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A CONTEXTUAL ANALYSIS OF THE SELF-CARE PRACTICES OF SCHOOL
PRINCIPALS IN A RURAL DISTRICT

By
Jennifer Croymans

A Dissertation Submitted to the
Gardner-Webb University College of Education
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

Gardner-Webb University
2023

Approval Page

This dissertation was submitted by Jennifer Croymans under the direction of the persons listed below. It was submitted to the Gardner-Webb University College of Education and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Gardner-Webb University.

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Abstract

A CONTEXTUAL ANALYSIS OF THE SELF-CARE PRACTICES OF SCHOOL PRINCIPALS IN A RURAL DISTRICT. Croymans, Jennifer, 2023: Dissertation, Gardner-Webb University.

The purpose of this study was to investigate current self-care practices used by school principals and the correlation between school principal self-care practices and their alignment with the seven pillars of self-care. This study sought to bring awareness as to the barriers and motivations of current school principals and the impact of those barriers and motivations on effective implementation of principal self-care. In addition, this study provides the district of study and other rural school districts with potential recommendations in order to support current school principals in the proper implementation of self-care practices. A mixed methods approach was used to conduct this study. Data were collected through the use of the Self-Care Assessment Worksheet Survey located in *Transforming the Pain: A Workbook on Vicarious Traumatization* by Karen W. Saakvitne Laurie Anne Pearlman and individual interviews. All school principals within the study district were participants. Survey results were analyzed through the use of frequency of response tables. Participant responses from the interviews were coded and themed in order to gain a more thorough understanding of the correlation between the current self-care practices of school principals and the seven pillars of self-care framework. This research illuminates the multifaceted challenges and motivations that school principals face in practicing self-care, providing valuable insight for future interventions and systemic changes. It is evident that tackling these challenges necessitates a multi-pronged approach, targeting individual, organizational, and societal

levels.

Keywords: self-care, seven pillars of self-care, time stress, anticipatory stress, situational stress, encounter stress, principal self-care

Table of Contents

	Page
Chapter 1: Introduction	1
Statement of the Research Problem	5
Conceptual Framework	8
Purpose of Study	10
Research Questions	11
Significance	12
Overview of Methodology	12
Setting of the Study	13
Role of the Researcher	13
Definitions	13
Summary	15
Chapter 2: Literature Review	16
Introduction	16
Seven Pillars of Self-Care	16
Knowledge of Health Literacy	18
Mental Well-Being	24
Physical Activity	29
Healthy Eating	35
Risk Avoidance and Mitigation	41
Good Hygiene	47
Rational Use of Products and Services	53
General Self-Care Studies	56
Self-Care Studies	57
Study District Overview	70
Quantitative Research Methodology Overview	70
Qualitative Research Methodology Overview	72
Survey Methodology Overview	74
Interviewing Methodology Overview	76
Summary	78
Chapter 3: Methodology	80
Introduction	80
Setting	81
Research Questions	81
Participants	81
Role of the Researcher	82
Explanatory Mixed Methods Design	82
Instruments	84
Survey	84
Quantitative Data Analysis Methodology	85
Individual Interviews	86
Qualitative Data Analysis Methodology	88
Data Collection Process	90
Data Display and Analysis Process	92
Summary	92

Chapter 4: Results	93
Introduction.....	93
Overview of Participants.....	93
Survey Description.....	93
Review of Literature Findings	94
Data Collection Process	94
Quantitative Results	96
Summary of Physical Self-Care.....	100
Summary	105
Summary.....	110
Summary	114
Summary.....	119
Summary.....	122
Summary of Quantitative Data	122
Qualitative Data	123
Summary of Qualitative Data Collection Methodology	129
Thematic and Contextual Analysis for Principal Overall Self-Care.....	130
Thematic and Contextual Analysis for Principal Physical Self-Care.....	135
Thematic and Contextual Analysis for Principal Psychological Self-Care	139
Thematic and Contextual Analysis for Principal Emotional and Spiritual Self-Care	143
Thematic and Contextual Analysis for Principal Workplace/Professional Self-Care and Balance.....	147
Summary of Overall Findings From Quantitative and Qualitative Data Collection and Analysis	152
Chapter 5: Discussion	154
Introduction.....	154
Connections to the Literature.....	155
Seven Pillars of Self-Care.....	158
Recommendations.....	163
Summary of Recommendations	167
Topics and Areas for Future Studies.....	168
Limitations and Delimitations.....	168
Conclusion	169
References.....	171
Appendices	
A Self-Care Assessment Worksheet.....	205
B Permission to Use Survey	209
C Individual Interview Questions.....	211
D All Principal Self-Care Themes	215
E All Contextual Analysis Items From Principal Self-Care.....	222
F All Physical Self-Care Themes	228
G All Physical Self-Care Contextual Analysis Items	235
H All Psychological Self-Care Themes	240
I All Psychological Self-Care Contextual Analysis Items	246
J All Principal Emotional and Spiritual Self-Care Themes.....	252

K	All Principal Emotional and Spiritual Self-Care Contextual Analysis Items	260
L	Summary of Workplace/Professional Self-Care and Balance Themes.....	265
Tables		
1	Demographic Breakdown of the School Principals	70
2	Alignment Between Research, Survey, and Individual Questions	90
3	Physical Self-Care Activities Importance	96
4	Physical Self-Care Activities Frequencies	99
5	Physiological Self-Care Activities Importance.....	101
6	Physiological Self-Care Activities Frequencies.....	103
7	Emotional Self-Care Activities Importance.....	106
8	Emotional Self-Care Activities Frequencies.....	108
9	Spiritual Self-Care Activities Importance.....	111
10	Spiritual Self-Care Activities Frequencies.....	113
11	Workplace or Professional Self-Care Activities Importance.....	115
12	Workplace or Professional Self-Care Activities Frequencies.....	118
13	Areas of Balance Importance.....	120
14	Areas of Balance Frequencies.....	122
Figures		
1	Seven Pillars of Self-Care	17
2	Distribution of Health Literacy Performance Levels From the 2003 National Assessment of Adult Literacy Health Literacy Survey	21
3	Number of Times an Individual Touches Their Face in a 60-Minute Period	51
4	National Center for Drug Abuse Statistics: Prescription Types and Users	55
5	Explanatory Sequential Design.....	83
6	Physical Self-Care Items That Respondents Will Actively Work to Improve	97
7	Physiological Self-Care Items That Respondents Will Actively Work to Improve	102
8	Emotional Self-Care Items That Respondents Will Actively Work to Improve	107
9	Spiritual Self-Care Items That Respondents Will Actively Work to Improve	112
10	Workplace or Professional Self-Care Items That Respondents Will Actively Work to Improve	116
11	Areas of Balance Importance Respondents Will Actively Work to Improve.....	121

Chapter 1: Introduction

Stepping into the principalship does not happen overnight. It requires an individual to finish graduate school, begin focusing on student and school success from a different perspective, willingly serve on various committees in order to gain additional experience, and prepare for the job interview in order to be favorably considered (Fisher, 2021). Excitement, eagerness, nervousness, and anxiety are feelings that an applicant may feel when applying for a principal position. Preparing for the interview is one of the first anxiety-provoking tasks a school leader will encounter (Young, 2021). Preparation consists of researching the school and district, asking colleagues for advice, and choosing the most professional attire (Scudder, 2019).

As a newly appointed principal, feelings of excitement, nervousness, and eagerness to get started are common. As the newly appointed principal, the keys are theirs, and they are now responsible for the education, support, and success of the school. Excitement is quickly replaced with feelings of anxiety as they begin the preparations for the school year (Fisher, 2021). Many new principals join the principalship after years of experience as a teacher and maybe after serving as an assistant principal; however, it is quickly discovered that the expectations and responsibilities placed on a new principal can be overwhelming (Fisher, 2021). Various stressors have been documented in several studies including time management, relationships with supervisors and subordinates, finances, resolving conflicts, making difficult decisions, complying with state and federal mandates, and mental strain that causes principals to feel overwhelmed (Mahfouz, 2018). In research from Henebery (2020), school leaders reported struggling with the high level of demands, stress caused by parents, the mental health needs of students and staff, and

feelings of burnout.

MetLife (2013) revealed that the demands placed on school principals are overwhelming. Seventy-five percent of school principals stated their jobs are complex. Almost all principals reported feeling accountable for everything that happens to the children in their schools, but fewer principals said they have a great deal of control over key school-based functions, including the curriculum and instruction in their schools. School principals experience immense responsibilities, whether the responsibilities are related to curriculum and instruction, alignment of state and content standards, maintaining an orderly building, developing partnerships with external stakeholders, cultivation of a positive school climate, or supporting and developing teachers (Habegger, 2008).

According to the Organization of Economic Co-Operation and Development, school principals are the link between teachers, students, and their parents or guardians, the education system, and the wider community (Merlo, 2021). School principals are faced with the responsibility of ensuring that the climate and culture within their school are caring, welcoming, respectful of cultural diversity, and focused on promoting healthy living choices (Mahfouz et al., 2022).

According to the U.S. Bureau of Labor Statistics (2023), effective school principals are expected to possess many skills in areas such as communication, critical thinking, decision-making, interpersonal skills, leadership, and problem-solving skills. The school principal is responsible for supporting individuals in different capacities, requiring the ability to shift and adjust approaches to meet the varying needs of their stakeholders (Merlo, 2021). Expectations regarding the support of stakeholders from a

variety of viewpoints or perspectives such as children, adults, parents, employees, employers, supervisors, peers, and community members are vital for a principal's success. It is important to note that each stakeholder reacts to situations differently, requiring a school principal to shift approaches regarding support. This shift can be emotionally exhausting for a school principal (Maxwell & Riley, 2016). Principals are expected to remain calm and supportive during moments of emotional arousal (Maxwell & Riley, 2016).

According to the National Association of Elementary School Principals (2021), school principals are expected to wear numerous hats and possess numerous qualities including serving as instructional leaders, having a strong understanding of data and assessments, effectively balancing numerous budgets, being knowledgeable about school laws, serving as disciplinarians, ensuring that the buildings and grounds are well taken care of, and serving as the community liaison, all while also ensuring that policies and mandates are being followed. According to the National Center on Safe Supportive Learning Environments (n.d.), there is now a greater focus on student learning, creating and upholding the vision and mission of the school, and cultivating a learning environment conducive to student and teacher growth. As a result, the demands of school principals have shifted from managerial in nature to being instructional leaders (Skaalvik, 2020). A report by the National Association of Elementary School Principals found that of the most important factors affecting student academic achievement, leadership comes second only to instruction (Darling-Hammond et al., 2023).

There are numerous problems principals experience such as being unable to unplug from their phones, setting boundaries, feeling the need to fix everything, and

struggling with delegation (Johnson, 2020). School principals often find themselves balancing many responsibilities including personnel (hiring and possibly firing); addressing student discipline; de-escalating angry parents and staff; scheduling conflicts; arranging for instructional coverage; attending special education meetings; supporting programs imposed by the district, state, and federal levels; and addressing spur-of-the-moment tasks that often require immediate attention (Grubb & Flessa, 2006). School principals often find themselves in the “hot seat” due to the increase in demands, including a focus on providing instructional support to teachers so students will be successful (National Association of Elementary School Principals, 2021). Principals spend their days juggling the immense responsibilities placed on them by numerous stakeholders, including those from district, state, and federal agencies (Edmond, 2014).

The responsibilities of a school principal are not always what they seem, and the pressure to effectively support staff, students, and the community feels overwhelming (Rachell, 2020). The complex and demanding role of the principalship reveals multiple and competing responsibilities. These stressful working conditions become more intense due to the growing political nature of the job, excess paperwork, unplanned interruptions, severe budget cuts, and lack of professional autonomy (Wang et al., 2022). School principals are tasked with providing support and guiding stakeholders toward accomplishing their goals. The pressures faced by school leaders are immense, which leads to stress (Nwachukwu et al., 2017). School principals are expected to maintain composure and a positive outlook while being asked to adapt to a dynamic and rapidly changing environment (Mahfouz, 2018). Although the job feels impossible, the expectation is that principals continue to show up every day ready to put others before

themselves in order to ensure that those around them are taken care of and have what they need to succeed (Fisher, 2021).

Statement of the Research Problem

Stress is a response to adverse or very demanding circumstances, especially when an individual does not have enough resources to cope (Goode & Shinkle, 2020). Nearly half of principals report that they feel under great stress in their jobs at least several days a week (MetLife, 2013). The current demands and expectations placed on school principals, including the increase in instructional leadership, may be viewed as challenging, exciting, and action-packed; however, it can also be viewed as stressful and exhausting (Wieczorek & Manard, 2018). Principals experience numerous stressors that impact their ability to successfully flourish or feel their best each and every day. Lovell (2016) mentioned the Yerkes-Dobson law, which states that high levels of stress could result in a performance boost; however, extreme amounts of stress do the complete opposite and reduce performance rates. The impacts of ongoing stress can lead to principal burnout.

There are numerous stressors experienced by principals that lead to feelings of being overwhelmed, including management of time, relationships, budget, conflict, decision-making, compliance, and mental strain (Mahfouz, 2018). The role of principal is filled with numerous demands and responsibilities; therefore, it is only natural that the role of principal is considered stressful (Maclean & Ibara, 2020). The stress level experienced by a teacher is high; however, the stress level faced by a school principal is more elevated due to the nature and responsibilities of the job (Upadyaya et al., 2021).

School leaders do not like to talk about stress (DeWitt, 2020). Although they may

not like to talk about it, it is virtually impossible for a principal to avoid stressful situations, especially seeing that the principalship is filled with stressful situations and events. If the stress is not addressed, it could lead to the principal facing decreased satisfaction in their career. If the stress is constant, it can lead to long-term health issues (DeMatthews, 2021). According to Dewitt (2020), over 1,000 school leaders completed a Yale study, which concluded that 95% of school leaders classified their feelings in a negative way. The terms most commonly used to describe their feelings were anxiety, stress, sadness, worry, uncertainty, and frustration. The most common term used was anxiety (DeWitt, 2020).

Over the last few decades, the world has changed in regard to the ease of connectivity among individuals. Being able to connect with others and receive information more rapidly has created a culture of increased time pressures (Harrison, 2019). People deal with stress and stressful situations differently; however, understanding the most common types of stress equips and prepares them to deal with stress and stressful situations more productively (Mindtools, n.d.).

Dr. Karl Albrecht, author of the book *Stress and the Manager*, a pioneer in stress reduction training, has identified four categories of stress: time stress, situational stress, anticipatory stress, and encounter stress (World of Work Project, 2021).

Albrecht identified time stress as the first type of stress that impacts individuals. Time stress can best be described as the stress related to meeting deadlines, the constant pressure experienced as a result of the endless to-do list, and feeling overwhelmed and concerned about not being able to fulfill all your responsibilities and obligations on time (World of Work Project, 2021). Time stress is one of the most common types of stress

experienced by individuals (Mulder, 2022). Increased worry regarding meeting deadlines and accomplishing tasks on time can lead individuals to create a false narrative regarding the outcome of the situation (Mental Toughness Partners, 2017).

Stress can be linked to our thoughts regarding many circumstances; circumstances related to an employer, a family member or situation, a significant other, or health issues (Homewood Health, n.d.). Albertch's second type of stress is known as anticipatory stress. This type of stress is focused on an event or experience that will happen in the future. This includes the feelings of something going wrong or not working out as expected (Becher, 2022). School principals are tasked with supporting and dealing with different types of anticipatory stress. Examples of anticipatory stress include anxiety over a move (grade level, classroom, home), dealing with the changes to the school environment, dealing with social isolation, and the realization that the ending of this situation is unknown (Granet, 2020).

Albrecht identified a third type of stress known as situational stress. This type of stress occurs on a daily basis (World of Work Project, 2021). Examples of situational stress include accepting a new job or meeting a new colleague, dealing with a conflict, dealing with the idea of letting someone down or not being able to effectively complete a task, making a mistake in front of colleagues, or not knowing how to effectively support another individual who is experiencing a stressful situation (Mello, 2022). Situational stress is the most challenging type of stress to control. Situational stressors are challenging because oftentimes an individual is unable to effectively prepare for the situation. The lack of preparedness can result in the individual's feeling that they are being threatened or that their status or ego is in jeopardy. Oftentimes, individuals dealing

with situational stress encounter the “fight or flight” response leading the person to react in a more emotional or out-of-the-ordinary manner, which sometimes results in the individual feeling embarrassed or having feelings of regret (Mental Toughness Partners, 2017).

Albrecht identified a fourth and final type of stress, known as encounter stress (World of Work Project, 2021). Encounter stress is best described as the type of stress one experiences when interacting with specific individuals or groups of individuals (Mello, 2022). This type of stress is common for individuals who deal with numerous people on a daily basis and are tasked with providing support to these individuals. Encounter stress is solely focused on people; therefore, it is important to spend time focused on improving people skills in order to grow in this specific area (MindTools, n.d.).

The purpose of learning more about stress is to enable individuals to deal with stress more effectively and to help avoid stressful situations so individuals can reach their full potential and live happy and healthy lives (Albrecht, 1979). It is important that principals do more than acknowledge stress in the workplace. It is time for principals to begin to apply self-care practices to their lives (Mungal & Sorenson, 2021).

Conceptual Framework

Principals often do not focus on their own individual self-care needs as a result of the demands of the principalship which require that support is provided to those around them (National Association of Elementary School Principals, 2023). Self-care positively impacts an individual's sense of well-being. It is important that principals not only focus their attention on caring for all those in their care but also on themselves and their own

self-care needs (Cabeen, 2018).

Self-care includes things like regular checkups, healthy eating habits, taking time to relax, spending time with family and friends, and practicing mindfulness activities; however, to fully grasp the concept of self-care and how to adequately incorporate self-care practices, the International Self-Care Foundation developed a framework for self-care around seven pillars (Dragnea, 2023). The pillars or domains provide a specific definition and framework with supporting guidance regarding the seven pillars of self-care. The seven pillars framework consists of a comprehensive guide regarding self-care practices. Each pillar provides specific activities that individuals can apply to their own lives (International Self-Care Foundation, 2020c). The use of the seven pillars of self-care can provide actionable and realistic methods and techniques that can assist in supporting principals in moving beyond knowledge toward action (Beard, 2021).

The seven pillars include

1. Knowledge and Health Literacy: an individual's ability to collect, apply, and process information regarding basic health services and knowledge needed to make healthy choices.
2. Mental Well-Being: taking time to complete health assessments and gaining knowledge and being thoughtful about your own physical well-being specifically related to weight, BMI, blood pressure, cholesterol levels, and engaging in health screening.
3. Physical Activity: participating in physical activity such as walking, running, biking, or participating in an organized sport.
4. Healthy Eating: ensuring that you are eating a well-balanced and nutritious

diet and paying attention to calorie intake.

5. Risk Avoidance or Mitigation: ensuring that you are participating in practices such as wearing sunscreen, receiving vaccinations, and participating in safe sex practices, while also avoiding or limiting excessive use of alcohol and tobacco.
6. Good Hygiene: ensuring that you are regularly washing your hands, brushing your teeth, and washing food prior to consuming.
7. Rational Use of Products and Services: having an awareness of the dangers of products and services, when using responsibly (International Self-Care Foundation, 2020c).

The International Self-Care Foundation (2014a) stated that people are influenced by numerous factors regarding self-care practices. An individual must possess both knowledge and motivation despite barriers. Some of the most common barriers to the implementation of self-care practices include trouble focusing, lack of sleep, confidence, issues with illnesses, and most importantly, a lack of support from those around you (Riegel et.al., 2019). Although self-care is a well-known concept, it is highly underutilized. In many cases, 70% to 90% of illnesses could be managed by applying effective self-care practices versus visiting a doctor (International Self-Care Foundation, 2014a).

Purpose of Study

As a result of the long hours, stress, and pressure, self-care is often not a focus of the principal (Rachell, 2020). According to the American Psychological Association, the average adult in the United States feels stressed more than 50% of the time (Lockett,

2023). The stress school principals face can have a negative impact on their emotional well-being. According to the Stress in America Survey conducted by the American Psychological Association (2020), more than 80% of respondents felt moderate to high levels of stress. Unfortunately, principals have fewer resources and support in regard to addressing their own mental health needs (DeWitt, 2020).

Often, the last thought on a principal's mind is how to take care of themselves. It is imperative that school principals practice and apply effective self-care practices and strategies in their lives in order to successfully serve their students, staff, and communities. Leaders often think it can be selfish to think about themselves; however, practicing self-care is not selfish. In order to support others, principals must support themselves and be mindful of their own needs. The outcome of proper self-care can reduce stress, which will positively impact the type of support principals are able to provide to those in their care (Lawler, 2021). The purpose of this mixed methods study was to determine effective self-care practices utilized by school principals and the correlation between identified self-care practices and the seven pillars of self-care.

Research Questions

This study is guided by the following research questions:

1. What current self-care supports are used by school principals in order to reduce stress, and how do these practices support principals in reducing their stress levels?
2. What are common self-care practices provided by school districts, and why do districts provide these identified supports associated with self-care practices?
3. What is the correlation between identified practices used by school principals

and the seven pillars of self-care?

Significance

The idea of self-care is not a new concept. Since 2015, the Google Trends search system indicates that the search for self-care has doubled (Lawler, 2021). The World Health Organization (n.d.-c) defined self-care as, “the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider” (p. 1). The goal of supporting and providing principals with appropriate self-care practices is beneficial to not only the principal but also the school, the district, and most importantly, the student. There is a realization from principals regarding the need to implement self-care practices versus ways to manage stress levels (Ray et al., 2020). This study is important for several reasons. First, it is important that school principals take care of themselves so they can in turn support the needs of those in their care (Rachell, 2020). Secondly, in order to prevent principal burnout, turnover, and feelings of failure, it is vital that principals are provided support from their colleagues and district leaders. It is important that principals know effective ways in which to practice self-care and how to support their colleagues in practicing self-care (Skanes, 2022).

Overview of Methodology

This study used information acquired from interviewing 14 current principals in the study district regarding their current self-care practices. This study is a mixed methods study comprised of qualitative and quantitative data that examined the most effective and commonly used methods of self-care in comparison with the seven pillars of self-care. Principals were individually interviewed in order to allow for authentic

conversations and discussions.

Setting of the Study

The district of study is a rural public school district located in the mountains of western North Carolina. The district serves approximately 6,000 students ranging from Pre-K to 13th grade. The district also provides a part-day preschool program and maintains a strong partnership with the local Head Start Program. The system employs more than 1,000 individuals with 716 of those individuals being full-time employees. The district is made up of eight elementary schools, three middle schools, and three high schools. The district provides families with the option of seven schools following the traditional calendar and one school site following the seasonal calendar at the elementary level, two traditional middle school options, one STEM middle school option, one traditional high school, one STEM high school, and one early college.

Role of the Researcher

Throughout this research, I served as an elementary school principal and the lead researcher. I have working relationships with all the principals in the study district. I have attended and delivered mental health training to staff in the district. I collected and analyzed both the quantitative and qualitative data. This topic is important to the success of staff, students, colleagues, and me. As a reflective researcher, the information gained from individual interviews and discussions provides principals with a lens into the work of current literature regarding self-care practices.

Definitions

The following terms are used in this study.

Self-Care

A reasonable, person-centered set of actions that aid individuals in cultivating health, wellness, and well-being (International Self-Care Foundation, 2014a).

Stress

The reaction of being overwhelmed or incapable of handling mental or emotional demands (Mental Health Foundation, 2021).

Time Stress

Results from pressure to perform or achieve a duty within a specific amount of time. There is a feeling of anxiety associated with time running out or the idea that something bad could happen if the deadline is not met (Albrecht, 1979).

Anticipatory Stress

Most commonly known as worry. This type of stress creates feelings of anxiety associated with the unknown future. The anxiety can be focused on a specific event or a feeling that something bad is going to happen in the future (Albrecht, 1979).

Situational Stress

Geared toward a specific situation in which a person does not feel in control. The anxiety is commonly associated with something terrible happening, a loss of status or significance, or a loss of acceptance from others (Albrecht, 1979).

Encounter Stress

Relates to feelings of mild to moderate feelings of apprehension regarding social interactions with others. Individuals experience anxiety about dealing with one or more people who find their behavior to be unpleasant and possibly unpredictable (Albrecht, 1979).

Summary

Every year, thousands of individuals join the world of school administration. It is important for principals to not only join the world of school administration but also to stick around to help their schools reach success (Franklin, 2020). Principals experience numerous stressors that impact their success and influence their interest in remaining in education. The amount of responsibility is great, and the realization that the principal is often solely responsible can be overwhelming (Fisher, 2021) Many principals adopt the practice of self-sacrifice in order to reach success; however, this practice is not sustainable, which leads to burnout (Ray et al., 2020). The daily life of a school principal is unpredictable, often requiring the principal to wear numerous hats both inside and outside of the school. As a result of the demands and responsibilities placed on school principals, it is vital for principals to practice effective self-care strategies (National Association of Secondary School Principals, 2019). Principals have numerous individuals depending on them in order to gain encouragement, guidance, and feelings of security. A school principal who prioritizes individual self-care will be modeling for those around them to do the same. The more a principal models and practices self-care practices, the more likely they will be able to reach their full potential and effectively serve those in their care (Mendez Foundation, 2020).

Chapter 2: Literature Review

Introduction

School principals should take steps to identify and reduce stress (Mungal & Sorenson, 2021). Stress is a normal part of life and in small amounts, our bodies are able to deal with the effects of stress; however, if stress is left untreated or unmanaged, it can lead to long-lasting impacts on our bodies and minds (American Psychological Association, n.d.). It is important that principals do more than acknowledge stress in the workplace. Principals must begin to apply self-care practices to their lives (Mungal & Sorenson, 2021).

