “the underlying structure, the scaffolding or frame of your study” (Merriam, 2009, p. 66). Maxwell (2005) indicated that the framework is a system of concepts that supports your research. The frameworks used in this study are the Health Belief Model and the Dimensions of Wellness. The perceptions of the presidents on health and wellness were examined. How the presidents perceived health concerns and decided on their wellness activities of choice was also examined.

Data Analysis

Data analysis begins with the coding and examination of the collected data (Merriam, 2009). Marshall and Rossman (2006), stated, "the process of bringing order, structure and

interpretation to a mass of collected data is messy, ambiguous, time-consuming, creative, and fascinating" (p. 154). In this section, the coding and analysis process was discussed. This section concluded with a discussion of reliability and validity of the research process.

***A priori* Themes and Coding**

A priori themes were used in the analysis of the data. *A priori* themes are based on the existing theory or conceptual framework (Stemler, 2001; Miles & Huberman, 1994). The codes are used "when the researcher is trying to replicate or extend a certain line of previous research" (Johnson & Christiansen, 2004, p. 508). Johnson and Christensen also indicated that *a priori* codes are also based on relevance to the guiding questions. They also stated that the codes "should not be forced onto the data" (p. 508). In the data analysis, *a priori* theming was taken from the constructs of the Health Belief Model and the Dimensions of Wellness. The "Wellness Activities for Community College Presidents" survey was themed and coded with the same scheme.

The coding for the Health Belief Model was fitted to the six constructs: (a) perceived susceptibility, (b) perceived severity, (c) perceived benefits, (d) perceived barriers, (e) cues to action, and (f) self-efficacy. The Dimensions of Wellness has six dimensions that work together in an integrated fashion: (a) emotional/mental, (b) intellectual, (c) spiritual, (d) social, (e) physical, and (f) occupational health. Table 2 links the guiding questions to the *a priori* themes.

Table 2. Linkage of the Guiding Questions to *a Priori* Themes

Guiding Question	Themes
How do rural community college presidents perceive their own	Dimensions of Wellness: <ul style="list-style-type: none"> • Emotional/mental • Intellectual

health and wellness?

- Spiritual
- Environmental
- Social
- Physical
- Occupational

What are the factors that rural community college presidents use to evaluate and engage in their health and wellness initiatives?

Health Belief Model:

- Perceived susceptibility
- Perceived severity
- Perceived benefits
- Perceived barriers
- Cues to action

How and in what ways do rural community college presidents choose their wellness initiatives?

Dimensions of Wellness:

- Emotional/mental
- Intellectual
- Spiritual
- Social
- Physical
- Occupational

Health Belief Model:

- Self-Efficacy
-

Emerging Themes and Coding

Emergent themes and coding arise from the interview questions. Emergent themes are formed after examination of the data. Johnson and Christiansen (2004) posited that *a priori* codes might not fit all the data. They stated “new codes should be generated when data segments are found that do not fit any of the codes on the list” (p. 508). These new codes arising purely from the data are called inductive codes. Johnson and Christiansen indicated that these terms or codes might arise from the participants themselves. Johnson and Christiansen (2004) give an

example that “high school students might use the emic term jocks to refer to students who play sports” (p. 508). In this study, a community college president might refer to presidents as workaholics and indicate that this may cause ill health. The term workaholic would not be expected to be a code within the Health Belief Model or the Dimensions of Wellness.

After all the data had been coded, the data from individual presidents were analyzed with their fit into the conceptual frameworks. After the analysis of the individual presidents, a cross-case analysis was done to compare the presidents for common elements that may allow the possibility of transferability to a broader population of community college presidents. The next section will focus on reliability and validity of the research and expand on the use of transferability as one of the factors in the determination of reliability and validity.

Reliability and Validity

All research must meet certain standards of quality. The outcome of the research needs to be trustworthy and reliable. The reader must be able to trust the knowledge research results. The reader may be a layperson that has an interest in the research, an educator, or another researcher. To that end, the research must be conducted in an ethical way (Merriam, 1998).

Lincoln and Guba (1985) gave four canons that all social science research must follow: (a) credibility, (b) transferability, (c) dependability, and (d) confirmability. The research must be credible. Credibility is internal to the research. Credibility is critical of the research process and the researcher. Marshall and Rossman (2006) equated credibility with believability. The reader must believe the research to be reliable. To be credible, the researcher must follow rigorous methods, be competent in the methodology, and must be ethical (Patton, 2002). This research will use these methods to ensure creditability: (a) member-checks, (b) triangulation, and (c) a researcher bias statement. Lincoln and Guba (1985) posited that member checks are crucial to

the credible qualitative study. The member check can vary in method. The researcher can limit the member check to verification of the participant's interview transcript or wait until the research is completed and the researcher has made an interpretation (Creswell, 2007; Lincoln & Guba, 1985). Triangulation was done with themed and coded transcribed interviews with the themed and coded survey. Other approaches to validity and reliability could have been used, such as, prolonged engagement or persistent observation of the participants (Creswell, 2007; Lincoln & Guba, 1985). These methods would have been outside of the time parameters of the study and not practical over a large geographical area (State of Illinois). Utilizing multiple data sources to strengthen a study is known as triangulation (Patton, 2002; Bogdan & Biklen, 2007; Creswell, 2007). The more types of data available to the study; the stronger the study can be. The intent of triangulation is not to produce the same results as the other data sources, but to test for consistency. Patton (2002) suggested any inconsistency should not be considered a weakness but show a better understanding between the methods used and the object of the study. Marshall and Rossman (2006) stated that triangulation is "about finding the multiple perspectives for knowing the social world" (p. 204). Lincoln and Guba argued that the researcher "is not bound to honor all the criticisms that are mounted, but he or she is bound to hear them and weigh their meaningfulness" (p. 315). The researcher is bound to be open and avoid the appearance of the lack of credibility.

In order for the research to be credible, the researcher must have a high level of reflexivity. Reflexivity is the researcher's ability to examine his or her own bias or predispositions (Johnson & Christensen, 2004, Creswell, 2007). In qualitative research, the researcher is the instrument. The researcher can interject their personal bias into the research. The research needs to be up front with their biases and experiences. A public statement by the

researcher with a discussion of their personal background and any possible relationship with the study must be disclosed. The researcher needs to state the possible impact of his or her experience on the research. This researcher submitted a personal statement earlier in this chapter.

Transferability is external to the research (Lincoln & Guba, 1985). Transferability is the ability to apply the information to “others in similar situations” (Marshall & Rossman, 2006, p. 201). Transferability is seen as a weakness by some researchers because qualitative research is not generalizable over the general populace. Lincoln and Guba (1985) posited the study’s participant criteria would determine the transferability of the research conclusions. While true, the qualitative researcher wants to study a particular situation in depth rather than what is true for the larger population (Merriam, 1998).

Dependability is very similar to replicability. In quantitative research, the researcher might attempt to see how the experimental trials show repeatable results. This is primarily true with experiments in chemistry or physics. In qualitative research, the idea of replicability is expanded to include the instability or unreliability of human response in the participation of a research study involving human subjects and can be shown in several ways (Lincoln & Guba, 1985). To show dependability, the researcher may attempt to determine overlap or similarities in the data acquired during the research. The researcher may separate the research subjects into units and conduct the inquiry as separate research studies to attempt replicability. Or, the researcher may alternatively utilize an audit of the inquiry method. The audit will examine whether fraud has occurred during the research process. The audit will also examine the records of the research to show accuracy in the representation of data. The last part of the audit process will check the relationship between the data and the findings, interpretation, and conclusions of the study (Lincoln & Guba, 1985).

Confirmability is the neutrality of the study (Lincoln & Guba, 1985). Furthermore, neutrality is extended to exhibit objectivity. Lincoln and Guba suggested that objectivity arises from the research being factual or confirmable. According to Lincoln and Guba, the four canons of trustworthiness are not independent of each other. Confirmability in the research can be accomplished by utilizing the same inquiry audit used to aid in the determination of the dependability of the research study.

This researcher studied four community college presidents in depth and will attempt to apply the information to others in similar situations. Reliability and validity was accomplished through member checks, triangulation, researcher's bias statement, data overlap for similarities, relationships between the data and the findings, and application of the conclusions to the research group.

Limitations

Limitations in a research study illustrate the weaknesses that arise through the research process. The following were possible limitations for this study.

- Small sample research sample size limits the ability to apply the results of the research to the populace in general (Creswell, 2012). The small number of presidents studied may not allow the results to be applied to the general group of rural community college president.
- Researcher bias is a limitation and will be addressed in the study. Though this can be a limitation, it can also be utilized as a strength if done properly (Lincoln & Guba, 1985; Merriam, 1998; Willis, 2007).
- The limitation of the veracity of the answered questions in an interview might give false data that could lead to incorrect interpretations.

- There are also limitations to the conceptual frameworks that may be used. A conceptual framework might not completely explain any phenomena in its entirety. The researcher might take the data and attempt to make the data fit the conceptual framework.

Ethical Considerations

According to Creswell (2012), ethical behavior must be adhered to during the research process. An important responsibility of the researcher is to cause no harm to the research participants or disturb the research site (Creswell, 2012; Marshall & Rossman, 2006; Merriam, 2009). Patton (2002) posited that the protection of human subjects is an “affirmation of our commitment to treat all people with respect” (p. 271). Patton also suggested that research subjects should be aware of the purpose of the research and that they are being observed during the course of the research. In this study, research subjects were given a consent form to sign and return to the researcher. Within the consent form, the research subjects were informed of the purpose of the research and the methods in which they would be observed. In the case of this study, the research subjects were informed but they would be observed through face-to-face interviews. The university's institutional review board approved the consent form (Appendix B).

During the interview process, sensitive health information could have been revealed. Anonymity of the research participants is very important. The interviews and surveys were recorded and transcribed using the participant's unique identifier. As the researcher continues through the research process, Creswell (2012) instructed us to be “sensitive and respectful of people and places” (p. 277). Stake (2005) stated "researchers are guests and the private spaces of the world" (p. 231). There is a risk that the research subjects may feel that their privacy is invaded during the interview process. To ensure that privacy is protected, the research subjects

were kept anonymous and given identifiers that concealed their identity. All materials are stored in an undisclosed and secure location.

Chapter Summary

Chapter 3 discussed the methodology used in this research study. The study was designed as a qualitative case study set in the interpretive paradigm. The primary data collection tools were an interview and Internet survey. This chapter discussed the purpose, guiding questions, research designed, research process, conceptual frameworks, rigor and credibility of the research, method of data analysis, limitations of the research, and ethical considerations.

The participating presidents were interviewed to reveal their perceptions of health and wellness and its relationship to job performance as president of a rural community college. An Internet survey was also used to determine the type of wellness activities used by the presidents perceived to remain healthy.

Presidents were selected based on regional type of community college in Illinois. The rural community was purposefully selected to geographically diversify the participants of this study. The other criteria for the president was to be employed in a single campus community college and have at least one year of service in their current institution.

The goal of this study was to determine the rural community president's perceptions of health and wellness and the impact on job performance. The information gathered from this study revealed how a rural Illinois community college president thinks about health and wellness and the relation to job performance.

CHAPTER 4: RESEARCH FINDINGS AND ANALYSIS

Introduction

As Chapter 1 of this study revealed, the news media reported several community college presidents in the United States have left their positions due to health related concerns. The news articles reported that these presidents in the articles were individuals that had cancer, heart attack, and an undisclosed health concern (Anderson, 2013, Clark, 2013, Cook, 2007). The review of the literature revealed that job performance could be affected by poor health of the employee. Further research found that bad stress could adversely affect an individual's health. The American Cancer Society (2013) suggested that individuals should take a holistic approach to health and wellness. It was advised that a wellness approach that not only utilized a physical wellness plan, but a behavioral and psychological wellness plan as well. The return to wellness from an illness could result in a long a painful process. It is better to be healthy than try to return to being healthy (American Cancer Society, 2013). A community college president has many tasks to accomplish every day. In order to lead their respective colleges in an effective manner, these presidents should be healthy in body, mind, and spirit every day of their tenure.

