Leading Well: A Case Study on the Role of Higher Education Administrators in Advancing Workplace Wellness

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Dedication

This dissertation represents the culmination of a journey that has been both personal and transformative. I am filled with immense gratitude for the individuals and communities who supported me throughout this process. First and foremost, I give thanks to God, whose guidance has sustained me through every chapter, challenge, change, and moment of uncertainty. His grace has been my constant source of strength and peace.

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"The heights by great men (and women) reached and kept

Were not attained by sudden flight,

But they, while their companions slept,

Were toiling upward in the night."

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Abstract

This qualitative case study investigated the perceptions of higher education administrators regarding workplace wellness, particularly as adult learners, and examined the factors influencing leadership practices within a university context. The research focused on how administrators conceptualize workplace wellness and their roles in promoting a culture of wellness at the institution. Drawing on Mezirow's 0(1978, 1991) Transformative Learning Theory and Herzberg's (1966) Two-Factor Theory of Motivation, alongside wellness-centered conceptual frameworks, the study explored the relationships between personal wellness, leadership practices, and institutional wellness initiatives. Data was collected through semi-structured interviews with 12 administrators at Newtown University (a pseudonym), representing various divisions and leadership roles, complemented by secondary data analysis of institutional wellness programs and resources. Employing Braun and Clarke's (2022) thematic analysis method, five principal themes emerged: (1) Defining Wellness as Balance Across Multiple Dimensions; (2) Leadership Modeling of Workplace Wellness; (3) Relational Leadership Centered on Empathy and Authenticity; (4) Learning and Development for Wellness-Centered Leadership; and (5) Institutional Structures and Cultures: Workplace Wellness Boosters and Blockers. The findings indicate that workplace wellness, a core value among administrators, is both a personal journey and an institutional imperative that requires intentional integration, investment, and accountability. Despite expanded institutional wellness initiatives and resources, there remains an opportunity to better align efforts by engaging administrators as change agents to enhance a comprehensive culture of wellness. The results have implications for leadership development, institutional planning, and the framing of workplace wellness as an essential organizational value. The research underscores the link between the well-being of leaders and

that of employees, demonstrating how the personal experiences and initiatives of administrators can influence the culture of an institution. It contributes to scholarship on adult learning and leadership development and offers a framework for advancing workplace wellness through transformative wellness-centered leadership.

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Chapter 1

Leading well is not an accidental occurrence, but an intentional and integral part of a thriving organization. In today's complex and demanding higher education landscape, the intersection of leadership and wellness has become both a strategic imperative and a catalyst for transformative and sustainable change. This chapter introduces my study, which explored how adult learners in leadership roles perceived and addressed workplace wellness in the higher education workplace. It situates the research within its broader context, presenting the background and a statement of the problem while highlighting key aspects of workplace wellness and the factors influencing this research. The chapter also articulates the study's purpose and research questions and provides a concise overview of the theoretical and conceptual frameworks that guided the inquiry. In addition, it provides a definition of key terms and discusses the study's limitations and delimitations, establishing the foundation for understanding how leadership, learning, and wellness converge to shape healthier organizational cultures within higher education.

Introduction to the Study

The concept of workplace wellness has garnered considerable attention in recent years due to its critical impact on employee satisfaction, productivity, and retention (Corpuz, 2023). This trend has also permeated the hallowed walls and ivory towers of higher education institutions, as both employees and administrators alike, being adult learners, grapple with various workplace challenges that impact their health and well-being. These challenges can range from typical organizational stressors like workload demands, limited resources, and the mental and physical impact of occupational stress, to academic pressures and other issues more distinct to academia (Aloka, 2022; Rock, 2024). Those include navigating shared governance structures

and balancing the responsibilities of teaching, research, and service, which are typically associated with faculty roles. Meanwhile, many professional or non-teaching staff encounter issues such as role ambiguity, emotional labor, and the pressures of frontline work, conditions that became even more prevalent during the COVID-19 pandemic (Bartolome, 2023; ul Haque, 2020).

Historically, health and wellness initiatives in higher education have predominantly focused on addressing the needs of students via student affairs personnel and other student-focused offices within the institution (Mullen & Tuten, 2010). However, there has been a gradual shift towards a more comprehensive approach that also emphasizes employee wellness, recognizing the importance of the mental, emotional, and physical health and well-being of the higher education workforce (Travia et al., 2022). Promoting employee wellness is essential not only for meeting the needs of individual employees, but also for advancing institutional objectives like delivering high quality education, enhancing research productivity, and bolstering the institution's reputation. Moreover, Amaya et al., (2019) identify a positive correlation between faculty and staff wellness and student wellness. They note that whether driven by a commitment to employee well-being or the recognition of the positive effects on student success and institutional effectiveness, colleges and universities are becoming increasingly cognizant of the significance of fostering a culture of wellness within the workplace and across the campus community in general.

Corpuz (2023) contends that promoting and sustaining a culture of wellness in the university workplace is a multidimensional endeavor that requires a holistic approach. This involves university administrators taking intentional steps to foster a supportive work environment, encouraging work-life balance, and developing and implementing comprehensive

wellness policies and practices. Meanwhile, McCaffery (2019) emphasizes that beyond shaping institutional policies and practices, administrators serve as leaders and managers in guiding and directing the employees under their supervision. Their actions and decisions directly influence employee experiences, institutional culture, and organizational well-being. Melnyk and Click (2024) also argue that stakeholders at different levels and positions throughout a campus community play a critical role in cultivating a robust culture and environment of wellness. They stress the importance of leaders who are dedicated to the health and well-being of campus constituents, and who actively encourage and model healthy behaviors. Research further indicates that when administrators prioritize wellness, exemplify healthy work habits, and cultivate inclusive and supportive work environments, employees report higher engagement, improved mental health, and stronger organizational commitment (Amaya et al., 2019; Brownlow, 2025; Saks, 2019).

Moreover, the workplace has evolved as a venue for social interaction and connection, which further underscores the importance of fostering inclusive and supportive work environments. According to Basit and Nauman (2023), more individuals look to the workplace to forge relationships and social connections, particularly due to shifting trends in family structures, such as marrying later in life, having fewer children, or foregoing childbearing altogether. Coincidentally, Bianchi (2011) notes that these consequential life choices also often correlate with higher education levels, especially among female academics. Basit and Nauman (2023) argue that unmet social needs in the workplace can negatively impact employee well-being, productivity, and engagement, a phenomenon that may have significant implications for higher education institutions.

Indeed, the workplace can influence employee well-being in both positive and adverse ways. On the positive side, it can serve as a source of financial stability through monetary compensation and benefits such as health insurance, tuition assistance, and discounts on various goods and services. Moreover, when people can relate their work to the broader goals and objectives of the organization, it can instill a sense of value, self-esteem, and achievement. Similarly, many view a career in education, whether in K–12, vocational, or higher education settings, as a calling rather than simply a profession. By virtue of the work they do, such individuals may experience a sense of alignment and fulfillment by pursuing a purpose-driven vocation, which can enhance their overall wellness.

On the other hand, various elements within the higher education work environment can have a detrimental impact on employees' well-being. Issues like burnout, increased workload, policy and administrative demands, and other forms of academic and job-related stress can harm mental and emotional health. Furthermore, when psychological, relational, or structural needs are not met, it can diminish engagement and result in feelings of disconnection or exhaustion. Collectively, these factors emphasize the dual role of the workplace as both a potential source of growth and a place of stress, highlighting the need for leadership practices and institutional cultures that deliberately promote employee wellness.

It is important to note that while higher education administrators occupy leadership and managerial roles at the top levels of their institutions, they are also employees within these organizations. This dual role means they may face similar organizational dynamics and factors that affect their well-being, just like other staff and faculty members. Although there is limited research on leadership wellness in the higher education sector (Scott, 2022), studies suggest a positive link between a leader's personal well-being and their ability to lead authentically and

effectively (Illes, 2017). Furthermore, Ruderman et al. (2024) highlight that leaders who prioritize their own well-being, as well as that of their employees, tend to be more effective. This approach not only benefits them individually but also enhances the performance of their teams, organizations, and even their broader communities. Consequently, promoting wellness in the workplace yields widespread advantages. When administrators embrace a leadership style focused on wellness and view their role as pivotal in nurturing workplace well-being, it creates a positive cycle that supports employees and drives institutional success (Klug et al., 2022).

Research also indicates that leaders who actively engage in self-care and model healthy behaviors can positively influence employee morale and organizational culture by promoting well-being, setting realistic expectations, and cultivating a supportive environment for others (Dietz et al., 2020; Klug et al., 2022). Previous research by Bass and Stogdill (1990) has shown that mentally healthy leaders exhibit greater resilience, emotional stability, and adaptability, all of which are essential for navigating complex organizational challenges. Recent studies further reveal that when leaders neglect their personal physical and mental health, they are at a heightened risk of experiencing adverse impacts like burnout, impaired decision-making, and a diminished capacity to support staff effectively (Al-Zoubi et al., 2024; Burne et al., 2012).

As the world grappled with the COVID-19 pandemic in 2020, emerging research showed that pandemic-related stress took a significant toll on leaders' wellbeing. For example, in a global study of nearly 300 leaders, Fernandez and Clerkin (2021) found that higher levels of COVID-related stress were associated with lower job satisfaction and wellbeing and higher levels of burnout among leaders. This troubling reality bears significant organizational implications, as Florent-Treacy and Manzoni (2012) assert that leadership stress can negatively affect profitability, productivity, and contribute to both employee and executive burnout. They stress

the importance of leaders recognizing their own vulnerability and prioritizing their well-being, as this not only results in personal health benefits but also contributes to the overall success of their employees and organizations.

Even before the COVID-19 pandemic, wellness was a significant concern within the workplace, and its significance grew considerably as a result of the pandemic. Several studies conducted during and following the COVID-19 pandemic reveal that this was a pivotal moment in bringing wellness to the forefront of higher education, not only for students but also for faculty, staff, and administrators. For example, a survey by the American Council on Education (ACE) found that college presidents considered staff mental health to be one of the most urgent issues they faced during the height of the pandemic (M. Taylor et al., 2021).Similarly, a 2020 survey by the Chronicle of Higher Education & Fidelity Investments found that over two-thirds of U.S. faculty members struggled with increased workloads and a worsening work-life balance, prompting more than half to consider retiring or leaving higher education (Tugend, 2020). A more recent global cross-sectional study by Rahman et al. (2024), involving higher education staff from 16 countries, showed that nearly 73% experienced moderate to very high levels of psychological distress, with 29% reporting burnout. These findings highlight the urgent need for institutions to implement comprehensive wellness programs and initiatives to address the increased stressors faced by higher education employees in the post-pandemic era.

COVID-19 ranked as the third leading cause of death in the United States in 2020, with an astounding 345,323 fatalities (Ahmad et al., 2021). However, the sobering figures for deaths due to chronic lifestyle diseases like heart disease and cancer reflected in the same report were almost double, with approximately 700,000 and 600,000 fatalities, respectively. Many of these chronic conditions are associated with occupational stress and unhealthy work-life imbalances

(Amaya et al., 2019; Kivimäki & Kawachi, 2015; Siegrist & Li, 2018). Given the widespread occurrence of chronic and occupational stress within the higher education sector (Aloka, 2022; Amaya et al., 2019), academic institutions have a significant opportunity to support their employees in adopting necessary lifestyle changes to prevent these life-threatening conditions, thereby enhancing their well-being, health, and success in both personal and professional domains.

As workplace wellness becomes increasingly important, many higher education institutions have adopted various strategies and frameworks to promote employee health and wellness within their organizations over the years. Some of these initiatives include Employee Assistance Programs (EAP) to address various employee issues, including mental health, family problems, substance abuse, and workplace stress (Roman & Blum, 1985). Others include campus health and wellness programs through fitness centers, counseling centers, wellness centers, or other third-party providers (Watkins et al., 2021).

In recent times, higher education institutions have implemented more all-encompassing workplace wellness programs to cater to holistic wellness needs. This strategy is in line with Ablah et al.'s (2020) claim that wellness initiatives targeting individual employees, as opposed to the broader worksite, have achieved limited long-term success, while more comprehensive workplace or worksite approaches tend to be more effective. One such program is the Healthy Campus Initiative at the University of California, Los Angeles (UCLA)[1], which focuses on making healthy choices accessible and promoting wellness among students, staff, and faculty. Another is the Hoo's Well at the University of Virginia (UVA)[2], which encompasses tools to improve employees' financial, emotional, and physical well-being. The WorkWell KS initiative,

[1] https://healthy.ucla.edu/
[2] https://hr.virginia.edu/well-being

developed by the University of Kansas School of Medicine – Wichita[3], is another multi-layered initiative geared at addressing employee health and worksite wellness. In 2022, Newtown University joined the list by implementing the Newtown Optimal Wellness (NOW) initiative, which aims to establish and maintain a culture that fosters health, safety, and well-being for employees through data-driven and evidence-based efforts. These initiatives reflect a broader trend in higher education to address wellness holistically, recognizing that the health of administrators, faculty, and staff is vital to the overall success and resilience of academic institutions.

Dr. Elizabeth Ablah, lead researcher at WorkWell KS, the absence of leadership support and inadequate resources are two primary reasons why most workplace wellness programs either fail to achieve their objectives or fail entirely (Ablah et al., 2020). This suggests that the way in which higher education administrators perceive and conceptualize wellness within the context of the workplace profoundly influences institutional policies, practices, and initiatives. Their understanding of wellness not only shapes how such efforts are designed and implemented but also informs how they view their own roles and responsibilities in fostering a healthy organizational culture. The perceptions and engagement of administrators in promoting workplace wellness and ensuring the success of wellness initiatives are therefore critical. Understanding how leaders conceptualize wellness, both personally and professionally, has significant implications for institutional effectiveness, employee well-being, and the sustainability of wellness-centered leadership within higher education.

[3] https://www.kumc.edu/workwell-ks.html

Background of the Study

Workplace wellness has become a strategic imperative for higher education institutions. Faculty, staff, and administrators are increasingly expected to meet rising performance and productivity demands, sometimes at the expense of their mental and physical health and well-being. In recent years, employees across the higher education sector have reported a range of workplace challenges, including elevated levels of occupational stress, leadership strain, burnout, work-life imbalance, and the prevalence of chronic lifestyle diseases (Amaya et al., 2019; Rock, 2024). The COVID-19 pandemic further amplified these challenges, revealing widespread vulnerabilities in institutional support systems and intensifying the need to prioritize wellness within academic settings (Corpuz, 2023). In response, many institutions have expanded their employee wellness strategies to include formalized initiatives such as EAP services, campus-based physical and mental health programs (Watkins et al., 2021), and comprehensive organizational wellness programs like the NOW initiative at Newtown University (NOW@NU).

While higher education workplace wellness programs demonstrate a growing institutional commitment to employee wellness, they are only as effective as the leadership practices and institutional culture within which they operate. Higher education administrators, therefore, play a pivotal role in promoting employee wellness and cultivating supportive environments that adequately address the holistic needs of employees. Through their decision-making, communication, and leadership styles, they directly influence employee morale, work-life balance, and organizational climate (Pfeffer, 2018). At the same time, administrators themselves are not immune to the pressures of the higher education workplace. As Aloka (2022) puts it, the demands placed on administrators are often compounded by institutional politics, limited resources, and a lack of personal support, leading to burnout, stress, compromised physical and

mental health, and diminished leadership capacity. This, in turn, can impact both leadership effectiveness and the success of otherwise well-intentioned wellness initiatives (Maulik, 2017; Zhart, 2018).

Recent research on leadership and wellness underscores this gap. Studies examining leadership's role in developing a healthy workforce either exclude higher education (C. Black, 2021; McCart et al., 2022) or focus only on employee engagement and job satisfaction (Brownlow, 2025; Richemond & Needham, 2020). Similarly, research focusing on administrator health and well-being tends to center on leadership in K-12 educational institutions (Hunte, 2023). Meanwhile, higher education leadership studies tend to be more general in scope and not focused on workplace wellness (Amey, 2010; Bryman, 2008), or those that do tend to focus on specific leaders like presidents (Duderstadt, 2010; Hertneky, 2010; and Novak, 2014). Although Brownlow's (2025) research on the views of higher education administrators regarding employee engagement and job satisfaction through wellness initiatives is likely the most comparable in scope to this study, a significant difference is found in her method of categorizing wellness initiatives. Rather than a comprehensive strategic initiative like NOW or WorkWell KS, she identifies programs like stress relief workshops, fitness sessions, and other specific impact programs as wellness initiatives. While these may be part of a broader overarching strategic wellness initiative, this study focuses on such institution-wide strategic wellness initiatives because of their potential for broader institutional impact.

In calling for further research, Corpuz (2023) emphasizes the need to examine specific aspects of well-being within the university workplace, particularly the role of leaders in fostering supportive environments and a culture of wellness. This study directly responded to that call by exploring how higher education administrators at one institution conceptualized workplace

wellness and perceived their responsibilities in leading and sustaining these efforts. Understanding how administrators approach workplace wellness is critical for the efficacy of institutional wellness programs and initiatives. This encompasses not only how they prioritize, support, and implement wellness initiatives for their employees, but also how they navigate and manage their own well-being in the workplace. Furthermore, leadership buy-in is essential for the effective implementation and sustained success of workplace wellness efforts and initiatives (Ablah et al., 2020). How administrators view their roles and responsibilities in addressing workplace wellness can significantly influence not only the programs and initiatives implemented, including resource allocation and the level of institutional support they receive, but also shape the organizational culture and determine how wellness is embedded into institutional practices and policies. This ultimately influences the overall employee experience and institutional success, thereby contributing to the literature on how these leaders, as adult learners, acquire knowledge, evolve, and advance as leaders in the higher education workplace.

Statement of the Problem

"The person who you report to at work is more important to your health than your family doctor." This compelling statement by Bob Chapman (2017), a sought-after leadership expert and CEO of Barry-Wehmiller Companies, highlights the profound impact of today's leaders on the health and well-being of employees within their organizations. In the higher education workplace, increasing rates of occupational stress and other factors that negatively impact employees' physical and mental health (Aloka, 2022), make addressing workplace wellness a matter of paramount importance. Amaya et al. (2019) sounded a call to action for academic institutions to be more intentional in creating a culture of wellness. The COVID-19 pandemic

amplified that call, and Corpuz (2023) echoed the sentiments, urging University administrators to take bold and decisive action in that effort.

This case study investigated a research gap regarding administrators' perceived roles in promoting workplace wellness within a higher education institution. Specifically, I conducted the study to investigate these concepts at Newtown University, where several institutional efforts have been implemented, including the Newtown Optimal Wellness (NOW) initiative which has been instituted for the past three years. The following section provides a brief overview of NU, the NOW@NU initiative, and other select wellness efforts at the institution.

Overview of NU

Newtown University (NU), a pseudonym, is one of seven campuses within the University of Grand Bay (UGB) System (also a pseudonym). Located in the heart of Newtown, NU is a vibrant urban university, home to 12,800 students. The university employs 942 full-time staff and 758 full-time faculty across six colleges. According to NU's homepage, its vision, mission and values are centered on engaging students, driving change, and inspiring the community.

As part of NU's strategic plan in the area of responsible stewardship, the university has committed to ensuring the sustainability of the institution and the vitality of its community members by developing and implementing a comprehensive campus community health and wellness plan. In pursuit of this goal, the university has established and expanded a range of resources, programs, and initiatives aimed at strengthening its overall health and wellness infrastructure. Wellness-related programs and resources designed to support employees are offered through several campus departments and offices including the Wellness Center, Human Resources, the Office of Mediation, the Office of Civil Rights Compliance, the Office of Title IX Compliance, the Office of Public Safety, and the Newtown Optimal Wellness (NOW) initiative.

In response to data collected in 2021 that revealed ongoing worker health, safety, and well-being challenges post COVID-19, and in an effort to transform NU into a Bay Area employer of choice, the NOW initiative was launched in September 2022, as a comprehensive transdisciplinary approach to addressing workplace challenges at the university. By integrating the US Surgeon General's framework for worker well-being (Office of the U.S. Surgeon General, 2022), and the IGLOO model of multilevel effects (Nielsen et al., 2017), the NOW initiative sought to create a holistic strategy for improving the employee experience and institutional resilience. The framework offers an expanded view of the Total Worker Health model developed by the National Institute for Occupational Safety and Health. This model integrates individual and group health, safety, and well-being, alongside the concept of organizational health, which is characterized by resilience and adaptability.

Purpose Statement and Research Questions

This case study examined NU administrators' perceptions of wellness in relation to their roles and responsibilities in advancing workplace wellness at the institution, with particular focus on how the institution's wellness initiatives and programs have shaped their approach to this issue. The following research questions guided the study:

1. What are NU administrators' perceptions of workplace wellness at the institution and how do NU administrators define wellness?
2. What are NU administrators' perceptions of their roles and responsibilities in addressing workplace wellness at the institution?
3. What insights have NU administrators gained about workplace wellness through their engagement with institutional wellness initiatives?

Theoretical and Conceptual Frameworks

The field of adult education offers valuable theoretical frameworks for understanding how administrators and leaders, as adult learners in higher education settings, perceive and conceptualize wellness within the workplace. Seminal theories such as Malcolm Knowles' (1970) theory of Andragogy and Jack Mezirow's (1978, 1991) Transformative Learning Theory (TLT) suggest that adult learners possess a wealth of prior experiences, beliefs, and values that influence their interpretation and response to wellness-related challenges and opportunities in the workplace. In their capacities as leaders, managers, and decision-makers, they engage in meaning-making through critical reflection, experiential learning, and continuous development, which are core concepts in several adult learning theories. Moreover, their capacity to model wellness behaviors, establish supportive environments for employees, and implement thoughtful, evidence-based policies are likely informed by their own learning processes and cognitive frameworks. Theoretical foundations from adult learning provide useful insights into how these individuals process information, engage in reflective practice, and ultimately operationalize wellness within the higher education workplace setting.

Through Transformative Learning Theory's (Mezirow, 1978, 1991) principles of critical reflection, dialogue, and perspective transformation, I was interested to learn about how disorienting dilemma experiences and reflections regarding wellness may have influenced or changed administrators' views and actions regarding workplace wellness. Transformative Learning Theory posits that adult learning involves a process of critical reflection that leads to a perspective transformation, where one changes their worldview or frame of reference. Mezirow (1978) postulates that through a 10-phase process of perspective transformation, which he later referred to as phases of meaning (Mezirow, 1991), adults make meaning of experiences through

critical reflection and discourse. This process begins with disorienting dilemmas, which refer to experiences that challenge existing beliefs, followed by a series of phases including critical self-examination, questioning prior assumptions, and ultimately reconstructing or transforming their perspectives. TLT emphasizes rational discourse, self-awareness, and reflection as central to personal and professional growth, making it particularly relevant to leadership development and wellness-centered practices in higher education administration.

Complementing Mezirow's theory, Herzberg's (1966) Two-Factor Theory offers valuable insights into the motivational aspects of workplace wellness. This seminal work, also known as the Motivation-Hygiene Theory, was originally developed by Herzberg et al. (1959), and was later expanded and refined by Herzberg (1966) to further explain the conditions that influence job satisfaction and dissatisfaction. Herzberg's theory posits that these two states stem from two distinct categories of factors: motivators and hygiene factors. Motivators, which include achievement, recognition, responsibility, career advancement, and the inherent value of the work, contribute to satisfaction and motivation when they are present. On the other hand, hygiene factors, such as salary, quality of supervision, company policies, and working conditions, do not inherently motivate employees but can lead to dissatisfaction if they are lacking. Within the framework of workplace wellness, this theory highlights the necessity of fostering meaningful work, autonomy, and recognition, while also ensuring equitable policies and supportive environments.

Together, Herzberg's (1966) motivation theory and Mezirow's (1978, 1991) transformative learning theory provided the theoretical foundation undergirding this study. While Mezirow offers a lens for understanding how administrators may experience cognitive and behavioral transformation through engagement with wellness initiatives, Herzberg's framework

helps explain the motivational dynamics that influence their satisfaction, engagement, and leadership behaviors related to workplace wellness.

In addition to TLT and Motivation-Hygiene Theory, the U.S. Surgeon General's Framework for Workplace Mental & Health & Well-Being (2022) and the IGLOO Model of Multilevel Effects (Nielsen et al., 2017), both of which were incorporated in NU's NOW initiative, also contributed to the conceptual foundation of this study. The U.S. Surgeon General's Framework for Workplace Mental Health & Well-Being (2022) acknowledges that workplaces play a significant role in people's lives and outlines five essential principles for fostering healthy and sustainable workplaces: protection from harm, connection and community, work-life harmony, mattering at work, and opportunity for growth. Grounded in the disciples of public health and organizational psychology, the framework emphasizes that workplaces can serve as catalysts for mental health and well-being and that employers and that leaders have both a duty and a unique opportunity to foster workplace environments where workers can thrive. It positions well-being not merely as the absence of illness but as a state of thriving that arises from equitable, empathetic, and purpose-driven work environments. Meanwhile, The IGLOO Model of Multilevel Effects, as described by Nielsen et al. (2017), frames workplace well-being through five interconnected tiers: Individual, Group, Leader, Organization, and Overarching context, each corresponding to a letter in the model's acronym. This model demonstrates that well-being is a systemic concept shaped by the interactions among these levels.

This study also incorporated Swarbrick's (2006) Eight Dimensions of Wellness model as part of its conceptual framework, offering a holistic lens for understanding wellness across multiple interrelated domains. This concept highlights that wellness is a dynamic and multifaceted process that requires balance across eight interconnected aspects of life: emotional,

physical, social, intellectual, occupational, spiritual, environmental, and financial wellness. Swarbrick's model advocates for a comprehensive understanding of well-being, suggesting that optimal functioning is achieved when individuals actively seek harmony and satisfaction in these domains. In a workplace setting, this model underscores the importance of addressing various aspects of the human experience to foster well-being.

The concept of wellness-centered leadership, as proposed by the American Medical Association (AMA), also provided a contextual lens for understanding leadership through a wellness perspective, which was critical for this research. This concept extends the traditional understanding of effective leadership by underscoring the responsibility of leaders to foster both their own well-being and that of their team members. It emphasizes three critical domains: awareness, alignment, and action, which collectively aid leaders in cultivating trust, psychological safety, and a shared sense of purpose. Wellness-centered leadership advocates for authentic engagement, empathy, and a systemic approach to mitigating burnout and enhancing workplace relationships. It positions leadership as both a personal self-care practice and a professional obligation to establish environments conducive to institutional wellness.

Combined, these theoretical and conceptual frameworks demonstrate that workplace wellness emerges from the interplay of individual experiences, intentional leadership, relational dynamics, and structural policies. Situated within the organizational context of the higher education workplace and the prevailing internal and external institutional environment, this study sought to provide a comprehensive view of workplace wellness from a leadership perspective, recognizing that leaders play an integral role in how these elements interact and influence employee well-being.

Significance of the Study

The significance of this study lies in its contribution to the limited body of research examining the impact of adult learners who serve as leaders and administrators in higher education on workplace wellness. With the growing importance of the need to address employee wellness at academic institutions (Travia et al., 2022), the role of administrators in fostering a culture of wellness has become increasingly critical. While the concept of wellness might seem like an obvious and inherent part of the workplace, it must be intentionally and deliberately addressed in order to be effectively achieved (Ablah et al., 2020). Otherwise, factors such as burnout, occupational stress, academic pressure, and work-life balance may persist, thereby adversely affecting employees' health and overall well-being (Aloka, 2022; Amaya et al., 2019; Rock, 2024). Workplace wellness cannot remain an abstract concept. It must be acknowledged as a strategic imperative due to its profound impact on employees, whether faculty, staff, or administrators, on the students they serve, support, and educate, and on the institution as a whole.

Building on the tenets of Transformative Learning Theory and Motivation-Hygiene Theory, this study proposed that administrators, as adult learners, engage in continuous learning through the development of awareness, reflective inquiry, and commitment to fostering wellness across all levels of the institution (Merriam & Bierema, 2014). By exploring how administrators understand their roles in addressing workplace wellness, this study sought to illuminate the values, assumptions, and practices that shape wellness culture in higher education and to identify opportunities for institutional growth and leadership development. As leaders, managers, and decision-makers, higher education administrators are uniquely positioned to have a substantial and lasting impact on workplace wellness. Understanding how they perceive workplace wellness and their roles and responsibilities in this area can offer valuable insights to inform institutional

policies and best practices; strategic interventions that may need to be implemented, discontinued, or sustained; leadership training to further support administrators in this effort; and other initiatives necessary to effectively address workplace wellness.

This study also bridges a critical gap between leadership wellness and employee wellness, demonstrating that administrators' personal approaches to wellness directly impact their leadership effectiveness and the institutional culture they foster (Bass & Stogdill, 1990). By examining the interrelationship between leaders and employees through the lens of workplace wellness, the research reveals how intentional, reflective, and wellness-centered leadership practices influence engagement, accountability, and organizational vitality within higher education. The findings underscore that wellness is not merely an individual pursuit but a systemic and relational process that requires alignment between personal wellness practices, leadership behaviors, and institutional policies.

Beyond its theoretical contributions, this study offers significant practical and policy implications. It provides institutional leaders and policymakers with evidence-based recommendations on how well-structured and comprehensive wellness programs can enhance organizational culture, improve morale, and elevate institutional performance. The findings underscore the potential for higher education institutions to intentionally integrate wellness into leadership development, employee performance goals and assessments, and strategic planning efforts. Furthermore, the study contributes to the growing body of research on workplace wellness by examining a relatively unexplored intersection of leadership development, adult learning, and employee well-being. The results affirm that maintaining workplace wellness in higher education is contingent upon cultivating leaders who not only manage but also embody

well-being, thereby highlighting the importance of wellness-centered leadership as a critical component of institutional success.

Definition of Terms

The following terms were used frequently throughout this study and are defined here for clarity and reference.

Administrators. Higher education administrators are essential in developing and executing institutional systems and frameworks that affect the environment in which faculty and staff operate, ultimately influencing student success (Gilmour & Sandilos, 2023).These individuals include chancellors or presidents, vice chancellors or vice presidents, associate and assistant vice chancellors or associate and assistant vice presidents, deans, department heads, executive directors, and directors holding leadership positions within the institution, and whose decisions and policies have a substantial impact on the organization's operations and culture.

Culture of Wellness. An environment where values, beliefs, attitudes, and behaviors that promote the holistic health and well-being of individuals are embraced throughout the institution through systematic strategies and intentional initiatives, thereby positively influencing both individual and institutional success.

Employee Well-Being. The state of having optimal physical and psychological health where an employee is thriving in their work environment (Helzer & Kim, 2019).

Employee Wellness. The holistic health and well-being of employees within the workplace.

Health. According to the World Health Organization (2020), health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Higher education. Academic institutions that engage in post-secondary education, primarily colleges and universities.

Leadership Wellness. The holistic health and well-being of employees with leadership, managerial, and administrative decision-making functions within the workplace.

Well-Being. According to the World Health Organization (2020), well-being is a positive condition in which an individual functions with an affirmed sense of purpose and meaning. It refers to the positive physical and psychological state of an individual's life and may be affected by the social, environmental, and economic circumstances surrounding them.

Wellness. Wellness is "a holistic integration of physical, mental, and spiritual well-being, fueling the body, engaging the mind, and nurturing the spirit" (*LiveWell@UMB*, cited in Stoewen, 2017, p. 861). Alexander and Tureen (2022) view it as "the practice of engaging in behaviors and actions that improve the mental, emotional, and physical state of individuals." (p. 7). A working definition of the term combines these interpretations with the perspective of the National Wellness Institute (2023), which suggests that wellness enables individuals to function optimally within their surroundings and considers the entire person, their environment, lifestyle, and education. Wellness, therefore, refers to the proactive engagement in practices and behaviors that enhance an individual's mental, emotional, and physical well-being, enabling them to function optimally within their surroundings.

Workplace Wellness. The holistic health and well-being of all employees within the context of the university workplace.

Limitations

The fundamental focus of the study was to examine administrators' perceptions of workplace wellness and how they addressed wellness within their organizational roles and leadership practices. Therefore, this study offers comprehensive insights into NU administrators' perceptions and approaches to workplace wellness. By concentrating on a single institution, the

study was able to explore administrator perspectives in depth, including their engagement with institutional wellness initiatives and efforts like the NOW initiative, which is currently being implemented exclusively at NU. Since this was a case study conducted at a single location, however, the findings are specific to this context and might not be generalizable to other institutional types or geographic regions. Nevertheless, the study aimed to provide insights relevant to institutions with similar organizational cultures or wellness initiatives, though the results are naturally limited by the unique context (Yin, 2018).

In addition, the sample size was limited to twelve administrators, which, while sufficient for qualitative depth (Creswell & Poth, 2018), may not capture the full spectrum of perspectives across different administrative levels, departments, or units throughout the institution. Moreover, the study did not stratify the sample according to variables such as age groups, gender, career stages, or professional backgrounds, despite the sample's relative diversity in these aspects.

Delimitations

This study did not include faculty or non-supervisory staff as participants, as the aim was to examine the conceptualization and approach from the perspective of institutional leaders. The study also did not incorporate quantitative measures of wellness outcomes or employee health metrics beyond a cursory overview of some trends revealed in the secondary data reviewed. Instead, it sought to understand subjective experiences and leadership perceptions through semi-structured interviews and document analysis. In addition, although wellness is a multifaceted construct, this study was limited to the workplace context and did not encompass student wellness. It also did not delve deeply into personal aspects of wellness beyond information that participants voluntarily shared or elements of personal well-being that directly influenced their employment experience.

Chapter Summary

This chapter provided a detailed introduction to the context of workplace wellness issues within higher education, the factors affecting employee and leadership wellness, and the importance of addressing workplace wellness as a strategic imperative for these institutions. It also provided background for this case study, including an overview of NU and its institutional wellness efforts, which are explored in more detail in subsequent chapters. The statement of the problem and the significance of the problem sections also highlighted the importance of focusing on leadership perspectives in addressing workplace wellness. In addition, these sections outlined several ways in which this study, guided by theoretical principles in adult learning and established wellness frameworks, contributes to existing literature related to workplace wellness and higher education leadership.

Chapter 2 presents a comprehensive review of the literature on key issues and emerging trends related to adult learners, workplace wellness, and leadership, with a particular focus on the context of the higher education workplace. It examines relevant adult education theories and applications to understanding and addressing adult learning and wellness in the academic workplace.

Chapter 2

Literature Review

This chapter offers a comprehensive review of literature that framed the study's focus and establishes the foundation for understanding adult learning and workplace wellness within the higher education context, alongside the theoretical and conceptual frameworks informing this research. It begins with an examination of relevant perspectives from adult learning and the role and impact of leadership through the lens of Mezirow's (1978,1991) Transformative Learning Theory (TLT) and Herzberg's Motivator-Hygiene Theory (Herzberg, 1966), highlighting their relevance to leadership development and wellness-centered workplace practices. This is followed by a thorough discussion of wellness from multiple perspectives, including a historical overview, an examination of wellness within the context of higher education, and a review of the key wellness frameworks that informed the study. The chapter concludes with a discussion of wellness-centered leadership, which further situates the research within its theoretical context and provides the foundation for interpreting the study's findings.

Adult Learning Theory Applications for Administrators Addressing Workplace Wellness

This section of the chapter provides an in-depth look at adult learning theory and applies applicable theoretical frameworks to examine the intersection between learning, leadership, and workplace wellness. The way in which administrators learn and understand wellness as a concept has a significant impact on how they address workplace wellness and the policies, practices, and initiatives that they espouse. This section begins with an understanding of administrators and leaders as adult learners as a precursor to discussing the theoretical foundation of the study.

Administrators as Adult Learners

Merriam and Brockett (2007) characterize adult education as "activities intentionally designed for the purpose of bringing about learning among those whose age, social roles, or self-perception, define them as adults" (p. 8). This definition implies that adulthood is not solely defined by chronological age but rather by a blend of developmental, social, and psychological factors that affect how individuals engage in learning. According to Jarvis (1992), learning "is of the essence of everyday living and of conscious experience; it is the process of transforming that experience into knowledge, skills, attitudes, values, and beliefs" (p. 11). Similarly, Merriam and Bierema (2014) suggest that social roles such as those of an employee, supervisor, parent, or community leader often shape how adults perceive themselves and the significance of learning in their lives. They further contend that lifelong learning embodies a continuous journey of creating meaning and adapting, where adults incorporate new insights and experiences into their personal and professional lives.

In the higher education setting, there are times when administrators, beyond the array of activities and daily routines of their positions, may need to unlearn, learn, and relearn things in order to adequately meet the demands of their jobs (Middlehurst et al., 2018). Not only are administrators regarded as lifelong learners, but they are also leaders who develop their leadership skills through continuous learning and adaptation in order to remain effective and responsive to the dynamic challenges and evolving needs of their institutions (Eddy & VanDerLinden, 2006).

The characterization of higher education administrators as adult learners is rooted in literature on leadership, professional development, and reflective practice, supported by adult learning theories (J. S. Black, 2000; Eddy & VanDerLinden, 2006). Many administrators also

demonstrate their dual roles as both leaders and learners through their participation in professional and leadership development programs, their pursuit of higher education and advanced degrees and credentials, and the ways in which they integrate new insights and innovative ideas into their work. Through participation in professional development activities such as workshops and conferences, certification programs, and engagement with professional networks and communities of practice, administrators learn best practices and keep abreast of current and emerging trends in their fields (Bryant & Kazan, 2012).

Literature and theories of adult learning and adult development offer a comprehensive lens to examine and understand how administrators internalize and embody their roles as learners through adult and continuing education. Adult education theories like andragogy, self-determination theory, and transformative learning theory emphasize the unique characteristics of adult learners and the ways in which they acquire new knowledge, skills, and attitudes that shape their professional growth and decision-making processes (Merriam, 2017). According to Knowles' theory of andragogy, adult learners are characterized by their self-direction, wealth of experience, goal orientation, and motivation driven by relevance (Knowles, 1989). Similarly, Deci and Ryan's (1985) self-determination theory emphasizes learner autonomy and intrinsic motivation and argues that adult learners achieve optimal learning outcomes when their fundamental psychological needs for autonomy, competence, and relatedness are fulfilled. These theories recognize that adult learners differ from children or adolescents in terms of their motivations, experiences, and learning processes.

Applying adult learning theories to the discussion of higher education administrators as adult learners highlights the significance of reflection, motivation, and context-specific knowledge acquisition. Through reflection, a critical component of adult learning, administrators

are able to examine their experiences, question underlying assumptions, and derive meaningful insights that inform future actions (Brookfield, 2006). With respect to motivation, Caffarella and Daffron (2013) suggest that some administrators may pursue knowledge and learning due to various intrinsic factors like self-improvement, pride in mastering new skills, curiosity, and finding a sense of purpose. Others may be more extrinsically motivated by opportunities for promotion or career advancement, compensation or rewards, compliance with job requirements, or the recognition or credibility their educational achievements afford. As it relates to context-specific and relevant knowledge acquisition, Miller (2023) proposes that effective leadership requires prioritizing what's relevant and acquiring the knowledge and competencies to address the areas of greatest need.

While higher education administrators often embody the role of adult learners, there are several factors that may prevent or hinder them from engaging in adult learning, particularly as they balance their learning with their professional responsibilities. Previous research indicates that professional roles and responsibilities can limit opportunities for continued learning and cites time constraints, scarce resources, and institutional pressures as contributing factors (Cervero & Wilson, 2001). Recent research also highlights limited resources, specifically financial resources, as a common barrier to adult learning for professionals (Merriam & Baumgartner, 2020). While some administrators may be able to take advantage of educational fringe benefits like tuition waivers, others may not have access to readily available resources to fund professional development learning activities like professional conferences, seminars, and certificate programs, especially when those activities require extensive travel or significant time commitments. Eddy and VanDerLinden (2006) add that an unsupportive institutional culture

where professional development is not prioritized may also inhibit administrators' ability to engage in continued learning.

Psychological and emotional barriers, such as pressing family needs, fear of failure, resistance to change, or a lack of confidence in one's ability to learn, can also prevent engagement in adult learning (Mezirow (1991). Individuals who feel apprehensive about learning or using new technology, for instance, may be impacted by such barriers. Additionally, contrary to the motivational factors discussed above, a lack of motivation, perhaps stemming from a lack of perceived value where the cost outweighs the benefits, or from having to balance competing priorities, may also prevent individuals from engaging in adult learning (Knowles, 1989).

Some of the obstacles and challenges that higher education administrators may face as adult learners may also present opportunities for innovation, creativity, and collaboration, however. For instance, faced with limited resources or the inability to travel for professional development conferences or programs, online learning may be an alternative means of connecting and participating in learning opportunities. Similarly, peer mentoring, resource sharing, and professional learning communities, whether formal or informal, provide flexible and accessible avenues for administrators to acquire relevant knowledge and skills. Furthermore, the integration of learning into daily administrative practices fosters a culture of continuous growth and improvement. According to Senge (1990), leaders who model continuous learning often create environments that encourage collective learning. By demonstrating a personal appetite for learning, administrators can influence institutional culture by inspiring and encouraging faculty, staff, and students alike to embrace learning as a shared value, thereby creating a learning organization. This alignment between individual and organizational learning also underscores the transformative role of administrators as learners and leaders.

Recognizing higher education administrators as adult learners has significant implications for their professional identity, development, and practice, as well as for institutional success. In embracing their role as learners, administrators can enhance their competencies, foster a culture of learning within their institutions, and drive meaningful organizational change. Continuous and lifelong learning also ensures that higher education leaders and administrators are well-equipped for effective leadership and able to navigate the evolving higher education landscape.

Administrators as Leaders

In a study of 1,515 university administrators, T. L. Morris and Laipple (2018) examined the relationships among leadership preparation, leadership skill, and job satisfaction. Findings indicate that the majority indicated that they needed some professional development to be more confident in their leadership preparation. They disclosed that they consulted with experienced colleagues, studied materials on management and leadership, attended seminars and workshops, and some even hired professional consulting services for guidance. These findings suggest that although they were all administrators in leadership positions, they relied on some form of formal or informal learning to improve their leadership competencies.

For Ruben and Gigliotti (2019), leadership is the "design and implementation of messages, strategies, processes, and structures in pursuit of social influence" (p.7). They also note that leaders need to be skilled in competence, communication, engagement, and collaboration in order to be successful. In higher education, it has been a long-standing tradition to appoint leaders who have achieved notable success in their academic or professional fields. As a result, most leaders in these institutions receive limited formal training in skills that go beyond their specific areas of expertise, however. According to Ruben and Gigliotti (2019), although this conventional approach to leadership has been effective for institutions throughout the 20th

century, it might be worthwhile to reconsider. Regardless of whether higher education administrators rise to leadership roles through the traditional faculty route or through non-faculty avenues, their success as leaders hinges on their ability to engage in continuous learning and development.

Kalargyrou and Woods (2009) argue that an administrator assumes the role of a leader not merely by virtue of their title or position, but through their ability to communicate effectively, manage conflict, influence institutional culture, and inspire and manage change with integrity, in alignment with organizational values and strategic priorities. (Bryman, 2008) adds that qualities like collaborative decision-making, treating people with fairness and consideration, trustworthiness, credibility, advocacy, having vision and conviction, and creating a positive and collegial work atmosphere were found to be effective leadership traits in an academic environment.

Some foundational adult learning theories also offer useful insight into how individuals develop leadership capacities, and what could distinguish a higher education administrator as a leader. According to Bandura's (1986) Social Cognitive Theory, people acquire leadership abilities by watching successful role models, enhancing their confidence and self-efficacy, and obtaining constructive feedback from others. Meanwhile, Kolb's (1984) Experiential Learning Theory, which emphasizes learning through a continuous cycle of experiencing, reflecting, conceptualizing, and experimenting, also provides a reasonable explanation of how administrators can learn and grow as leaders through practical experiences and reflections on their successes and failures. Drawing from these insights, higher education administrators, whether they are emerging or experienced, may be perceived as leaders due to their titles and

positions. However, their development and growth as leaders are influenced by their perceptions of their roles and responsibilities, as well as their decisions and actions.

Adult Learning and Development

As a field, adult education emerged in the mid-twentieth century as a specialized branch of education with various theories, models, sets of principles, and explanations of how adults acquire knowledge, skills, and meaning, whether in formal, work-based, non-traditional, or self-directed contexts (English, 2016; Merriam & Baumgartner, 2020). Adult learning theories address the unique needs, motivations, and life experiences that shape adult learners. They provide a comprehensive lens through which to understand how adults, such as higher education administrators, learn, lead, and adapt within dynamic institutional environments.

Theoretical Applications from Transformative Learning Theory

Jack Mezirow's (1978, 1991) Transformative Learning Theory, as the primary theoretical framework for this study, provides a thorough understanding of administrators as adult learners and leaders with the capacity to effect organizational change through their own perspective transformation. According to Mezirow (1991), "Transformative learning is the process of effecting change in a frame of reference" (p. 167). He explained that these frames of reference influence how people understand their experiences, and that transformation occurs when adults critically reflect on their assumptions to develop more comprehensive and integrative viewpoints. Dirkx (1997) contends that transformative learning involves altering or transforming one's understanding; and making sense of these changes constitutes development. Meanwhile, Merriam and Brockett (2007) state that "transformative learning is about change – dramatic, fundamental change in the way we see ourselves and the world in which we live" (p. 123).

Merriam and Bierema (2014) assert that Transformative Learning Theory (TLT), has become the most studied and documented adult learning theory since Knowles' theory of andragogy. Similarly, E. W. Taylor (2008) contends that it has replaced andragogy as the dominant educational philosophy of adult education. While andragogy has been critiqued for its broad assumptions and insufficient attention to the cognitive, emotional, and contextual processes involved in adult development (Merriam et al., 2007), TLT offers a substantial contribution to adult learning. This is accomplished by emphasizing the process through which adults engage in self-reflection, rational discourse, and perspective transformation (Mezirow, 1991; E. W. Taylor, 2008). For higher education administrators navigating leadership and wellness challenges, TLT provides a more comprehensive framework than andragogy alone, one that considers the complex interplay between personal development, organizational change, and transformative leadership.

Transformative learning theory is grounded in the constructivist paradigm, which posits that individuals develop their understanding and knowledge of the world through experiential learning, social interactions, and reflective practice. According to Mezirow (2000), learning can take place through either objective or subjective reframing. Objective reframing involves critically analyzing the assumptions of others, while subjective reframing focuses on critically reflecting on one's own assumptions. Humanist assumptions are also foundational to Transformative Learning Theory and stress the importance of individual and specific human needs, agency, notions of freedom, and autonomy (E. W. Taylor & Cranton, 2012). In developing the theory, Mezirow drew heavily from the humanist emphasis on the self, the potential for growth, development, and self-actualization, and the intrinsic potential of people to develop their capacities through reflection and learning (Merriam & Brockett, 2007).

Other influences in the development of the theory included Freire's 'conscientization', Kuhn's 'paradigms', and the concept of 'consciousness raising' in the women's movement, (Mezirow, 2000). Mezirow, who initially described transformative learning as a cognitive and rational process, first formulated the theory through a study involving 83 adult women who were returning to college to prepare for employment. He observed that their educational experiences often led to profound shifts in their self-concepts and worldviews. This process of perspective transformation, as Mezirow termed it, became the foundation of his theory.