Self-care is more than just implementing exercises, taking deep breaths, and attempting to remove stress from your life (U.S. Department of Health and Human Services, n.d.-a). Over the last 3 years, the stress principals encounter has grown significantly. Some would say principals are now facing some of the most stressful times in their careers (Sullivan, 2022). In a society in which people are often expected to work long hours and pass on vacation days, there is an underlying belief that principals must always be productive, which can ultimately take away from opportunities for self-care (Glowiak, 2020). Research suggests self-care promotes positive health outcomes, such as fostering resilience, living longer, and becoming better equipped to manage stress (Baslios, 2021). The goal of this research is to provide principals with ways in which they can use the seven pillars of self-care in order to maintain a healthy lifestyle and successfully support those under their leadership.

Seven Pillars of Self-Care

A 2011 study noted that there are 139 definitions of self-care; therefore, the

International Self-Care Foundation created the seven pillars of self-care in order to provide a comprehensive, systematic, and applicable framework. Each pillar provides individuals with a specific set of activities that support self-care practices. The seven pillars of self-care consist of knowledge and health literacy, mental well-being, physical activity, healthy eating, risk avoidance or mitigation, good hygiene, and rational use of products and services (International Self-Care Foundation, 2020c).

Figure 1

Seven Pillars of Self-Care



The International Self-Care Foundation aligned its work with the work of the World Health Organization. It hopes to further develop an evidence-based self-care practice geared towards helping individuals in the area of self-care (International Self-Care Foundation, 2014a). The domains are centered around the work of the World Health Organization, which stated,

Self-care encompasses hygiene (general and personal); nutrition (type and quality of food eaten); lifestyle (sporting activities, leisure, etc.); environmental factors (living conditions, social habits, etc.); socioeconomic factors (income level, cultural beliefs, etc.); and self-medication. At the National and individual level, the WHO believes that supporting self-care interventions has the potential to:

- Strengthen national institutions to maximize efficient use of domestic resources for health;
- Create health sector innovations; and
- Improve access to medicines and interventions through optimal interfacing between health systems and sites of health care delivery. (International Self-Care Foundation, 2020c, p. 1)

Knowledge and Health Literacy

The term health literacy was introduced in the 1970s and since then has gained significant importance in the areas of health care and public health (Sørensen et al., 2012). This issue is one of high priority due to the fact that low levels of health literacy place social and financial hardships on our health care system (Hickey et al., 2018). The more people understand about their health, the more likely a person is to take care of themselves (Mesrobian, 2022). Knowledge and health literacy is the first pillar among the seven pillars of self-care (International Self-Care Foundation, 2020b). It is focused on an individual's ability to understand, use, and locate information regarding health, which includes being able to complete medical forms when going to the doctor, understanding labels on medications, and being able to make an informed decision regarding a medical procedure or surgery (Nehemiah & Reinke, 2020).

A person with low levels of health literacy looks no different than any other individual. Low levels of health literacy can impact a person with strong literacy skills the same as it can impact a person with weak literacy skills (U.S. Department of Health and Human Services, n.d.-c). It is important that individuals have adequate knowledge in order to manage their day-to-day care. According to the U.S. Department of Health and Human Services, health literacy negatively impacts nine out of 10 people (Network of the National Library of Medicine, n.d.). This shift requires individuals to move from passive participants in their health care journey to active participants in their health care journey (van der Gaag et al., 2021).

The ability to read and interpret information pertaining to a person's health does not mean that a person has a strong knowledge of health literacy. Individuals could have a low level of health literacy if they are uncertain regarding medical terminology, are unable to interpret and judge between the benefits and risks regarding their health and safety, are facing a diagnosis that is worrisome and causes them to feel anxious, or are facing serious health conditions that require more complex methods of self-care (Centers for Disease Control and Prevention [CDC], 2022j). Inadequate health literacy among individuals with chronic diseases can create additional obstacles (Panahi et al., 2018). Low health literacy can result in higher rates of complications after discharge as well as a patient having to be readmitted due to complications. Patients who are older or who are experiencing more significant health conditions have been shown to have a higher rate of inadequate health literacy skills (Nehemiah & Reinke, 2020).

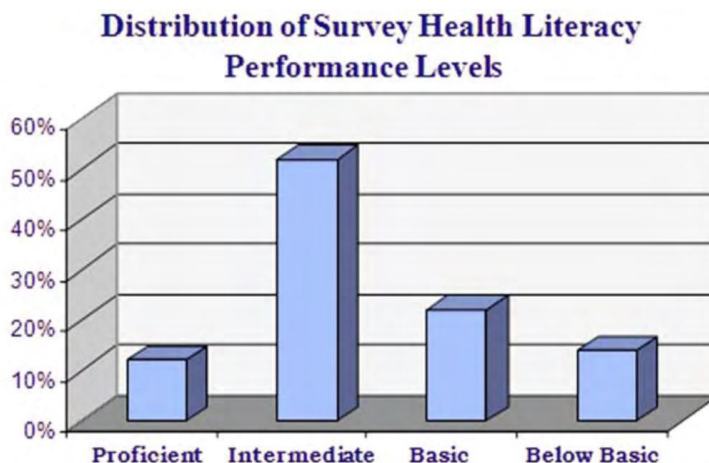
There have been numerous studies conducted regarding the impact of health literacy and the steps needed to help support this issue. In 1999, an Ad Hoc committee

conducted a study on health literacy. The results of this study showed that patients in need of major health care support lacked the ability and skills to truly comprehend the medical information being discussed with them. As a result, these patients were not truly able to partner with their medical professionals regarding their treatment plans (Reeves et al., 2020). Individuals with strong literacy skills can still struggle with low levels of health literacy. As a result of low levels of health literacy, individuals face challenges such as limited understanding regarding their diagnosis and needed medical care, ways to adequately provide self-care, lack of understanding regarding medical terminology, inability to appropriately comprehend medical graphs and/or charts, and inability to determine and make needed health care decisions (Shahid et al., 2022).

The National Assessment of Adult Literacy studied health literacy in the United States (Vernon et al., 2007). The National Assessment of Adult Literacy found that out of 19,000 individuals, 12% demonstrated health literacy skills in the proficient range, 52% of individuals fell within the intermediate health literacy range, 22% of individuals fell within the basic health literacy range, and 14% fell in the below basic health literacy range (Vernon et al., 2007).

Figure 2

Distribution of Health Literacy Performance Levels From the 2003 National Assessment of Adult Literacy Health Literacy Survey



In a survey conducted by the U.S. Department of Health and Human Services (2010), health literacy has been found to impact all subgroups of individuals within the basic and below basic health literacy ranges. Some key findings have been concluded as a result of the National Assessment of Adult Literacy survey (Vernon et al., 2007).

Findings included that females had a higher health literacy average than males; Hispanic adults had lower levels of health literacy compared to other adults in other racial subgroups; individuals ages 65 and older had lower health literacy compared to younger age groups; increased education led to higher health literacy; individuals who speak English as a second language had lower levels of health literacy; and individuals living below the poverty range had lower levels of health literacy (White et al., 2007).

People have been practicing self-care for years; however, changes to health care systems have occurred as a result of increases in technology, new products and services, and the speed with which people can obtain information (Pachauri et al., 1970). Self-care

saves health care professionals' time. If health care organizations want to continue seeing a decrease in individuals needing health care assistance, work must happen regarding health prevention and individuals must be provided with adequate health education, sufficient guidance from health care professionals, and information regarding digital literacy (Kyabaggu et al., 2022).

According to Healthy People 2030 (n.d.), up to a quarter or a third of adults are believed to have low health literacy. There is overwhelming research that supports that individuals with low health literacy struggle to interpret health care information, experience higher rates of death and diseases, and experience an increase in hospitalizations (Hickey et al., 2018). The U.S. Department of Health and Human Services (2010) has been working to support combat issues with health literacy since the 1980s. In an effort to improve the health and wellness of Americans, the CDC (2023c) established seven health literacy objectives. Its plan aims to address the following areas: providing individuals with health information in an easy-to-understand and accessible format; improvements in the areas of communication with a focus on assisting patients with making informed decisions; providing standards-based and developmentally appropriate curriculum to individuals in the educational system; providing adult education to individuals within their communities in their native language, building and development partnerships; offering guidance and working to change policies in order to support individuals; increasing research efforts and interventions in order to improve health literacy; and increasing the communication efforts between health care organizations and individuals regarding common practices and interventions (Lopez et al., 2022).

There are numerous steps that an individual can and should take in order to improve their own health literacy. The relationship between the physician and the patient is important. It is crucial that effective communication skills are developed and appropriate support is provided (Wang & Lo, 2021). As a patient, there are numerous steps you can take in order to increase your knowledge regarding health literacy, such as asking questions, rephrasing directions provided to you by the health care provider after directions have been given so you can ensure that you understand, being honest and open regarding health needs, having someone join you for health care visits, being aware and honest about your medical history, and asking for an interpreter if needed (Feintuch, 2021). The work of improving health literacy is a joint partnership. It requires individuals to be willing to take accountability for their own personal health literacy skills while also requiring the health care system to take accountability in improving its organizational health literacy structures (Reed, 2022).

There are numerous benefits to individuals who have high levels of knowledge and health literacy. Health literacy allows individuals to take an active role in improving or understanding their health. Some of the benefits include enabling individuals to be more capable of managing their own health, making intelligent health care choices, and feeling more comfortable communicating with doctors regarding their health care needs (Network of the National Library of Medicine, n.d.). Individuals are better able to approach self-care if they are more educated regarding their condition and the type of treatment options available. This increase in knowledge regarding health literacy allows for a decrease in the health care system (RobatSarpooshi et al., 2020).

Mental Well-Being

A healthy lifestyle is not possible without an individual addressing their own individual mental health needs (World Health Organization, 2022b). The second pillar among the seven pillars of self-care focuses on mental well-being, self-awareness, and agency (International Self-Care Foundation, 2020a). There are many definitions used to describe mental well-being. The World Health Organization (n.d.-a) defined mental health as a state of well-being in which an individual is aware of their own abilities, is able to successfully cope with the stresses of life, and is able to work and be a functioning and contributing member of their community.

There are many ways in which an individual can support their own mental health and well-being. One suggestion is to include things such as exercise, connecting with friends and family, relaxation, and concentration techniques into your daily/weekly routine that you enjoy (Bywaters, 2022). According to the World Health Organization (n.d.-b), there are numerous factors that can impact an individual's mental well-being, including childhood abuse, environmental factors, biological factors, and lifestyle situations. It is important that individuals have the necessary resources and skills to help manage and cope with situations that can impact their mental well-being because not addressing and coping with these types of situations can lead to mental health disorders (Plumptre, 2023).

According to the CDC's health-related quality of life program, there are different areas examined in regard to an individual's physical, economic, social, developmental, emotional, and psychological well-being, as well as an individual's satisfaction with their life and having the ability to genuinely enjoy activities and their work (Hernandez et.al.,

2023). The quality of life program mirrors the work of Abraham Maslow, specifically aligning with his theory based on the hierarchy of needs which focuses on five specific groups of needs. The five different group needs that an individual must meet in order to be able to address their higher-level needs are focused on physiological needs, safety needs, love and belonging, self-esteem, and self-actualization (Bailey, 2022). According to McLeod (2023), Maslow stated that for an individual to reach their highest growth area, self-actualization, they must satisfy their lower level or basic needs. Based on Maslow's hierarchy of needs, individuals must first have their survival needs met in order to advance to the top level, which allows for more self-awareness (McLeod, 2023). According to the International Self-Care Foundation (2020a), an individual's mental well-being includes a focus on self-esteem, having a sense of belonging, having an appropriate level of control over one's life, feeling satisfied with one's life, experiencing optimism, and having an appropriate level of support.

The terms self-esteem and self-actualization are similar in nature. The terms are both focused on individual growth. Self-esteem is an individual's personal feelings toward their own work, whereas self-actualization is an individual's ability to achieve and fulfill their own needs. The difference between these two terms is that self-actualization focuses more on a person's belief in their own ability to fulfill and meet their own needs (Hasa, 2018). A person with high self-esteem will experience challenges without being negatively impacted by them. Low levels of self-esteem often leave individuals feeling that they are not good enough, which can result in individuals focusing on areas of weakness versus recognizing areas of growth (NHS, 2023b). In order for an individual to practice self-care, the individual must work on building their self-esteem, as these two

concepts go hand in hand (Gehrke, 2019). Individuals can increase well-being and self-esteem by improving in the following areas: being devoted to learning and developing new skills, taking an active role in increasing their confidence both mentally and physically, building connections with others in order to grow in the area of belonging, being present in the here and now moments, and practicing acts of kindness towards others (NHS, 2023b).

Maslow explored the importance of an individual's desire to belong and feel connections with others. It is human nature to seek support, respect, and admiration from others. This psychological need is the third level of need in Maslow's hierarchy of needs (Everingham, 2019). A sense of belonging is a crucial factor in an individual feeling satisfied with their own life. A lack of belonging can lead to increased stress, illness, and feelings of depression. It is important to restructure our culture and focus on how our “me” culture can integrate into a “we” culture (Boardman, 2020). According to Buck and Hardwick (2021), the Harvard study of health and aging revealed a decline in the close relationships individuals need to feel a sense of happiness in their lives. Since 2018, 13% of Americans reported feelings of loneliness due to many cultural reasons. These reasons involved a decline in membership in organizations such as churches, individuals moving away from the areas in which they were raised, an increase in remote work environments versus face-to-face working environments, and changes in friendships because of the pandemic (Buck & Hardwick, 2021). There are five things an individual can do to increase their sense of belonging:

- being mindful of those around you by participating in discussions, asking questions, engaging in small talk, and actively listening

- placing yourself in situations that require you to engage with others
- participating in new activities and being willing to meet new people who have diverse ways of thinking
- focusing on accepting individuals who have diverse ways of thinking; instead of focusing on the differences, find opportunities to increase your bond and relationship
- encouraging and providing affirmation to those around you (Theisen, 2021)

Interactions with others and strong relationships with those around you are key to supporting and developing strong mental well-being (Kapoor, 2020). Social support has been known to increase an individual's quality of life. Social support can be in the form of emotional, informational, or instrumental support. Emotional support is focused on making a person feel cared about. Informational support is focused on assisting an individual with information. Instrumental support is focused on assisting with physical support or tasks (Towey, n.d.). Poor social support has been shown to increase feelings of depression and loneliness and increase the risk of substance use, suicide, heart disease, and the functioning of the brain (Cherry, 2023). There are numerous benefits to social support systems such as group pressure and support to participate in healthy behaviors, emotional support to help a person cope with stress and/or anxiety, encouragement to keep working, and focusing on goals (Kapoor, 2020).

Awareness regarding mental well-being should be an area of priority for individuals, especially after the CDC estimated that one in five adults experiences at least one mental health condition every year (Anwar, 2021). Appropriate self-care cannot be achieved without an appropriate level of self-awareness (Smith, 2021). Self-awareness is

defined as an individual's understanding of their own needs, habits, wants, likes, dislikes, and other qualities that help shape an individual's personality (Srivastava, 2015). A lack of self-awareness can result in low levels of emotional maturity (Babcock, 2023). Many people feel they have mastered the skill of self-awareness, but this skill is not easily mastered (Eurich, 2018).

There are many benefits to a person having high levels of self-awareness, including

- **Personal growth:** The more a person knows and experiences, the more growth an individual will have. Personal growth refers to social, emotional, spiritual, physical, and mental changes.
- **Self-control and emotional regulation:** The more an individual is aware of their own feelings and emotions, the more likely they are to be able to regulate and cope with challenging situations.
- **Improving mental health:** An individual who exhibits self-awareness is more likely to be able to address and understand their own mood and feelings. Being able to address situations in a positive way enables a person to not fall victim to negative self-talk.
- **Developing relationships:** Self-awareness provides individuals with the ability to manage and develop significant relationships with others. Self-aware individuals can learn from their mistakes and apply what they have learned to future situations and relationships.
- **Happier life:** Individuals can truly understand what makes them happy because they know their values, behaviors, emotions, strengths, and

weaknesses (Manwaring, 2022).

Physical Activity

According to the World Health Organization (2022c), there are many benefits associated with physical activity such as prevention and management of diseases, decrease in symptoms of depression and anxiety, improvements in cognitive skills and judgment, positive impacts on the development and growth of youth, and enhanced general well-being. Physical activity is any movement of the skeletal system resulting in the dissipation of energy.

The third pillar among the seven pillars of self-care focuses on physical activity (International Self-Care Foundation, 2014b). Physical activity has been shown to have long-term and short-term benefits that impact the body and mind (Robinson et al., 2023). A healthy lifestyle, including increased physical activity, is not just focused on losing weight or increasing muscle strength; it has also been proven to provide individuals with additional long-term and short-term benefits (Potter, 2019).

Most people think of relaxation and pampering themselves when they think of self-care; however, physical activity should be one of the first things that comes to mind (Murdolo, 2021). Consistent physical activity is one of the most crucial actions one can take to improve one's health (CDC, 2023a). Physical activity, even in small amounts, has been shown to help with mood and brain health, reduce anxiety, and decrease noncommunicable diseases (Pacheco & Singh, 2023). The World Health Organization (2022c) has stated that worldwide, one in four adults does not meet the suggested amount of physical activity. As a result, individuals who do not live a physically active lifestyle are 20% to 30% more likely to die early compared to individuals who do meet the

recommended amount of physical activity. The American Heart Association suggests that individuals should participate in medium levels of physical activity for at least 150 minutes weekly or 75 minutes of strenuous activity each week (Murdolo, 2021).

Numerous studies, including the 2018 Physical Activity Guidelines for Americans study, provide recommendations for physical activity similar to the recommendations of the World Health Organization (Stamatakis et al., 2019). This study found that only 23% of Americans met the recommended levels of physical activity (Stamatakis et al., 2019).

According to the International Self-Care Foundation (2014b), the intensity and recommended amounts of physical activity vary based on age. The amount and type of physical activity based on age are:

- Ages 5-17
 - 60 minutes of moderate-high intensity physical activity daily
 - 3 days a week focused on high-intensity physical activity such as jumping, running, and balance training. Involvement in sports activities helps to meet these recommendations.
- Ages 18-64
 - 150 minutes of moderate physical activity weekly or 75 minutes of high-intensity physical activity weekly
 - Moderately intense physical activity should be completed in intervals of 10 minutes focused on muscle strengthening 2 or more days a week.
- Ages 65 or older
 - 150 minutes of moderate physical activity weekly or 75 minutes of high-intensity physical activity weekly

- Moderately intense physical activity should be completed in intervals of 10 minutes focused on muscle strengthening 2 or more days a week.
- Individuals with poor mobility should participate in activities that increase their balance 3 days a week.

There are numerous benefits to being physically active, including weight management, reduction in illnesses, reduction in stress, improvement in mental well-being, and sleep (International Self-Care Foundation, 2014b). It is important for individuals to find physical activities that are enjoyable. It may take time to identify the right physical activity (Murdolo, 2021). Establishing an appropriate exercise routine is key. Prior to establishing a routine, individuals are encouraged to start small, walk before they run, establish SMART goals, discuss their exercise plans with their doctor, establish a workout schedule, find someone to partner with them, start with exercises that are fun, and exercise in short intervals. Doing too much at once can result in injury (Mayo Clinic, 2022c).

There are different types of physical activities that individuals can participate in such as participation in sports, biking, walking, running, hiking, etc. Exercise acts as a form of stress relief (World Health Organization, 2022c). The Mayo Clinic (2022c) stated that exercise increases an individual's overall health and well-being, which also provides numerous stress-reducing benefits such as

- increase in endorphins
- protects your body from harmful stress by keeping your body systems working properly and effectively together
- allows your mind to reset and refocus and increases feelings of confidence

- helps you relax and increases feelings of positive mood

Research has shown that within an hour after exercising, an individual's body experiences a rise in endorphin levels (Rodriguez et al., 2023). The Network of the National Library of Medicine (n.d.) concluded that physical activity helps individuals handle stressful situations by helping them build up resilience to stress and negative emotions. Physical activity results in the body releasing hormones. These hormones, known as endorphins, or “happy hormones,” allow the body to relax (Wooll, 2021). Exercising also increases dopamine levels which results in mood and attention span improvements (Barile, 2022).

Increased physical activity has been shown to help support a person's short-term and long-term physical health conditions involving sleep, cognitive health, risk of certain types of cancer, and heart health (World Health Organization, 2022c). The CDC (2023a) also cited short-term and long-term benefits of physical activity. Short-term benefits of physical activity include improved sleep quality, decreased anxiety, and lowered blood pressure. Exercise has been linked to improved sleep as a result of decreasing feelings of anxiety, stress, and depression (Mahindru et al., 2023). Physical self-care is not a one-time situation. It requires consistent, deliberate actions, dedicated to focusing on your body, emotions, and mind (Daniel, 2023).

One third of Americans do not receive adequate amounts of sleep (Breus, 2023). Adequate amounts of sleep allow your body to recharge and prepare for the next day. Getting enough sleep has also been proven to help with increased physical energy, increased muscle tone, less fatigue, and reduced injuries related to exercise (Pacheco & Singh, 2023). Increased physical activity also leads to a decreased period of sleep latency,

which is the amount of time it takes for an individual to fall asleep. Reducing the amount of time it takes an individual to fall asleep allows for individuals to spend more time in deep sleep. Deep sleep has been linked to improvements in muscle tone, heart health, and immune systems (Pacheco & Singh, 2023).

The CDC (2023a) also cited long-term benefits of physical activity. Long-term benefits of physical activity include a decrease in cognitive health risks such as a decreased risk of developing depression and dementia; a decreased risk of bladder, breast, colon, kidney, lung, stomach, endometrium, and throat cancers; a decreased risk of weight gain; a decrease in cardiovascular health risks such as heart disease, diabetes, and stroke; an increase in bone and muscle strength; and an increase in strength related to balance and coordination, which results in fewer falls and injuries.

The American Academy for Neurology indicated that women who participated in high-intensity workout routines were 90% less likely to develop dementia (American Academy of Neurology, 2018). Increased exercise allows for improved cognitive function and has been linked to long-term improvement related to a person's mood and emotional well-being (Rodriguez et al., 2023). Fifteen minutes of cycling has been shown to increase an individual's working memory capacity, while short workouts involving cardiovascular exercises benefit executive functioning skills (Millard, 2020). The physical benefits of exercise can often be seen, whereas the psychological benefits of exercise cannot be seen; however, these benefits are as important. Common psychological benefits associated with physical activity are improved mood, self-esteem, and body image; a decrease in feelings of depression; an increase in the ability to cope during stressful situations; an increase in energy; and higher levels of self-confidence

(Association for Applied Sport Psychology, n.d.).

According to the CDC (2023a), physical exercise has been shown to decrease the risk of eight types of cancer, including bladder, breast, colon, endometrium, esophagus, kidney, lung, and stomach. The National Cancer Institute (2020) found that individuals who participated in exercise have a reduced chance of developing specific types of cancers compared to individuals who did not participate in physical activity. Based on research from the National Cancer Institute (2020), the following evidence has been found: 13% to 15% reduction in bladder cancer, 12% to 21% reduction in breast cancer, 19% reduction in colon cancer, 20% reduction in endometrial cancer, 21% reduction in esophageal cancer, 12% to 23% reduction in kidney cancer, and 19% reduction in stomach cancer (National Cancer Institute, 2020).

Individuals who do not exercise are twice as likely to develop heart disease compared to individuals who do exercise (Intermountain Healthcare, 2019). According to Johns Hopkins Medicine (2023), a regular exercise routine has been shown to support heart health by helping to

- reduce inflammation in the body; reduction in body inflammation allows the body to adjust to the impacts of exercise on the systems of the body
- lower blood pressure by helping slow the heart rate similar to a beta-blocker medication
- establish a healthy body weight; the impacts of a healthy body weight reduce the stress that being overweight puts on an individual's heart
- reduce diabetic risks; combining moderate to vigorous exercises can reduce diabetic risks by more than 50%, which then allows glycogen levels to

increase which in turn improves energy

Our health care systems, economy, environment, and communities are impacted by the high levels of physical inactivity. As a result of the negative impacts of poor physical activity, the World Health Organization (2022a) established a Global Action Plan related to physical activity which addresses four action steps and provides 20 policy recommendations focused on increasing physical activity by 15% in 2030. Self-care has been linked to improvements in a healthy lifestyle and happiness. Commitment to making physical exercise a key part of your self-care routine supports improved changes regarding a healthy lifestyle and improved happiness (Kapil, 2022).

Healthy Eating

According to the World Health Organization (2020), there are many benefits associated with eating a healthy and well-balanced diet. Benefits include prevention and protection against heart disease, stroke, noncommunicable diseases, and diabetes. Improving your diet along with increased physical activity could prevent 80% of noncommunicable diseases. According to the CDC (2022a), obesity in the United States has been found to impact 20% of individuals ages 2 to 19 and 42% of adults. This increases the risks of individuals in the United States developing diabetes, certain types of cancers, and heart disease.

The fourth pillar among the seven pillars of self-care focuses on healthy eating (International Self-Care Foundation, 2014c). A well-balanced diet has been shown to increase energy levels, provide the appropriate amounts of nutrients needed to remain strong, assist with maintaining a healthy weight, and assist with strengthening an individual's immune system (NHS, 2023a).

Our bodies receive the needed information to properly function because of the food we eat (Taking Charge of Your Health & Wellness, n.d.). The CDC (2021a)

identified nine benefits of healthy eating practices:

- strengthening of bones
- weight management
- increased immunity
- decreased risks of developing diabetes, heart disease, and certain types of cancer
- strong muscles
- adequate digestive system functions
- increased health of skin, eyes, and teeth
- healthy pregnancies and increased success with breastfeeding
- longer life expectancy

The World Health Organization (2020) provided individuals with information regarding what components make up a healthy diet, including fruits, vegetables, fats, salt, sodium, potassium, and sugars. The Harvard T.H. Chan School of Public Health (2023) established guidelines to use when creating a healthy, well-balanced meal. Guidelines include one half of your plate being made up of vegetables and fruits, one fourth of your plate being made up of whole grains, and one fourth of your plate being made up of protein; moderate use of plant oils; and caution regarding fluid intake such as limiting sugary drinks; 1 to 2 servings of dairy per day; and one small glass of juice per day. Some of the easiest foods to integrate into your diet are fruits and vegetables. The CDC (2022g) found that only one in 10 adolescents consume the appropriate amount of fruits

and vegetables daily. Increased fruits and vegetables have been shown to boost fiber intake (Kapiva, n.d.). Fiber has been shown to provide health benefits such as maintaining and regulating bowel movements; weight management; lower cholesterol levels; blood sugar levels; and decreased risk of diabetes, heart disease, and certain types of cancer (Mayo Clinic, 2022b).