Purpose

The purpose of the study was to explore health and wellness initiatives of rural Illinois community college presidents and the perceptions of their personal health and wellness affecting their job performance. This chapter will provide the context and background of the study, demographic information of the participants and their institutions, and analysis of the data as it pertains to the conceptual framework as well as the discovery of any emergent themes from the conversations with the participants.

Guiding Questions

The purpose of the study was to explore the health and wellness activities and the perceptions of how health and wellness affect the job performance of rural Illinois community college presidents. The following were the guiding questions for the study:

1. How do rural community college presidents perceive their own health and wellness?
2. What are the factors that rural community college presidents use to evaluate and engage in their health and wellness initiatives?
3. How and in what ways do rural community college presidents choose their wellness initiatives?

The guiding questions were addressed through semi-structured interview questions and web survey from purposive selected participants based on geographically, willingness to participate, and convenience. The following sections of this chapter will include institutional and participant profiles along with the research findings accumulated from the survey, guiding questions, and interview questions.

Background and Significance of the Study

The most recent research indicated that 75% of the sitting community college presidents intend to retire in the next 10 years. The research also showed that in the next 15 years the total will be 90% of the current community college presidents intend to retire (Tekle, 2012). This was just the number of community college presidents intending to retire. Additional retirements could occur due to presidential health issues. There were cases of presidents retiring due to health problems (Cook, 2007; Anderson, 2013; Clark, 2013). The cost of hiring a president is also quite expensive (Wallin, 2007). With the large number of presidents intending to retire, many of the community colleges could incur great expense in replacing these presidents. Community colleges

and most institutions of higher education have seen financial difficulties in recent years (Merisotis & Wolanin, 2008). If a community college needed to replace one of the remaining presidents or a new president due to health, more of the colleges' scarce finances would need to be used to replace the president. If nothing else, a healthy community college president could reduce college expenditures by having a president with a longer tenure.

The study will compile the range and frequency of wellness activities of the community college presidents. The study will also uncover the perceptions of health and wellness and how health and wellness can affect job performance. The results can elicit some insight to the thoughts of a community college president on health and wellness. The perceptions uncovered in this study may allow the hiring authority of the presidents some insight in wellness initiatives that might be offered to a president that would allow the president to operate at peak performance and possibly provide an improved quality and length of life.

Participant and Institutional Profiles

The community college presidents of this study were active in leading rural Illinois community colleges. The information in this profile was a summary of the presidents' background and the community college they lead. To ensure the confidentiality of the community college presidents, pseudonyms have been assigned to the presidents and their institutions. The presidents were referred to as Rural Illinois Community College President One (RICCP1), Rural Illinois Community College President Two (RICCP2), Rural Illinois Community College President Three (RICCP3), and Rural Illinois Community College President Four (RICCP4). The rural Illinois community colleges were geographically diverse and spread out throughout the rural regions of Illinois.

Rural Illinois Community College and President One (RICCP1)

RICCP1 was a white, non-Hispanic female over 60 years of age. This president had a PhD from a major Midwest research University. She has had her doctorate for over 25 years. She has been in her current presidency for over 14 years. She has been a community college president for over 19 years. This president had also served as a full-time faculty member, dean of instruction, and various senior level administrative positions.

The community college was listed as rural public community college serving a large-size population according to The Carnegie Foundation for the Advancement of Teaching (2012). The Carnegie Foundation reported fall enrollment in the range of 3000 to 4000 students with a full-time equivalent (FTE) range of 2000 to 3000 students.

Rural Illinois Community College and President Two (RICCP2)

RICCP2 was a white, Hispanic male between 46 and 50 years of age. This president has a PhD from a midwest research university. He has had his doctorate for over 10 years. RICCP2 has been in his current presidency for over four years. RICCP2 was currently in his first institution as president. This president had not served as a full-time faculty member. He had served in various senior level administrative positions.

The community college was listed as a rural public community college serving a large-size population according to The Carnegie Foundation for the Advancement of Teaching (2012). The Carnegie Foundation reported fall enrollment range of 4000 to 5000 students with a full-time equivalent (FTE) range of 2000 to 3000 students.

Rural Illinois Community College and President Three (RICCP3)

RICCP3 was a white, non-Hispanic male over 60 years of age. This president had a doctorate in education. He had his doctorate for over 25 years. RICCP3 had been in his current presidency for over 8 years. He had been a community college president for over 15 years. This

president had not served as a full-time faculty member. He had served as president of two other community colleges. He has also served as a dean of instruction.

The community college was listed as rural public community college serving a medium-size population according to The Carnegie Foundation for the Advancement of Teaching (2012). The Carnegie Foundation reported fall enrollment range of 2000 to 3000 students with a full-time equivalent (FTE) rang of 1000 to 2000 students.

Rural Illinois Community College and President Four (RICCP4)

RICCP4 was a white, non-Hispanic male over 60 years of age. This president had listed his highest education as a doctorate. He had his doctorate for over 25 years. RICCP4 had been in his current presidency for over 12 years. He had been a community college president for over 18 years. This president had not served as a full-time faculty member. He had served in various senior level administrative positions.

The community college was listed as rural public community college serving a large-size population according to The Carnegie Foundation for the Advancement of Teaching (2012). The Carnegie Foundation reported fall enrollment range of 5000 to 6000 students with a full-time equivalent (FTE) range of 2000 to 3000 students. Table 3 summarizes the institutional and participant designations with the institutional Carnegie Foundation size designation with the approximate annual FTE.

Table 3. Designations of Study Participants and Institutional Profiles

Institution Designation	Participant Designation	Carnegie Size	Institution FTE
RICC1	RICCP1	Large	2000-3000
RICC2	RICCP2	Large	2000-

				3000
	RICC3	RICCP3	Medium	1000-2000
	RICC4	RICCP4	Large	2000-3000

Table 4 summarizes the demographic information, highest degree, number of previous years as a community college president, and the number of years in their current presidency of the participants in this research study.

Table 4. Demographic Information of the Participants

Designation	Gender	Age group (years)	Ethnicity	Terminal degree	Number of years served previously as a president	Number of years in current position
RICCP1	Female	60 years +	White, non-Hispanic	Doctorate	5	14
RICCP2	Male	46-50	Hispanic	Doctorate	0	4
RICCP3	Male	60 years +	White, non-Hispanic	Doctorate	7	8
RICCP4	Male	60 years +	White, non-Hispanic	Doctorate	6	12

Findings

In this section, the data was analyzed through the lens of *a priori* themes generated from the conceptual frameworks and the emerging themes generated from the interview questions. The conceptual frameworks utilized are the Health Belief Model and the Dimensions of Wellness.

***A Priori* Themes from Conceptual Frameworks**

The current Health Belief Model has six categories for analysis: (a) perceived susceptibility, (b) perceived severity, (c) perceived benefits, (d) perceived barriers, (e) cues to action, and (f) self-efficacy. The Health Belief Model is based on the perceptions of the individual. The perceptions may not be based in scientific fact. The perceptions were the views of the individual based on their own personal opinion and experience.

The Dimensions of Wellness have six wellness areas that were used for analysis are (a) emotional/mental, (b) intellectual, (c) spiritual, (d) social, (e) physical, and (f) occupational. The application of the constructs of Dimensions of Wellness was accomplished by how the participants defined health and wellness along with the particular activities indicated in the survey of activities of the participants. The following sections discuss the responses of the presidents with respect to the guiding questions as applied to the conceptual framework’s constructs.

Summary of survey data. Table 5 itemizes the responses to *The Health and Wellness Activities for Community College Presidents* online survey. The survey listed health and wellness activities for emotional/mental wellness, physical wellness, social wellness, spiritual wellness, and intellectual wellness responses by each of the research participants. The survey did not specifically address occupational wellness as the topic of this research is on occupational wellness.

Table 5. Online Survey Summary of Responses for The Health and Wellness Activities for Community College Presidents

Type of activity	RICC1	RICC2	RICC3	RICC4
Aerobic activities) for at least 30 minutes three times per week	Regularly	Fairly Regularly	Regularly	Regularly

Practice mental revitalization through decision-making, research, conferences, etc.	Sometimes	Seldom	Regularly	Regularly
Use stairs instead of elevator	Regularly	Regularly	Sometimes	Regularly
Participate in activities with immediate family	Sometimes	Fairly Regularly	Fairly Regularly	Regularly
Read spiritual books and materials	Regularly	Never	Seldom	Sometimes
Generally consume a heart healthy (low-fat, etc.) diet	Regularly	Fairly Regularly	Regularly	Fairly Regularly
Drink at least 8 cups of water daily	Regularly	Sometimes	Regularly	Fairly Regularly
Avoid eating fast food	Fairly Regularly	Sometimes	Regularly	Sometimes
Avoid eating prepackaged and convenience foods	Fairly Regularly	Sometimes	Regularly	Regularly
Practice spiritual renewal activities	Regularly	Sometimes	Seldom	Sometimes
Participate in leisure activities with friends	Seldom	Sometimes	Fairly Regularly	Regularly
Avoid drinking high caffeine drinks	Regularly	Sometimes	Never	Sometimes
Get at least 6 hours of sleep per night	Fairly Regularly	Regularly	Fairly Regularly	Fairly Regularly
Generally consume three balanced meals a day	Regularly	Sometimes	Fairly Regularly	Fairly Regularly
Practice weight-bearing activities	Seldom	Sometimes	Seldom	Fairly Regularly
Participate in competitive sports	Never	Seldom	No answer	Regularly
Maintain positive outlook and a high self-esteem	Regularly	Regularly	Never	Regularly
Obtain regular physical exams	Regularly	Regularly	Regularly	Fairly Regularly
Practice meditation / visualization	Sometimes	Never	Never	Sometimes
Listen / Play Music and/or Sing	Regularly	Sometimes	Regularly	Sometimes
Practice Yoga	Never	Never	Never	Never
Attend /participate in dance activities	Seldom	Never	Seldom	Seldom

Do you believe that you can carry out your health activities?

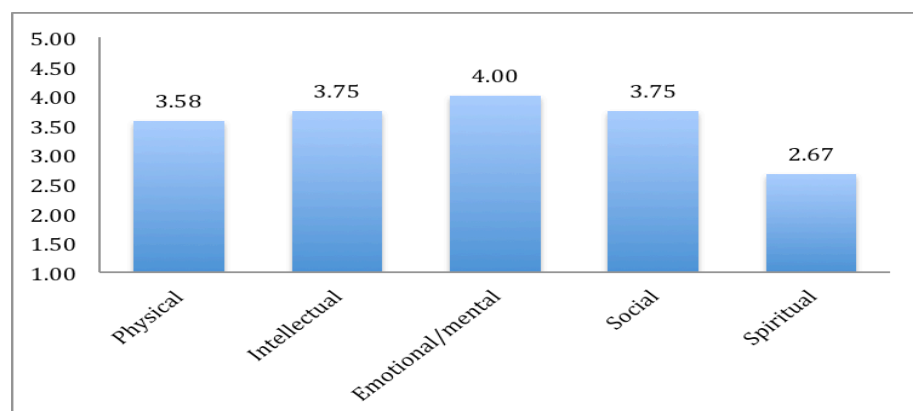
Definitely

Definitely

Definitely

Definitely

In order to provide an overall impression on the level of health and wellness activity of the individual presidents, the possible responses were assigned values and the values were averaged. The scale range is from never, seldom, (4-5 days per year), sometimes (4-5 days per month), fairly regularly (usually 1-2 days per week), and regularly (3+ days per week) or as appropriately applied. The selections were given a value to use to find an average response by the participants. The selection never was given a value of 1. Seldom was given a value of 2. Sometimes was given a value of 3. Fairly regularly was given a value 4. Regularly was given a value of 5. For analysis of the group of selected presidents, the values for the questions assigned to each response and the questions were assigned to one of the constructs of the Dimension of Wellness. The values averaged to give an average value for the participation of the presidents in that particular dimension of wellness. The values were then averaged for the participants as a group. The constructs of the Dimensions of Wellness used in the survey were emotional/mental wellness, physical wellness, social wellness, spiritual wellness, and intellectual wellness. Figure 1 illustrated the average activity frequency values according to for research participant as a group.