Transformative learning involves individuals becoming aware of their own assumptions and perspectives that guide their thoughts and actions, understanding how these assumptions evolve, and assessing the impact of those changes. A key starting point in applying this theory is identifying and examining administrators' prior assumptions or perspectives about wellness in order to determine if and how those views have changed, as well as the factors that may have influenced such changes. According to E. W. Taylor (2009), experience, reflection, and dialogue are core elements of transformative learning. However, context, such as surroundings, background, time, and relationships, are important factors to consider.

Mezirow formulated a 10-step process for perspective transformation, which he later referred to as phases of meaning (Mezirow, 2000). The phases outlined below are sequential but flexible enough that they may not necessarily be experienced in a linear fashion:

- **Disorienting dilemma**: A learner undergoes an experience that has the potential to challenge or disrupt existing beliefs and assumptions. For administrators, a disorienting dilemma could be pivotal moments in their personal or professional life like an illness, a difficult situation in the workplace, or experiencing high stress, or a host of other events.

- **Self-examination, often accompanied by feelings of guilt or shame**: The learner experiences an emotional response to the dilemma, typically in a negative manner.
- **Critical assessment of epistemic, sociocultural, or psychic assumptions**: The learner questions their preexisting perspectives and how their belief or viewpoints have been challenged by the dilemma.
- **Recognition that one's discontent and the process of transformation are shared and that others have negotiated a similar change**: The learner realizes they are not isolated in their negative emotions, as others have gone through similar experiences and feelings, which provides a sense of connection and reassurance. This often occurs as a result of engaging in discourse with others, such as other similarly-situated administrators.
- **Exploration of options for new roles, relationships, and actions**: The learner explores alternate ways of thinking and begins the process of learning the new rules, roles, relationships, or actions that have emerged due to the initial dilemma.
- **Planning a course of action**: The learner takes charge of their own journey and starts envisioning a new future, one where they can benefit from the shift in perspective. They begin planning a course of action and the implementation of new perspectives or practices.
- **Acquisition of knowledge and skills for implementing one's plan**: The learner identifies what is necessary for success on their new journey and then acquires the requisite knowledge, skills, and strategies to initiate the changes. This may occur through professional development or training programs, consultation with supervisors or mentors, or collaboration with human resources practitioners.

- **Provision trying of new roles**: The learner starts to view themselves differently, adopting new identities and new roles and experiments with new behaviors and practices to test their transformed perspective. For instance, an administrator might adopt a more balanced approach to work and leadership by incorporating intentional self-care practices or engaging in regular check-ins with employees to foster well-being and connection.
- **Building of competence and self-confidence in new roles and relationships**: By acquiring new skills, the learner enhances their competence and boosts their self-confidence. For instance, an administrator who has committed to a wellness-centered leadership approach may begin consistently modeling healthy boundaries, delegating effectively, or engaging in open conversations about workload and well-being with their teams.
- **A reintegration into one's life on the basis of conditions dictated by one's perspective**: The perspective transformation process is complete when the learner fully incorporates the new perspective into their beliefs, behaviors, and identity, creating a lasting transformation that informs future decisions, interactions, and approaches to both personal and professional life.

Among the phases of Mezirow's (1991, 2000) comprehensive 10-step framework are several core concepts of TLT, specifically the disorienting dilemma, critical reflection, perspective transformation, and action, which are examined in more detail.

Disorienting Dilemma. According to Mezirow (1991), transformative learning begins with the disorienting dilemma, which is a foundational concept that prompts critical reflection and the subsequent process of process transformation. Often characterized as a triggering event, a disorienting dilemma can include personal crises, professional challenges, cultural phenomena,

or new learning experiences. These events often create cognitive dissonance, where an individual's existing beliefs conflict with new information or experiences, and in turn trigger emotional discomfort which motivates individuals to engage in reflection and seek resolution (Brookfield, 2000). The dilemma often serves as a catalyst for change, whereby the individual is forced out of their figurative comfort zones, and prompted to question their assumptions, which is where the transformative learning process essentially begins (E. W. Taylor, 2008).

In the case of higher education administration, leaders may encounter dilemmas when faced with workplace wellness issues that highlight discrepancies between their personal values and the institution's practices. For instance, they might realize that while they often urge staff to prioritize self-care, they seldom demonstrate it themselves. Similarly, dealing with burnout, managing an employee in crisis, or navigating organizational changes can lead to a reevaluation of long-standing beliefs about productivity, leadership, and balance. These challenging moments can motivate administrators to critically examine their behaviors and assumptions, fostering a shift towards more wellness-focused and empathetic leadership approaches.

Critical Reflection. A cornerstone of TLT is critical reflection, the process by which learners analyze and question their existing beliefs, values, and assumptions to identify biases and inconsistencies (Mezirow, 1991). This reflective process allows individuals to determine whether their existing mental frameworks are serving them effectively in the context of new experiences and challenges. This process fosters self-awareness, adaptability, and openness to alternative perspectives. Critical reflection can be further classified into three forms. The first is content reflection, which focuses on what is being experienced or thought. For example, an administrator might reflect on a recent campus wellness initiative and consider what aspects of the program felt most or least effective. The second is process reflection, which examines how

one engages with a problem or situation. An administrator may evaluate how they responded to employee burnout or how they facilitated a difficult conversation about workload or support. Finally, premise reflection involves questioning the underlying assumptions or beliefs shaping one's interpretation of a situation (Brookfield, 2000; E. W. Taylor, 2008). In practice, this might involve an administrator challenging long-held beliefs about productivity, leadership, or the boundaries between personal well-being and professional success.

Perspective Transformation. Perspective Transformation is considered to be the central concept in Mezirow's (1991) Transformative Learning Theory, and it is the process by which adults critically reflect on and revise their deeply held beliefs, assumptions, and worldviews. In fact, it was in a 1978 article entitled 'Perspective Transformation' that Mezirow first introduced the concept of transformative learning to the field of adult education (Mezirow, 2000). Essentially, a perspective transformation unfolds as individuals critically reflect on their existing beliefs, assumptions, and values, and gradually embrace newer and more inclusive perspectives. According to Mezirow (1991), a perspective transformation takes place "through reflection and critique of specific presuppositions upon which a distorted or incomplete meaning perspective is based and then transforming that perspective through a reorganization of meaning" (p. 94). This process is further supported by dialogue and discourse, allowing learners to explore alternative viewpoints and validate new perspectives (Mezirow, 2000).

In practice, such reflection and dialogue might take place when an administrator notices patterns of overwork, unfair distribution of tasks, or a disconnect between the institution's goals and staff well-being. By engaging in conversations with peers, the administrator challenges their assumptions about leadership, efficiency, and productivity, realizing the need to practice more balance, empathy, and care for oneself and others. This shift in perspective leads to embracing a

more inclusive worldview, which is then integrated into actions such as advocating for work-life balance, ensuring open communication, and making wellness a core institutional value (E. W. Taylor, 2008).

The notion of perspective transformation is akin to the Idea of *disjuncture* introduced by Jarvis (1987). He suggests that transformation takes place when a person experiences a disjuncture, or an experience that is disorienting, and subsequently reflects on their fundamental assumptions, beliefs, and frames of reference. This transformation process unfolds across three dimensions: psychological (alterations in self-understanding), convictional (modifications in belief systems), and behavioral (changes in lifestyle) (Clark & Wilson, 1991).

Action and Integration. The action component of Transformative Learning Theory is essential. This is where individuals apply their newly acquired perspectives, beliefs, or worldviews to real-world contexts. This stage is crucial as it demonstrates the integration of transformative learning into one's life through behavioral changes or decision-making (Mezirow, 1991). Action can take various forms, ranging from small personal changes like adopting new wellness-centered leadership practices to larger social or organizational reforms such as revising policies to promote flexible work arrangements or equitable workload distribution. Mezirow (2000) emphasizes that action is not merely an abstract or internal realization but a tangible step toward implementing the newly acquired perspectives and understanding in one's daily life, work, or relationships. E. W. Taylor (2008) notes that action also reinforces transformative learning by providing opportunities to test, refine, and fully embody the new perspective, thereby completing the cycle of learning and growth.

Transformative Learning Theory is a robust and versatile framework for analyzing complex personal and professional development. As a theoretical framework, Cranton (1996)

endorses professional development as transformative learning and supports practical and personal approaches that are self-directed, reflective, and transformative. Grounded in Mezirow's (1991) foundational work, TLT emphasizes the critical evaluation of assumptions, engagement in dialogue, and the experience of perspective shifts in response to disorienting dilemmas or significant life events. Its efficacy lies in its ability to encapsulate profound learning that transcends mere skill acquisition, encompassing transformations in worldview, identity, and behavior. This renders it especially valuable in leadership research, where personal growth and reflective practice are pivotal for effective decision-making and institutional transformation.

Battin (2017) employed TLT to investigate how higher education leaders modified their perspectives while addressing student drug abuse, illustrating how leadership responses are shaped through reflective experiences. Similarly, White et al. (2024) examined how transformative learning processes foster long-term well-being in college students, linking wellness outcomes to belonging, agency, and purpose. In the workplace context, Chow et al., (2024) demonstrated how transformative learning influenced the development of professional identity in medical trainees in residency programs. Additionally, in studying leadership development and learning, Rahaman (2013) used TLT to explore how and what senior leaders from a government agency learned while participating in an action learning process. These studies underscore TLT's significance and applicability in contexts where adaptive leadership, personal insight, and cultural transformation are critical outcomes. Consequently, TLT provides a comprehensive lens for exploring how higher education administrators understand and promote wellness for themselves and their institutions.

Limitations of Transformative Learning Theory. While Mezirow's (1978, 1991) TLT has made significant contributions to understanding adult learning and the field of adult

education, it has notable limitations and has faced several critiques from various scholars. One of the most significant criticisms is that it places an overemphasis on critical reflection and rational discourse as the principal mechanisms for change. In his seminal article, "Building upon the Theoretical Debate: A Critical Review of the Empirical Studies of Mezirow's Transformative Learning Theory," E. W. Taylor (1997) conducts a critical analysis of 39 empirical studies to evaluate the practical application of Mezirow's Transformative Learning Theory (TLT). He notes that despite Mezirow's emphasis on rational critical reflection, empirical evidence suggests a broader range of influences on transformative learning. These include emotional experiences, relational dynamics, and contextual factors such as culture and institutional environments. He also emphasizes that non-rational ways of knowing, like intuition, are equally important in the transformative process.

Dirkx (2001) contends that transformative learning encompasses not only a logical process but also involves emotional and imaginative elements. Moreover, critics argue critical reflection may not always lead to transformation, and that other forms of learning, like experiential or relational learning, can also be transformative (E. W. Taylor, 1997). Boud et al. (1985) propose that for transformation to take place, reflection should encompass emotional and experiential aspects in addition to critical analysis. Meanwhile, Brookfield (2000) challenges the assumption that individuals always have the cognitive ability, confidence, or willingness to participate in rational discourse, especially in oppressive or unequal power structures where open dialogue may not be possible.

Another critique of transformative learning theory is that it is too psychological, focusing heavily on the individual rather than society at large (Tennant & Pogson, 1995). The theory is perceived as having a cultural bias toward Western individualism that overlooks the often

communal and collectivistic ways of learning prevalent in non-Western cultures like African and Indigenous communities (Merriam & Ntseane, 2008). Critics emphasize the need to expand the theory to include emotional, social, and non-cognitive dimensions of learning, and to consider diverse cultural contexts. E. W. Taylor (1997) and Dirkx (2001) also argue that disorienting dilemmas, as originally proposed by Mezirow, are not the sole catalysts for transformation, and that various life experiences can trigger shifts in perspective.

Over time, Mezirow addressed some of the criticisms of his theory and refined its application to incorporate new dimensions. While his initial work emphasized critical reflection as the core of transformation, he began to acknowledge the importance of contextual and social dynamics in shaping transformative learning, highlighting the role of learning through dialogue and gaining different perspectives (Mezirow, 2000). Similarly, while rational discourse remained a fundamental aspect of transformative learning theory, Mezirow (1998) expanded the role of emotions, intuition, and imagination in facilitating transformation, viewing them as complementary to critical reflection. He also contends that critical reflection and discourse develop more inclusive and integrative worldviews (Mezirow, 2000).

This theory is particularly applicable in professional settings where leaders are challenged to reassess workplace culture, conditions, and policies to foster meaningful change. By emphasizing critical reflection, perspective transformation, and action, transformative learning theory provides a structured approach for understanding how higher education administrators can evolve their leadership practices and wellness strategies to create more supportive and adaptive environments (E. W. Taylor, 2008). As a dynamic and interdisciplinary model, it remains a powerful tool for analyzing adult learning and professional development in organizational contexts.

Theoretical Applications from Herzberg's Two-Factor Theory of Motivation

Building on the transformative potential of TLT, it is also important to explore how leadership decisions informed by transformed perspectives can directly influence employee well-being. One particularly relevant framework for understanding this connection is Herzberg's Two-Factor Theory of motivation, which offers a foundational perspective on the structural and psychological factors that lead to employee satisfaction or dissatisfaction. As a widely recognized need-based theory of motivation with significant practical relevance to workplace contexts, Herzberg's (1966) theory remains applicable to contemporary organizational settings despite having been introduced over 60 years ago (Artaya et al., 2021). While TLT emphasizes the internal perspective transformation of the administrator, Herzberg's framework complements this by guiding the action and reintegration stages of TLT, helping to clarify the external conditions and actions administrators can implement to foster supportive and engaging work environments that promote a culture of wellness.

Need-based theories of motivation propose that human behavior is influenced by the drive to satisfy various needs. In this context, Herzberg's Two-Factor Theory presents a dual structure of workplace motivation. According to Badubi (2017), motivation is central to achieving organizational goals, and its absence can lead to serious challenges such as depression, burnout, and employee turnover. He also emphasizes that motivated employees are more likely to experience job satisfaction, a finding that aligns with Kumar and Singh (2011), who argue that employee satisfaction or dissatisfaction is shaped by the perceived ability of an organization to meet individual needs.

Herzberg et al., (1959) distinguish between "motivators" and "hygiene factors" suggesting that they have different impacts on employees in the workplace. Motivators, which

include factors like achievement, recognition, responsibility, advancement, and the nature of the work itself are linked to intrinsic aspects of the job and contribute directly to positive attitudes and performance. While their presence enhances job satisfaction, their absence does not necessarily cause dissatisfaction. Conversely, hygiene factors, such as salary, supervision quality, organizational policies, interpersonal relationships, and working conditions, do not increase satisfaction when present, but their absence results in dissatisfaction (Herzberg, 1966).

Employee dissatisfaction associated with hygiene factors can lead to decreased motivation, reduced productivity, and increased turnover. Alshmemri et al. (2017) highlight that ineffective leadership, unclear policies, lack of transparency, and insufficient delegation of authority can all act as sources of dissatisfaction. These conditions, which all trace back to the impact of leadership within the workplace, represent another reason why the Motivator-Hygiene Theory was a suitable choice for this study's theoretical framework. Other negative contributors to employee dissatisfaction include inadequate compensation, poor relationships with colleagues and supervisors, and less than ideal physical work environments (Alshmemri et al., 2017; Badubi, 2017). Herzberg referred to these as "maintenance" factors, underscoring their role in sustaining baseline satisfaction (Herzberg, 1966). Badubi (2017) also notes that maintenance needs are continuous and require ongoing attention from leaders to prevent dissatisfaction.

Herzberg's theory provides important insights into health and wellness in the context of higher education workplaces. The motivators are closely aligned with Swarbrick's (2006) Eight Dimensions of Wellness, particularly the occupational, intellectual, and spiritual aspects of wellness. Likewise, the hygiene factors relate to the emotional, social, financial, physical, and environmental dimensions of wellness. Aloka (2022) supports these connections in his research on workplace wellness among academic staff. Recognizing the relationship between Herzberg's

(1966) factors and workplace wellness can help administrators develop strategies that reduce dissatisfaction and increase satisfaction. By differentiating between these two categories, leaders can create systems that not only enhance productivity but also cultivate an environment where employees feel healthy, secure, appreciated, and meaningfully engaged (Aloka, 2022).

These insights can be practically applied to guide leadership actions that promote wellness at all institutional levels. As Corpuz (2023) suggests, administrators can implement transparent policies, offer leadership training focused on emotional intelligence, and establish clear communication channels that affirm employee well-being. Additionally, they can ensure competitive compensation, provide growth opportunities, foster collegiality, and maintain safe, accessible, and adaptive work environments. The Motivator-Hygiene Theory ultimately encourages administrators to look beyond their managerial duties and view their role as an opportunity to cultivate an organizational climate grounded in meaning, purpose, and holistic well-being. For higher education administrators who have experienced a perspective shift through TLT, this model offers a pathway to translate internal transformation into sustained organizational practices that support workplace wellness in all its dimensions.

Limitations of Herzberg's Two-Factor Theory of Motivation. Despite the usefulness and widespread adaptation of Herzberg (1966) Two-Factor Theory, however, it has drawn its own share of criticism. Concerns were raised by Opsahl and Dunnette (1966) regarding its research methodology and conclusions, noting its failure to establish a direct causal link between job satisfaction and performance. Additionally, it has been suggested that the theory employs broad and unsupported generalizations based on limited and specialized sample groups, and there is a lack of evidence demonstrating that factors identified as satisfiers actually enhance productivity. Golshan et al. (2011) also point out that the theory does not clearly differentiate

between physical and psychological aspects of work, potentially oversimplifying the complex nature of job satisfaction. Another criticism is that the theory does not provide a measurable scale to assess varying degrees of satisfaction and dissatisfaction, which could limit its practical application in evaluating employee attitudes. Finally, according to Badubi (2017), it presumes that all individuals respond similarly to specific factors and does not account for personal differences in motivation and satisfaction.

As a theory that explores employee motivation by addressing various human needs, Herzberg's (1966) Two-Factor theory provides a solid basis for understanding employee health and wellness within higher education. There is clear alignment between the motivators and the different dimensions of wellness, including physical, psychological, social, intellectual, occupational, and spiritual as discussed by Aloka (2022). While it differentiates between hygiene factors that prevent dissatisfaction but do not necessarily enhance satisfaction, and motivators that actively foster satisfaction and motivation, it supports the notion that certain fundamental health and wellness needs should be addressed in the workplace. It also stresses the importance of administrators understanding, recognizing, and addressing these needs in order to boost motivation and performance in the workplace.

A Review of Literature on Wellness

This section offers a thorough discussion of different aspects of wellness beginning with a historical overview of the concept and transitioning to an examination of wellness within the context of higher education before concluding with a review of the key wellness frameworks that informed the study.

Historical Overview of Wellness

"Wellness... there's a word you don't hear every day. It means exactly what you think it means—the opposite of illness." This was how journalist Dan Rather introduced a 1979 segment of the television program *60 Minutes*, where he reported on what was then an emerging health phenomenon (Rather, 1979). He continued, "It's a movement that is catching on all over the country among doctors, nurses, and others concerned with medical care." Today, more than forty-five years later, wellness is indeed a word one might hear almost daily. The concept of wellness, popularized by Dr. Halbert L. Dunn, often referred to as "the father of the wellness movement" (Blei, 2017), has undergone significant evolution over time, becoming a prevalent theme across various fields like healthcare, fitness, finance, and education. According to the Global Wellness Institute (2010), a nonprofit organization focused on promoting health and wellness worldwide and recognized as the leading source for authoritative wellness industry research, wellness is a modern concept that has gained increasing popularity since the 1950s, 1960s, and 1970s (Global Wellness Institute, 2010).

Defining Wellness

The concept of wellness is believed to have originated from the World Health Organization's holistic definition of health as "a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity" (World Health Organization, 2020, p. 1). According to Foster and Keller (2007), many interpretations of wellness build on this central concept, including Dunn's (1977) view of wellness as "a positive state beyond simply non-sickness," and his emphasis on its integrated "equilibrium between mind, body, and environment" (p.10). Renger et al. (2000) also highlight the environmental component of wellness and the important impact of one's surroundings. Several early 21st century authors and

scholars also focus on the concept of body, mind, and spirit in their definitions of wellness (Myers et al., 2005; Rickhi & Aung, 2006; M. Smith & Kelly, 2006).

Despite its widespread use, the lack of a standardized definition of wellness has led to varied interpretations and applications. It is no longer regarded as just the opposite of illness, as Dan Rather intimated in 1979, but defining the term has not been an easy feat. This ambiguity, as noted by Foster and Keller (2007), presents challenges for researchers and practitioners attempting to study or implement wellness-based interventions. Similarly, Corbin and Pangrazi (2001) assert that the lack of clarity in definition can hinder the development of a robust scientific foundation for wellness-related research. Nevertheless, despite its ambiguity, the term continues to resonate with individuals and organizations alike, often evoking positive connotations of optimal health, harmony, and vitality.

Dunn (1961) introduced the concept of "high-level wellness", which he defined as "an integrated method of functioning, which is oriented toward maximizing the potential of which the individual is capable" (p. 4). The Global Wellness Institute (2010) defines it as "the active pursuit of activities, choices, and lifestyles that lead to a state of holistic health." (para. 2). Similarly, Alexander and Tureen (2022) describe it as "the practice of engaging in behaviors and actions that improve the mental, emotional, and physical state of individuals" (p. 7). For Foster and Keller (2007), wellness is conceptualized on a continuum rather than a static one-dimensional condition. They emphasize its holistic and multifaceted nature and incorporation of key dimensions, including physical, emotional, psychological, social, intellectual, spiritual, occupational, and environmental attributes. Stoewen (2017) similarly describes wellness as "a holistic integration of physical, mental, and spiritual well-being, fueling the body, engaging the mind, and nurturing the spirit" (*LiveWell@UMB*, cited in Stoewen, 2017, p. 861), and prefaces

this definition with the statement that wellness is much more than the physical aspects of health like nutrition, exercise and weight management.

It is worth noting that the terms health and well-being are often associated or even used synonymously with wellness. While some scholars and practitioners use them interchangeably (Gómez et al., 2021), they are often seen as interconnected and complementary, yet distinct concepts. Jonas (2005) distinguishes between health and wellness, stating that "health is a state of being, whereas wellness is a process of being" (p. 2), while according to a popular quote attributed to Stanford (n.d.), “health is a state of body, whereas wellness is a state of being” (as cited in Appleby, 2023, para. 2). Meanwhile, Simons and Baldwin (2021), define well-being as “a state of positive feelings and meeting full potential in the world” (p. 990), while Bautista et al. (2023) view wellness as “a multifaceted construct that is used across disciplines to portray a state of wellness, health, and happiness” (p. 1). Within the context of this discussion, like Gómez et al., (2021), the terms wellness and well-being are used interchangeably throughout the paper to refer to being in a state of holistic health, well-being, and balance.

The Evolution of the Wellness Movement

The concept of wellness has roots dating back to ancient civilizations and practices, like Ayurveda in India, and Traditional Chinese and Greek Medicine, which emphasized a harmonious balance between the mind, body, and spirit (Elendu, 2024). According to the Global Wellness Institute (2010), 19th century intellectual movements, religious philosophies like Christian Science, and alternative healthcare practices like homeopathy, osteopathy, and naturopathy in the United States and Europe also laid the groundwork for the modern wellness movement. Many of these practices promoted natural living, self-healing, and preventive care,

and emphasized the body's innate ability to heal itself, drawing a causal connection between mental and physical health.

Following the end of World War II, the modern wellness movement began to take shape as society's health needs began to change. According to Seaward (2002), due to medical and technological advances in vaccines and antibiotics, the threat of deadly infectious diseases lessened significantly, while chronic lifestyle diseases like heart disease, diabetes, and cancer, associated with numerous stressors in life and the workplace, became the primary health concerns. This time period saw a resurgence in the holistic notion of health encompassing the mind, body, and spirit. Over the next two decades, the concept of wellness gained popularity and credibility, and the world's first wellness center was opened in 1975 by Dr. John Travis in Mill Valley, California. Dr. Mill was influenced by Dr. Halbert L. Dunn, whose viewpoints prompted a redefinition of health by encompassing more than just the absence of disease or illness, laying the foundation for future wellness models that incorporated mental, emotional, and social dimensions. Dr. Travis also developed the Wellness Inventory, a comprehensive assessment tool designed to evaluate an individual's well-being across multiple dimensions (Travis, 1977).

By the 1970s and 1980s, the wellness movement gained further traction through the work of various researchers. Ardell (1977), expanding the work of Dunn (1961), understood wellness to be a process for healthy living. He argued that a proactive approach to mental engagement, nurturing one's physical well-being, harnessing positive energy, and fostering relationships with others are vital aspects of wellness, along with the pursuit of meaning and purpose in life (Ardell, 1977). Travis (1977), another prominent wellness thought-leader, developed the Illness-Wellness continuum as an assessment tool for determining an individual's level of wellness awareness, which coincided with an increased likelihood for positive health indicators. Similar to his

contemporaries, Hettler (1980) emphasized individual responsibility as a major contributor to wellness and the notion that individual behaviors could impede or promote wellness in its different dimensions. He was also credited with developing the widely adopted six-dimensional model of wellness which included physical, emotional, intellectual, spiritual, social, and occupational aspects. This model highlighted the intersection between life domains and the importance of personal responsibility, environmental context, and self-actualization (Mareno & Shadle James, 2010).

The wellness movement has continued to evolve in the 21st century; and based on a 2021 McKinsey study of 7,000 people in six countries, 79 percent believed wellness was important, and 42 percent considered wellness their top priority (McKinsey & Company, 2021). Influenced by the rise of integrative medicine, social determinants of health, a growing body of wellness literature, and cultural definitions of well-being, wellness trends are expected to continue to rise (Myers & Sweeney, 2005; Swarbrick, 2006). Moreover, the wellness movement has evolved into a booming industry, characterized by high grossing personal care, beauty, nutrition, weight loss, and travel sectors (Grossberg, 2022). According to the Global Wellness Institute Economy Monitor, the global wellness economy has grown rapidly in the aftermath of the COVID-19 pandemic, reaching a peak of $6.3 trillion in 2023, with projections of reaching $9 trillion in 2028 (Global Wellness Institute, 2024).

Workplace Wellness

The evolution of workplace wellness reflects changing attitudes about the relationship between employee health and organizational performance, as organizations increasingly recognize the potential for comprehensive health promotion programs to impact both individual well-being and organizational outcomes. Early iterations of workplace health initiatives in the

1950s and 1960s narrowly focused on safety, primarily in manufacturing and industrial sectors, driven by regulatory concerns and the need to reduce workplace injuries (Hofmann et al., 2017). By the 1970s and 1980s, the scope of workplace wellness expanded to include stress reduction, smoking cessation, and fitness programs, often as part of Employee Assistance Programs (EAPs). This period marked the institutionalization of wellness in corporate America, which was marked by the Worksite Health Promotion Movement (WHP) and the Occupational Safety and Health Movement (Richemond & Needham, 2020). During that period, employers were also beginning to link wellness initiatives to reduced healthcare costs and increased productivity (Turk, 2018).

According to Goetzel and Ozminkowski (2008), the focus on workplace wellness continued to gain momentum in the 1990s and 2000s as research increasingly highlighted the reciprocal relationship between organizational performance and employee well-being. This period saw a shift toward more holistic, strategic wellness approaches incorporating elements of mental health, work-life balance, and preventive care. Employers began to implement health risk assessments, biometric screenings, and personalized health coaching, aiming to identify and address potential health issues before they escalated (Brownlow, 2025). The rise of technology also played a significant role, enabling the introduction of digital wellness platforms, wearable devices, and mobile apps that allowed for more personalized and engaging wellness interventions (Specker Sullivan & Reiner, 2021).

In recent years, workplace wellness has expanded to encompass broader considerations of employee well-being, including financial wellness, social connectedness, and purpose-driven work (C. Black, 2021). This evolution reflects a growing understanding of the interconnectedness of various aspects of an employee's life and their impact on overall health and

productivity. Influenced by positive psychology and organizational behavior research, organizations are increasingly adopting modern wellness programs aimed at fostering employee engagement and resilience and integrating wellness into their core business strategies as a key component to attract and retain talent (Brownlow, 2025). As the workforce becomes more diverse and the nature of work continues to change, particularly in light of remote and hybrid work models, workplace wellness programs are adapting to address new challenges and opportunities, emphasizing flexibility, inclusivity, and a more holistic view of employee well-being (Goetzel & Ozminkowski, 2008).

Wellness in Higher Education

The evolution of wellness in higher education mirrors a broader societal shift towards holistic and preventative health and well-being approaches. Emerging from the broader wellness movement which focused on proactive illness prevention and enhancing individual capacities for societal benefit (Witmer, 2012, as cited in Travia et al., 2022), the concept of wellness began to take root on university campuses in the latter half of the 20th century. A significant milestone occurred in 1977 with the creation of the first university wellness center at the University of Wisconsin–Stevens Point, guided by Dr. Bill Hettler's six-dimensional model of wellness (Hettler, 1980). This development led to the proliferation of wellness centers throughout the United States in the 1980s.

Initially, wellness services on college campuses were primarily geared towards students, concentrating on physical health and counseling, although there were some that also implemented structured employee wellness programs as well (Benson-Tilsen & Cheskis-Gold, 2017). These services functioned separately from academic programming and rarely interacted with institutional leadership or policy-making. However, by the 1990s, wellness began to align

more closely with student development theory. Institutions increasingly embraced a holistic approach to student success, focusing not only on academic performance but also on students' emotional, spiritual, and social growth and development (Chickering & Reisser, 1993). This marked a major change in viewing students as whole individuals whose well-being was central to learning and civic engagement.

In the early 2000s, wellness programs continued to expand, with institutions adopting more comprehensive models like the American College Health Association's Healthy Campus framework, which focused on holistic, community-wide strategies for well-being (ACHA, 2002). Institutions also became more cognizant of their role as social change agents in the health and wellness arena because of their increased research in these areas. According to Amaya et al. (2019), when higher education institutions lead in health and wellness innovation, their impact reaches beyond the campus, shaping broader societal norms and standards. Likewise, Alexander and Tureen (2022) stress that slow institutional response to wellness needs can have widespread societal repercussions, while proactive leadership can enhance not only institutional outcomes but also the health of the broader community.

Key milestones in the evolution of wellness in higher education have been marked by both national and international frameworks that redefined wellness as central to institutional missions. One such example is the 'Bringing Theory to Practice' BTtoP report which promoted the integration of well-being and civic engagement into the core identity of academic institutions (Bringing Theory to Practice, 2013). Another is the 2015 'Okanagan Charter', established at the International Conference on Health Promoting Universities and Colleges in Canada, which called for higher education institutions to incorporate health into all aspects of campus life and across the administration, operations and academic functions (Alexander & Tureen, 2022; Travia et al.,

2022). These frameworks helped shift the narrative from viewing wellness as a student service to embracing it as an institutional commitment.

In recent years, particularly in the wake of the COVID-19 pandemic, there has been a heightened focus on wellness programming, accompanied by a corresponding rise in innovations within wellness practices. Institutions have expanded wellness services and invested in infrastructure including mental health spaces, fitness centers, and campus wellness offices (Guiden, 2024). According to a survey by Inside Higher Ed and Hanover Research (2024), 70% of college and university presidents reported making strategic investments in wellness facilities and services. Leadership roles such as the Chief Wellness Officer (CWO) and Vice Chancellors or Vice Presidents responsible for campus wellness services have also been introduced on college and university campuses, reflecting a growing commitment to systemic approaches to wellness at the highest administrative levels (Reisser, 2024). These developments indicate a profound cultural shift where wellness is no longer regarded as a supplementary component of campus life but as a strategic imperative with measurable impact on student satisfaction, retention, and graduation outcomes (Sabir et al., 2022; Turner & Thompson, 2022).

Despite these advancements, however, the evolution of wellness in higher education has still primarily centered on student populations. According to Cheney et al. (2020, as cited in Alexander & Tureen, 2022), many institutions have neglected the wellness needs of faculty and staff. This narrow focus has begun to change in recent years, however, as more institutions recognize that the well-being of all campus community members is interconnected and essential for institutional success (Brownlow, 2025). While this broader inclusion will be explored further in the next section, it is evident that the wellness movement in higher education has evolved from a marginal issue to a central, strategic priority that is rooted in evidence, policy, and a

reimagined understanding of what it means to holistically support institutional constituents in academic environments.

Employee Wellness. According to Aloka (2022), for a long time, higher education institutions were seen as highly attractive and relatively low-stress work environments. The academic field was often praised for its secure tenure systems, reasonable workloads, flexible schedules, and opportunities for international travel through conferences and research activities. Additionally, the modern facilities, well-kept campuses, picturesque landscapes, and peaceful atmosphere typical of many land-grant universities, in particular, created environments that fostered intellectual exploration, creativity, and meaningful professional engagement (Dunavete, 2024; Kaplan, 1993). However, this once idyllic view of academic life is increasingly at odds with the current reality of many employees today, who now describe their work environments as high-stress and less appealing. Aloka (2022) notes that although occupational stress among academics is not a new phenomenon, there has been a significant rise in reports of stress, anxiety, and depression within institutions in recent years. These trends have negatively impacted the physical and psychological well-being of both academic and administrative staff (Barkhuizen & Rothmann, 2005).

In a 2024 national survey of 520 higher education faculty and staff, 53% of participants reported that they had considered leaving their jobs at some point due to burnout, increased workload, and stress. In addition, 76% felt that supporting students' mental health had become a job expectation, while three-quarters believed that increased mental health support would improve their own job satisfaction (Rock, 2024). Work-related stress is not only limited to North American higher education employees but also affects institutions globally. A 2023 study examining how job stress impacts the life satisfaction of over 200 junior faculty members in East

China outlined research stress, teaching stress, and administrative stress as the main factors adversely affecting life satisfaction among participants (Xu & Wang, 2023). Meanwhile, in examining the psychological challenges that young married women face in maintaining workplace wellness within the context of Indian higher education, factors such as burnout, family-work conflict, implicit bias, and imposter syndrome emerged as significant barriers to well-being (Chith et al., 2022). Similar themes surfaced in studies based in South Africa (Aloka, 2022), Canada (Alexander & Tureen, 2022; C. W. Smith, 2020), Libya (Dadesh, 2022), Mexico (Montaudon-Tomas et al., 2022), and the United Kingdom (A. Smith & Jones, 2024).

In an interview with a community college administrator regarding her institution's creation of the Office of Wellness, she stated, "We needed mental health support on our campus not just for our students but for ourselves. All of us, whether it be students, staff, or me as an administrator, we all face many stressors in our lives" (Guiden, 2024, para. 18). This candid acknowledgment echoes the universal need for support by all members of the campus community, including employees. Fortunately, while there has been a notable rise in programs and services designed to enhance student well-being on college campuses, support for employees has also experienced a substantial increase (Brownlow, 2025; Travia et al., 2022).

This trend has continued and evolved to a more comprehensive view of employee wellness, recognizing the importance of mental and emotional well-being alongside physical health (Travia et al., 2022). According to the College and University Professional Association for Human Resources (CUPA-HR), 57% of colleges and universities offered an employee wellness program in 2016 (as cited in NACUBO, 2016). By 2021, this figure had risen to 62% (CUPA-HR, 2021). This positive trend is indeed promising, because as Melnyk and Click (2024) point out, employees who feel supported and valued at work experience less burnout, depression,

stress, and anxiety. They also contend that creating a healthy and supportive work environment for higher education employees not only enhances individual well-being but also fosters a more productive and resilient academic community.

Based on research conducted over the last decade, there is strong support for the relationship between employee wellness and student success in higher education. Since faculty and other student-facing employees frequently interact with students (Cuseo, 2018; Roberts, 2018), those who are emotionally and psychologically engaged tend to be more committed to their work and produce better student outcomes than their less engaged peers (Marken & Matson, 2019). Crace (2024) adds, "Students can't be fully well unless their faculty and staff are well" (as cited in Donadel, 2024, para. 2). Moreover, findings from a study by Brewster et al. (2021) using focus groups comprising staff, faculty, and students reveal that both groups wanted their institutions to prioritize the wellness of the other group.

University employees also emphasized the importance of broader institutional policies for workload and well-being, performance metrics that acknowledge pastoral student support that employees are often required to provide, and the need for additional training and guidance for employees on how to identify, support, and sensitively manage student mental-health challenges (L. Morris, 2019). Ultimately, whether driven by a commitment to employee well-being or the recognition of the positive effects on student success and institutional effectiveness, prioritizing employees' wellness should be addressed as an essential aspect of higher education institutions worldwide (Brewster et al., 2021; Rahman et al., 2024; Travia et al., 2022).

Leadership Wellness. Given the extant literature supporting the importance of student and employee wellness in fostering a thriving higher education institution, it stands to reason that leadership wellness is equally essential to institutional success. In fact, some might argue that

leadership wellness, which refers to the well-being of leaders themselves, is perhaps even more critical because of the potential impact that leadership can have on both student and employee populations (Klug et al., 2022; Kuresman, 2024). There is a dearth of literature exploring leadership wellness or well-being in higher education, however, especially in recent years (Azila-Gbettor et al., 2024; Kuresman, 2024; Scott, 2022.)

Referring to leadership wellness, Klug et al.'s (2022) research shows that leaders who focus on their own self-care and well-being tend to project that care onto their staff. This suggests that the well-being of administrators could be "an important determinant of healthy leadership" (Klug et al., 2022, p. 3), but also a factor to consider in the implementation of wellness strategies within the organization (Kuresman, 2024; Newell & Nelson-Gardell, 2014). Ilies et al. (2005) offer a cursory acknowledgement of leaders' well-being as a component of authentic leadership, while Illes (2017) raises awareness about the connection between leaders' personal well-being and effective leadership in a proposition paper that draws on research from psychology, organizational behavior, and leadership studies to highlight how well-being influences decision-making, resilience, and ethical leadership.

According to the seminal Bass and Stogdill's (1990) *Handbook of Leadership,* mentally healthy leaders exhibit greater resilience, emotional stability, and adaptability, which are essential qualities for navigating complex organizational challenges. In exploring the connection between mental health and effective leadership, Bass and Stogdill (1990) further discuss the importance of emotional and psychological well-being and posit that leaders with strong mental health tend to demonstrate higher emotional intelligence, lower stress reactivity, and better decision-making skills. Self-care, work-life balance, mindfulness, self-awareness, and regulation are also defining traits of effective leadership and sustained leadership success in enhancing

employee morale, workplace culture, and overall organizational effectiveness (Bass & Stogdill, 1990; K. Illes, 2017; Klug et al., 2022).

Beyond mental health and wellness, researchers and leadership experts also suggest that leaders actively engage in practices that promote their physical and emotional health. Horowitz (2020) emphasizes that leaders must prioritize their own well-being before they can effectively encourage their teams to do the same, referencing the airplane metaphor of applying one's own oxygen mask first before assisting others. On a similar note, Glazer (2024) advocates for making small adjustments to daily routines that can contribute to achieving one's full leadership potential. She asserts that dedicating just a few minutes each day to improving sleep quality and duration, increasing physical activity and movement, practicing mindfulness and meditation, and fostering a mindset of gratitude at home and at work has been scientifically shown to reduce stress while enhancing resilience, well-being, and leadership effectiveness. Scott (2022) further argues that when leaders take care of their own well-being, they set a positive example for employees and contribute to a healthier, more productive workplace.

Research on organizational leadership indicates that leadership stress can also negatively affect profitability and productivity (Florent-Treacy & Manzoni, 2012), and contribute to both employee and executive burnout, as well as a loss of trust in leadership capabilities (Brummelhuis et al., 2014). Coates and Howe (2015) delve into the impact of inadequate leadership on work-life balance, highlighting how it can result in heightened employee burnout and significant stress levels, which may lead to serious repercussions. Chronic stress, for instance, leads to sustained elevation of cortisol, the primary human stress hormone. While cortisol is vital for engaging the body's "fight or flight" response, Chronic exposure to high cortisol levels suppresses immune function and heightens susceptibility to illness (McEwen,

2007). In the book, *Dying for a Paycheck,* Pfeffer (2018) discloses that stressors in the workplace and certain management practices lead to the unnecessary deaths of 120,000 employees each year and result in billions of dollars in healthcare expenses (p. 38). Similarly, in a somber caution, Rook et al. (2016) warn that the intense pressures and demands faced by executives not only hurt the employees or the organization, but can also be devastating for the leaders themselves, manifesting in severe physical health issues, including heart disease, diabetes, mood disorders like depression and anxiety, and in extreme cases, suicide. While comprehensive data on suicide rates among higher education staff and administrators is limited, individual cases like the 2024 suicide of Dr. Antoinette Candia-Bailey, Vice President of Student Affairs at Lincoln University in Missouri, have brought attention to the mental health challenges faced by higher education administrators (Weissman, 2024).

Hanley-Dafoe (2024) advocates for leaders to prioritize their wellness in order to adequately face the challenges of the workplace. She admonishes leaders who believe that their own needs must be met only after everyone else's needs are met, which can lead to feelings of physical and emotional depletion. She states, "While neglecting your self-care may seem heroic, professional, or what true team players do, sacrificing your health and wellness is not sustainable. Burnout is a real condition that will inevitably occur when there is nothing left in the tank" (p. 56). Leaders are advised to concentrate on self-stewardship, cultivate self-awareness, balance personal and professional wellness, foster psychological safety, align words with actions, and show up for themselves (Hanley-Dafoe, 2024).

According to O'Grady (2021), individuals in management and leadership positions in higher education are not talking about their mental health and wellness as much as they should. Indeed, searches for peer reviewed publications and recent academic studies on the subject for

the current study yielded underwhelming results. This could be attributed to the fact that the focus has historically been on student and even faculty well-being (Benson-Tilsen & Cheskis-Gold, 2017; Travia et al., 2022); the lack of standardized methods for measuring leadership wellness (Lorenz, 2014), or perhaps a potential reluctance by leaders in openly discussing their own well-being concerns, potentially fearing negative perceptions or repercussions (Kuresman, 2024). The scarcity of data might also be due to cultural and organizational barriers like mental health stigma (Ahad et al., 2023), where some may feel discouraged from seeking support for their own well-being, further hindering research efforts.

Despite the limited research on leadership wellness among upper-level administrators in academia, this concept has garnered some attention over the past two decades. Duderstadt (2010) examines the health and effectiveness of leaders, particularly those in presidential roles, while Selingo (2005) addresses the stress leaders face in managing their time and balancing professional and personal responsibilities. Likewise, Lindholm and Szelenyi (2008) emphasize the significance of work-life balance for administrators in higher education. In a study concerning work-life balance and wellness issues among college presidents, Novak (2014) outlines challenges such as workaholism, sacrificing family time, feeling guilty about taking vacations, unhealthy eating habits, and weight gain as primary concerns.

According to Hertneky (2010), the female college presidents in her study described seeking balance by making conscious decisions like knowing when to delegate responsibilities, and by recognizing that making mistakes does not necessarily diminish self-confidence. They also demonstrated an understanding of their dual roles as both team players and leaders who make difficult decisions, while embracing their own strengths and weaknesses and acknowledging that leadership often includes loneliness. Lorenz (2014) also found that academic

leaders viewed their leadership positions as lifestyles and not jobs, or as “twenty-four hours a day, seven days a week jobs” as opposed to “nine to five jobs”. The results of his study yielded the concept of wellness maturity, which represents an optimal state of wellness, and concluded that leaders constantly move towards that destination through intention, gauging, reflection, and adaptation.

The wellness landscape in higher education has shifted significantly in recent years, driven by compounding internal and external factors, including the COVID-19 pandemic, rising levels of employees experiencing work-related stress, and the evolving needs of a multigenerational workforce. These challenges, which are discussed in more detail below, have not only exposed existing vulnerabilities within institutional systems but have also amplified the demand for more comprehensive and sustainable approaches to workplace wellness. Collectively, they underscore an urgent need to reimagine wellness in higher education to better respond to the diverse and evolving needs of faculty, staff, and administrators alike**.**

The Impact of COVID-19. After the World Health Organization declared COVID-19 a global pandemic on March 11, 2020, the impact rippled through higher education institutions with dramatic effect (Cai et al. 2023). With campuses closing and shifting to completely online instruction, social distancing, declining enrollment, financial uncertainty, physical and mental health challenges, among other impacts, almost every aspect of higher education was impacted (Antón-Sancho et al., 2023; Cai et al., 2023; Tugend, 2020). Although specific studies focusing solely on the pandemic’s impact on higher education administrators are limited, existing research provides insight into the broader impact of COVID-19 on higher education staff and administrators, which directly correspond to administrative challenges. A cross-sectional study in Public Health underscores the psychological distress and mental health issues experienced by

employees in higher education. Factors such as job insecurity, financial instability, increased workloads, the swift transition to online learning, and worries about personal well-being are identified as significant contributors to the heightened stress and mental health challenges brought on by the pandemic (Rahman et al., 2024).

Tugend (2020) also highlights the psychological exhaustion and increased levels of frustration, anxiety and stress felt by faculty members, many of whom reportedly considered retirement or career changes. The pandemic also placed significant pressure on administrators tasked with making critical decisions about campus closures, remote learning, and implementing health protocols, often with limited information and minimal preparation for a crisis of that magnitude. Surveys conducted by the American Council on Education (ACE) also reveal that college presidents identified student and staff mental health, racial equity issues, and the long-term financial viability of their institutions as pressing concerns that they had to navigate (M. Taylor et al., 2021). In addition, just as some individuals have had to contend with long Covid, a condition characterized by persistent symptoms beyond the acute phase of the virus, many institutions and their leaders have had to grapple with lingering challenges like reduced enrollment and budgetary constraints even years after the COVID-19 pandemic has officially ended, a situation that Adler (2021) described as the "long Covid" of American Higher Education.

Moreover, while the COVID-19 pandemic introduced new workplace challenges and stressors related to remote work, job insecurity, and blurred work-life boundaries, it also intensified some pre-existing public health issues that were already affecting institutions. The pandemic highlighted the mental health crisis, leading to unprecedented increases in anxiety and depression, along with substance abuse, which remain elevated even years later (Panchal et al.,

2021). Additionally, the pandemic heightened concerns about existing lifestyle-related diseases, placing individuals in vulnerable populations at increased risk of severe illness and mortality (Zhang et al., 2022).

Academic and Occupational Stress. Employees in higher education, particularly faculty and administrators, are experiencing rising levels of occupational stress due to structural, political, and interpersonal challenges (Aloka, 2022). Academic staff are often required to balance teaching, research, administrative duties, and student support, all while managing resource limitations and constantly changing institutional demands. Rahman et al.'s (2024) cross-sectional study reveals significant links between perceived occupational stressors and the severity of health and wellness indicators among academic employees worldwide.

The stress faced by higher education employees is further intensified by external sociopolitical pressures and changing public perceptions. The *Emerging Trends* section of the APA (American Psychological Association) Monitor published in January 2024 underscores how increasing political polarization, declining student enrollment, and heightened scrutiny of curricular content are reshaping the higher education landscape, thereby adding to the workloads and emotional labor of administrators and faculty members (American Psychological Association, 2024). Additionally, Abrams (2023) notes that educators are encountering growing threats, harassment, and targeted attacks, particularly against those teaching socially or politically sensitive topics. Recent controversies surrounding faculty terminations, free speech disputes, and institutional responses to politically charged campus issues have further compounded these stressors. Such issues compromise physical and psychological safety, creating environments of fear and vulnerability, which lead to chronic stress and disengagement.