According to Harvard Health Publishing Harvard Medical School (2021), the food an individual consumes has a direct impact on their brain and mood. The World Health Organization (2020) stated that a healthy diet includes the following: at least 400g of fruits and vegetables, less than 10% free sugar intake, 30% of fat intake (unsaturated fat versus saturated fats), and less than 5g of salt. The CDC (2022a) revealed that six in 10 individuals ages 2 to 19 and adults 20 and older consume at least one beverage high in sugar daily. The American Heart Association (2023) concluded the following regarding Americans and sugar intake:

- Recommended amount of sugar intake per day for men is 9 teaspoons.
- Recommended amount of sugar intake per day for women is 6 teaspoons.
- 77% of Americans are working towards reducing their sugar intake.
- Americans currently consume 77 grams of sugar per day. The recommended amount of sugar intake per day is 25 to 37 grams per day.
- Most sugar intake is comprised of the consumption of soft drinks 25%, fruit drinks 11%, sports/energy drinks 3%, coffee/tea 7%, and snacks and sweets 31%.

Sugar is not an issue if consumed in moderation; however, if individuals are not careful, increased consumption of sugar can lead to heart disease, acne, aging, reduced

energy, fatty liver, depression, weight gain, cancer, and Type 2 diabetes (Kubala, 2022). Increased consumption of sugar has been found to impact brain health, mood, dental health, and joints. Sugars produce a surge of dopamine, which then causes sugar cravings. The burst of energy an individual experiences because of elevated levels of sugar raises blood pressure, resulting in a feeling of anxiousness. An individual's dental health is impacted by increased cavities. Lastly, high levels of sugar consumption lead to inflammation of the joints (Hughes, 2022). Fruits are an excellent source of nutrients while also helping satisfy an individual's need for something sweet. Fruits are high in sugar; however, the sugar in fruit is natural, which means they provide the body with a boost of vitamins, minerals, and antioxidants (Krans, 2023).

Healthy eating does not mean that you cannot consume your favorite foods. (Robinson & Segal, 2023). A healthy diet is focused more on incorporating the right amounts of foods into your diet and limiting and/or replacing unhealthy foods with healthier options (U.S. Department of Health and Human Services, n.d.-b). It is suggested that saturated fats be reduced to less than 10% of intake and less than 1% of intake be composed of trans fat. According to the Mayo Clinic (2023), the American Heart Association suggested that 5% to 6% of an individual's daily calories be composed of saturated fats. Fats are important in helping with increased energy; however, too much fat can lead to weight gain. It is important that individuals follow the recommendations regarding consumption of fatty foods. Vegetable oils and fish oils are excellent sources of fat; butter, cheese, and heavy creams should be consumed moderately, while trans-fat and processed fats should be limited (Krans, 2023).

The U.S. Food and Drug Administration (2023) indicated that Americans eat on

average approximately 3,400 mg of sodium per day. The U.S. Food and Drug Administration recommended less than 2,300 mg per day for Americans. Sodium attracts water. A diet high in sodium has been found to increase blood levels, which causes high blood pressure. If an individual's blood pressure remains high over a period of time, the individual can suffer from a condition known as hypertension. Individuals with high blood pressure are at a higher risk of experiencing a heart attack, stroke, kidney disease, or heart failure. The CDC (2022c) provided some tips for reducing sodium intake such as purchasing fresh vegetables; reading the nutrition labels and choosing options that are low in sodium; looking for meals that contain less than 600 mg of sodium per meal; using alternatives to salt such as garlic, citrus juices, and spices; increasing consumption of fruits and vegetables; and limiting the use of sauces.

According to the Mayo Clinic (2022b), 50% to 70% of a person's body weight is made up of water, which means your body requires water to survive. Throughout the day, your body is constantly losing water due to body functions such as sweating, urination, and breathing. In order to prevent your body from dehydrating, it is important that a person consumes the appropriate amount of water (Silver, 2023). Your body depends on water to function properly. Water allows your body to dispose of waste, regulates your body temperature, provides appropriate amounts of moisturizer for your body tissues, helps digest your food, and softens joints (Mayo Clinic, 2022b). There is no specific amount of water needed; however, there are recommendations such as 13 cups of fluid a day for males and 9 cups of fluid a day for females. Pregnant women should drink 10 cups of water daily, while breastfeeding mothers need about 12 cups of water (Harvard T.H. Chan School of Public Health, 2021). There are numerous benefits associated with

drinking adequate amounts of water such as decreased constipation, urinary tract infections, kidney stones, and dryness of skin (Silver, 2023). According to the Mayo Clinic (2022d), making water your beverage choice can help to reduce dehydration. Severe cases of dehydration can lead to seizures, lightheadedness, and feelings of confusion (WebMD, 2022). It is important to note that some foods contain water, such as meat, fish, eggs, fruits, and vegetables (Silver, 2023). Fruits such as cucumbers, lettuce, celery, and watermelon contain over 90% water and provide a variety of nutrients and vitamins (WebMD, 2022).

By focusing on creating a well-balanced diet, including drinking plenty of water, individuals are one step closer to supporting their physical, mental, and emotional needs (Harvard T.H. Chan School of Public Health, 2021). It is important that individuals make healthy eating a priority because ensuring proper nutrition is a form of self-care (Posluns & Gall, 2019). Based on the recommendations from the National Health Service, the daily calorie intake for a woman is 2,000 calories per day and 2,500 for men (NHS, 2023a). The amount of calories in a food refers to the amount of energy stored in that food. Males tend to burn more calories than females, and individuals who are physically active burn more calories than those who are not physically active. It is important that individuals establish a well-balanced diet in conjunction with their level of physical activity. A well-balanced diet should consist of fresh fruits and vegetables, whole grains, legumes, nuts, and lean proteins. Individuals are cautioned to steer clear of items such as cakes, cookies, processed meats, sodas, pizza, and ice cream, as these items contain very little nutrients (Silver, 2023). When shifting to a balanced diet, it is important that individuals set themselves up for success by preparing more of their own meals, cutting

back on unhealthy foods by replacing them with healthier options, paying close attention to food labels, focusing on how eating healthy makes you feel, and drinking plenty of water.

Risk Avoidance or Mitigation

Self-care practices allow for an individual to feel refreshed and energized. Avoidance is a coping mechanism that is linked to feelings of frustration and anxiety because tasks have been put off or not accomplished, which means the tasks can easily reappear (Hope+Wellness, 2022). The International Self-Care Foundation (2014d) discussed health risk mitigation in terms of behaviors or actions that inflate the risk of illness or death. Risk mitigation involves activities such as receiving vaccinations, avoidance of tobacco and alcohol, protection against the sun, safe driving and seatbelt practices, safe sex practices, and safety when riding a bicycle. Risk avoidance and mitigation involves avoiding or limiting behaviors that would heighten the risk of death, illness, or injury (Luciano, 2023). The fifth pillar among the seven pillars of self-care is risk avoidance and mitigation. This pillar provides information regarding steps that can be taken by a person in order to decrease personal risks of preventable diseases, injury, and death (International Self-Care Foundation, 2014d). Seeking out a thrill or adrenaline rush, seeking acceptance in a peer group, or substance use are just a few reasons why an individual may participate in risky behaviors (Tull, 2022).

By getting vaccinated, an individual becomes less likely to catch a preventable disease (CDC, 2022h). Vaccine safety is monitored continually by the CDC. Some common side effects are fever, feeling tired, redness at the injection site, swelling, tenderness, and body aches. Reactions are usually mild and go away within a few days. It

is highly uncommon for an individual to experience long-lasting complications due to vaccination (CDC, 2022h). According to the U.S. Department of Health and Human Services (2022b), vaccines assist the body's immune system in protecting against serious illnesses. Immunizations currently prevent 3.5 million deaths every year by preventing more than 20 life-threatening diseases, which helps people live healthier and longer lives (World Health Organization, n.d.-d). Vaccines work by reducing the risks of disease spread. When enough people become immune to a disease, the likelihood that the disease will spread reduces, which is referred to as “herd immunity” (European Vaccination Information Portal, 2019).

There are currently vaccines available to protect individuals against many different diseases such as cervical cancer, cholera, COVID-19, diphtheria, hepatitis B, influenza, Japanese encephalitis, malaria, meningitis, mumps, pertussis, pneumonia, polio, rabies, rotavirus, rubella, tetanus, typhoid, varicella, and yellow fever. It is important to note that some vaccines are not needed in specific parts of the world. The National Foundation for Infectious Diseases (2023) provided 10 reasons why individuals should get vaccinated:

- provides individuals with a safe way to prevent diseases and illness
- provides a peace of mind by keeping you healthy
- reduces the spread of diseases
- improves an individual's quality of life
- supports in benefiting an individual's overall health
- provides prevention of diseases
- decreases the risks of developing or spreading an illness regardless of your

age

- reduces risks of illnesses and spreading of illness to vulnerable individuals such as children, grandchildren, and parents
- increases attendance at work by keeping individuals healthy
- reduces the amount of money spent on the treatment of preventable diseases

The U.S. Department of Health and Human Services (2021) stated that tobacco contains a highly addictive chemical known as nicotine. This chemical is the reason many individuals struggle with stopping the use of tobacco products. There are numerous ways in which an individual can use tobacco, including chewing tobacco, snuff, dip, cigarettes, cigars, vapes, and hookahs. The American Lung Association states that cigarettes contain approximately 600 ingredients, and when they burn, they release more than 7,000 toxic chemicals (Hobbs, 2023). The U.S. Department of Health and Human Services (2022a) found that smoking is the leading cause of heart disease, resulting in one in five deaths in the United States each year.

The CDC (2023b) found that 28.3 million adults in the United States smoke. The use of tobacco has been found to be the leading cause of preventable disease, disability, or death in the United States (CDC, 2022i). A smoker's life expectancy is reduced by 10 years compared to a non-smoker (CDC, 2020). According to Hobbs (2023), smoking can have many long-term impacts on an individual's body, including

- vision changes
- gum disease
- issues with fertility
- increased risks of heart disease/heart attack, lung disease, Type 2 diabetes,

psoriasis, stroke, and osteoporosis

- higher risk of developing cancer
- slower speeds of wound healing

According to the 2014 Surgeon General's Report, it is estimated that 90% of adult smokers started smoking before the age of 18 (American Cancer Society, 2022). Nearly 70% of individuals who smoke report that they want to quit (Truth Initiative, 2018).

According to the World Health Organization (2023), more than 8 million people die each year from tobacco use. Seven million deaths each year are caused by the direct use of tobacco, while 1.2 million are the result of exposure to second-hand smoke. Secondhand smoke impacts adults by increasing their risks of heart disease, stroke, and lung cancer. Children exposed to secondhand smoke are at an increased risk of suffering hearing loss, asthma, heart disease, and sudden infant death syndrome (Rigotti et al., 2022).

Tobacco dependence is a treatable condition. Maintaining a smoke-free life may be difficult; however, it has been done by many individuals (Rigotti et al., 2022). The American Cancer Society (2022) indicated numerous symptoms an individual may experience when they stop using tobacco products, such as trouble focusing, feelings of anxiety, decreased heart rate, weight gain, intestinal issues, moodiness, increased hunger, sleeping problems, and depression. According to the Pan American Health Organization (2009), the World Health Organization has created a Framework Convention on Tobacco Control. This framework is focused on addressing the public health issue of tobacco use related to demand, supply, regulation, and teaching programs. The Framework Convention on Tobacco Control is focused on addressing the following areas: tobacco monitoring, protection from secondhand smoke, tobacco cessation programs, packaging

and health warnings, advertisement restrictions, and increased taxes (Owusu-Dabo et al., 2010). According to the CDC (2022d), the following actions have been taken by the CDC as a way to decrease diseases and deaths as a result of tobacco use:

- stopping exposure to secondhand smoke
- establishment of youth prevention programs
- establishment of assistance programs for individuals who are active smokers
- providing proper health care support for identified individuals

An individual will be able to notice changes to the body after stopping the use of tobacco products. Some changes are noticeable immediately upon cessation, whereas other changes may not be noticed until years later (National Cancer Institute, 2022). Physical and mental changes consist of normal pulse rate, oxygen levels increase which helps improve breathing, energy levels increase, circulation improvements, lung functions increase up to 10%, and decreases in heart attack and lung cancer risks (CDC, 2010).

According to the World Health Organization (2023), yearly, 3 million deaths result from the use of alcohol, which correlates to 5.8% of deaths. An average of 15 million individuals in the United States struggle with an alcohol-related disorder (Richards, n.d.). The Behavioral Risk Factor Surveillance System reported that half of U.S. adults reported consuming alcohol in the past 30 days (CDC, 2021b). The National Institute on Alcohol Abuse and Alcoholism (2023) revealed the following statistics regarding alcohol use among individuals ages 12 and older based on the 2021 National Survey on Drug Use and Health:

- 219.2 million individuals consumed alcohol during their lifetime, of which

79.8% were male versus 76.9% were female

- 174.3 million individuals consumed alcohol in the past year, of which 63.8% were male versus 60.9% were female
- 133.1 million individuals consumed alcohol within the past month, of which 50.2% were male versus 45% were female
- 60.0 million individuals participated in binge drinking during the last month, of which 23.5% were male versus 19.5% were female
- 6.3 million individuals consumed heavy amounts of alcohol within the past month, of which 7.3% were male versus 4.4% were female

There are numerous reasons why people drink alcohol, including family history, stress relief, peer pressure, social and cultural norms, socioeconomic status, accessibility, desire for feelings of happiness, and acts of rebellion (Alcohol and You Northern Ireland, 2017). It is important for individuals to be aware of the dangers associated with consuming heavy amounts of alcohol daily, as these behaviors can lead to alcoholism (CDC, 2022b). Alcoholism negatively affects an individual's body, specifically causing damage to the brain, heart, pancreas, mouth, liver, and immune system (Richards, n.d.). According to the Mayo Clinic (2022a), heavy drinking has been found to increase an individual's risk of developing liver disease, high blood pressure, specific cancers, pancreatitis, heart disease, and stroke. Individuals are also more likely to face accidental injuries and alcohol withdrawal symptoms and are at an increased risk of committing suicide.

According to the World Health Organization (2022a), there are numerous effective and cost-feasible actions being taken in order to reduce the use of alcohol and

provide support for individuals struggling with alcoholism:

- establishing criteria regarding the advertisement of alcohol
- establishing criteria and limitations regarding the accessibility of alcohol
- maintaining and supporting policies focused on drinking and driving
- raising taxes and purchase prices in order to decrease the number of people drinking
- providing individuals with educational programs focused on the health and societal risks of using alcohol
- supporting policies related to alcohol use
- ensuring that individuals have access to treatment focused on alcohol use
- establishing health service systems that provide proper screening and intervention support

Good Hygiene

Establishing and implementing good hygiene practices are important in relation to maintaining and improving an individual's self-confidence. Good hygiene practices have also been shown to decrease an individual's risks of getting sick and spreading germs (Oaks at Denville, 2020). The International Association for Soaps, Detergents and Maintenance Products (AISE, n.d.) defined hygiene as the action of maintaining good personal and environmental health practices such as proper handwashing practices, effective disinfecting of high-touch surfaces, and maintaining proper social distancing efforts when exposed to someone who is sick or when you are sick. The International Self-Care Foundation (2014e) focused on good hygiene in terms of proper water sanitation, proper handwashing practices, effective maintenance of living and work

environments, and prevention related to the spread of communicable diseases. The CDC (2022f) discussed hygiene in terms of seven distinct categories, including proper hand hygiene, nail care, face care, reducing the spread of germs, foot care, hair and scalp hygiene, and proper menstrual hygiene. The sixth pillar among the seven pillars of self-care is good hygiene. This pillar discusses the importance of good hygiene and how good hygiene supports the prevention of diseases (International Self-Care Foundation, 2014e).

According to the CDC (2022d), germs spread when a person fails to practice good hand hygiene such as touching surfaces that contain germs or failing to cover their mouth and nose when they sneeze, which then transfers germs from one person to another. It is important that individuals practice good hand hygiene prior to touching their eyes, nose, and mouth, and prior to making food. Studies show that 67% of individuals effectively practice good hand hygiene, although 95% of individuals claim that they practice good hand hygiene (Burdette, 2018). The Comanche County Memorial Hospital (2020) provided 12 facts regarding hand washing and germs, including

- A person touches 300 surfaces every 30 minutes, which correlates to 840,000 germs.
- 5% of individuals adequately practice good hand washing practices.
- The average person only washes their hands for 6 seconds.
- 33% of individuals fail to use soap when washing their hands.
- 80% of diseases result from touching surfaces.
- 50% of food-related illnesses result from improper hand-washing practices.
- 20% of people do not wash their hands prior to getting food ready, and only 39% prior to consuming food.

- 7% of women and 15% of men do not wash their hands after using the restroom.
- An individual's fingernails and fingertips contain the most hand bacteria.
- Wet hands are 1,000 times more likely than dry hands to spread diseases.
- 10% of credit cards and 16% of cell phones contain fecal particles.
- Elevator dials contain 22% more germs than a toilet seat.

The CDC (2022d) not only provides six basic steps to assist with proper hand washing but it also provides individuals with the science behind each step. These steps include

1. Properly wet hands, turn off the faucet, and then apply proper amount of soap
 - Running water reduces water contamination versus water from a container.
 - Turning off the faucet reduces the amount of wasted water.
 - By applying soap, an individual can effectively remove microbes from their skin. Individuals are more likely to properly wash their hands if they apply soap.
2. Ensure that hands are properly lathered with soap and water
 - Rubbing your hands together with soap creates friction which is more likely to remove dirt, grease, and germs from your skin.
 - Individuals should focus on key areas such as fingernails.
3. Scrub your hands for 20 seconds with soap and water
 - Evidence has shown that microbes are more likely to be removed by scrubbing your hands for at least 15 to 30 seconds; therefore, most handwashing procedures recommend 20 seconds of handwashing.

4. Rinse hands thoroughly with clean water
 - Removing the soap off your hands reduces the likelihood that an individual will experience skin irritation.
5. Dry hands
 - Wet hands are more likely to transfer germs than dry hands.

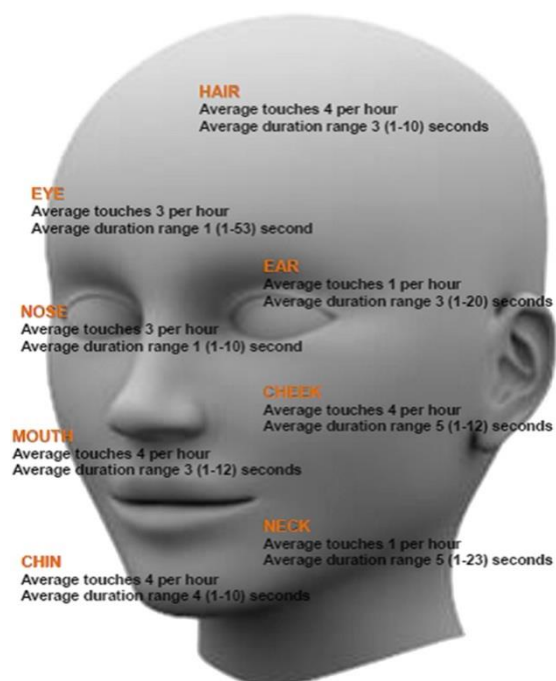
The American Academy of Dermatology (n.d.) stated that proper nail care goes hand in hand with proper handwashing techniques. Proper nail hygiene is important because it reduces the spread of germs. There are numerous steps a person can take in order to ensure that proper nail hygiene is taking place, such as keeping nails trimmed and short, cleaning nails with soap and water, not biting nails, wearing shoes that properly fit, and avoiding biting or pulling cuticles. Keeping fingernails cut short can assist in reducing the spread of germs such as pinworms and bacteria, which can hide underneath the nail (CDC, 2022e).

According to the Cleveland Clinic (2020), an individual touches their face at least 23 times per hour, which further supports the importance of proper handwashing practices. The Cleveland Clinic cited the CernVa Skin Survey, which concluded that 60% of males and 48% of females do not wash their faces before bed and that 60% of individuals lack basic knowledge regarding ingredients to look for when choosing a facial cleanser. Kwok et al. (2015) brought light to research conducted at the University of New South Wales in Sydney. This study focused on identifying the number of times individuals touched their faces. Participants in the study were all medical students who had recently participated in training regarding infectious diseases and transmission. The research concluded that the 26 individuals who participated in the study collectively

touched their faces at least 2,346 times over a 4-hour time period. Individuals touched their face, cheek, mouth, and chin at least four times per hour. Individuals touched their eyes and nose at least three times per hour. Lastly, individuals touched their ears and neck at least one time per hour. Based on the research, it has been concluded that individuals touch their faces at least 23 times per hour (Kwok et al., 2015).

Figure 3

Number of Times an Individual Touches Their Face in a 60-Minute Period (University of Wales Study)



Note. This image depicts the average number of times individuals touched their faces during a 60-minute time period during the experiment conducted at the University of Wales.

According to the CDC (2022d), there are numerous actions that can be taken by an individual in order to provide additional protection when touching your face, such as proper handwashing practices, using a tissue when blowing your nose or when rubbing

your eyes, and using face lotions and eye drops in order to prevent dry skin and dry eye conditions.

Good hygiene practices are one of the most effective ways to prevent illness and the spread of diseases (Barclay Water Management, Inc., 2022). The Government of South Australia (2022) stated that individual transmission of communicable diseases occurs when an infected individual comes in contact with another individual or when an infected individual touches a surface and then that surface is later touched by another individual. There are numerous ways in which an individual can come into contact with an illness including airborne exposure, spread due to contact, or spread as a result of contact with blood or other bodily fluids.

It is important for individuals to be knowledgeable regarding the symptoms, common communicable diseases, and ways transmission can be decreased. Symptoms can be mild or severe in nature (Kandola, 2023). According to the CDC (2016), some common communicable diseases include influenza, respiratory syncytial virus, whooping cough, and COVID-19. HIV, salmonella and Escherichia coli, tuberculosis, ringworm, athlete's foot, and Lyme disease are also common communicable diseases (Kandola, 2023). Individuals can decrease the risks of contracting or transmitting diseases by doing the following:

- exercising proper handwashing practices
- ensuring that commonly touched surfaces have been adequately cleaned
- ensuring that highly touched items such as cell phones have been effectively sanitized
- properly cooking and cleaning food and food preparation items in order to

reduce food contamination

- checking expiration dates on foods
- limiting contact with wild animals
- staying up to date on vaccinations
- checking self and animals for ticks and other insects that could transmit diseases (Kandola, 2023).

Rational Use of Products and Services

According to the World Health Organization (n.d.-a), 3.6 billion people do not have access to necessary health care resources. The International Self-Care Foundation (2020d) focused on the rational use of products and services regarding proper self-care. Rational use of products and services focuses on an individual's awareness surrounding the proper use of medications, affordability of medication and services, and adequate accessibility to products and services (Kshirsagar, 2014). The World Health Organization (n.d.-a) stated that self-care focuses on an individual's capacity to address, with or without the assistance of a health care worker, their own individual, community, and family health care needs. These needs can be centered around proper health care, prevention of diseases, promotion of health and health maintenance, and an individual's ability to handle addressing and accepting illnesses and disabilities. The seventh pillar among the seven pillars of self-care is rational and responsible use of self-care products and services. This pillar discusses the importance of an individual possessing the knowledge needed to safely and appropriately use health care products and services to control their own health care needs (International Self-Care Foundation, 2014d).

The Agency for Healthcare Research and Quality (n.d.) defined the proper use of

medication as an individual's ability to effectively use the right medication at the right time, and for the reasons prescribed. More than 50% of all prescribed, filled, and purchased medications are not used appropriately (Chaudhari et al., 2017). Rational use of products and services is important because it equips an individual with the knowledge and tools necessary to be able to properly care for themselves, which results in independence regarding health care needs (International Self-Care Foundation, 2014d). The National Center for Drug Abuse Statistics (2022) indicated that 45.8% of American adults have used prescription drugs within the last 30 days. Awareness regarding the rational use of medication is a serious matter impacting the health care system and patients (Chaudhari et al., 2017).

The National Center for Drug Abuse Statistics (2022) found that 16.3 million individuals per year misuse prescription medications. There are dangers associated with the improper use of products and services, such as a patient possessing too many medications, a patient not using medications appropriately, a patient using intravenous methods of administering medication instead of taking medication orally, improperly prescribing medication to patients, and a patient participating in self-medication techniques (Chaudhari et al., 2017). The International Self-Care Foundation (2014d) stated that an individual's knowledge based on prescription medication, nonprescription medication, preventative health services, natural remedies and treatments, health care devices, substance use treatments, and services regarding wellness and health care all assist in an individual's ability to safely support and cope with minor health conditions. The National Center for Drug Abuse Statistics (2022) found that 82% of pharmacy-filled prescriptions were opioid-based.

Figure 4

National Center for Drug Abuse Statistics: Prescription Types and Users

Prescription Drug Type	Annual Abusers	% Among Rx Abusers	% Among Americans*
Painkillers	9.7 million	59.5%	3.43%
Opioids Alone	9.3 million	57.1%	3.29%
Sedatives	5.9 million	36.2%	2.08%
Stimulants	4.9 million	30.1%	1.73%
Benzodiazepine Alone	4.8 million	29.4%	1.70%
All Prescription Drugs	16.3 million	100%	5.76%

*Aged 12 and older. Note multiple overlaps among prescription types and users.