Dimensions of Wellness

Figure 1. The average values for the Dimensions of Wellness from the data of The Health and Wellness Activities for Rural Illinois Community College Presidents Survey.

Based on the data, the group of presidents participated in physical wellness, intellectual wellness, emotional/mental wellness, and social wellness between from 4-5 days per month to 1-2 days per week. The group participated in spiritual wellness from 4-5 days per year to 4-5 days per month.

Guiding question 1. How do rural community college presidents perceive their own health and wellness? The interview question was for the interviewee to define wellness. The following paragraphs illustrated the perceptions of wellness and health of the individual participants of the study.

RICCP1. She initially indicated that wellness was being free from disease. She elaborated further that a “person would have the energy to lead a full life and you would work to live a healthy life.” She also revealed that engaging in a spiritual life was important to a healthy life. A spiritual life could be accomplished through regular worship, praying, meditation, or yoga. Based on her definitions of health and wellness, she believed herself to be in good health. She said, “I’m thankful for the good health I enjoy.”

RICCP2. He defined wellness as “living a high quality life as a result of a sound body, mind, and spirit.” He continued to indicate good health was important to meet the demands of life. This would be accomplished through physical, mental, and spiritual health. He related the need to function at a high level for any administrative or leadership role. The leader needed to be physically, mentally, emotionally, and spiritually function at a high level. Based on his definitions of health and wellness, he believed himself to be in good health due to his fitness and eating routine. He stated, “I don’t think I’ve had 5 sick days in my 30 year career.”

RICCP3. He defined wellness as being a combination of mental, physical, and spiritual

fitness. He indicated that physical wellness was especially important as the president's job required stamina due to the long hours and the need to move around a campus with a large footprint. He also indicated that a president needs to be mentally sharp to deal with the many personal interactions, conduct research, and handle the questions and issues on a daily basis. He indicated that spiritual health was having faith in something to help in personal uplifting when support groups are not available. He believes that this spiritual support helps in dealing with stress. Based on his definitions of health and wellness, he believes himself to be health enough to perform his duties as president. He stated, "I've been blessed with good health and energy." He did state, "I wish I could be in better shape for sports and activities."

RICCP4. He defined wellness as maintaining a high state of mental and physical condition. Physical wellness involves a regular and active fitness program. Mental wellness is maintained through mental relaxation by socializing with family and friends and participating in charitable events. Mental wellness is also accomplished through reading. He indicated that he also conducted mental wellness activity by having two hours of meditation and reflection each morning prior to work. He enjoys mental development through the challenges of writing and future planning of his institution. Physical activity helps in relaxation as his presidency has working days in excess of 12 hours. He stated that private time with family is very important and participates in family activities as often as possible. Based on his definitions of health and wellness, he believes himself to be in good health. He said, "My endurance and health condition is excellent."

The participants revealed that they perceived wellness as being free from disease. According to the responses of the participants further indicated wellness to include the components of physical, mental, and spiritual health. The following section addresses guiding

question 2.

Guiding question 2. What are the factors that rural community college presidents use to evaluate and engage in their health and wellness initiatives? The guiding question addressed the thoughts and perceptions of the rural community college president by examining their views on health and their decisions on how they maintain or improve their health. Guiding question 2 utilized interview questions related to segments of the Health Belief Model. The Health Belief Model categories that were used for analysis: (a) perceived susceptibility, (b) perceived severity, (c) perceived benefits, (d) perceived barriers, and (e) cues to action.

Perceived susceptibility. The following paragraphs report the perceptions of the susceptibility of the participants of this study to illness or other health problems. The data is reported according to each individual participant.

RICCP1. She indicated that she believed that she was susceptible to illness. She felt that she is no more susceptible now to illness due to the fact that she takes regular medication. She believes that her medicine keeps her healthy. She indicated, "Health is not a guarantee." She also stated, "anybody can get sick at any time." She linked age to susceptibility. She related the affect of age on health and energy.

RICCP2. He indicated that he believed that everyone is susceptible to some illness arising from a heredity condition. He believes that he has been fortunate to be healthy because of his "good genes". He felt safe from germs by taking proper precautions. He believed he has some susceptibility but has maintained a health lifestyle and has reduced susceptibility from external sources. He believed there is some susceptibility on his mother's side of the family. He indicated that his mother's family has had some heart disease. He is unsure whether the heart disease originated with poor diet or a genetic defect.

RICCP3. He believed that he is “relatively unsusceptible”. He believed that he has “good health and good energy”. He believed that his exercise, regular visits to doctors and dentist, and taking his medication keeps him healthy.

RICCP4. He indicated that he does not believe he is “any more susceptible to illness than most healthy individuals”. He did say that he had a heart attack over a decade ago and due to his personal habits he was susceptible to illness at that time. Now, he believes that he is less susceptible than he was in the past.

The data revealed that the presidents believe everyone is susceptible to illness at some time. They believe they are relatively unsusceptible or no more susceptible to illness than any other person. The next section reports the data on the perceived severity of illnesses or health afflictions by the participants in the research study.

Perceived severity. In this section, the president's perceptions of the severity of illness or health conditions that may affect their ability to perform their duties were reported. The data was reported according to each individual participant.

RICCP1. She indicated that she does not believe that her current health has not affected her job performance. She stated that she “can work 12, 14, 16 hours and it doesn’t seem to have any impact”. She admitted that no one knows how long a person can keep up working at that pace. She also admitted that it might not be a good idea for her to continue to work at that level. She indicated that she had several relatives that worked passed that age of 70 years. She did admit that their jobs did not have the level and type of stress that comes with the presidency of a college. She indicated that lack of energy due to age would probably cause her to retire. She also believed that if she had cancer or Parkinson's disease or job performance would suffer. She did indicate that a condition such as diabetes could be controlled and allowing the president to

continue working. She indicated that the size of the college would determine the exact impact of an illness on the duties of the president of the college. She stated, "It would be very difficult to do what needs to be done for college, first of all, especially in a small college. In a really large college, you've got lots of people who can carry out tasks." She indicated but in a small college there are fewer employees and everybody has to "pitch in".

RICCP2. He believed that his health has had an impact on his job performance. He believed that his good health has allowed him to perform his job in a better capacity. He equated the fact that he takes care of himself he can take care of the duties of his position. He stated that he is "more focused on his performance when his health is good to great." He stated he is not focused on his health but focused on his job. He indicated that there was an indirect connection to the perception of job performance and health based on the perceptions of the members of the community. He believed if the community views the president as being healthy; they will believe that their president is able to accomplish more at their institution. He indicated the importance of the social consequence. He stated, "Should a president not be in the best of health, physically or mentally, it may raise questions or concerns from the faculty and staff."

He believed the life threatening or debilitating illness could affect his ability to perform his job. He stated "illnesses, such as cancer, MS, or other debilitating illnesses would make it more difficult to function at a high performance level." He indicated that many of these debilitating illnesses could be overcome; however, it would be difficult to continue to perform at a high level of quality.

RICCP3. He believed that any illness has the potential to affect the duties as president of the college. At this time, he has not had any illness that has kept him from doing his job, except for a back injury. He indicated that a president is to have mental alertness and stamina to perform

the functions of the job. Having mental alertness and energy will allow the community members to see that the president is engaged in the community. He believed that the small interactions would give the community members by perception of the overall ability of the president of the college. He believed that any illness for disease that affects the energy and stamina of the president would impact the president's abilities to carry out their duties. The issue of the decrease of stamina with age is a concern for him. He believed as his retirement age approaches, he would not have the same level of stamina as he did early in his career. He indicated that he has to make choices on the activities in which he participates. This was not due to illness but due to lack of energy. He believed that stress effects mental wellness and that individuals become mentally fatigued with the increase of stress.

RICCP4. He stated, "that any long-term illness that would require an absence for a long duration from the college or any permanent disability" would affect the job as president of the college. He believed that the college should be prepared for exploring options in the case when a president is inflicted with a long-term illness or disability. He used examples of cancer or a stroke that might require treatments or rehabilitation services as keeping the president from performing his duties.

Overall, the data suggested the participants perceived that their health and wellness does affect their job performance. Though three of the four presidents believed their health has impacted their job performance, all four presidents believed illness or other health related issues might impact job performance. The data has revealed that none of the participants have any health issues that are severe enough to affect their job performance in a negative manner. The participants indicated there were illnesses and other health conditions severe enough to affect job performance. The next section reported the data on the perceived benefits of participation in

health and wellness initiatives by the participants in the research study.

Perceived benefits. The following paragraphs gave the president's perceptions of the benefits of being healthy in order to perform the job duties. The data was reported according to each individual participant.

RICCP1. She indicated that it is a benefit for a president to be well, especially in a small college. She indicated that the president has many tasks that need to be completed. She stated, "I can't imagine what it would be like trying to do this job if I hadn't always had good health." She continued to say, "it would just be very hard to get everything that you want to have accomplished, to have to do that and fight not been able to be here, or not feeling well, or not having the energy to do what needs to be done." In order to remain healthy to perform her duties as president, she eats a healthy diet, tries to exercise 150 minutes per week, get enough sleep, meditate and prays every day, and takes vacations.

RICCP2. He believed that a president in good health could benefit the external image of the president. There is a level of confidence in the president by the institutional community. He indicated that doing a good job promotes a high level of confidence by the institution and community. If a president is not in good health, the illness or life-threatening episode can become a distraction in the performance of their presidential duties. He indicated that the combination of an illness and poor performance leads to an uncertainty whether the president can return to a high level of performance to which the institution had become accustomed. He stated, "the assumption that you're doing a good job to begin with." He indicated that a proper health and wellness routine would help avert ill health and lead to a long career.

RICCP3. He indicated that good health benefited leadership. He stated, "A large part of leadership is the perception of strong health." He believed that mental and physical commands of

the college presidency are significant. He indicated that good decisions are made when a person is mentally and physically able. He stated, "You have to make the right decision for the institution." He continued to state, "You need to have the energy and forcefulness to get the point across to deal with those situations." He indicated that he is changed his wellness lifestyle to make sure he can perform his duties as president and have a good quality of life.

RICCP4. He believed there is a benefit for president to be well. He stated, "To performance an effective president it takes a high level of energy." He indicated a president spends a large amount of time traveling for meetings and fundraising. He also believed "wellness also means sharpness." He stated "present lead by example; such as attending events, speaking engagements, and other activities a president attends requires strength, discipline and stamina. The presence of a president is noticed by others, which shows support and leadership." He believes president must be well to perform these numerous duties.

The data suggested all participants believed there is a benefit to being healthy in order to perform the job duties. The presidents indicated the physical and mental wellness were important to complete the tasks required of the president. Energy and stamina were key wellness factors required to perform the duties of president of community college. The data also revealed that the perception of a fit president was important to the college as well. The next section reported the data on the perceived barriers to the participation in health and wellness initiatives by the participants in the research study.