Despite these challenges, institutional leaders often remain optimistic about the future, though there can sometimes appear to be a disconnect between leadership perceptions and the realities faced by academic staff. A 2023 Inside Higher Ed survey found that while many college presidents expressed confidence in their institution's trajectory, employees voiced concerns about workload, mental health, and the erosion of shared governance (Lederman, 2023). This optimism, although well-meaning, may overlook the urgent need for systemic wellness initiatives and supportive leadership approaches that effectively address staff burnout and disillusionment. To cultivate a healthier academic workforce, institutions must actively identify and address the barriers to workplace wellness. As Aloka (2022) and Amaya et al. (2019) point out, these barriers often include inadequate organizational support, lack of wellness programming, limited recognition, and the pressure of unmanageable workloads.

The idea of psychological safety, which involves an individual's belief that their workplace allows for interpersonal risk-taking without the fear of embarrassment, punishment, or retaliation, has become increasingly recognized as a crucial element for promoting workplace well-being (Edmondson, 1999). Initially developed within the framework of organizational learning theory, psychological safety is now acknowledged as a key aspect of creating healthy and high-performing work environments. According to Newman et al. (2017), when employees experience psychological safety, they are more inclined to participate in open discussions, foster creativity, and collaborate effectively, which subsequently reduces job-related stress and enhances trust and overall well-being.

Aging Faculty. One of the notable trends affecting the higher education workforce is the aging faculty population. Faculty members, particularly those with tenure, occupy a unique position within the broader employee demographic due to their job security and academic

freedom (Burrell, 2024). Changes in demographics within higher education reveal that the typical age of full-time teaching staff in the United States has risen over time, with faculty members continuing to work later in life compared to past generations. According to the National Center for Education Statistics (NCES), the average faculty age rose from 47 in 1987 to 49 in 1998 (Kirshstein et al., 1997; NCES, 2001). Despite some fluctuation in the ensuing years, that number remained stable as of 2020. Still, this is quite a significant difference compared to 42, the median age in the general U.S. labor force (McChesney & Bichsel, 2020). Similarly, in 2020, 37% of faculty were age 55 or older, compared to 23% of the general workforce (Flaherty, 2020).

The shift in longevity rates over the years has been much more dramatic, with more faculty staying in their positions well past the traditional retirement age. According to a 2012 study conducted by Teachers Insurance and Annuity Association of America (TIAA), a leading retirement company for education professionals, the proportion of professors aged 65 and older doubled between 2000 and 2010. That same study illustrated that although the number of faculty working past age 65 dropped to 13 percent in 2020, that was more than double the rate of the general U.S. workforce at six percent (McChesney & Bichsel, 2020). On today's college and university campuses, it is not uncommon to find faculty members still working actively into their 70s, 80's, and perhaps even their 90's, as was the case in 2015 with Professor John Eicher who, at 93 years old, was still teaching and taking classes through Miami University's Institute for Learning in Retirement (Hoy, 2015).

The benefits of having long-serving, senior faculty members at an institution are manifold. Senior faculty play a major role in shaping the higher education landscape, offering a unique blend of expertise and institutional knowledge that benefit various stakeholders within

academia, including students, junior faculty, administrators, staff, and the larger community (Frasch et al., 2019). As instructional faculty, their vast knowledge, extensive experience, and expertise in their respective disciplines make them an invaluable asset to the academic community. Students and colleagues alike benefit from their mentorship, as they bring rich historical context, specialized insights, and nuanced perspectives that have been shaped over decades of scholarly engagement. This knowledge transfer and intergenerational engagement promote true lifelong learning and benefits students, faculty, and the institution alike (Fishman, 2012). Furthermore, according to Frasch et al. (2019), senior academics often possess well-established networks within their fields, which can facilitate collaborative research opportunities and enhance the institution's reputation, academic vitality, and productivity.

As higher education employees age, however, they encounter distinct challenges in the workplace. These may include physical limitations such as reduced mobility, stamina, strength, and coordination, as well as age-related health conditions. Such factors can make it more difficult to navigate campus environments, stand for extended periods while teaching, actively engage in research, or perform routine professional tasks (Budson, 2021). Moreover, for female faculty, some of these limitations may be exacerbated by menopause, which can lead to increased stress, fatigue, reduced capacity for work tasks, difficulty concentrating, and a decline in confidence among aging female faculty (Rees et al., 2021; Theis et al., 2023). Cognitive decline associated with aging can also manifest in various ways that affect academic productivity, including reduced memory capacity (Aigbogun et al., 2017), and slower cognitive processing (Culp-Roche et al., 2020). Other challenges that aging employees may face include ageism and unsupportive institutional cultures that promote stigmas about perceived

incompetence and unwelcoming environments that foster isolation or reduced engagement (Hall et al., 2017).

In the face of these myriad challenges, higher education institutions must be intentional and proactive in ensuring that employees, especially aging faculty members, are adequately supported in the workplace and provided with the resources that they need to thrive as they navigate some of the challenges of aging in academia.

Wellness Frameworks

This section of the chapter reviews various wellness frameworks that offer conceptual insight and understanding of workplace wellness. It includes the U.S. Surgeon General's Framework for Workplace Mental Health & Well-Being (2022), the IGLOO model of multilevel effects within organizational settings, the 8 Dimensions of Wellness Framework, and wellness-centered leadership.

The Surgeon General Framework for Workplace Mental Health and Well-Being.

The U.S. Surgeon General's Framework for Workplace Mental Health and Well-Being (2022) presents a comprehensive approach to fostering employee wellness and organizational success. It is also the foundational framework for NU's Newtown Optimal Wellness initiative. By addressing five essential components, namely Protection from Harm, Connection and Community, Work-Life Harmony, Mattering at Work, and Opportunity for Growth, the framework provides a holistic strategy for creating psychologically safe and supportive work environments. The framework recognizes the interconnectedness of these elements and their collective impact on employee well-being and organizational performance. By implementing practices that align with these essential components, organizations can create a culture that not only supports mental health but also enhances productivity, innovation, and employee retention.

Figure 2.1.

U.S. Surgeon General's Five Essentials for Workplace Mental Health & Well-Being.

Protection from Harm. This element recognizes the importance of psychological safety in a thriving workforce (Hanley-Dafoe, 2024). Organizations emphasizing this principle focus on creating comprehensive safety protocols that address both tangible and intangible threats to employee well-being. This includes regular risk assessments, ergonomic workspace designs, and robust emergency response plans. Additionally, they establish clear policies and procedures to combat workplace bullying, sexual harassment, and all forms of discrimination, fostering an inclusive culture where every employee feels valued and respected (Office of the U.S. Surgeon

General, 2022). This principle also acknowledges the importance of mental health and destigmatizing mental health issues, providing access to counseling services, and implementing stress management programs. By ensuring protection from harm, organizations create a foundation of trust and safety upon which employees can confidently build their careers and personal lives.

Connection and Community. This element extends beyond simple workplace interactions and encompasses a holistic approach to employee engagement and well-being. By fostering a strong sense of community, organizations create an environment where employees feel emotionally invested in their work and colleagues. According to Basit and Nauman (2023), fulfilling individuals' social needs at work can result in higher job satisfaction, enhanced productivity, and lower employee turnover. Furthermore, a robust community within the workplace can serve as a support system during challenging times, helping employees navigate professional and personal difficulties with greater resilience. Also, with increasing rates of loneliness which may be due to changing family dynamics like marrying later in life or having fewer or no children (Bianchi, 2011), creating a sense of community is an essential component of the workplace. By prioritizing connection and community, organizations can create a workplace ecosystem that not only attracts top talent but also nurtures long-term employee loyalty and engagement (Cunningham & K. J. Black, 2021).

Work-Life Harmony. This element is similar to the concept of work-life balance in recognizing the intricate interplay between professional and personal spheres. This approach acknowledges that the boundaries between work and personal life are often blurred, necessitating a more holistic and flexible approach to managing both aspects (Fletcher, 2020). Organizations can foster work-life harmony by implementing a range of strategies that empower employees to

effectively manage their professional responsibilities while nurturing their personal lives and well-being such as flexible scheduling, establishing clear guidelines for after-hours communication, respecting employees' time off, and offering paid wellness leave (Petts et al., 2020; Tedone, 2022).

Mattering at Work. This element calls for organizational cultures that affirm the intrinsic value of each employee. It asserts that employees should be paid a living wage, included in decision-making processes, and recognized for their contributions. It adds that their roles should be connected to the larger mission and values of the organization, enhancing a sense of purpose (Aloka, 2022). Mattering at Work highlights the significance of fostering organizational environments that recognize and affirm the intrinsic value of every employee. This essential aspect of workplace well-being goes beyond mere job satisfaction, focusing on fostering a deep sense of belonging and significance for every individual within the organization. By implementing practices that demonstrate genuine care for employees' well-being and valuing their input, organizations can cultivate an environment where workers feel truly seen, heard, and respected (Medaris, 2024).

Opportunity for Growth. This is a crucial component in advancing employee well-being and organizational success. This element emphasizes the importance of nurturing professional development and career advancement within the workplace. Organizations can enable their employees to continuously improve their skills and knowledge by providing fair access to training programs, mentorship opportunities, and systems for constructive feedback. Establishing clear and transparent pathways for advancement allows employees to visualize their potential growth within the organization, which leads to a sense of purpose and commitment.

The U.S. Surgeon General's Framework for Workplace Mental Health and Well-Being (2022) is a critical contribution to the national conversation on employee wellness. By offering a comprehensive, equity-centered approach to workplace well-being, the framework underscores the importance of human dignity, psychological safety, and inclusive leadership as central to organizational success. Its emphasis on meaningful work, belonging, and opportunity for growth complements NOW's commitment to institutional health and wellness not only in advancing best practices for mental health in the workplace but also in reinforcing the broader mission of transforming the institutional culture to prioritize the flourishing of individuals and the institution (Cunningham & K. J. Black, 2021).

IGLOO Model of Multilevel Effects within Organizational Settings. The IGLOO model, as presented by Nielsen et al., (2017), provides a detailed framework for analyzing the impact of interventions and organizational elements on employee well-being and organizational outcomes. IGLOO encompasses five interconnected levels, namely Individual, Group, Leader, Organization, and the Overarching context, where workplace interventions and psychosocial

Figure 2.2

IGLOO Model of Multilevel Effects within Organizational Settings

factors operate. IGLOO is a convenient instrument that can be used both for workplace analysis and intervention (Day & Nielsen, 2017).

Individual. This level of the model delves into the employees' personal attributes and their impact on well-being and job performance. Personal attributes, such as resilience, self-efficacy, and optimism, play a key role in how employees navigate workplace challenges and maintain their overall well-being. These resources act as psychological buffers, enabling individuals to cope with stress and adversity more effectively. Additionally, employees' cognitive, affective, and behavioral attributes can significantly influence their mental health, motivation, and productivity (Giusino et al., 2021).

Group. The group level in organizational behavior focuses on the interactions and relationships among team members within the workplace, recognizing that these dynamics play a crucial role in shaping the overall work environment. This level examines how group norms, shared values, and collective behaviors emerge and influence individual performance and satisfaction. It emphasizes the importance of peer support, collaborative problem-solving, and the development of a positive social climate within teams (Cunningham & K. J. Black, 2021). Furthermore, the Group level explores how team composition, leadership styles, and communication patterns impact group effectiveness and cohesion. This level also addresses interpersonal issues like conflict resolution, decision-making processes, and the formation of subgroups within larger teams (Nielsen et al. (2017).

Leader. This level examines the impact of supervisory behaviors, leadership style, and managerial support on employee engagement, trust, and psychological safety. The Leader level refers to the pivotal role that supervisors and managers play in shaping employee experiences and organizational outcomes. It explores how leadership behaviors, styles, and support

mechanisms influence key psychological factors such as engagement, trust, and psychological safety among team members. Effective leaders foster an environment where employees feel valued, motivated, and secure in taking interpersonal risks, which can lead to increased innovation, collaboration, and overall performance (Bass & Riggio, 2006).

Organizational. At the organizational level, the model considers broader policies, practices, structures, and cultural dynamics that influence work design and employee interaction with their environment, including job demands and resources, organizational justice, and development opportunities (Day & Nielsen, 2017). The Organizational level of the model delves into the overarching framework that shapes the work environment and employee experiences. It encompasses a wide range of factors that collectively influence how work is structured, performed, and perceived within the organization. These factors include formal policies that govern employee conduct and expectations, established practices that guide day-to-day operations, organizational structures that define reporting relationships and decision-making processes, and the overall culture that permeates the workplace.

Overarching. Finally, this element involves external and environmental factors such as societal norms, economic conditions, and legal frameworks that shape organizational practices and employee experiences. The Overarching context encompasses a broad range of external and environmental factors that significantly influence organizational practices and employee experiences (Nielsen et al. (2017). Societal norms, which reflect the collective values, beliefs, and behaviors of a culture, play a crucial role in shaping workplace expectations and interactions. These norms can impact various aspects of organizational life, including communication styles, leadership approaches, and work-life balance expectations. Economic conditions, such as market

trends, industry competition, and global economic fluctuations, also exert considerable influence on organizational decision-making, resource allocation, and employee well-being.

According to Guise (2021), the IGLOO model's strength lies in its comprehensive and integrative approach, prompting researchers and practitioners to consider how interventions and outcomes are affected by dynamic interactions across multiple levels. This multilevel perspective is particularly valuable in designing, implementing, and evaluating workplace well-being initiatives, as it highlights the importance of coordinated efforts across the system rather than isolated actions (Nielsen et al., 2017).

The Eight Dimensions of Wellness Model. Developed by Dr. Peggy Swarbrick in 2006, this model offers a holistic framework for understanding and promoting wellness across multiple life domains (Stoewen, 2017). Building on the original six dimensions of wellness developed by Hettler (1980), and grounded in work within psychiatric rehabilitation, the model has since gained widespread application in education, workplace health promotion, and adult development.

The dimensions, which comprise emotional, environmental, financial, intellectual, occupational, physical, social, and spiritual wellness, are interdependent and reflect a dynamic balance that supports optimal functioning and life satisfaction (Swarbrick, 2006). Following is an overview of the eight dimensions integrating Aloka's (2022) study of work wellness as it relates to higher education institution:

1. Emotional Wellness encompasses the ability to manage emotions, effectively cope with stress, and maintain fulfilling relationships. Swarbrick (2006) emphasizes that emotional wellness is fundamental to self-esteem, resilience, and mental health recovery, especially for those with psychiatric disabilities. Aloka (2022) embeds emotional wellness into psychological wellness, referring to it as the conscious control of one's feelings.

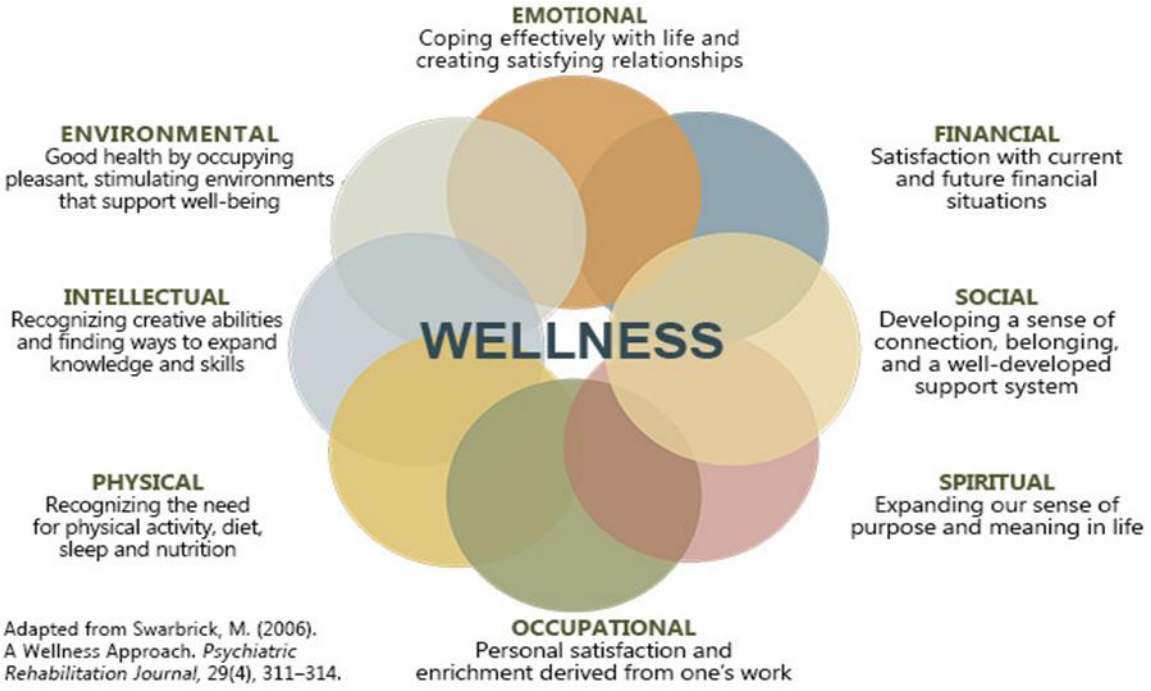

Figure 2.3

Swarbrick's 8 Dimensions of Wellness Model.

In the workplace, emotional or psychological wellness is associated with increased job satisfaction, reduced burnout, improved interpersonal relationships; and a positive mindset balancing personal and professional demands (Aloka, 2022; Keyes, 2002). Within adult learning environments, emotional regulation also enhances cognitive functioning and motivation, allowing adults to engage more deeply in reflective learning and professional development (Dirkx, 2006).

2. Environmental Wellness encompasses living and working in environments that are safe, supportive, and stimulating. This dimension recognizes how ambient elements like lighting, noise, air quality, and ergonomic design can impact physical and mental well-being. As noted by Evans and Stecker (2004), environmental stressors can impair concentration, heighten anxiety, and diminish learning outcomes. In educational and organizational contexts, promoting environmental wellness by optimizing learning and

workspaces can enhance focus, engagement, and overall productivity. Aloka (2022) does not classify environmental wellness separately but asserts that safety of the physical and working environment contributes to occupational wellness.

3. Financial Wellness encompasses having control over both current and future financial circumstances, which includes managing resources and alleviating financial stress. Swarbrick (2006) highlights this domain as crucial, pointing out that financial insecurity often worsens other mental health issues. Research indicates that financial stress has a significant impact on employees' psychological well-being and workplace performance (Joo & Grable, 2004). Aloka (2022) also associates financial wellness with occupational wellness as job security and adequate compensation are factors that contribute to financial wellness.
4. Intellectual Wellness encompasses the ability to engage in creative and stimulating mental activities and opportunities that promote learning and develop greater understanding (Aloka, 2022). Intellectual wellness is nurtured through professional development, reflective practice, and access to intellectually enriching environments. Supporting this dimension in the workplace encourages innovation, adaptability, and cognitive engagement (Merriam & Bierema, 2014). In higher education, this is promoted through meaningful and stimulating experiences such as research opportunities, training and professional development, and interdisciplinary collaboration (Ishimoto & Kawakami, 2023). According to Altbach (2007), academic freedom is also a strong catalyst for intellectual wellness. Faculty and staff with strong intellectual wellness often experience greater job satisfaction, remain motivated to excel and explore new ideas, and enjoy innovation and the creative process (Wray & Kinman, 2022).

5. Occupational Wellness involves deriving personal satisfaction and enrichment from one's work (Aloka, 2022). Swarbrick (2006) emphasizes the significance of engaging in purpose-driven work that aligns with personal values. When individuals find harmony between their work and identity, it enhances meaning and motivation, which are essential elements of adult engagement in the workplace (Ryan & Deci, 2000). Additionally, occupational wellness bolsters retention and morale, especially when employees enjoy autonomy, role clarity, and opportunities for growth (Robertson & Cooper, 2011).
6. Physical Wellness encompasses engaging in behaviors that promote movement, exercise, hygiene, nutrition, eating habits, and access to healthcare (Hettler, 1980). This is believed to have multiple benefits, including overall health improvements as well as positive impacts to psychological well-being which in turn increases work performance and morale (Aloka, 2022). In adult education and workplace environments, initiatives focused on physical wellness, like wellness breaks, fitness programs, or health screenings, can decrease absenteeism and improve overall well-being (Toker & Biron, 2012).
7. Social Wellness embodies the capacity to cultivate fulfilling interpersonal relationships and sustain a robust support network (Aloka, 2022). This aids adult development by nurturing a sense of belonging, collaboration, and mutual accountability. In the workplace, strong social networks bolster resilience and contribute to a positive organizational culture (C. Black, 2021). Flannery (2024) adds that social wellness contributes to lower stress levels, enhanced job satisfaction, and increased levels of professional fulfillment.
8. According to Aloka (2022), spiritual wellness refers to the ability to find meaning and purpose in life. Pargament (2007) suggests that spiritual wellness is associated with

coping, hope, and personal growth, especially during challenging times. In educational and occupational contexts, spiritual wellness can foster resilience, ethical decision-making, and harmony between personal values and professional conduct. Encouraging spiritual wellness in the workplace through reflection, mindfulness, or purpose-driven work, can boost motivation and psychological well-being (Tisdell, 2003). Although spiritual wellness is different from spirituality, which refers to the embodiment of a personal belief system that may involve faith or religion, spiritual wellness can be nurtured through the ability to freely practice or express one's spirituality without fear of judgement or prejudice (Mitroff & Denton, 1999).

Wellness-Centered Leadership. Wellness-Centered Leadership (WCL) is an emerging framework that reimagines traditional leadership by placing well-being, both personal and organizational, at the core of effective leadership practice (Jin & Hopkins, 2023). According to Shanafelt et al. (2021), WCL was originally created as a holistic leadership framework designed to improve the dynamics between doctors and their patients, as well as their participation in the healthcare system. Consequently, the American Medical Association endorsed the Wellness-Centered Leadership Playbook to foster a wellness-oriented culture in these professional environments. This model incorporates essential skills and attributes from leading leadership theories, along with evidence linking leadership to physician well-being, and consolidates them into a unified framework. This framework is intended to foster leadership behaviors that encourage engagement and professional satisfaction.

Unlike conventional models that often prioritize productivity, goal attainment, or hierarchical control, wellness-centered leadership focuses on the leader's role in fostering environments that promote holistic health, psychological safety, and sustainable engagement for

both the leader and those they lead (Quick et al., 2007). This framework is in line with a growing body of research in occupational health psychology and organizational behavior, which connects leader behavior with employee well-being, organizational commitment, and overall performance outcomes (Kelloway & Barling, 2010). The 3 elements of WCL are: care about people always, cultivate individual and team relationships, and inspire change (Shanafelt et al., (2021).

At its core, wellness-centered leadership recognizes that leaders' personal well-being is foundational to their capacity to lead effectively. Leaders who model wellness through self-care, emotional regulation, boundary-setting, and balance, are better equipped to support the well-being of their teams (Tang, 2023). Research suggests that leaders experiencing burnout or chronic stress are more likely to engage in disengaged, authoritarian, or reactive behaviors, which can erode trust and create toxic work environments (Pfeffer, 2018). In contrast, leaders who are emotionally and physically well demonstrate higher resilience, empathy, and cognitive flexibility, contributing to healthier workplace cultures (Sparks et al., 2001). Thus, the wellness of the leader is not only a personal concern but becomes a strategic and ethical imperative for organizations.

Wellness-centered leadership extends beyond personal well-being to encompass a holistic approach to organizational health (Jin & Hopkins, 2023). Leaders who prioritize wellness create a ripple effect throughout their teams and the broader organizational culture. This approach involves fostering an environment where employees feel psychologically safe, valued, and supported in maintaining their own well-being. Such leaders implement policies and practices that promote work-life balance, mental health support, and physical wellness initiatives. They recognize that a healthy workforce is more productive, innovative, and engaged, leading to improved organizational outcomes.

Furthermore, wellness-centered leadership recognizes the interconnectedness of personal and professional lives in today's workplace (Brownlow, 2025). As the lines between work and home increasingly blur, particularly with the rise of remote and hybrid work arrangements (Haque, 2023), this framework advocates for leaders to be sensitive to the diverse needs and challenges their team members face. This involves understanding and addressing issues such as caregiver responsibilities, mental health concerns, and the effects of digital overload. By showing empathy and flexibility, wellness-centered leaders foster a culture of trust and mutual respect, enabling employees to bring their whole selves to work and perform at their best (C. Black, 2021).

Wellness-centered leadership goes beyond self-regulation and individual care models to include organizational systems and cultural practices (Jin & Hopkins, 2023). Leaders must deliberately create structures that foster psychological well-being, such as managing workloads, implementing recognition systems, and providing access to wellness resources (Knight, 2021). This approach is particularly pertinent in higher education, where persistent job demands, limited resources, and unclear expectations lead to stress and burnout among faculty and staff (Harris et al., 2021). Consequently, leaders in academic institutions have a dual responsibility: to care for their own wellness while also designing and advocating for policies and institutional priorities that support wellness.

Wellness-centered leadership shares conceptual intersections with transformational leadership, servant leadership, and authentic leadership, particularly in its emphasis on relational integrity, personal development, and the leader as a facilitator of growth (Brownlow, 2025). However, it distinguishes itself by explicitly embedding well-being as both a means and an end of leadership practice. It also draws upon theories of positive organizational scholarship, self-

determination theory, and trauma-informed leadership to emphasize the interdependence of emotional health, motivation, and organizational learning (Ryan & Deci, 2000).

Wellness-centered leadership emphasizes leading in a way that is sustainable, humane, and deeply responsive to the complex human needs within organizations. As organizations, including higher education institutions, increasingly grapple with burnout, mental health crises, and other occupational stressors (Aloka, 2022; Amaya et al., 2019), wellness-centered leadership offers a timely and transformative lens through which to reimagine leadership for a healthier, more compassionate workplace.

Chapter Summary

This chapter began by exploring the concept of higher education administrators as adult learners. It then presented an overview of the theoretical foundations informing this study, specifically Mezirow's (1978, 1991) Transformative Learning Theory and Herzberg's Two-Factor Theory. These theories illustrate how administrators, as adult learners, construct meaning, transform perspectives, and take purposeful action, as well as how workplace wellness can be understood as a motivational force. An in-depth and multifaceted discussion of wellness followed, offering a comprehensive account of its historical evolution, its relevance within higher education contexts, and its conceptualization through multiple frameworks. The chapter concluded with an examination of wellness-centered leadership as an integrative approach to fostering healthy and sustainable academic environments.

Chapter 3 outlines the study's methodology, detailing the case study design and the rationale for its selection. It also includes a discussion of my positionality and subjectivity as the researcher and describes the strategies employed to ensure the quality, trustworthiness, and validity of the research process and its findings.

Chapter 3

Methodology

Key elements framing the study's design and the selection of a qualitative case study methodology form the foundation of this chapter. The chapter then shifts to a discussion of the research process, providing an overview of the specific data collection and analysis processes that were employed. It outlines the various data types and sources, and the systematic procedures that were used for organizing, coding, and interpreting collected information. The chapter ends with a discussion of the quality assurance aspects of the study. This includes trustworthiness, reflexivity, positionality, and subjectivity. Given my role as the researcher, I discuss the strategies that were implemented to mitigate potential biases and ensure ethics and integrity in the research process as well as the validity and credibility of the research outcomes.

This study sought to understand how administrators at NU perceive and influence workplace wellness. The research questions guiding this study were:

1. How do NU administrators define wellness and what are their perceptions of workplace wellness at the institution?
2. What are NU administrators' perceptions of their roles and responsibilities in addressing workplace wellness at the institution?
3. What insights have NU administrators gained about workplace wellness through their engagement with institutional wellness initiatives?

Research Design

According to Glesne (2016), research is defined as a "careful and diligent search" (p. 3), requiring researchers to make numerous critical decisions both before and during the research process. Such decisions shape the study's design, implementation, and outcomes, collectively

referred to as research methodology. Hessler (1992) describes methodology as the "science and art of evaluating the worthiness" of a problem that guides research design decisions (p. 26). It is important to not only understand what is to be evaluated but also to be deliberate in selecting appropriate methods of data collection and analysis to ensure rigor and credibility. In addition, Sreekumar (2023) defines research methodology as a structured and scientific approach used to collect, analyze, and interpret data, encompassing key factors such as the selection of research instruments, determining data collection and analysis methods, and establishing the overall research framework. Similarly, Creswell (2014) describes methodology as the overall approach to the research process, from theoretical underpinning to collection and analysis.

Philosophical Assumptions and Theoretical Frameworks

Glesne (2016) notes that every research study is informed by philosophical and theoretical assumptions, which shape the researcher's approach to inquiry. These assumptions influence how knowledge is constructed, what constitutes valid data, and how researchers interpret the findings. According to Creswell and Poth (2018), the core philosophical assumptions in research are ontology, epistemology, axiology, and methodology. Different qualitative research scholars have referred to these by different terms, such as research paradigms (Lincoln et al., 2011; Pretorius, 2024); philosophical assumptions, epistemologies, and ontologies (Crotty, 1998); and broadly conceived research methodologies (Neuman, 2000). For me, these perspectives served as continuous reminders and guiding principles in how I approached the study, conducted the interviews, and analyzed and presented the findings.

Ontology. The first philosophical assumption, ontology, refers to the nature of reality and its characteristics (Creswell & Poth, 2018) and questions both what is real and how reality is perceived. Researchers who assume a single, objective reality espouse a realist ontological

stance, while relativists embrace the idea of multiple, subjective realities and explore multiple forms of evidence from different individuals' perspectives and experiences (Carnaghan, 2013). Pretorius (2024) indicates that researchers aligned with realism utilize methods designed to discover universal truths by reducing subjectivity and personal biases. Conversely, the relativist ontological perspective holds that reality can differ among individuals or groups, shaped by social, cultural, and historical contexts. Creswell and Poth (2018) also assert that qualitative researchers embrace the idea of multiple realities and assume that the individuals being studied embrace different realities as well. This is why it is so important to use people's actual words when reporting the findings of a study, since the goal of the research is to understand "how people make sense of their world" (Merriam & Tisdell, 2016, p. 6). As a qualitative researcher and a relativist by nature, this study provided a unique opportunity to truly appreciate the importance of understanding people's nuanced realities and learning how they interpret their lived experiences. Relativist ontology also uses a foundational principle of transformative learning theory, as this approach focuses on encouraging participants to reflect on their lived experiences (Pretorius, 2024).

Epistemology. The second philosophical assumption, epistemology, explores how people acquire knowledge as well as the criteria for determining valid knowledge (Glesne, 2016). Carnaghan (2013) defines it as finding out how people know what they know, and Creswell and Poth (2018) suggest that the more researchers get to know the participants, the more they will get to know what they know. Glesne (2016) identifies four major paradigmatic families that provide the philosophical frameworks to guide social science research: positivism, interpretivism, critical theory, and poststructuralism. Creswell (2007, 2014) also distinguishes between positivist epistemology, which assumes that knowledge is objective, measurable, and acquired through

empirical observation, and constructivist epistemology, which suggests that knowledge is both socially constructed and subjective. Meanwhile, pragmatist epistemology is a third perspective and is often used as the philosophical foundation for mixed methods research (Morgan, 2007). Cherryholmes (1992) notes that, according to pragmatists, knowledge is constructed through multiple perspectives, enabling researchers to integrate both qualitative and quantitative paradigms to effectively address real-world issues.

Pretorius (2024) observes that interpretivism is often confused with constructivism due to their shared ontological and axiological foundations. In fact, Glesne (2016) suggests that constructivism is another term or label for interpretivism (p. 7). This coincides with Guba and Lincoln's (1989) position which states, "the constructivist paradigm is also called the naturalistic, hermeneutic, or interpretive paradigm…" (p. 83). Meanwhile, Avenier and Thomas (2015) classify constructivist paradigm within interpretivism. Pretorius (2024) contends that a significant epistemic distinction between constructivism and interpretivism lies in how researchers perceive their role concerning participants' realities. She asserts that constructivism regards knowledge as being jointly created through the interaction between researchers and participants, with researchers actively shaping the understanding of reality, as their viewpoints and interpretations impact the research process. Conversely, interpretivism highlights the researcher as an interpreter of meanings rather than a co-creator of knowledge. In this approach, the interpretivist researcher remains passive in influencing findings and concentrates on uncovering and interpreting the subjective meanings and experiences that participants contribute to the study (Pretorius, 2024).

Given that the purpose of this research was to understand participants' perceptions, and considering my view of my researcher status is to interpret meanings rather co-create knowledge,

my epistemological stance for this study was grounded in interpretivism. Kwiatkowski (2017) also provides an in-depth analysis of how the philosophical foundations of the interpretivist approach influence the practice of doing case study research. He characterizes interpretivist case study research as a reflective process that focuses on deriving experiential insights from the narratives of research participants, aiming to produce comprehensive and detailed analyses rather than broad theoretical frameworks.

Axiology. The third philosophical assumption, known as axiology, is crucial in defining the ethical and moral aspects of research. From the research planning stage, it refers to the ethical issues that need to be considered (Pretorius, 2024). Axiology requires researchers to reflect on the values that guide their choice of topics, methodologies, and even the manner in which they present their findings. It also forces them to examine the ethical implications of their work, including how their personal viewpoints might influence their research approach and the potential effects their findings could have. There is also a distinction between positivist researchers, who strive for value-neutrality in research, and interpretivist and critical researchers, who acknowledge that values shape research, leading them to reflect openly on their positionality (Creswell, 2007).

As a researcher situated within the interpretivist paradigm, I understand that all research is fundamentally influenced by values, and I view subjectivity as a potential source of analytical strength rather than a constraint. Acknowledging and integrating my own values, particularly those related to workplace wellness, enabled a more nuanced exploration of the human experience and the complex social structures in which these experiences are embedded. By engaging in reflexivity and continuously examining myself to understand how my values impact

my research, I was able to enhance trust and accountability in the research process by constantly interrogating my values and potential biases throughout the process.

Methodology. Finally, within the realm of research, methodology is a theoretical framework guiding the process of inquiry (Schwandt (2007). It encompasses the systematic procedures and analytical approaches employed throughout the investigative process. Research methodology is important because it equips the researcher with strategies, procedures, and worldview beliefs to appropriately approach and conduct a research study (Creswell & Creswell Báez, 2021). Glesne (2016) also distinguishes between methodology and methods, which refer to the procedures, tools or techniques used to generate and analyze data. Commonly categorized as quantitative, qualitative, or mixed methods, methodological frameworks play a crucial role in shaping the research design. The subsequent section provides a comprehensive examination of the qualitative methodological approach and its implications for the research process.

Before delving into qualitative research, it is helpful to understand what it is not, particularly in contrast to quantitative research. Creswell (2014) describes qualitative and quantitative approaches as different ends of a continuum, with mixed methods research residing in the middle, incorporating elements of both paradigms. The distinction between qualitative and quantitative research is often framed in terms of their methods of data collection and analysis. In its simplest terms, whether the researcher primarily uses words rather than numbers to explore or explain their study. Similarly, the type of questions they employ in their research can easily determine which of the two research methodologies they are using. Open-ended questions and responses are often indicative of qualitative research, while closed-ended questions and responses are typically characteristic of quantitative research (Creswell & Creswell, 2018).

Qualitative Research Methodology. Originating in the field of sociology, Filstead (1970) defines qualitative research as "firsthand involvement with the social world." (P. 6). Tutty, et al.'s (1996) expanded definition states that it is:

> The study of people in their natural environments, as they go about their daily lives. It tries to understand how people live, how they talk and behave, and what captivates and distresses them. More importantly, it strives to understand the meaning people's words and behaviors have for them. (p. 4).

Qualitative research gained popularity in the 1960s and the 1970s as an alternative to quantitative research, where quantitative research sought to understand the world by focusing on variables that can be determined by measurement (Aspers & Corte, 2019). Qualitative research thus emerged as a "residual category for almost any kind of non-quantitative research" (Stiles, 1998, p. 183).

Hamilton (2011) contends that unlike quantitative research which involves the analysis and interpretation of numerical data, qualitative research involves the analysis and interpretation of observational data. Lichtman (2014) adds that qualitative data goes beyond simply collecting statistics and focuses on reasoning, incorporating cultural and social factors. Meanwhile, Brinkmann (2018) highlights the diversity within this research approach. He emphasizes that it is not a singular, unified approach but rather a broad category that encompasses multiple schools of thought, traditions, paradigms, and perspectives. Indeed, Flick (2002) notes that the scope of what is considered qualitative research is continually broadening. This is supported by Holosko (2010), who notes, "From the 1980s through present day, a proliferation of qualitative studies and methodological texts emerged across the allied disciplines of sociology, educational psychology, business, public health, anthropology, nursing, and social work" (as Cited in Thyer,

2010, p. 341). Qualitative research is particularly valuable in social science and health science fields, where topics of exploration may not be easily quantifiable, yet it is vital to comprehend the complexity and nuances of human behavior.

Denzin and Lincoln (2005) provide an in-depth examination of qualitative research, characterizing it as having a multimethod focus. This approach is interpretative and naturalistic, indicating that qualitative researchers examine subjects within their usual environments. They strive to understand or interpret phenomena based on the meanings that individuals attribute to them. They add that this methodology "involves the studied use and collection of a variety of empirical materials – case studies, personal experiences, introspective, life story, interview, observational, historical, interactional, and visual texts – that describe routine and problematic moments and meanings in individuals' lives" (p.3).

According to Merriam (2002), "the key to understanding qualitative research lies with the idea that meaning is socially constructed by individuals with their world" (p. 3). Qualitative research aims to explore the "how" and "why" of particular phenomena, aimed at developing an understanding of meanings and perspectives, and providing rich descriptive accounts that capture the intricacies of human experiences and social worlds (Fossey et al., 2002; Tenny et al., 2022). Common approaches include case studies, ethnography, phenomenology, and narrative analyses, while data collection methods typically include in-depth interviews, focus groups, participant observation, and analysis of textual or visual materials. These research methods facilitate deep engagement with participants and their contexts (Busetto et al., 2020).

As discussed earlier, qualitative methodology is also predicated upon a relativist ontological stance and the philosophical assumption that the world or reality is not a fixed or measurable phenomenon, but that there are multiple constructions and interpretations of reality

that are in flux and change over time. This notion of learning how individuals experience and interact with their social world is considered an interpretive qualitative approach (Merriam, 2002). Qualitative research can also investigate how social and political contextual factors shape reality or affect how individuals construct reality. This is referred to as a critical qualitative approach, while the postmodern or poststructural qualitative research approach may be used for research that questions all aspects of the construction of reality, including what it is, what it is not, and how it is organized (Merriam, 2002).

As a methodological approach, qualitative research offers researchers deep insights into human experiences, emotions, and behaviors, capturing nuances and complexities that numerical data often misses (Creswell & Poth, 2018). This can be very valuable when studying complex phenomena or emerging areas of inquiry with limited extant research. Furthermore, its focus on participants allows for meaningful engagement, often amplifying the voices of marginalized or underrepresented populations (Merriam & Tisdell, 2016).

Nevertheless, qualitative methodology has also faced criticism due to its limited generalizability (Bryman, 2016), time-consuming and resource-intensive data collection and analysis processes (Patton, 2015), and the potential for researcher bias. According to Hammersley and Gomm (1997), bias can surface as a tendency on the part of researchers to collect data, and/or to interpret and present them in such a way as to favor results that align with their prejudices and political motivations. They add that qualitative research is particularly prone to researcher bias because as is often said that the researcher is the research instrument. Therefore, the questions asked in an interview, for instance, as well as the way in which they are asked, could be influenced by researcher bias (Hammersley & Gomm, 1997).

In contrast to quantitative research, which relies on calculable data and statistical validation, qualitative research depends on the richness and depth of collected data, which necessitates the implementation of systematic and transparent methodologies to ensure rigor (Creswell & Poth, 2018). According to Tracy (2020), ensuring rigor in qualitative research is imperative as it enhances the validity, credibility, trustworthiness, and reliability of study findings, interpretations, and conclusions, while also reducing the risk of researcher bias. To maintain high standards of quality and rigor, researchers employ strategies like triangulation, member checking, and keeping reflexive journals (Creswell & Poth, 2018). These strategies help establish transparency and accountability in the research process, ensuring that findings accurately reflect participants' experiences and contribute substantive insights to the broader field of study. By implementing rigor into their research process and highlighting the methodology's capacity to capture and deliver rich, nuanced, and context-specific data, qualitative researchers assert that their approach provides a valuable and effective means of investigating human and social behavior.

Case Study

This section will explore case study research as my chosen method, starting with its historical background. It will then provide a detailed description of this research approach, including an overview of some limitations associated with case study research. The section concludes with my rationale for selecting a case study as my preferred method.

History of Case Study Research. Case study research boasts a rich history across the natural sciences, social sciences, and humanities, especially in fields such as anthropology, psychology, and sociology, with its roots tracing back to the early 1920s (Mills et al., 2010). Initially, it served as an effective method for researchers to draw valid conclusions from real-

world events, aligning with the stringent investigative practices used in laboratory settings. Over the years, the case study approach gained traction in various disciplines as scholars explored phenomena within their specific contexts. Initially utilized in social science, this method has expanded its reach to various fields, including business and healthcare (Fraser & Mays, 2019; Lee & Saunders, 2017). The Chicago School of Sociology's pioneering work in the 1920s and 1930s laid the foundation for using case studies to examine complex social phenomena in real-world contexts, contributing to the prominence of the method in investigating urban life and social behavior (Merriam, 1998).

According to Creswell (2007), Robert K. Yin, Sharan Merriam, and Robert E. Stake are the three most prominent thought leaders regarding case study research. Yazan (2015) adds that they are the three foundational methodologists who have a great influence on academic researchers' decision-making in case study design. Indeed, the formalization of case study research by scholars like Yin (1984, 2018) and Stake (1995) in the latter half of the 20th century further solidified its position as a robust qualitative research method. Their work not only established different types of case studies but also provided frameworks for conducting rigorous case study research (Stake, 1995; Yin, 2018). This development has enabled researchers to tailor their approach based on the specific goals of their study, whether it be to explain causal links, explore new areas of inquiry, describe complex phenomena, or understand the intrinsic aspects of a particular case. As a result, case study research has become an invaluable tool for generating hypotheses, testing theories, and providing in-depth understanding of complex social, organizational, and individual processes across various disciplines (Creswell & Poth, 2018).

Overview of Case Study Research. As noted by Creswell and Poth (2018), case study research is a methodological approach to understanding complex phenomena that allows

researchers to conduct an in-depth investigation of specific contexts and situations, referred to as the case. Miles et al. (2014) add that a case "could be an individual, a role, a small group, an organization, a community, or even a nation" within its authentic real-life context (p. 28). A case study typically has a defined space and time frame wherein a comprehensive inquiry is conducted of "a phenomenon of some sort in a bounded context" (Miles et al., 2014, p. 28).

Bounding is an important concept in case study research because this is what identifies the case and the boundaries of that case (Hyett et al. (2014). Yin (2018) states that by asking the question "what is part of, and what is not part of the case?" you can identify what the case is (p. 31). Merriam (1998) asserts that in a case study, the researcher can 'fence in' what they are going to study' (p. 27), while Yin (2018) adds that by concentrating on a specific bounded system or entity, researchers are able to collect a wealth of information from various sources, including interviews, observations, documents, and artifacts, to create a comprehensive depiction of the case under investigation. Merriam and Tisdell (2016) also emphasize that the bounded nature of a case provides coherence, enabling researchers to delineate what will be included or excluded from the study.

Case study research is unique in its ability to enable researchers to explore complex relationships, processes, and dynamics that may not be readily apparent through other research methods. According to Hyett et al. (2014), it offers a degree of flexibility that is not typically available in other qualitative methods like grounded theory or phenomenology. It also facilitates a profound understanding of the how and why questions related to a contemporary issue, particularly when the researcher has limited control over the variables involved (Yin, 2018). This multifaceted approach offers a rich, detailed description that can uncover the nuances and complexities of real-world situations (Creswell & Poth, 2018). A defining feature of case study

research is its emphasis on contextually rich and holistic analysis, making it especially effective for investigating complex phenomena in fields such as education, leadership, and organizational studies (Merriam & Tisdell, 2016; Stake, 1995).

One of the primary benefits of case study research is its capacity to generate insights that can contribute to theory development and practical applications. Through the thorough examination of a specific case or cases, researchers can identify patterns, formulate hypotheses, and develop conceptual frameworks that may be applicable to similar contexts or situations (Stake, 1995; Yin, 2018). Moreover, case studies frequently take a longitudinal approach, enabling researchers to monitor changes and progress over a period of time. This approach is particularly useful for understanding the evolution of organizational processes, educational interventions, or leadership practices (Merriam & Tisdell, 2016). The flexibility and adaptability of this methodology make it well-suited for exploring emerging phenomena or addressing research questions that require a deep understanding of context-specific factors (Creswell & Poth, 2018).

A common misconception is that case studies are inherently qualitative, whereas they can actually employ a variety of methodological approaches. Case study research can be designed using qualitative, quantitative, or mixed-methods strategies. For instance, a qualitative case study might involve interviews, observations, and document analysis to develop an in-depth understanding of a phenomenon, while a quantitative case study might rely on survey data or numerical indicators within a bounded system (Creswell & Poth, 2018). Mixed-methods case studies combine both approaches, allowing researchers to triangulate data and strengthen the validity of findings (Yin, 2018).

Qualitative case studies are also adaptable and can be categorized into three main types: exploratory, descriptive, and explanatory (Yin, 2018). Exploratory case studies like this one are typically used when researchers aim to gain initial insights into a relatively unknown or understudied topic. They are particularly useful when there is limited prior research on the topic, allowing researchers to identify key variables, patterns, or potential directions for further study (Stake, 1995). Descriptive case studies, on the other hand, focus on providing detailed accounts of specific situations, events, or individuals. They aim to paint a comprehensive picture of the phenomenon under investigation, often incorporating multiple data sources to capture its various facets. Explanatory case studies go beyond description and exploration to examine cause-and-effect relationships within a particular context. These investigations aim to clarify the reasons or mechanisms behind certain results, often by examining the intricate interactions among variables.

Stake (2000) also differentiates between three distinct categories of case studies: intrinsic, instrumental, and collective. The intrinsic case study facilitates a more comprehensive understanding of a specific case. An instrumental case study examines a specific case to "provide insight into an issue or to redraw a generalization." When the instrumental case study encompasses multiple cases, it evolves into a "collective case study," enabling the investigation of a "phenomenon, population, or general condition" (p. 437).

Limitations of Case Study Research. According to Yazan (2015), despite being one of the most frequently used qualitative research methodologies in educational research, methodologists do not have a full consensus on the design and implementation of the case study, which hampers its full evolution. This is likely why Merriam (2002) points out that emerging researchers are often confused as to what a case study is and how it differs from other types of

qualitative research. To further differentiate case study from other methods, Yazan (2015) highlights its unique attributes. He asserts it is specific, concentrating on a particular situation, event, phenomenon, entity, or program. It is also descriptive, offering a comprehensive and detailed portrayal of the phenomenon being studied. Furthermore, it is heuristic, improving the reader's comprehension of the phenomenon under investigation.

A criticism of case study research lies in the limitations regarding generalization and the extent to which its findings can explain phenomena or situations outside the scope of a particular study (Roller, 2020). This position aligns with Dul and Hak's (2008) view that case study research results are not widely applicable in real life, and that case study research is strictly exploratory research in which nothing can be proven because of the alleged impossibility of generalizing findings. On the one hand, researchers like Yin (2018) espouse analytical generalization and contend that researchers are, in fact, able to compare or generalize case data to existing theories. On the other hand, researchers like Stake (1995) believe that the purpose and uniqueness of case study research is "particularization, not generalization" (p. 8).