The American Medical Association (2021) indicated that across the nation, overdoses and deaths because of drug use have shown to be a growing issue, although there has been a 44.4% decrease in the prescribing of opioid medications. The National Center for Drug Abuse Statistics (2023) found that 9.3 million people abuse prescription opioids. There are numerous consequences that individuals and our health care system face as a result of improper use of medication, such as

- increased morbidity and mortality
- individuals' bodies develop an immunity to medications, which results in additional funding being used to develop and provide appropriate medications to treat illnesses such as malaria and tuberculosis
- deplete financial resources needed to provide proper health programs, creating additional financial hardships for individuals

Preventive health care focuses on the actions taken by an individual to ensure they are healthy. It can help an individual live a healthier life while also lowering health care costs (Sahnow, 2023). Blue Cross Blue Shield of North Carolina (n.d.-a) defined

preventive care services as proactive visits and actions taken by an individual to maintain a healthy lifestyle. A list of services that are categorized as preventive services includes screenings for blood pressure, diabetes, cholesterol, cancer, sexually transmitted diseases, vaccinations, well-check visits, prenatal care, tobacco cessation programs, and targeted interventions focused on weight management and substance abuse (Blue Cross Blue Shield of North Carolina, n.d.-b). The 2010 Preventive Care in America study conducted by Rally Health (2020) concluded that two of three Americans identified preventive care as the top focus in relation to self-care practices.

According to the Rocky Vista Health Center (2022), there are numerous advantages to an individual implementing preventive health care practices into their lives.

These advantages include

- extended lifespan
- decreased cost associated with disease management
- improved quality of life
- reduction in risks and problems associated with diseases
- enhancement of physical fitness
- early detection of diseases
- prevention of infections

General Self-Care Studies

It is important that individuals act on incorporating self-care practices into their lives. These practices focus on the importance of addressing individual physical, emotional, mental, and spiritual needs (Maxwell & Riley, 2016). It can feel overwhelming, even impossible, to focus on self-care needs due to all the tasks and

responsibilities an individual faces daily (Kosmin, 2023). According to the CDC (2021c), there are numerous ways for an individual to cope with stressful situations: attention to physical care including healthy lifestyle decisions, attention to emotional care including proper social connections, and attention to spiritual care.

Self-Care Studies

Ray et al. (2020) conducted a study in order to gain a deeper understanding of the current self-care practices used by school administrators, current situations that impact school administrators, and the impacts of self-care practices on a school administrator's effectiveness on the job. The study used Maslow's hierarchy of needs as a framework, with a focus on sleep, hydration, nutrition, exercise, stress relief, mediation, balance between life and work, volunteerism, and feelings of belongingness. One thousand nine hundred thirty-nine public school administrators were given access to the survey. Of the 1,939 public school administrators, 437 current public school administrators completed the survey. A questionnaire composed of 45 questions regarding self-care practices was administered. The survey was made available to all practicing public school administrators in the Arkansas Department of Education. The following data were revealed regarding participants during the study:

- 79% struggled to fall asleep during the workweek; 43% struggled to fall asleep and staying asleep 3 to 5 nights a week; 4.5% reported waking up numerous times throughout the night; 75% reported waking up three or more times a night during the workweek; and 45% reported waking up at least every other night.
- 87% reported missing lunch at least one time during a workweek; 40% missed

lunch 3 or more days during the workweek; 30% reported consuming takeout at least six or more times during the workweek; 41% reported eating home-cooked meals less than three times per week; and 91.7% reported that they were not truly satisfied with the way their bodies looked.

- Eight of 10 participants revealed that they drink less than eight glasses of water per day.
- 54% reported exercising 2 days or less a week (cardiovascular 30 mins) with 46% reporting exercising 3 or more days a week.
- 47% reported no engagement in mindfulness practices; 18% reported practicing mindfulness exercising daily; and 60% reported practicing mindfulness exercises two or three times a month.
- Nearly 84% reported spending more than 30 minutes outside a work day reposed to emails, text messages, or answering phone calls; 71% reported that spending time with family was their top priority, although 70% reported being able to actually prioritize this time; 80% reported spending less than 3 hours a day focused on important relationships; 20% reported spending less than an hour a day with loved ones; 8% reported that they did not have to sacrifice their individual lives due to their jobs; and half of participants reported being part of one or no groups outside of work, including church, social, or extracurricular.
- Building principals reported spending 16.55 hours or more each week at work beyond what an average American spends at work.
- School leaders reported that their leadership role does not support self-care,

although they know self-care is important.

- The most reported reason school leaders want to practice self-care is to serve as a positive role model for students and staff.

This study revealed that principals are exhausted, unhealthy, and working too much. In order to combat the concerns revealed in the survey, self-care practices should be incorporated into the principal preparedness programs. In addition, school administrators and districts need to prioritize the importance of practicing proper self-care.

Oskolkoff (2019) conducted a qualitative study in order to understand the stress experienced by school administrators, the self-care practices used by school administrators, the drive of school administrators to model self-care practices, and the knowledge of school administrators regarding their own emotional intelligence. The 14 participants in this study were elementary and middle school principals who had at least 3 years of experience. All participants were from several school districts in California. The researcher used snowball sampling to add more participants to the study. The researcher collected data by having participants complete an online survey and then participating in a one-on-one interview. The online survey gathered information regarding demographics, experience, participant stress levels, and self-care practices. The interviews were conducted using unstructured, semi-structured, and structured questions. Each school principal participant served at school sites of less than 350 to over 500, with a range of 18 to 35 teachers. The study identified 10 themes, including principal stress, principal impact on school culture, social-emotional healthy principal, self-care, principal knowledge of teacher stress, job responsibilities that cause teachers stress, role of

principal to model self-care to reduce teacher stress, principals understand and explicitly use emotional intelligence, resonant leadership (ability to renew/effective leadership), and principal impact on student learning. Based on the 10 themes, the following data were revealed:

Principal Stress

- 100% of principals reported feeling stressed in their role as school principals.
- 10 principals reported high levels of stress, three principals reported moderate levels of stress, and one principal reported low levels of stress.
- Job responsibilities were reported as the main cause of stress, with evaluations and employee relations being the two most stressful job responsibilities.
- 13 participants indicated working with teachers and support staff was the highest stressor of the principalship.
- Lack of time to complete required paperwork and school safety was also reported as a high-stress responsibility.
- 13 principals reported that they responded to stressful situations by feeling anxious, pressure in the chest, changes in mood, and not being able to effectively do their job.
- Lack of sleep and headaches are contributing factors to principal stressors.

Principals Impact School Culture

- Participants indicated that they were aware that their reactions and moods establish the climate; therefore, it is imperative that they work to keep their emotions and feelings under control.
- Four participants in this study purchased professional development programs

and support for their schools in order to assist with relationship building.

Social-Emotional Healthy Principal

- Participants revealed that having the time to connect with friends, family, and faculty; having self-confidence; and feeling healthy and energized are the top three ways in which they feel their most emotionally healthy.
- Additionally, a healthy state of mind, body, and soul was also reported as helping principals feel their most emotionally healthy.

Self-Care

- 13 of the 14 participants indicated that they reduce feelings of stress by talking to a friend or significant other.
- Exercise, spending time with family and friends, breathing exercises, healthy eating habits, hobbies, and being outdoors were also reported as ways in which participants increased their feelings of emotional health.
- Participants reported that due to a lack of time, self-care strategies are not practiced. To address the time constraint, many participants indicated that they decompress in their cars on their way home from work by listening to music or an audiobook.

Principals Know When Teachers Are Stressed

- Participants placed the following ways in which they identify when a teacher is stressed in descending order: change in school culture, teacher self-report to principal, increase in student referrals, and increase in teacher complaints.
- Seven of 14 principals reported that teachers self-report by coming to their offices or talking with them in the hallways.

Job Responsibilities That Cause Teachers Stress

- Supporting students academically, physically, socially, and emotionally is the top stressor of teachers.
- Eight of 14 participants stated that IEP meetings involving parents and their attorneys increase teacher stress.

Role of Principal to Model Self-Care to Reduce Teacher Stress

- Five participants provided teachers with supports, modeling, and activities in order to address self-care practices.
- Six participants provided teachers with supports on an individual basis.
- Three participants reported not having applied any supports or still needing to implement supports at their schools to address teacher self-care.
- Celebrating staff, short meetings, modeling, positive feedback, implementing self-care practices into meetings, giving of gifts, SEL practices during meetings, and team-building exercises are other stress reducers for teachers.
- Four principals reported using staff time to model self-care.

Principals Understand and Explicitly Use Emotional Intelligence

- Relationship building is essential as a way principals can reduce their stress.
- Self-management is one way in which a principal can keep focused on the most important goals and tasks.
- Demonstrating understanding regarding the emotions of teachers and their needs allows principals to appropriately respond and support teachers.
- Participant interviews revealed that principals were self-aware of when they felt stress, what caused them to feel stress, and the results of experiencing

stress.

- Ten of 14 principals reported understanding the term emotional intelligence.

Resonant Leadership (Ability to Renew/Effective Leadership)

- Principals strive to ensure that teachers know that they are actively listening to their concerns.
- Principals demonstrated compassion towards students.
- Hope was identified as a subcomponent of this study. Principals expressed more positive emotions versus negative feelings, and numerous principals stated that they loved their job.
- The final subcomponent of mindfulness is the sacrifice syndrome. Four of 14 principals reported using mindfulness as a coping strategy to deal with stress.

Principal Impact on Student Learning

- The following four participant responses were revealed during the interview in descending order: relationships, tone and culture, engagement, and teacher support.

Sogunro (2012) conducted a study in order to identify character traits of school principals that contribute to school effectiveness. This case study was voluntary, consisting of 52 school principals. Twelve principals were female, and 40 principals were male. The school-level breakdown regarding participants consisted of 18 high school principals, 18 middle school principals, and 16 elementary school principals. Participants' years of experience ranged from 1 year to more than 20 years, with 21 participants having less than 5 years, 20 participants having between 10 and 20 years, and 11 participants having more than 20 years of experience. Participants were interviewed

either face-to-face or by telephone. Information from the interviews was categorized into seven themes. This study revealed that most school principals do not have the coping skills necessary to deal with stressful situations. Each theme identified a stressor faced by school principals and the percentage of participants in the study who indicated experiencing this specific stressor.

- Unpleasant relationships and people conflicts
 - 100% of participants indicated that this was their greatest form of stress.
 - 92% experienced conflicts between teachers and between teachers and principals.
 - More than 90% experienced conflicts involving upset parents.
 - More than 50% of conflicts with parents involved special needs students.
 - Conflicts resulting from superintendent relationships were also noted.
- Time Constraints
 - 98% of participants indicated that time constraints caused stress, especially in regard to not being able to predict or adequately plan for each day.
 - More than 70% indicated that deadlines placed on them were unrealistic.
- Crises in the school
 - 96% of participants indicated that dealing with the diverse types of school crises caused an elevated level of stress.
- Challenging policy demands and overwhelming mandates from governments
 - 90% of participants indicated feelings of stress as a result of the constant pressures both internally and externally; pressures to meet the demands

regarding policies, mandates, and school board expectations.

- Budgetary constraints and related issues
 - 85% of participants indicated that budgetary issues resulted in stress since budgets are not set at the school level.
- Fear of failure
 - Fear of failure results in stress for many principals.
 - More than 73% indicated that a lot of their stress regarding fear of failure results from the 2002 No Child Left Behind Act.
 - Beginning principals experienced increased stress regarding fear of failure. Of the 73% of principals who indicated that this was an area of stress, 34% of beginning principals indicated feeling stressed about failing.
- Negative publicity and dealing with media
 - 60% of principals reported experiencing stress as a result of negative publicity.

According to Sogunro (2012), 96% of school principals reported experiencing stress because of work demands, which directly impacted other aspects of their lives, including effectiveness at work, mental and physical well-being, and their ability to engage and participate in social situations. Due to the stresses experienced by school principals, this study sought to identify possible coping strategies for them. The coping strategies were placed into five categories, including behavioral changes, physical experiences, relaxation strategies, professional assistance, and medical assistance.

Diotaiuti et al. (2020) conducted a study focused on identifying the balance faced

by school principals regarding school life demands and attending to their own individual health and well-being. This study was voluntary and consisted of 419 school principals: 131 male and 288 female principals participated; 22 participants were elementary school principals (ages 5 to 11); 10 participants were junior high school principals (ages 11 to 13); 223 participants were comprehensive school principals (ages 5 to 13), 86 participants were technical high school principals (ages 14 to 18); and 78 were grammar high school principals (ages 14 to 18). Participants were asked to complete a self-reported online questionnaire, which included questions focused on socio-demographic information, school environment, current health of participants, and psychometric measurements. Survey results revealed the following:

- 21.5% experienced low levels of stress, 26.7% experienced medium levels of stress, 24.1% experienced moderate levels of stress, and 27.7% experienced high levels of stress.
- There were no significant differences regarding work discomfort among principals, although female principals reported higher levels of stress.
- The following disorders are most associated with feelings of stress: stomach discomfort, back/cervical pain, migraine headaches, and respiratory problems.
- Work discomfort was impacted primarily by depressive anxiety, with a secondary impact being influenced by the sense of effort and confusion.
- Chronic stress leads to school principals being unable to manage events, solve problems, and be proactive in addressing future issues. Additionally, chronic stress impacts a principal's ability to focus on their own health needs.
- Principal stress was higher among comprehensive school principals.

- Male principals had a higher likelihood of delegation than females. In addition, the study revealed that female principals had higher levels of stress compared to male principals as a result of struggles with delegation, feelings of personal responsibility, and not taking adequate amounts of time to recover when physically or mentally facing an issue.
- Principal experience played a key role in reducing work discomfort and stress.
- Principal stress was shown to have a direct impact on an individual's health conditions.
- Mindfulness practices are a proactive approach to reducing stress faced by school principals.

Poirel et al. (2012) conducted a study that examined the coping skills of school principals in Quebec. Participants in this study were school principals and assistant principals. Six participants were filmed and observed during their workday. Three of the individual participants were high school principals, two were high school assistant principals, and one was an elementary school principal. Four of the principal participants were male and two were female. The sample consisted of principals with at least 10 years of experience identified by a professor as having successful coping skills when facing challenging situations. Prior to filming the participants, 238 school principals completed the Administrative Stress Index survey so that the study team could identify the main stressors faced by school principals. When reviewing the observation films, the study team coded each situation using the Ways of Coping Checklist. Of the 47 incidents, 21 met the criteria for final analysis.

In general, the results of the survey concluded the following:

- Principals experience vivid and oftentimes aggressive emotions.
- Three of the 13 observations revealed feelings of anger experienced by the principal. The feelings of anger resulted from constant interruptions and unrealistic expectations, unwarranted accusations from staff, and feelings of guilt regarding poor decision-making.
- 11 situations resulted in anxiety regarding the anticipation of situations.
- School principals are constantly focusing on maintaining a positive school climate, which increases principal anxiety because every decision made by a principal impacts the school culture/climate.
- Principals demonstrated empathy in only three situations.

The study focused on identifying stressors and the coping strategies used by school principals when faced with stressful situations (Poirel et al., 2012). Problem-focused coping and emotion-focused coping were two areas examined by the researchers (Poirel et al., 2012).

Problem-focused coping results indicated the following:

- Principals confront problems, seek out information or support, and express their emotions when dealing with stressful situations.
- Maintaining a positive school climate impacts the way principals address stressful situations. The research revealed that school principals are more likely to compromise.
- Principals often show sympathy by listening attentively and then repeating the concern openly to show that they understand it.

Emotion-focused coping results indicated the following:

- Principals show their emotions (frustration regarding situations) to address issues.
- Optimistic thoughts and hopefulness are coping strategies used by school principals. These approaches allow the principal to distance themselves from the situation versus immediately address the situation.
- Principals strive to control feelings of anger when professionally attacked regarding decisions and capabilities.
- When faced with feelings of anxiety, principals ignored and suppressed their emotions.
- Principals struggle to address and deal with their feelings and emotions.

Overall, the study conducted by Poirel et al. (2012) revealed the following:

- Principals feel responsible for the school; therefore, their decisions and actions regarding situations and stress are impacted.
- All six participants in the study appeared to be in control of their emotions and were successful in regard to regulating their emotions specifically related to anger and anxiety.
- Principals often feel helpless, which results in principals making compromises and suppressing their emotions.

Study District Overview

Table 1

Demographic Breakdown of the School Principals

Elementary school	Middle school	High school	Virtual school
7 Total	3 Total	3 Total	1 Total
5 Females	2 Females	2 Females	1 Female
2 Males	1 Male	1 Male	0 Male
Years of experience breakdown	Years of experience breakdown	Years of experience breakdown	Years of experience breakdown
1 Year (2 principals)	3 Years (1 principal)	1 Year (1 principal)	1 Year (1 principal)
2 Years (2 principals)	7 Years (1 principal)	2 Years (1 principal)	
4 Years (1 principal)	9 Years (1 principal)	17 Years (1 principal)	
9 Years (1 principal)			
10 Years (1 principal)			

Quantitative Research Methodology Overview

Quantitative research requires researchers to review the literature and previous studies in the early stages of analysis in order to provide the researcher with insight and guidance prior to establishing research questions (Creswell & Creswell, 2018). In quantitative research design, data are collected and displayed numerically. In addition, various data instruments are used to acquire results from the research (Williams, 2021). Quantitative research is a methodological approach in which researchers examine a

hypothesis by studying the correlation between variables. Qualitative research is focused on numbers or close-ended questions (Creswell & Creswell, 2018).

The purpose of research using a quantitative approach is to better understand trends, make predictions, test theories, identify connections, and gain insight into broad generalities that impact a broader population (Williams, 2021). Quantitative research applies mathematical theories to explain a hypothesis. The process is focused on collecting numerical data and then analyzing the data using mathematical methods (Creswell & Creswell, 2018). Quantitative research allows the researcher to confirm or examine a theory or hypothesis (Streefkerk, 2019).

According to Creswell and Creswell (2018), the three most common types of quantitative research methods are quasi-experimental design, experimental design, and correlational design. Quasi-experimental design is focused on two or more variables, in which one variable is dependent on the other variables. This type of research design is centered around a cause-and-effect relationship. Experimental design is focused on validating or invalidating a hypothesis. This form of research is the most commonly used method of quantitative research. It focuses heavily on measuring the effect of a controlled variable on a dependent variable. Correlational design is focused on identifying the statistical relationship between two common variables to determine how they impact one another.

One of the main strengths of conducting quantitative research is that the research is based on facts, numerical values, and empirical information. With the inability to test higher amounts of data, the researcher can decrease the prospects of bias, and the data are easier to analyze due to data being in numeric form (Sreekumar, 2022).

One limitation of using quantitative research is that participants are asked to provide objective answers, which often leaves the researcher wondering about the participants' reasons for answering in that manner, which results in the researcher not being able to solve multifaceted issues. In addition, larger sample sizes are needed in order to provide a more accurate analysis (Creswell & Creswell, 2018).

Ethical considerations include collecting informed consent, providing anonymity to research participants, and storing data in a secure location. These areas are key components and vital to the research. Protection of the data is one of the most important pieces (Kaiser, 2009). In conclusion, quantitative research seeks to identify specific variables to answer specific research questions or clarify a researcher's hypothesis (Creswell & Creswell, 2018).

Qualitative Research Methodology Overview

Qualitative research is a process in which researchers seek to explain and understand the reasons why individuals participate or engage in specific behaviors. This process consists of words and the use of open-ended questions and responses (Creswell & Creswell, 2018). Qualitative research is focused on digging deeper into an occurrence in order to discover what happens before and after the situation occurs (Williams & Moser, 2019).

Qualitative research allows researchers to identify and understand data trends. The data are personalized, explanatory, and connected to the feelings or emotions of a group or individual. The data are subjective and personalized. Data are collected through observations or interviews (Creswell & Creswell, 2018).

According to Creswell and Creswell (2018), the five common types of qualitative

research methods are narrative research, phenomenological, grounded theory, ethnography, and case study. Narrative research centers around chronological questions. It provides insight into an individual's life experiences and the development of these experiences over time. Phenomenological research is centered around inquiry design. This type of research is usually conducted using interviews and provides the researcher with a deeper understanding of life situations that individuals experience. Grounded theory is centered around sociology. It focuses on questions regarding processes, stages, or phases that an individual experiences. Ethnography is centered around inquiry design with a focus on anthropology and sociology. The researcher is able to use this type of design in order to better understand common patterns of behavior, language, and actions that impact groups over a period of time. This type of study is usually conducted by observations and interviews. Case study research is inquiry. This type of research requires the researcher to collect detailed information used to provide them with detailed information on a specific situation, program, task, procedure, group, or event.

There are many strengths associated with conducting qualitative research including increased flexibility, a more focused approach to conducting research, and the ability to collect information regarding attitudes within a specific group (Vaughan, 2021). In addition, qualitative research allows researchers to pinpoint beliefs or attitudes pertaining to a particular group (Christiansen, 2021).

There are many limitations to conducting qualitative research. This type of research is time-consuming, appropriate sample sizes present challenges, sample biases can take place either consciously or unconsciously, and research is dependent upon the proper development of interview questions (Vaughan, 2021). Improper development of

interview questions can hinder the researcher from being able to effectively identify patterns and trends (Christiansen, 2021).

Ethical considerations are fundamental when it comes to conducting qualitative research. The researcher must be diligent in providing participants with a respectful and confidential experience. Confidentiality and privacy are key components regarding the collection of the research process. Researchers must be mindful of their interactions and relationships with participants to ensure data are free from bias (Smith, 2003).

In conclusion, qualitative research is a form of interpretative research. Qualitative research focuses on words and pictures, possesses unique steps in analyzing the data, and provides opportunities for the researcher to draw conclusions. The intent of qualitative research is to provide the researcher with a deeper understanding of specific situations, events, groups, or relationships.

Survey Methodology Overview

Survey methodology is a research approach that gives the researcher a numeric explanation regarding trends, feelings, and beliefs relating to a specific group. This type of research is conducted by studying a sample of that specific group. This type of research consists of questionnaires or organized interviews to provide insight into a stereotype or concept impacting a specific group (Creswell & Creswell, 2018).

Surveys are subjective. This type of research can be used to identify needs, evaluate demands, and examine impacts. Surveys can gather information from large groups, which can provide the researcher with additional subgroup information. This type of research is comprehensive, requires little investment to generate and conduct, and is simple for making overall assumptions (Glasow, 2005). According to Creswell and

Creswell (2018), survey research design helps the researcher answer three main questions including descriptive questions, questions involving relationships between variables, and predictive questions.

There are limitations associated with the use of survey research. Oftentimes, individuals completing survey research are not honest and open when answering questions. Also, survey research is focused on questions that only provide information about what is specifically asked, which can hinder the researcher from understanding situations and the reasons why situations occur (Glasow, 2005).

According to Creswell and Creswell (2018), survey design follows a traditional format. When conducting survey research, the researcher must decide on the specific group, the sampling design, and the type of sample. Each area is important in assisting the researcher in conducting research. First, the researcher must identify the population, the size of the population, and the population's ability to participate in the survey. Researchers must determine between a single-stage or multistage sampling design. Single-stage sampling allows the researcher the ability to name and sample individuals directly; multistage sampling requires the researcher to determine groups and then obtain names within those groups in order to conduct additional sampling. Lastly, researchers must identify the type of sampling that will be used, such as random or systematic. Random sampling means each individual within the sample population has an equal chance of being selected. Systematic sampling requires the researcher to use a systematic approach to choose participants, such as one of every 10 people selected to participate in the study.

In conclusion, survey research is a straightforward approach to research. There

are many advantages to using survey research, such as its ability to help in reporting and investigating variables (Ponto, 2015).

Interviewing Methodology Overview

Interviewing is the most common format used when collecting data using a qualitative research design (Easwaramoorthy & Zarinpoush, 2006). Interviewing research is a form of qualitative research in which open-ended questions are used to gain insight into the many viewpoints or opinions of participants (Creswell & Creswell, 2018). Interviews allow the researcher to collect detailed information regarding the thoughts, experiences, opinions, and emotions of participants in order to assist in answering research questions (Easwaramoorthy & Zarinpoush, 2006).

Using the interview design when conducting qualitative research provides the researcher with the ability to ascertain specific language or words in order to identify themes or patterns regarding behaviors and allows participants to provide detailed information from the past. In addition, interviewing participants allows the researcher to collect data at times when the participant would not be able to be observed. Lastly, interviewing research allows the researcher to manage the questions being asked of participants (Creswell & Creswell, 2018).

Some limitations to conducting interviews are that information is processed by the researcher based on their own views of the interviewee, information is collected in an assigned location versus in a natural setting, responses from interviewees may be impacted due to the researcher's relationship with the interviewee, and individual responses are based on the ability of the interviewees to clearly and concisely communicate their answers to the questions (Creswell & Creswell, 2018).

The three most common types of research interviews are structured interviews, semi-structured interviews, and unstructured interviews (Easwaramoorthy & Zarinpoush, 2006). Most qualitative interviews are semi-structured or structured (Jamshed, 2014). Structured interviews are conducted using questionnaires. Researchers ask questions from preplanned lists. The researcher collects the data with little to no plan of having the participants elaborate on their responses. Structured interviews allow the researcher to conduct the interviews in a prompt and uncomplicated manner. Unstructured interviews are conducted with little to no organization. These interviews may begin with open-ended questions and will allow the participants to build on and detail their responses naturally. Unstructured interviews are more time-consuming and can be laborious for both the researcher and the participant. Lastly, semi-structured interviews consist of numerous essential questions. The questions used during a semi-structured interview allow the researcher to explain parts of what is being discussed in more detail. This format also allows the researcher and interviewee to move in different directions throughout the interview to explain thoughts, ideas, feelings, and opinions (Gill et al., 2008).

Two different methods by which a researcher may conduct interviews are one-on-one interviews and focus group interviews. One-on-one interviews are the most common format of interviewing. One-on-one and focus group interviews can be conducted face-to-face or virtually (Creswell & Creswell, 2018).