Perceived barriers. This section illustrated the perceptions of the participants on health and wellness barriers. The data is reported according to each individual participant.

RICCP1. She stated, "the greatest barrier is time." She makes time to do a minimum amount of exercise. She indicated that it is sometimes difficult to get to the exercise facility on a

weekly basis. She had set a goal to walk 150 minutes per week and indicated that it is sometimes difficult to get 150 minutes of walking accomplished.

RICCP2. He indicated that time was the major factor to achieving a person's wellness goals. He stated, "Time is needed to exercise, eat properly, and rest properly. Most institutions have access to exercise facilities, walking trails, or wellness programs." He continued to state, "For this position, there really aren't many other excuses. You just need to find a way to make the time."

RICCP3. He believed there are no real barriers to keep a president from completing any wellness activities, just excuses. He stated, "Time limitations are the ready excuse." He believed that a person needs to make time to complete wellness activities, even if it means getting up earlier to complete the wellness task.

RICCP4. He believed that time is only one barrier that is a constant struggle to completing wellness activities. He indicated that is important to make time to complete any wellness activities. He will delegate evening commitments to make time for wellness activities. If he is traveling, he will attempt to use hotel fitness centers as much as possible.

According to the data, the participants revealed time was the greatest barrier to accomplishing any wellness or fitness activities. Though some of the participants believe time, as a barrier, is an excuse, they all believe that a person must make time to accomplish or participate in any wellness fitness activity. The next section reported the data on the cues to action that sparked the initiation to participate in health and wellness initiatives by the participants in the research study.

Cues to action. In this section, the research participants illustrated the cues or triggers experienced by each of the participants that caused them to initiate a health and wellness

program. The data is reported according by the individual participant.

RICCP1. She indicated that she started regular exercise activities after listening to a presentation early in her career about thirty years ago. The presentation was on exercise and the benefits. She also states that she monitors her test results from the regular tests ordered by her physician. She looks for results that are not in the normal range for a healthy person.

RICCP2. He indicated that he visited a major petroleum company as part of his undergraduate degree program. While visiting the company, he spoke to the person who ran the company's fitness program. This individual informed RICCP2 that the company loses money when employees are out sick. It was his job to provide the opportunity for the employees to remain well. He continued to tell him that the employees were an investment of the company and it was his job to keep them well. RICCP2 also indicated as he has aged some of his friends that have not chosen a healthy lifestyle are now "having more complications with their health and wellness." He also stated that his wife is his "supporter and encouraging driving force" for continuing a healthy lifestyle.

RICCP3. He believed age has been a factor in his desire to take action to become healthier. He indicated that he has had friends that have had heart attacks. In the last couple of years, an older cousin died suddenly. He stated that this cousin had "always been a picture of health and nothing was going wrong with him and all of a sudden he just died." He stated, "it brings it closer to home and awareness of your own mortality in the need to probably take care of yourself."

RICCP4. He believed that his military service caused him to take action to maintain a high level of mental and physical fitness. After he retired from the military, he continued his fitness regime. After heart surgery over a decade ago, he saw the importance to take better care

of himself through a healthier diet.

The data suggested that all participants had some trigger that instigated the belief that they needed to start a wellness program. The participants revealed that the triggers were discussions of health and wellness through a workshop more personal contact, personal health event, or a health event experienced by a family member or friend. Table 6 summarizes the data of guiding question 2 and the constructs of the Health Belief Model.

Table 6. Summary of the data for guiding question 2 and the Health Belief Model

HBM construct	Definition	Summary of data
Perceived susceptibility	Perception about the chances of getting an illness or other health affliction	The presidents believe that everyone is susceptible to illness at one time or another. The presidents believe they are no more susceptible than any healthy individual.
Perceived severity	Perception about the seriousness of an illness or other health affliction	The presidents believe illness or other health related issues might impact job performance. Conditions such as cancer, stroke, multiple sclerosis, or Lou Gehrig's disease could affect job performance.
Perceived benefits	Perception about the efficacy of reducing the risk of illness or other health affliction	The presidents believe that being healthy is a benefit to job performance. The presidents participate in health and wellness behaviors perceived to keep them well.
Perceived barriers	Perception about the impediments to carry out the activities to reduce the risk of illness or other health affliction	The presidents believe that time is the main barrier to impede them from carrying out the help of homeless initiatives.

		The presidents indicated that they make time to carry out their wellness initiatives.
Cues to action	Perceived trigger to take action to reduce the risk of illness or other health affliction	All presidents have responded to her trigger or cue to start a health or wellness program. Examples of a trigger were a fitness workshop, death or illness of family or friend, personal health event, or discussion with a wellness expert.
Self-efficacy	Confidence in the ability to take action to reduce the risk of illness or other health affliction	All presidents indicated that they have the ability to carry out the health and wellness initiative.

The following section addresses guiding question three and how the presidents choose their wellness initiatives.

Guiding question 3. How and in what ways do rural community college presidents choose their wellness initiatives? This guiding question used the constructs of the Dimensions of Wellness and the Health Belief Model's construct of self-efficacy. The data gathered for this guiding question was through the survey and the interview. The survey was titled *The Health and Wellness Activities for Community College Presidents* that examined the sources of wellness activities that support a healthy lifestyle. There were five possible choices for selection on the survey. The scale range is from never, seldom, (4-5 days per year), sometimes (4-5 days per month), fairly regularly (usually 1-2 days per week), and regularly (3+ days per week) or as appropriately applies. The selections were given a value to use to find an average response by the participants. Never was given a value of 1. Seldom was given a value of 2. Sometimes was given a value of 3. Fairly regularly was given a value 4. Regular was given a value of 5. For analysis of

the group the selected presidents, the values for the questions assigned to each dimension were averaged to give an average value for the participation of the presidents in that particular dimension of wellness.

Emotional/mental wellness. In the section, the perception of the importance of emotional and mental wellness is ascertained. The data originated from the survey and interviews of each of the participating presidents. In the following paragraphs, the data was reported according by the individual participant.

RICCP1. She indicated that she regularly maintains a positive outlook and has high self-esteem. She revealed that her job is stressful. She indicated that vacations were important to mental rejuvenation. She also said that having four dogs keeps her healthy. She stated, “They [dogs] love you so unconditionally. I think that keeps me healthy.” She also said that she does not stress about many things that have caused others stress. She said, “I don’t need to have more than my basic needs.”

RICCP2. He indicated in the survey that he regularly maintains a positive outlook and has high self-esteem. He also sometimes listens to or plays music for mental relaxation. During the interview, he stated that he believes “if I feel good and healthy, I do have more energy and confidence.” He revealed that he is not focused on his health or potential health problems. He believed that if he is more focused that he must be healthy. He indicated that good health would give a person more energy and mental alertness. He believed in a positive attitude and the positive attitude can help a person overcome the disabilities that may arise from health problems or illness. He said, “I try to have a peace of mind that maintains a health lifestyle.”

RICCP3. He indicated in the survey that he does not consciously focus on maintaining a positive outlook and high self-esteem. He does regularly listen to or play music for mental

relaxation. He believed that a president must have mental capacity to perform the job of president. He continued to posit that the mental component of wellness impacts a president the most. He believed that a president is under a lot of stress due the demands of the position. He said, “You need to make the right decision for the institution which is not always what someone wants to hear.”

RICCP4. He indicated in the survey that he regularly maintains a positive outlook and has high self-esteem. He also sometimes listens to or plays music for mental relaxation. He believes that mental preparation for the job of president is important. Mental preparation and relaxation should be part of a person’s wellness program. He spent the first two hours of his morning for reflection. His routine consists of having breakfast, reading the newspaper, and listening to the morning news. He found his home environment very peaceful. His home is on a four-acre estate with a park like environment with a variety of wildlife. He said, “This peaceful environment creates a wonderful area for relaxation.” After his heart attack, he thought that he could do more to deal with stress.

According to the data, the participants revealed that emotional and mental wellness was important. While three of the four presidents indicated they try to maintain a positive outlook and high self-esteem, all presidents believed it is important to be mentally well to perform the tasks of the president of a community college. According to the presidents, they took vacations, played or listened to music, spent time in reflection, or read to rejuvenate their emotional and mental wellness. In the following section, the research participants responded to how they perceive the importance of intellectual wellness and the associated wellness activities.

Intellectual wellness. In the section, the perception of the importance of intellectual wellness is ascertained. The following sections give the level of participation of intellectual

wellness activities of the participants of the study. The data was reported according by the individual participant.

RICCP1. She indicated in the survey that she sometimes utilizes decision-making, research, or conferences to maintain intellectual wellness. She was a member of a book club. She indicated that she loves the discussions. She said the book club is “like taking a class and you don’t have to get a grade.” She said that she loves all aspects of being in the book club and makes time to participate.

RICCP2. He indicated in the survey that he seldom utilizes decision-making, research, or conferences to maintain intellectual wellness. Through the interview process, there was no other indication through word or deed of any particular method for the improvement of intellectual health.

RICCP3. He indicated in the survey that he regularly utilizes decision-making, research, or conferences to maintain intellectual wellness. Through the interview process, there was no other indication through word or deed of any particular method for the improvement of intellectual health.

RICCP4. He indicated in the survey that he regularly utilizes decision-making, research, or conferences to maintain intellectual wellness. He enjoyed reading as a pastime. Though work related, he also enjoyed planning and the associated writing for future planning of his college. As part of intellectual wellness, he learns of current events through reading the newspaper and listening to the news. He also regularly reads various professional publications.

According to the data, the participants indicated that they participated in activities to develop intellectual wellness. The survey and interview revealed that the presidents attended conferences, read books or newspapers, had writing assignments, and participated in decision-

making that aided the development of intellectual wellness. In the following section, the research participants responded to how they perceive the importance of spiritual wellness and the associated wellness activities.

Spiritual wellness. In the section, the perception of the importance of spiritual wellness is ascertained. The following paragraphs reveal the survey and interview data revealing the level of participation of each of the participants in this research study. The data was reported according by the individual participant.

RICCP1. She indicated in the survey that she participates in several forms of spiritual wellness. She indicated that she regularly reads spiritual books and materials. She also regularly practices spiritual renewal activities while sometimes participating in meditation/visualization exercises. During the interview, she indicated that through her research she that found that individuals, who have faith and pray, live healthier lives. She thought that individuals might accomplish the same goal through yoga or meditation. She said that she reads scripture and prays every morning.

RICCP2. He indicated in the survey that he participates in some forms of spiritual wellness. He indicated that he never reads spiritual books and materials or participating in meditation/visualization exercises. He stated that he sometimes practices spiritual renewal activities. He said that he attempts to maintain a spiritual life through peace and quiet time.

RICCP3. He indicated in the survey that he participates in several forms of spiritual wellness. He indicated that he seldom reads spiritual books and materials. He never participates in meditation/visualization exercises. He seldom practiced spiritual renewal activities. He indicated in the interview that wellness included a spiritual component. He said that a person may not have a support group and that faith in something can help in spiritual wellness. He said,

“You have to put your faith in whatever, whether faith in God or whatever, give that little bolstering and the little edge to deal with some stress.”

RICCP4. He indicated in the survey that he participates in several forms of spiritual wellness. He indicated that he sometimes reads spiritual books and materials and sometimes participates in meditation/visualization exercises. He sometimes practices spiritual renewal activities.

The research data revealed that all the presidents participate in spiritual wellness activities. Three of the four participating presidents indicated reading spiritual books or materials seldom, sometimes, or regularly. One president indicated that he does not read spiritual materials or books. All of the participants indicated that spirituality or faith was important behavior. All of the presidents participated in spiritual renewal activities. In the following section, the research participants responded to how they perceived the importance of social wellness and the associated wellness activities.