Another criticism of case study research, according to Yin (2003), is that it does not have a "codified design" like other research strategies. (p. 14). Some researchers view this as an advantage, however, since it provides more flexibility and adaptability, allowing researchers to tailor their approach to the specific case they are studying (Daughtery, 2009). Yin (2018) acknowledges that a case study does not have a codified design like the other research strategies employed by social scientists, which is the reason why some investigators do not grant it the merits as a notable research method.

Critics of case study research also stress that there is a need for researchers to be very explicit about the choices they make and to be able to justify them. Some of these decisions

include the data sources and instruments employed. Yin (2018) also suggests using documentation, archival records, interviews, direct observation, and physical artifacts as data sources. For data collection instruments, Stake (1995) suggests the use of observation, interview, and document review, while Merriam (1998) and Dul and Hak (2008) agree, and add questionnaires to the list. Bloomberg and Volpe (2019) contend that through these different methods, a case study enables substantial engagement with research participants, offering a comprehensive view of the phenomenon. Given that the research can be extensive, utilizing various data collection methods and involving multiple data sources, triangulation is essential to gain a thorough understanding of the phenomenon being examined. It also enhances the study's rigor, breadth, and depth by providing corroborative evidence for the data collected. According to (Yin, 2018), data analysis can be either holistic, addressing the entire case, or embedded, focusing on specific parts.

While case study research can be ideal for exploring real-world problems, leadership behavior, organizational change, and learning processes (Stake, 1995), it may be less suitable when the aim of the research is to test hypotheses in a controlled environment, establish causal generalizability, or achieve statistically significant results across large populations (Merriam & Tisdell, 2016). Ultimately, case study research provides a flexible yet rigorous framework for delving deeply into complex issues. Its ability to incorporate diverse forms of data and analytic techniques makes it a valuable tool for researchers across different fields like education and the social sciences.

Rationale for Case Study. I selected a qualitative single case study as the most appropriate for this study because of its bounded feature that allows me to conduct my research within a particular scope and context, but with sufficient flexibility to carry out an in-depth study.

This methodological approach was suitable and effective for investigating how administrators at NU conceptualize and address workplace wellness because it offered an in-depth exploration of the perspectives and experiences of administrators as they navigate the complexities of wellness and leadership, while also focusing on the dynamics of the specific institutional context. The case study approach provided a comprehensive view of the unique environment, culture, and challenges of the organization, facilitating a nuanced understanding of leadership wellness, employee wellness, and the institution's own wellness posture. Also, while higher education institutions share many characteristics with other organizations, they possess unique features, such as the interconnectedness of faculty, staff, students, and administrators as major institutional stakeholders, that help define the bounded nature of a case study. This remained true even though not all stakeholder groups were included in the present study.

The relationship between leadership wellness and employee well-being within the context of the workplace encompasses multiple interconnected dimensions, and a case study enabled me as the researcher to delve into these complexities, capturing diverse perspectives from various information sources within the confines of the targeted context (Yin, 2018). Moreover, focusing on a single institution allowed me to focus on specific strategies and practices that have proven successful or unsuccessful, thereby providing practical guidance for policy and decision-makers at the institution and perhaps others operating in adjacent or analogous environments.

The case study approach is a frequently used research method that is appropriate when a researcher aims to investigate a specific real-world phenomenon, such as wellness in this context, by examining one or more cases (Merriam, 2002). For this study, I used an exploratory case study to gain a deeper understanding of the nuances of employee and leadership wellness at NU. This approach helped capture the intricate dynamics of administrators' perceptions of

wellness and their perceived roles in addressing workplace wellness within the institutional setting. It provided valuable insights that were both contextually grounded and richly detailed.

Although some see a case study as a research strategy, Stake (2000) observes that "case study is not a methodological choice but a choice of what is to be studied" (p. 435). As Schram (2006) reminds us, however, "whether you consider case study as a way of conceptualizing human social behavior or merely as a way of encapsulating it, its strategic value lies in its ability to draw attention to what can be learned from the single case" (p. 107). In this case, the qualitative single case study approach provided me the opportunity to do all of the above. It afforded me the choice of what to study, a way to conceptualize and encapsulate participants' behavior, and a means of drawing attention to the things that could be learned from the case. Guided by C. Black's (2021) articulation of case study inquiry, this design enabled me to conduct an in-depth analysis of the issues and surrounding complexities of workplace wellness and wellness-centered leadership within a real-world higher education context at NU.

Case Description. This single-institution case study was conducted at a mid-sized public university. The university serves approximately 13,000 students across undergraduate and graduate programs and employs approximately 1700 faculty and staff. The institution offers a comprehensive range of academic programs through its colleges of arts and sciences, business, education, engineering, engineering, allied health, and professional studies disciplines. As a regional public university within a large state system, the institution provides an ideal setting for examining how workplace wellness is conceptualized and addressed within higher education administration. The university's mission emphasizes student success, community engagement, and workforce development, which are core values that also underscore the importance of employee well-being and organizational health.

Administratively, the institution operates within a traditional hierarchical structure, with senior leadership reporting to a president and various divisions led by vice presidents or assistant vice presidents. The focus of this study was on mid- to senior-level administrators responsible for leading teams, managing units, and shaping institutional culture. This site was purposefully selected because of its ongoing engagement with organizational wellness initiatives, including efforts to integrate Newtown Optimal Wellness principles and employee wellness programs into leadership practice. The case therefore provides a rich context for exploring the lived experiences and meaning-making processes of administrators as they navigate the intersection of leadership, wellness, and institutional culture in higher education.

Research Procedures

As previously noted, it is important that when conducting a case study, researchers carefully articulate their decisions regarding data sources and instruments employed in their research. Data sources like interviews, documents, archival records, direct observation, physical artifacts, and questionnaires have been recommended (Dul & Hak, 2008; Stake, 1995; Yin, 2018). Creswell and Creswell (2018) also recommend that subject selection in qualitative research is purposeful, with individuals selected who can best inform the research questions and enhance understanding of the phenomenon under study. This means that the selection criteria and recruitment process for research participants are equally important, as are the procedures for data collection and analysis, which are all outlined below.

Data Collection

Participants. The research study focused on data collected through interviews with higher education administrators as the primary data source. Various positions and titles fall within the realm of higher education administrators, and those vary from institution to institution.

Generally, upper administration usually refers to presidents or chancellors, their executive leadership teams which are comprised of vice presidents or vice chancellors, and other leaders like provosts and deans. In her 2025 study, Brownlow focused on university administrators such as deans, department heads, directors, human resources leaders, and other key figures whose decisions and policies have a substantial impact on the institution's functioning and culture. Similarly, Gilmour and Sandilos (2023) define university administrators as key figures responsible for developing and implementing institutional systems that affect the academic environment where faculty and staff work and function, ultimately influencing student success. A 2016 study focusing on higher education administration and leadership delineated leaders and administrators not by their titles but by their leadership responsibilities identified as planning, academic entrepreneurship, data-driven decision making, revenue generation, and creating professional and academic pathways for learners (Webber, 2016).

According to Brownlow (2025), the responsibilities of administrators include supervising institutional activities, budgetary oversight, program development, and interacting with stakeholders. For this study, the participants included anyone from department or unit administrators to senior level administrators. At the department or unit level, directors or executive directors designated as hiring managers and budget managers were considered administrators. At the division and college levels, anyone holding vice president, assistant or associate vice president, dean, and assistant or associate dean positions and above were also considered to be administrators.

Inclusion Criteria. To be eligible for selection, individuals were required to have held their current administrative position for at least three calendar years. This requirement ensured that candidates were reasonably familiar with their roles and responsibilities and with the

employees under their supervision. It also presupposed that they possessed a thorough understanding of organizational policies and procedures, along with practical experience in addressing employee well-being concerns or implementing wellness strategies or initiatives. Also, that ensured that they were in their position during the time when the Newtown Optimal Wellness initiative was first implemented at the University. Eligible individuals were also required to be willing and open to participating in in-depth interviews and sharing their personal experiences related to employee and leadership wellness.

Exclusion Criteria. Individuals in interim or limited duration appointments were excluded from the study, as their temporary status might not have allowed them to provide a comprehensive leadership perspective. Similarly, administrators such as program directors, who managed programs but did not supervise individuals were also excluded from selection. It was important that participants managed and supervised at least one other full-time professional staff or faculty member, meaning they were responsible for conducting annual performance evaluations for their subordinates.

Upon identification of eligible participants and receipt of appropriate Institutional Review Board (IRB) approval, I employed existing professional relationships and networks to contact potential participants. I selected a purposeful sample of 12 administrators occupying positions ranging from unit directors to upper-level administrators. Creswell & Creswell (2018) state that the sample size depends on the research design, while Stake (2000) suggests using a similar approach to narrative inquiry if using semi-structured interviews, as this is a manageable number. For narrative inquiry research, Creswell & Creswell (2018) recommend a number between 3 and 10. While 12 is on the higher end of the recommended size, it served as a good cross-section of campus leadership for this study. Prospective participants were contacted electronically via email

using a personalized IRB-approved script, which is included in Appendix A. It contained information about the purpose and significance of the study, an overview of participation requirements, the anticipated time commitment, and assurance of confidentiality.

Data Collection Process. Because the focus of the study was on administrators at NU, it was important to include representation across different levels of administration, ranging from unit directors to upper-level leaders. To achieve this, the sample of twelve participants was diversified to include two directors, two executive directors, two department heads, two deans, two assistant/associate vice presidents (one assistant and one associate), and two vice presidents. To conceal their identity and provide a measure of anonymity and confidentiality, participants were assigned a wellness-themed pseudonym (Saunders et al., 2015).

Pre-Interview Questionnaire. Participants were provided with a link to the mandatory Pre-Interview Questionnaire (PIQ), which was developed in Qualtrics. This PIQ served as a precursor to the interview and was used to capture some preliminary information in an online format prior to the face-to-face interview. Unlike surveys, they are not meant to be anonymous and are effective ways of gaining valuable information to better prepare participants and researchers for interviews (Glesne, 2016). The PIQ began with an informed consent page, followed by thirteen items that included multiple-choice, short-answer, and Likert-type questions. They were designed to gather preliminary information such as participants' tenure at NU, designation as a faculty or staff administrator, relevant work-related experience, and the number of individuals under their supervision.

In addition to information about participants' tenure at the institution and related experience, there were some close-ended questions about their engagement with the wellness initiatives or resources like NOW, including the ways in which they have engaged with the

program. Information reported in the PIQ was then used for data triangulation and to inform aspects of the face-to-face interviews and the data collection process. Collecting this information provided important context for interpreting participants' perspectives and ensured that the study sample reflected a diverse range of administrative roles and experiences (Creswell & Poth, 2018; Patton, 2015).

Table 1

Study Participants

Name	# of Years in Higher Education Leadership	# of Years at NU	# of Direct Reports
Dr. Vitality	> 20 years	10 – 20 years	5 – 10
Dr. Vigor	10 – 20 years	5 – 10 years	< 5
Dr. Joy	> 20 years	> 20 years	> 20
Dr. Faith	> 20 years	5 – 10 years	> 20
Dr. Renewal	> 20 years	5 – 10 years	> 20
Dr. Endurance	> 20 years	> 20 years	> 20
Dr. Love	< 5 years	< 5 years	5 – 10
Dr. Resilience	5 – 10 years	< 5 years	< 5
Dr. Stamina	> 20 years	5 – 10 years	5 – 10
Dr. Boundaries	5 – 10 years	Less than 5 years	< 5
Dr. Harmony	10 – 20 years	5 – 10 years	< 5
Dr. Alignment	10 – 20 years	5 – 10 years	> 5

Semi-Structured Interviews. Yin (2018) points out that exploratory case studies frequently utilize qualitative methods for data collection, including interviews, observations, and document analysis, to derive insights. Merriam and Tisdell (2016) also identify interviews as a primary source of data in qualitative research. Moreover, according to Morse (2012), semi-structured interviews are used when the researcher is familiar with the topic and able to determine what is pertinent to the research questions but may not necessarily know or anticipate all the responses. Merriam and Tisdell (2016) also highlight their flexibility and conversational tone.

For this study, in-depth, semi-structured interviews were conducted with each participant. These interviews explored their personal experiences, perceptions, and practices related to personal and professional wellness within the context of the workplace. I also used an interview protocol for asking questions and recording answers, as recommended by Creswell and Creswell (2018). Additionally, I also took handwritten notes and recorded the interviews, in addition to writing self-reflecting memos following the interviews to help contextualize the data as well as to manage and minimize personal biases (Glesne, 2016).

While Creswell and Creswell (2018) recommend conducting one-on-one interviews in the same room, I deviated from that recommendation to prioritize participants' comfort, convenience, and preference. They were provided the option of in-person or virtual interviews, and three interviews were conducted in-person and the remainder were conducted via Zoom. The Zoom interviews were quite convenient, particularly with the ease of the platform's recording capability, however whenever participants chose to meet in person, I was delighted to do so. In fact, what I appreciated about the interviews in-person interviews in participants' offices was the opportunity to observe the space, including their office decor, any wellness features like

ergonomic enhancements, personal effects, and reading materials like books or magazines on display. In-person interviews were recorded with an audio recorder. All recordings were professionally transcribed using Rev.com. Creswell & Creswell (2018) also recommend preparing about 5 to 10 questions for the interview, which I incorporated into my interview protocol.

Each interview started with a brief period of casual conversation and pleasantries to create a welcoming and trusting space. I thanked participants for agreeing to participate in the study, referenced their completion of the PIQ. I then restated the study's focus, confirmed their informed consent to participate and to be recorded, and then proceeded with the semi-structured interview using the guide provided in Appendix D.

Glesne (2016) suggests that an hour is generally an appropriate duration for an interview but notes that the number of sessions may vary depending on factors such as interview length, the respondent's interest and verbal fluency, and the researcher's probing skills. I again deviated from that recommendation by scheduling 90-minute interviews. I informed participants that follow-up meetings were possible if necessary and ended up having 2 follow-up interviews because of time constraints and participants' interest in continuing the process. The average duration of interviews was 1 hour and 35 minutes. The shortest interview lasted 1 hour and 2 minutes, while the longest lasted 2 hours and 19 minutes.

In addition to the interview transcripts, I also collected field notes during the interviews and wrote reflective interview notes immediately following each session. These notes included observations about the setting, participants' gestures and expressions, memorable moments, and my general reflections on the interaction with each participant. Documenting these observations enhanced the richness of the data, supported triangulation, and contributed to reflexivity by

capturing both contextual details and my interpretive lens as the researcher (Creswell & Poth, 2018; Merriam & Tisdell, 2016; Patton, 2015).

Data collection also included secondary data sources, particularly institutional resources related to workplace wellness. These sources included websites, program descriptions, a survey instrument, report data, event flyers, campus emails and newsletters, human resource forms and policies, and strategic plan documents. These data sources are all readily available on the internet. Incorporating these secondary data sources provided contextual depth, allowed for triangulation of data, and supported a more comprehensive understanding of the institutional landscape concerning workplace wellness at NU.

Data Analysis Process

In qualitative research, the process of data analysis commences concurrently with data collection, facilitating continuous interpretive engagement by the researcher (Creswell & Poth, 2018). For this study, in alignment with the interpretivist paradigm that undergirded the research, I used a reflexive thematic analysis that combined inductive and deductive approaches to collect and analyze the data. During interviews, I employed active listening techniques while taking observational notes to document my impressions, emotional responses, and ideas for potential codes (Glesne, 2016). These memos enhanced the analytical framework and facilitated preliminary interpretation during the data collection phase. As Lincoln and Guba (1985) suggest, emergent insights from the responses were used to inform provisional codes and refine the direction of inquiry, recognizing that analysis is recursive and not strictly linear.

Following each interview, once recordings were transcribed, I examined each transcript in conjunction with field notes and summaries to ensure both accuracy and contextual depth, as part of a comprehensive familiarization process advocated by Braun and Clarke (2022). This

process entailed an immersive engagement with the transcripts through repeated readings, memo writing, and the identification of initial patterns within the data. Reflexive thematic analysis was performed utilizing QSR Nvivo software, which facilitated the organization, coding, and iterative categorization of the data.

Thematic analysis, as outlined by Braun and Clarke (2022), is a systematic approach to identifying, analyzing, and reporting patterns within qualitative data. I used their six-phase process to ensure a thorough thematic analysis. The process began with familiarization, where I immersed myself in the data through repeated reading and note-taking. This was followed by generating initial codes, which involved systematically labeling relevant features of the data. In instances where I sought The third phase, constructing candidate themes, required me to collate codes into potential overarching themes and subthemes. Next, I reviewed the themes more closely to ensure that they fit with the coded data. I then analyzed them further to refine and define them, ensuring that the words and names captured the essence of the data. In line with Braun and Clarke's (2022) recommendation to use thematic labels that are "creative and evocative" (p. 210), I employed elements of alliteration and rhythm to enhance the clarity and richness of the themes, making them both memorable and interpretive rather than purely descriptive. Finally, I extracted compelling extracts from the raw data to support the themes and relate the analysis back to the research questions and literature to incorporate into this report (Braun & Clarke, 2022).

In instances where I sought specific responses or feedback from participants about key concepts in the study, I employed deductive analytic strategies; however, because I did not begin with preset codes and instead developed codes inductively from participant data, the approach ultimately reflected a hybrid analytic process. This was particularly evident when examining

concepts such as pivotal experiences that could be interpreted as disorienting dilemmas consistent with Mezirow's (1978, 1991) Transformative Learning Theory, as well as the various adult learning and development pathways participants described as lifelong learners and leaders.

Throughout the data analysis process, coding was conducted in both an inductive, data-driven manner and a deductive, theory-informed manner. This recursive approach allowed some themes to emerge organically from participants' narratives while others were deductively derived and intentionally explored through the lens of existing theoretical frameworks, yet without being rigidly imposed a priori (Braun & Clarke, 2022). The iterative nature of the analysis facilitated deeper engagement with the data and supported the refinement of codes into cohesive, analytically rich themes. To enhance the credibility and depth of the findings, I also employed methodological triangulation by integrating interview data with the examination of data from secondary sources (Creswell & Creswell, 2018). This triangulated approach supported the validation of emergent themes and offered a more comprehensive account of the concepts being investigated. The analysis sought to develop detailed insights into participants' lived experiences by emphasizing interpretation rather than mere pattern recognition, highlighting the intricate and context-dependent meanings found in the data (Braun & Clarke, 2022).

Document and Content Analysis. Qualitative content analysis was employed to examine the secondary data listed above to investigate how wellness is defined, prioritized, and communicated within the organization. According to Elo and Kyngäs (2008), qualitative content analysis is particularly effective for interpreting the contextual meanings found in human experiences and communication. This makes it an excellent method for studying organizational culture and discourse, especially when primary data is available to support the analysis. In this context, content analysis served to enhance the study's credibility by supporting methodological

triangulation, thereby confirming themes that emerged from interviews (Flick, 2002). Second, it provided a critical lens for assessing the alignment, or lack thereof, between institutional rhetoric and practice regarding workplace wellness. Content analysis also aided in constructing a comprehensive profile of organizational wellness, offering insights into the extent to which leadership and employee well-being are integrated within institutional policies and strategic initiatives.

Quality Assurance

Grounded in qualitative inquiry, Lincoln and Guba's (1985) criteria of credibility, dependability, confirmability, and transferability were used to ensure the quality and credibility of the study. As the primary instrument for data collection and analysis, the awareness that my positionality and subjectivity, coupled with my background, professional experiences, and values, could influence the research process remained a constant thought. This section includes my reflexivity statement and outlines the self-reflective practices and ethical commitments that underpinned the research to address potential researcher bias and ensure transparency throughout the study.

Trustworthiness

To enhance the trustworthiness of this study, I employed multiple strategies rooted in the qualitative rigor criteria outlined by Lincoln and Guba (1985). Peer debriefing with trusted colleagues and my dissertation committee chair was a crucial feedback mechanism, providing external perspectives and deepening analytic insights (Spall, 1998). Methodological triangulation was also used to enrich the interpretation of the findings. Triangulation was accomplished by integrating various data sources and methods to ensure that findings were robust, grounded in data, and contextually valid (Patton, 2015). To enhance credibility, member checking was carried

out with participants who consented to examine the thematic summaries. This process was not just a means of verifying facts but also a collaborative effort to confirm that the emerging themes aligned with their personal experiences (Creswell & Poth, 2018). Member checking also ensured that the final interpretations reflected participants' insights and experiences as authentically as possible (Creswell & Poth, 2018).

Positionality and Subjectivity

According to Patton (2015), the personal and professional identities of a qualitative researcher, who serves as the main instrument for gathering and interpreting data, inevitably influence the research process. I was therefore cognizant of the fact that my role in higher education and familiarity with different administrators provided potential advantages and challenges in the research process. This afforded me an insider status, granting me valuable contextual knowledge and professional insight. This positioning also allowed for a nuanced understanding of university administrative processes and led to more informed research questions and interpretations. However, I was also aware that this insider status introduced the potential for bias that could have influenced how participants responded to interview questions or how I interpreted the data, (Edwards, 2002; Innes, 2009).

I believe that my positionality as both a "deep insider" (Edwards, 2002), with just over 15 years of higher education experience as an administrator, and a doctoral student at the University of Tennessee at Knoxville offered a unique vantage point for conducting the study. This dual role provided a blend of legitimacy and critical distance, allowing for a nuanced examination of the phenomenon being studied. I acknowledged the potential pitfalls associated with this insider status, particularly the risks of over-rapport and assumptions of shared understanding, as highlighted by Innes (2009). To mitigate these risks and maintain objectivity, I employed several

strategies including intentional bracketing to set aside preconceptions, careful monitoring of assumptions, and a commitment to keeping participant perspectives at the forefront of the analytic process. By implementing these measures, I was able to leverage the advantages of my insider status while maintaining the necessary critical distance to conduct a rigorous and unbiased study.

Reflexivity Statement

Reflexivity is a cornerstone of qualitative inquiry, particularly within the interpretivist paradigm, and requires researchers to continually examine how their personal experiences, beliefs, and positionalities influence the research process (Patton, 2015). Starks and Trinidad (2007) further suggest that researchers must serve as a faithful witness to participants' accounts while simultaneously acknowledging and interrogating their own identity and subjectivities. This process involves scrutinizing one's assumptions, biases, and emotional responses throughout the research journey, from conceptualization to data interpretation and presentation of findings.

This research is, in many ways, personally meaningful to me. Over the past several years, I have navigated significant personal challenges including serious health issues, loss, and adversity, as well as professional challenges in the workplace. These experiences have profoundly reshaped my understanding of wellness and the lens through which I conceptualize personal and workplace wellness. These life-altering events have cultivated in me a deeper commitment to holistic well-being, resilience, and purpose. My experience with these different "disorienting dilemmas" (Mezirow, 1978), also prompted me to recognize the profound effects that workplace experiences and leadership styles can have on an individual's ability to navigate wellness challenges while maintaining professional commitments. They also frame my interest in

how workplace dynamics like leadership and institutional structures can support or hinder employee wellness.

This personal connection to the research topic underscored the importance of maintaining a balance between leveraging personal insights and remaining open to diverse perspectives and experiences that emerged from study participants (Patton, 2015). While my lived experiences strengthened my empathy and insight, I remained vigilant about the ways in which they could have shaped data interpretation. To that end, I engaged in reflexive journaling during the research process to document personal reactions, emerging thoughts, and analytic decisions. I also engaged in peer debriefing with trusted individuals who could challenge my assumptions and enhance the credibility of the findings (Lincoln & Guba, 1985). These practices not only served as safeguards against bias but as mechanisms for deeper critical reflection that enhanced the transparency and integrity of this work.

Ethical Commitments

This study was guided by a steadfast commitment to ethical research practices as established by the Belmont Report (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979) and the American Psychological Association's Ethical Principles (APA, 2017). Before gathering data, I obtained approval from the Institutional Review Board (IRB) at both my home institution, UTK, and the site institution, NU. Informed consent was also obtained from all participants, who were fully apprised of the study's purpose, procedures, potential risks, and their right to withdraw at any point.

Confidentiality and anonymity were also strictly maintained. Interview recordings and transcripts were securely stored, and all identifying information was removed from the final report. Moreover, as previously indicated, given my central role as the main instrument of data

collection, I engaged in continuous self-reflection and critical analysis throughout the study (Patton, 2015). At times, I found myself wrestling with preconceived notions and expectations about how participants might respond. This process deepened my appreciation for the importance of self-reflection, self-interrogation, and critical analysis in maintaining reflexivity throughout the research.

Recognizing my positionality within the context of the case study, I was especially attentive to creating a safe and respectful space for participants, upholding ethical integrity through transparency in data interpretation, honest representation of participants' voices, and methodological rigor (Lincoln & Guba, 1985; Patton, 2015). I was also intentional about being attentive to cultural and social differences, treating all participants with fairness and respect, and ensuring that the research environment promoted openness and mutual trust. In addition, throughout the research process, I remained mindful of the responsibility to honor participants' experiences and voices. Many shared profoundly personal stories that revealed vulnerability, candor, and emotion. I handled these moments with sensitivity and care, recognizing my ethical obligation to steward their narratives respectfully.

Chapter Summary

This chapter outlined the various methodological considerations that guided this qualitative case study into how NU administrators perceive workplace wellness at Newtown University. Anchored in an interpretivist paradigm, the study employed semi-structured interviews, qualitative content analysis of secondary institutional sources, and reflexive thematic analysis to explore the meanings, priorities, and practices that administrators ascribe to workplace wellness. Data was analyzed using Braun and Clarke's (2022) six-phase approach to thematic analysis and using Nvivo software for data management and coding. Trustworthiness

was ensured through triangulation and member checking, while researcher reflexivity, positionality, and ethical commitments promoted transparency and rigor. Chapter 4 provides an in-depth discussion of the study's findings, including the themes that emerged as a result of the thematic analysis process.

Chapter Four

Findings

This chapter presents the findings of this qualitative case study exploring NU administrators' perceptions of workplace wellness at the institution, their roles and responsibilities in addressing workplace wellness, and their insights gained about workplace wellness through their engagement with institutional wellness initiatives. It begins with a summary of the Pre-Interview Questionnaire responses, followed by a detailed description of each study participant and the themes emerging from the data. It also includes an analysis of institutional wellness-related documents and resources.

Summary of Pre-Interview Questionnaire Responses

Beyond the preliminary contextual data about the 12 participants' professional backgrounds, they were also asked to identify any wellness-related initiatives, programs, or institutional resources that they were aware of at NU. The responses varied considerably, ranging from one individual who stated, "I am not aware of any," to those who listed only one or two, and others who listed several programs, trainings, and offices that provided different wellness resources. Frequently cited initiatives included the Newtown Optimal Wellness (NOW) initiative, the Wellness Center, the University Office of Mediation, OK Grand Bay!, the Employee Assistance Program (EAP), Wellness Incentive benefits, Family Medical Leave Act (FMLA) benefits, accommodations under the Americans with Disabilities Act (ADA), and various trainings provided through the LEARNING L@B, the University's learning management system. These responses highlighted varying levels of awareness among administrators and provided a valuable measure of the visibility and perceived accessibility of institutional wellness

resources. The chart below shows the frequency of responses identifying various institutional wellness initiatives and resources.

Figure 3.1

Campus Wellness Initiatives and Resources

In addition to listing wellness programs and resources, participants also rated their perceptions of institutional support for workplace wellness using a series of Likert-scale statements. These statements explored participants' views on organizational culture, the extent to which senior leaders model wellness behaviors, individual readiness to support wellness, and engagement with institutional wellness initiatives and resources. The responses revealed a mix of optimism, neutrality, and skepticism, highlighting both awareness and gaps in engagement.

When asked to respond to the statement, *"NU promotes a culture that supports workplace wellness,"* seven participants agreed, while four either disagreed or strongly disagreed, and one was neutral. This suggested a split perception of institutional culture, with a notable proportion of participants indicating a lack of confidence in NU's promotion of workplace wellness. In response to the statement, *"NU leadership models healthy work-life balance,"* responses were more ambivalent: three participants agreed, three disagreed, and the remaining six were neutral. These results implied uncertainty about whether wellness values were consistently demonstrated by senior leadership.

Participants were also asked to rate their own knowledge and preparedness in supporting wellness as administrators. Nine participants either agreed or strongly agreed with the statement that they feel confident in understanding what contributes to workplace wellness in a higher education setting. However, when asked whether they felt adequately trained and equipped as administrators to support employee wellness at NU, only six participants agreed, while three were neutral, and the remainder either disagreed or strongly disagreed. This suggested that while many leaders felt conceptually knowledgeable about wellness, fewer felt prepared or empowered to implement wellness practices as part of their professional roles.

Regarding NOW as an institutional initiative, participants responded to the prompt, *"NOW has had a positive impact on workplace wellness at NU."* Five participants agreed, five disagreed, and two were neutral, indicating mixed perceptions regarding the initiative's impact. However, all participants indicated that they have had some level of engagement with NOW, with about half indicating that they had either completed surveys, reviewed department-level feedback, read related blog content, or participated in all three activities. One participant noted that a NOW researcher had presented data to their department, while another shared that they had

incorporated some NOW metrics into performance rubrics for their department. These examples illustrated pockets of meaningful engagement but also suggested that the initiative's influence had not yet reached broad consensus among administrators.

Table 2

Summary of Participant Responses to PIQ Statements

PIQ **Statement**	**Strongly Agree / Agree**	**Neutral**	**Disagree / Strongly Disagree**	**Interpretation**
NU promotes a culture that supports workplace wellness	7	1	4	Split perception of institutional culture; notable lack of confidence in wellness promotion.
NU leadership models healthy work-life balance	3	6	3	Ambivalence and uncertainty about leadership modeling of wellness.
I feel confident in understanding what contributes to workplace wellness in higher education	9	—	3	Strong conceptual understanding of wellness among most administrators.
I feel adequately trained and equipped as an administrator to support employee wellness at NU	6	3	4	Knowledge present but limited confidence or empowerment to apply wellness practices.
NOW has had a positive impact on workplace wellness at NU	5	2	5	Mixed perceptions of NOW's effectiveness; engagement varies by unit.

Summary of Participant Interviews

Each interview commenced with a brief discussion of the participant's background and position at the institution. They provided an overview of their roles and responsibilities, and their journey into higher education leadership. They were also asked to provide at least three characteristics of an effective higher education administrator and discuss any professional or personal experiences that have shaped how they lead, learn, and grow in their roles. The interviews then progressed with more NU and wellness-specific questions, including their perceptions about personal and workplace wellness through the lens of their leadership roles. The interviews wrapped up with participants' reflections and insights about their journey and experience from a wellness-centered leadership perspective.

Dr. Vitality

Dr. Vitality, a seasoned administrator with two decades of experience in higher education and just over ten years at NU, expressed a leadership philosophy based on trust, transparency, and individualized support. They credited their supervisor with shaping their understanding of wellness-centered leadership. Dr. Vitality viewed wellness as encompassing happiness, flexibility, and work-life balance, elements they personally value and endeavor to cultivate within their team. They emphasized that effective wellness-centered leadership must be rooted in authentic action and modeling of wellness behaviors, stating, "Leadership needs to show the example. They cannot just share words. They need to act on them."

This participant noted a significant shift in employee wellness at NU following the COVID-19 pandemic. Before 2020, remote work requests were typically denied. However, the pandemic became a "catalyst for change," normalizing wellness discussions and flexible work arrangements. Reflecting on their own demanding daily routine, Dr. Vitality expressed concern

about work pace and performance expectations in Western culture, viewing them as excessive compared to other cultures. They likened higher education to the "Amazon Prime service model," with expectations of 24-hour responses, noting that these conditions often cause employee stress and burnout.

Emphasizing work-life balance and boundaries, Dr. Vitality described efforts to not work at home. They implemented a "strong policy" to discourage checking emails after 5:00 PM and limiting after-hours calls to emergencies. They advocate for staff to use mental health days, vacations, and post-travel recovery days to promote wellness. They are cognizant of staff wellness needs and mentioned several proactive steps that they have taken to promote a healthy workplace, including providing ergonomic upgrades and functional aesthetics for office spaces, and organizing regular team lunches away from the office. As a critic of one-size-fits-all approaches to leadership and wellness, Dr. Vitality maintained that managers must address each employee's distinct needs, while acknowledging that this can be challenging. They expressed concern about institutional challenges affecting workplace wellness, highlighting inadequate compensation and unclear career advancement paths, particularly for non-teaching staff, as barriers that contribute to job insecurity and dissatisfaction. They argued that without addressing these issues, institutional programs may struggle to improve overall workplace wellness at NU.

When asked about their experience with institutional wellness programs or initiatives, Dr. Vitality initially struggled to identify any specific programs but eventually mentioned a few. They referenced the NOW initiative, which they described as “the surveys and questionnaires to measure how happy we are in the work environment,” and the Grand Bay Great survey which is launched by the University of Grand Bay System. They also mentioned being aware of the Wellness Center, noting that “they do mental health clinics and some events and programs,”

although they had not participated in any. They were also pleased to learn about the institution's Employee Assistance Program (EAP), which they were not previously aware of.

Dr. Vitality noted that while departmental survey feedback through NOW has been helpful, limited resources often prevent meaningful action. They also expressed concern about the initiative's sustainability, noting that without visible actions or directives from senior administration, it risks becoming a routine process that "measures dissatisfaction instead of fostering wellness." They reported not having observed significant cultural changes related to workplace wellness at the institution but observed modest progress in respecting leave taken for wellness reasons. Dr. Vitality called for senior administration to prioritize cultivating a culture of wellness with increased accountability for engagement, while empowering unit leaders to respond effectively to employees' expressed wellness needs.

In reflecting on their learning and leadership journey, Dr. Vitality credits mentorship from supervisors as the primary factor. They stated, "I have had good leadership to show those examples, so I feel comfortable promoting wellness." When asked about advice for emerging leaders on leading with wellness in mind, they suggested consulting with supervisors, experienced counterparts, and even retirees about their career management. The second factor shaping their wellness-focused leadership comes from learning best practices from similarly-situated colleagues and other institutions. The third important factor is learning from staff through informal conversations and observations. They noted, "the most important things regarding wellness will not come out of a meeting, but by observing staff conversations, you can better understand and address employees' wellness needs."

Dr. Endurance

Dr. Endurance is an experienced administrator with more than 20 years at the institution.

Fifteen of those years were spent in an administrative position. They espoused a leadership philosophy rooted in fairness, individualized attention, and servant leadership, and repeatedly emphasized that they do not view themself as "the boss," but rather as someone responsible for providing the resources that their team members need to succeed. Their leadership approach focuses on personalized support while upholding high performance expectations. They perceive their role as facilitating professional growth and development, even supporting those who may decide to leave their position if it better suits their personal goals.

Dr. Endurance's understanding of wellness stems from professional knowledge and personal experiences. A major health incident years ago motivated them to prioritize well-being through regular physical activity. They enjoy hiking and daily walks, frequently logging over 10,000 steps daily, including those taken while moving around the workplace. These walks, they noted, both contribute to their physical health and serve as a leadership strategy by enabling them to engage with team members and keep communication channels open. Dr. Endurance viewed wellness as a balance of physical and mental health, shaped by one's role and life stage. They believe wellness is personal and that institutions must adapt to employees' varied needs.

This participant offered a nuanced critique of institutional initiatives like the NOW initiative. While acknowledging some incremental progress regarding workplace wellness at the institution, particularly during the COVID-19 pandemic, they expressed concern that programs like NOW often serve as “scorecards” rather than catalysts for systemic change. They emphasized that for NOW to be effective and sustainable, it should not be viewed as a program, but rather as a principle which must be embedded in all institutional policies and practices. They also noted low survey participation and inconsistent follow-through by administrators in

response to feedback about their respective units. They maintained skepticism about data-driven initiatives that lack visible accountability or actionable outcomes.

A recurring theme in Dr. Endurance's interview was institutional accountability. They critiqued what they referred to as widespread bureaucratic inefficiencies and "paper-pushing". They also described the institutional culture as historically lacking in transparency and responsiveness, especially around issues of unfair treatment and lack of support for different groups of individuals, which can impact wellness on different levels including mental, physical, social, and even financial. Despite this, they expressed a strong sense of loyalty and commitment to their work and their department, and to fostering a positive culture in their department, even when broader institutional systems may fall short.

Throughout the interview, Dr. Endurance blended scholarly insight with pragmatic reflections on life at NU. Their awareness of systemic inequities and leadership limitations did not dissuade them from remaining hopeful about "grassroots improvements" and the power of modeling wellness through everyday behaviors. They underscored the importance of micro-level and frontline leadership by mid- to upper-level administrators, along with fairness and continuous reflection, in advancing workplace wellness, especially within complex higher education systems.

Dr. Joy

Dr. Joy's interview revealed a deeply human-centered leadership philosophy, with a strong emphasis on relational leadership and individualized approaches to workplace wellness. They described wellness-centered leadership as "fundamentally about knowing your people," emphasizing the importance of being accessible, building trust, and understanding team members both professionally and personally. Their leadership values were grounded in what they dubbed

the “three E’s”—*enthusiasm, ethics, and empathy*—which they viewed as essential elements for creating psychologically safe and productive work environments.

Dr. Joy defined wellness as having a personalized approach to achieving balance. "Wellness is having balance, and that balance looks different for everybody. It's the professional balance with your job, personal balance with family, and mental and physical pieces that make up an individual." Dr. Joy also detailed a highly structured daily routine designed to support their wellness, incorporating morning workouts, mental exercises, music, and creative projects. They noted that their approach may not work for everyone, highlighting the need for leaders to accommodate individual needs and preferences. "To me, it's that structure that's not for everybody. Some people like more flexibility," they said.

Dr. Joy recounted that their earliest recollection of wellness as a concept came from thinking about students and the things that affected them. They noted, "I watched students be impacted by things that wouldn't have bothered me.” They then discussed the importance of leaders knowing their people, saying “That's most relevant to any leader. Do you know your people and how to make them feel valued? If not, you're in the wrong place." Their leadership approach was shaped by personal experiences, including receiving institutional support during a family crisis. They observed, "In my role, I see pieces we don't see in regular meetings or classrooms," and added, “I think we sometimes get lost in higher ed focusing on content rather than on people.” They emphasized that when administrators know employees personally, " It makes for a better work environment." They added that knowing about employees' lives away from work provides insight into factors that might affect their performance, whether good or bad.

Dr. Joy stated, "So much of your health is a reflection of either the chaos or the calmness in your life, and I don't want to be the chaos." They emphasized that leaders should be

accountable for the climate of their teams, and actions like informal social gatherings or regular check-ins support employee wellness. They shared that such engagements allow the opportunity to see employees in a more relaxed environment while providing networking opportunities and community building among the team. Dr. Joy expressed skepticism toward broad institutional wellness initiatives due to size and organizational complexity, stating, "It's hard to capture a diverse organization and say these are the five things we need to work on, because they vary from one department or area to another." They argued that while broad institutional data and feedback can be helpful, the unit-by-unit approach remains crucial, noting "it's more valuable when it’s really focused on the primary area in which you operate." They also acknowledged that institutional efforts like the Wellness Center, LEARNING L@B trainings, and resources like those offered by HR have value, especially when combined with authentic engagement by middle managers. They emphasized that meaningful support often comes from informal, relationship-based interventions, and that performance evaluations and department surveys provide more relevant leadership feedback than other assessment tools.

Dr. Joy also identified several factors that they believed may be impacting participation in the NOW initiative and other wellness-related activities. They highlighted survey fatigue, stating, "I've filled out so many surveys. I think it works against us. I worry that you do so many, you don't always get accurate and useful feedback." They expressed concern that survey respondents tend to be employees who are either very satisfied or dissatisfied. Dr. Joy also observed that some of the questions in the NOW survey changed over time, and voiced concerns about consistency, stating, "When you change the questions, you're not comparing the same study." Dr. Joy further commented on the volume of campus communications as a deterrent to engagement, saying, "You've got too many words. If you're further down on that newsletter, which is where

some wellness information tends to be, I may not get to you." They added that without specific guidance or expectations from upper administration regarding the NOW initiative or other wellness programs, administrators are not motivated to prioritize these initiatives or workplace wellness in general.

Dr. Renewal

Dr. Renewal, a proponent of servant leadership, grounds their approach in their faith, life experiences, and a belief in the concept of lifelong purpose. Their transition to NU represented renewal after a professional setback, which they viewed as divine redirection. Dr. Renewal described leadership as a practice rooted in active listening and treating people with dignity and respect. They often referred to their spouse as a vital source of wisdom and accountability and highlighted the importance of being in alignment with them as a condition for work-life balance.

Dr. Renewal was a self-described facilitator who removes obstacles and enables others to flourish. "You've got to give people room to do their jobs," they emphasized, focusing on building trust, and providing support and strategic oversight rather than micromanagement as their management orientation. Their leadership style also incorporates storytelling and mentorship through personal narratives. In their current role, Dr. Renewal described a collegial environment that contrasts with the hierarchical and politically fraught environments they previously encountered in academia.

Dr. Renewal's concept of wellness, shaped by their Christian worldview and their experience with aging, encompasses spiritual, intellectual, and physical domains. Spiritually, they maintain church participation and view work as an extension of their faith. Intellectually, they sharpen their mind through reading, mentoring, and teaching. Physically, they remain active through various physical and outdoor activities. These ideals became more significant as they

faced health conditions and different medical procedures over the years. Dr. Renewal acknowledged struggling with work-life balance, working 50-60 hours weekly despite knowing the importance of rest, candidly stating, “I’m still not good at stopping.”

Beyond work, they find wellness in social and family relationships, artistic exploration, and a love of learning. They spoke glowingly of the joy derived from spending time with family, attending live music events, and fellowshipping with church members and colleagues who have become close friends. A self-proclaimed amateur, Dr. Renewal also finds playing musical instruments to be a source of balance and joy, as does the pursuit of learning new skills like foreign languages. As an avid reader, they also mentioned having participated in various reading groups over the years, expressing their joy of acquiring and sharing new books with others.

Dr. Renewal expressed both hope and skepticism regarding institutional wellness initiatives. They appreciated the direction and leadership of NOW, describing the intentions behind it as promising, but raised concerns about scope and equity, particularly regarding non-tenure-track faculty, staff in marginalized roles, and retirees or those nearing that stage. They lamented the institution's perceived lack of connection with retirees and aging employees, which they viewed as a poor investment in preserving institutional memory. Dr. Renewal also cautioned against wellness becoming a superficial “check-the-box” program and stressed the need to integrate it into hiring, evaluation, and retention practices. Regarding NOW, they mentioned time constraints as a deterrent to their active engagement with the initiative. They stated, “I haven’t’ filled of out some of the surveys myself. I tend to not be a survey person in general, but this is one that’s important, and I’ll work harder, encouraging members of my area to do it too.”

Dr. Renewal expressed strong belief in the responsibility and capacity of administrators in shaping the culture within their domains even when broader systems may lag behind. They

noted how higher education institutions often fail to curtail institutional politics and bureaucracies that hinder progress and negatively impact workplace wellness, referencing early challenges in their tenure at the institution resulting from poor leadership decisions. These insights and experiences informed their leadership approach, emphasizing the importance of listening carefully, communicating intentionally, and exercising flexibility over rigidity.

Dr. Renewal envisions a university that supports the "full humanity" of its people through gathering spaces that foster meaningful interactions and systems that value employee feedback and empathetic leadership. They emphasized that "people should look forward to coming to work." Dr. Renewal noted how sage advice from mentors shaped their approach to leadership and wellness. They stressed the importance of maintaining joy, perspective, and lifelong learning as keys to leadership success and personal wellness. Their approach reflects a deep dedication to servant leadership, finding purpose in one's vocation, and the inherent dignity of every person.

Dr. Harmony

Dr. Harmony described their trajectory into higher education leadership as a combination of intentional development and serendipity. During their 20-year career, including over 15 years at NU, the scope of their portfolio has broadened significantly during their tenure at the institution. A particular administrative role became a pivotal moment where they realized the enjoyment that they derived from helping employees to grow and succeed. Since then, they have viewed each administrative role as a "great learning opportunity". Dr. Harmony shared that their leadership style was shaped by advanced studies and mentorship, and they emphasized that continuous critical reflection helps sharpen their approach to wellness-centered leadership, both for themself and the other leaders and employees that they support. They also described the impact of modeling in learning and leadership, noting, "I tried to model what I thought I saw

working really well in my prior leaders that I reported to, and compensating for what I saw as, oh, this is where this wasn't working great."

Dr. Harmony defined wellness as "having the space and resources to thrive." They likened it to Maslow's hierarchy of needs, stating, "I think it's about what all those hierarchical needs are that we need to be successful and satisfied in our work community. Do you have the resources to do your job and do it well?" They also suggested that wellness is multifaceted, varying by individual circumstances and life stages. This participant described their daily approach to wellness as incorporating goal setting and practicing self-care, particularly in balancing the competing demands of work and personal life.

Dr. Harmony described NU's organizational culture as transitional due to leadership changes and resource constraints. They noted that while visibility around employee wellness has improved, "it still doesn't feel like it's fully baked into the culture," and observed that much of the focus centers primarily on student wellness while support for staff lags behind. They highlighted emerging financial, mental, and emotional challenges for staff, and commented, "Four or five years ago, I did not have new staff who would move here for a position and then not be able to afford their housing or were telling their boss that they were living on ramen." They added that similar reports have surfaced about employees' mental health, with external resources perceived as inadequate for crisis situations. They emphasized that while such issues receive considerable attention for students, they should also be prioritized for the faculty and staff who support and educate them.

Dr. Harmony's leadership philosophy focuses on emotional intelligence, communication, and building trust through relationships. They emphasized one-on-one conversations and check-ins as tools for addressing employee needs and boosting morale. In contrast, they cited a long-

vacant position in their unit to illustrate how operational limitations can affect team wellness. They noted that flexibility in scheduling, particularly regarding remote work, has improved workplace wellness, but highlighted inconsistencies in implementation across the campus and the University of Grand Bay System. They expressed surprise at the number of System colleagues with hybrid or remote work arrangements, which are uncommon at NU. They believed that reducing work-from-home options at NU would significantly impact employee wellness.

Regarding institutional wellness initiatives, Dr. Harmony identified the Wellness Center as a helpful campus resource, noting its benefits for both students and employees. They also mentioned NOW and the Grand Bay Great survey. While acknowledging the strength of the NOW framework in promoting institutional dialogue around wellness, they noted its limited adoption, stating, “it doesn’t feel like it’s either embraced campus-wide or that it has fundamentally led to any significant changes.” Nevertheless, they viewed it as the most visible institutional wellness initiative, and while they have heard it characterized by some as "lots of blog posts and surveys and emails," it is a positive step forward.

When asked for their thoughts on what some of the barriers to engagement with NOW and other initiatives might be, this interviewee identified lack of trust, inconsistent leadership accountability, and a focus on metrics over culture as key barriers to deeper engagement. They noted that results from areas with minimal participation in NOW are not provided to managers, stating "I have personally valued the ability to view things at a unit level because it allows me to see what this looks like for my team." They also observed that while NOW has raised awareness around psychological safety and created feedback loops about employees' needs, meaningful behavioral changes across departments remain limited due to unclear expectations from upper administrators. They further emphasized that "one-size-fits-all" approaches to leadership are

ineffective in fostering workplace wellness, advocating for individualized resources and multiple feedback channels to address diverse employee wellness needs. They stated, "I want people to come in and have clear expectations and resources and know what we need to do to get them there."