Good questions are key when conducting an interview. Good questions allow for the participant to provide detailed answers with examples so the researcher has the ability to disaggregate the data collected in order to categorize the data into themes. It is best for the researcher to begin the interview with questions that are easy for the interviewee to

answer and then build upon questions as the interview progresses. The interview length depends on the topic being studied, the researcher, and the interviewee (Gill et al., 2008).

Ethical considerations are key when it comes to conducting interviews. The researcher must be careful in considering each participant so that all participants are provided a respectful and confidential experience. Confidentiality and privacy are key components regarding the collection of the research process. Researchers must be mindful of their interactions and relationships with participants to ensure data are free from bias (Smith, 2003). Participants should be provided informed consent in addition to detailed information regarding the purpose of the study. It is essential that the researcher establishes a good rapport with the interviewees, as these relationships will have a positive outcome on the effectiveness of the interview (Gill et al., 2008).

In conclusion, interviews are an effective method to use when seeking to gather in-depth information regarding the opinions, thoughts, experiences, and feelings of a participant. The interview design is dependent on the needs of the researcher and participants as well as on the information attempting to be collected (Easwaramoorthy & Zarinpoush, 2006).

Summary

Implementation and use of self-care practices can help reduce feelings of stress and reduce employee burnout. In order to perform at their best, it is important for individuals to find ways in which they are able to effectively manage their mental and physical well-being (World Health Organization, 2022b). Principals are often so focused on taking care of those around them that they do not take the time needed to properly take care of themselves (Ritter, 2022). The seven pillars of self-care provide a comprehensive,

systematic, and applicable framework that provides guidance to support self-care practices. The seven pillars of self-care consist of knowledge and health literacy, mental well-being, physical activity, healthy eating, risk avoidance or mitigation, good hygiene, and rational use of products and services (International Self-Care Foundation, 2020c). Individuals can create a healthier lifestyle for themselves, their families, and their communities by implementing self-care practices. Proper self-care can help reduce illnesses and reduce overreliance on the health care system to address minor health care situations (International Self-Care Foundation, 2020c).

The literature is conclusive that principals face multiple situations and experiences that result in stress (Nittle, 2022). Principals are faced with stressful situations that include working long hours, not getting enough sleep, not maintaining a proper diet, not exercising enough, and a lack of commitment to ensuring that personal relationships are cultivated. The implementation of self-care practices provides principals with ways in which to reduce stress in order to ensure that they are physically, mentally, spiritually, and emotionally at their best (Ray et al., 2020).

The literature supports that principals are depended on to support students, families, teachers, and their school communities. In order to provide support to those in their care, it is vital that principals make time to focus on their own self-care needs (Oskolkoff, 2019). Principals have an awareness regarding their own needs to implement self-care practices; however, knowledge of the need for self-care is not enough. Principals must take the necessary steps to implement these practices in their lives (Mutterperl, 2020).

Chapter 3: Methodology

Introduction

Principals identify self-care as important; however, they often find it difficult to fully implement self-care practices into their daily lives (Skanes, 2022). This study aimed to determine effective self-care practices utilized by school principals and the correlation between identified self-care practices and the seven pillars of self-care. The literature review revealed that principals experience high levels of stress, work long hours, and are expected to support those in their care, specifically students and staff. It is imperative that principals be able to appropriately take care of themselves so they can in turn take care of those around them. As educators, it is important that we begin to ensure that we are prioritizing our efforts related to self-care (Skanes, 2022).

When identifying the best ways to support principals in implementing self-care practices, the use of the seven pillars of self-care provides a detailed framework regarding relevant practices. I used a mixed methods approach to conduct this study. By using both qualitative and quantitative methods in this study, I determined the correlation between identified self-care practices and the seven pillars of self-care. By using the mixed methods approach, I was able to dig deeper into the types of self-care practices used by principals while also being able to gain a better understanding of the experiences that hinder or support school principals being able to implement these practices into their everyday lives. Through a self-care practices survey and individual interviews, I collected information from the studied district's K-12 school principals to increase my understanding of how principals take care of themselves.

Setting

The district of study was a rural public school district in western North Carolina. The district serves approximately 6,000 students ranging from Pre-K to 13th grade. The district also provides a part-day preschool program and maintains a strong partnership with the local Head Start Program. The system employs more than 1,000 individuals with 716 of those individuals being full-time employees. The district is made up of eight elementary schools, three middle schools, three high schools, and one virtual academy. The principals participating in this study represent school levels within the district.

Research Questions

This mixed methods study was to determine effective self-care practices used by school principals and the correlation between identified self-care practices and the seven pillars of self-care. This study sought to answer the following research questions:

1. What current self-care supports are used by school principals in order to reduce stress, and how do these practices support principals in reducing their stress levels?
2. What are common self-care practices provided by school districts, and why do districts provide these identified supports associated with self-care practices?
3. What is the correlation between identified practices used by school principals and the seven pillars of self-care?

Participants

The study population consisted of all K-12 school principals from the rural school district. The goal was to have 100% of the school principals within the district complete the survey and participate in individual interviews. I obtained permission to conduct this

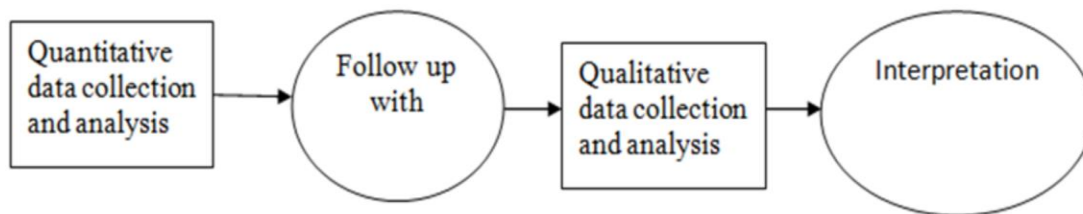
survey from the superintendent in the form of an email. The superintendent is the direct supervisor of the school principals and is responsible for providing support and professional development training in order to support the advancement and success of the school principals. All school principals in the district were invited to participate in the survey and one-on-one interviews.

Role of the Researcher

I am serving as one of the school principals in the district studied; however, I did not participate in the study. I have a professional working relationship with all potential participants. I did not participate in the survey or answer any of the interview questions.

Explanatory Mixed Methods Design

All K-12 school principals who serve at a school site within the district were sent a survey. A mixed methods design was used for this study. The mixed methods design combined both qualitative and quantitative methods of research. It is more than just gathering and examining data; it involves the researcher using both forms of research together to better understand a research problem. The mixing of these methods allows for a deeper level of understanding in relation to the research questions (Creswell & Creswell, 2018). Specifically, I used the explanatory sequential mixed methods approach. I first collected quantitative data and then I collected qualitative data in order to help explain or provide additional insight into my quantitative results. Subedi (2016) described the explanatory sequential design as first allowing the researcher to collect qualitative data in order to identify and examine an issue and then quantitative data so that a researcher is able to identify and describe the relationships detected in the quantitative data.

Figure 5*Explanatory Sequential Design*

I used this approach to explore and examine effective self-care practices used by school principals in 14 different school settings from a rural school district. This approach was chosen because I felt that both a survey and individual interviews would provide a broader understanding of self-care practices used by school principals.

Creswell and Creswell (2018) defined quantitative research as involving numbers and consisting of close-ended questions, whereas qualitative research involves words and consists of open-ended questions. I first collect quantitative data by collecting the survey data and then qualitative data by conducting individual interviews. The use of a mixed methods study allowed me to use the results from my survey in order to guide my individual interview questions so that I was able to gain a deeper understanding of principal self-care practices. The quantitative data collected from the surveys were placed into frequency tables to allow for simple data analysis. By conducting the survey, I was able to quickly identify patterns, form predictions, identify connections, and establish outcomes (Williams, 2021).

In addition to the survey, I conducted individual interviews with principals to identify themes regarding self-care practices and the relationships with them used by school principals and the seven pillars of self-care. By conducting individual interviews, I was able to identify specific themes surrounding self-care practices, barriers experienced,

support needed, and successes. In addition, the individual interviews allowed me to gain insight into what principals need from district leaders in regard to their individual self-care needs and ways in which districts can provide the needed support.

Instruments

In order to conduct mixed methods research, two research instruments were used. Both instruments used correlated with the research questions. The first instrument used was the Self-Care Questionnaire (Appendix A). At the end of the survey, school principals were asked if they would be willing to participate in individual interviews. If principals agreed to participate in the individual interviews, they were carried to a different Google form so they could provide their contact information. The combination of these instruments provided me with a deeper understanding of self-care practices and supports.

Survey

Each school principal in the district was sent an email with a link to the survey, and participants were asked to complete the survey within 1 week. A reminder regarding survey completion was sent to all participants mid-week. A completed survey meant they were giving consent. The email sent to principals containing the survey included information about the data collection process, the study's purpose, the survey's intent, and how the survey results would be used. At the end of the survey, school principals were asked if they would be willing to participate in individual interviews. The survey was a 5-item Likert description questionnaire that measures six categories of self-care. The Likert scale ranged from 1 (it never occurred to me) to 5 (frequently). The six categories in the survey relate to the following topics: physical self-care, psychological self-care,

emotional self-care, spiritual self-care, workplace or professional self-care, and balance. I obtained written permission from W. W. Norton & Company, Inc. to use the Self-Care Assessment Worksheet Survey located in the book *Transforming the Pain: A Workbook on Vicarious Traumatization* by Karen W. Saakvitne Laurie Anne Pearlman. (Appendix B). Survey responses provided assistance regarding the development of the individual interview questions. In addition to the survey results, I used the seven pillars of self-care to prepare individual interview questions. The survey was anonymous. A link was provided to participants with an option to participate in individual interviews. If principals agreed to participate in the individual interviews, they were carried to a different Google form so they could provide their contact information. This protocol allowed for participant survey results to remain anonymous.

Quantitative Data Analysis Methodology

I used Qualtrics to create my survey. After collecting survey results, I enter data into Qualtrics in order to compare data using the chi-square goodness of fit. The purpose of using this method was to determine if there were significant data regarding the expected counts for each question compared to the observed counts for each question. In addition, the survey asked participants to answer open-ended response questions regarding areas of self-care (physical, psychological, emotional, spiritual, workplace or professional, and balance) that they would actively work to improve. Participant responses were analyzed using Qualtrics, and responses were placed into frequency tables. The expected response to each survey Likert scale question was 5 (frequently). The expected number of participants who responded to the survey was 14.

Individual Interviews

The individual interviews were conducted after the survey was completed. The individual interview questions were validated using the Lawshe Method. If principals agreed to participate in the individual interviews, they were directed to a different Google form so they could provide their contact information. This protocol allowed for participant survey results to remain anonymous. Participants who chose to participate in individual interviews were provided pseudonyms. Participants were asked broad questions regarding self-care practices. The alignment of the survey questions and interview questions was based on big ideas regarding self-care practices. The interview questions were open-ended, so participants were able to share their thoughts and experiences via discussion. The individual interview questions asked of participants were as follows:

1. What does self-care mean to you? This question helped identify whether principals see self-care practices as focused on physical self-care, psychological self-care, emotional self-care, spiritual self-care, workplace or professional self-care, or balance.
2. What impedes your self-care routines? This question helped identify the barriers experienced by principals that hinder them from successfully implementing and/or maintaining proper self-care practices. Do principals find that the balance between work and home impedes their self-care practices? Which category of self-care based on the survey do principals find to be the hardest area to focus on?
3. What motivates your self-care routines? This question helped identify

supports that principals have in place that encourage or motivate them to implement and/or maintain proper self-care practices. Do principals have a support network or district supports in place that encourage self-care practices? Are principals provided district-level support and training relating to self-care practices and encouraged by district leaders to create a balance between work and home?

4. What areas of your life do you feel most stressed about? This question provided insight into the areas of stress experienced by school principals and what category of self-care practices are impacted by principal stress.
5. How do you manage your time? This question provided insight into methods or strategies principals use to effectively manage their time.
6. What areas of your life do you make a priority? This question provided insight into specific tasks that principals make a priority in their lives. The areas of priority identified should align with the survey results regarding physical, psychological, emotional, spiritual, workplace or professional self-care, and balance.
7. In what ways does principal self-care impact the culture and climate of your school? This question helped identify supports currently in place that assist principals in effectively managing their individual self-care. In addition, this question identified specific strategies used by school principals at their schools that focus on supporting the self-care practices of others.
8. Given the results that I shared with you, why do you think individuals answered the way they did for each component? (e.g., physical self-care,

psychological self-care, emotional self-care, spiritual self-care, workplace or professional self-care, balance) This question helped identify specific elements and reasons as to why people responded the way they did in each category. This question was key to the research because it allowed for a deeper understanding of self-care practices, barriers, and supports needed.

Qualitative Data Analysis Methodology

By conducting qualitative research, I was able to identify methods, reasons, barriers, and supports needed for principals regarding self-care practices. I transcribed each individual interview in order to identify specific themes using open coding. I read each transcription closely so I fully understood the data. After reviewing the transcription, I highlighted the transcription in order to locate common themes and then conducted a contextual analysis. Throughout the review, I made notes regarding notable trends, questions, connections, and ah-ha moments. In order to fully understand interview responses, I coded using open coding in order to identify patterns. I placed each pattern into a category using the In Vivo and Values coding system (Saldaña, 2014). I used open codes using the “5W-1H” approach. This form of coding allowed me to list codes and categories in an organized format (Williams & Moser, 2019). After completing open coding, I began axial coding to further organize and categorize my data. This type of coding allowed me to identify relationships between open codes, so I was able to identify core codes. Core codes were repeated many times throughout the data. Once core codes had been identified using the axial coding method, I moved into selective coding. I named each category during the selective coding process. After completing selective coding, I developed a theory based on the codes. A table was created to display each of

the following: open codes; axial codes: categories; selective themes; and in order to constructing meaning/theory development (Williams & Moser, 2019). The seven pillars of self-care framework was used to assist with the alignment of themes with specific quotes included that support the theme. After completing the review of the transcription and coding of the data, I used computer software to help arrange and display the data. During the individual interviews, all participating principals requested to not be quoted; therefore, I conducted a contextual analysis. This type of analysis provided participating principals with increased anonymity. There were numerous reasons that influenced my decision to conduct contextual analysis, including the researcher as an instrument, the participant-researcher relationship, and the increased sample size. Being able to accurately identify the who, what, when, where, and why of a situation or event is powerful. Using a contextual analysis allowed the ability to effectively disaggregate a situation to understand it better (Suski, 2023).

Table 2*Alignment Between Research, Survey, and Individual Questions*

Research questions	Survey questions	Individual interview questions
1: What current self-care supports are used by school principals in order to reduce stress, and how do these practices support principals in reducing their stress levels?	<ul style="list-style-type: none"> • Physical self-care • Psychological self-care • Emotional self-care • Spiritual self-care • Workplace or professional self-care • Balance 	<p>The survey indicated that the majority of principals are stressed in _____, _____, _____.</p> <p>4: What areas of your life do you feel most stressed about?</p> <p>The survey indicated that the majority of principals feel happiness when experiencing _____, _____, _____.</p> <p>5: What areas of your life bring you the most enjoyment?</p> <p>The survey indicated that the majority of principals manage their time by _____, _____, _____.</p> <p>8: How do you manage your time?</p>
2: What are common self-care practices provided by school districts, and why do districts provide these identified supports associated with self-care practices?	<ul style="list-style-type: none"> • Workplace or professional self-care • Balance 	<p>2: What impedes your self-care routines?</p> <p>3: What motivates your self-care routines?</p> <p>10: In what ways does principal self-care impact the culture and climate of your school?</p>
3: What is the correlation between identified practices used by school principals and the seven pillars of self-care?	<ul style="list-style-type: none"> • Physical self-care • Psychological self-care • Emotional self-care • Spiritual self-care • Workplace or professional self-care • Balance 	<p>1: What does self-care mean to you?</p> <p>9: What areas of your life do you make a priority?</p>

Data Collection Process

I obtained permission from the superintendent to conduct the Self-Care

Assessment Worksheet survey (Appendix A). I was given written approval and guidance from the IRB committee before starting the data collection. Written consent was requested from each study participant prior to them being sent the survey. The Self-Care Assessment Worksheet survey was sent by email to all school principals in the district. In the email, principals received information regarding the study and how the survey results would be used. School principals were given a 1-week window to complete the survey. Survey responses were anonymous. An encouraging reminder email was sent to all principals mid-week. The results of the survey were gathered, and results were displayed using a frequency table.

Participating principals received an email with a Google calendar scheduler in order to choose a date and time to participate in an individual interview. Principals were provided a date, time, and location for the interviews using a Google calendar invite. Principals could choose the interview location to assist with convenience. A 2-week window was provided in order to give ample time for school principals to respond and make arrangements to participate in the individual interview. An interview schedule was created and sent out to all principals 1 week before the individual interviews.

In order to keep the participating principals' information confidential, they were identified as Principal A, Principal B, etc. By providing principals with this level of confidentiality, principals felt more comfortable sharing their experiences more openly. Interviews were recorded, and principals were informed of the recording prior to the interview. Verbal consent was collected from each principal prior to conducting the interview. Recordings were stored in a password-protected computer. Responses were examined and transcribed using an online transcribing resource. Once all interviews were

transcribed, the data were coded using axial coding to identify themes related to the research questions.

Data Display and Analysis Process

Once all participants completed the Self-Care Assessment Worksheet (Appendix A) survey their responses were analyzed and placed into a frequency table for display. This frequency table provided me with a visual representation of the alignment of each response based on the 5-point Likert scale. After conducting the survey, I used the results to finalize individual interview questions. Transcribed interview responses were coded to help identify themes. A table was created to display coded themes. The seven pillars of self-care survey were used to assist with the contextual analysis. Participating principals requested not to be quoted during their individual interviews; therefore, I completed a contextual analysis to summarize themes.

Summary

This study's purpose was to determine effective self-care practices used by school principals and the correlation between identified self-care practices and the seven pillars of self-care. Principals must be able to appropriately take care of themselves so they can adequately care for those in their charge. By conducting the Self-Care Assessment Worksheet survey and conducting individual interviews with school principals, I was able to provide insight regarding current self-care practices used by school principals, barriers to principals exhibiting proper self-care practices, successes and supports that make implementing self-care practices possible, and ways in which district leaders can support school principals in implementing and understanding the impacts of proper self-care practices.

Chapter 4: Results

Introduction

This mixed methods study was to determine effective self-care practices used by participating principals and the correlation between identified self-care practices and the seven pillars of self-care. This study was guided by the following research questions:

1. What current self-care supports are used by school principals in order to reduce stress, and how do these practices support principals in reducing their stress levels?
2. What are common self-care practices provided by school districts, and why do districts provide these identified supports associated with self-care practices?
3. What is the correlation between identified practices used by school principals and the seven pillars of self-care?

Overview of Participants

The survey was administered to all 14 school principals in the district of study using their district email addresses. Of this population, 14 principals completed the survey. The survey responses were anonymous, and no personal or demographic information was collected.

Survey Description

The survey was a 5-item Likert description questionnaire that measures six categories of self-care. The Likert scale ranged from 1 (it never occurred to me) to 5 (frequently). The six categories in the survey relate to the following topics: physical self-care, psychological self-care, emotional self-care, spiritual self-care, workplace or professional self-care, and balance (Appendix A). I obtained written permission from W.

W. Norton & Company, Inc. to use the Self-Care Assessment Worksheet Survey located in the book *Transforming the Pain: A Workbook on Vicarious Traumatization* by Karen W. Saakvitne Laurie Anne Pearlman (Appendix B).

Review of Literature Findings

Student achievement, school climate, and culture are impacted by the school principal. Based on research, principals report dealing with a variety of difficult situations. The varying situations can lead to physical and mental fatigue, which can negatively impact a principal's ability to successfully lead in their schools (Better Leaders, Better Schools, 2023). Stress is the norm for school principals. There is no way around it; however, it is important that principals find ways in which to cope and address stressful situations (Farag, 2019). Nearly half of principals report that they feel under great stress in their jobs at least several days a week (MetLife, 2013). The International Self-Care Foundation created the seven pillars of self-care in order to provide a comprehensive, systematic, and applicable framework centered around self-care. Each pillar provides individuals with a specific set of activities that support self-care practices. The seven pillars of self-care consist of knowledge and health literacy, mental well-being, physical activity, healthy eating, risk avoidance or mitigation, good hygiene, and rational use of products and services (International Self-Care Foundation, 2020c). Based on the research conducted in this study, it is evident that school principals understand the importance of health knowledge and literacy, strive to support their own individual well-being, understand the importance of physical self-care, and eat healthy.

Data Collection Process

Each school principal in the district of study was sent an email with a link to the

survey, and participants were asked to complete the survey within 1 week. A reminder email was sent to all participants mid-week. The email sent to principals contained the survey and information about the data collection process, the study's purpose, the survey's intent, and how survey results would be used. At the end of the survey, school principals were asked if they would be willing to participate in individual interviews. The survey was a 5-item Likert description questionnaire that measures six categories of self-care. The Likert scale ranged from 1 (it never occurred to me) to 5 (frequently). The six categories in the survey relate to the following topics: physical self-care, psychological self-care, emotional self-care, spiritual self-care, workplace or professional self-care, and balance. I obtained written permission from W. W. Norton & Company, Inc. to use the Self-Care Assessment Worksheet Survey located in the book *Transforming the Pain: A Workbook on Vicarious Traumatization* by Karen W. Saakvitne Laurie Anne Pearlman.

Survey responses provided assistance regarding the development of the individual interview questions. In addition to the survey results, I used the seven pillars of self-care to prepare individual interview questions. The survey was anonymous. A link was provided to participants with an option to participate in individual interviews. Principals who agreed to participate in the individual interviews clicked on the link and were then carried to a different Google form so they could provide their contact information. This protocol allowed for participant survey results to remain anonymous.

Each school principal in the district of study was sent an email with a link to the survey, and participants were asked to complete the survey within 1 week. A reminder regarding survey completion was sent to all participants mid-week. A completed survey meant they were giving consent. The email sent to principals in the district of study

containing the survey included information about the data collection process, the study's purpose, the survey's intent, and how survey results would be used.

Quantitative Results

Physical Self-Care

Table 3 shows the participating principals' mean responses based on the physical self-care activities the participating principals indicated were of importance.

Table 3

Physical Self-Care Activities Importance

#	Field	Mean	Count
1	Eat regularly (e.g., breakfast, lunch, and dinner)	4	14
2	Eat healthy	4.14	14
3	Exercise	3.86	14
4	Get regular medical care for prevention	4.21	14
5	Get medical care when needed	4.50	14
6	Take time off when needed	3	14
7	Get massages	2.64	14
8	Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun	3.36	14
9	Take time to be sexual	3.77	13
10	Get enough sleep	3.50	14
11	Wear clothes you like	4.36	14
12	Take vacations	3.57	14
13	Take day trips or mini-vacations	3.07	14
14	Make time away from telephones	2.64	14

Based on the survey results, the participating principals indicated that obtaining

regular medical care for prevention, getting medical care when needed, and wearing clothing that they like were significant. Based on the survey results, it is evident that the participating principals struggle with taking time away from their telephones, taking time off from work, and doing things for themselves regarding their self-care needs.

Figure 6 shows the participating principals' open-ended responses based on the physical self-care activities the participating principals reported they will actively work to improve.

Figure 6

Physical Self-Care Items That Respondents Will Actively Work to Improve

Exercise
Exercise
Make time away from telephones
Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun
Not Sure
Eating breakfast and lunch regularly
Exercise
Walk
Exercise
Eating healthier and walking
Healthy eating and exercise
Exercise

When reviewing the participating principals' open responses on the survey under the area of physical self-care, I identified exercise as a recurring area of need. Open-ended responses revealed that nine of the 12 participating principals indicated exercise or a type of exercise as the area in which they planned to actively work on improving. Three of the 12 participating principals' responses centered around wanting to actively improve their eating habits, one of the 12 participating principals indicated a desire to actively improve making time away from their phone, and one participating principal answered

with “not sure.”

Table 4 shows the participating principals’ responses based on the physical self-care activities the participating principals indicated were of importance. Table 4 shows the responses to this survey question ranging from “it never occurred to me” to “frequently.”

Table 4*Physical Self-Care Activities Frequencies*

#	Question	It never occurred to me	N	Never	N	Rarely	N	Occasionally	N	Frequently	N	Total
1	Eat regularly (e.g., breakfast, lunch, and dinner)	0%	0	0%	0	28.57%	4	42.86%	6	28.57%	4	14
2	Eat healthy	0%	0	0%	0	14.29%	2	57.14%	8	28.57%	4	14
3	Exercise	0%	0	7.14%	1	28.57%	4	35.71%	5	28.57%	4	14
4	Get regular medical care for prevention	0%	0	0%	0	21.43%	3	35.71%	5	42.86%	6	14
5	Get medical care when needed	0%	0	0%	0	7.14%	1	35.71%	5	57.14%	8	14
6	Take time off when needed	0%	0	21.43%	3	57.14%	8	21.43%	3	0%	0	14
7	Get massages	0%	0	50%	7	35.71%	5	14.29%	2	0%	0	14
8	Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun	0%	0	14.29%	2	50%	7	21.43%	3	14.29%	2	14
9	Take time to be sexual	0%	0	0%	0	46.15%	6	30.77%	4	23.08%	3	13
10	Get enough sleep	0%	0	7.14%	1	42.86%	6	42.86%	6	7.14%	1	14
11	Wear clothes you like	0%	0	0%	0	7.14%	1	50%	7	42.86%	6	14
12	Take vacations	0%	0	0%	0	50%	7	42.86%	6	7.14%	1	14

cont.

#	Question	It never occurred to me	N	Never	N	Rarely	N	Occasion-ally	N	Fre-quently	N	Total
13	Take day trips or mini-vacations	0%	0	28.57%	4	35.71%	5	35.71%	5	0%	0	14
14	Make time away from telephones	0%	0	50%	7	35.71%	5	14.29%	2	0%	0	14

The data revealed that 50% of the participating principals surveyed reported never being able to make time away from their telephones; 57.14% reported that healthy eating and taking time off are rarely happening or occasionally happening; 78.52% reported occasionally or frequently getting regular medical care for prevention; 92.85% reported occasionally or frequently getting proper medical care; and 92.86% reported occasionally or frequently wearing clothing that they like as being an important part of their physical self-care needs.