Social wellness. In the section, the perception of the importance of social wellness is ascertained. The following sections revealed the various types of social interaction to develop social wellness by each of the participating presidents of this research study. The data was reported according by the individual participant.

RICCP1. She indicated in the survey that she seldom participates in physical activities with other people. She stated, “I work hard at maintaining relationships with family members.” She revealed that she has family members all over the world and she keeps in touch with them by phone or visitations. She believed that keeping in contact with family could keep a person well.

RICCP2. He indicated in the survey that he sometimes participates in physical activities with other people. He revealed that he wished to be healthy for his wife and kids to help and

support them throughout their lives.

RICCP3. He indicated in the survey that he fairly regularly participates in physical activities with other people. He believed that the impression of his health is important to others, as people are dependent on him. He realized that his family life has suffered in the past due to his devotion to his job. He believed that taking care of his health could help him spend more time with family and friends.

RICCP4. He indicated in the survey that he regularly participates in physical activities with other people. He believed it is important to be present for his wife, family, and friends. Indicated that he has an extensive family that includes his wife, brother, sisters, children, and grandchildren. He believed that it is important to keep time available for family and other personal time. He stressed family and personal time is very important to him to maintain personal health.

The presidents participating in the study believed that social interaction is important to overall general health and wellness. The presidents believed that social interaction with family is important. One president also combined physical activity with social action by participating in-group sports such as golf.

Physical wellness. In the section, the perception of the importance of physical wellness of a rural community college president is revealed. The following paragraphs revealed the survey and interview data revealing the level of participation of each of the participants in this research study. The data is reported according by the individual participant.

RICCP1. She indicated in the survey and personal interview that physical wellness is exceptionally important. In the survey, she indicated that she regularly or fairly regularly participates in aerobic activities, using the stairs, a heart healthy diet, drinking plenty of water,

avoiding fast food, avoiding prepackaged food, avoiding caffeine, getting plenty of sleep, and obtaining regular physical examinations. She believed that she is keeping well by getting regular exercise and taking her prescribed medications. According to her, she is still able to work 12 to 16 hour days. She attributed her physical health by trying to exercise 150 minutes per week, eating a healthy diet, and not drinking too many drinks containing caffeine. She said, "I eat very little fatty stuff. I don't drink drinks with caffeine, because I think that's going to keep me from sleeping." She said, "I think it's important to get enough sleep." She indicated she has a set time of 8 p.m. to retire for the evening. She said, "There's no way you can get all the work done that needs to be done. Just go to bed. It'll be there tomorrow and I'll be energetic and refreshed." She indicated but she wears a seatbelt while driving and does not text while driving.

RICCP2. He indicated in the survey and personal interview that physical wellness is exceptionally important. In the survey, he indicated that he regularly or fairly regularly participates in physical wellness activities through aerobic activities, using the stairs, by consuming a heart healthy diet, sleeping at least six hours per night, and obtaining regular physical exams. His survey also indicated that he sometimes drinks 8 cup of water a day, avoids eating fast food, avoid prepackaged and convenience foods, consumes three balanced meals a day, and participates in weight-bearing activities. Through the interview questions, he conveyed that his undergraduate degree in exercise physiology has allowed him to keep himself physically well. He believed that his fitness routine has helped him to avoid high blood pressure and high cholesterol with no other signs of heart disease. He believed that his good physical health has allowed him to use very few sick days during his 30-year career. He stated, "I eat well, exercise regularly, get a regular annual physical, try to manage stress and don't drink or smoke." He indicated that his wife helps motivate him to continue a healthy lifestyle. He said that she does

pack his lunch consisting of salad and yogurt.

RICCP3. He indicated in the survey and personal interview that physical wellness is important. In the survey, he indicated that he regularly or fairly regularly participates in physical wellness activities through aerobic activities, by consuming a heart healthy diet, sleeping at least six hours per night, avoiding fast food, avoids prepackaged convenience foods, consuming three balanced meals a day, and obtaining regular physical exams. His survey also indicated that he sometimes avoids using elevator to use the stairs. During the interview, he reasoned that his campus was spread out over a large area and he needs the physical strength and stamina to go from meeting to meeting during the day.

RICCP4. He indicated in the survey and personal interview that physical wellness is important. In the survey, he indicated that he regularly participates in physical wellness activities through aerobic activities, avoids using elevator to use the stairs, participates in competitive sports, and avoids prepackaged convenience foods. He also indicated that he fairly regularly participates in physical wellness activities by consuming a heart healthy diet, drinking at least 8 cups of water per day, sleeping at least six hours per night, consuming three balanced meals a day, does weight bearing/lifting activities, and obtains regular physical exams. He also indicated that he sometimes avoids eating fast food and avoids drinking high caffeine drinks. He posits that a wellness program should include regular and active program of physical fitness. He does participate in boating, water skiing, and fishing during the summer months. He also said that he plays racquetball year round. He attributed his dedication of physical fitness to his military service. Not only did he participate in physical fitness programs, he served in command role for the military fitness programs. He said, "I have always maintained my physical fitness and have always kept my weight down and below standard height and weight level by age group." He

believes that his current state of good health is due to diet control and regular physical fitness.

All participants believed that physical well this is important to carry out the duties of a community college president. The data suggested physical wellness includes participating in aerobic activities, using the stairs, eating a heart healthy diet, drinking plenty of water, avoiding fast food, avoiding prepackaged food, avoiding caffeine, getting plenty of sleep, utilizing weight bearing activities, and obtaining regular physical examinations. The data also revealed that physical wellness also includes the management of stress.

Occupational wellness. It had been described that the Dimensions of Wellness are holistic in nature (Powers & Dodd, 2009). One dimension cannot exist without the other dimensions. While the purpose of this research study was to examine the perceptions on how health and wellness affects job performance, the dimension of occupational wellness is merely a portion of the larger picture of wellness and the impact on job performance. The following paragraphs illustrated the perceptions of the rural community college presidents on occupational wellness and the job of president of a community college.

RICCPI. She suggested that it is important to be well, especially in a small college. She believes but in a small college all in employees need to contribute to accomplish the daily tasks required to run the college. She said, "It just would be very hard to get everything that you want to have accomplished, to have to do that and fight not being able to be here or not feeling well or not having energy to do what needs to be done." She believed that her good health has allowed her to work the long hours required to accomplish her daily tasks. She indicated that she has endured stress during her work life, especially when she has changed positions or employers. She said that she tried not to let the stress affect her. She believed that she would be happier she does not stress over unnecessary things.

RICCP2. He suggested that it is important to be well in order to function at a high level to perform the duties of your job. He believed that keeping a clean work environment aids in keeping people healthy. He indicated that his college provides education in hygiene and disinfectants that keep germs from spreading. He also said, "The college staff does a great job in keeping the college clean so as to control potential germs from spreading." He believed but if he feels healthy, he had more energy to accomplish the tasks as president. He also believed that his good health leaves an impression on the community and provides the confidence in his ability to perform the duties as president. He indicated there is a connection between personal wellness and how others perceive job performance. He also indicated that some debilitating illnesses could keep a president from performing at a high level. He suggested that good health would provide good ability. He believed that it is important to provide health and wellness activities and events for the employees and their families of the college in order to keep them happy and productive. As part of his job duties, he is required to get an annual physical. He said, "I know that they view this position and the person in this position as an investment for the organization." He suggested that his Board of Trustees is protecting their investment. He said, "I think I go it to everyone connected to the institution and the community to be at my best."

RICCP3. He suggested that is important to be healthy in order to have enough energy to be able to walk to the different parts of campus and endure the long hours associated with the position. He suggested that the president's job is stressful in dealing with the many issues that arise in running a college. He believed that a large component of leadership is the perception by the members of the different constituencies of strong health of their president. He also believed that being healthy allows him to be engaged in the community. He indicated if he appears to be healthy that the community perceives their community college president as functional and doing

a good job in contributing to the community.

RICCP4. He suggested to be an effective president takes a high level of energy. He indicated that his duties included travel for meetings, attending events, speaking engagements, and fundraising. He believes that the president's position is a high stress job. He has taken measures to improve his stress management skills. He said that the president's duties require strength, discipline, sharpness, and stamina. He believed that others would notice the resulting good health in the community, show support and leadership.

The data revealed that a community college president needs to be well to carry out the many tasks of the president's office. According to the majority of the participants, the president's position is stressful, has long hours, has many meetings, interacts with the various constituencies, and manages the college. The data suggested that a president should have energy and stamina to successfully complete the tasks of the job of president of the college. In the following section, the research participants responded to how they perceive their ability to accomplish their health and wellness initiatives.

Table 7 summarizes the data of this section of guiding question 3 and the constructs of the Dimensions of Wellness. The data suggested that the participants in this research believe that the constructs of wellness dimensions are important to their health and the success of their performance as president of a community college.

Table 7. Brief Summary of the Data from the Dimensions of Wellness Framework

Dimensions of Wellness construct	Summary of data
Emotional/mental wellness	<p>The presidents in this research study believe that mental and emotional wellness is important to job performance.</p> <p>The majority of the presidents in the study try to maintain a positive outlook and high self-esteem.</p>

Intellectual wellness	The presidents participate in intellectual wellness activities by attending conferences, reading books and newspapers, and utilizing decision-making activities.
Spiritual wellness	The majority of the participating presidents in this research study has read spiritual books or other materials and participates in spiritual renewal activities.
Social wellness	All the presidents participating in this research study believe that family social wellness is important.
Physical wellness	<p>All the presidents participating in this research study believe that physical wellness is important to carry out the duties of a community college president.</p> <p>All the presidents participating in this research study believe physical wellness includes participating in aerobic activities, using the stairs, eating a heart healthy diet, drinking plenty of water, avoiding fast food, avoiding prepackaged food, avoiding caffeine, getting plenty of sleep, utilizing weight bearing activities, and obtaining regular physical examinations.</p> <p>The data also revealed that physical wellness also includes the management of stress.</p>
Occupational wellness	<p>All the presidents participating in this research study believe that a community college president needs to be well to carry out the many tasks of the president's office.</p> <p>The majority of the presidents participating in this research study believe the president's position is stressful, has long hours, has many meetings, interacts with the various constituencies, and manages the college.</p> <p>The presidents participating in this research study that a</p>

president needs to have energy and stamina to successfully complete the tasks of the job of president of the college.

Self-efficacy. Self-efficacy in the Health Belief Model is the personal expectation of the successful outcome of their health promotion activity (Champion, L, & Skinner, 2008; Rosenstock, 1974, 1990). The construct of self-efficacy was addressed through the online survey. Each president indicated that they “definitely” would be able to carry out their health activities to a successful outcome.

In the following section, the interview questions were analyzed to determine emerging themes that fall outside the auspices of the conceptual frameworks utilized in this research study. The data is represented according to interview question.

Emerging themes from interview questions

The interview questions did not reveal any emergent themes. The data gleaned from the interview questions fell within the scope of the conceptual frameworks used in this study. While the interviews could have revealed themes that did not fall under the auspices of the relevant frameworks, it was found that there were common themes that fell within the parameters of the constructs of the conceptual frameworks. In this section, the common themes from the interview questions will be examined. Common themes will be considered if two or more of the interviewed presidents revealed a particular theme.

Interview question one. How do you define wellness? While there are six dimensions of wellness, three of the dimensions stood out as important themes to three of the four presidents. Mental wellness, physical wellness, and spiritual wellness were deemed important to three of the four presidents. Mental wellness and physical wellness was found to be relevant to all four presidents interviewed.