Dr. Stamina

With more than two decades in higher education administration and half of that time at NU, Dr. Stamina provided valuable insights on leadership, institutional culture, and workplace wellness. They emphasized leadership grounded in integrity, empathy, and expertise, describing their approach as relational and shaped by professional development and mentorship. Their early leaders invested in their growth by ensuring that they had access to the resources necessary to learn, grow, and succeed. Dr. Stamina also shared that their spouse significantly influenced their empathetic leadership style, stating, “I am a much better person and a much better leader because of the way my marriage has shaped me.”

Although sharing that the concept of wellness is a relatively recent addition to their vocabulary, they defined it as physical, mental, and emotional health in balance. Dr. Stamina described maintaining strict boundaries when it comes to work-life balance, stating, “Normally, I’m very boundaried on my email. When I go home, I don’t have my work calendar or Teams or anything else on my phone. That’s my peace.” They also find mental restoration and relaxation through creative, hands-on activities, binge-watching television shows, and going on at least one weekly hike.

Within the workplace, this participant described formal activities like weekly checkpoints and biweekly leadership meetings, along with informal "accidental encounters" like coffee breaks or engaging in activities with colleagues to create space for community. Viewing

leadership as transcending task management, Dr. Stamina emphasized modeling authenticity and creating environments where trust and psychological safety can flourish as leadership fundamentals. However, they discussed challenges of wellness-centered leadership, noting "I want to give people a safe workplace, but it sometimes impacts my own wellness." They acknowledged their tendency to take ownership of the well-being of their staff, stating " I cannot do everything for them. I cannot protect them from everything. And that's hard for me."

Dr. Stamina stressed that leadership competencies like handling difficult conversations must be taught and reinforced, and they mentioned having participated in specific leadership trainings. They also observed that the institutional culture has been weakened by inconsistent accountability and limited leadership development. They expressed concern about the perceived low prioritization of leadership training as a means to promote workplace wellness, remarking, "I don't see a lot of evidence that it's a priority here." In addition, Dr. Stamina pointed to challenges within the physical workspace, where employee comfort and safety needs often seemed to be overlooked. Such conditions, they concluded, erode trust and make wellness initiatives seem performative rather than genuine.

With regards to institutional wellness initiatives, Dr. Stamina cited the Office of Mediation, the Wellness Center, various trainings offered via the LEARNING L@B, and NOW as resources that improve workplace wellness, despite noting limited engagement with some of them. They expressed theoretical support for NOW but felt its impact had diminished due to inadequate leadership follow-through, characterizing it as "well-intentioned but under-leveraged." They questioned whether survey feedback was effectively driving institutional improvement. Discussing leadership accountability, Dr. Stamina reiterated the need for supervisor training while noting that ineffective supervisors weren't consistently held

accountable. They observed instances of managers inflating employees' performance evaluations to avoid confrontation, thereby perpetuating workplace dysfunction and demoralization. "This place has a difficult relationship with accountability," they remarked, asserting that poor leadership without consequences contributes to ongoing stress and disengagement. Dr. Stamina emphasized that meaningful change required both structural and cultural shifts. They advocated for expert-led leadership trainings and prompt addressing of supervisory shortcomings, arguing that workplace wellness demanded the same level of investment as student success.

Dr. Faith

Dr. Faith recounted their foray into higher education administration as a path taken reluctantly out of necessity rather than personal preference. Upon assuming a leadership role, they reframed administrative work as an alternative way to advance the institution's mission and not as a departure from their academic goals. Their leadership approach emphasizes problem-solving, communication, and lifelong learning. They value strong relationships with direct reports, while acknowledging that much time is spent addressing complaints or escalating issues when needed.

Dr. Faith's view of wellness has evolved from focusing solely on physical health to embracing a holistic definition including mental health and work-life balance. Their perspective has also been shaped by shifts in generational expectations, particularly as it relates to students, as well as by the collective impact of the COVID-19 pandemic, which they described as a "trauma we haven't fully processed." They illustrated the pandemic's ongoing psychological impact on faculty and staff, emphasizing the need for empathetic leadership and sustainable practices.

Despite Dr. Faith’s awareness of the importance of work-life balance, they admitted to struggling with healthy personal boundaries regarding work. They described feeling tension between modeling healthy habits for their team and their own after-hours work habits. "I'm not so great at those boundaries, and my [spouse] yells at me all the time," they admitted. They shared that they check emails first thing in the morning and again late at night, which is a habit that often leads to regret due to the irritation it provokes. "There's no good email that comes in after 10 o'clock at night," they remarked, echoing a familiar warning from their spouse.

In a more gratifying tone, Dr. Faith revealed that they maintain an authentic approach to leadership through faith-based service, music, gardening, and reading. These practices serve as sources of strength and intellectual renewal, helping them to stay grounded amid the administrative challenges of the workplace. Their reflections conveyed both vulnerability and resilience, and a recognition that supporting others requires sustained inner work. They remarked poignantly that higher education administration requires leaders to create spaces where people feel seen, heard, and valued.

This participant acknowledged awareness of the Wellness Center and EAP resources at the institution, but noted limited engagement, stating "I think I know of a couple handful of people who have taken advantage of those." Regarding the NOW initiative, Dr. Faith demonstrated active engagement by integrating it into performance rubrics and challenging other administrators to implement initiatives to support employee wellness, including campus programs and professional development opportunities. In discussing the impact of the initiative, Dr. Faith remarked, "I think we're definitely better off. I think it has challenged me, and I've pushed that challenge onto those I lead." However, they recognized that many wellness barriers

lie outside the institution's control, notably stress due to the economic landscape, global events, and complex systemic issues that "no amount of programming can fully resolve."

Dr. Faith also emphasized social connections as fundamental to workplace wellness. Comparing NU to previous institutions, they noted a cultural gap in how socialization is prioritized. They shared that at former institutions, social connection was fostered through regular gatherings that made the workplace feel like family, helping resolve conflicts and build community. In contrast, they found NU more isolating with fewer spaces for faculty and staff connection. They also discussed challenges administrators face with difficult employees. "There are some people on this campus that I would just describe as perpetually unhappy. And one of the things that happens is that they end up in your office a lot when you're an administrator," they noted. They explained that this persistent negativity exhausts administrators over time, saying, "I think the longer you stay in administration, the more jaded you become." Their coping strategies include trying new approaches, reminding themself that the majority of people at the institution are not negative, and occasionally looking at a collection of cards and different tokens of appreciation they've received over the years.

Dr. Alignment

Dr. Alignment's interview revealed a deeply personal and reflective leadership journey, shaped by early life adversity and a profound commitment to wellness as a core personal and professional value. As a first-generation college graduate who lost both parents in their youth, Dr. Alignment viewed higher education as a transformative force where they discovered a sense of purpose and a deep appreciation for the importance of personal and institutional support systems. With a leadership philosophy based on empathy and belief in people's inherent potential, Dr. Alignment declared, "I love people."

Wellness, according to Dr. Alignment, exists along a continuum, and is grounded in the idea of “being more than okay.” They also described physical and psychological safety, freedom from stressors, access to resources, having basic needs fulfilled, and having the capacity to thrive as components of workplace wellness. Dr. Alignment further noted that the culture of workplace wellness at the university varies across divisions and depends on individual leaders and their established priorities. Reflecting on the roles and responsibilities of administrators, this participant also underscored influence and accountability as key elements. Acknowledging their own history with overworking and poor work-life balance, they discussed the tension that they experienced between promoting wellness and maintaining high performance, stating that leadership requires self-awareness while striving to align values with behaviors.

A pivotal moment during the interview was when Dr. Alignment shared their personal transformation story and the impact on their team. After making the decision to prioritize their physical health some time ago, they maintained a strict diet, cut off certain indulgencies, and lost a significant amount of weight, thereby becoming a visible example for team members based on the positive feedback and encouragement that they received. This, they acknowledged, required vulnerability and trust, but the support and sense of community that they experienced were deeply appreciated and impactful. They added that the journey also enhanced their leadership credibility as someone who is willing to make bold choices, remain accountable, and achieve results. In describing the evolution of their views of wellness and wellness-centered leadership, Dr. Alignment cited maturity and mindfulness as key factors. They stated, "I do intentionally wake up every morning and try to put my feet on the ground and say, ‘it's going to be a great day’ and then I go for a walk. And I think that matters."

When discussing institutional wellness initiatives, Dr. Alignment suggested that improvements were needed. They only knew of the NOW program and found its communication unclear about role expectations. They expressed a desire for a more targeted approach beyond "a global understanding" of the initiative, with concrete guidance for administrators and clear directives from leadership. They questioned how directors and vice presidents could contribute, stating, "As far as I can tell, it's only been email. I've gotten no calls, meetings, or 'here's what you need to do.'" They also mentioned that while they have participated in the surveys and read email reports, they had not seen reports about their specific team. They acknowledged personal responsibility, however, noting, " That could also be my fault, and it might have been sent to me or communicated via email, and it's just not been digested." Reflecting on personal responsibility and commitment to the initiative, Dr. Alignment declared, “Shame on me for not understanding the roadmap at this point. I think I had a better understanding of the NOW roadmap at the beginning.”

At the conclusion of the interview with Dr. Alignment, they expressed appreciation for the opportunity to participate. They commented, “This is such a great conversation, and there's a lot of people who are not going to get to have it for your research or because their supervisor doesn't initiate it and they don't feel comfortable having it.” They suggested that having dedicated full-time staff to engage with employees, hold these discussions, and determine feasible deliverables would greatly benefit the institution. Dr. Alignment emphasized that small, genuine gestures like being present, listening, or offering kindness can greatly influence others' sense of well-being. They reiterated their belief in compassionate leadership and the notion that workplace wellness starts with how individuals treat one another.

Dr. Boundaries

Dr. Boundaries provided a rich and multifaceted perspective on workplace wellness, institutional accountability, and leadership in higher education. They described how personal experiences, particularly during professional development training at a previous job, served as an inflection point in recognizing the toll of a toxic work environment on physical and emotional well-being. This led them to become more intentional about creating boundaries and protecting personal time, refusing to compromise wellness for career advancement.

Their view of workplace wellness incorporated workplace safety, consistency, and empathy. They emphasized treating others with kindness, stating, "A life principle for me is to just treat other people how I want to be treated. And since that's kind of my guiding principle, I'm always going to engage with someone in a nice and friendly way." They also contended that understanding colleagues beyond their professional contributions creates a more productive workplace. They commented, "I have found that by creating a space where people are willing to tell me about themselves, that has made a difference." Dr. Boundaries described themself as both a learner and a leader in equal parts, asserting that learning from others enhances leadership effectiveness.

Dr. Boundaries described NU's culture as it relates to leadership growth and development as “lackluster," noting a pattern of appointing likable people to leadership positions without analyzing their leadership qualities. They argued that when leaders fail to lead with the right disposition and knowledge, they essentially make work significantly more stressful, which can impact employees’ health and well-being. " You can’t leave work at work, work comes home with you, then it's impacting your family life," they said, though emphasizing their own practice of strict boundaries and maintaining work-life balance. Dr. Boundaries stated emphatically, “I

leave work at work hands down. No matter what it is. Work is work. I'm not letting that bleed over into my personal life. It's not taking over my life."

Regarding personal time, Dr. Boundaries noted their ability as a salaried employee to take two days off monthly without impacting their leave time or their income. However, they expressed concern about disparities between salaried and hourly-paid employees, stating, "Some people need to go to the doctor but can't go, or some are threatened when their child has something going on." While they do not believe that this is the normal experience of hourly-paid employees, or that only hourly-paid employees face these types of conditions at work, they noted that that this is more likely the case with such employees. They observed that supervisors, being mostly salaried, often fail to recognize such privileges. Dr. Boundaries also mentioned a disparity between faculty and staff, stating, "When we think about employees, it's often faculty."

Dr. Boundaries expressed further frustration about the limitations and underutilization of existing wellness incentives, concerned that institutional initiatives might be under-evaluated and performative rather than transformative. Regarding NOW, they noted, "I see emails that come out, and there's blogs, and I've taken the initiative when a topic seems interesting to read what the blog says and then read some of the resources." They emphasized the need for clear directives from upper administration regarding participation expectations, stating, "I, as a leader, have not gotten any sort of feedback that says, we have found that all our leaders need to institute this practice or stop doing this practice." Dr. Boundaries also critiqued the inconsistent application of wellness and personnel practices, where some employees received work-from-home flexibility while others did not. They noted that policies were applied unevenly across units, with guidelines treated as optional rather than enforced uniformly, and supervisor accountability varied based on job title and work location, creating disparities in employee experiences.

On a positive note, Dr. Boundaries was appreciative of their immediate supervisor's attentive and supportive leadership style, contrasting it with previous experiences of untrained and unprepared leaders. Dr. Boundaries described how they model empathetic leadership by allowing mental health days, having frequent check-ins with their team, and maintaining flexibility while ensuring productivity and operational continuity. They added that their leadership growth resulted from experience, reflection, and mentorship and highlighted how advice from a respected colleague about stress management and learning to pace oneself profoundly reshaped their habits and improved their well-being. Despite institutional challenges, including those that may adversely impact workplace wellness, they remained committed to their work because of the interpersonal connections they had formed, their commitment to the students they serve, and the various employment benefits available to them and their family. They advocated for future NU leaders to prioritize relationship building, individualized support, and continuous learning to help employees more effectively balance life and work demands.

Dr. Vigor

Dr. Vigor's understanding of leadership and workplace wellness has been shaped by their experience managing a large, diverse team and constantly balancing institutional and employee needs. For them, wellness focuses on adaptability, psychological safety, and creating an environment where employees feel supported. They shared that their leadership approach evolved significantly after the COVID-19 pandemic, leading them to reconsider traditional definitions of success and reprioritizing self-care for themselves and their staff. Among some of their self-care activities included walking, yoga, massages, reading, and traveling with family.

According to Dr. Vigor, being aware of employees' wellness needs is of paramount importance to them. They shared instances of supporting employees returning from medical

leave by implementing transition plans, flexible scheduling, and workplace accommodations. They also discussed their commitment to maintaining inclusive shared spaces and ensuring that during work events that involve food, offerings are allergy-friendly and cater to different dietary needs. Additionally, they model work-life balance by limiting after-hours emails and offering team members flex time for additional hours worked. However, Dr. Vigor noted that implementing flexibility across teams can be challenging due to inconsistent policy interpretations and communication gaps between different leaders.

This participant expressed appreciation for several campus wellness resources but also noted limitations in accessibility and staff engagement. They recounted visiting the campus library and being surprised by the variety of new wellness offerings, including weighted blankets, noise-canceling headphones, and mood lights that employees are able to borrow. Additional programs like yoga, dance, and knitting classes were viewed as positive enhancements, though Dr. Vigor questioned whether certain campus wellness initiatives, such as those from the Wellness Center, were offered to staff participants or tailored primarily to students.

While Dr. Vigor was actively involved in NOW surveys and engaged with the blog content, they expressed some reservations about the initiative. They observed that the survey results often painted an overly positive picture, which aroused suspicion and undermined their confidence in the data. Additionally, Dr. Vigor noted that some staff members expressed skepticism due to a perceived lack of anonymity and the belief that leadership was unresponsive to feedback, which they felt discouraged participation and buy-in.

In reflecting on institutional wellness culture, Dr. Vigor offered pragmatic recommendations grounded in empathy and personal experience. For instance, they advocated

for expanding ergonomic assessments and making assistive equipment like standing desks and ergonomic keyboards more readily available to employees. Moreover, they encouraged emerging leaders to deliberately build time for wellness into their schedules, recommending practices like taking breaks to enjoy nature, engaging in new hobbies, and committing to self-reflection. Dr. Vigor's reflections demonstrated a clear alignment between their leadership philosophy and a wellness-centered framework, even as they acknowledged ongoing systemic barriers to broader cultural change.

Dr. Resilience

Dr. Resilience offered a reflective narrative of their leadership journey and their views on workplace wellness, which were shaped by impactful professional and academic experiences. They shared that years ago, they participated in an executive graduate program which emphasized wellness as an organizational value. They regarded this as a transformational experience that profoundly affected their perception of wellness both professionally and personally. The residential program integrated physical activities such as morning workouts and cycling into its curriculum to boost mental clarity and acuity, followed by carefully curated lecture sessions, along with reading and writing activities and ample time for rest and reflection. This experience not only led them to stop smoking but also encouraged them to embrace healthy habits like cycling, which they continue to practice today. They also spoke about the benefits of having a daily routine, saying, "I feel well when I get up in the morning, have a nice breakfast, am able to do focused work, engage with others, and spend time with family."

Reflecting on their journey through academia, Dr. Resilience emphasized that workplace wellness requires intentional effort and support from administrators and cannot be simply assumed or left to chance. They stated, "As a leader, when you come to work, you can turn the

energy up or consume energy. Somethings you have control over, and some you don't. You better pay attention to how you feel and what you do." Dr. Resilience shared that their leadership philosophy centers on learning through experience. They credit their early leadership roles with providing both productive and painful moments of growth, highlighting an instance when they received critical feedback that challenged their previously-held views. They remarked that this was “a game-changer” that helped them develop a more impartial leadership style.

Regarding leadership in higher education, Dr. Resilience criticized a common faculty mindset that views administration as “the dark side of academia”, often discouraging faculty from embracing leadership roles with empathy or purpose. They also noted that many faculty members ascend into administrative roles either by default or the allure of prestige, without being adequately trained or mentored for the interpersonal and operational demands these roles entail. This results in a lack of cultural humility, limited emotional intelligence, and a lack of awareness when it comes to wellness-centered leadership. Dr. Resilience also shared that as a leader, they benefited greatly from understanding diverse communication styles and employing relational strategies to support employees in the demanding academic environment, which are skills they acquired from various mentors.

Regarding whether workplace wellness is integrated into NU's strategic planning and institutional goals, Dr. Resilience responded, "I think yes and no. We're not ignoring it, but it's also not an explicit goal to foster wellness across the board." They noted that while NU fosters a positive workplace culture, there is a lack of transparency between units. They commented, "We are too siloed on this campus, though this isn't unique to this institution." They also emphasized the need to articulate a clear vision, noting that while increasing enrollment is often discussed, questions remain about supporting a larger student body with no expressed plans to increase

faculty and staff numbers. They observed that for already overwhelmed employees, enrollment growth generates more anxiety than excitement.

This participant prefaced the discussion of institutional wellness initiatives by stressing that workplace wellness extends beyond programmatic offerings and initiatives. Instead, they described it as a "values-driven approach to leadership" that should be continuously espoused and pursued by leaders. They characterized the NOW initiative as a promising proposition and described their participation in various surveys. "I do the surveys and engage with [the NOW Investigator] to help decode the data," they shared. They also acknowledged challenges in acting on feedback received, particularly regarding psychological safety. "I think I know what that means. But how do you address that? It could be a lot of different things," they commented. Nevertheless, they concluded that "having the data is better than not having anything at all." As to their thoughts on general engagement with wellness initiatives or programs, they stated, "It boils down to what motivates people. Some are self-starters and then there are those who, no matter what, are filled with cynicism. You can spend all your time with them and you're not going to make progress despite efforts to make positive change."

Dr. Love

Dr. Love articulated a leadership philosophy centered on empathy, trust, and integrity, focusing on authentic relationships and creating supportive spaces. Their intentional approach emphasized compassion and genuine connections with team members, and they viewed leadership as acts of service, removing obstacles, and creating opportunities for meaningful work. They contended that rather than an exercise of authority, leadership means being a resource and support system. This perspective aligned with their expressed belief in servant leadership and enabling others to thrive. Dr. Love asserted that leaders must be learners,

describing their path to higher education administration as one marked with opportunities that arose as others recognized and nurtured their potential. "I don't think you can be a leader without being a learner," they remarked, and continued, "I consider myself a lifelong learner and the day that I don't, I don't think people should trust me."

Dr. Love acknowledged the benefits of institutional professional development opportunities while actively seeking additional growth opportunities independently, stating "I know not to wait on anyone to do something if I know I need more skills." They described finding resources and networks beyond their immediate environment to navigate leadership challenges. Dr. Love maintained that while NU supported these pursuits, more must be done to foster an intentional culture of leadership development for more administrators and members of the campus community.

Dr. Love defined wellness as "wholeness" and "the holistic framework needed to be most effective in whatever one does." They listed various dimensions including physical, emotional, mental, spiritual, and professional wellness, emphasizing that physical wellness is crucial since its absence affects overall functioning. They remarked, “If people are not well physically but are well in other aspects, they will still not function at their best because there is one leg of the stool that is off balance.”

This participant's earliest recollection of wellness as a concept emerged during their young adult years when they experienced severe stress-induced health issues. They described different manifestations of stress over the years, including hair loss, teeth grinding, medically-managed anxiety, and an emergency room visit. They labelled this health crisis as “a turning point”, which made them reconsider their approach to work and life. Whereas they previously worked 50-55-hour weeks with constant meetings and a "grind mindset", they now prioritize

intentional breaks, limit meetings to 2-3 daily, and restrict work communications outside business hours.

Dr. Love added that they are also more deliberate about modelling wellness for their team by encouraging off-campus lunch breaks, taking sick leave when needed, and maintaining work-life balance. They also acknowledged the infectious nature of stress in the workplace, and commented, “I'm really intentional with breathing when I feel myself getting stressed. I have a very positive outlook, and I try, as a leader, not to let my stress affect other folks. I don’t want them carrying what I’m carrying.” As far as how they practice or achieve wellness on a daily basis, Dr. Love stated, “Wellness to me means pouring in small or big ways to folks on my team when they might be experiencing stress. Wellness to me is smiling at people, it’s showing up for others, it’s taking a walk outside.” Reflecting on the evolution of their wellness journey, Dr. Love declared, “Honestly, today I can say in this season in my life, for the first time in years, I would say I am well.”

Despite their personal wellness transformation, Dr. Love had limited knowledge of initiatives or resources other than NOW and expressed concern about institutional inertia around wellness. While expressing appreciation for the NOW framework and noting, “I take Newtown Optimal Wellness very seriously,” they voiced skepticism about its long-term impact in the absence of sustained leadership commitment and systemic support. They worried about relying on individual champions rather than developing an institutional culture of care. Referring to the NOW investigator, whom they described as “a brilliant mind”, they noted, "They alone cannot change a culture." To enhance workplace wellness at NU, they recommended establishing a Newtown Optimal Wellness Center which would provide training, resources, and leadership development. They remarked, “This would ensure that the onus is on everyone to enhance

workplace wellness, and that everyone has the resources they need and the built-in accountability measures to integrate workplace wellness into the fabric of the institution." Dr. Love concluded by emphasizing the need for both personal and institutional commitment to promoting workplace wellness, saying, "that's the way it should be, and I would love to see that happen here."

Themes of the Study

A thematic analysis of the interview data revealed five overarching themes that reflect how higher education administrators at NU understand and experience workplace wellness as well as how they view their roles and responsibilities in addressing employee wellness at the institution. These themes highlight both personal and professional leadership and wellness practices within the broader organizational dynamics. The first theme is defining wellness as balance across multiple dimensions. The second theme is leadership modeling of wellness. The third is relational leadership centered on empathy and authenticity. The fourth is learning and development for wellness-centered leadership. The fifth theme is structural and cultural factors impacting sustainable workplace wellness. Together, these themes provide a nuanced understanding of the relationship between personal practice, leadership philosophies, organizational culture, and wellness infrastructure at the institution.

Defining Wellness as Balance Across Multiple Dimensions

Throughout the interviews, NU administrators characterized wellness as a dynamic, multidimensional concept that encompasses not only physical health but also emotional, relational, intellectual, financial, and spiritual well-being. Their perspectives were shaped by both personal experiences and institutional contexts, highlighting the intricate relationship between individual responsibility, workplace culture, and organizational support. In addition, it was interesting to note that every participant used the word ‘balance’ at some point in their

interview, either to articulate their understanding of wellness, or to describe how they navigate the different dimensions of wellness or the demands of their personal and professional lives.

Wellness is Individual. Some definitions were a simple words or phrases like "wholeness", "being more than okay", "being in a state of balance", and "having the space and resources to thrive." Others were more complex and multifaceted expressions like "having a sense of safety, consistency, and empathy in the workplace", "mental health, stress management, and work-life balance", and "encompassing happiness, flexibility, and work-life balance". A more reflective and introspective definition of wellness was shared by Dr. Love, so declared:

> "Wellness to me is smiling at people, it's showing up for others, it's taking a walk outside. Wellness to me is when I learn how to be well myself. It's teaching and telling others how to be well and giving people permission to be well."

Wellness is Institutional. Study participants were also asked to share their thoughts and perspectives on wellness as an element of the NU workplace. Emphasizing that "wellness is personal and that institutions must be nimble enough to accommodate the varied needs of employees", Dr. Endurance described the institutional culture as historically lacking in transparency and responsiveness, especially around issues of unfair treatment and lack of support for different groups of individuals, which can impact wellness on different levels including mental, physical, social, and even financial. Nevertheless, they acknowledged some incremental progress in institutional wellness efforts, particularly since the COVID-19 pandemic. Dr. Vitality also described a significant post-pandemic cultural shift regarding employee wellness with respect to normalizing conversations around wellness and flexible work arrangements.

For Dr. Joy, despite skepticism about broad-stroke institutional wellness initiatives, argued that workplace wellness works when they are coupled with authentic engagement by

middle managers who can tailor support to local departmental needs. Similar sentiments were shared by Dr. Alignment, who commented on an inconsistent culture surrounding wellness within the context of the university which was largely dependent on individual leaders and divisions. Dr. Renewal characterized wellness at the institution as "giving people room to do their jobs," noting a strong sense of collegiality and fairness in their work environment. Meanwhile, in discussing wellness at the institution, Dr. Harmony opined, “while visibility around employee wellness has improved, it still doesn’t feel like it’s fully baked into the culture at NU.”

Dr. Boundaries revealed an even more critical view of wellness at the institution, citing limitations and underutilization of wellness incentives, and under-evaluated initiatives that appeared to be “more performative than transformative.” For Dr. Vigor, while navigating their own wellness challenges in the workplace, they emphasized adaptability, psychological safety, and cultivating a work environment in which their employees feel seen and supported. Dr. Resilience, in turn, expressed mixed opinions on wellness from an institutional perspective, stating that while not an explicit institutional goal, there is evidence that NU does promote workplace wellness. On a similar note, Dr. Love expressed concern about institutional inertia around wellness and the opportunity for collaborative and strategic leadership in that area.

Defining Moments. Using Mezirow’s (1991) Transformative Learning Theory as the main theoretical basis for this research, participants were asked to contemplate the experiences and elements that influenced their perception or definition of wellness as a concept. Through deductive analysis informed by this theoretical lens, defining moments emerged as pivotal experiences that prompted participants to reassess their assumptions, reframe their perspectives, and internalize new meanings of wellness. For some administrators, these moments were

personal in nature, such as experiencing burnout, health challenges, or loss, which revealed the importance of balance, boundaries, and self-care. For others, the defining moments were professional, involving leadership crises, staff conflicts, or institutional changes that exposed the consequences of neglecting wellness, both personally and organizationally. For many, it was the impact of the COVID-19 pandemic and the paradigm shift wrought by that experience.

In each case, participants described a process of critical reflection and perspective transformation, hallmarks of Mezirow's theory, that led them to reexamine the relationship between personal well-being and effective leadership within the organizational context. Many acknowledged that these moments not only reshaped their personal philosophies of wellness but also influenced how they lead and support others. What began as isolated experiences of stress, imbalance, or awakening evolved into new frames of reference and a recognition that wellness is integral to leadership sustainability and organizational health.

Some of the most impactful recollections of defining moments came as health crises, which Dr. Love referred to as a "turning point" that forced them to reconsider their approach to work and life. For Dr. Boundaries, it was the realization that they were operating within a toxic work environment that defined what wellness was, and what boundaries needed to be erected to safeguard their wellness. For others, like Dr. Renewal, it was a positive experience years ago where wellness was framed as an essential part of an effective leader's life, that served as a defining moment that they so gleefully reminisced about during the interview. For Dr. Joy and Dr. Alignment, defining moments came in the form of loss, transforming their view of what is important and what institutions, particularly higher education institutions, can do to provide critical support during times of deepest need.

Leadership Modeling of Workplace Wellness

The second theme, leadership modeling of workplace wellness, illustrates the ways in which leaders' personal behaviors and workplace practices influence the norms and expectations of their teams. Modeling wellness emerged as a central theme across participant interviews, as leaders discussed their own behaviors and choices as they relate to wellness. Modeling serves as a clear and visible message to employees, underscoring that leaders' actions are as influential, if not more so, than their words in fostering a culture that values workplace wellness. According to one participant, it is important for leaders to model anything that is going to improve the workplace, not just wellness.

Boundaries and Behaviors. Participants described simple yet impactful practices such as taking lunch breaks, using vacation time, leaving work at reasonable times, setting boundaries regarding work email, and leaving work at work. Leaders also noted that by implementing these healthy behaviors and boundaries, they are demonstrating respect for personal time and discouraging the culture of constant availability. While not all of them have been successful in adhering to these boundaries and practices, many of them have been able to successfully abide by them and encourage the same from their team. For instance, Dr. Vitality stated:

> "I intentionally take a longer vacation over the summer as much as I can. And I never declined a leave request from my team. I encourage myself and my team to take time off as long as that does not affect our work."

On that note, several participants also shared that they also try to respect other people's personal time when they know they are on vacation, by trying their best not to contact them with work-related issues. Similarly, Dr. Stamina shared:

> “I took a few weeks off and I just said peace out y'all, and I told them that this was coming. I said I just need a break. I have not taken a decent vacation in years and I’m just going to unplug, and so I went. I did all kinds of things. And the office was great. They kept everything going.”

They observed that since then, people have been more forthcoming about requests to take time off for different things. Additionally, by doing that, they were able to empower and entrust others on the team to step up and take on leadership responsibilities, which strengthened the team. Other participants who spoke about vacations included Dr. Renewal, Dr. Vitality, Dr. Vigor, Dr. Love, Dr. Faith, and Dr. Resilience, who shared some “bucket list vacation” experiences. They all viewed this as an important aspect of self-care, rejuvenation, and spending quality time with loved ones. Dr. Vitality also noted:

> “It's important for them to show that they're taking good care of themselves, and they need to tell others when they're away from the office. They need to enjoy time with the family and beyond so that we know we don't feel guilty about taking time off to enjoy or improve our well-being.”

While vacation and time away from the workplace can be crucial for restoring or maintaining wellness, it is acknowledged that this is a privilege that is not readily granted or accessible to all employees at the institution. Dr. Boundaries highlighted the imbalance between different employee classifications, and indeed, many hourly-paid staff, and even some salaried staff and year-round faculty may find it more difficult to take extended vacations or time off from their jobs. Whether due to the nature of their work, financial constraints, or other reasons, these realities and complexities faced by different employees cannot be overlooked.

Dr. Boundaries also emphasized the importance of ensuring that work does not encroach upon other aspects of their life, indicating that this is something they are very intentional about and encourage their team to do. They reflected on a previous revelation that they were working in a toxic work environment and how that impacted their home life outside of work. They commented:

> "That's why I have to leave work at work. I'm just not willing to sacrifice that much of my time for work. I don't even know if there is an amount of money that would make me do that."

Dr. Renewal also shared that they have been more intentional about creating boundaries with taking work home, stating, "I think my [spouse] would say that too."

Besides vacations, taking time off, and leaving work at work, many participants described efforts to set boundaries around email. Dr. Vitality described instituting a "strong policy" for their department about not checking emails after 5:00 p.m., while Dr. Love stated, "I try not to answer emails very late at night." They added that if they do send a message after hours, they preface it by saying they do not expect a response at that time, noting that responding to emails late at night or during non-work hours can send mixed messages to staff about work expectations. Dr. Stamina, meanwhile, has made the conscious effort to not have their email or the Teams messenger app on their phone. They also stated, "I don't give people my cell phone number generally." Meanwhile, for Dr. Faith, although they articulated the need for boundaries regarding checking emails or doing work at home, they stated, "I'm not so great at those boundaries."

Hobbies and Habits. In addition to workplace behaviors that support wellness, several participants shared some of the things that they do regularly to maintain or improve their

wellness, whether physical, spiritual, mental, or some other dimension of wellness. Many of them also noted that these were known by their employees, and they felt that it was important to model healthy and active lifestyles outside of work. In terms of hobbies, music was a common area of interest for participants, whether playing instruments, attending musical events, being a part of a singing group or choir, or dancing to music. One participant described being fiercely protective of the time set aside for singing, even declining work-related evening events to attend rehearsals.

Other habits and hobbies shared by participants included physical activities and outdoor recreation to support their wellness. At least five mentioned walking or hiking as a hobby that serves as a significant part of their physical health regimen or as a form of relaxation and recreation. Dr. Endurance shared that they regularly log over 10,000 steps daily, while Dr. Stamina stated, "I hike, I need to have at least one hike a week." They also pointed out the mental health benefits, adding, "You hit a point where your mind just kind of is free." A similar sentiment was shared by Dr. Renewal, who shared that they regularly went to the gym or went on runs because "that kept my head sane. I did that as much for my emotional status as my physical status."

Other participants who mentioned walking, hiking, running, cycling, or working out included Dr. Joy, Dr. Resilience, Dr. Alignment, who experienced a remarkable weight-loss transformation. Dr. Vigor mentioned that they walk sometimes, but they also mentioned other physical activities like yoga, Pilates, Zumba, and tennis. Some participants mentioned that their employees participate in walking groups on campus or have walking pads in their offices, while others mentioned camping and gardening as hobbies and habits that promote wellness. A few

participants also discussed hobbies and past-times that provide enjoyment, relaxation, and mental stimulation like puzzles, building Legos, and arts and crafts.

Trust and Transparency. Several participants identified trust and openness as essential elements of wellness-centered leadership. They emphasized the value of sharing experiences and discussed being candid with colleagues about their own wellness challenges, while creating space for employees to share their experiences and struggles with them. This level of trust and transparency not only enables authentic conversations within teams, but it also normalizes the idea that wellness challenges are common and not a sign of weakness. By admitting their own limitations, leaders demonstrate that caring for one's health is both acceptable and necessary for sustainable workplace performance.

Dr. Love shared openly about a major health scare resulting from stress-related conditions and used that experience not only to change their own approach to work and wellness, but to impress upon their team the importance of self-care. They stated, "That right there changed the game for me. I knew I needed to slow down and slow my team down." They also shared about an experience where they spoke about the physical effects of work stress during a training session, and they prefaced the discussion by saying, "I'm gonna be just real and raw with you all today." Another example of transparency and vulnerability is being candid about the challenges of handling or dealing with stress. Three participants revealed that they use anxiety medication, and all three have openly shared this information with their colleagues. They all advocated for having "a good relationship with the people that report to you so that they know that they can come and talk to you."

Dr. Alignment also referenced transparency, particularly as they embarked on their journey to improve their physical health. They noted that employees would see them walking

more and being more selective about the foods they ate. This prompted others to be more mindful of their own activities and choices, serving as a source of encouragement and inspiration for employees. Similarly, Dr. Faith also reflected transparency in the way they spoke about the COVID-related trauma, as well as how jaded and cynical administrators can become over time. A participant also commented, “I don't ever ask people to do things I'm not willing to do myself. And so sometimes I think I'm not very tolerant of people complaining about this work-life balance because I don't have that very much myself. So that's something I'm working on.”

Dr. Harmony had an interesting perspective regarding modeling wellness. They stated that they have often looked at leaders as role models, saying, “I have often looked at those in the hierarchy above me or those people that I just respect. You look at those leaders or individuals and think, man, I want to emulate part of that.” However, they noted, “I don't think I ever looked at anyone from a wellness lens before. That's something I'm starting to pay attention to.” On that note, however, they emphasized the nuance of modeling behavior. They commented, “I would say more and more throughout my career, I’m also recognizing if I look to my supervisors and people for modeling expected behaviors, I think we also have to talk more about recognizing that one size doesn't fit all.” They reflected on the different roles they fulfill both in their personal and professional lives, and how they are able to effectively navigate these roles with the help of certain supports and resources. They remarked, “I don't want anybody to look at me and think I'm that benchmark, because I recognize I just have a lot of privileges other people don't have.”

Nearly all participants in the study acknowledged that as leaders, their words and actions were highly impactful, with their actions often having more visibility than their words. In terms of workplace wellness, demonstrating behaviors like setting boundaries, having healthy habits, or openly admitting personal limitations were seen as important indicators to employees of what

was truly valued. Even when leaders admitted to struggling with consistency, they recognized that their decisions influenced the atmosphere of their teams. This shared understanding highlights that leadership modeling serves as both an opportunity and a responsibility in that leaders who practice wellness not only validate these practices for others but also influence the overall organizational culture in ways that can either foster or hinder sustainable well-being.

For Dr. Boundaries, trust and transparency showed up in the way in which they tried to meet an employee's learning needs. They stated, "I created a space where they were willing and open to tell me about the way that they learn, and how they receive information, how they process information." With that information, they were able to devise strategies together to meet the employees' needs while meeting operational needs. They noted, "I think that was also helpful too because [the employee] was able to get to know me and know my personality type."

Relational Leadership Centered on Empathy and Authenticity

This third overarching theme highlights how NU Administrators who participated in the study built trust and promoted wellness by cultivating genuine and caring relationships with employees. Participants underscored the importance of actively listening, showing compassion, and being attentive, while modeling honesty and openness. This combination of empathy and authenticity enabled leaders to humanize their roles, creating a culture where wellness was not only encouraged but embodied, through the ways in which leaders connected with employees.

Knowing the Person. Practically every participant stressed the importance of recognizing that an employee was much more than the role or position that they held at NU, and that they were whole individuals both within and outside of the institution. Participants emphasized that wellness is fundamentally connected to relationships, and that expressing a sincere interest in aspects of people's lives beyond their professional roles fosters trust and

strengthens bonds. To echo Dr. Joy's challenge, "Do you know your people, and do you know how to make them feel valued?" They remarked:

> I may not remember everybody's name, but I can tell you who just got married. I can tell you who has kids and what age range they are, because I think that's the other side of them away from work. If you don't know that other side of them, you don't know what might happen that will affect their performance, good or bad, in a way that says, if I had known this, I might've treated it differently.

Dr. Boundaries also highlighted the importance of getting to know people. They stated:

> "I do also feel like it is good to get to know your employees and people that you supervise and work with, not just on a professional level, but just to know something about them. Not in their business but just knowing who they are and their lived experiences because sometimes those things can play a factor in how somebody shows up in the workplace."

According to Dr. Renewal, "At the end of the day, what we do is we work with people. It's a people business and how we relate to people, how we listen to people, makes a difference." In addition, Dr. Stamina spoke about knowing the team, not just from a leader's perspective, but in a more general team dynamics. They remarked:

> We have a pretty good rapport with each other. They're very comfortable laughing and joking with each other. They all know each other's quirks and personalities, and I try to make it a safe space to come and just be yourself, do good work, but don't be so uptight that you can't just be a person.

When asked about one thing that they would recommend to emerging higher education administrators, Dr. Faith responded, "I would suggest to any new administrator that they go and

visit with every member of their staff in their office, even if it's 300. I wish I would have done that." Cultivating good relationships with one's subordinates was a recurring theme as participants discussed the impact of a work environment where team members can or cannot freely share thoughts and feelings with them." For Dr. Endurance, who makes conversations with employees a regular habit, they quipped, "every day I get my steps in. So, I just walk around to say hello, wish them happy whatever day it is, ask if they need anything, and move on." For Dr. Harmony, having a good relationship with their direct reports has a ripple effect. They shared:

> I feel like we have really good trusting relationships and can communicate freely. It seems like a good chunk of my direct reports' teams also feel the same way with them. So, I feel like I have a good pulse at any given moment.

Interestingly, three study participants used the concept of personality types when talking about themselves or their employees. One noted that they wanted to get to know their employees beyond just knowing the person, but also in terms of knowing their personalities. They mentioned using the Myers-Briggs Type Indicator and the Enneagram to learn more about themselves and their team members, and how best to communicate and support them.

While the study participants generally viewed developing relationships and getting to know the people they supervise as positive attributes, Dr. Vigor offered an interesting caveat. They emphasized that while fostering a culture of mutual care is important, it must be approached with caution. Dr. Vigor described inheriting a pervasive "culture of oversharing in the office." To address this, they reminded employees that sharing private information when requesting time off was unnecessary and explained that, despite the perception of being a family, this did not justify oversharing personal and private information in the workplace.

Engaging with Empathy. Participants were asked to provide three attributes of effective higher education administrators, and the word empathy was used by at over a third of the participants. Dr. Joy completed their alliterative list by adding the word empathetic to enthusiastic and ethical. They stated:

> I'll use empathy, although it's a little bit more than that. Everybody's circumstances are different when people are really sick, nobody wants to be really sick, so it doesn't pay off to be difficult to them and say, who's going to take your classes or something? I think our best role is to provide whatever support we can and say, let me help you work through this. And then sometimes down the road, they'll have an opportunity to return it and do it for somebody else.

This participant also shared a difficult experience that they faced, noting with gratitude the ways in which their leaders and colleagues offered support. "I want to treat somebody else that same way. And I think that's important." Along similar lines, in discussing empathy, Dr. Stamina stated, "You have to see that all of them are people. They have new babies, they have grandparent issues, that there is life going on for each one of them. And you never really know what they're walking in with each day." Dr. Boundaries, who described themselves as "highly empathetic by nature", also noted that they are "learning how to be flexible with people and give understanding to life situations."

Dr. Faith identified empathy as an effective leadership principle, especially when navigating interpersonal conflict. They stated, "Learning how to be graceful with people and to offer empathy, really trying to see both sides of a particular conflict. I think all of those things have paid off a bazillion fold in the leadership roles that I've experienced." For Dr. Endurance, when it comes to how they engage with people, their response also struck an empathetic tone.

They responded, “It’s kind of the golden rule kind of thing or the platinum rule, what is it? Treat people as you think they want to be treated.” Another participant, Dr. Love, also reported using empathy as a guiding principle. Their three attributes for an effective administrator were empathy, transparency, and courage. And they ended the interview by saying, “So you have to understand people and have empathy and care and be transparent and have an open relationship.” For these participants, empathy was regarded not simply as a soft skill that some leaders can use occasionally, but as a necessary tool for cultivating trust, psychological safety, and engagement. They observed that by demonstrating empathy, employees felt valued and were more likely to express concerns before they escalated into crises.

Authenticity in Action. Alongside empathy, authenticity emerged as a defining characteristic of effective relational leadership among the study participants. Leaders described the importance of being honest, approachable, and willing to admit their own struggles and limitations. Some shared personal challenges to convey a message that wellness struggles were normal and perhaps expected in the workplace. By “showing their humanity,” leaders reinforced trust and transparency with employees and built more genuine connections with their teams.

Across the interviews, authenticity was demonstrated through some of the ways in which participants discussed their wellness journeys and their approach to leadership. At other times, it was the ways in which they paid attention to the needs of their employees. Dr. Love described the importance of “showing up for others”, while Dr. Renewal talked about “regular check-ins” and the importance of meeting the needs of different constituents. Along those lines, Dr. Stamina remarked, “People are going to need to rely on you to be true to your word, to follow through on what you say you're going to do.” For Dr. Boundaries, authenticity was demonstrated in the way in which they tried to meet an employee’s learning needs. They stated, “I created a space where

they were willing and open to tell me about the way that they learn, and how they receive information, how they process information." With that information, they were able to devise strategies together to meet the employees' needs while meeting operational needs. They noted, "I think that was also helpful too because [the employee] was able to get to know me and know my personality type."

Another aspect of authenticity is being willing to express one's own needs. To that point, in reference to the mental toll of work, Dr. Boundaries shared that days when they have to deal with heavy issues, if an employee needs to detach and do some self-care, they are free to do so. They indicated that there are times when they themselves have to do the same. "You can go home and you can leave. Sometimes I, too, have needed to leave. I extend the same courtesy that I have to my team." For Dr. Vigor, leaving to decompress looks a little different. They shared, "There are days I joke about going to cuss in the car." For others, authentic leadership means not always having the answer and needed to seek help. Dr. Faith referred to it as "that careful balance of knowing when to get help and when not to." It was also interesting that several administrators did not like to be referred to as "the boss". They preferred to be referred to as "the facilitator" or "the person who does whatever needs to be done to support the department",

Empathy and authenticity together crafted a leadership approach that prioritized relationships as the foundation of workplace wellness. Leaders who prioritized building personal connections and engaged with staff openly fostered environments where wellness was not just promoted but became an integral part of everyday interactions. This approach led to employees' needs being more readily recognized, trust being enhanced, and a collective sense of responsibility for well-being being fostered.

Leadership Learning & Development for Wellness-Centered Leadership

The fourth theme was purposefully derived through a deductive lens, grounded in the study's theoretical and disciplinary foundations in adult learning. Because learning and development were central to the study's focus on wellness-centered leadership, participants were intentionally asked questions related to their learning orientation, professional development experiences, and the factors that have influenced their growth as administrators. Drawing on principles from adult learning theory, particularly self-directed learning, experiential learning, and transformative learning, this theme, and the related subthemes, reveal how administrators acquire, interpret, and apply knowledge in their leadership practice. Every participant in the study discussed aspects of learning and development, either as part of their leadership duties or in connection with workplace wellness. Many of them considered themselves to be lifelong learners, and they consistently highlighted the importance of both formal and informal learning for their growth and development as leaders. In fact, nearly all participants identified themselves primarily as learners rather than leaders, or they equally embraced both identities.

Learning and Development Through Formal Pathways. Some participants discussed structured and formal learning experiences like leadership retreats, workshops, LEARNING L@B trainings, professional development programs, and graduate studies, that incorporated wellness or some variation of wellness-centered leadership. At NU, there are leadership and management training programs offered by the UGB System, such as the UGB Leadership Academy, monthly Manager Development Training opportunities promoted by the Office of Human Resources, and Department Head trainings which have been sponsored by the Division of Academic Affairs. Some of the study participants indicated that they have participated or taken advantage of some of these opportunities. Others, like Dr. Resilience, participated in programs

that were not affiliated with the institution, while some, like Dr. Love, sought out programs to engage with and the university supported them financially. Meanwhile, Dr. Harmony stated, “I would say though, my best leadership development has really come from my graduate program.”

In describing the culture at NU when it comes to leadership growth and development, the candidates had mixed reviews. Dr. Faith stated, “I think there's a lot of, maybe not just at NU, but through the System, they seem to have a lot of emphasis on leadership growth,” while Dr. Endurance commented, “I think they mean well.” Several other participants also pointed to the UT System as a resource for leadership growth and development opportunities, including Dr Love and Dr. Stamina. Dr. Joy stated:

> I would say there are some things that happen that are opportunities. I think whenever there is, whether it's offered by the System or whether it's offered by an external group, I've always tried to say to the colleagues, particularly those that are moving into leadership roles, what can I do to help you get ready?

For some, NU fared well in comparison to other institutions when it comes to fostering a culture of leadership growth and development. Dr. Alignment described the culture as “good, when compared to other institutions in that they are trying to do everything they can to at least meet the standard,” while another participant noted, “We really didn't have a lot of formal training at my prior institution. So, I guess I would say NU is better.” On the other end of the spectrum, Dr. Boundaries described the culture as it relates to leadership development as “lackluster.”

For others, like Dr. Vigor, perceptions about leadership development and learning were context specific, stating, “I think it depends on where you are in leadership. And I find myself in kind of a vacuum. So, my leadership experience is probably very different than others.”