Summary of Physical Self-Care

The day of a school principal is busy, which often results in principals not making the healthiest decisions regarding eating, exercising, or managing time. Time and always feeling the need to support and take care of others hinder principals from being able to truly focus on what they need. During the individual interviews, the participating principals were excited to share their experiences and discuss their struggles. These data showcase the participating principals' desires to increase physical activity. The data also indicated that the participating principals struggle with taking time away from their phones and work to have fun or get a massage.

Physiological Self-Care

Table 5 shows the participating principals' mean responses based on the

physiological self-care activities that the participating principals indicated were of importance.

Table 5

Physiological Self-Care Activities Importance

#	Field	Mean	Count
1	Make time for self-reflection	3.86	14
2	Have your own personal psychotherapy	2.57	14
3	Write in a journal	2.36	14
4	Read literature that is unrelated to work	3.29	14
5	Do something at which you are not expert or in charge	3.36	14
6	Decrease stress in your life	3.14	14
7	Let others know different aspects of you	3.29	14
8	Notice your inner experience-listen to your thoughts, judgements, beliefs, attitudes, and feelings	4.14	14
9	Engage your intelligence in a new area, e.g., go to an art museum, history exhibit, sports event, auction, theater performance	3.43	14
10	Practice receiving from others	3.21	14
11	Be curious	3.86	14
12	Say “no” to extra responsibilities sometimes	2.93	14

When reviewing the survey data related to physiological self-care practices, I identified areas of strength and areas of weakness and created interview questions in order to gain a better understanding of why the participating principals responded the way they did in the survey.

Figure 7 shows the participating principals’ open-ended responses based on the physiological self-care items the participating principals reported they will actively work to improve.

Figure 7

Physiological Self-Care Items That Respondents Will Actively Work to Improve

<p>Make time for self-reflection Say no Do something in which you are not an expert. Let others know different aspects of you Let others know different aspects of you Decrease Stress read for pleasure Unsure Decrease stress Say "no" to extra responsibilities Try something new Saying no</p>

The open-ended responses related to physiological self-care practices were inconsistent. Twelve participating principals provided open-ended responses. Three of the 12 participating principals responded wanting to actively work on “saying no.” Two of the 12 indicated a desire to actively work on letting others know different aspects of who they are, while one of the 12 participating principals demonstrated a desire to try something new. One of the 12 participating principals stated they wanted to make time for self-reflection. One of the 12 participating principals is seeking to actively work on decreasing their stress, and one of the 12 participating principals has a desire to read for pleasure.

Table 6

Table 6 shows the participating principals’ responses based on the physiological self-care activities that the participating principals indicated were of importance. Table 6 shows the responses to this survey question ranging from “it never occurred to me” to “frequently.”

Table 6*Physiological Self-Care Activities Frequencies*

#	Question	It never occurred to me	N	Never	N	Rarely	N	Occasionally	N	Frequently	N	Total
1	Make time for self-reflection	0%	0	7.14%	1	21.43%	3	50%	7	21.43%	3	14
2	Have your own personal psychotherapy	7.14%	1	50%	7	21.43%	3	21.43%	3	0%	0	14
3	Write in a journal	7.14%	1	50%	7	42.86%	6	0%	0	0%	0	14
4	Read literature that is unrelated to work	0%	0	14.29%	2	50%	7	28.57%	4	7.14%	1	14
5	Do something at which you are not expert or in charge	0%	0	7.14%	1	50%	7	42.86%	6	0%	0	14
6	Decrease stress in your life	0%	0	21.43%	3	42.86%	6	35.71%	5	0%	0	14
7	Let others know different aspects of you	0%	0	7.14%	1	57.14%	8	35.71%	5	0%	0	14
8	Notice your inner experience -listen to your thoughts, judgments, beliefs, attitudes, and feelings	0%	0	0%	0	21.43%	3	42.86%	6	35.71%	5	14

cont.

#	Question	It never occurred to me	N	Never	N	Rarely	N	Occasionally	N	Frequently	N	Total
9	Engage your intelligence in a new area, e.g., go to an art museum, history exhibit, sports event, auction, theater performance	0%	0	14.29%	2	42.86%	6	28.57%	4	14.29%	2	14
10	Practice receiving from others	0%	0	7.14%	1	64.29%	9	28.57%	4	0%	0	14
11	Be curious	0%	0	0%	0	42.86%	6	28.57%	4	28.57%	4	14
12	Say “no” to extra responsibilities sometimes	0%	0	21.43%	3	64.29%	9	14.29%	2	0%	0	14

When reviewing the survey data related to physiological self-care practices, I pinpointed areas of strength and areas of weakness. Areas of strength regarding physiological self-care involved making time for self-reflection and noticing your inner-experience—listening to your thoughts, experiences, and beliefs. The data revealed that 71.43% of the participating principals reported occasionally or frequently making time for self-reflection, and 78.57% of the participating principals reported occasionally or frequently noticing their inner-experience—listening to their thoughts, experiences, and beliefs as an area of strength. Areas of weakness regarding physiological self-care practices centered around practicing receiving from others, letting others know about

different aspects of who they are as individuals, saying no to “extra” responsibilities, and doing something in which they are not the expert or something in which they are not in charge. The data revealed that 71.43% of the participating principals reported never or rarely practicing receiving from others, 64.28% of the participating principals reported never or rarely letting others know about different aspects of who they are, 85.72% of the participating principals reported never or rarely saying “no” to extra responsibilities, and 57.14% of participating principals reported never or rarely doing something in which they are not the expert or in charge.

Summary

Principals reported knowing what to do in regard to improving their physical self-care practices; however, physiological self-care focuses more on mental well-being, and this topic is more difficult for them to address. This area of self-care is more personal and is based on factors such as nature-nurture, preferences, comfortability, and experiences. It was evident based on the survey results that the participating principals felt accountable for events and situations that occurred; therefore, the desire to be in control and help others was an area of weakness, which caused additional stress and feelings of unbalance.

Emotional Self-Care Practices

Table 7 shows the participating principals’ mean responses based on the emotional self-care activities the participating principals indicated were of importance.

Table 7*Emotional Self-Care Activities Importance*

#	Field	Mean	Count
1	Spend time with others whose company you enjoy	4.21	14
2	Stay in contact with important people in your life	4.14	14
3	Give yourself affirmations, praise yourself	2.93	14
4	Love yourself	3.15	13
5	Re-read favorite books, re-view favorite movies	3.50	14
6	Identify comforting activities, objects, people, relationships, places, and seek them out	3.86	14
7	Allow yourself to cry	3.57	14
8	Find things that make you laugh	4.36	14
9	Express your outrage in social action, letters and donations, marches, protests	2.36	14
10	Play with children	4.43	14

The participating principals reported finding things that make them laugh and staying in contact with important people in their lives as areas of strength for them concerning emotional self-care practices. One area in which the participating principals reported that they struggled centered around giving themselves affirmations or praises. Allowing yourself to cry was an area that was neutral based on the participating principal survey responses.

Figure 8 lists the participating principals' open-ended responses based on the emotional self-care items the participating principals reported they will actively work to improve.

Figure 8*Emotional Self-Care Items That Respondents Will Actively Work to Improve*

Spend time with others
Spend time with others
Praising self
Express your outrage in social action, letters and donations, marches, protests
Not sure
Give myself affirmations
Love yourself
Stay in contact
Love yourself
Positive affirmations to self
Seeking out more comforting activities/people

The open-ended responses related to emotional self-care practices indicated that the participating principals struggled with giving themselves words of affirmation or praise. This open-ended response supported the survey response based on struggling with self-affirmation and praise.

Table 8 shows the participating principals' responses based on the emotional self-care activities the participating principals indicated were of importance. Table 8 shows the responses to this survey question ranging from "it never occurred to me" to "frequently."

Table 8*Emotional Self-Care Activities Frequencies*

#	Question	It never occurred to me	N	Never	N	Rarely	N	Occasionally	N	Frequently	N	Total
1	Spend time with others whose company you enjoy	0%	0	0%	0	14.29%	2	50%	7	35.71%	5	14
2	Stay in contact with important people in your life	0%	0	0%	0	14.29%	2	57.14%	8	28.57%	4	14
3	Give yourself affirmations, praise yourself	0%	0	14.29%	2	78.57%	11	7.14%	1	0%	0	14
4	Love yourself	15.38%	2	0%	0	38.46%	5	46.15%	6	0%	0	13
5	Re-read favorite books, re-view favorite movies	0%	0	21.43%	3	14.29%	2	57.14%	8	7.14%	1	14
6	Identify comforting activities, objects, people, relationships, places, and seek them out	0%	0	0%	0	28.57%	4	57.14%	8	14.29%	2	14
7	Allow yourself to cry	0%	0	7.14%	1	35.71%	5	50%	7	7.14%	1	14
8	Find things that make you laugh	0%	0	0%	0	0%	0	64.29%	9	35.71%	5	14

cont.

#	Question	It never occurred to me	N	Never	N	Rarely	N	Occasionally	N	Frequently	N	Total
9	Express your outrage in social action, letters and donations, marches, protests	14.29%	2	42.86%	6	35.71%	5	7.14%	1	0%	0	14
10	Play with children	0%	0	0%	0	14.29%	2	28.57%	4	57.14%	8	14

The participating principals reported that a strength area for them was centered around laughing. Finding things that made them laugh and staying in contact with important people in their lives were two areas of strength. The data revealed that 100% of participating principals reported occasionally or frequently finding things that made them laugh and that 85.71% of participating principals occasionally or frequently stayed in contact with important people in their lives.

Based on the survey data, there was an area in which the participating principals identified they struggled regarding their emotional self-care. The main area of weakness was associated with giving themselves affirmations or praises; 92.86% of participating principals reported that they never or rarely give themselves affirmations or praise themselves.

Forty-two point eighty-five percent of the participating principals reported allowing themselves to cry. This response was borderline, which was interesting. Due to the response rate of this question, I created an interview question to gain more information.

Summary

School principals are relationship-driving individuals. They are used to putting the needs of others before themselves. They are focused on ensuring that the organization is functioning successfully and that individuals are supported properly. Principals are highly critical of their own individual successes. It seems the participating principals strive to support everyone every day, no matter what, which comes at a cost. Many participating principals neglect their emotional self-care based on the survey results. The tendency leans more towards negative self-talk over self-affirmation. This is further complicated by discomfort with personal success, reluctance to celebrate achievements, and a lack of external validation. Humor, connection, and laughter emerged as crucial coping mechanisms.

Spiritual Self-Care Practices

Table 9 shows the participating principals' mean responses based on the spiritual self-care activities the participating principals indicated were of importance.

Table 9*Spiritual Self-Care Activities Importance*

#	Field	Mean	Count
1	Make time for reflection	4.07	14
2	Spend time with nature	4.07	14
3	Find a spiritual connection or community	4.43	14
4	Be open to inspiration	4.43	14
5	Cherish your optimism and hope	4.29	14
6	Be aware of nonmaterial aspects of life	4.43	14
7	Try at times not to be in charge or the expert	3.57	14
8	Be open to not knowing	4.07	14
9	Identify what is meaningful to you and notice its place in your life	4.43	14
10	Meditate	2.79	14
11	Pray	4.64	14
12	Sing	3.93	14
13	Spend time with children	4.57	14
14	Have experiences of awe	3.86	14
15	Contribute to causes in which you believe	4.14	14
16	Read inspirational literature (talks, music, etc.)	3.64	14

Based on the survey data associated with spiritual self-care practices, I was able to ascertain specific strengths and weaknesses. Areas of strength focused on the participating principals spending time in nature, spending time with children, and finding a spiritual connection or community.

The participating principals reported a desire to not be in charge or be the expert in situations and a weakness in meditating.

Figure 9 provides the participating principals' open-ended responses based on the spiritual self-care items the participating principals reported they will actively work to

improve.

Figure 9

Spiritual Self-Care Items That Respondents Will Actively Work to Improve

<p>Make time for reflection Contribute to causes Try to not be in charge Try at times not to be in charge or the expert Being aware of nonmaterial aspects of life Read inspirational literature Meditation Time with children Not being in charge Reflection Spending time with children</p>

The open-ended responses related to spiritual self-care practices indicated that three of the 11 participating principals' responses indicated that they had an interest in working on not being in charge or serving as the expert in situations, two of the 11 participating principals expressed an interest in making time for reflection, and two of the 11 participating principals identified a desire to spend more time with children. The following areas were identified by at least one of the participating principals as areas in which they have an interest in actively working to improve: contributing to a cause, being aware of nonmaterial aspects of life, and reading inspirational literature.

Table 10 showcases the participating principals' responses based on the spiritual self-care activities the participating principals indicated were of importance. Table 10 shows the responses to this survey question ranging from "it never occurred to me" to "frequently."

Table 10*Spiritual Self-Care Activities Frequencies*

#	Question	It never occurred to me	N	Never	N	Rarely	N	Occasionally	N	Frequently	N	Total
1	Make time for reflection	0%	0	0%	0	14.29%	2	64.29%	9	21.43%	3	14
2	Spend time with nature	0%	0	0%	0	7.14%	1	78.57%	11	14.29%	2	14
3	Find a spiritual connection or community	0%	0	0%	0	21.43%	3	14.29%	2	64.29%	9	14
4	Be open to inspiration	0%	0	0%	0	7.14%	1	42.86%	6	50%	7	14
5	Cherish your optimism and hope	0%	0	0%	0	14.29%	2	42.86%	6	42.86%	6	14
6	Be aware of nonmaterial aspects of life	0%	0	7.14%	1	0%	0	35.71%	5	57.14%	8	14
7	Try at times not to be in charge or the expert	7.14%	1	7.14%	1	28.57%	4	35.71%	5	21.43%	3	14
8	Be open to not knowing	0%	0	7.14%	1	14.29%	2	42.86%	6	35.71%	5	14
9	Identify what is meaningful to you and notice its place in your life	0%	0	0%	0	7.14%	1	42.86%	6	50%	7	14
10	Meditate	7.14%	1	28.57%	4	50%	7	7.14%	1	7.14%	1	14
11	Pray	0%	0	0%	0	0%	0	35.71%	5	64.29%	9	14
12	Sing	0%	0	21.43%	3	7.14%	1	28.57%	4	42.86%	6	14
13	Spend time with children	0%	0	0%	0	14.29%	2	14.29%	2	71.43%	10	14
14	Have experiences of awe	0%	0	7.14%	1	28.57%	4	35.71%	5	28.57%	4	14

cont.

#	Question	It never occurred to me	N	Never	N	Rarely	N	Occasionally	N	Frequently	N	Total
15	Contribute to causes in which you believe	0%	0	0%	0	28.57%	4	28.57%	4	42.86%	6	14
16	Read inspirational literature (talks, music, etc.)	0%	0	7.14%	1	50%	7	14.29%	2	28.57%	4	14
17	Other (please describe)	0%	0	0%	0	0%	0	0%	0	0%	0	0

Based on the survey data, it is evident that spending time in nature, spending time with children, making time for self-reflection, and finding a spiritual connection or community were areas of strength for the participating principals. The data revealed that 92.86% of the participating principals reported occasionally or frequently spending time in nature, 85.72% of the participating principals reported occasionally or frequently spending time with children, and 85.71% made time for self-reflection. Lastly, 78.58% reported occasionally or frequently finding a spiritual connection or community as an area of importance.

Based on the survey data, there were two areas in which the participating principals identified that they struggled regarding their spiritual self-care. Areas of weakness centered around a desire to not be in charge or be the expert and being open to not knowing information: 35.71% of the participating principals reported that they never or rarely place themselves in situations in which they are not in charge or the expert, and 21.43% of the participating principals reported that they never or rarely place themselves in situations in which they do not know the answers.

Summary

Participating principals reported feeling at peace when being out in nature,

spending time with children, and making time for self-reflection are areas of reported success associated with spiritual self-care practices. Spiritual self-care responses indicate that the participating principals are interested in participating in activities that do not necessarily relate to work or work-related tasks.

Workplace or Professional Self-Care Practices

Table 11 shows the participating principals' mean responses based on the workplace or professional self-care activities the participating principals indicated were of importance.

Table 11

Workplace or Professional Self-Care Activities Importance

#	Field	Mean	Count
1	Take a break during the workday (e.g., lunch)	3	14
2	Take time to chat with co-workers	4.31	13
3	Make quiet time to complete tasks	3.64	14
4	Identify projects or tasks that are exciting and rewarding	3.62	13
5	Set limits with your clients and colleagues	3.21	14
6	Balance your caseload so that no one day or part of a day is "too much"	3.29	14
7	Arrange your workspace so it is comfortable and comforting	4.29	14
8	Negotiate for your needs (benefits, pay raise)	2.50	14
9	Have a peer support group	3.64	14
10	Develop a non-trauma area of professional interest	2.54	13

When reviewing the survey data related to workplace or professional self-care practices, it was noted that the participating principals felt strongly about spending time

chatting with their coworkers.

The participating principals reported struggling to balance their caseloads, negotiation of pay, and taking a break during the day for things like lunch.

Figure 10 shows the participating principals' open-ended responses based on the workplace or professional self-care items the participating principals reported they will actively work to improve.

Figure 10

Workplace or Professional Self-Care Items That Respondents Will Actively Work to Improve

Setting limits
Set limits
Balance day
Negotiate for your needs
Take a break during the workday
Balance my caseload
Set limits
Set time limits
Balance my day better
Say no
Balance work a bit better

The open-ended responses related to workplace or professional self-care practices indicated that areas in which the participating principals wanted to make improvements supported their survey results. Five of the 11 participating principals identified a goal focused on setting limits, and four of the 11 participating principals are seeking to actively work on balancing their day. Negotiating needs and taking a break during the workday was reported as an area of interest by at least one of the 11 participating

principals.

Table 12 shows the participating principals' responses based on the workplace or professional self-care activities the participating principals indicated were of importance.

Table 12 shows the responses to this survey question ranging from "it never occurred to me" to "frequently."

Table 12*Workplace or Professional Self-Care Activities Frequencies*

#	Question	It never occurred to me	N	Never	N	Rarely	N	Occasionally	N	Frequently	N	Total
1	Take a break during the workday (e.g., lunch)	0%	0	28.57%	4	50%	7	14.29%	2	7.14%	1	14
2	Take time to chat with co-workers	0%	0	0%	0	7.69%	1	53.85%	7	38.46%	5	13
3	Make quiet time to complete tasks	0%	0	0%	0	42.86%	6	50%	7	7.14%	1	14
4	Identify projects or tasks that are exciting and rewarding	0%	0	0%	0	46.15%	6	46.15%	6	7.69%	1	13
5	Set limits with your clients and colleagues	7.14%	1	7.14%	1	42.86%	6	42.86%	6	0%	0	14
6	Balance your caseload so that no one day or part of a day is "too much"	0%	0	7.14%	1	64.29%	9	21.43%	3	7.14%	1	14
7	Arrange your workspace so it is comfortable and comforting	0%	0	0%	0	14.29%	2	42.86%	6	42.86%	6	14
8	Negotiate for your needs (benefits, pay raise)	7.14%	1	50%	7	35.71%	5	0%	0	7.14%	1	14
9	Have a peer support group	0%	0	7.14%	1	42.86%	6	28.57%	4	21.43%	3	14
10	Develop a non-trauma area of professional interest	23.08%	3	23.08%	3	38.46%	5	7.69%	1	7.69%	1	13

I identified an area of strength and areas of weakness associated with the participating principals' self-care practices centered on workplace or professional self-care. The identified strength involved the participating principals spending time chatting with their coworkers; 92.31% of the participating principals reported they occasionally or frequently spent time chatting with their coworkers.

The participating principals struggled with balancing their caseloads, negotiation of pay, and being able to take a break during the day for things such as lunch: 78.57% of the participating principals reported that they never or rarely take a break during the workday (e.g. lunch); 78.58% of the participating principals reported never or rarely being able to balance their caseload so that no one day or part of a day is "too much"; and 68.43% of the participating principals reported that they never or rarely arranged their workspace so it was comfortable and comforting. Lastly, 92.86% of the participating principals reported that it either never occurred to them or they never or they rarely negotiated their pay.

Summary

Principals are relationship-driven. Many participating principals found ways in which they could connect with others while taking care of their individual self-care needs. Spending time with coworkers and chatting were reported as ways in which principals addressed their workplace and professional self-care needs.

Participating principals reported struggling with balancing their caseloads. Based on open responses, it could be concluded that the participating principals struggle to balance their caseloads due to not being able to set appropriate limits and not being able to say no to extra responsibilities.

Negotiation of pay was an area identified by the participating principals as a weakness. The survey results indicated that only one of the 14 participating principals had negotiated pay.

Lastly, not being able to take a break during the day for things such as lunch was an identified area of weakness reported by the participating principals. Eating healthy was also challenging for the participating principals.

Balance

Table 13 shows the participating principals' mean responses based on the areas of balance activities the participating principals indicated were of importance.

Table 13

Areas of Balance Importance

#	Field	Mean	Count
1	Strive for balance within your work life and workday	3.50	14
2	Strive for balance among work, family, relationships, play, and rest	3.50	14

When reviewing the survey data related to workplace balance, the survey indicated that the participating principals struggled with balancing their workday, work-life, and balancing work, family, relationships, play, and rest.

Figure 11 shows the participating principals' open-ended responses based on the areas of balance the participating principals reported striving to actively work to improve. Figure 11 lists the open-ended responses to this survey question.

Figure 11

Areas of Balance That Respondents Will Actively Work to Improve

Balance family, work, fun
Balance with family and work

Balance among work, family, and relationships
Strive for balance among work, family, relationships, play, and rest
Strive for balance within your work-life and workday
Balance between work and family
Strive for balance among work, family, and relationships
Work life-work day
Family
Work-life balance
Work-life and workday balance
Balancing workdays and not bringing work home

When reviewing the open-ended responses related to workplace balance, the responses indicated that principals struggled with balancing their workday, work-life, and balancing work, family, relationships, play, and rest. Eleven of the 12 participating principal responses indicated a common desire among the principals related to creating a work-life balance with a focus on family. One of the 12 participating principals noted that they are actively working on improving family.

Table 14 shows the participating principals' responses based on the areas of balance frequencies the participating principals indicated were of importance. Table 14 shows the responses to this survey question ranging from "it never occurred to me" to "frequently."

Table 14*Areas of Balance Frequencies*

#	Question	It never occurred to me	N	Never	N	Rarely	N	Occasionally	N	Frequently	N	Total
1	Strive for balance within your work-life and workday	0%	0	7.14%	1	42.86%	6	42.86%	6	7.14%	1	14
2	Strive for balance among work, family, relationships, play, and rest	0%	0	14.29%	2	28.57%	4	50%	7	7.14%	1	14

When reviewing the survey data related to workplace balance, the survey indicated that the participating principals struggled with balancing their workday, work-life, and balancing work, family, relationships, play, and rest: 57.14% of the participating principals reported occasionally or frequently being able to balance among work, family, relationships, play, and rest.

Summary

The participating principals identified that 42.86% rarely and 42.86% occasionally strive for balance within work-life and workday. These data indicate a need for a more balanced approach to work and life. The open responses are clear that principals struggle to balance all the various aspects of their lives.

Summary of Quantitative Data

During the individual interviews, the participating principals were excited about sharing their experiences and discussing their struggles. After reviewing the survey responses, I identified areas of strength and areas of weakness and then created additional interview questions (Appendix C).

Qualitative Data

The individual interviews were conducted after the survey was completed. The individual interview questions were validated using the Lawshe Method. If principals agreed to participate in the individual interviews, they were directed to a different Google form so they could provide their contact information. This protocol allowed for participants' survey results to remain anonymous. Participants who chose to participate in individual interviews were provided pseudonyms. Participants were asked broad questions regarding self-care practices.

After reviewing the survey responses, I identified specific areas of strength and weaknesses from each category and created additional open-ended questions (Appendix C). These questions were created to help me gain more insight and clarity into the principals' survey responses.

I conducted interviews with principals to identify themes regarding self-care practices and the relationships with them used by them and the seven pillars of self-care. By conducting individual interviews, I was able to identify specific themes surrounding self-care practices, barriers experienced, and recommendations. In addition, the individual interviews allowed me to gain insight into what principals need from district leaders in regard to their individual self-care needs and ways in which districts can provide the needed support. These needs were placed into a category listed as recommendations.

General Self-Care Knowledge

The day of a school principal is busy, which often results in participating

principals not making the healthiest or best decisions regarding eating, exercising, or managing time. Time and always feeling the need to support and take care of others hinder principals from being able to truly focus on their individual needs.

Participating principals reported that their mood and attitude impact their school's climate each day. They felt responsible for situations and outcomes of situations even though they knew the reality of the situation was that they had no control.

Physical Self-Care Practices

During the individual interviews, it was evident that the participating principals understood the importance of proper medical care and preventive medical care and the correlation of these practices to their individual self-care needs. Wearing clothing that you like was a preference-based decision. Clothing was described by the participating principals as an item that made them feel good. They reported that if they felt good, they performed better at their job.

Participating principals indicated that they struggled to step away from the telephone and experienced anxiety regarding not knowing what would await them if they did not answer the phone. The interviews revealed that the participating principals were relationship-driven and strived to ensure that teachers, families, students, and district leaders were supported.

Additionally, the participating principals reported that eating healthy was a goal for them, but they often found themselves grabbing food on the go, choosing a non-healthy food option versus a healthy option, or eating small snacks throughout the day versus an actual meal.

Physiological Self-Care Practices

Participating principals reported knowing what to do in regard to improving their physical self-care practices; however, they struggled with physiological self-care because it focused more on mental well-being. The topic of mental well-being was more difficult for them to address. This area of self-care was more personal and based on factors such as nature-nurture, preferences, comfortability, and experiences. Vulnerability and fear of failure were common themes among principals regarding physiological self-care practices. The participating school principals felt accountable for events and situations that occurred within their building; therefore, the action of needing to be in control and help others was an area of weakness that caused additional stress and feelings of unbalance.