Interview question two. How susceptible to illness or other health afflictions do you believe you are? Three of the four presidents interviewed believed they are relatively unsusceptible to illness or other health afflictions. They believed they are as susceptible to illness and other affliction as any healthy individual. The presidents believed they are relatively unsusceptible to most illnesses and afflictions because of their current health practices. RICCP2 believes that due to his good genetic makeup, sanitary practices, and regular fitness routine that he is relatively unsusceptible to illness. RICCP3 also believed that he is relatively unsusceptible to illness or other health afflictions. Although he believed he has not attended to his health, as he should have, he has been illness free throughout his life. He said, "I've spent very little time in the doctor's office, other than a little high blood pressure issue and I have a little back issue last time." RICCP4 stated, "Today, I do not feel that I am any more susceptible to illness than most healthy individuals." Though he had a heart attack and bypass surgery over a decade ago, he feels he is less susceptible to a heart attack or stroke. He believed he is healthier now but he was before his heart attack. He posited that his improved health is due to a change in attitude and health maintenance habits.

Interview question three. Do you think your health has affected your job performance as a community college president? Three of the four presidents revealed that their health has affected their job performance at sometime during their career. RICCP2 believed that his health has a direct impact on his performance as president of the college. He believed that he must be healthy to function at a high level to accomplish his mission as president. He said, "I am much more focused on my performance for my health is good to great." RICCP3 revealed that a back problem have a great impact on his job performance. He said he had a difficult time walking around campus. He stated, "I was not able to do large parts of my job." Overall, he believed he

has been healthy enough to do his job as president, even though he wishes he were in better physical shape. RICCP4 indicated that his endurance and health condition are excellent since his heart attack over a decade ago. He believed that due to his good health he is able to work the long hours, attend meetings, make presentations, and participate in fund-raising activities that required by his position.

Interview question four. What illnesses do you believe would affect your duties as president? While there are many illnesses or health afflictions that may affect the duties of her president, one of affliction was revealed by three of the four presidents. Cancer was revealed as the illness that would make it difficult for a president to carry out their assigned duties. RICCP2, RICCP3, and RICCP4 also indicated that any debilitating illness that would require a leave of absence would affect the president's ability to carry out their assigned duties.

Interview question five. Is there a benefit to a community college president to be well? While all four presidents indicated that it was important for a community college president to be well, three presidents suggested that a president must appear to be healthy to gain the confidence of the constituencies of the institution. RICCP2 believed that the president's image of good health is important to the internal and external community. He stated, "I also believe the president also sets an example for the rest of the institution. Should a president not be in the best of health physically or mentally, it might raise questions or concerns from the faculty and staff?" RICCP3 suggested that the mental and physical depends of the college presidency are significant. He believed that a perception of good health could be a component of good leadership. RICCP4 suggested that a president leads by example. He believed that the president must have mental sharpness, strength, stamina, and discipline. He suggested that the community observes these wellness traits in the president and shows support and leadership in the institution.

Interview question six. What barriers would keep you from completing your wellness activities? All for interviewees suggested that time was a barrier for completing any wellness activities. RICCP1 indicated that she has to make time to complete her minimum amount of weekly exercise. She has set a goal of 150 minutes of any exercise per week. RICCP2 reasoned time is the primary barrier to achieving wellness goals. He stated, "Time is needed to exercise, eat properly, and rest properly. You just need to find a way to make the time." RICCP3 agreed that time was a barrier in completing wellness activities. He qualified his response by indicating that time was just an excuse. He stated, "back in the days when I would run regularly, I would do it first thing in the morning. All I had to do is get up earlier." RICCP4 stated, "Only one barrier that is a constant struggle and that is committing time on a regular basis for wellness efforts." He indicated that he would even allocate time while traveling to carry out some form of exercise.

Interview question seven. What event or events raised your consciousness regarding your health? During the interviews, there was not a common theme among all four presidents. Three common themes appeared from the interviews. Two of the presidents revealed that a conversation or workshop from a health and wellness expert was the motivation to pursue a health and wellness routine. Two of the presidents revealed that a death of a friend or family member caused a change in how they conducted health and wellness routines. Two of the presidents indicated that personal health information or an event caused a change in their health and wellness routine.

RICCP1 indicated that she attended a wellness workshop about 30 years ago. The presenter gave information on the benefit of exercise. RICCP1 decided that she would start exercising regularly. As part of his undergraduate physical education degree, RICCP2 had a conversation with the fitness director, major oil company. The fitness director told RICCP2 that

employees were an investment. The fitness director said it was his job to keep the employees healthy. RICCP2 believed this conversation was a motivator for him to pursue a wellness program. He had also seen friends that have not had a healthy lifestyle begin to have health problems. He also said that his friend and mentor had a stroke when he retired. RICCP3 indicated that some of his friends have had heart attacks. He stated, "It brings it closer to home and awareness of your own mortality and the need to probably take care of yourself." He also revealed that his older cousin recently passed away suddenly. He stated, "I think what happens near you makes you rethink what you're doing."

RICCP1 indicated that her routine medical lab tests motivate her maintain her health and wellness program. RICCP4 stated, "My heart operation 13 years ago reminded me of the importance to take better care of my body through diet." He said that he had always maintained physical fitness and kept his weight down. He indicated that he needed to work even harder to maintain good health after his heart attack.

Interview question eight. What are you doing that you perceive will keep you well? The most common theme that appeared from the interview was physical exercise and a healthy diet was used to keep healthy. RICCP1 indicated that she tries to exercise at least 150 minutes per week and eats a healthy diet. RICCP2 regularly exercised four to five times per week and ate a healthy diet. RICCP3 used his exercise bicycle "religiously" and has eliminated most alcohol and desserts. RICCP4 that he controlled his diet and has a regular fitness program to keep him well.

The next theme that appeared from two of the four presidents was the management of stress. RICCP1 revealed that she minimizes her stress by not stressing over everything. She believed that acquisition of material possessions cause stress. She did not believe that material possessions would make her happy. RICCP2 indicated that he tries to manage his stress and

“have a peace of mind.” RICCP4 revealed that after his heart attack he needed change his attitude about life and reduce his stress. He said that the job of president was stressful and he changed his work habits to reduce his stress.

Chapter Summary

Analysis of the data revealed that the participants of this research study follow the general constructs of the Health Belief Model. The participants did not consciously follow the model, but appeared to follow a logical series of steps in the decision-making processes of their health and wellness initiatives. The study participants had some knowledge of the Dimensions of Wellness, but appeared to not be aware of the holistic nature of all dimensional constructs. The basic constructs of the Dimensions of Wellness consciously known to the study participants were physical wellness, mental wellness, and spiritual wellness. The data revealed that the study participants believe that a community college president needs to be well to successfully perform their duties.

The data suggested that the study participants actively participate in health and wellness initiatives to aid in keeping themselves healthy. The primary forms of wellness initiatives performed by the participants are in the areas of physical fitness. The data revealed that the participants perceived that they are able to complete any wellness initiative they believed would keep them well. The participants firmly believed their health is at a level to perform their duties satisfactorily. The participants revealed that they use personal feeling, physical examinations, personal health events, attendance at fitness workshops or lectures, and educational opportunities to evaluate and engage in health and wellness initiatives. The participants decided on their health and wellness initiative based on medical professional advice, personal convenience to accomplish that activity, personal satisfaction or enjoyment of the activity, and personal belief on

whether the activity would be beneficial to one's health. Overall, participants perceived that good health is important to performing the duties of president of a rural community college in Illinois. The following chapter will discuss the implications, conclusions, and recommendations of this research study.

CHAPTER 5: DISCUSSION, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

Introduction

This qualitative study explores the health and wellness perceptions of the rural Illinois community college president and how they perceive the impact of their health on job performance. During the course of this exploration, the triggers to health and wellness decisions of the presidents were analyzed. Along with the triggers, the exploration analyzes how these health and wellness decision were perceived to impact job performance.

The first 2 chapters of this study illustrate the necessity of further research on the subject of health and wellness perceptions of the community college president. The third and fourth chapters provide the rationale and application of the method and methodology to this study. This concluding chapter provides the initial discussion, findings and implications to community colleges, conclusions, introduction of the Peacy Model for Rural Community College President Wellness Initiatives, and recommendations for current and future rural community college presidents.

Discussion

The community college president is under immense pressure from the board of trustees and the community to make his college perform at the highest level. In order for the college to perform well, the president must be at the top of his or her game. The president must attend meetings, make presentations, oversee the formulation of the college budget, make crucial decisions, and work long hours to accomplish these tasks. The president must inspire the employees to improve student retention, recruit new students, facilitate student learning, and

improve graduation rates. The president needs to work with all the constituencies of the college to make the institution successful in its mission of higher education.

This qualitative study seeks to examine the health and wellness perceptions of rural Illinois community college presidents and how health and wellness affects presidential job performance. The study consists of interviews of four rural Illinois community college presidents to gain their personal insights on health and wellness and the affect on job performance. Though the research data focuses on the rural community college president, transferability of the findings and implications could be extended beyond the rural community college president to all community college presidents.

The first four chapters of this study provide the foundation for the research findings. The introductory chapter provides the context, significance, and purpose for this study. The chapter begins by highlighting several cases in which community college presidents have left their position due to health related concerns. The chapter further relates the studies that predicted large numbers of community college presidents in the foreseeable future.

The literature review provides the frameworks that were used to organize and analyze the data. A summary of the background of the institution of higher education in the United States was examined. A brief history of the American community college was documented that included a summary of the history of the Illinois community college system. As this research study focused on the rural community college president, the role of the president in higher education and the community college was illuminated. This study revolves around the health and wellness perceptions of the rural Illinois community college president. In this study, the literature on the affect of illness on job performance, stress and health impact, and the health affect on the educational employees is examined. The literature review also reveals previous research on the

health and wellness of community college presidents. Finally, the chapter described the conceptual frameworks of the Dimensions of Wellness and Health Belief Model that is used to analyze the data of this research.

Research design and methodology addresses the method and methodology utilized in this study. This study is a qualitative case study situated in the interpretive paradigm. Four experienced community college presidents from rural Illinois community colleges are the participants in this study. Semi-structured interviews and an online survey are utilized as primary sources of data collection. These sources of data allow for the in-depth examination of the perceptions of the community college presidents regarding health and wellness with respect to job performance.

Research findings and analysis illustrate the data and analysis obtained from participating Illinois community college presidents. The confidentiality of the participants' responses was accomplished by assigning pseudonyms for each participant and their respective college. The data was analyzed using the conceptual frameworks of the Dimensions of Wellness and Health Belief Model.

This concluding chapter includes a discussion of the research study as conveyed in the first four chapters to establish the foundation for the research findings, a summary of the findings organized by guiding question, implications to the community college, introduction of the Peacy Model for Presidential Wellness, and recommendations for further research. This chapter gives the summary of this research study and the guidance for furthering community college presidential wellness.

Conclusions

The president of a rural community college has many duties that need to be done efficiently to have a successfully functioning community college. The boards of trustees hire these individuals to be the face of the institution to the community, which these board members represent. The cost of hiring a president can be expensive and the taxpayers foot the bill for the hiring at public community colleges. Chapter 1 of this study revealed several instances of community college presidents leaving their positions due to health reasons. In this study, the data reveals the participating presidents believe that a community college president must be healthy to successfully execute the duties of president.

The data in this study also reveals that the participating presidents do participate in some form of wellness activity that is perceived to help them stay well. The term “perceived” does not imply that the chosen activities are not, in fact, good activities. Many activities are chosen based on perceptions of what is healthy. In science, the formulation of ideas is based on personal experience, observations, and learned knowledge. We can broaden this approach to the formulation of perceptions by the general populace. The perceptions of good health and good wellness practices are based on our experiences, observations, and what we have learned. To ensure healthy wellness practices are initiated, a factual based health and wellness education program should be initiated.