According to Dr. Harmony, the institution is currently experiencing a season of transition. They remarked, “If I could go back two years ago, I would confidently say I felt like leadership and training and growth was a really big priority.” Meanwhile, Dr. Stamina declared, “I'm eager for training and development to be a focus here,” before listing the various LEARNING L@B trainings, assessments, and other programs that they have completed and provided for their team members. Dr. Faith also made an interesting observation about leadership development. They noted, “The problem with training leaders is that they’re the busiest people on campus, and so it's the first thing to get cut when you don't have time.”

Learning and Development Through Informal Pathways. During the interviews, it became evident that informal learning played a significant role in shaping how some NU administrator approach leadership and workplace wellness. Several study participants described informal and experiential learning through mentorship, observation, or getting feedback from supervisors, colleagues, and direct reports.

Mentorship, whether formal or unstructured, played a critical role for several participants. When describing their journey to higher education administration, Dr. Renewal commented, “I had two really good mentors. I learned a lot about dealing with people and putting out fires.” They also described observing how one of their mentors would try to create a friendly atmosphere during evaluation meetings by having a plate of cookies. In describing the impact that this individual had on them, Dr. Renewal stated, “I’m still trying to look at it like how can you help other people do their jobs? And if you look at it that way, what resources can you provide?”

For Dr. Alignment, they recognized mentorship as a tool by which they can grow professionally. They shared:

> I didn't really appreciate that as much as I probably could have until maybe a little bit more recently. And it's fun to pour into people, but it's also great to know there are people out there who know way more than me that I need to ask questions of.

Several other participants identified mentors or described mentorship as an element of their leadership journey. Dr. Harmony and Dr. Stamina both described having had mentors who "invested" and supported them. Meanwhile, Dr. Vitality emphasized the importance of mentorship and modeling by supervisors. According to Dr. Joy, who has had a long-standing relationship with their mentor, they acknowledged the value of mentorship but also recognized the responsibility and opportunity for them to mentor others. They remarked:

> I think it's important to have those kinds of mentors that you rely on to give you a check on whether you're headed in the right direction or whether you're misinterpreting things. I would hope that I'm that way to some other people.

While other participants viewed mentorship as an impactful informal learning tool that influenced their leadership style and approach to wellness, for Dr. Vigor, one particularly impactful lesson came from a mentor who offered counterintuitive advice, telling them to "learn to care less." Initially, the statement was unsettling and seemed to conflict with their core beliefs. Over time and with more experience, the mentor's guidance became clearer. They eventually realized that their mentor was guiding them toward establishing healthy boundaries around how much energy they should invest in others' growth when that investment is not appreciated or reciprocated.

Beyond mentorship, participants discussed observations that they made about others in the work environment that influenced how they lead with wellness in mind. Dr. Harmony spoke about learning leadership by observing others and trying to model what they saw working well.

On the other hand, Dr. Joy shared that they learned a lot about "what not to do" by observing other leaders. They recounted an experience in their career where a supervisor was not sincere and misled them. They commented, "I thought, if nothing else, what I never want to do is to mislead someone or to give them the impression I'm going to do one thing. So, it was a good lesson for me to see." There were also participants who shared about observing and emulating other leaders at the institution. Dr. Renewal, for instance, shared how refreshing it was to have a supervisor who demonstrated care and concern about employee burnout. Along with Dr. Faith, they also discussed the impact that relationships and conversations with other leaders and administrators had in helping them to shift their thinking around employee wellness and flexibility. For Dr. Renewal, these relationships provided "support and encouragement" when faced with difficult challenges. Dr. Faith also described having a good relationship with their supervisor, which has proven invaluable in navigating various issues. They commented:

> If I have a particular nasty problem, it's nice to have a close relationship with the other administrators on campus and then other colleagues elsewhere that can offer some guidance. [My supervisor]'s a great sounding board for a lot of different problems that I've had. [They've] had a lot of unique and different experiences, a lot of different types of institutions, and so [they] almost always have some kind of suggestion if I bring a problem to [them]. I learn a lot from [them] that way.

Learning and Growth Through Self-Awareness and Reflection. Some study participants also described their professional growth as being closely linked to self-awareness and reflection. When confronted with leadership challenges, they recognized the need to adjust and adapt their leadership styles and interactions. Some recounted instances where their leadership approach had been either reactive or inflexible, and how exposure to wellness-

oriented frameworks allowed them to transition towards more considerate and people-focused strategies.

Dr. Harmony, in discussing their earlier period of her career, stated, “thinking back to early on, I would say it was very much trial and error.” They continued:

> “I've had mentors and people invest in me and done all-day trainings, but that has been this very lengthy process that's really centered around reflection and applying what I'm learning into practice. And by far that has really shaped how I lead and think about it for myself and then for the leaders that I also support.”

Dr. Alignment also spoke about their focus on self-awareness, stating, “I think self-awareness is infinite, and that is something I'm getting better at. It’s being more self-aware of everything. And I think we can always work on our self-awareness muscles, so to speak.” They cautioned that self-awareness is not enough, however. “I think that is also a part of the growth and how we do better. It’s not just thinking so internally and self-reflection at all times, but also how do we work together as a team” they asserted. This coincided with Dr. Resilience’s reference to self-reflection, when they shared about an experience where they were challenged to rethink how they handled employee evaluations. They commented:

> As a leader, you need to have a good sense of self-awareness and sometimes it’s difficult to know what you don’t know, but I think we all have a good understanding of where our limits are. It’s important to know your stuff, but sometimes you have to step back and get deeper into it.

For Dr. Renewal, self-awareness and reflection, particularly through challenges, lead to learning and growing. They stated, “I do love learning. And I do like challenges and being in a place where I’m learning and growing and contributing. And so far that’s pretty much how I’ve

felt here." For some leaders, however, who felt that they had previously prioritized productivity over presence, they described learning to reevaluate their approach, paying greater attention to team morale, emotional labor, and psychological safety. They highlighted personal health experiences or burnout as catalysts for a deeper understanding of the need for balance, not only for themselves, but for those they led. One remarked:

> I just woke up one day and was like, I'm not going to let these people kill me and I don't want them to kill anyone on my team. So, I am learning to say no to more meetings, I'm learning to cut more off and focus more on family and time for myself… I also know not to wait on anyone or anything to do something for me if I know I need more skills to be better and to be more efficient.

Another commented:

> I realized I had to change. I had to, and maybe it's my age, maybe it's just my body's so tired of carrying stuff for people that I just had to finally say, okay, you've got some choices you've got to make.

Learning and Growth Through Reading. Several of the study participants also disclosed being avid readers. Some shared their favorite authors, or books, or the books they were currently reading. Among them, Dr. Stamina stated:

> I've done some reading on my own and tried to work on office culture and wellness being a part of that. I've read some things on coaching, which is it's just a more effective way to supervise and invite people to inhabit greater levels of competence and autonomy and just do their jobs.

Dr. Faith also spoke about reading as a resource and means of acquiring knowledge to be more effective as an administrator. They stated, "There's a lot of really good books, pointing to a

collection in their office. I actually have a stack of those on my bedside that I intend to read." They also shared that they had been recently reading a book about COVID-19 trauma. Dr. Endurance also referenced reading an article recently about millennials in the workplace and their approach to work, while Dr. Vigor indicated that they were reading a book about faith. Dr. Renewal also shared that they are an avid reader and referenced a folder of leadership articles that they had collected over the years.

At least two participants also shared that they have participated in reading books on campus, with one stating, "there's a wellness aspect to that book group thing. I think in terms of just the well-roundedness. Plus, you're getting to know folks." Dr. Resilience also spoke about the importance of reading and acquiring knowledge about different subjects from experts. Additionally, several participants discussed reading the different wellness-related information that was being made available through the Newtown Optimal Wellness blog and other newsletters that are periodically circulated to the campus. Not all participants had positive feedback on these resources, however. One stated that they are too long, another shared that they are experiencing reading fatigue, and a third remarked, "I don't have time to read all of that well-being email at all." They argued, "fundamentally those emails or direct messages will not change as much as they think it will change."

Institutional Structures and Cultures: Workplace Wellness Boosters and Blockers

Throughout the interviews, participants shared insights on how institutional systems, structures, and cultural expectations both promote and impede workplace wellness. While some noted positive changes at the institution in recent years, others highlighted ongoing barriers that restricted the scope and effectiveness of wellness initiatives. Additionally, some expressed hope and optimism, offering recommendations and opportunities for enhancing workplace wellness at

NU. These discussions highlighted a complex interplay between policy, infrastructure, accountability, and strategic leadership, which can either enhance or undermine wellness.

Commitments vs. Constraints. The majority of study participants recognized that NU has made tangible efforts to promote workplace wellness in recent years. From the pre-interview questionnaire, it was evident that there was a certain level of awareness regarding wellness initiatives at the institution. Some respondents even identified up to five wellness-related programs or resources available on campus, many of which were reviewed as secondary data sources. However, during the interviews, participants expressed varied perceptions and reactions concerning the institution's commitment to workplace wellness, often accompanied by strong opinions about various constraints observed and experienced.

Several participants expressed a genuine desire to promote wellness within their teams but also articulated different constraints. One participant emphasized the importance of wellness but also noted that despite this awareness, leaders often fall into the trap of overwork and burnout. They said, “I care a lot about my people… but I can't save everybody. And the expectation that I do is exhausting.” Structural constraints were identified, particularly those related to workload expectations, isolated decision-making processes, inconsistent policy interpretations, and inadequate supervisory training. Even when leaders personally supported wellness initiatives, they often felt powerless or lacked the resources to implement substantial changes, especially in departments characterized by inflexibility, operational demands, or resource scarcity. For instance, at least three participants decried inconsistencies related to flexible schedules or remote work, even when operational needs were not impacted. Moreover, while some departments had strict restrictions in place, others were visibly more lenient, often leading to disgruntled employees who felt unseen, unheard, and undervalued.

Acknowledging the constraints of unrealistic expectations, Dr. Vitality commented:

> I tell my team and myself that there's nothing or no one that can make everybody 100% percent happy, whether in relationships or at work. So, if you are happy about 75% or 80%, I think you actually have a good life, meaning you have a good work environment. We try to make everything perfect and it's okay not to be perfect. As a leader, I don't want my team to become stressed out because of an extra 10% to make something better or perfect. Unfortunately, we don't have the human resources or power to make that happen without compromising ourselves. So somewhere we have to compromise the outcomes and that culture needs to be shared across the campus."

A Fragmented Wellness Infrastructure. The perceived fragmentation of the wellness infrastructure at the university presented significant challenges for leaders and employees alike. Although various resources were available, their effectiveness appeared to be hampered by insufficient awareness, unclear communication, or a lack of coordination. During interviews, some participants expressed frustration upon discovering wellness resources that they had not previously known existed on campus. One participant, for example, was pleased to learn of certain wellness benefits included in the State of Grand Bay's benefits package, such as free legal and financial planning services, but noted that these were resources they and their team members could have utilized much earlier. While acknowledging their own "failure to ask the right questions or seek the information" for themselves, they described the "complex campus climate" as "inefficient and uneven" in its inability to serve all members of the university community equitably.

When discussing institutional wellness initiatives, while NOW was the most prominent, several study participants voiced waning optimism about the program's ability to effect

sustainable change, in part because of the perception of confusion between NOW and other wellness-related areas on campus. One participant commented, “if we are going to do surveys about services, then we need to know what these services are and how we can use them.” Another, referring to the Wellness Center, stated that even when resources are advertised for faculty, staff, and students, and they know they can participate, they still get the feeling that students are the targeted audience, and they are not really meant for employees. Along that vein, one participant commented, “There are some events that I won’t participate in if students are present. It’s like going to workout in the gym next to students. I prefer to keep some distance.”

Nevertheless, despite some participants perceiving a lack of synergy or cohesion between different campus service areas or initiatives, there was a general perception of increased overall awareness regarding the term wellness, well-being, and related concepts. Dr. Harmony remarked:

> If nothing else, even just the visibility and making it a part of our vocabulary and awareness. Because if I go back, let's say four years, five years, I don't think it's something we were talking about. We might've talked about a couple elements, but not a much larger framework. And I really don't think we were talking about psychological safety. I think this has been one of the big things that's really surfaced.

Apathy or Accountability. Although the majority of participants theoretically support workplace wellness, many indicated that there is a lack of accountability, and few articulated methods to ensure accountability in fostering wellness-oriented environments. For instance, one participant noted that while wellness objectives have historically been passively incorporated into strategic plans, they expressed optimism that it was more easily reflected in the proposed new strategic plan for the UGB System. Meanwhile, another participant felt that enhancing workplace wellness should be “systematically built into what we do,” suggesting that it be

embedded in the annual performance evaluation process. They remarked, “I think a lot of our systems and structures aren't set up to kind of tie into our values as much”. They also suggested creating more opportunities and spaces for employees to provide feedback, including town halls and 360 evaluations. “I want to hold supervisors accountable. I think we should be doing 360 evaluations on this campus if anybody reports to you.” they asserted, referring to evaluation processes in which supervisors and employees assess one another. A third participant contended, “If you've chosen the right leaders, they'll do the right thing and you'll see it reflected in the performance of your students, in the performance of their colleagues.”

Accountability, whether referring to expectations from upper administration to mid-level leaders, or to individual responsibility for fostering workplace wellness, remains an area of opportunity at NU. Participants noted that despite the visibility of NOW, for instance, expectations for engagement have not been consistently communicated. While the initiative was presented as having support from senior administration, participants described a lack of directives and guidance from institutional leaders regarding participation and integration. Consequently, this led some participants to view NOW as an optional endeavor rather than an institutional priority. For Dr. Endurance, for NOW to be fully successful at the institution, "it must be integrated into all the policies, practices, and procedures of the university." They added, "You get what you want by doing what you need to do, in all aspects of the organization. It's not just a survey and it's not just one recommendation." This perspective emphasized that accountability must be institutionalized through policies, leadership modeling, and reinforcement, positioning workplace wellness as a sustained organizational value rather than a temporary focus.

Some participants also observed a pervasive cultural attitude of resignation or apathy, rooted in the belief that "this is just how things are" within higher education. This mindset, Dr. Resilience suggested, often resulted in institutional inertia, whereby wellness was deprioritized in favor of more immediate academic, budgetary, or enrollment concerns. Nevertheless, most study participants challenged this norm, underscoring the necessity for courageous leadership that regarded wellness as a fundamental component of institutional success. This perspective stood in contrast to the reactive approach that only prioritized wellness in response to incidents. Instead, these administrators advocated for a proactive stance and paradigm shift that redefined success metrics to include wellness outcomes alongside traditional academic and financial indicators.

The Onus is On Us. According to study participants, the ambiguity surrounding wellness responsibility added another layer of complexity to the issue of enhancing workplace wellness at NU. Several participants commented on the absence of a clear delineation of roles between individual departments, central administration, and other departments or efforts like Human Resources, the Wellness Center, and NOW. While some, like Dr. Joy, saw wellness more effectively addressed at the local level because of the complex nature of the institution, others, like Dr. Love, were optimistic about the strategic campus-wide approach. Similarly, while participants like Dr. Endurance were focused on fostering a positive culture in their immediate environment, others, like Dr. Harmony, advocated for integrating workplace wellness into core institutional metrics.

Regardless of where formal responsibilities for wellness were housed, it was evident from participant interviews that employees experienced vastly different levels of wellness support depending on their department or immediate leadership. This inconsistency undermined

the university's ability to cultivate a coherent and comprehensive wellness culture. As a result, a key question reverberated in some interviews: Who truly bore responsibility for workplace wellness at NU? The responses revealed a shared understanding that, while organizational structures and leadership endorsement were critical, wellness could not depend on a single office, initiative, or leader. Instead, participants emphasized that wellness had to be embedded in the collective actions and commitments of all members of the campus community.

Similarly, Dr. Stamina reflected on the moral dimension of leadership accountability, stating, "I do feel that as a leader, I'm responsible to speak up." Dr. Vitality extended this logic to the organizational structure, stating, "I don't think well-being can be defined by the University or the president. I think each unit and each leader should be responsible to make that happen," reinforcing the view that wellness must be contextualized and jointly owned at every level of the institution." Dr. Alignment captured the broader institutional ethos when they remarked, "Wellness at Newtown as a whole includes the sum of its constituents. It is part of my responsibility to carry that message for those who don't get the opportunity to experience it personally or haven't done so in years." Dr. Endurance simply stated, "It's not a power issue, it's a responsibility issue." Meanwhile, Dr. Harmony asserted that employees also held responsibility for communicating their needs and taking the necessary steps to ensure those needs were met, whether by going to HR or whichever office could provide needed services or resources.

Referring to individual and shared responsibility, Dr. Love articulated this perspective clearly, stating:

> So now it's not the onus of one person in one office to change the culture of wellness. I feel like I'm here for the wellness of other people. I hope that deans feel like they're here for the wellness of other people. I hope that professors who are teaching or lecturers in

classes feel like they're here for the wellness of other people. I think we all have the responsibility to make sure that the people who are in our reach, or the people that we are serving and are here to serve are well and leading well.

Collectively, these perspectives underscored that wellness at NU was not the sole responsibility of the Wellness Center, Human Resources, NOW, or any single unit, but rather a shared institutional responsibility. This reflected a transformative shift from viewing wellness as an optional, centralized program to embracing it as a shared ethical commitment that permeated leadership at every level. Such an approach required coordinated efforts across units and a cultural shift in which all members of the university contributed to workplace wellness and the well-being of others.

Secondary Data Analysis – Institutional Wellness Resources at NU

To contextualize participants' perceptions and gain a deeper understanding of the structural and programmatic environment concerning workplace wellness at NU, a comprehensive review of various secondary data sources was conducted. These sources included institutional websites, newsletters, promotional materials, emails, blog posts, and other digital and printed communications disseminated or publicized throughout the campus between August 2025 and September 2025, the period during which the majority of research activities occurred. Additionally, select resources predating that time period were reviewed to gain a clearer understanding of how workplace wellness programming or practices might have changed or evolved or at the institution.

The materials collectively underscored a broad yet somewhat fragmented wellness ecosystem spanning several entities and service-delivery areas, including the NOW initiative, the Wellness Center, the Office of Human Resources (HR), the Ombuds Office, Accessibility and

Leave Programs (ADA and FMLA), Campus Recreation, University Health Services, and Systemwide and Departmental Partnerships. The reviewed materials revealed a strong institutional focus on health promotion, psychological safety, and inclusive well-being through training, engagement, and access to services and resources. However, evidence of coordination gaps, limited employee engagement, and inconsistent leadership support, which were echoed in participant interviews, also emerged from the documentary review and analysis.

The Wellness Center

The Wellness Center stood as the central hub at NU for wellness education, prevention, and engagement, offering a range of programs for both students and employees. The monthly schedule of trainings and events featured workshops on Psychological First Aid, Suicide Prevention utilizing the Columbia Suicide Severity Rating Scale (C-SSRS), Opioid Overdose Response and Naloxone, as well as Sleep Matters. Faculty and staff were encouraged to participate in these events, with departments able to request tailored trainings throughout the year.

A key initiative of the center was the Mental Health Alliance Program, which certified faculty and staff members after successfully completing comprehensive training in suicide prevention, psychological first aid, and mental health awareness. Participants received completion certificates, public recognition, and their names were included in university communications. The Center also supported collaborative and interdisciplinary wellness initiatives like the Mocs Wellness Initiative, a research-driven program offered jointly with the Department of Physical Therapy and Nutrition and Dietetics. This initiative combined physical assessments, nutritional guidance, health coaching, and gym memberships for full-time faculty and staff, with an emphasis on overall health improvement. Additionally, the Center oversaw the

free Physical Therapy Clinic, flu shot clinics, and community-oriented events such as the Campus Conversation on Physical and Psychological Safety. Collectively, these offerings highlighted the university's proactive prevention-oriented approach to employee health and well-being.

The NU Faculty and Staff Well-being Hub was also housed on the Wellness Center's website. This was part of OK Grand Bay's multidimensional framework and aimed to provide holistic support and resources to meet various employee needs in their pursuit of achieving work-life balance. According to the webpage, OK NU! was a campus adaptation of the System's OK Grand Bay! collaborative initiative that prioritized and integrated well-being programs into NU campus culture. Programs were also free or low cost, catering to students, faculty, and staff.

The program offered a comprehensive framework to address different aspects and activities concerning employees. *Active OK* encompassed services for physical health, exercise, recreation, and the exploration of both the campus and the broader community. *Growing OK* focused on professional development, career development, goal setting, and financial planning resources, among others. *Living OK* linked employees to free and low-cost access to local area attractions, events, including sporting events, and outdoor activities. *Working OK* listed several institutional resources designed to promote safety, inclusivity, healthy relationships, and civil rights benefits including ADA accommodation, Title IX, the Office of Mediation, and other affinity or resource groups in campus. *Eating OK* referred to nutritional needs and provided information about Perry's Pantry and Market, which provided a variety of food, personal care, and household items for students and employees in need; discounts at campus dining locations; and a link to the Healthy Grand Bay nutrition website. Finally, *Healthy & OK* provided information about different mental and physical health resources available to employees at the

institution. Each dimension of the OK NU initiative aligned with the Healthy Campus framework, a program offered by the American College Health Association.

Contrary to a recurring perception expressed by several study participants, the Center for Wellness, though historically and primarily associated with student wellness, did not solely exist to cater to the wellness needs of students. A review of the data regarding the Center made it clear that addressing the wellness needs of faculty and staff was also a core component of the Center's mission. The extensive array of programs, resources, events, and trainings demonstrated an intentional effort to engage employees in wellness-related learning and support. Despite recognized limitations in staffing and funding, the Center has effectively leveraged cross-campus collaborations, as well as internal and external partnerships to expand its reach and provide a wide range of services and accessible information to support workplace wellness at the institution.

The Office of Human Resources (HR)

The Office of Human Resources complemented the Wellness Center through its delivery of resources to support employee wellness at the institution. As part of the larger University of Grand Bay System and an employer under the Grand Bay State network due to NU's status as a public higher education institution, HR actively promoted wellness-related resources available to NU employees. Under the *Benefits* banner on the HR website, a wellness link was prominently displayed, opening up to a page loaded with links to various employee wellness benefits and resources. A brief description of the page stated:

> "The Office of Human Resources (HR) approaches employee well-being from a holistic perspective and is committed to sharing health and wellness resources. HR has partnered

with the NU Wellness Center to develop and implement wellness programs and initiatives for employees."

The website also promoted resources offered by various partners and providers. Among those were HealthyGB, which delivered emotional well-being and behavioral health solutions, and the Grandcare wellness program. In June 2024, a campus announcement indicated that the HealthyGB Employee Assistance Program (EAP) underwent rebranding to become Newtown Wellness Support (NWS), although the term EAP was still widely used, which was observed during the interviews with study participants. The resources provided included up to five free counseling sessions; a financial stress assessment, tax preparation discount, and two calls with a money coach; a one-hour legal consultation and discounted rates with local attorneys and mediators; and support for work-life services like parenting and eldercare. There was also a link to obtain information about memberships and discounts to on-campus fitness facilities and programs, the State of Grand Bay's PerkBay wellness deals, and links to health and wellness programs offered by the major health insurance carriers, Grand Sky and Bay Life. Collectively, HR's wellness portfolio integrated mental health, preventive care, and professional growth into the broader employment experience, although there was some indication of limited coordination between these and other campus wellness entities was limited.

LEARNING L@B Trainings

The University of Grand Bay's learning management system, LEARNING L@B, served all campuses and institutes, including NU. Keyword searches for Wellness and Well-being yielded over seventy training courses, articles, videos, online classes, live events, and other learning resources available for employees. Some of these topics included *Personal Wellness for Leaders: Reveal Your Vulnerabilities, How to Reduce Attrition, Overcoming Stress in*

Leadership, Healthy Workplace Culture, Authentic Leadership. Expressing Empathy at Work, and *Build Better Relationships,*

I was able to access and audit the LEARNING L@B trainings to gain a better view of their scope and content. In the Expressing Empathy at Work, for instance, not only did this training offer a general understanding of empathy from an employee or coworker perspective, but it provided content on how empathy builds strong workplace relationships, improves staff morale, and boosts leadership success. It also provided valuable insight about leading with empathy, including real-life scenario questions, one of which was about building team empathy as a manager. Another training course I audited focused on managing stress as well as the emotional, behavioral, and physical symptoms of burnout, offering practical strategies to alleviate these conditions for leaders and employees. The training emphasized comprehensive self-assessment, balanced lifestyle, restorative breaks, and sustainable work practices. Whether as an employee, an administrator experiencing burnout, or one managing others facing these challenges, this training provided valuable insights to address workplace stress and burnout, thereby improving workplace wellness.

In the Healthy Workplace Culture training, the focus was on educating leaders about the different factors in the workplace that promoted worker well-being and fostered workplace wellness. One of the sections of the training also listed Herzberg's hygiene factors and satisfiers, which were referred to as '10 characteristics of work that contribute to the well-being of workers'. Another encouraged leaders to focus on protecting 'the Three W's: Workload, Work-Life Balance and Worker's Rights'.

Newtown Optimal Wellness (NOW)

According to the NOW@NU website, the initiative, which began in September 2022, functioned as a data-driven framework designed to "build and sustain a culture that protects and promotes employee health, safety, and well-being while strengthening institutional resilience." It was widely regarded as NU's most prominent and structured initiative to promote workplace wellness. As an evidence-based effort, much of the data collected, analyzed, and presented was extrapolated from periodic recurring surveys. These included the biannual Grand Bay staff and faculty engagement surveys which were launched every spring and fall semester. These System-wide surveys, along with quarterly NU-specific NOW Surveillance Surveys, provided the primary sources of information for assessing campus wellness trends. Feedback from these surveys was aggregated at the group level to guide divisional planning and efforts aimed at enhancing the organizational culture. Consultation was also offered to unit leaders upon request to help them interpret the survey data and implement actionable plans within their areas.

In addition, in spring 2024, NOW launched a blog series, with periodic blog entries that were disseminated via campus email and published on the NOW website. According to the main webpage, the NOW Blog addressed a variety of NOW topics of importance to the campus and was created in response to needs identified through the NOW@NU initiative. Over the past year and a half, blog topics included *Enhancing Meaning and Motivation at Work, Burnout Brigade – Strategies for Overcoming Stress, Own Up NOW: Ownership Matters, and Career Forecasting 101.*

It was observed that NOW's engagement strategy remained primarily limited to email communication and its website, which offered downloadable flyers and cheat sheets for leaders and employees. Consistent with participant feedback, these channels did not appear to provide

the visibility or sustained engagement that might have been achieved through a more diversified strategy incorporating in-person events, video content, or dynamic social media outreach. The initiative's strength lay in its capacity to foster institutional learning, multidimensional and multilevel engagement, and accountability regarding wellness at work. However, as several administrators noted, its success depended on ongoing leadership commitment, effective communication, transparency, and dynamic engagement, without which it risked being perceived as "measuring dissatisfaction instead of fostering wellness."

NOW@NU Data. A notable feature of the NOW@NU website was the interactive dashboard displaying data from three rounds of Surveillance surveys that measured employee perceptions and experiences related to workplace wellness. These surveys tracked changes over time across five core dimensions of the NOW@NU framework which were adopted from the U.S. Surgeon General's Framework for Mental Health and Well-Being (2022): Connection and Community, Mattering at Work, Protection from Harm, Work–Life Harmony, and Opportunity for Growth. Overall, the results showed a mix of improvement, stability, and modest decline across different indicators, offering a nuanced view of employee well-being at NU.

Connection and Community. Employee responses within this dimension revealed slight declines between spring 2024 and spring 2025 in perceptions that supervisors provided needed support or were accessible when feedback was sought. However, there was a modest improvement in the perception of feeling accepted at work, indicating gradual progress in fostering a sense of belonging, even as supervisory support indicators decreased.

Mattering at Work. The data trended downward across several measures related to employees feeling respected and valued, finding meaning in their work, and understanding how

to meet performance expectations. These declines indicated that a sense of professional worth and role clarity may have weakened slightly over the assessment period.

Protection from Harm. Responses in this category remained relatively stable, though with a nearly five-percent increase in employees who reported feeling psychologically safe at work. Perceptions of physical safety stayed consistent, with roughly 60% of survey respondents affirming that they felt physically safe in their work environment. Views on job security saw a minor improvement, as more than 65% of respondents expressed positive sentiments in spring 2025.

Work–Life Harmony. Responses were generally positive within this dimension, although there was a slight decline from 84% to 82% of employees who reported feeling a sense of autonomy in their roles. Similarly, the proportion of respondents who reported a sense of ownership regarding their work experiences saw a slight decline from the prior year, moving from 79% to 78%. In contrast, perceptions of workplace flexibility improved, with an increase of nearly 2.5 points, leading to more than 75% of employees indicating they had adequate flexibility to meet their personal and professional needs.

Opportunity for Growth. Over three-quarters of employees surveyed reported positive experiences regarding learning and growth opportunities and a sense of accomplishment at work. Slightly fewer, around 70%, indicated that they received useful feedback from supervisors about their performance, suggesting that while development opportunities were valued, the feedback mechanisms supporting them could be strengthened.

Across all dimensions, participation in the NOW Surveillance Surveys was relatively modest, with 517 respondents in spring 2024 and 429 in spring 2025. Even with this smaller sample size, the data provided meaningful insights into employees' perceptions of the

university's wellness climate. Taken together, the results suggested an overall pattern of relative stability with selective areas of growth, particularly around flexibility and psychological safety, paired with areas of concern in mattering, supervisory support, and feedback quality.

During the time in which research activities were conducted for this study, the Grand 2025 Staff Engagement survey was administered to NU staff to measure employee attitudes, safety perceptions, and organizational climate factors. In a campus-wide email, the lead NOW researcher encouraged participation in the survey and shared that there would be another opportunity for all employees, faculty and staff, to share their input and feedback regarding NOW later in the year. The survey comprised of 105 Likert-style questions which were carefully and thoughtfully designed to capture staff members' thoughts and perspectives on a range of workplace issues.

A substantial portion of the questions were about staff members' perceptions of supervisors and leaders, colleagues, departments, and the work environment. Some questions inquired about respondents' perceptions regarding recognition and advancement opportunities, as well as employment benefits and compensation. Others asked specifically about the OK Grand Bay! beliefs and whether they were espoused or modelled by leaders, while others asked about respondents' attitudes towards their work and the overall mission, vision, and values of the institution and the OK Grand Bay! System-wide efforts. Regarding wellness in particular, there were several questions that addressed the different dimensions of employee wellness. Some included "This university takes action to maintain the health and safety of employees", "My supervisor asks me about my work/life balance", "I am physically safe while at work", "Our staff feels the University of Grand Bay meets their needs", "I am satisfied with the workplace

flexibility offered by the university", and "I am able to maintain a balance between my work and personal life."

Office of Mediation and Conflict Resolution Resources

A recent addition to the list of campus resources responsible for addressing aspects of workplace wellness was the NU Office of Mediation. The campus mediator, who assumed the role in July 2024, provided independent, impartial, confidential, and informal conflict resolution services for faculty, staff, and administrators. The stated mission of the office was to serve employees, empowering them to constructively navigate challenges related to the experience at NU. Among the services provided to employees were conflict analysis, coaching, and resolution; informal mediation; and career coaching. On a larger institutional level, the Office of Mediation was also charged with making recommendations for institutional improvements.

In the context of workplace wellness, the office represented a structural mechanism for psychological safety, offering a trusted avenue for employees to express workplace concerns outside formal reporting systems. It complemented the preventive, supportive, and strategic dimensions of the Wellness Center, Human Resources, and NOW@NU by promoting a culture of dialogue, fairness, and customized care.

Accessibility and Leave Programs (ADA, FMLA)

Institutional wellness at NU also included compliance-based supports that directly influenced employee well-being. The Americans with Disability Act (ADA) accommodation process ensured equitable workplace participation for employees with disabilities or chronic health conditions, while the Family Medical Leave Act (FMLA) program allowed eligible employees to take protected leave for medical or family reasons. Despite being federally mandated rights and resources, the institution has taken steps to ensure that the ADA and FMLA

processes were accessible, clearly communicated, and effectively supported. Incorporating these processes into the institution's workplace wellness network, and the fact that they were referenced by several study participants, also reflected a recognition that wellness extended beyond programming to structural flexibility and workplace accessibility, key tenets in sustaining a culture of wellness.

Systemwide and Collaborative Wellness Initiatives

NU's engagement in systemwide wellness programming under the UGB System umbrella expands the wellness landscape beyond the campus borders. These included initiatives such as OK Grand Bay!; Wellness Works, a recently-launched UGB System wellness newsletter; and the Well GB Series, a hybrid wellness series featuring collaborative outreach events.

Other on-campus events sponsored by campus offices or entities included the Tapestry Health and Wellness Expo, and events such as the Share and Care Collective promoted in partnership with the United Way of Newtown. They highlighted community engagement as part of the social dimension of wellness and emphasized the importance of servant leadership, civic participation, and collective well-being.

Across the five themes discussed above, participants revealed how wellness was understood and addressed at Newtown University. The message that "the onus is on us" reflected their core narrative that wellness was an essential component of the workplace and required shared institutional commitment, leadership, and cultural reinforcement at all levels. Overall, the participants voiced a desire and willingness to either begin or continue taking positive steps to intentionally enhance workplace wellness at Newtown University, recognizing the deep connection between leadership and wellness within the workplace. While progress has been made through NOW and a plethora of wellness programs reviewed as secondary data sources,

participants cited some structural inconsistencies and fragmented operations as hinderances to a cohesive wellness culture. The next chapter, Chapter 5, recaps the dissertation and discusses the findings in more detail, exploring practical applications for leadership, policy interventions, and future research on wellness-centered leadership in higher education.

Chapter Five

Discussion, Implications, and Conclusions

This chapter presents a discussion of the study's findings through the theoretical lenses that framed its design and interpretation. The research investigated how administrators at Newtown University (NU) perceived, addressed, and experienced workplace wellness, and the sections that follow highlight the salient points of the study. The five principal themes have been synthesized and aligned with the study's research questions, which are restated below for clarity. In doing so, I introduce a newly-developed framework for conceptualizing and employing wellness-centered leadership which emerged from this study, integrating the personal, relational, institutional, and transformative dimensions revealed through this research. The chapter concludes by discussing the implications and offering recommendations for practice, policy, scholarship, and future exploration.

Recap of the Study

With the concept of workplace wellness gaining increasing prominence in higher education institutions over the past several years, particularly in the aftermath of COVID-19, a clarion call for effective and responsive leadership has emerged to meet the evolving needs of employees and institutions alike. Indeed, effective leadership practices and a supportive institutional culture directly impact the wellness posture of an organization (Ablah et al., 2020; Corpuz, 2023; Travia et al., 2022). This study investigated workplace wellness from a leadership perspective, examining how higher education administrators, as adult learners, conceptualized wellness from a personal point of view, perceived the institutional landscape surrounding wellness, and navigated their role and capacity to address workplace wellness within the organizational context. Specifically, the study explored how administrators engaged in adult

learning processes to define and conceptualize wellness in their own lives, to shape their perceptions of the broader institutional culture surrounding wellness, and to identify the factors and experiences that contributed to these perceptions.

As a vibrant urban university that has undergone significant shifts over the past decade, with ambitious goals for continued growth including increasing its student body by approximately three thousand over the next few years, NU provided a particularly compelling setting for this study. As part of the broader University of Grand Bay System, which recently created an Executive Wellness Officer position to support the amplified emphasis on organizational wellness at the different campuses, NU has been able to leverage UGB System resources while simultaneously strengthening its own internal mechanisms to promote workplace wellness.

Through initiatives such as NOW, a wellness initiative unique to the campus, as well as various other programs and services offered through the Wellness Center and others like the Office of Mediation and Human Resources, NU's wellness infrastructure delivered a rich landscape for examining workplace wellness in a higher education setting. A case study centered on NU thus offered the opportunity to explore how wellness-centered leadership was conceptualized, addressed, and experienced within an organization navigating growth, learning, change, and an evolving culture of wellness.

This study contributes to the limited research on leadership wellness and the role of leaders, as adult learners, in shaping workplace wellness within higher education. By examining the dynamic relationship between leadership wellness and the organizational environments they influence, this study provides meaningful insights into leadership development and engagement within a wellness-centered organizational context. It underscores the connection between

leadership wellness and employee wellness under the umbrella of workplace wellness, recognizing that administrators' personal approaches to wellness influence their leadership effectiveness, decision-making, and the broader institutional culture (Bass & Stogdill, 1990). Moreover, grounded in an adult learning theoretical foundation, this research advances the idea of wellness-centered leadership as both a teachable and learnable practice, offering a promising pathway for improving workplace wellness through intentional leadership development. The findings provide practical guidance for institutional leaders, decision-makers and policymakers seeking to fortify organizational infrastructures to foster wellness as a holistic and sustainable component of the higher education workplace.

The study was guided by three research questions:

(1) What are NU administrators' perceptions of workplace wellness at the institution and how do they define wellness?

(2) What are NU administrators' perceptions of their roles and responsibilities in addressing workplace wellness? and

(3) What insights have NU administrators gained about workplace wellness through engagement with institutional wellness initiatives?

To address these questions, the study utilized a qualitative case study approach which incorporated semi-structured interviews with twelve NU administrators at different levels of institutional leadership, along with a review and analysis of secondary data from various campus sources. Braun and Clarke's (2022) reflexive thematic analysis, with a combination of both inductive and deductive analysis approaches, was used to identify themes from the data.

Transformative Learning Theory (Mezirow, 1978, 1991) served as the principal theoretical framework for understanding how administrators interpreted their roles and

experiences, emphasizing the significance of disorienting dilemmas, reflection, and critical dialogue, in facilitating shifts in perspective. This theory was particularly relevant to the notion of wellness-centered leadership as it underscored how individuals redefined their roles and values through introspection and learning. Several study participants described experiences that clearly reflected the core elements of perspective transformation. Some recounted experiences in which health challenges, institutional pressures, or leadership responsibilities served as disorienting dilemmas that prompted them to reassess their assumptions about wellness, leadership, and organizational culture. Through conversations with colleagues and mentors, engagement in campus initiatives, professional development pursuits, or personal reflection, several administrators' perceptions of wellness and their roles in addressing wellness in the workplace evolved.

Complementing Mezirow's theory, Herzberg's (1966) Two-Factor Theory provided a useful framework for distinguishing between the conditions that prevented dissatisfaction (hygiene factors) and those that actively promoted satisfaction and motivation (motivators) in the workplace. This dual structure reflected the reality of workplace wellness in that while institutional initiatives, benefits, and programs may have mitigated dissatisfaction, factors like meaningful work, growth and development opportunities, recognition, and making a difference tended to enhance job satisfaction and wellness engagement. Within the context of higher education, administrators' ability to identify and address employees' needs depended in part on relational leadership, intentionality, and having an institutional infrastructure in place to meet those needs and thereby enhance workplace wellness. Like Artaya et al., (2021), the study affirmed the relevance of Herzberg's Two-Factor Theory, as both motivators and hygiene factors surfaced as influential determinants of administrators' wellness experiences. Participants

described how meaningful work, autonomy, and growth opportunities enhanced their sense of wellness and purpose, while organizational inconsistencies, unclear communication, or resource gaps acted as hygiene factors that diminished satisfaction.

In addition to the above theoretical frameworks, several wellness models and concepts provided important contextual enrichment for the study. These included the U.S. Surgeon General's Framework for Workplace Mental Health & Well-Being (2022) which emphasized protection from harm, connection and community, work-life harmony, mattering at work, and opportunity for growth. Similarly, the IGLOO Model of Multilevel Effects (Nielsen et al., 2017) highlighted individual, group, leadership, organizational, and overarching context strategies shaping workplace wellness. Elements from both of these frameworks appeared in participants' reflections on the various aspects or components workplace wellness and organizational attributes.

Rounding out the conceptual frameworks was Swarbrick's (2006) 8 Dimensions of Wellness model, which delineated the physical, emotional, social, intellectual, occupational, environment, financial, and spiritual dimensions of wellness, providing a comprehensive foundation for understanding the multifaceted nature of wellness. These dimensions have been widely adopted by both scholars and practitioners, including Aloka (2022), who discussed them in relation to the higher education workplace. Notably, Newtown University and the University of Grand Bay System have also incorporated this model into their institutional wellness practices, underscoring its relevance and applicability to higher education settings. Moreover, several of the dimensions from the model emerged organically in participant narratives, as they discussed how balance across the dimensions was either boosted or blocked by personal experiences or institutional dynamics.

Insights and Interpretations from the Findings

Five themes emerged from the study, each representing a distinct yet interconnected aspect of how NU administrators perceived and addressed wellness, and how they incorporated wellness-centered leadership as both a dimension of their personal learning and leadership practice and a reflection of the institution's broader organizational landscape. Collectively, these themes demonstrated a close relationship between leadership wellness and workplace wellness, with administrators' personal beliefs, practices, and learning experiences playing a crucial role in shaping the institution's wellness culture. A key takeaway from the study was that workplace wellness required well leaders leading well through intentional and responsive practices embedded within integrated institutional structures.

The first theme, 'Defining Wellness as Balance Across Multiple Dimensions', captured the multiple ways in which participants understood and experienced wellness, both personally and professionally. They described wellness as a dynamic and holistic state encompassing physical, emotional, intellectual, social, and spiritual dimensions, all elements in Swarbrick's 8 (2006) Dimensions of wellness model. Many definitions were also shaped by personal "defining moments", akin to Mezirow's (1978, 1991) 'disorienting dilemmas' that ultimately transformed or deepened participants' understanding of wellness and its relevance to leadership and work. Several participants shared how their definitions of wellness not only shaped their behaviors within and beyond the workplace, but they directly impacted how they viewed wellness for their teams and through the lens of institutional policies and structures.

The second theme, 'Leadership Modeling of Workplace Wellness', revealed that several participants regarded modeling wellness as both a moral and professional responsibility of leadership. This was expressed in two primary ways. Firstly, participants described modeling

wellness practices that they had observed from current or former leaders. They viewed modeling as a way of reproducing positive examples and reinforcing healthy norms or deliberately avoiding negative examples. Secondly, they were cognizant of the influence their own behaviors, attitudes, and espoused beliefs had on others in the workplace, which aligns with Mezirow's (1978, 1991) concept of critical reflection in the transformative learning process. Many understood that their actions demonstrated to their teams whether wellness was truly valued. This theme also emphasized that modeling wellness was not only about personal well-being but also about shaping organizational culture. Modeling wellness by setting realistic boundaries, incorporating healthy habits to achieve work-life balance, and demonstrating transparency and vulnerability was seen as essential to cultivating a culture of care. This theme aligns with Scott (2022), in noting that leaders who prioritize self-care and personal well-being set a positive example and contribute to a healthier, more productive workplace.

The third theme, 'Relational Leadership Centered on Empathy and Authenticity', highlighted the human dimension of wellness-centered leadership. Participants emphasized the importance of knowing the person, exercising empathy, and creating space for authentic connections within the workplace. This concept also intersected with Herzberg et al.'s (1959) and Herzberg's (1966) Motivator-Hygiene theory of motivation, particularly regarding hygiene factors like interpersonal relationships, quality of leadership, and working conditions. For instance, there were clear examples in which such attributes directly influenced participants' own level of satisfaction and wellness within the workplace, as well as their acknowledgement that these attributes similarly impacted the satisfaction and wellness of the employees that they led and managed. This was further supported by Kumar and Singh (2011) who argued that employee satisfaction or dissatisfaction is shaped by the perceived ability of an organization to meet

individual needs, including the need for belonging, relationship, and support. This relational approach reflected both an ethical stance and a leadership philosophy grounded in trust, compassion, and motivation. By engaging in authentic relationships with employees, administrators sought to balance accountability with understanding, demonstrating that effective leadership depends on a blend of empathy and communication with performance and processes.

The fourth theme, 'Learning and Development for Wellness-Centered Leadership', was purposefully derived from the study's theoretical framework and explored administrators' learning and leadership development from a wellness perspective. Participants reflected on both formal and informal learning pathways, including professional development programs, mentorship, self-directed learning, reading, and reflective practice, which shaped their approaches to both leadership and wellness. Many described transformative learning experiences that shifted their perspectives on both concepts, illustrating that wellness-centered leadership can be cultivated through intentional learning, critical reflection, and lived experiences.

The fifth theme, Institutional Structures and Cultures: Workplace Wellness Boosters and Blockers, highlighted the systemic conditions that either supported or constrained workplace wellness. At NU, participants acknowledged notable progress through institutional initiatives and resources like the NOW Initiative and the Wellness Center, which signaled some institutional commitment to workplace wellness. At the same time, they noted challenges such as limited awareness, fragmented communication, inconsistent practices across departments, and a lack of accountability among administrators. A recurring sentiment was that although numerous wellness programs existed, their overall effectiveness could be strengthened through more intentional integration across the institution. Several participants also recognized that promoting wellness was a shared responsibility among campus constituents, including leaders and administrators, as

well as employees. This gave rise to the subtheme, “the onus is on us,” which captured a collective call to action toward cultivating a more cohesive and sustainable wellness culture.

This theme also aligned with Motivation-Hygiene Theory (Herzberg, 1966), as the structural and systemic aspects of the institutional landscape functioned as either motivators or hygiene factors that influenced employee satisfaction and mitigated potential dissatisfaction. Likewise, it reflected Mezirow’s (1978, 1991) Transformative Learning Theory, in that the “blockers” that participants described sometimes served as disorienting dilemmas that triggered critical reflection regarding underlying assumptions about wellness and institutional responsibility. Along that vein, the recognition that “the onus is on us” may itself represent a transformative shift in how some administrators conceptualized their role in advancing wellness as a shared responsibility within the workplace.

Together, the five themes that emerged from the study illustrated that workplace wellness was a multi-layered construct shaped by personal practice, relational engagement, institutional infrastructure, and continuous learning and development. This coincided with Melnyk and Click’s (2024) argument that stakeholders at different levels and positions throughout a campus community play a critical role in cultivating a robust culture and environment of wellness. They stress the importance of leaders who are dedicated to the health and well-being of campus constituents, and who actively encourage and model healthy behaviors.

The results of this research highlight the importance of prioritizing wellness in the higher education workplace, emphasizing that it should not be overlooked, marginalized, or left to chance. In an environment marked by leadership stress, occupational pressures, academic challenges, and the intricacies of institutional life, wellness needs to be deliberately nurtured and systematically integrated at every level of the organization. As the literature affirms, leadership

stress is a well-documented phenomenon (Harris et al., 2021), and the well-being of leaders significantly influences employees, workplace culture, and organizational performance (Bass & Stogdill, 1990; Illes, 2017; Klug et al., 2022). This study contributes to this body of knowledge by demonstrating that when wellness is embraced as a core institutional value rather than an optional initiative, it serves as a strategic tool for enhancing organizational culture. Moreover, prioritizing wellness benefits individuals by fostering resilience, a sense of belonging, and improved morale, while also benefiting the institution by promoting stability, cohesion, and sustainable performance. In this way, wellness is not just a personal goal but an organizational asset that can support long-term effectiveness and success.

The influence of leadership in fostering and maintaining workplace wellness is equally important. Consistent with Shanafelt et al. (2021), this study discovered that leaders who focus on their own well-being are more receptive to change and better equipped to inspire it in others. When wellness is recognized as both a personal pursuit and a professional responsibility, it becomes a feasible and sustainable leadership practice that models balance, humanity, and accountability. Another salient observation from the study is the importance of leadership commitment and buy-in as a determinant of the success or failure of wellness programs and initiatives (Ablah et al., 2020; Brownlow, 2025). Without leadership engagement and alignment, even well-designed and well-intentioned initiatives fall short. For wellness programs to transition from standalone projects to integrated institutional practice, leaders need to actively participate from a wellness-centered approach by establishing expectations, articulating objectives, and reinforcing accountability. Without such involvement, institutions may undermine their goals of fostering a healthy, resilient, and high-performing campus community.