Participating principals reported constantly replaying situations that happened over and over in their heads and worrying about whether they made the best decision or supported individuals enough. They indicated that their mood and attitude impacted the climate of their building. Participating principals felt a great sense of responsibility regarding the mood and attitude of others.

Based on the survey results, the interviewed principals indicated that receiving praise from others, letting others know about different aspects of their personality, saying no to “extra” responsibilities, and doing something at which they are not the expert or in charge were areas of need for them.

Participating principals reported struggling with letting others know different aspects of who they are as individuals. This struggle was primarily a result of the participating principals feeling the need to remain professional, be friendly but not

friends, maintain boundaries, and lack comfort in being vulnerable. Participating principals identified the importance of developing relationships and being relationship-driven; however, they felt more comfortable being themselves when they were at home, with family, or with non-work-related friends.

Participating principals reported struggling to say “no” to extra responsibilities because they are accustomed to doing a wide variety of tasks and managing numerous responsibilities. They also reported struggling to give tasks to others due to the feeling that they are ultimately held responsible for the outcome. Participating principals reported having many responsibilities, both in their professional roles and family lives. They discussed experiencing feelings of guilt when prioritizing self-care.

Lastly, the participating principals reported struggling to do something at which they were not the expert or in charge. They expressed a fear of failure as the reason they liked being in charge. They felt that not being in charge made them feel vulnerable. Participating principals stated that they often place themselves in situations in which they are in control or in charge because they are able to lead and support others, which are skills they feel comfortable using and showcasing. They often felt as if they were the fixers.

Emotional Self-Care Practices

Participating principals reported that letting themselves cry was a challenging question for them to answer. They struggled to provide additional input into the responses because this emotional response is different for many people and dependent on an individual's upbringing.

During the individual interviews, the participating principals reported feeling

uncomfortable and awkward when people complimented them or bragged about them. They felt that receiving praise felt strange, but they all reported feeling strongly about giving praise and affirmations to teachers and students. They did not want to appear to be boastful about their successes. They wanted recognition to be given to others because they felt that they were just doing their jobs. Participating principals reported that they were more comfortable praising their teams and students rather than themselves. This could be part of a larger organizational or educational culture that prioritizes communal over individual achievements.

Participating principals are relationship-driven and are comfortable putting the needs of others before themselves. They are focused on ensuring that the organization is functioning successfully and that individuals are supported properly. Participating principals expressed feeling torn, guilty, or emotionally drained due to their dual roles in the workplace and at home. They were highly critical of their own individual successes. They strive to support everyone, every day, no matter what, which comes at a cost. Many of the participating principals neglect emotional self-care. The tendency leans more towards negative self-talk over self-affirmation. This is further complicated by discomfort with personal success, reluctance to celebrate achievements, and a lack of external validation. Humor, connection, and laughter emerge as crucial coping mechanisms.

Spiritual Self-Care Practices

Participating principals reported feeling at peace when being out in nature. The time outdoors allowed them an opportunity to turn off and just be present and appreciative of the area in which they lived. It was reported that the location in which the

participating principals lived made it more accessible to spend time outdoors and participate in outdoor activities. The participating principals also reported that spending time with children, both personally and professionally, was something that brought them great joy. Being around children was one of the driving forces for why they chose this profession. Lastly, the participating principals reported that their religious connections and faith were a way in which they practiced self-care. Faith was described as a dimension of their daily self-reflection.

Participating principals reported that they make decisions all day long and that they would like to be able to participate in activities or events in which they do not have to serve as leaders. It was easier for the participating principals to step away from the leadership role in their personal lives versus their professional lives. There is less fear of failure or not being seen as in control or confident in their personal lives versus in their professional lives.

Workplace or Professional Self-Care Practices

Many participating principals found ways in which they could connect with others while taking care of their individual self-care needs, such as eating with staff in the cafeteria. Spending time with coworkers and chatting were reported as ways in which the participating principals formed and sustained positive working relationships and connections. They felt that spending time chatting with coworkers had a positive impact on their school climate and culture. Participating principals did report that time with their principal colleagues supported their own individual self-care practices. They felt very connected to their principal colleagues and felt supported and comfortable being open and honest.

Participating principals reported struggling with balancing their caseloads. The demands of the job make it difficult to truly balance a day. They reported being very scheduled and having a plan each day but often having to abandon their plan due to numerous reactive situations that occur throughout the day. Prioritizing tasks and situations was a common response from the participating principals.

Negotiation of pay was an area identified by the participating principals as a weakness. There seems to be an institutional constraint (state salary schedule) combined with cultural hesitation about negotiating pay. Participating principals reported not knowing that they could negotiate their pay since it was a state salary schedule. Participating principals also reported not feeling comfortable asking for additional money because they did not want to appear greedy.

Lastly, not being able to take a break during the day for things such as lunch was an identified area of weakness reported by the participating principals. Eating healthy was reported as a challenge for the participating principals. Lack of time and the pace of the workday contributed to poor eating habits.

Balance

The participating principals reported feeling drained by their job and struggling with how its demands limit their personal time, especially regarding their individual self-care practices. The participating principals discussed a need for a more balanced work and life approach to avoid burnout and negative health outcomes. When it comes to self-care, one size does not fit all. What works for one individual might not work for another, reflecting the diversity of coping mechanisms and support systems available to the participating principals.

Summary of Qualitative Data Collection Methodology

Individual interviews were conducted. Ten of the 14 principals surveyed agreed to participate in the individual interviews. The questions asked in the interviews were aimed at understanding the reasons behind the trends observed in the survey, thus providing context to the statistical data. These qualitative insights add depth to the numerical findings, helping to understand why principals have difficulty balancing work and personal life. While an interview captures the individual experience of one principal, many of the themes likely resonate broadly, as suggested by the survey data. However, it is crucial to recognize that some of the expressed viewpoints may be influenced by specific circumstances or personal beliefs that may not be universally applied.

During the individual interviews, all participating principals requested to not be quoted, therefore I conducted a contextual analysis. This type of analysis provided participating principals with increased anonymity. There were numerous reasons that influenced my decision to conduct contextual analysis, including the researcher as an instrument, the participant-researcher relationship, and small sample size. Being able to accurately identify the who, what, when, where, and why of a situation or event is powerful. Using a contextual analysis gives the researcher the ability to effectively disaggregate a situation to understand it better (Suski, 2023).

Thematic and Contextual Analysis for Principal Overall Self-Care

Summarized Themes for Principal Overall Self-Care (Appendix D)

1. Definition of Self-Care: Participating principals were asked to define what self-care meant to them. It was evident based on responses that principals understand self-care to maintain or enhance physical and mental well-being,

though many admit challenges in practicing it consistently.

2. **Barriers to Self-Care Such as Responsibility Overload:** Participating principals face a high level of responsibility, both in their professional roles and in family contexts. In order for self-care to take place, it has to be prioritized.
3. **Cultural/Religious/Familial Influences:** Traditional values and expectations often prioritize others over personal well-being.
4. **Time Constraints:** Participating principals describe their schedules as packed or "back-to-back," indicating a significant challenge in allocating time for self-care.
5. **Financial Constraints:** Some of the participating principals indicated financial limitations as a barrier to engaging in certain self-care activities.
6. **Motivation for Self-Care:** While some participating principals are motivated by health concerns, family, or a sense of professional duty, many indicate a reactive approach, seeking self-care only when nearing burnout or facing health issues.
7. **Stress Sources and Management:** Stress is a recurring theme, with sources ranging from professional responsibilities (like student welfare, equity, and administrative tasks) to personal and family obligations. While some of the participating principals employ specific stress-reducing strategies such as exercise, others seem to struggle in this area.
8. **Time Management and Prioritization:** Despite the universal acknowledgment of the importance of structured time management, many of the participating principals feel overwhelmed by the unpredictability of their roles. Family and

work consistently emerge as top priorities, often overshadowing self-care.

9. **Impact on School Culture and Climate:** There is a recognition among the participating principals that their self-care practices—or lack thereof—directly influence the school environment; however, some are uncertain about the extent or nature of this impact.
10. **Work-Life Balance:** Struggles with achieving a balance between work and personal life is a dominant theme. The overlap of roles and responsibilities makes it challenging to delineate personal time from work time.
11. **Emotional and Psychological Strain:** Several of the participating principals mentioned feeling torn, guilty, or emotionally drained due to their dual roles in the workplace and at home.
12. **Physical Exercise and Health:** Exercise, particularly activities like weightlifting and walking, are highlighted as crucial self-care routines for many of the participating principals, though consistent practice appears to be a challenge.
13. **Support Systems:** The importance of external support, whether from spouses or other sources, is highlighted by several of the participating principals. Such systems can act as facilitators or motivators for self-care routines.
14. **Organizational and Professional Impact:** A few of the participating principals express the sentiment that their well-being has broader implications, setting a tone for staff behavior and overall school culture.
15. **Personal Perception and External Views:** There is a sense among some of the participating principals that their sacrifices and challenges go unnoticed or are

misunderstood, suggesting a gap between self-perception and external views.

Summarized Contextual Analysis for Principal Overall Self-Care (Appendix E)

1. **Generational, Cultural, and Family Influences:** The participating principals' approach to self-care is shaped by family, religious norms, and cultural expectations. Family dynamics serve both as a support system and a source of stress. Life stages, such as caring for an elderly parent or having older children, can also affect self-care priorities.
2. **Age, Health, and Physical Exercise:** As the participating principal ages, the importance of self-care, especially in response to health issues like weight gain, becomes more evident. Physical exercise, though prescribed, stands as a primary coping mechanism.
3. **Mental and Emotional Well-Being:** Issues like stress from work, negative self-talk, and significant personal life stressors highlight the need for mental health support. The presence of significant stressors like suicide and mental health issues in the school further underscores this necessity.
4. **Work Dynamics and Balance:** The participating principal identifies work as both a source of stress and potential satisfaction. A clear struggle exists in balancing professional responsibilities with personal time. The impact of work-life imbalance on the school climate and the well-being of the community at large is evident.
5. **Communication and Interpersonal Relationships:** Fragmented responses and the value placed on interpersonal interactions, both with staff and during gym time, highlight the importance of communication in self-care.

6. Leadership's Role and Organizational Health: There is an intrinsic link between the participating principals' self-care and the overall health of the school environment. Leadership not only has a personal responsibility but also a broader duty toward fostering a positive school culture.
7. Role Responsibilities and Organizational Stress: The multi-faceted responsibilities, from administrative duties to ensuring the well-being of students, contribute significantly to stress levels. Occupational stress is further intensified by the high-stakes nature of their job and the awareness of potential liabilities.
8. Time Constraints and Management: Time stands out as a significant barrier to self-care. The cyclical nature of stress, peaking at particular school periods, requires adaptive strategies and time management for effective self-care.
9. Psychological and Personality Factors: Feelings of guilt when prioritizing self-care and a Type A personality type emphasize the mental barriers to self-care and the potential need for personality-tailored approaches.
10. Financial and Professional Constraints: Financial barriers and systemic pressures such as unawareness about negotiating salaries and benefits, highlight institutional challenges in the profession.
11. Holistic Approach to Self-Care: The participating principals view self-care as a means to take care of oneself for the betterment of others, signifying a comprehensive understanding that benefits the broader community.
12. Motivation and Stress Dynamics: Stress acts paradoxically, serving both as a motivator and an impediment to self-care. Intrinsic motivation and the

personal benefits of self-care emerge as potential tools to encourage better self-care practices.

Thematic and Contextual Analysis for Principal Physical Self-Care

Summarized Themes of Principal Physical Self-Care (Appendix F)

1. **Importance of Physical Self-Care and Prevention:** The participating principals recognize the significance of medical care, especially preventative health, as they age. The emphasis is on proactive measures to minimize health risks.
2. **Professionalism Through Attire:** Dressing well and comfortably is linked to professionalism, overall mood, and performance at work. Wearing preferred clothing emerges as an immediate and effective form of self-care.
3. **Exercise and Physical Health:** There is a clear acknowledgment of the mental and physical benefits of exercise; however, time constraints, especially with the responsibilities of being a principal, pose significant barriers to regular exercise routines.
4. **Boundaries, Time Management, and Technology:** The participating principals often feel tethered to their phones, driven by professional obligations and personal habits. Constant connectivity impacts the ability to establish clear boundaries between work and personal time.
5. **Diet and Nutrition:** A fast-paced work environment and decision fatigue often lead to poor eating choices. The participating principals recognize the importance of nutrition for maintaining energy and performance.
6. **Work-Life Balance and Time Off:** Balancing work and personal life is a challenge. There is consistent mention of guilt associated with taking time off

during the school year. The demanding nature of the job often impedes personal office time, leading to work overlapping with personal life.

7. **Cultural, Structural, and Work Ethic Influences:** Societal and cultural norms, combined with generational beliefs, focus on productivity and discourage self-care. There is a tension between self-care ideals and the deeply ingrained work ethic of school leaders.
8. **Stress, Emotional Well-being, and Work Environment:** Stress levels vary cyclically, and internal dialogues can add to this stress. Principal well-being directly influences the school's culture, and their role brings inherent stress due to the responsibility of leadership.
9. **Personal Responsibility and Autonomy:** While systemic changes are desired, the participating principals admit to personal choices that are not in favor of self-care. They believe that self-care must be an individual choice but acknowledge systemic adjustments could facilitate it.
10. **Barriers to Self-Care:** Major obstacles include time constraints, workload, lack of systemic support, and the demanding nature of the job. The participating principals often prioritize students, parents, and teachers over their own well-being.
11. **Institutional Support for Self-Care:** There is a call for more explicit support from higher-ups, such as partnerships with local gyms or specific self-care days, to encourage and institutionalize self-care.
12. **Role of Family and External Support:** Family emerges as a significant support system in the participating principals' self-care routines, indicating the

importance of external motivation in maintaining self-care habits.

13. **Impact of Personality Traits:** Traits such as a Type-A personality can sometimes impede self-care routines due to the inherent need to meet deadlines and complete tasks.
14. **Open Dialogue and Acceptance:** Promoting conversations around physical self-care is considered crucial for collective well-being. There is a shared understanding among the participating principals about the benefits of self-care, but the practice is yet to be universally implemented.
15. **Motivators for Self-Care:** Apart from understanding its importance, specific triggers like medical conditions force the participating principals to prioritize self-care.

Summarized Contextual Analysis for Principal Physical Self-Care (Appendix G)

1. **Health and Age Awareness:** As the participating principals age, health risks become more pronounced. The participating principal's recent surgery has further underlined the significance of preventative health care.
2. **Work-Life Balance and Time Constraints:** There is a constant struggle to maintain equilibrium between professional responsibilities and personal life, with the perpetual time crunch being a major barrier. Digital devices, especially mobile phones, exacerbate this imbalance, blurring the lines between personal and professional lives.
3. **Organizational and Cultural Barriers:** The prevailing culture within educational institutions seems to prioritize constant availability and performance. This "always-on" culture and the perceived obligation to be

constantly reachable hinder self-care practices. There is a need for systemic changes, such as reevaluating communication expectations outside of work hours.

4. **Role and Job Stressors:** Different times in the school year bring varying responsibilities and stress levels. The role of a principal is inherently stressful, and there is an acknowledgment that this stress negatively impacts both mental and physical well-being.
5. **Physical Activities and Nutrition:** Physical exercise, such as running, plays a vital role in participating principals' well-being; however, challenges in maintaining a healthy diet due to job demands underline the importance of addressing nutrition as part of self-care.
6. **Influences on Self-Care Views:** Broader discourses on health, personal traits, generational beliefs, and experiences play a part in shaping the principal's view on self-care. The participating principal's Type-A personality and generational work ethics, possibly influenced by family upbringing, seem to blur work-life boundaries.
7. **Recognition and Initiative:** The participating principal acknowledges the challenges and shortcomings in practicing self-care. There is a belief in the importance of honest discussions and individual initiatives to address these; however, there is also a recognition of the potential role systemic support can play.
8. **Organizational Support and Culture:** While there is a mention of potential district-supported initiatives, the prevailing work culture lacks sufficient

institutional support for participating principals' well-being. The always-available expectation and guilt associated with taking time off underscore the need for organizational changes.

9. **Collective Trend:** Responses indicate a broader trend within the principalship where immediate job demands overshadow self-care. Surveys provide generalized views, but individual experiences can diverge from these trends.

Thematic and Contextual Analysis for Principal Psychological Self-Care

Summarized Themes of Principal Psychological Self-Care (Appendix H)

1. **Difficulty in Setting Boundaries and Saying No:** Participating principals often struggle to decline additional responsibilities, stemming from their role as leaders and their intrinsic sense of responsibility. This is characterized by a desire to support and help, even at the cost of their well-being.
2. **Emotional Distance and Guarded Professionalism:** Many of the participating principals feel the need to maintain emotional distance in professional relationships. This is driven by the complexities of being both a leader and a colleague, the fear of appearing vulnerable, and societal expectations around professionalism.
3. **Self-Reflection:** Although seen as beneficial, structured self-reflection is not frequently practiced by many of the participating principals due to time constraints. While some use their faith as a guide, others sporadically reflect during idle times.
4. **Variability in Psychological Self-Care Approaches:** Responses suggest that psychological self-care is complex and diverse, lacking a shared or established

protocol. This contrasts with the more uniform approaches to physical self-care.

5. **Under-Emphasis on Self-Care and Stigma:** Psychological self-care is often not prioritized, potentially viewed as a sign of weakness. There exists a societal stigma around discussing mental health issues, which further inhibits open conversations about self-care.
6. **Reluctance to Seek Help:** Participating principals often hesitate to seek professional assistance or disclose their challenges, fearing perceived weakness. This is compounded by their role as caregivers, leading to difficulties in receiving help.
7. **Control and Expertise:** Many of the participating principals prefer tasks they are proficient in, stemming from a desire for control and fear of failure. This limits their exposure to new experiences and potential personal growth.
8. **Professional vs. Personal Identity:** There is a distinction between the professional and personal identities of the participating principals. This compartmentalization helps manage the emotional demands of the job but may hinder holistic self-care.
9. **Social Connectivity and Its Impacts:** The need for constant connectivity, while essential, often acts as a barrier to effective self-care, inhibiting the ability to detach and prioritize oneself.
10. **Complexity of Psychological Self-Care:** Unlike more tangible aspects like physical self-care, psychological self-care is perceived as ambiguous, leading to diverse practices and responses.

11. Institutional Support: Some of the participating principals acknowledge the support provided by institutions in terms of psychological self-care, especially when partnering with counseling services.
12. Role Expectations and Sacrificial Leadership: Many participating principals often bear the weight of expectations, assuming extra responsibilities to shield others. This “sacrificial leadership” approach is commendable but may adversely affect their psychological well-being.

Summarized Contextual Analysis for Principal Psychological Self-Care (Appendix I)

1. School and Work Environment: The participants hail from a smaller school where a tight-knit community might prompt caution when sharing personal information. Having been in schools for many years has blurred the lines between professional relationships and friendships, emphasizing the need for emotional distancing. There is a cultural expectation, both in society and within the school, for principals to appear robust, not vulnerable, which affects their psychological well-being. High workload, perpetual responsibility, and unique stressors characterize the demanding role of a principal. The broader educational system may lack structural support for psychological self-care, making it challenging for the participating principals. The always-connected culture, enabled by technology, is cited as a potential factor in the continuous workload.
2. Experience, Age, and Self-awareness: With more experience and age, participating principals tend to set better boundaries; newer or younger principals may grapple with this. The participating principal’s tenure brings a

nuanced understanding of self-care needs and the ability to prioritize key tasks despite job demands. There is a discernible focus on problem-solving, which might overshadow other necessary reflections.

3. **Personal Factors and Life Circumstances:** Personal preferences, like clothing choices and life circumstances, such as surgeries, can affect self-care decisions. Personal faith can act as a guiding force in self-reflection, emphasizing the intersection of spirituality and professional roles. Personality traits play a role in how participating principals approach their responsibilities, with some traits possibly making psychological self-care more challenging.
4. **Organizational and Community Support:** The support from staff is deemed crucial, and a supportive work environment is beneficial. Institutional mechanisms are in place, such as counseling group partnerships, but there is a perceived gap in comprehensive support structures.
5. **Vulnerability, Introspection, and Self-Care Practices:** Vulnerability is considered negative; the participating principals resist showing their true selves or stepping outside their expertise. Limited time and avenues for self-reflection exist, and when they do, it is often informal, like during commutes. There is a marked difference in the approach to psychological versus physical self-care, with the former being more challenging. Many of the participating principals, including the respondent, do not readily reveal vulnerabilities and feel a need to maintain a professional facade.
6. **Challenges and Coping Mechanisms:** The reluctance to delegate tasks or

appear incompetent is evident, suggesting a preference for control. Several coping mechanisms are mentioned, such as discussing with family or turning to prayer. There is a broader societal stigma around mental health, which can indirectly affect a principal's psychological well-being. The need for personalized, adaptive self-care strategies is highlighted, given the diverse backgrounds and life experiences of principals.

Thematic and Contextual Analysis for Principal Emotional and Spiritual Self-Care

Summarized Themes of Principal Emotional and Spiritual Self-Care (Appendix J)

1. Demographic Context: Respondents and their peers have held their roles for a significant period, limiting the generalizability to newer principals.
2. Organizational Culture: The high-stakes environment requires participating principals to multitask intensely, metaphorically keeping "10 balls in the air."
3. Societal Context: Changes in the educational sector, like charter school competition, increase stress.
4. Psychological Barriers: Participating principals often equate self-care with weakness and feel the need to project strength, leading to a reluctance to embrace self-care and genuine emotional connections.
5. Culture of Self-Effacement: Participating principals prioritize praising their teams and students over self-recognition, emphasizing communal over individual achievements.
6. Work-Life Balance: The exhaustive nature of the job severely limits personal time, causing difficulty in maintaining relationships and personal activities.
7. Group Support and Professional Isolation: Peer validation facilitates self-care,

but this support often does not extend to broader administrative or district levels.

8. **Natural and Social Elements:** Spiritual strength is often derived from nature and community as coping mechanisms.
9. **Institutional Barriers:** Constraints like state salary schedules and cultural hesitations affect negotiations for pay and benefits.
10. **Professional Identity and Expectations:** The role is seen as demanding strength, control, and generosity, which can contrast with emotional labor and societal expectations for leaders to remain composed.
11. **Personal Influences:** Factors like family conditions and upbringing, combined with personality traits, play a significant role in shaping self-care practices.
12. **Self-Improvement and Gap Between Theory and Practice:** Participating principals acknowledge the importance of self-reflection and growth, even if it is critical, but there is a gap between recommended self-care and practical constraints.
13. **Societal Expectations and Gender Dynamics:** Societal norms about leadership roles and potential gender dynamics influence emotional expression and self-care practices.
14. **Role Complexity:** The multifaceted nature of the participating principals' roles, involving leadership, authority, emotional labor, and relationships with multiple stakeholders, contributes to stress.
15. **Individual Differences and Importance of Individualized Approach:** There is a diverse range of self-care practices and coping mechanisms among

participating principals, highlighting the need for tailored approaches.

16. Cultural and Environmental Factors: Geographic and cultural landscapes profoundly influence self-care strategies.
17. Intersection of Faith: Faith plays a dual role, guiding some while also potentially hindering emotional self-care for those with strong religious beliefs.
18. Professional Training: Experience and training provide coping mechanisms for the job's emotional demands.
19. Time Management: Finding time for emotional and social self-care is a systemic challenge, which may need district-level attention.
20. Emotional Vulnerability: A call for environments that support emotional expression underscores potential gaps in the current institutional culture around vulnerability.
21. Balance Between Control and Well-Being: The tension between maintaining responsibilities and the need for delegation or relaxation highlights the dilemma of authority and well-being.

Summarized Contextual Analysis for Principal Emotional and Spiritual Self-Care

(Appendix K)

1. Overwhelm, Personal Boundaries, and Leadership Fatigue: Many of the participating principals struggle with setting personal and professional boundaries, which leads to overwhelm and burnout. There is a notable feeling of leadership fatigue, characterized by a reluctance to be constantly in charge and making decisions.

2. **Professional Isolation and Vulnerability:** Participating principals often feel a need to separate their personal lives from their professional roles. There is a prevalent fear of appearing vulnerable, and the emotional weight from negative events tends to be more memorable.
3. **Reflection and Self-Awareness:** Over half of the participating principals value self-reflection, indicating a recognition of the importance of self-care.
4. **Emotional Self-Care:** Many of the participating principals neglect emotional self-care. The tendency leans more towards negative self-talk over self-affirmation. This is further complicated by discomfort with personal success, reluctance to celebrate achievements, and a lack of external validation.
5. **Psychological Approaches and Coping Mechanisms:** There is diversity in how the participating principals approach psychological self-care. Humor, connection, and laughter emerge as crucial coping mechanisms.
6. **Spiritual Self-Care and Environmental Connections:** A pronounced preference exists for spiritual self-care practices, including spending time in nature and with children and seeking spiritual connections. Cultural and regional factors influence these preferences.
7. **Time Management, Prioritization, and Work-Life Balance:** Time constraints and the demanding nature of the role impact personal connections, leisure activities, and the ability to maintain work-life balance.
8. **Delegation, Relinquishing Control, and Decision Fatigue:** While there is an acknowledgment of the need to delegate, there is hesitation stemming from concerns about execution and fears of tasks being neglected. Constant

decision-making exacerbates fatigue.

9. **Pay, Benefits, and Professional Strains:** Negotiating benefits or pay is not often seen as an option due to cultural and systemic factors in education. This, combined with societal expectations, places additional emotional strains on the participating principals.
10. **Cultural, Societal, and Gender Influences:** Societal norms, including gender roles, cultural upbringing, and even religious beliefs, impact self-care practices. Emotional expressions, such as crying, might be influenced by both societal norms and individual predispositions.
11. **Support Systems and Community:** The value of support systems, including family, colleagues, and spiritual communities, stands out as vital for emotional and spiritual well-being.