From the interviews with the presidents, the data reveals that the presidents believe they are healthy. The data also suggests that the presidents have taken preventative measures based on medical advice, health education, or prior health issue. In order to initiate proper wellness initiatives, health and wellness experts should teach the susceptibility and severity of the many possible health conditions. The benefits of the wellness activities need to be explained in detail.

The perceived barriers to any wellness activity must be examined and eliminated. Opportunities to support emotional/mental wellness, physical wellness, intellectual wellness, and social wellness must be given to the president. The board of trustees needs to be on board to support the president in accomplishing this wellness effort. The president of the college is an investment by the board of trustees. The board of trustees should require annual medical examinations. Along with the examination, the president's doctor should employ a wellness professional to help the president gain or maintain a healthy lifestyle to enable the president to fulfill their duties to their best ability. As the research of this study shows, the participants believe a healthy president is an effective president.

Findings and Implications

The findings of the study identified in chapter 4 lead this researcher to propose implications that could impact the operational environment of rural community colleges in Illinois. The purpose of this study explores health and wellness initiatives of rural Illinois community college presidents and the perceptions of their personal health and wellness affecting their job performance. The following sections summarize the findings detailed in chapter 4 and suggest implications that are separated according to guiding question.

Guiding Question 1

How do rural community college presidents perceive their own health and wellness? The following findings provide the summary and implications of the research data acquired during this study.

Summary of the Findings. This group of presidents defines health and wellness as being free from disease. As they define wellness, the participants indicate that wellness included the components of physical, mental, and spiritual health. The participants agree that good

physical, mental, and spiritual health is important to job performance. Good health is important to good decision-making by a president. Based on the participants' definition of wellness, they all believe that they are in good health and able to perform their jobs to the best of their ability.

Implications for community colleges. In a leadership position, the leader must be able to properly identify and define issues that affect the institution. The presidents in this study suggest that good mental health is important to good decision-making. The proper identification of the issues allow for proper decisions. The president of a community college must make good decisions for the benefit of the institution and the community it serves. Health and wellness decisions can affect the effective operation and leadership of the institution. A poor decision in personal health and wellness can impact the institution in devastating ways. The president needs to be able to recognize their health status to make the proper corrections to maintain good health to run their institution in an effective manner. The presidents should pay close attention to how they feel. They should seek medical/professional attention when they are not well. They should have exhaustive annual physical examinations. The presidents need to know their current health status to stay well to do their jobs as president of their community college.

Guiding Question 2

What are the factors that rural community college presidents use to evaluate and engage in their health and wellness initiatives? The following findings provide the summary and implications of the research data acquired during this study.

Summary of the Findings. Based on the interview and survey responses, it appears that the factors used by the presidents to evaluate and engage in health and wellness initiatives come from the following Health Belief Model constructs: (a) perceived susceptibility, (b) perceived severity, (c) perceived benefits, (d) perceived barriers, and (e) cues to action. The presidents all

indicated they believe they are no more susceptible to illness than any other person. They did suggest that all people are susceptible to some illness at some time in their lives. All presidents have indicated that they take medicine, follow other orders by their health professional, or maintain a fitness routine to keep them well. The presidents did all agree that health and wellness does affect job performance. They did indicate that some illnesses are severe enough to keep them from continuing in their job duties. Illnesses, such as, cancer, multiple sclerosis, stroke, any other debilitating illness, or any physical impairment requiring long term rehabilitation might keep a president from doing their job. This group of presidents indicates that stress comes with their jobs. As indicated in the research reviewed in Chapter 2, stress can play a role in health and wellness.

All presidents agree that there is a benefit to being a healthy president. The data suggest that a healthy president could perform better than an ill president. This group of presidents suggests the president that is physically and mentally well has the energy and stamina to properly perform their job. They also suggest that the appearance of good health by the president instills confidence in the president by the members of the college and community at large.

All the presidents participating in this research do believe time was the main barrier to becoming or staying well. The presidents suggest that a person must make time in their schedule to complete any wellness initiative.

Lastly, the cues to action appear to be the most important factor for the president to start or continue a wellness initiative. While each participating president has a different cue or trigger, they perceive their trigger to be important enough to formulate a wellness plan. The death or illness of a close friend or family member, experienced severe health event, attending a wellness workshop, family history of illness, or information from their educational program are popular

cues for the presidents of this study. The presidents' reaction to these cues suggest that they are susceptible and these conditions are severe enough to warrant an alteration in their health and wellness routine.

Implications for community colleges. Many decisions that need to be made on a daily basis arise from circumstances that occur in the moment. These decisions are made in the heat of the moment. To evaluate and engage in wellness initiatives is part of a decision-making process. The process for making health and wellness decisions comes from the Health Belief Model constructs of perceived susceptibility, perceived severity, perceived benefits, perceived barriers, and cues to action. The participants all agree that an effective president is a healthy president. The president needs to properly identify the wellness cues to initiate a wellness activity. Once the trigger is identified, the president needs to evaluate the susceptibility, severity, benefits, and barriers of the health problem and potential wellness initiatives to counter the health problem. The president needs to make good decisions to either regain health or maintain good health. To accomplish good decision-making, the presidents need to have good health and wellness information. The presidents need to be educated in health and wellness matters. Education in the susceptibility, severity, and benefits of the health issue at hand is important. With the proper information, the president can make a good decision to regain or maintain good health. The president needs to be healthy to effectively run their institutions.

Guiding Question 3

How and in what ways do rural community college presidents choose their wellness initiatives? The following findings provide the summary and implications of the research data acquired during this study.

Summary of the Findings. The approach to obtaining the data was to ask what activities the participants do participate and infer to how and why those activities were chosen. Much of the activity data was gleaned from the activity survey. The intent of the question is to find the activities perceived by the presidents to be important. The constructs of the Dimensions of Wellness and Self-Efficacy from the Health Belief Model are used to determine which dimensions are perceived as important to the participants of the study.

From the results of the survey, the participants perceive that emotional/mental wellness, physical wellness, intellectual wellness, and social wellness is important by participating in these activities from 4 to 5 day per month to 1 to 2 days per week. According to the data, the participants utilize these activities more frequently as participation was closer to 1 to 2 days per week than 4 to 5 day per month. Spiritual wellness is not widely utilized as a wellness activity as indicated by participation from 4 to 5 day per year to 4 to 5 day per month. All of the presidential participants indicate in the survey that they could accomplish their chosen wellness initiatives. Based on interview results, the presidents suggest time is the primary barrier to completing any wellness initiative. It was agreed that they must make time to participate in wellness activities. Based on participant responses, convenience plays a part in the choosing of the wellness activity. Easy access to a fitness center, walking area, or availability to a doctor is used to make some of the wellness decision. It appears that some activities are chosen because the participant knew they could accomplish the initiative rather than picking a more difficult initiative that may not have a successful outcome. It is also implied by the participants that some activities are done due to an enjoyment factor.

Implications for community colleges. As indicated in the purpose of the study, the study is looking for a connection between health and wellness and the perception of job

performance of the rural community college president. This group of presidents believes that healthy presidents make good decisions. They also suggest they need to have information to make the proper decisions. This process should apply to choosing the proper health and wellness initiatives. To make a good decision on a wellness initiative, a president needs to have the information on effectiveness of the various wellness activities. Education on the effectiveness of health and wellness activities should be a part of the health and wellness initiative process. A complete health and wellness education will help the community college president make good decisions in choosing their health and wellness initiatives.

Peacy Model for Rural Community College President Wellness Initiatives

The Peacy Model is designed to give the rural community college president a process to analyze health events and formulate a successful wellness initiative. The model originates from the research findings and the conceptual frameworks. The goal of the model is to give the president a structured process to follow in the decision making process. The process is a strategic plan to help fight health issues that may arise. Figure 2 illustrates the four stages of the process for health management in the Peacy Model for Rural Community College President Wellness Initiatives.

Figure 2



Figure 2. Peacy Model for Community College Presidential Wellness

Stage 1- Trigger for Wellness Improvement

Stage 1 of the model is the identification of the trigger that initiates the wellness improvement process. The trigger may be a personal health event. The personal health event can be a diagnosis of cancer, Parkinson’s disease, multiple sclerosis, chronic obstructive pulmonary disease, or other debilitating disease. The event can also be medical test results that include high cholesterol, high blood pressure, high triglycerides, migraine headaches, stroke, or heart attack. Many of these health concerns may have been asymptomatic and found during a regular medical examination. Triggering events do not need to be a medical diagnosis. The event may be enhanced health awareness occurring from reading an article in a magazine or attending a wellness workshop. The health awareness may be the desire to maintain good health and not related to countering a current health problem. The trigger may not be a medical condition that

personally affects the president. It may arise from observing a health problem in a friend or family member. Familial history of congenital diseases must be taken into account.

Once the triggers are identified or diagnosed, the president needs to be educated in the wellness implications of possible health problem. Stage 2 is the part of the wellness initiative to educate the community college president.

Stage 2-Wellness Education Stage

Stage 2 is the Wellness Education Stage. Education could be conducted on the topics of emotional/mental wellness, physical wellness, intellectual wellness, occupational wellness, and social wellness from the Dimensions of Wellness. Other topics in the educational process could include diseases that arise or could arise from the triggering health event. This educational stage informs the president of severity, possible outcomes of the condition, and treatment options for the condition. Education in the identification of stress and stress management needs to be included. Research on stress indicates stress can exacerbate or even cause disease or other health conditions (Nabi, Kivimaki, Batty, Shipley, Britton, Brunner, et al., 2013; The Mayo Clinic, 2006; Girdano et al., 2009; Vitaliano et al, 2002).

The goal of Stage 2 is to inform the president of the different conditions related to the health event and methods to keep an individual well to prevent future health problems. The education received in stage 2 is used to make the associated wellness decisions in Stage 3.

Stage 3-Health Condition Assessment

Stage 3 is the assessment and analysis of the health condition and the determination of the appropriate corrective wellness initiative. The assessment should be done in consultation with the president's doctor or designated wellness counselor.

The president weighs the severity of the condition or potential condition against the

benefits of pursuing a corrective wellness action. The question becomes the payoff for correcting the health concern. One of the questions for the president is the affect on job performance. Does the cost of the severity of the condition outweigh the cost of correcting the condition? The cost could be an actual monetary amount for the treatment or it may be the cost to the college for the reduction of effectiveness of the president. If the condition remains untreated, could death occur? Death is the ultimate personal cost to an untreated condition. Not to sound impersonal, there is a cost to the college in the death of a president. The college is without a permanent leader and the continuity of leadership the college once enjoyed. At this point, the college must make the expenditure to hire a new president. This type of expenditure may not be budgeted like a planned presidential retirement. Proper assessment and analysis of health conditions can reduce the overall cost to the college. Once the health condition is analyzed, the proper wellness activity can be initiated. Stage 4 is the initiation of the prescribed health action.

Stage 4-Wellness Activity Activation

Stage 4 is the activation of the chosen wellness activity. The activity could be as simple as the act of no action. The wellness initiative may be a change in nutritional habits prescribed by a doctor or nutrition counselor. The president can follow a medical supervised treatment regime that may include regular medication, surgical procedure, or even chemotherapy. The specificity of medical action will depend on the exact medical issue. The wellness action may include a fitness routine designed by fitness professionals in consultation with the president's doctor. As the presidents indicated their job includes a high level of stress, a program of organized stress management may be prescribed. As with taking medicine or participating in a fitness or wellness activity, a new trigger or cue may arise. This model is not linear but circular. When the cycle of the four stages runs its course, we return to Stage 1 for a new health condition or preventative

trigger.