A New Paradigm for Higher Education Leadership

Drawing from the study's findings and grounded in the guiding frameworks of Transformative Learning Theory (Mezirow, 1978, 1991), Herzberg's (1966) Motivation-Hygiene Theory, and incorporating Swarbrick's 8 Dimensions of Wellness Model, Delgado's Integrated Model of Transformative Wellness-Centered Leadership was birthed. This new framework conceptualizes wellness-centered leadership as both a transformative learning process and a motivational practice. This model integrates personal and organizational dimensions of wellness, emphasizing the interdependence between self-awareness, relational authenticity, and systemic support for well-being.

The development of this model was also informed by a reflexive process in which the act of conducting this study became a form of transformative learning in itself. Through deep engagement with participants as they offered a rare glimpse into their lived realities, it became evident that wellness-centered leadership is not merely a professional competency but a lived practice of critical reflection, self-awareness, empathy, and meaning-making. The authenticity and vulnerability expressed by participants, some of whom recounted moments of exhaustion, discouragement, and renewal, at time with tears, laughter, or long pauses, was particularly notable, giving a renewed perspective on Mezirow's (1978, 1991) concept of disorienting dilemmas. This experience highlighted the deeply human dimensions of leadership and the challenges of prioritizing wellness while navigating workplace systems and cultures that frequently reward overwork and personal sacrifice.

Figure 4.1

Delgado's Integrated Lead Well Model of Transformative Wellness-Centered Leadership

In this model, transformative learning acts as the engine of change, represented by the gear at the center of the framework. This symbolizes motion, interconnection, and continuous growth, capturing the shifting and dynamic nature of wellness-centered leadership. Leaders are motivated to reflect critically on their assumptions and enact new behaviors as necessary to sustain a culture of wellness. It incorporates the multiple dimensions of wellness as continuously evolving factors, identifying personal wellness, employee wellness, organizational infrastructure, and leadership development and growth as interconnected elements that function synergistically

to promote balance, interdependence, and responsiveness within a wellness-centered environment. Together, they illustrate that sustainable workplace wellness emerges not from isolated interventions but from the continual alignment of learning, motivation, and holistic care within the institutional culture.

Delgado's Integrated Lead Well Model of Transformative Wellness-Centered Leadership features four interrelated functions - personal, relational, institutional, and intellectual – that work together to sustain the different dimensions of wellness for leaders and employees within the workplace. The personal function centers on self-awareness, reflection, and intentional wellness practices that ground leaders in authenticity and resilience. The relational function emphasizes empathy, trust, and communication as important mechanisms for fostering psychologically safe and inclusive environments. The institutional function reflects the organizational structures, policies, and cultures that either boost or block wellness efforts. Finally, the intellectual function represents the ongoing process of learning, adaptation, and renewal through which leaders model and advance workplace wellness. Together, these functions form a holistic and iterative model that bridges leadership wellness, employee wellness, and institutional responsibility, reimagining leadership as both transformative and restorative.

Connecting the Dots to Address the Research Questions

The following section revisits the three research questions that guided this study and presents a discussion of findings in relation to each. Drawing on the perspectives and experiences of the study participants, as well as the theoretical and conceptual frameworks connected to this research, each question is addressed individually to illustrate how the data collectively contributed to a deeper understanding of workplace wellness within the higher education context.

RQ1: Administrators' Perceptions and Definitions of Workplace Wellness

Participants' definitions of wellness reflected a perception that encompassed personal, professional, and organizational dimensions. The "Defining Wellness as Balance across Multiple Dimensions" theme revealed two main perspectives. The initial concept revolved around the idea that balance is an intrinsic aspect of wellness. This perspective was consistently shared by all study participants, who viewed balance as essential to wellness, whether they saw it as the core of wellness, a characteristic or result of wellness, or as the element that brings harmony to the work-life balance. Having a sense of balance between the different dimensions of wellness was critical for participants, whether as something they desired or aspired to achieve or something that they felt they had and wanted to maintain.

Second was the perception of wellness as a complex and multifaceted construct extending well beyond the traditional focus on physical health. Rather than viewing wellness solely through a physical health or biometrical lens, participants articulated a broader and more holistic understanding that encompassed emotional, relational, and occupational well-being, among other dimensions. Although none of the participants explicitly identified all eight dimensions of wellness outlined by Swarbrick (2006), their reflections collectively demonstrated a multidimensional awareness and appreciation for the interconnected nature of personal and professional well-being. The participants' reflections also indicated a shift from equating wellness with individual self-care toward recognizing it as an aspect of their own professional life as well as their institutional responsibility and leadership practice.

In alignment with Mezirow's (1978, 1991) Transformative Learning Theory, which emphasizes how adults reinterpret experiences through critical reflection and dialogue, most participants articulated defining moments or disorienting dilemmas that influenced their

perceptions of wellness. Experiences like personal health crises, loss, burnout, or even organizational deficiencies prompted them to reevaluate assumptions about wellness and what it means to be well within a demanding academic environment. Through these moments, administrators framed wellness not as an optional amenity or personal indulgence, but as an organizational imperative and collective responsibility.

The strategic importance of workplace wellness also bears implications from a motivation standpoint. Herzberg (1966) posits that employees are motivated by having a sense of satisfaction and engagement at work, and organizations and leaders who understand and address employees' underlying needs foster greater overall satisfaction within the workplace. Several administrators intimated that wellness cannot thrive in the absence of health, a sense of belonging, or physical and psychological safety. They described how faculty and staff well-being depended on several distinct yet interrelated needs. Apart from more obvious needs like safety, security, access to basic amenities, and salary, participants recognized that being afforded certain flexibilities like schedule adjustments and remote work, autonomy, belonging, recognition, and growth opportunities are also needs that many employees express at work. In workspaces where these needs were unmet, participants described low morale and disengagement, while in departments where leaders fostered connection, individualized attention, and opportunities for recognition and achievement, higher levels of engagement and wellness indicators prevailed.

Collectively, insights gleaned from the study revealed that NU administrators conceptualized workplace wellness as both an individual journey and an organizational obligation. Their definitions reflected an understanding that wellness cannot be sustained by isolated programs or perks but by a comprehensive culture of care, trust, and continuously learning and addressing each other's needs.

RQ2: Administrator's Roles and Responsibilities in Addressing Workplace Wellness

The findings in this study underscored a dual understanding of leadership in addressing workplace wellness. Participants emphasized that leaders bore responsibility not only for embodying wellness through their personal practices and relational engagement, but also for cultivating wellness as an institutional priority. Administrators overwhelmingly described leadership as both a position of influence through which they could model wellness and foster authentic connections, and a position of authority and accountability, whereby they were charged with upholding wellness as a shared institutional value embedded within the broader organizational structure.

Their reflections supported the position that how leaders managed their own well-being directly influenced the well-being of those they supervise. Participants recognized that their ability or inability to manage stress, and to buffer their teams from its impact, often determined the overall stress levels within their units. Simply put, stressed-out leaders stress out workers. Similarly, their ability or inability to establish healthy boundaries and behaviors were often witnessed by their team. While at least three participants asserted that they did not embrace the "boss" label and the unilateral control or authority that it suggested, the majority of them viewed their roles as a collaborator, supporter, facilitator, someone who dismantled barriers, and someone who ensured that needed tools or resources were in place for their team to thrive.

Another perspective of administrators' roles regarding workplace wellness was derived from the theme 'Leadership Modeling of Workplace Wellness'. It captured the notion that employees looked to leaders to determine if wellness was truly prioritized or just a talking point. Participants noted that authentic modeling required not just verbal endorsement of wellness but visible practice like taking breaks, using leave time, encouraging flexibility, and creating

psychologically safe and judgment-free spaces where employees felt supported and affirmed for prioritizing self-care and wellness. This understanding also resonated with Herzberg's (1966) distinction between hygiene factors that prevent dissatisfaction, like work conditions and policies, and motivators like achievement, work-life balance, and growth, that foster satisfaction. Administrators described navigating between these two domains, tasked with maintaining compliance-based systems that addressed hygiene factors while also striving to cultivate motivation, engagement, and belonging among employees.

In considering hygiene factors such as work conditions, policies, benefits, and available resources, these elements may serve to enhance employee wellness by addressing critical needs that, if neglected, might lead to dissatisfaction. For instance, if an employee is experiencing food insecurity, having access to a campus pantry may meet some of their immediate needs Although this support might not directly enhance job satisfaction, it can prevent dissatisfaction and promote a sense of stability. It is therefore important for administrators to be knowledgeable about these resources so they can direct or refer employees appropriately. By doing so, leaders not only provide practical and tangible support to individuals but also reinforce institutional efforts that foster positive perceptions of care and well-being.

Participants also recognized their power to influence motivation through relational leadership grounded in empathy, transparency, and trust. This emerged clearly in the theme 'Relational Leadership Centered on Empathy and Authenticity'. Administrators spoke about "knowing the person" and understanding their needs, stressors, and aspirations, as critical to fostering wellness. Their leadership philosophies aligned with Transformative Learning Theory's emphasis on perspective transformation through dialogue, reflection, and relational connection. Many described shifts in how they approached supervision, realizing that wellness-centered

leadership required self-awareness, humility, and vulnerability. As Dr. Vitality observed, while it might be difficult to do, managers must be able to recognize and address the distinct needs of each employee. This awareness illustrated the transformative process of moving from transactional to relational leadership and employing empathy and understanding instead of control and compliance.

In this context, Herzberg's motivators like recognition, meaningful work, and personal growth, were viewed as levers of wellness that leaders could directly influence. Participants shared examples of affirming employees' contributions to the workplace, promoting flexibility, and initiating open conversations about workload and burnout. Such practices functioned as intrinsic motivators that enhanced satisfaction and well-being. Conversely, when leaders neglected these relational responsibilities or failed to model self-care, participants noted that employees became disengaged or skeptical of institutional wellness messaging.

These findings illustrated that NU administrators perceived their roles regarding wellness as fundamentally relational and ethically based. Leadership was seen not merely as a position of authority but as an embodiment of modeling, empathy, and accountability. In this context, wellness was not just "supported" by leadership, but it was actively practiced through leadership. This also aligned with the reflexive and relational aspects of Transformative Learning Theory, where leaders grow by critically reflecting on their own actions and values, thereby transforming personal insights into organizational impact. As several participants emphasized, wellness should be considered "everyone's responsibility," with leaders bearing the onus to establish the tone, culture, and expectations of workplace wellness within their spheres of influence.

RQ3: Insights from Administrator Engagement in Wellness Initiatives

From the pre-interview questionnaire responses, participants expressed varying perceptions of institutional wellness initiatives at NU. When asked to list initiatives that they were aware of, some described a fairly robust array of programs and resources, while others conveyed a somewhat disenchanted and uneven view of institutional wellness efforts at NU. In fact, one participant was unable to identify any such programs or resources. There were also stark variations in response to the institution's wellness efforts, from some participants offering high praise, while others expressing mixed reviews or complete dissatisfaction in some cases. This feedback presented a tempered and complex picture of how institutional wellness structures were perceived.

The Newtown Optimal Wellness initiative, NOW@NU, was the most prominent institutional wellness effort identified by participants. The majority of administrators interviewed reported at least some level of interaction with NOW, whether by completing surveys, reading blogs, reviewing department-level feedback, or engaging directly with the lead NOW investigator for consultation. However, as reflected in Chapter Four, their perceptions of the initiative's impact varied considerably. While several participants recognized NOW as a well-intentioned or effective framework for enhancing workplace wellness, driving institutional learning, and enabling cross-sectional feedback, others questioned its visibility, consistency, and long-term effectiveness. This mixed reception provided important perspectives on how wellness initiatives were perceived not merely as programs, but as tools for cultural transformation.

Through the lens of Transformative Learning Theory (Mezirow, 1978, 1991), NOW served as both a catalyst for change and a mechanism for institutional reflection. However, some participants expressed concern that NOW had become "a measurement of dissatisfaction instead

of fostering wellness," suggesting that the process lacked the critical reflection, dialogue, and follow-through required for genuine transformation. As Mezirow (1991) posited, transformation requires not only awareness of disorienting dilemmas but also deliberate action to reconstruct meaning and behavior. In this case, while the NOW initiative created spaces for reflection, the apparent absence of accountability and sustained follow-through observed by some participants appeared to have limited its transformative potential.

Administrators viewed the initiative as an opportunity to collect feedback and measure engagement, but they also noted that its potential to drive systemic change depended on leadership's willingness to translate data into visible action. One participant lamented that, even with the valuable feedback data generated through NOW, their department lacked the necessary resources to effectively address the issues raised. This gap created a sense of despondence and resentment, as employees became increasingly distrustful of the initiative and doubtful of its long-term impact. Several participants also discussed the lack of accountability surrounding participation in the NOW initiative. They noted that there were no clear directives or expectations from supervisors regarding participation or follow-through on the feedback received. Because engagement was voluntary and optional, they believed that the absence of accountability ultimately weakened both the potential and the overall impact of the program.

Data from the NOW@NU dashboard supported these perceptions. Feedback across the five NOW dimensions, which were Connection and Community, Mattering at Work, Protection from Harm, Work-Life Harmony, and Opportunity for Growth, indicated both progress and stagnation. For instance, while employees' perceptions of psychological safety increased slightly, feelings of respect, value, and finding meaning in their work trended downward. Similarly, although employees reported greater flexibility in meeting work-life demands, there was a slight

decline in feeling a sense of autonomy in their roles. Moreover, there was a noticeable decline in overall participation from spring 2024 to spring 2025, suggesting waning engagement in the initiative. These patterns echoed several administrators' concerns that wellness efforts, though present, risked losing momentum when not accompanied by visible leadership investment and clear accountability structures. Participants also acknowledged the value of initiatives such as the Emotional Well-being Solutions (formerly Employee Assistance Program), OK Grand Bay! and the Wellness Center's faculty and staff programs, but some felt that these offerings often functioned as "add-ons" to student wellness initiatives, or disjointed parts of the employment benefits package rather than integrated components within the university's strategic infrastructure.

Furthermore, without explicit expectations or incentives for employee or leadership engagement, participation in some of these initiatives remained sporadic. In Herzberg's terms, the institution had addressed many hygiene needs but had not fully cultivated some of the motivators that sustain long-term engagement and satisfaction like autonomy and purpose. Several participants also observed that some institutional wellness efforts appeared limited in implementation or delivery. The NOW initiative, for instance, was seen as heavily structured around surveys, while others like the HealthyGB Wellness Solutions were solely seen as employee benefits, or others as compliance expectations, as with ADA accommodations. These components appeared to maintain baseline well-being but rarely inspired deeper motivation or cultural change. They also perceived the absence of clear leadership directives and accountability for wellness engagement as evidence that wellness was sometimes treated as optional, rather than as an institutional priority embedded into leadership practice.

Administrators' reflections also revealed that institutional wellness efforts were unevenly distributed across the different wellness dimensions. Programs and initiatives tended to concentrate on physical and occupational wellness (e.g., health screenings, benefits, ergonomic accommodations), while emotional, social, and intellectual dimensions, which are critical to higher education workplaces, appeared to receive less systematic attention. Although NU has made notable strides by providing increased resources through HR, the Wellness Center, and the GB System, participants identified fragmentation across offices and a lack of cohesive strategy. It was apparent that some study participants were completely unaware of the existence or scope of certain wellness-related services and resources available at the institution for employees. This limited awareness and access resulted in some employees' wellness needs being left unmet, not because of resource scarcity, but because of inconsistent communication and leadership follow-through.

These findings suggested that administrators' engagement with wellness initiatives cultivated both appreciation and critical awareness. Many recognized that sustainable workplace wellness required more than institutional structures and data but also relational leadership, accountability, and continuous learning and engagement. As one administrator summarized, "The onus is on us." This sentiment encapsulated a core insight of the study: that while institutional systems can create the programs, services, or resources to enhance wellness, the culture of wellness largely depends on how leaders interpret, model, and operationalize those systems in everyday practice to maximize their impact throughout the organization.

A New Path Forward - Implications and Recommendations for Policy and Practice

The findings of this study underscored the interconnected nature of wellness, leadership, and institutional culture in higher education settings. As the integrated model of transformative

wellness-centered leadership (Figure 5.1) illustrates, sustainable institutional wellness requires intentional wellness-centered leadership, which in turn requires a holistic approach that addresses individual well-being, relational engagement, and optimized organizational structures. Leaders must foster environments that support physical, emotional, mental, and psychological health while also implementing policies and practices that incentivize wellness-promoting behaviors. This may involve redesigning work processes, offering learning and development opportunities focused on well-being, and modeling healthy work-life integration. The following recommendations were derived directly from study participants, the findings of the research, my own observations and reflections, and from discussion during peer debriefing.

Set the Standard - Recommendations for Policy

At the policy level, institutions should embed wellness as a strategic and structural priority rather than a discretionary component of the workplace. This includes integrating wellness objectives into institutional strategic plans, leadership training and evaluations, and annual performance reviews. By doing so, policies and practices would reflect a responsive workplace where ensuring that employees needs and essential workplace conditions like psychological safety and belonging are intentionally pursued.

NU's Newtown Optimal Wellness (NOW) initiative offers a valuable foundation for effective workplace wellness, yet its potential impact depends upon consistent implementation and systematic follow-through. While the transparent communication of NOW results represents a significant strength already in place, the initiative's credibility and engagement could be further enhanced through the development of department-level action plans and leadership accountability mechanisms for wellness outcomes. Incorporating workplace wellness into existing institutional processes is a practical and efficient strategy for strengthening the culture of

wellness. For example, the institution's assessment processes could integrate a wellness component into the annual goal-setting and performance review activities already required of departments and employees. Doing so would provide an opportunity for administrators to align departmental goals and resources with wellness priorities, thereby advancing wellness and improving accountability.

Examples of wellness-centered indicators that can be incorporated into the annual performance evaluation process include personal wellness practices like demonstrating healthy work-life integration through use of vacation or available wellness resources and respecting personal boundaries. Additionally, practices that promote learning and growth, like participating in professional development related to wellness, can also be considered, as well as leadership practice like supporting recognition programs and wellness events, or integrating wellness-centered practices into operational and strategic decisions. Some supervisors might still harbor doubts about the idea of workplace wellness, not fully accept it as a leadership strategy or a key institutional focus, or feel uneasy about their ability to effectively assess employees using it as a performance measure, however, which could lead to resistance to this suggestion.. This can be mitigated through customized leadership training, modeling, and reinforcing the link between wellness, performance, and institutional success.

Similarly, embedding wellness into the budget planning ensures strategic alignment, prioritization, and sustainability of wellness efforts. Examples of budget allocations include physical and digital enhancements like ergonomic furniture and accessible tools, and dedicated funds for recognition programs, wellness events, and professional development to support wellness and leadership. Together, these two mechanisms would position wellness as a

prominent feature of both departmental and individual assessments, reinforcing the message that wellness is a shared institutional value.

One participant also recommended the establishment of a Newtown Optimal Wellness (NOW) Center, envisioned as a dedicated resource hub for coaching, education, and engagement. Such a center could provide the institutional scaffolding necessary to elevate NOW from a stand-alone initiative to a core institutional principle that embeds wellness into the university's operational landscape, leadership development, and everyday workplace culture. The NOW Center could offer individualized support for administrators in developing departmental wellness goals and tracking progress, as well as training, consultation, and referrals to relevant institutional resources. In doing so, it would serve as a proactive and comprehensive mechanism for advancing wellness-centered leadership throughout the institution.

Furthermore, the study highlights the importance of continuous learning and adaptation in cultivating sustainable institutional wellness. Higher education institutions must remain responsive to evolving needs and challenges, regularly assessing the effectiveness of wellness initiatives and adjusting strategies accordingly. This adaptive approach necessitates ongoing dialogue between leaders, faculty, staff, and students to identify barriers to well-being and co-create solutions. By integrating wellness principles into core institutional values and decision-making processes, universities like NU can create a more resilient, engaged, and productive academic community.

Walk the Talk - Recommendations for Practice

For higher education practitioners, especially those in administrative and supervisory roles, the findings highlight the central role of leadership modeling in shaping workplace wellness. Participants emphasized that wellness must be demonstrated through actions such as

taking and allowing breaks, honoring personal boundaries like exercising email etiquette during non-working hours, promoting flexibility to the extent possible, and creating a psychologically safe environment. These behaviors reflect a genuine commitment to wellness and communicate to employees that wellness is valued rather than merely performative. Institutions should therefore prioritize leadership development that integrates reflection, empathy, and relational awareness as essential competencies for effective management. Professional development initiatives could incorporate transformative learning strategies, such as reflective dialogue, critical incident discussions, and peer coaching, to help leaders examine assumptions about productivity, self-care, and their own wellness. These approaches encourage perspective transformation and align with Mezirow's (1991) framework for adult learning.

Additionally, fostering opportunities for shared narratives and dialogue can enhance collective empathy and make conversations about workplace wellness more commonplace. Leaders should also focus on motivation and recognition as integral components of wellness practices. By utilizing Herzberg's (1966) framework, managers can enhance well-being by addressing hygiene factors such as workload management, fair policies, and equitable resource access and allocation, while also nurturing motivators like autonomy, achievement, and personal growth. Simple actions, such as recognizing achievements, involving employees in decision-making, or celebrating small wins, can significantly boost morale, engagement, and a sense of belonging and appreciation. Ultimately, the implication for practice is clear: wellness-centered leadership is not an add-on to leadership but is the essence of leadership.

Furthermore, the effective alignment between different institutional departments like the Wellness Center, Human Resources, and the office of Mediation, Office of Civil Rights Compliance, among others, would also help reduce fragmentation and promote a more integrated

and holistic wellness infrastructure. This requires more than placing information on a website or in campus emails. It calls for strategic planning and a multilayered communication approach that reaches all employee groups, including those whose roles may not involve regular computer access. Creative and inclusive programming can be highly effective in this regard. For example, leveraging recognizable campus symbols, such as NU's mascot *Perry*, to promote wellness messages can help humanize and normalize engagement. Similarly, utilizing social media, short videos, promotional swag giveaways, and other interactive content can foster connection, visibility, and enthusiasm around wellness as a shared institutional value. Incentivizing participation through time allowances, recognition, or small financial rewards could also enhance engagement and signal institutional commitment.

Another recommendation is to implement more purposeful programs and services designed to support aging employees and retirees. This could include the creation of a dedicated on-campus space where these individuals can connect with one another, access relevant wellness and transition resources, and continue contributing their knowledge and experience to the university community. Such a space could also facilitate opportunities for mentorship between retirees, current employees, and students, reinforcing their sense of belonging and recognizing them as valued members of the institutional community.

Recommendations for Future Research

From a scholarly standpoint, this study contributes to growing literature on wellness-centered leadership by linking learning, motivation, and organizational structures into a unified conceptual model. Future studies could replicate or adapt this research across multiple campuses or within different sectors of higher education to explore how institutional culture, leadership structure, and demographics influence perceptions of workplace wellness. Cross-institutional or

system-level studies would help determine whether the integrated model proposed here is transferable across varying organizational contexts.

Also, longitudinal studies that follow leaders through structured wellness or professional development programs could provide valuable insight into how transformative learning unfolds over time. Such research could test the relationship between reflection, behavior change, and institutional outcomes, deepening the theoretical link between learning and leadership wellness. Including faculty, professional staff, or student employees in future research could also offer a more comprehensive view of institutional wellness ecosystems. Comparing administrators' and employees' perceptions could highlight alignment or dissonance between leadership intent and employee experience.

In addition, while this study was qualitative, future researchers might use quantitative or mixed-methods designs to measure relationships among wellness constructs, such as psychological safety, engagement, and perceived organizational support, as well as to evaluate the effectiveness of specific interventions.

In summary, these recommendations highlight the need for continued scholarship that views wellness not only as a personal attribute or organizational outcome but as a relational, transformative process. Future researchers are encouraged to build upon the integrated model presented here to further explore how leadership, learning, and organizational culture come together to support total well-being in higher education workplaces.

Conclusion

Taken together, the study's findings emphasize that workplace wellness in higher education is both a shared responsibility and a reflective, responsive, and dynamic practice. Through the lens of Transformative Learning, the narratives of NU administrators revealed that

true organizational health arises not from isolated programs, but from the intentional alignment of leadership behaviors, institutional structures, and human values. In addition, Delgado's Integrated Model of Wellness-Centered Leadership, developed through this research, offers a framework for how leaders might learn, grow, and cultivate cultures where people not only work, but thrive. While this study concludes here, the journey toward a comprehensive and optimal culture of wellness remains ongoing, sustained by continued reflection, dialogue, and the collective will to foster wellness for all.

References

Ablah, E., Wilxoc, E. A., Umansky, E., Honn, A., O'Malley, E., & Usher, J. (2020). A model for developing comprehensive initiatives to improve the health of the worksite: The workwell KS strategic framework. *Workplace Health & Safety, 68*(6), 293–299.

Abrams, Z. (2023, July 1). Academic Independence under fire. *Monitor on Psychology, 55*(5), 71-75. Retrieved from https://www.apa.org/monitor/2023/07/educators-threats-harassment

Adler, L. (2021, July 1). The "Long Covid" of American higher education. *Society for the Advancement of Socio-Economics*. Retrieved from https://sase.org/blog/the-long-covid-of-american-higher-education/

Ahad, A. A., Sanchez-Gonzalez, M., & Junquera, P. (2023). Understanding and Addressing Mental Health Stigma Across Cultures for Improving Psychiatric Care: A Narrative Review. *Cureus*, *15*(5), 1-8.

Ahmad, F. B., Anderson, R. N., & Mullooly, C. (2021). The leading causes of death in the US for 2020. *JAMA, 325*(18), 1829–1830. https://doi.org/10.1001/jama.2021.5469

Aigbogun, M. S., Stellhorn, R., Krasa, H., & Kostic, D. (2017). Severity of memory impairment in the elderly: Association with health care resource utilization and functional limitations in the United States. *Alzheimer's & Dementia: Diagnosis, Assessment & Disease Monitoring, 6*, 65–74.

Alexander, C. J., & Tureen, A. (Eds.). (2022). *Leadership wellness and mental health concerns in higher education*. IGI Global.

Aloka, P. J. O. (2022). Barriers to work wellness among academic staff in higher education institutions. In C. Alexander & A. Tureen (Eds.), *Leadership Wellness and Mental Health*

Concerns in Higher Education (pp. 22-42). IGI Global Scientific Publishing. https://doi.org/10.4018/978-1-7998-7693-9.ch002

Alshmemri, M., Shahwan-Akl, L., & Maude, P. (2017). Herzberg's two-factor theory: A review of the literature. *International Journal of Nursing Studies, 4*(2), 75–77.

Altbach, P. G. (2007). Academic freedom: International realities and challenges. In *Tradition and Transition: The International Imperative in Higher Education* (pp. 49–66). Sense Publishers.

Al-Zoubi, Z., AlKaabi, A., Qablan, A., Bataineh, O., & Bany Issa, H. (2024). The impact of work pressure on decision-making effectiveness among department heads in faculties of educational sciences. *PLoS ONE 19*(8): e0304584. https://doi.org/10.1371/journal.pone.0304584

Amaya, M., Donegan, T., Conner, D., Edwards, J., & Gipson, C. (2019). Creating a culture of wellness: A call to action for higher education, igniting change in academic institutions. *Building Healthy Academic Communities Journal*, *3*(2), 27–40. https://doi.org/10.18061/bhac.v3i2.7117

American College Health Association. (2002). *Healthy Campus 2010: Making it happen.* American College Health Association.

American Psychological Association. (2017, January). *Ethical principles of psychologists and code of conduct* (2002, amended January 1, 2017). https://www.apa.org/ethics/code/

American Psychological Association. (2024, January). 12 emerging trends for 2024. *Monitor on Psychology*. https://www.apa.org/monitor/2024/01/trends-report

Amey, M. J. (2010). Leadership in higher education. *Change: The Magazine of Higher Learning, 38*(6), 55-58. https://doi.org/10.3200/CHNG.38.6.55-58

Antón-Sancho, Á., Vergara, D., Sánchez-Calvo, M., & Fernández-Arias, P. (2023). On the influence of the university tenure on the digital pandemic stress in higher education faculty. *Behavioral Sciences, 13*(4), 335. https://doi:10.3390/bs13040335

Appleby, M. (2023, August 7). *Health vs. wellness: What's the difference?* Stanford BeWell. https://bewell.stanford.edu/health-vs-wellness-whats-the-difference/

Ardell, D. B. (1977). *High level wellness: An alternative to doctors, drugs and disease.* Rodale Press.

Artaya, I. P. G., Artaya, I. N., & Wirasedana, I. W. P. (2021). Herzberg's two-factor theory application in job satisfaction and motivation. *International Journal of Social Science and Business, 5*(3), 347–353. https://doi.org/10.23887/ijssb.v5i3.36157

Aspers, P., & Corte, U. (2019). What is qualitative in qualitative research. *Qualitative Sociology, 42*(2), 139–160. https://doi.org/10.1007/s11133-019-9413-7

Avenier, M.-J., & Thomas, C. (2015). Finding one's way around various methodological guidelines for doing rigorous case studies: A comparison of four epistemological frameworks. *Systèmes d'Information et Management, 20*(1), 61–98.

Azila-Gbettor, E. M., Honyenuga, B. Q., Atatsi, E. A., Laryea, C. N. A., & Quarshie, A. N. K. (2024). Reviewing the influence of positive leadership on worker well-being: A comprehensive analysis. *Heliyon, 10*(2), e24134. https://doi.org/10.1016/j.heliyon.2024.e24134

Badubi, R. M. (2017). Theories of motivation and their application in organizations: A risk analysis. *International Journal of Innovation and Economic Development, 3*(3), 44–51. https://doi.org/10.18775/ijied.1849-7551-7020.2015.33.2004

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory.* Prentice-Hall.

Barkhuizen, N. E., & Rothmann, S. (2005). Occupational stress of academic staff in South African higher education institutions. *South African Journal of Psychology, 38*(2), 321–336. *https://doi.org/10.1177/008124630803800205*

Bartolome, M. C. B. (2023). *Employee engagement, psychological well-being, and work stress among non-teaching personnel during Covid-19 pandemic, 130*(1), 43-43.

Basit, A. A., & Nauman, S. (2023). How workplace loneliness harms employee well-being: A moderated mediational model. *Frontiers in psychology*, *13*, 1664-1078. https://doi.org/10.3389/fpsyg.2022.1086346

Bass, B. M., & Riggio, R. E. (2006). *Transformational leadership* (2nd ed.). Lawrence Erlbaum Associates.

Bass, B. M., & Stogdill, R. M. (1990). *Bass & Stogdill's handbook of leadership: Theory, research, and managerial applications* (3rd ed.). Free Press.

Battin, J. V. (2017). *Higher education leaders' transformative learning and leadership experiences responding to student drug abuse* [Doctoral dissertation, Walden University]. ProQuest LLC.

Bautista, T. G., Roman, G., Khan, M., Lee, M., Sahbaz, S., Duthely, L. M., Knippenberg, A., Macias-Burgos, M. A., Davidson, A., Scaramutti, C., Gabrilove, J., Pusek, S., Mehta, D., & Bredella, M. A. (2023). What is well-being? A scoping review of the conceptual and operational definitions of occupational well-being. *Journal of Clinical and Translational Science, 7*(1), Article e227. https://doi.org/10.1017/cts.2023.648

Benson-Tilsen, G., & Cheskis-Gold, R. (2017). Mind and body: Wellness center trends in U.S. higher education. *Planning for Higher Education*, *45*(4), 137–156.

Bianchi, S. M. (2011). Changing families, changing workplaces. *The Future of Children, 21*(2), 15-36. https://doi.org/10.1353/foc.2011.0013

Black, C. (2021). Leadership strategies to improve employee well-being [Doctoral dissertation, Walden University]. *Walden Dissertations and Doctoral Studies.* https://scholarworks.waldenu.edu/dissertations/10776

Black, J. S. (2000). Ferment in the field of professional development. *The Journal of Higher Education*, 71(3), 346–374.

Blei, D. (2017, January 4). The false promises of wellness culture. *JSTOR Daily*.

Bloomberg, L. D., & Volpe, M. (2019). *Completing your qualitative dissertation: A road map from beginning to end* (4th ed.). Sage Publications.

Boud, D., Keogh, R., & Walker, D. (1985). *Reflection: Turning experience into learning.* Kogan Page.

Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. SAGE Publications.

Brewster, L., Jones, E., Priestley, M., Wilbraham, S. J., Spanner, L., & Hughes, G. (2021). 'Look after the staff and they would look after the students' cultures of well-being and mental health in the university setting. *Journal of Further and Higher Education*, *46*(4), 548–560. https://doi.org/10.1080/0309877X.2021.1986473

Bringing Theory to Practice. (2013). *The well-being and flourishing of students*. Retrieved from https://www.naspa.org/images/uploads/kcs/WHPL_Canon_WB_BTtoPWellbeingInitiative.pdf

Brinkmann, S. (2018). *The interview*. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (5th ed., pp. 576-599). SAGE Publications.

Brookfield, S. D. (2000). Transformative learning as ideology critique. *Handbook of Adult and Continuing Education*, 2000, 361–378. https://doi.org/10.1177/0001848188038004005

Brookfield, S. D. (2006). *The skillful teacher: On technique, trust, and responsiveness in the classroom* (2nd ed.). Jossey-Bass.

Brownlow, C. (2025). *University administrators' perceptions of improving employee engagement and job satisfaction through employee wellness initiatives* (Publication No. 31839746) [Doctoral dissertation, Capella University]. ProQuest Dissertations & Theses.

Brummelhuis, L. L. T., Haar, J. M., & Roche, M. (2014). Does family life help to be a better leader? A closer look at crossover processes from leaders to followers. *Personnel Psychology, 67*(4), 917-949.

Bryant, A., & Kazan, A. L. (2012). *Self-leadership: How to become a more successful, efficient, and effective leader from the inside out.* McGraw-Hill.

Bryman, A. (2008). *Effective leadership in higher education: A literature review.* Leadership Foundation for Higher Education.

Bryman, A. (2016). *Social research methods* (5th ed.). Oxford University Press.

Budson, A. E. (2021, December 2). How to stay strong and coordinated as you age. *Harvard Health Publishing.*

Burne, A., Dionisi, A. M., Barling, J., Akers, A., Robertson, J., Lys, R., Wylie, J., & Dupré, K. (2012). The depleted leader: The influence of leaders' diminished psychological resources on leadership behaviors. *The Leadership Quarterly, 25*(2),344-357.

Burrell, J. (2024, February 6). *What HR should know about tenure and academic freedom*. CUPA-HR.

Busetto, L., Wick, W., & Gumbinger, C. (2020). How to use and assess qualitative research methods. *Neurological Research & Practice, 2*, 14 https://doi.org/10.1186/s42466-020-00059-z

Caffarella, R. S., & Daffron, S. R. (2013). *Planning programs for adult learners: A practical guide.* Jossey-Bass.

Cai, P., Ye, P., Zhang, Y., Dai, R., Fan, J., Hambly, B. D., Bao, S., & Tao, K. (2023). The outcomes of lockdown in the higher education sector during the COVID-19 pandemic. *PLOS ONE, 18*(4), 3-10.

Carnaghan, I. (2013, March 24). *Philosophical assumptions for qualitative research*. https://www.carnaghan.com/philosophical-assumptions-for-qualitative-research/

Cervero, R. M., & Wilson, A. L. (2001). *Power in practice: Adult education and the struggle for knowledge and power in society.* Jossey-Bass.

Chapman, B. (2017, November 8). T*he person you report to at work can be more important to your health than your family doctor.* Linkedin.com. Retrieved from https://www.linkedin.com/pulse/whats-roi-caring-bob-chapman/

Cherryholmes, C. H. (1992). Notes on pragmatism and scientific realism. *Educational Researcher, 21*(6), 13–17. https://doi.org/10.3102/0013189X021006013

Chickering, A. W., & Reisser, L. (1993). *Education and identity* (2nd ed.). Jossey-Bass.

Chith, E., Jeyachandran, V., Yusaira, F., & Kureethara, J. V. (2022). Psychological barriers to workplace wellness in young married women in Indian higher education. In V. C. Pandey

& S. K. Tripathi (Eds.), *Leadership wellness and mental health concerns in higher education* (pp. 43–60). IGI Global. https://doi.org/10.4018/978-1-7998-7693-9.ch003

Chow, J., Al-Duaij, L., Last, N., Sheth, U., Rehman, M., Azim, A., Khalid, F., Blissett, S., & Sibbald, M. (2024). Transformational learning and professional identity formation in postgraduate competency-based medical education. *Medical Education, 59*(4), 409-417.

Clark, M. C., & Wilson, A. L. (1991). Context and rationality in Mezirow's theory of transformative learning. *Adult Education Quarterly, 41*(2), 75–91. https://doi.org/10.1177/0001848191041002002

Coates, D., & Howe, D. (2015). Combatting staff burnout in mental health: Key managerial and leadership tasks that are fundamental to staff wellbeing and retention. *Asia-Pacific Journal of Health Management, 10*(2), 152-160.

College and University Professional Association for Human Resources. (2021). *Benefits in higher education annual report: 2020–21*. College and University Professional Association for Human Resources. https://files.eric.ed.gov/fulltext/ED616016.pdf

Corbin, C. B., & Pangrazi, R. P. (2001). Toward a uniform definition of wellness: A commentary. *President's Council on Physical Fitness and Sports Research Digest, 3*(15), 1–8.

Corpuz, J. C. G. (2023). Enhancing well-being in the university workplace: The context of higher educational institution. *Journal of Primary Care & Community Health, 14*(1), 1-3. https://doi:10.1177/21501319231181488

Cranton, P. (1996). *Professional development as transformative learning.* Jossey-Bass.

Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). SAGE Publications.

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). SAGE Publications.

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). SAGE Publications.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE Publications.

Creswell, J. W., & Creswell Báez, J. (2021). *30 essential skills for the qualitative researcher* (2nd ed.). SAGE Publications.

Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. SAGE Publications.

Culp-Roche, A., Hampton, D., Hensley, A., Wilson, J., Thaxton-Wiggins, A., Otts, J. A., Fruh, S., & Moser, D. K. (2020). Generational differences in faculty and student comfort with technology use. *SAGE Open Nursing*, *6* https://doi.org/10.1177/2377960820941394

Cunningham, C. J. L., & Black, K. J. (2021). *Essentials of occupational health psychology.* Routledge.

Cuseo, J. (2018). Student-faculty engagement: Student-faculty engagement. *New Directions for Teaching and Learning*, *2018*(154), 87–97. 10.1002/tl.20294.

Dadesh, N. (2022). Living faithfully: Laugh, love, learn – Faith as a component of wellness. In C. J. Alexander & A. Tureen (Eds.), *Leadership wellness and mental health concerns in higher education* (pp. 214–233). IGI Global.

Daughtery, C. (2009). An exercise in rigor: A review of Robert K. Yin's Case Study Research: Design and Methods. *The Qualitative Report, 14*(2), 162–165.

Day, A., & Nielsen, K. (2017). What does our organization do to help our well-being? Creating healthy workplaces and workers. In N. Chmiel, F. Fraccaroli, & M. Sverke (Eds.), *An introduction to work and organizational psychology: An international perspective* (3rd ed., pp. 295–314). Wiley-Blackwell.

Deci, E. L., & Ryan, R. M. (1985). *Intrinsic motivation and self-determination in human behavior.* Springer Science & Business Media.

Denzin, N. K., & Lincoln, Y. S. (2005). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (3rd ed., pp. 1–32). SAGE Publications.

Dietz, C., Zacher, H., Scheel, T., Otto, K., & Rigotti, T. (2020). Leaders as role models: Effects of leader presenteeism on employee presenteeism and sick leave. *Work Stress*, *34*(1), 300–322.

Dirkx, J. M. (1997). Nurturing soul in adult learning. *New Directions for Adult and Continuing Education, 1997*(74), 79–88. https://doi.org/10.1002/ace.7409

Dirkx, J. M. (2001). The power of feelings: Emotion, imagination, and the construction of meaning in adult learning. *New Directions for Adult and Continuing Education, 2001*(89), 63–72. https://doi.org/10.1002/ace.9

Dirkx, J. M. (2006). Engaging emotions in adult learning: A Jungian perspective on emotion and transformative learning. *New Directions for Adult and Continuing Education, 2006*(109), 15–26. https://doi.org/10.1002/ace.204

Donadel, A. (2024, February 26). Here are 4 ways institutions can upgrade campus wellness for their most vital asset: Their staff. *University Business*.

https://universitybusiness.com/here-are-4-ways-institutions-can-upgrade-campus-wellness-for-their-most-vital-asset-their-staff/

Duderstadt, J. J. (2010). A university for the 21st century. *University of Michigan Press.*

Dul, J., & Hak, T. (2008). *Case study methodology in business research*. Routledge.

Dunavete, A. (2024, April 4). *University as a workplace: Rethinking spaces for students and staff. YAROOMS.* Retrieved from https://www.yarooms.com/blog/university-as-a-workplace

Dunn, H. L. (1961). *High-level wellness: A collection of twenty-nine short talks on different aspects of the theme "High-level wellness for man and society"*. R. W. Beatty Company.

Dunn, H. L. (1977). *High-level wellness.* Charles B. Slack.

Eddy, P. L., & VanDerLinden, K. E. (2006). Emerging definitions of leadership in higher education. *Community College Review*, *34*(1), 5–26.

Edmondson, A. C. (1999). Psychological safety and learning behavior in work teams. *Administrative Science Quarterly, 44*(2), 350–383. https://doi.org/10.2307/2666999

Edwards, R. (2002). Mobilizing lifelong learning: Governmentality in educational practices. *Journal of Education Policy, 17*(3), 353–365.

Elendu, C. (2024). The evolution of ancient healing practices: From shamanism to Hippocratic medicine: A review. *Medicine*, *103*(28), e39005.

Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing, 62*(1), 107–115. https://doi.org/10.1111/j.1365-2648.2007.04569.x

English, L. (2016). *International encyclopedia of adult education.* Springer.

Evans, G. W., & Stecker, R. (2004). Motivational consequences of environmental stress. *Journal of Environmental Psychology, 24*(2), 143–165. https://doi.org/10.1016/S0272-4944(03)00076-8

Fernandez, K., & Clerkin, C. (2021). Leading through COVID-19: The impact of pandemic stress and what leaders can do about it (Research Insights Report No. 2044). *Center for Creative Leadership.* https://doi.org/10.35613/ccl.2021.2044

Filstead, W. J. (Ed.). (1970). *Qualitative methodology: Firsthand involvement with the social world*. Markham Publishing Company.

Fishman, T. (2012). Learning for life: Adult learners, emerging technologies, and the college classroom. *Vanderbilt University Press.*

Flaherty, C. (2020, January 27). The aging faculty. *Inside Higher Ed.*

Flannery, M. E. (2024, March 7). The mental health crisis among faculty and college staff. *National Education Association*. https://www.nea.org/nea-today/all-news-articles/mental-health-crisis-among-faculty-and-college-staff

Fletcher, P. (2020, November 13). Work-life balance is over: Let's talk about work-life harmony. *Forbes.* https://www.forbes.com/councils/

Flick, U. (2002). *An introduction to qualitative research* (2nd ed.). SAGE Publications.

Florent-Treacy, E., & Manzoni, J. F. (2012). *Stress and the city (a): Antonio Horta Osorio, CEO Lloyds Banking Group (INSEAD Case Study)*. Retrieved from https://cases.insead.edu/

Fossey, E., Harvey, C., McDermott, F., & Davidson, L. (2002). Understanding and Evaluating Qualitative Research. *Australian & New Zealand Journal of Psychiatry, 36*(6):717-732.

Foster, L. T., & Keller, C. P. (2007). Defining wellness and its determinants. In *BC Atlas of Wellness* (pp. 9–19). University of Victoria.

Frasch, K., Goulden, M., Stacy, A., & Broughton, J. (2019). Searching for a diverse faculty: What really works. *Peer Review*, *21*(1/2), 23-25.

Fraser, A., & Mays, N. (2019). Case studies. In C. Pope & N. Mays (Eds.), *Qualitative research in health care* (4th ed., Chapter 13). Wiley. https://doi.org/10.1002/9781119410867.ch13

Gilmour, A. F., & Sandilos, L. E. (2023). The crucial role of administrators in shaping working conditions for teachers of students with EBD. *Journal of Emotional and Behavioral Disorders, 31*(2), 109–119.

Giusino, D., De Angelis, M., & Mazzetti, G. (2021). "We all held our own": Job demands and resources at individual, leader, group, and organizational levels during COVID-19 outbreak in health care. A multi-source qualitative study. *Workplace Health & Safety.*

Glazer, J. (2024, April 21). *Make time for wellness to reach your full leadership potential*. Center for Creative Leadership. https://www.ccl.org/articles/leading-effectively-articles/make-time-for-wellness-to-reach-full-potential/

Glesne, C. (2016). *Becoming qualitative researchers: An introduction* (5th ed.). Pearson.

Global Wellness Institute. (2010). *What is wellness?* https://globalwellnessinstitute.org/what-is-wellness/

Global Wellness Institute. (2024, November). *Global wellness economy monitor: 2024.* https://globalwellnessinstitute.org/wp-content/uploads/2024/11/WellnessEconMonitor2024PDF.pdf

Goetzel, R. Z., & Ozminkowski, R. J. (2008). The health and cost benefits of work-site health-promotion programs. *Annual Review of Public Health, 29*(1), 303–323. https://doi.org/10.1146/annurev.publhealth.29.020907.090930

Golshan, N. M., Kaswuri, A. H. B., Aghashahi, B., Amin, M., & Wan Ismail, W. K. (2011). The relationship between motivation and job satisfaction of the white-collar employees: A case study. *Interdisciplinary Journal of Contemporary Research in Business, 3*(3), 347–360.

Gómez, C., Lamas, A., Ramirez-Martinez, F. R., Blunk, D., & Leiner, M. (2021). Rethinking strategies and programs to improve physical and emotional well-being among healthcare professionals: Facing the new normalcy. *Med Sci Educ. 31*(2):565-572. https://doi:10.1007/s40670-021-01214-0.

Grossberg, E. (2022, May 17). Why Is The Wellness Industry Booming*? Scripps News.* https://www.scrippsnews.com/science-and-tech/why-is-the-wellness-industry-booming?utm_source=chatgpt.com#google_vignette

Guba, E. G., & Lincoln, Y. S. (1989). *Fourth generation evaluation.* Sage Publications.

Guiden, M. (2024, May 17). Student well-being efforts a priority for colleges. *HigherEdJobs*. https://www.higheredjobs.com/Articles/articleDisplay.cfm?ID=3919

Guise, N. (2021). The IGLOO framework: Understanding multilevel influences on workplace well-being*. Insights for Professionals.* https://www.insightsforprofessionals.com/management/leadership/igloo-framework

Hall, A., Hickox, S., Kuan, J., & Sung, C. (2017). Barriers to employment: individual and organizational perspectives. In *Research in personnel and human resources management* (Vol. 35, pp. 243-286). Emerald Publishing Limited.

Hamilton, L. (2011). *Case studies in educational research*. British Educational Research Association.