In summary, the goal of the model is to provide a decision making process to keep the rural community college president well or return the president to a state of good health. Ideally, the process could be run from an institute dedicated to rural community college wellness. This institute can be in a centralized location. The location could be a physical location or even a website. Community college experts and wellness professionals would run the institute and work in conjunction with the individual president's local doctor. The overall goal of the model is to provide the rural community college presidents a method to improve or maintain wellness in order to perform the presidential duties to the best of their abilities.

Recommendations

Further Research

This study explores the perceptions of health and wellness of the rural community college president. This researcher explored the minds of the rural Illinois community college presidents by having poignant conversations. There are many other avenues that the research can follow and many more presidents to interview. The following points suggest possible research avenues to further explore the thoughts and perceptions of the community college president.

- Conduct a study to include the urban and suburban community college in the State of Illinois. This study only includes the community college presidents of rural Illinois. This group is only a small fraction of the community college presidents in the United States. This study was an exploration of the perceptions of the affect of health and wellness on the job performance of the rural Illinois community college president. To better understand the perceptions of health and wellness on job performance of the Illinois community college president, the participant pool could be expanded to

- include the urban and suburban community college in the State of Illinois. The research could include a cross-case study to compare and contrast the perceptions of the urban, suburban, and rural presidents.
- Conduct a study to compare perceived health and wellness needs based on gender. This study includes one female and three males. A gender study of the perceptions of health and wellness of female compared to the perceptions of the male community college presidents.
 - Conduct a study to include the division of the United States by region and compare and contrast the perceptions of the community college presidents by region. As the study is based entirely in Illinois, there could be further studies that expanded the geographical region of study. The goal would discern the regional differences of thought on the health and wellness of community college president by geographic region.

Actions to Community College Practice

The goal for any institution is to have a highly effective leader. The community college is no different. The literature reviewed posits that health can affect the job performance of an employee. The effect can range from reduction in cognitive function to impairment in physical health. A benefit of this study is to help guide the community college community to provide opportunities to have a healthy president. The following recommendations are possible actions to provide those opportunities for a healthy president.

- The boards of trustees of the community college might consider requiring an annual physical examination by a physician. The community college president is an investment by the college and the board of trustees. The college needs to protect the

investment of hiring a president to keep continuity and efficiency in the operation of the college.

- The boards of trustees of the community college could consider requiring an annual wellness plan for the president of the college. In order to keep the president healthy, it is recommended that the president in conjunction with the president's doctor and other wellness professionals make an annual wellness plan. It is recommended that time be made available in the president's schedule to carry out the wellness plan.
- An institute for community college personnel wellness could be created to be a resource for community college presidents throughout the United States. The institute should have experienced community college administrators, wellness counselors, and a network of physicians to provide wellness education and create individual wellness plans for the community college presidents.

As the next generation of community college presidents comes to leadership, it is important that the colleges and presidents are prepared to handle the physical and mental demands of the presidential duties. It could be said that good leadership comes from within the individual. Good health and a proper and holistic wellness routine are the place to begin for the development of a good presidential leadership.

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Appendix A: Mapping Guiding Questions to Interview Questions

Guiding Question	Interview Questions
How do rural community college presidents perceive their own health and wellness?	How do you define wellness?
What are the factors that rural community college presidents use to evaluate and engage in their health and wellness initiatives?	<p>How susceptible to illness or other health afflictions do you believe you are?</p> <p>Do you think your health has affected your job performance as a community college president? How did you know? Please elaborate.</p> <p>What illnesses do you believe would affect your duties as president?</p> <p>Is there a benefit to a community college president to be well? Why?</p> <p>What barriers would keep you from completing your wellness activities?</p> <p>Did a personal health problem, to you or another, cause you to examine or re-examine your beliefs about your wellness practices?</p> <p>What are you doing that you perceive will keep you well?</p>
How and in what ways do rural community college presidents choose their wellness initiatives?	<p>Survey (Activities and Practices): How often you engage in the following practices:</p> <p>Aerobic activities (such as walking, running, biking, jogging, aerobics, canoeing, kayaking, skiing, and/or rowing) for at least 30 minutes three times per week.</p> <p>Practice mental revitalization through decision-making, research, conferences, etc.</p> <p>Use stairs instead of elevator</p>

Participate in activities with immediate family

Read spiritual books and materials

Generally consume a heart healthy (low-fat, etc.) diet

Drink at least 8 cups of water daily

Avoid eating fast food

Avoid eating prepackaged and convenience foods

Practice spiritual renewal activities

Participate in leisure activities (such as golf) with friends

Avoid drinking high caffeine drinks

Get at least 6 hours of sleep per night

Generally consume three balanced meals a day

Practice weight-bearing activities (such as free weights, machines, and pushups)

Participate in competitive sports (such as tennis, racquetball, volleyball, basketball)

Maintain positive outlook and a high self-esteem

Obtain regular physical exams (*Select regularly if yearly exams are maintained*)

Practice meditation / visualization

Listen / Play Music and/or sing

Practice Yoga

Attend /participate in dance (ballroom or any other dance form)

Appendix B: Informed Consent Form

Thank you for agreeing to participate in this study that will take place from July, 2012 to September 2013. This form outlines the purposes of the study and provides a description of your involvement and rights as a participant.

I consent to participate in a research project conducted by William J. Peacy III, a doctoral student at National-Louis University located in Chicago, Illinois.

I understand the study is entitled *Community College President's Health Habits: A Prescription for Job Performance*. The purpose of the study is to explore how and in what ways veteran community college presidents believe their personal health and wellness affects the competency of their job performance. The study is undertaken to better understand the following: 1) How are the holistic concepts of health and wellness defined by veteran community college presidents; 2) What are the current health and wellness practices of veteran community college presidents and how were they chosen; 3) How and in what ways do veteran community college presidents believe health and wellness is important to and influences their performance as president?

I understand that my participation will consist of audio-taped interviews lasting 60 to 90 minutes in length with a possible second, follow-up short interview. I understand that I will receive a copy of my transcribed interview at which time I may clarify information. Prior to the interview, I understand I will be sent a health assessment survey that will take approximately 15 minutes to complete.

I understand that my participation is voluntary and can be discontinued at any time until the completion of the dissertation.

I understand that my anonymity will be maintained and the information I provide confidential. I understand that only the researcher, William J. Peacy III, will have access to a secured file cabinet in which will be kept all transcripts, audio recordings, documents and field notes from the interview(s) in which I participated.

I understand there are no anticipated risks or benefits to me, no greater than that encountered in daily life. Further, the information gained from this study could be used to assist community college presidents in providing a healthier leadership tenure.

I understand that in the event I have questions or require additional information I may contact the researcher: William J. Peacy III, 4302 Thornwood Lane, Plainfield, IL 60586. Phone (815) 577-9281 or E-mail: wpeacy@yahoo.com.

If you have any concerns or questions before or during participation that you feel have not been addressed by the researcher, you may contact my Primary Advisor and Dissertation Chair: Dr. Dennis Haynes, National Louis University, 122 S. Michigan Avenue, Chicago, IL 60603. Phone (312) 261-3728 or E-mail: dennis.haynes@nl.edu

Appendix C: Survey Instrument

Health and Wellness Activities for Community College Presidents

The Health and Wellness Activities for Community College Presidents examines the sources of wellness activities that support a healthy lifestyle. The total time for completing the survey is approximately 15 minutes. Thank you for completing this survey.

Activities and Practices

Please respond to how often you engage in the following practices by selecting the appropriate response. The scale range is from never, seldom, (4-5 days per year), sometimes (4-5 days per month), fairly regularly (usually 1-2 days per week), and regularly (3 + days per week) or as appropriately applies.

1. Aerobic activities (such as walking, running, biking, jogging, aerobics, canoeing, kayaking, skiing, and/or rowing) for at least 30 minutes three times per week.

Never 0	Seldom 0	Sometimes 0	Fairly Regularly 0	Regularly 0
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2. Practice mental revitalization through decision-making, research, conferences, etc.

Never 0	Seldom 0	Sometimes 0	Fairly Regularly 0	Regularly 0
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3. Use stairs instead of elevator

Never 0	Seldom 0	Sometimes 0	Fairly Regularly 0	Regularly 0
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4. Participate in activities with immediate family

Never 0	Seldom 0	Sometimes 0	Fairly Regularly 0	Regularly 0
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5. Read spiritual books and materials

Never 0	Seldom 0	Sometimes 0	Fairly Regularly 0	Regularly 0
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6. Generally consume a heart healthy (low-fat, etc.) diet

Never 0	Seldom 0	Sometimes 0	Fairly Regularly 0	Regularly 0
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7. Drink at least 8 cups of water daily

Never	Seldom	Sometimes	Fairly Regularly	Regularly
0	0	0	0	0

8. Avoid eating fast food

Never	Seldom	Sometimes	Fairly Regularly	Regularly
0	0	0	0	0

9. Avoid eating prepackaged and convenience foods

Never	Seldom	Sometimes	Fairly Regularly	Regularly
0	0	0	0	0

10. Practice spiritual renewal activities

Never	Seldom	Sometimes	Fairly Regularly	Regularly
0	0	0	0	0

11. Participate in leisure activities (such as golf) with friends

Never	Seldom	Sometimes	Fairly Regularly	Regularly
0	0	0	0	0

12. Avoid drinking high caffeine drinks

Never	Seldom	Sometimes	Fairly Regularly	Regularly
0	0	0	0	0

13. Get at least 6 hours of sleep per night

Never	Seldom	Sometimes	Fairly Regularly	Regularly
0	0	0	0	0

14. Generally consume three balanced meals a day

Never	Seldom	Sometimes	Fairly Regularly	Regularly
0	0	0	0	0

15. Practice weight-bearing activities (such as free weights, machines, and push ups)

Never	Seldom	Sometimes	Fairly Regularly	Regularly
0	0	0	0	0

16. Participate in competitive sports (such as tennis, racquetball, volleyball, basketball)

Never	Seldom	Sometimes	Fairly Regularly	Regularly
0	0	0	0	0

17. Maintain positive outlook and a high self-esteem

Never	Seldom	Sometimes	Fairly Regularly	Regularly
0	0	0	0	0

18. Obtain regular physical exams (*Select regularly if yearly exams are maintained*)

Never	Seldom	Sometimes	Fairly Regularly	Regularly
0	0	0	0	0

19. Practice meditation / visualization

Never	Seldom	Sometimes	Fairly Regularly	Regularly
0	0	0	0	0

20. Listen / Play Music and/or sing

Never	Seldom	Sometimes	Fairly Regularly	Regularly
0	0	0	0	0

21. Practice Yoga

Never	Seldom	Sometimes	Fairly Regularly	Regularly
0	0	0	0	0

22. Attend /participate in dance (ballroom or any other dance form)

Never	Seldom	Sometimes	Fairly Regularly	Regularly
0	0	0	0	0

23. Do you believe that you can carry out your health activities?

Not on my life	Maybe	Likely	More than Likely	Definitely
0	0	0	0	0

Appendix D: Transcriptionist Confidentiality Form

Data Transcription Confidentiality Form

This confidentiality form articulates the agreement made between William J. Peacy III, the researcher, and [NAME OF INDIVIDUAL AND COMPANY OF A PROFESSIONAL TRANSCRIBER].

I understand and acknowledge that by transcribing the audiotapes provided to me by William J. Peacy, that I will be exposed to confidential information about the research study and the research participants. In providing transcription services, at no time will I reveal or discuss any of the information of which I have been exposed.

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