Hammersley, M., & Gomm, R. (1997). Bias in social research. *Sociological Research Online, 2*(1), 7-19. https://doi.org/10.5153/sro.55

Hanley-Dafoe, R. (2024). Prioritize your wellness and whole self. *Talent Development, 78*(1), 56-58.

Haque, A. U. (2020). *Varying occupational stress and organisational commitment within the university staff of contrasting economies (Cross-sectional comparative study of middle range public universities in Pakistan and the UK)*. University of Wales Trinity Saint David (United Kingdom).

Haque, A. U. (2023). Leading hybrid teams: Strategies for engagement, inclusion, and well-being. *Journal of Management Policy and Practice, 24*(2), 50–59.

Harris, A., Spina, N., & Edmonstone, J. (2021). Wellbeing and distributed leadership in higher education. *Journal of Higher Education Policy and Management, 43*(6), 556–571. https://doi.org/10.1080/1360080X.2021.1901762

Helzer, E. G., & Kim, Y. H. (2019). The role of meaning in promoting and protecting well-being among working adults. *Journal of Positive Psychology, 14*(5), 618–629. https://doi.org/10.1080/17439760.2018.1545041

Hertneky, R. P. (2010). The role of balance in women's leadership self-identity. *Advancing Women in Leadership, 30*(14), 1-12.

Herzberg, F. (1966). *Work and the nature of man.* World Publishing Company.

Herzberg, F., Mausner, B., & Snyderman, B. B. (1959). *The motivation to work (2nd ed.).* Wiley

Hessler, R. M. (1992). *Social research methods.* West Publishing.

Hettler, B. (1980). *Wellness promotion on a university campus. Family & Community Health*, 3(1), 77–95.

Hofmann, D. A., Burke, M. J., & Zohar, D. (2017). 100 years of occupational safety research: From basic protections and work analysis to a multilevel view of workplace safety and risk. *Journal of applied psychology*, *102*(3), 375.

Horowitz, D. (2020, June 9). Leaders: Put your own oxygen mask on first. *Forbes Coaches Council*. https://www.forbes.com/sites/forbescoachescouncil/2020/06/09/leaders-put-your-own-oxygen-mask-on-first/

Hoy, R. (2015, January 8). A life in the classroom keeps this 93-year-old professor young. *Miami University News.*

Hunte, M. L. (2023). Valuating all parts of the system: Addressing administrator health well-being to support optimal wellness and effective school leadership. *The Dissertation in Practice at Western University, 365*. Retrieved from https://ir.lib.uwo.ca/oip/365

Hyett, N., Kenny, A., & Dickson-Swift, V. (2014). Methodology or method? A critical review of qualitative case study reports. *International Journal of Qualitative Studies on Health and Well-being, 9*(1), 23606.

Ilies, R., Morgeson, F. P., & Nahrgang, J. D. (2005). Authentic leadership and eudaemonic wellbeing: Understanding leader-follower outcomes. *The Leadership Quarterly, 16*(3), 373-394. https://doi.org/10.1016/j.leaqua.2005.03.002

Illes, K. (2017). Being well and leading well. *The Journal of Corporate Citizenship 68*(1), 15–30. https://doi.org/10.9774/TandF.4700.2017.de.00004

Innes, M. (2009). “Wait a minute, I’ve heard this before”: Reconceptualizing insider/outsider status in qualitative research. *Qualitative Research, 9*(4), 439–450. https://doi.org/10.1177/1468794109337872

Inside Higher Ed & Hanover Research. (2024). *2024 survey of college and university presidents* (Report). Inside Higher Ed. https://d1y8sb8igg2f8e.cloudfront.net/2024-IHE-Presidents-Survey_final__0.pdf

Ishimoto, S., & Kawakami, N. (2023). Health and wellbeing of staff working at higher education institutions. *BMC Public Health, 23*(1), 456. https://doi.org/10.1186/s12889-023-14456-7

Jarvis, P. (1987). *Adult learning in the social context.* Croom Helm.

Jarvis, P. (1992). *Paradoxes of learning: On becoming an individual in society.* Jossey-Bass.

Jin, J., & Hopkins, K. (2023). Wellness-centered leadership playbook: Cultivating a culture of wellness within your organization. *American Medical Association Ed Hub. Retrieved from https://edhub.ama-assn.org/steps-forward/module/2813422*

Jonas, S. (2005). The wellness process for healthy living: A mental tool for facilitating progress toward personal wellness. *American Running Association Journal*, *20*(1), 8–9.

Joo, S.-H., & Grable, J. E. (2004). An exploratory framework of the determinants of financial satisfaction. *Journal of Family and Economic Issues, 25*(1), 25–50.

Kalargyrou, V., & Woods, R. (Bob). (2009). What makes a college administrator an effective Leader?: An exploratory study. *Journal of Teaching in Travel & Tourism*, *9*(1–2), 21–36. https://doi-org.utk.idm.oclc.org/10.1080/15313220903041980

Kaplan, R. (1993). The role of nature in the context of the workplace. *Landscape and Urban Planning*, 26(1–4), 193–201. https://doi.org/10.1016/0169-2046(93)90016-7

Kelloway, E. K., & Barling, J. (2010). Leadership development as an intervention in occupational health psychology. *Work & Stress, 24*(3), 260–279. https://doi.org/10.1080/02678373.2010.518441

Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior, 43*(2), 207–222. https://doi.org/10.2307/3090197**:contentReference[oaicite:1]{index=1}

Kirshstein, R., Matheson, N., Jing, Z., & Zimbler, L. (1997). *Statistical analysis report of instructional faculty and staff in higher education institutions: Fall 1987 and Fall 1992.* https://nces.ed.gov/pubs97/97470.pdf

Kivimäki, M., & Kawachi, I. (2015). Work stress as a risk factor for cardiovascular disease. *Current Cardiology Reports, 17(*9), 1-9 https://doi.org/10.1007/s11886-015-0630-8

Klug, K., Felfe, J., & Krick, A. (2022). Does self-care make you a better leader? A multisource study linking leader self-care to health-oriented leadership, employee self-care, and health. *International Journal of Environmental Research and Public Health, 19*(11), 6733. https://doi.org/10.3390/ijerph19116733

Knight, C. (2021). How to lead for employee well-being. *Harvard Business Review.* https://hbr.org/2021/06/how-to-lead-for-employee-well-being

Knowles, M. S. (1989). *The making of an adult educator: An autobiographical journey.* Jossey-Bass.

Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development*. Prentice Hall.

Kumar, N., & Singh, V. (2011). Job satisfaction and its correlates. *International Journal of Research in Commerce, Economics & Management, 1*(2), 1–6. https://ijrcm.org.in/article_info.php?article_id=369

Kuresman, K. (2024). *Prioritizing me: An exploration of care for mid-level higher education administrators* [Doctoral dissertation, Morgan State University]. ProQuest Dissertations & Theses.

Kwiatkowski, W. (2017). An interpretive approach to case study research: underlying philosophy and its implications for fieldwork. Paper presented at Manchester Methods Exchanges Conference, Manchester, United Kingdon, 10/5/2017.

Lederman, D. (2023, April 11). Survey: College presidents upbeat despite challenges. *Inside Higher Ed.* https://www.insidehighered.com/news/governance/executive-leadership/2023/04/11/survey-college-presidents-upbeat-despite

Lee, B., & Saunders, M. N. K. (2017). *Conducting case study research for business and management students*. SAGE.

Lichtman, M. (2014). *Qualitative research for the social sciences*. SAGE Publications.

Lincoln, Y., & Guba, E. G. (1985). *Naturalistic inquiry.* Sage

Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging confluences, revisited. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (4th ed., pp. 97–128). SAGE Publications.

Lindholm, J. A., & Szelenyi, K. (2008). Faculty at work: Balancing academic and personal lives. *ERIC Clearinghouse on Higher Education, ASHE Higher Education Report, 34*(4). Jossey-Bass.

Longfellow, H. W. (1858). The ladder of St. Augustine. In *The poetical works of Henry Wadsworth Longfellow.*

Lorenz, G. F. (2014). A study of wellness and academic leadership. *Journal of applied research in higher education 6*(1), 30–43.

Mareno, N., & Shadle James, K. (2010). Further validation of the body–mind–spirit wellness behavior and characteristic inventory for college students. *Southern Online Journal of Nursing Research, 10*(4). https://digitalcommons.kennesaw.edu/facpubs/1204/ DigitalCommons Kennesaw+1

Marken, S., & Matson, T. (2019, June 21). *Why drive employee engagement in higher ed?* Gallup. https://www.gallup.com/education/258344/why-drive-employee-engagement-higher.aspx?

Maulik, P. (2017). Workplace stress: A neglected aspect of mental health wellbeing. *Indian Journal of Medical Research, 146*(4), 441-444.

McCaffery, P. (2019). *The higher education manager's handbook: Effective leadership and management in universities and colleges* (3rd ed.). Routledge.

McCart, A., Bergman, M., Green, E., & Rose, K. (2022). Organizational supports and developing a healthy workforce: A case study of wellness factors and leadership. *International Journal of Information Communication Technologies and Human Development, 14*(1), 1–13. https://doi.org/10.4018/IJICTHD.299408

McChesney, J., & Bichsel, J. (2020). The aging of tenure-track faculty in higher education: Implications for succession and diversity (Research Report). *College and University Professional Association for Human Resources.*

McEwen, B. S. (2007). Stress and the aging hippocampus. *Nature Reviews Neuroscience, 8*(3), 209–218.

McKinsey & Company. (2021, April 8). *Feeling good: The future of the $1.5 trillion wellness market.* McKinsey & Company. https://www.mckinsey.com/industries/consumer-

packaged-goods/our-insights/feeling-good-the-future-of-the-1-5-trillion-wellness-market McKinsey & Company

Medaris, A. (2024, March 4). What do people really want in their work? Meaning and stability. *Monitor on Psychology.* https://www.apa.org/monitor/2024/01/trends-meaning-stability-workplaces

Melnyk, B. M., & Click, E. R. (2024, May 13). Creating and sustaining wellness cultures for faculty, staff, and students to thrive. *Higher Education Today*. https://www.higheredtoday.org/2024/05/13/wellness-cultures-for-student-success/

Merriam, S. B. (1998). *Qualitative research and case study applications in education.* Jossey-Bass.

Merriam, S. B. (2002). *Qualitative research in practice: Examples for discussion and analysis*. Jossey-Bass.

Merriam, S. B. (2017). Adult learning theory: Evolution and future directions. In K. Illeris (Ed.), *Contemporary theories of learning: Learning theorists in their own words* (2nd ed., pp. 83–96). Routledge.

Merriam, S. B., & Baumgartner, L. M. (2020). *Learning in adulthood: A comprehensive guide.* Jossey-Bass.

Merriam, S. B., & Bierema, L. L. (2014). *Adult learning: Linking theory and practice*. Jossey-Bass.

Merriam, S. B., & Brockett, R. G. (2007). *The profession and practice of adult education: An introduction* (Updated ed.). Jossey-Bass.

Merriam, S. B., & Ntseane, G. (2008). Transformational learning in Botswana: How culture shapes the process. *Adult Education Quarterly, 58*(3), 183–197. https://doi.org/10.1177/0741713608314087

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation* (4th ed.). Jossey-Bass.

Mezirow, J. (1978). Perspective transformation. *Adult Education Quarterly, 28*(2), 100–110.

Mezirow, J. (1991). *Transformative dimensions of adult learning.* Jossey-Bass.

Mezirow, J. (1998). On critical reflection. *Adult Education Quarterly, 48*(3), 185–198. https://doi.org/10.1177/074171369804800305

Mezirow, J. (2000). An overview on transformative learning. In J. Mezirow & Associates (Eds.), *Learning as transformation: Critical perspectives on a theory in progress* (pp. 3–34). Jossey-Bass.

Middlehurst, R., Cross, M., & Jeannin, L. (2018). Job-embedded, collaborative and reflective professional development for university administrators: The action learning pedagogy. *South African Journal of Higher Education, 32*(1), 162–177. https://doi.org/10.20853/32-1-1712

Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd ed.). SAGE Publications.

Miller, M. (2023). Leadership Preparation and Institutional Priorities: A Global Perspective on Higher Education. *Open Journal of Leadership*, *12*, 1-14. https://doi.org.10.4236/ojl.2023.121001

Mills, A. J., Durepos, G., & Wiebe, E. (Eds.). (2010). *Encyclopedia of case study research* (Vols. 1–2). SAGE Publications.

Mitroff, I. I., & Denton, E. A. (1999). A study of spirituality in the workplace. *Sloan Management Review, 40*(4), 83–92.

Montaudon-Tomas, C. M., Pinto-López, I. N., & Amsler, A. (2022). Identifying burnout syndrome in a private university in the state of Puebla, Mexico. In C. J. Alexander & A. Tureen (Eds.), *Leadership wellness and mental health concerns in higher education* (pp. 156–179). IGI Global.

Morgan, D. L. (2007). Paradigms lost and pragmatism regained: Methodological implications of combining qualitative and quantitative methods. *Journal of Mixed Methods Research, 1*(1), 48–76. https://doi.org/10.1177/2345678906292462

Morris, L. (2019). Supporting staff who support students' mental health: The role of university leaders and managers. *Student Minds.* https://www.studentminds.org.uk/uploads/3/7/8/4/3784584/supporting_staff_final.pdf

Morris, T. L., & Laipple, J. S. (2018). How prepared are academic administrators? Leadership and job satisfaction within US research universities. *Journal of Higher Education Policy and Management, 37*(2), 241–251. https://doi.org/10.1080/1360080X.2015.1019125

Morse, J. M. (2012). *Qualitative health research: Creating a new discipline*. Routledge.

Mullen, C. A., & Tuten, E. M. (2010). Between a rock and a hard place: Ethical dilemmas in higher education administration. *NASPA Journal.*

Myers, J. E., & Sweeney, T. J. (2005). The indivisible self: An evidence-based model of wellness. *Journal of Individual Psychology, 61*(3), 269–279.

Myers, J. E., Sweeney, T. J., & Wittmer, J. (2005). *Wellness evaluation of lifestyle: Manual for wellness assessment*. Mindgarden.

NACUBO. (2016). *A new spin on wellness*. National Association of College and University Business Officers. https://www.nacubo.org/News/2016/11/Noteworthy-A-New-Spin-on-Wellness

National Center for Education Statistics. (2001). Background characteristics, work activities, and compensation of faculty and instructional staff in postsecondary institutions: Fall 1998, *U.S. Department of Education, NCES 2001-152.* Retrieved March 3, 2025, from https://nces.ed.gov/pubs2001/2001152.pdf

National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. (1979). The Belmont Report: Ethical principles and guidelines for the protection of human subjects of research. *U.S. Department of Health, Education, and Welfare*. https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/index.html

National Wellness Institute. (2023, July). *Six dimensions of wellness: Defining and assessing wellness* (Version 1) [Fact sheet]. https://cdn.ymaws.com/members.nationalwellness.org/resource/resmgr/tools2/6dimensionssummary.pdf

Neuman, W. L. (2000). *Social research methods: Qualitative and quantitative approaches* (4th ed.). Allyn & Bacon.

Newell, J. M., & Nelson-Gardell, D. (2014). A competency-based approach to teaching professional self-care: An ethical consideration for social work educators. *Journal of Social Work Education, 50*(3), 427–439. https://doi.org/10.1080/10437797.2014.917928

Newman, A., Donohue, R., & Eva, N. (2017). Psychological safety: A systematic review of the literature. *Human Resource Management Review, 27*(3), 521–535. https://doi.org/10.1016/j.hrmr.2017.01.001

Nielsen, K., Nielsen, M. B., Ogbonnaya, C., Känsälä, M., Saari, E., & Isaksson, K. (2017). Workplace resources to improve both employee well-being and performance: A systematic review and meta-analysis. *Work & Stress*, *31*(2), 101–120. https://doi.org/10.1080/02678373.2017.1304463

Novak, A. C. (2014). *Calling, confidence, competence, and connections: A grounded theory for optimizing wellbeing of female university presidents* (Publication No. 3709086) [Doctoral dissertation, Creighton University]. ProQuest Dissertations & Theses.

Office of the U.S. Surgeon General. (2022). *The U.S. Surgeon General's framework for workplace mental health & well-being*. U.S. Department of Health and Human Services.

O'Grady, K. L. (2021, February 22). How to manage through emotional exhaustion. *The Chronicle of Higher Education*. https://www.chronicle.com/article/how-to-manage-through-emotional-exhaustion

Opsahl, R. L., & Dunnette, M. D. (1966). The role of financial compensation in industrial motivation. *Psychological Bulletin, 66*(2), 94–118. https://doi.org/10.1037/h0023907

Panchal, U., Salazar de Pablo, G., Franco, M., Moreno, C., Parellada, M., Arango, C., & Fusar-Poli, P. (2021). The impact of COVID-19 lockdown on child and adolescent mental health: A systematic review. *European Child & Adolescent Psychiatry, 30*(8), 1–27. https://doi.org/10.1007/s00787-021-01856-wResearchGate

Pargament, K. I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred.* Guilford Press.

Patton, M. Q. (2015). *Qualitative research & evaluation methods* (4th ed.). SAGE Publications.

Petts, R. J., Knoester, C., & Li, Q. (2020). Paid paternity leave-taking in the United States. *Community, Work & Family, 23*(2), 162-183.

Pfeffer, J. (2018). *Dying for a paycheck: How modern management harms employee health and company performance—and what we can do about it*. Harper Business.

Pretorius, L. (2024). Demystifying research paradigms: Navigating ontology, epistemology, and axiology in research. *The Qualitative Report, 29*(10), 2698–2715. https://doi.org/10.46743/2160-3715/2024.7632

Quick, J. C., Macik-Frey, M., & Cooper, C. L. (2007). *Handbook of stress and health: A guide to research and practice.* Wiley-Blackwell.

Rahaman, A. (2013). *The influence of an action learning process on transformative learning and leadership behavior in a government agency* (Publication No. 1346231658) [Doctoral dissertation, The George Washington University]. ProQuest Dissertations & Theses.

Rahman, M. A., Das, P., & Lam, L. (2024). Health and wellbeing of staff working at higher education institutions globally during the post-COVID-19 pandemic period: evidence from a cross-sectional study. *BMC Public Health 24*, 1848. https://doi.org/10.1186/s12889-024-19365-1

Rather, D. (Reporter). (1979, December 2). *Wellness* [Television broadcast]. In M. Wallace (Executive Producer), *60 Minutes*. CBS News.

Rees, M., Riach, K., & Jack, G. (2021). Diversity of menopause experience in the workplace: Understanding confounding factors. *Current Opinion in Endocrine and Metabolic Research, 27*, 100391.

Reisser, P. (2024, February 5). Inaugural chief wellness officer aims to 'change the culture' around mental health. University of Tennessee Health Science Center News. https://news.uthsc.edu/inaugural-chief-wellness-officer-aims-to-change-the-culture-around-mental-health/

Renger, R., Midyett, S. J., Mas, F. G., Erin, T. D., McDermott, H. M., Papenfuss, R. L., Eichling, P. S., Baker, D. H., Johnson, K. A., & Hewitt, M. J. (2000). Optimal Living Profile: An inventory to assess health and wellness. *American Journal of Health Promotion*, *24*(6), 403–412.

Richemond, D. J., & Needham, C. (2020). The impact of wellness programs on employee job satisfaction in colleges and universities. *Open Journal of Business and Management, 8*(2), 569-599. https://doi.org/10.4236/ojbm.2020.82035

Rickhi, B., & Aung, S. K. H. (2006). Integrating body, mind, and spirit: The role of complementary and alternative medicine in psychiatry. *Canadian Journal of Psychiatry, 51*(8), 467–468. https://doi.org/10.1177/070674370605100801

Roberts, J. (2018). Professional staff contributions to student retention and success in higher education. *Journal of Higher Education Policy and Management*, 40(2), 140–153. https://doi.org/10.1080/1360080X.2018.1428409

Robertson, I., & Cooper, C. (2011). *Well-being: Productivity and happiness at work*. Palgrave Macmillan.

Rock, A. (2024, February 16). College faculty burnout: The statistics and solutions. *Campus Safety Magazine*. https://www.campussafetymagazine.com/news/college-faculty-burnout-the-statistics-and-solutions/132000/

Roller, M. R. (2020, December 8). Generalizability in case study research. *Research Design Review*.

Roman, P. M., & Blum, T. C. (1985). The core technology of employee assistance programs. *Alcohol Health and Research World, 10*(4), 16–22.

Rook, C., Hellwig, T., Florent-Treacy, E., & Kets de Vries, M. F. R. (2016, October 19). *Stress in executives: Discussing the 'undiscussable"* (INSEAD Working Paper No. 2016/74/EFE). Retrieved from https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2854952

Ruben, B. D., & Gigliotti, R. A. (2019). *Leadership, communication, and social influence: A theory of resonance, activation, and cultivation.* Emerald Publishing.

Ruderman, M., Graham, P., & Stawiski, S. (2024, May 17). The keys to wellbeing and leadership. *Center for Creative Leadership.* https://www.ccl.org/articles/leading-effectively-articles/create-better-culture-the-keys-to-wellbeing-and-leadership/

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist, 55*(1), 68–78. https://doi.org/10.1037/0003-066X.55.1.68

Sabir, R. I., Majid, M. B., & Masood, K. (2022). Impact of student wellness on academic performance with mediating role of learning environment. *Journal of Educational Research*, 25(1), 45-60.

Saks, A. M. (2019). Antecedents and consequences of employee engagement revisited. *Journal of Organizational Effectiveness: People and Performance*, 6(1), 19–38. https://doi.org/10.1108/JOEPP-06-2018-0034

Saunders, B., Kitzinger, J., & Kitzinger, C. (2015). Anonymising interview data: Challenges and compromise in practice. *Qualitative Research, 15*(5), 616–632.

Schram, T. H. (2006). *Conceptualizing and proposing qualitative research* (2nd ed.). Pearson Education.

Schwandt, T. A. (2007). *The SAGE dictionary of qualitative inquiry* (3rd ed.). SAGE Publications.

Scott, H. K. (2022). *Leaders' well-being: Exploring implications for leadership theory and organizational practice* [Doctoral dissertation, University of Idaho]. VERSO. https://verso.uidaho.edu/esploro/outputs/996638046101851

Seaward, B. L. (2002). *Managing stress: Principles and strategies for health and well-being* (3rd ed.). Jones and Bartlett Publishers.

Selingo, J. (2005, November 4). What presidents think about higher education, their jobs, and their lives. *The Chronicle of Higher Education:* Special Pullout Section, A25-A39.

Senge, P. M. (1990). *The fifth discipline: The art and practice of the learning organization.* Doubleday.

Shanafelt, T. D., Makowski, M. S., Wang, H., Bohman, B. D., Leonard, M., Harrington, R. A., & Trockel, M. (2021). Association of the organizational culture of health care professionals with burnout and professional fulfillment. *JAMA Network Open, 4*(9), e2129896. https://doi.org/10.1001/jamanetworkopen.2021.29896

Siegrist, J., & Li, J. (2018). Work stress and the development of chronic diseases. *International Journal of Environmental Research and Public Health*, *15*(3), 536. https://doi.org/10.3390/ijerph15030536

Simons, G., & Baldwin, D. S. (2021). A critical review of the definition of 'wellbeing' for doctors and their patients in a post Covid-19 era. *International Journal of Social Psychiatry. 67*(8), 984-991.

Smith, A., & Jones, B. (2024). Wellbeing in the higher education sector: A qualitative study of staff perceptions in UK universities. *Journal of Higher Education Research*, 15(2), 123–145.

Smith, C. W. (2020). Improving post-secondary academic and professional staff wellbeing: A literature synthesis. *Canadian Journal for New Scholars in Education*, *11*(2), 91–100.

Smith, M., & Kelly, C. (2006). Journeys of the self: The need to retreat. In Blackwell, R., Smith, M., & Kelly, C. (Eds.), *Tourism Recreation Research*, *31*(1), 1-4.

Spall, S. (1998). Peer debriefing in qualitative research: Emerging operational models. *Qualitative Inquiry, 4*(2), 280–292. https://doi.org/10.1177/107780049800400208

Sparks, K., Faragher, B., & Cooper, C. L. (2001). Well-being and occupational health in the 21st century workplace. *Journal of Occupational and Organizational Psychology, 74*(4), 489–509. https://doi.org/10.1348/096317901167497

Specker Sullivan, L., & Reiner, P. (2021). Digital wellness and persuasive technologies. *Philosophy and Technology, 34*(3), 413-424.

Sreekumar, D. (2023, August 28). *What is research methodology? Definition, types, and examples* | Retrieved from https://paperpal.com/blog/academic-writing-guides/what-is-research-methodology

Stake, R. E. (1995). *The art of case study research*. SAGE Publications.

Stake, R. E. (2000). Case Studies. In N. K. Denzin, & Y. S. Lincoln (Eds.), Handbook of Qualitative Research (pp. 435-453). Thousand Oaks, CA: Sage.

Starks, H., & Trinidad, S. B. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research, 17*, 1372–1380.

Stiles, W. B. (1998). Qualitative research: The soft science. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (4th ed., pp. 183–212). Wiley.

Stoewen, D. L. (2017). Dimensions of wellness: Change your habits, change your life. *The Canadian Veterinary Journal, 58*(8), 861–862.

Swarbrick, M. (2006). A wellness approach. *Psychiatric Rehabilitation Journal, 29*(4), 311–314. https://doi.org/10.2975/29.2006.311.314

Tang, A. (2023). *The Leader's Guide to Wellbeing*. Pearson

Taylor, E. W. (1997). Building upon the theoretical debate: A critical review of the empirical studies of Mezirow's transformative learning theory. *Adult Education Quarterly, 48*(1), 34–59. https://doi.org/10.1177/074171369704800104

Taylor, E. W. (2008). Transformative learning theory. *New Directions for Adult and Continuing Education, 2008*(119), 5–15.

Taylor, E. W. (2009). Fostering transformative learning. In J. Mezirow & E. W. Taylor (Eds.), *Transformative learning in practice: Insights from community, workplace, and higher education* (pp. 3–17). Jossey-Bass.

Taylor, E. W., & Cranton, P. (Eds.). (2012). *The handbook of transformative learning: Theory, research, and practice*. Jossey-Bass.

Taylor, M., Sanchez, C., Turk, J., Chessman, H., & Ramos, A. M. (2021, March 4). *College and university presidents respond to COVID-19: 2021 spring term survey*. American Council on Education. https://www.acenet.edu/Research-Insights/Pages/Senior-Leaders/College-and-University-Presidents-Respond-to-COVID-19-2021-Spring-Term.aspx

Tedone, A. M. (2022). Keeping up with work email after hours and employee wellbeing: Examining relationships during and prior to the COVID-19 pandemic. *Occupational health science*, *6*(1), 51–72. https://doi.org/10.1007/s41542-021-00107-3

Tennant, M., & Pogson, P. (1995). *Learning and change in the adult years: A developmental perspective.* Jossey-Bass.

Tenny, S., Brannan, J. M., & Brannan, G. D. (2022). Qualitative Study. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK470395/

Theis, J. C., O'Neill, S. M., & O'Donovan, D. (2023). Impact of menopausal symptoms on work and careers. *Occupational Medicine, 73*(5), 295–302. https://doi.org/10.1093/occmed/kqad032

Thyer, B. A. (Ed.). (2010). *The handbook of social work research methods* (2nd ed.). SAGE Publications.

Tisdell, E. J. (2003). *Exploring spirituality and culture in adult and higher education.* Jossey-Bass.

Toker, S., & Biron, M. (2012). Job burnout and depression: Unraveling their temporal relationship and considering the role of physical activity. *Journal of Applied Psychology, 97*(3), 699–710. https://doi.org/10.1037/a0026914

Tracy, S. J. (2020). *Qualitative research methods: Collecting evidence, crafting analysis, communicating impact* (2nd ed.). Wiley-Blackwell.

Travia, R. M., Larcus, J. G., Andes, S., & Gomes, P. G. (2022). Framing well-being in a college campus setting. *Journal of American College Health*, *70*(3), 758-772.

Travis, J. W. (1977). *Wellness Inventory*. Wellness Resource Center.

Tugend, A. (2020). On the verge of burnout: COVID-19's impact on faculty well-being and career plans. *The Chronicle of Higher Education.* Retrieved from: Covid&FacultyCareerPaths_Fidelity_ResearchBrief_v3 (1).pdf.

Turk, M. F. (2018). *A history of occupational health and safety: From 1905 to the present.* University of Nevada Press.

Turner, L., & Thompson, E. (2022). The relationship between a wellness intervention and first-year student retention. *Journal of College Student Retention: Research, Theory & Practice*, *24*(2), 297–315.

Tutty, L. M., Rothery, M., & Grinnell, R. M., Jr. (1996). *Qualitative research for social workers: Phases, steps, & tasks*. Allyn & Bacon.

Watkins, D. C., Allen, J. O., Goodwill, J. R., & Noel, B. (2021). Campus wellness programs: Addressing faculty and staff mental health. *Journal of Higher Education Wellness*, *3*(1), 15–28.

Webber, C. F. (2016). Higher education administration and leadership: Current assumptions, responsibilities, and considerations. *Research in Educational Administration & Leadership, 1*(1), 61-84

Weissman, S. (2024, January 12). Administrator's suicide leaves campus reeling with 'despair' and 'disappointment.' *Inside Higher Ed*. https://www.insidehighered.com/news/governance/

White, H. C., Allen, D. M., Buffinton, K., Humphrey, D., Malpiede, M., Miller, R. K., & Volin, J. C. (2024). Cultivating long-term well-being through transformative undergraduate education. PNAS Nexus, 3(9), 372

World Health Organization. (2020). *Basic documents: forty-ninth edition (including amendments adopted up to 31 May 2019). Geneva: World Health Organization* https://apps.who.int/gb/bd/pdf_files/BD_49th-en.pdf

Wray, S., & Kinman, G. (2022). Tipping point: The staff wellbeing crisis in higher education. *Frontiers in Education, 7*, 929335. https://doi.org/10.3389/feduc.2022.929335

Xu, Y., & Wang, Y. (2023). Job stress and university faculty members' life satisfaction: The mediating role of emotional burnout. *Frontiers in Psychology*, *14*, 1111434. https://doi.org/10.3389/fpsyg.2023.1111434

Yazan, B. (2015). Three approaches to case study methods in education: Yin, Merriam, and Stake. *The Qualitative Report, 20*(2), 134–152.

Yin, R. K. (1984). *Case study research: Design and methods*. Sage Publications

Yin, R. K. (2003). *Case study research: Design and methods* (3rd ed.). Sage.

Yin, R. K. (2018). *Case study research and applications* (6th ed.). Sage Publications.

Zhang, J. J., Dong, X., Liu, G. H., & Gao, Y. D. (2022). Risk and Protective Factors for COVID-19 Morbidity, Severity, and Mortality. *Clinical reviews in allergy & immunology*, *64*(1), 90–107. https://doi.org/10.1007/s12016-022-08921-5

Zhart, O. (2018, June 5). Leadership support and the effectiveness of wellness initiatives. HERO-Health. https://hero-health.org/blog/leadership-support-and-the-effectiveness-of-wellness-initiatives/?utm_source=chatgpt.com

Appendices

Appendix A

Email Script to Prospective Study Participants

Subject: Invitation to Participate in a Research Study on Administrators' Perceptions and Roles in Addressing Workplace Wellness

Dear [Name],

I hope this message finds you well. I am writing to invite you to participate in a research study I am conducting as part of my doctoral dissertation at the University of Tennessee, Knoxville. The study explores how administrators at NU perceive and engage with workplace wellness in their professional roles.

Your experience and insights as an institutional leader would provide valuable perspective to this research. Participation involves:

- Completing a short pre-interview questionnaire (10–15 minutes)
- Taking part in a one-on-one interview (via Zoom or in person, approx. 45–60 minutes)
- Optionally reviewing a summary of your responses to ensure accuracy (member-checking)

Participation in this study is entirely voluntary, and your identity will be kept confidential. You are free to decline to answer any question or withdraw from the study at any point without consequence. All data will be securely stored and de-identified during analysis and presentation.

If you are willing to participate, please click the link below to review the consent form and complete the pre-interview questionnaire:

👉 https://utk.co1.qualtrics.com/jfe/form/SV_8G0bpbinRKkVsDI

Should you have any questions, please do not hesitate to contact me. I greatly appreciate your time and consideration and hope you will consider lending your voice to this important conversation.

Warm regards,

Rosite Delgado,
Ph.D. Student, Educational Psychology & Research, Adult Learning
University of Tennessee
Knoxville, TN

Appendix B

Consent for Research Participation

Research Study Title: Leading Well: A Case Study on the Role of Higher Education Administrators in Advancing Workplace Wellness

Researchers:
Rosite K. G. Delgado, University of Tennessee, Knoxville
Dr. Qi Sun, University of Tennessee, Knoxville

Why am I being asked to be in this research study?

We are asking you to be in this research study because you are a current administrator at NU whose role involves leadership, supervision, or decision-making related to employees. This study seeks to understand how institutional administrators perceive and engage with employee wellness in the workplace. Your insights will help to inform a deeper understanding of how wellness is supported, challenged, or shaped within higher education environments.

What is this research study about?

The purpose of the research study is to better understand institutional administrators' perceptions of workplace wellness and their roles in addressing workplace wellness at NU.

Who is conducting this research study?

We are giving you the information below so you can decide if this relationship will affect your decision to be in this study:
Rosite Delgado, the principal researcher, works closely with university administrators on matters of compliance, workplace accommodations, and institutional culture.
Dr. Sun Qi, Associate Professor in the Educational Leadership and Policy Studies Department at UTK, is the faculty advisor.
The researchers are committed to the highest standards of research integrity, credibility and objectivity throughout the research process.

How long will I be in the research study?

If you agree to be in the study, your participation will last for approximately 2 hours in total, which will include an interview and pre- and post-interview activities.

What will happen if I say "Yes, I want to be in this research study"?

If you agree to be in this study, we will ask you to:
- complete this brief online pre-interview questionnaire
- participate in a one-on-one semi-structured interview with the principal researcher to be conducted in-person at a convenient campus location or online via Zoom (based on preference or convenience);
- participate in an optional post-interview review of the transcript or summary of your responses.

What happens if I say "No, I do not want to be in this research study"?

Being in this study is up to you. You can say no now or leave the study later. Either way, your participation in this study is completely voluntary and your decision won't affect your employment at the University.

What happens if I say "Yes" but change my mind later?

Even if you decide to be in the study now, you can change your mind and stop at any time. If you decide to stop before the study is completed, please inform the researcher and any information already collected will be discarded. There is no penalty or loss of benefit for choosing not to participate.

Are there any possible risks to me?

The risks of the study are minimal but may include emotional discomfort when reflecting on personal or institutional experiences related to wellness. It is possible that someone could find out you were in this study or see your study information, but we believe this risk is small because of the procedures we use to protect your information. These procedures are described later in this form.

Are there any benefits to being in this research study?

We do not expect you to benefit directly from being in this study. Your participation may help us to learn more about workplace wellness and contribute to existing literature in the fields of adult learning, higher education, and occupational health. We hope the knowledge gained from this study will benefit others in the future.

Who can see or use the information collected for this research study?

We will protect the confidentiality of your information by restricting access to only the research team. Audio files, notes, and transcripts will be stored on a secure, password-protected and encrypted device connected to a secure university network. To preserve the anonymity of participants, identifying information will be removed and replaced with pseudonyms. All identifiable records, including the code list of identifiers, will be destroyed upon completion of the study. Your name or other identifiable information will not be used in any report or publication, and only de-identified research materials will be retained for scholarly purposes. If information from this study is published or presented at scientific meetings, your name and other personal information will not be used.

Recorded data will be transcribed using Glean transcription software and user data may be used for machine learning for the purposes of testing, tuning, optimizing, validating, or otherwise enhancing the AI tool that powers the service. Please note that Glean may update their Terms of Service without notifying the investigators or you, which may affect how your data is stored in the future.

We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information or what information came from you. Although it is unlikely, there are times when others may need to see the information we collect about you. These include:

- People at the University of Tennessee, Knoxville who oversee research to make sure it is conducted properly.
- Government agencies (such as the Office for Human Research Protections in the U.S. Department of Health and Human Services), and others responsible for watching over the safety, effectiveness, and conduct of the research.
- If a law or court requires us to share the information, we would have to follow that law or final court ruling.

What will happen to my information after this study is over?

We will not keep your information to use for future research. Your name and other information that can directly identify you will be deleted from your research data collected as part of the

study upon completion of the study.
We will not share your research data with other researchers.

Will I be paid for being in this research study?

You will not be paid for being in this study.

Will it cost me anything to be in this research study?

It will not cost you anything to be in this study.

Who can answer my questions about this research study?

If you have questions or concerns about this study, or have experienced a research related problem or injury, contact the researchers, Rosite Delgado at rosite-delgado@utc.edu or 423-605-1275 or Dr. Qi Sun, faculty advisor, at qsun8@utk.edu.
For questions or concerns about your rights or to speak with someone other than the research team about the study, please contact:
Institutional Review Board
The University of Tennessee, Knoxville
Phone: 865-974-7697
Email: utkirb@utk.edu

STATEMENT OF CONSENT

I have read this form and the research study has been explained to me. I have been given the chance to ask questions and my questions have been answered. If I have more questions, I have been told who to contact. By signing this document, I am agreeing to be in this study. I will receive a copy of this document after I sign it.

Name of Adult Participant

- Date

Signature
Type Sign
Type your name below to generate a signature.

○ I agree to participate in this study
○ I do not agree to participate in this study

Appendix C

Pre-Interview Questionnaire

Q1. Background Information

Q2. What is your current role/title at NU?
Member of Executive Leadership Team
Assistant or Associate Vice Chancellor
Assistant or Associate Provost
Dean
Assistant or Associate Dean
Department Head
Executive Director
Director

Q3. How many years have you worked in higher education?
Less than 5
5 to 10 years
10 to 20 years
More than 20 years

Q4. How many years have you been an administrator at NU?
Less than 5
5 to 10 years
10 to 20 years
More than 20 years

Q5. How many employees do you currently supervise (direct reports)?

Q6. What classification of employees do you supervise? Select all that apply.
Faculty
Staff
Administrators (director level or above)

Q7. What wellness-related initiatives, programs, or resources are you currently aware of at NU?
Please indicate the extent to which you agree or disagree with the following statements using the scale provided:

(1) Strongly Agree (2) Agree (3) Neutral (4) Disagree (5) Strongly Disagree

Q8. NU promotes a culture that supports workplace wellness
Strongly Agree
Agree
Neutral

Disagree
Strongly Disagree

Q9. NU leadership models healthy work-life balance
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

Q10. I feel confident in my understanding of what contributes to workplace wellness in a higher education setting.
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

Q11. As an administrator, I feel adequately trained and equipped to support employee wellness effectively.
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

Q12. As an administrator, I believe the Newtown Optimal Wellness (NOW) Initiative has had a positive impact on workplace wellness at NU.
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

Q13. Which of the following NOW activities have you participated in?
I completed NOW Progress Check Surveys
I received and reviewed NOW Survey Feedback for my department or unit
I read NOW Blog posts
Other. Please specify

Thank you for your time and consideration. You may close this window to exit the survey. If you completed the full survey, you will be receiving a follow-up email to schedule your interview.

Appendix D

Master Interview Protocol

Interview Protocol

Study Title: Leading Well: A Case Study Exploring the Role of Administrators in Addressing Workplace Wellness at NU

Researcher/Interviewer: Rosite Delgado, Doctoral Candidate, University of Tennessee, Knoxville

Purpose of the Interview: The purpose of this interview is to explore how NU administrators conceptualize, experience, address and enhance wellness in the workplace, both personally and for other employees. The insights will contribute to shaping leadership practices and institutional strategies that foster workplace wellness.

Introduction (5 minutes)

- Thank the participant for their time. – *First of all, I would like to thank you for your time and for giving me the opportunity to interview you as a part of this study…*
- Explain the purpose of the study – *The purpose of the study is to get a better understanding of NU administrators' perceptions of workplace wellness and how they view their role in addressing wellness within the workplace.*
- Confirm informed consent (if not already completed) – *Before we proceed, I would like to confirm that you are giving your informed consent to participate in this study.*
- Reiterate confidentiality, voluntary participation, and their right to skip any question or withdraw at any time. – *Also want to remind you that your participation is voluntary, your information will be kept confidential with all identifiers removed prior to any report or presentation of findings, and you have the right to skip any question or withdraw from the process at any time without consequence.*
- Ask the participant for permission to record the interview. – *With that said, do I have your permission to record the interview? Thank you.*

Background and Context (5–10 minutes)

Can you briefly describe your current role and responsibilities?

How long have you been in higher education and in leadership roles?

Can you tell me a bit about your journey into higher education leadership?

What experiences, whether professional or personal, have shaped how you lead and how you continue to learn and grow in your role?"

How would you describe the culture at NU when it comes to leadership growth and development?

I'm going to transition now to some questions about leadership the concept of wellness from the leadership perspective –

Understanding of Wellness (10–15 minutes)

When you hear the word *wellness*, what does it mean to you personally?

How would you define wellness? How would you differentiate between wellness and well-being?

What is your earliest recollection of wellness as a concept?

What does wellness look like in your day-to-day life? How about Professionally?

What are your thoughts about the significance of wellness as a component of the workplace?

How would you describe the culture at NU when it comes to the wellness needs of employees? Or employee well-being?

Leadership Engagement (10–15 minutes)

In what ways does NU support your own wellness as a leader?

How, if at all, does your leadership team talk about wellness at the (unit, division, or institutional) level?

How are employees' wellness needs communicated up the leadership chain?

In what ways do you see wellness being incorporated into strategic planning or institutional goals?

How are administrators supported or encouraged to promote or enhance workplace wellness?

How are leaders held responsible or accountable for the state of the work environment, whether it is healthy or toxic?

Employee Wellness Practices (10–15 minutes)

How would you describe the current organizational culture regarding employee well-being?

Do you believe that employees feel safe and supported in prioritizing their wellness? Why or why not?

What policies, programs, or practices have you supported or implemented to promote employee wellness?

Are wellness programs at the institution evaluated for impact or effectiveness? If so, how?

How do you balance institutional demands with supporting wellness initiatives?

Engagement with (NOW) Initiative

Are you familiar with the Newtown Optimal Wellness (NOW) initiative at NU? If so, how would you describe it in your own words?

What was your first introduction to the NOW initiative?

In your view, what are the primary goals or values behind NOW at NU?

How would you describe your level of engagement with the NOW initiative?

How engaged have your colleagues or employees been with NOW-related programming or messaging?

Have you received any guidance or expectations from upper administration related to NOW?

Impact and Perceived Effectiveness

What changes, if any, have you noticed in your unit or across campus since the NOW initiative began?

Do you feel NOW has had a meaningful impact on employee well-being? Why or why not?

What aspects of NOW have been most successful, from your perspective?

Are there any parts of the initiative that you feel have fallen short or need improvement?

In what ways (if any) has NOW shaped how you support your employees, teams, or fellow administrators?

What barriers do you think prevent greater participation in NOW efforts?

Beyond NOW, what other institutional wellness programs, activities or resources do you engage in?

Reflection and Learning (10–15 minutes)

Have your views on wellness changed over time? If so, what experiences contributed to that change?

Can you recall a moment or challenge that shaped how you lead with wellness in mind?

What lessons have you learned through your leadership journey that influence how you support well-being in the workplace?

Broader Impacts and Aspirations (10 minutes)

What do you believe are the biggest barriers to wellness in higher education workplaces today?

What behaviors, messages, or policies do you think reinforce—or undermine—a culture of wellness on campus?

If you had unlimited authority and resources, what would you change or implement to enhance workplace wellness at NU?

What's one thing you wish you had known or done earlier as a leader or administrator regarding your own personal wellness and regarding employee wellness?

What advice would you give to emerging administrators regarding wellness-centered leadership?

Closing (5 minutes)

Is there anything else you'd like to share about your experience or perspectives on leadership and wellness?

Would you be willing to review a summary of your responses for accuracy (member checking)?

Thank you again for your participation, and as a reminder, the information you shared with me today will be transcribed and analyzed to identify codes and themes and will be presented in the findings of the study, which I hope to present later this year.

Appendix E

Table 3

Sample Code Book

Balance Across Dimensions (Definition of Wellness)	1. Individual/Personal Wellness 2. Institutional Wellness 3. Defining Moments (disorienting dilemmas)	- Wellness to me is smiling at people (personal_ - Having a sense of safety - Being more than okay - Being in a state of balance
		- Institution – adapt, accommodate needs, support (instit.) - Institutional responsibility, obligation
		- Health issues, Personal loss, revelation of hostile env. epiphany - Dimensions- physical, emotional, social, spiritual, occupational
Modeling Wellness	1. Boundaries/Behaviors 2. Regular Habits 3. Psychological safety/Trust	- Leave work at work - Vacation/leave/OOO - Boundaried with my email - Respect personal time
		- Activities (Outdoor, exercise, walking, music, arts, puzzles, books) – Hobbies; church/religion
		- Open door policy - Trust – personal struggles as leader - Trust as psychological safety - Transparent – leadership support
Relational Leadership & Empathy	1. Know the People/Team 2. Empathetic Leader 3. Authentic/Human	Relationships – get to know the employees, do you know your people?, names, family, stressors, triggers See that all of them are people
		Empathy I'll use empathy Offer empathy, learning how to be graceful
		"Showing their humanity" Honest and approachable Admit struggles Be real
Learning & Development	1. Formal 2. Informal/non-formal 3. Personal Reflection 4. Reading	Trainings, workshops, modules (Self-directed); conferences, grad program Not enough training and development
		Mentorship, supervisors, coaching, online
		Observation, reflect What's working, compensating for what's not
		Leadership books Books reading Reading club Folder with leadership papers Lifelong learners
Infrastructure/Culture	1. Constraints 2. Fractured/Fragmented 3. Accountability 4. Onus is on us	No Time, need time Constraints - Email fatigue Only email? Mediums? Info overload Survey fatigue
		Ownership? Accountability
		Services, programs, who knew Wellness Center, NOW, HR, Mediation, ADA, events, programs, Unaware, unknown, PIQ Students priority Boost/Block wellness
		"The Onus is on us" Shared governance Sum of its parts

Vita

Rosite Delgado grew up on the Caribbean island of Dominica and has called Tennessee home since 2011. She earned a Bachelor of Science degree in International Business and Spanish from the State University of New York at Plattsburg, followed by a Master of Business Administration with a concentration in Human Resources Management, as well as a Master of Science in Educational Psychology from the University of Tennessee, Knoxville. Throughout her career, she has served in a wide range of higher education roles, including equal opportunity and accessibility compliance, human resources, business affairs, and student development. Her longstanding commitment to leadership and organizational effectiveness ultimately motivated her to pursue doctoral studies at the University of Tennessee, Knoxville to earn a Doctor of Philosophy degree in Educational Psychology with a focus in adult learning. Her research interests include leadership development and workplace wellness, and the ways institutional structures and leadership practices influence the well-being of employees. She currently serves as the Executive Director of the Office of Equal Opportunity & Accessibility and the ADA Coordinator at the University of Tennessee at Chattanooga, where she leads campus-wide compliance efforts, accessibility initiatives, and workplace accommodation processes. After graduation, she plans to continue advancing wellness-centered leadership practices through scholarship, and organizational development applications. She is deeply grateful for the love and support of her husband, children, family, and friends whose encouragement has sustained her throughout her academic and professional journey.