Thematic and Contextual Analysis for Principal Workplace/Professional Self-Care and Balance

Summarized Themes of Principal Workplace/Professional Self-Care and Balance

(Appendix L)

1. **Work-Life Imbalance:** Many of the participating principals struggle with an unevenly distributed workload, causing them to work extended hours. This makes it challenging to balance work with personal life, leading to missed family activities and a constant mental list of responsibilities. A majority of the surveyed principals face this imbalance, underlining the chronic issue.
2. **Financial Inequality and Autonomy:** Participating principals feel a lack of agency in negotiating salary and benefits, contributing to a sentiment of

undervaluation. Half of the participating principals reported never negotiating their benefits or pay. This lack of agency may impact their overall well-being and self-worth.

3. **Interpersonal Relationships and Culture Building:** The importance of relationships with coworkers and staff is acknowledged, but busy schedules often limit these interactions. A significant percentage of participating principals rarely take time to chat with colleagues, suggesting relationship-building may be undervalued.
4. **Self-Care Needs and Institutional Support:** The necessity of self-care is highlighted, emphasizing its importance as an institutional priority. Additionally, a top-down approach to promoting self-care, beginning with the superintendent, is suggested. Half of the surveyed principals feel the need for a balanced life but believe that structural support is lacking.
5. **Scheduling, Time Management, and Task Accumulation:** Scheduling and time management emerge as core challenges, from balancing caseloads to taking lunch breaks to handling unanticipated tasks. Time constraints negatively impact self-care, social interaction, personal reflection, and basic needs, suggesting a need for structural changes in work expectations.
6. **Emotional Self-Care and Expression:** Participating principals face challenges in self-affirmation and emotional expression due to personal beliefs and societal norms respectively. There is also a recurrent theme of emotional and mental strain. Normalizing emotional expression and promoting self-affirmation can potentially enhance emotional well-being.

7. **Professional Challenges and Role Expectations:** Participating principals face workload imbalance, negotiation reluctance, and societal pressures. There is an expectation to put professional roles ahead of personal needs. Addressing these professional challenges and clarifying role expectations can support the participating principals' well-being.
8. **External Pressures and Institutional Constraints:** External pressures from superintendents or stakeholders, combined with state mandates and role expectations, create additional challenges for the participating principals. Addressing external pressures and providing autonomy can potentially reduce stress and burnout.
9. **Self-Imposed Pressures and Personal Responsibilities:** A lot of pressure to stay engaged with work comes internally from the participating principals themselves. Recognizing and addressing self-imposed pressures can improve self-care and well-being.
10. **Gender Norms and Societal Stigmas:** Issues related to gender, societal expectations, and judgments affect behaviors, emotional expression, and professional negotiations. Addressing and challenging societal norms can support a more inclusive and supportive environment.
11. **Isolation and Social Support:** Participating principals often face isolation due to their unique roles, emphasizing the importance of trust within their teams and networking. Promoting social interactions and providing platforms for networking can alleviate feelings of isolation.

Summarized Contextual Analysis for Principal Workplace/Professional Self-Care and Balance (Appendix L)

1. **Work-Life Imbalance:** Participating principals experience a skewed workload distribution and a need to address unforeseen issues, often leading them to work beyond standard hours. With over 64% of participating principals reporting difficulties in balancing their caseload, this issue is prominent. The unpredictability of the role adds an extra layer of complexity to managing their time effectively.
2. **Financial Concerns:** Participating principals often avoid negotiating their salary and benefits due to perceptions of fixed budgets, a lack of empowerment, or a belief that if they sought more money, they would have to change institutions. This view is prevalent with 50% never negotiating pay or benefits, suggesting a systemic issue potentially rooted in institutional cultures or policies.
3. **Interpersonal Relationships and Social Interactions:** While valuing relationships, participating principals often restrict their interactions, likely due to concerns about trust and potential repercussions. This practice could be a response to the 54% of the participating principals who only occasionally converse with colleagues, underlining the importance of fostering a trustworthy work environment.
4. **Breaks and Self-Care Within the Workplace:** Participating principals find it hard to take breaks, even for essentials like lunch, due to the demanding nature of their roles and a work culture that does not emphasize self-care.

Nearly 80% of participating principals skip breaks, pointing toward the need for cultural and institutional shifts to prioritize and normalize self-care.

5. **Institutional and Administrative Support:** Participating principals articulate a desire for self-care to be an organizational priority, from superintendents to peers, emphasizing the importance of leading by example. Half of the surveyed principals feel the need for a balanced life, which could be facilitated by institutional efforts promoting well-being and balance.
6. **Work Culture and Mindset:** There is an ingrained “too busy” mentality prioritizing tasks over relationships and self-care. Furthermore, there is a tendency to undervalue self-affirmation. These collective mindsets may be barriers to establishing a healthier work-life balance, suggesting the need for a broad cultural shift.
7. **Emotional Aspects:** The emotional landscape of the participating principals is multifaceted, ranging from frustration to resignation and a desire for change. Emotional expression varies, and there is a hesitancy towards self-affirmation. Normalizing emotional expression and self-affirmation in the work environment might bolster emotional well-being.
8. **Organizational Challenges and Autonomy:** Constraints like state regulations and obligatory meetings limit the participating principals’ sense of control, coupled with technological advances blurring work-life boundaries. This lack of autonomy correlates with the reported feelings of stress and burnout, highlighting the need for structural reforms.
9. **Personal Responsibility and Modeling Behavior:** Participating principals

acknowledge their role in self-care and emphasize the influence of observing balanced behavior in their superiors. Leadership modeling balanced behavior could inspire and guide subordinates, suggesting a top-down approach to promoting self-care.

10. General Work-Life Balance: Achieving work-life harmony remains elusive for many participating principals due to the inherent demands of their roles, impacting personal lives and relationships. Recognizing and addressing this pervasive issue could lead to happier, more efficient educational leaders.

Summary of Overall Findings From Quantitative and Qualitative Data Collection and Analysis

I used the most significant quantitative items to develop my qualitative questions and guide my qualitative research. Key takeaways regarding self-care practices of school principals reveal that being a school principal is difficult. Implementing effective self-care practices is a struggle for everyone. It does not matter how many years of experience a principal has or what school level the principal serves, the demands, responsibilities, expectations, and stresses create challenges for principals associated with practicing self-care. The reactive nature of the principalship does not correlate to principals easily implementing self-care practices. Principals are planners and organized individuals; however, the reactive nature of their jobs hinders them from being able to eat healthy, exercise, or relax. The job is constant.

Lastly, knowledge of self-care does not correlate to the implementation of self-care practices. Principals know what they need to do; they just struggle to find time to implement the strategies and self-care practices.

Based on my qualitative findings, principal self-care is intrinsic. Principals must make self-care a priority and must see self-care as a necessity. Principals cannot depend on district-level leadership to create programs, give permission, or provide a solution. If principals depend on district-level leadership to develop a solution, the practice of self-care would feel more like another task or duty versus a way of increasing your health.

Chapter 5: Discussion

Introduction

Various stressors have been documented in several studies including time management, relationships between supervisors and subordinates, finances, conflict resolution, decision-making, state and federal compliance, and mental strain that contribute to principals feeling overwhelmed (Mahfouz, 2018). The participating principals reported encountering excessive levels of responsibility not only in their professional lives but also in their family contexts. The participating principals had a strong understanding of self-care to maintain or enhance physical and mental well-being, though many acknowledged rarely practicing it consistently. Throughout the research, sources of stress and stress management were recurring themes.

Principals carry the responsibility of supporting the mental and emotional needs of staff; being a listening ear for their staff; and supporting students who are experiencing academic struggles, personal stress, or trauma, while also trying to take care of their own individual and professional needs (Sullivan, 2022). Based on research, principals report dealing with a variety of difficult situations. The situations can lead to physical and mental fatigue, which can negatively impact their ability to successfully lead in their schools (Better Leaders, Better Schools, 2023). Principals have packed schedules and are often jumping from one task or event to another, all while trying to remain calm, proactive, and supportive (Mungal & Sorenson, 2021). The participating principals described their schedules as packed or “back-to-back,” which indicated a significant challenge in allocating time for self-care. Nearly half of principals reported that they feel under great stress in their jobs at least several days a week (MetLife, 2013).

Through this research, it has been found that principals at all school levels are in dire need of making their self-care practices a priority in their lives. It is not selfish to take care of yourself, although principals feel that putting themselves first results in not caring for others. While many of the participating principals identified systematic changes that they desired, they admitted to making personal choices that were not in favor of self-care. Based on their statements, the belief in self-care being an individual choice was noticeable, although they also referenced some systematic adjustments could help promote it.

Connections to the Literature

Over the last 5 years, the stress of the principalship has grown tremendously. The type of stress faced by principals is not always understood until they are sitting in the seat and working to address all the challenges, celebrations, and needs ahead of them (Mahfouz et al., 2022).

Based on my research, there is a direct correlation between stress and principal self-care practices. Dr. Karl Albrecht, author of the book, *Stress and the Manager*, has identified four categories of stress: time stress, situational stress, anticipatory stress, and encounter stress (World of Work Project, 2021). The findings from this mixed methods study are aligned with the types of stress identified in Dr. Karl Albrecht's work.

Time Stress

Time stress is directly connected to meeting deadlines, the constant demand due to the endless to-do list, and feeling engulfed and apprehensive about not being able to accomplish all responsibilities and tasks on time (World of Work Project, 2021).

Throughout the research, principals described their schedules as packed or “back-to-

back,” indicating significant challenges in allocating time for self-care. Time stood out as a significant barrier to self-care. The cyclical nature of stress, peaking at particular school periods, requires adaptive strategies and time management for effective self-care. With over 64% of participating principals reporting difficulties in balancing their caseloads, this issue is prominent. The unpredictability of the role adds an extra layer of complexity to managing their time effectively. Principals reported many barriers related to their self-care including time constraints, workload, lack of systematic support, and the job's demanding nature. Principals often prioritize students, parents, and teachers over their own well-being. Principals struggled to say no, which in turn placed additional tasks and responsibilities on their already full plates. The feeling of needing to take everything off the plates of others results in principals having too many responsibilities.

Anticipatory Stress

Anticipatory stress is centered on an event or experience that will transpire in the future. This includes feelings of uncertainty or things not working out as anticipated (Becher, 2022). Principals often felt affixed to their telephones, driven by professional obligations and personal habits. Constant connectivity impacts the participating principals' abilities to establish clear boundaries between work and personal time. My research concluded that participating principals were reluctant to ask for help or engage in situations in which they were not in control or the expert due to fear of looking weak or ineffective. Due to this fear, there are limits regarding principals engaging in new experiences. Participating principals reported constantly reflecting on situations and worrying about upcoming events. There is a natural desire to support and help others, which results in principals worrying about the outcome of a situation. This constant

worry impacts principals being able to relax and be present in situations.

Situational Stress

Situational stress occurs on a daily basis, which could include accepting a new role, meeting new people, dealing with conflicts, disappointing others, worrying about being able to effectively complete a task, fear of making a mistake, or worrying about how to adequately support an individual who is experiencing a stressful situation (Mello, 2022). Different times in the school year bring about additional responsibilities and increased stress levels. The role of a school principal is inherently stressful, and there is an acknowledgment that this stress negatively impacts both their mental and physical well-being. Participating principals disclosed often struggling to say “no” due to their role as a leader and their intrinsic sense of responsibility. This is characterized by a desire to support and help, even at the cost of their well-being.

Encounter Stress

Encounter stress is best described as the type of stress experienced by an individual when interacting with specific individuals or groups of individuals (Mello, 2022). Participating principals revealed often finding themselves in a balancing act between the relationships of “friends” and being “friendly.” The role of the principal is founded on supporting others, whether it be students, families, district leaders, community members, or teachers. The data revealed that participating principals are comfortable celebrating others' successes and providing affirmations, but they often feel unseen and underappreciated in their work and dedication to others. While valuing relationships, participating principals often restrict their interactions, likely due to concerns about trust and potential repercussions. This practice could be a response to the

54% of principals who only occasionally converse with colleagues, underlining the importance of fostering a trustworthy work environment. The complaints are often the focus on their reflections, which result in additional stress. It is a constant balancing act trying to support everyone, which often leaves little to no time to take care of themselves.

Based on the research conducted, it is evident that the participating school principals see their professional role as one that demands strength, control, and constant giving, which influences their self-care practices.

Seven Pillars of Self-Care

The findings from this mixed methods study are aligned with elements from within the seven pillars of self-care framework. The International Self-Care Foundation (2020c) created the seven pillars of self-care in order to provide a comprehensive, systematic, and applicable framework. Each pillar provides individuals with a specific set of activities that support self-care practices. The seven pillars of self-care consist of knowledge and health literacy, mental well-being, physical activity, healthy eating, risk avoidance or mitigation, good hygiene, and rational use of products and services (International Self-Care Foundation, 2020c). The correlation between the participating principals' self-care practices and the seven pillars of self-care revealed an awareness and understanding regarding the following elements within the seven pillars of self-care.

Pillar 1: Knowledge and Health Literacy

Knowledge and health literacy focuses on an individual's ability to collect, apply, and process information regarding basic health services and knowledge needed to make healthy choices (International Self-Care Foundation, 2020b). The more people understand about their health, the more likely a person is to take care of themselves

(Mesrobian, 2022).

The participating principals understand the importance of health knowledge and literacy, are striving to support their own individual well-being, and understand the importance of physical self-care and eating healthy. Participating principals understand the term self-care to maintain or enhance physical and mental well-being, although they admit to struggling to put actions behind the knowledge. Participating principals recognized the significance of medical care, especially preventive mental health, as they age. The emphasis is on proactive measures in order to minimize health risks. There was an increased awareness regarding health due to participating principals experiencing specific sudden health-related situations. While some participating principals were motivated by health concerns, family, or a sense of professional duty, many indicated a reactive approach, seeking self-care only when nearing burnout or facing health issues.

Pillar 2: Mental Well-Being

According to the International Self-Care Foundation (2020a), an individual's mental well-being includes a focus on self-esteem, having a sense of belonging, having an appropriate level of control over one's life, feeling satisfied with one's life, experiencing optimism, and having an appropriate level of support. Pillar 2 focuses on mental well-being, self-awareness, and agency. Over half of the participating principals value self-reflection indicating a recognition of the importance of self-care. Mental well-being involves taking time to complete a health assessment and gaining knowledge about your own physical well-being specifically related to weight, BMI, blood pressure, cholesterol levels, and engaging in health screening (International Self-Care Foundation, 2020a). Self-care positively impacts an individual's sense of well-being. It is important

that principals not only focus their attention on caring for all those in their care but also on themselves and their own self-care needs (Cabeen, 2018).

Increased exercise, connecting with friends and family, relaxation, and implementing concentration techniques into your daily/weekly routine that you enjoy are some ways in which an individual could increase their own mental well-being (Bywaters, 2022). My research concluded that there are many ways in which participating principals approached their psychological, emotional, and spiritual self-care. Humor, connection, and laughter emerged as crucial coping strategies connected to the participating principals' psychological self-care approaches. Many principals neglect their emotional self-care. The tendency leans more towards negative self-talk over self-affirmations. This is further complicated by discomfort with personal successes, reluctance to celebrate accomplishments, and a lack of external validation. Lastly, there were pronounced preferences that existed for spiritual self-care practices, including spending time in nature and with children and seeking spiritual connections. Cultural and regional factors influence these preferences.

The topic of mental well-being was a hot-button conversational piece. Participating principals discussed societal stigma around discussing mental health issues, which further inhibits open conversations about self-care. There is a broader societal stigma around mental health, which can indirectly affect a principal's psychological well-being. Principals often connect self-care with weakness and feel the need to protect strength, leading to a reluctance to embrace self-care and genuine emotional connections.

Participating principals discussed the correlation between their mental well-being and their support system. All participating principals indicated that their support system,

including family, colleagues, and spiritual communities, stands out as vital for their emotional and spiritual well-being. Participating principals disclosed a need for more personalized, adaptive self-care strategies, given the diverse backgrounds and life experiences of participating principals.

Pillar 3: Physical Activity

According to the World Health Organization (2022c), physical activity is any movement of the skeletal system resulting in the dissipation of energy. Physical activity involves participating in physical activity such as walking, running, biking, or an organized sport (International Self-Care Foundation, 2014b).

Participating principals reported participating in exercises such as weightlifting and walking. These activities are highlighted as crucial self-care routines for many principals, though consistent practice appears to be a challenge. Age was a factor in the importance of physical self-care activities, especially when health issues like weight gain become more evident. Physical exercise, though prescribed, stands as a primary coping mechanism. There is a clear understanding of the mental and physical benefits of exercise; however, time constraints, especially with the responsibilities of being a principal, pose significant barriers to regular exercise routines. Participating principals disclosed a love of spending time in nature. This was partly due to the geographic area in which they live as well as the connection to God felt when outdoors. Principals reported feeling at peace and calm when spending time in nature. This time allowed them to relax, disconnect, and be fully present in the moment without the distractions of telephones and emails.

Pillar 4: Healthy Eating

According to the World Health Organization (2020), there are many benefits associated with eating a healthy and well-balanced diet. Healthy eating focuses on ensuring that you are eating a well-balanced and nutritious diet and paying attention to calorie intake (International Self-Care Foundation, 2014c). A well-balanced diet has been shown to increase energy levels, provide the appropriate amounts of nutrients needed to remain strong, assist with maintaining a healthy weight, and assist with strengthening an individual's immune system (NHS, 2023a).

Participating principals recognize the importance of nutrition for maintaining energy and performance; however, the fast-paced work environment and decision fatigue often lead to poor eating choices. Participating principals often find themselves skipping meals or grabbing unhealthy food options. Maintaining a healthy diet is a struggle for participating principals due to job demands that take a higher priority versus the importance of addressing nutrition as part of self-care. Fifty percent of participating principals indicated that they rarely take time during the workday for lunch and 28.57% of participating principals reported never taking time during the workday for lunch. These numbers are concerning. The notion that 78.57% of participating principals cannot find time during the workday to eat lunch indicates a need for realignment of expectations and job-related demands.

Additional Pillars

The seven pillars of self-care framework contains three additional pillars; however, these pillars were not evident in my data. Pillar 5: Risk Avoidance and Mitigation, Pillar 6: Good Hygiene, and Pillar 7: Rational Use of Products and Services

were not evident in my data; therefore, these pillars were not further explored in my research and literature review.

Recommendations

The recommendations provided reflect a connection between the self-care practices indicated in the seven pillars of self-care. Participating principals know the importance of self-care practices; however, they struggle to put these practices into practice. There is an engrained “too busy” mentality prioritizing tasks over relationships and self-care. These collective mindsets may be barriers to establishing a healthier work-life balance, suggesting the need for a broader cultural shift. These recommendations provide district leaders, fellow principals, and educator stakeholders with actionable steps that could be taken to support principals, as principals support those in their care. Based on the data collected and reviewed literature, the following areas are recommended to help principals and district leaders support their self-care practices.

General Self-Care

- **Promote a Diverse Range of Self-Care Practices:** Use meetings, newsletters, or specialized programs to share a variety of self-care strategies and personalized plans that acknowledge different needs, lifestyles, gender dynamics, and emotional complexities.
- **Scheduled and Structured Self-Care:** Encourage administrators to allocate specific time slots during the workday for self-care activities and reflection. This can be formalized through guidelines or policies.
- **Promote Wellness Checks and Healthy Eating:** Introduce regular medical checkups as part of the job profile and consider meal planning or delivery

services for healthier food options.

- Investigate Environmental Factors on Well-Being: Study the effects of school size, administrative support, and school culture on principal well-being.
- Structural Support for Self-Care: Create structures at the district level to facilitate task delegation and emphasize the importance of self-care in the school environment.

Physical Self-Care

- Flexible Scheduling and Physical Activity: Implement policies that allow for flexible work schedules, scheduled medical checkups, and brief exercise periods during the day.
- Community and Organizational Partnerships: Work with community gyms to offer discounted memberships and with dietary staff for healthier cafeteria options.
- Strengthen Health Policies: Ensure policies facilitate easy access to medical care and allow time off for preventive care without inducing guilt.

Psychological Self-Care

- Skill and Boundary Management: Offer workshops on setting boundaries and effective time management, potentially as part of mentorship programs for growth and skill development.
- Access to Professional Psychological Support: Encourage the use of counseling and other professional services through employee wellness programs and provide tailored mental health programs.
- Open Conversations and Autonomy: Foster a culture that destigmatizes

mental health issues, allows principals more control over their schedules, and provides nonjudgmental forums for discussing concerns.

- **Regular Discussions on Well-Being:** Include psychological self-care topics in regular leadership meetings and internal communications.

Emotional Self-Care

- **Promote Healthy Emotional Practices:** Establish training and workshops on emotional intelligence, positive affirmations, and addressing imposter syndrome.
- **Peer Support and Vulnerability:** Create safe spaces and peer support groups for sharing professional and personal experiences, while encouraging an atmosphere where vulnerability is normalized and viewed as a strength.
- **Promote Positive Emotional Habits:** Integrate activities like positive journaling into professional development programs and establish a culture of empathy and understanding.

Spiritual Self-Care

- **Structured Time for Spiritual and Self-Reflection:** Encourage specific time slots during the workday for engaging with the community, nature, or spiritual practices. Include opportunities for nature retreats or spiritual workshops to recharge emotionally and spiritually.
- **Culturally Competent Spiritual Guidance:** Offer culturally sensitive guidance in spiritual self-care practices, possibly through professional learning communities for additional support.

Workplace/Professional Self-Care

- **Organizational Culture and Environment:** Foster a culture that values self-care and vulnerability as components of effective leadership. This can include the creation of safe spaces for open discussions and peer support.
- **Professional Development and Training:** Integrate a comprehensive set of skills in professional development programs, covering areas such as emotional intelligence, stress management, time management, effective delegation, and negotiation skills. Optionally, include mindfulness or digital detox programs.
- **Regular Discussions and Goal Setting:** Regularly incorporate self-care strategy discussions, workshops, or seminars into meetings, and include self-care goals in performance reviews.
- **Workload and Policy Review:** Ensure that workloads are manageable by providing additional support staff and resources. Review and adjust institutional policies for fair compensation, benefits, and time-off options.
- **Social and Leisure Activities:** Implement initiatives like social hours or mandatory breaks to improve workplace morale and counteract the nonstop work culture.

Balance

- **Comprehensive Work-Life Balance Programs:** Introduce a range of strategies from coaching on effective time management to mandatory time-off policies and family support programs. Consider the possibility of leadership rotations or sabbaticals to counteract leadership fatigue.
- **Boundaries and Digital Detox:** Establish clear policies that encourage work-

life balance, such as after-hours communication boundaries, "quiet hours," and adherence to a set work schedule.

- **Open Discussions and Peer Support:** Encourage open dialogue around work-life balance and establish peer support groups or spaces where challenges and coping mechanisms can be shared. Regularly review what is working and what needs adjustment.
- **Professional Consultation and Guidelines:** Consider consulting psychologists or counselors for new perspectives and establish institutional guidelines to encourage self-care and work-life balance.

Summary of Recommendations

This study on principals' self-care practices reveals a complex landscape influenced by cultural norms, professional obligations, systemic constraints, and individual preferences. Among the main themes that emerged are the importance of self-care for both personal well-being and effective school leadership, as well as the myriad barriers hindering its practice.

Time constraints, high stress levels, and an "always-on" work culture emerge as key obstacles. Additionally, the principals' approach to self-care is complicated by emotional labor, misunderstood professional responsibilities, and a reactive rather than proactive approach to self-care. Furthermore, the findings suggest that self-care is deeply linked to spiritual practices, emotional well-being, and work-life balance, yet it is challenged by systemic issues that require multi-level interventions. The study underlines the need for tailored strategies, as one-size-fits-all solutions may not adequately address the nuanced challenges faced by school leaders.

Topics and Areas for Future Studies

It is evident that participating principals have an awareness and an understanding regarding the importance and necessity of proper self-care practices and implementation; however, knowledge does not equate to implementation or action. In order to provide additional clarity and support regarding the practice of principal self-care, the following suggestions could help guide future researchers who seek to help address this issue.

- **Investigate Systemic Barriers:** Look into the system-wide issues that may impede a principal's ability to engage in self-care and how these can be remedied.
- **Institutional Support for Self-Care:** Explore the role the education system and school districts can play in supporting principal self-care.
- **Impact on School Climate:** Future research could examine the correlation between principal self-care and the overall school climate, including student and teacher well-being.
- **Longitudinal Studies:** Conduct longitudinal studies to monitor the changes in principal self-care over time, including times of high stress or organizational change.
- **Generational Study:** Consider investigating how different life stages affect self-care practices and work-related stress for principals.

Limitations and Delimitations

I am serving as one of the school principals in the school district of study, but I did not participate. I do have a professional working relationship with all participating participants. There were some study limitations experienced when collecting and

analyzing data.

All 14 school principals from within the study district completed the survey and 10 of the 14 principals from within the study district participated in the individual interview process. Since all school principals served in the same small rural district, it was imperative that increased confidentiality and anonymity were provided. In order to provide all participating principals with anonymity, all data was coded and analyzed in a way in which participants could not be identified. Collecting and analyzing demographic data was not possible, which resulted in not being able to disaggregate self-care practices and experiences of school principals based on factors such as age, years of experience, educational level, or gender.

By conducting my study in a rural district, my research may not provide viewpoints or experiences that are similar to school principals in larger, more diverse school districts.

Conclusion

This research illuminates the multifaceted challenges and motivations school principals face in practicing self-care, providing valuable insights for future interventions and systemic changes. It is evident that tackling these challenges necessitates a multi-pronged approach, targeting individual, organizational, and societal levels. Whether it is enhancing spiritual well-being through community engagement, improving workplace culture with peer support and professional development, or mitigating work-life imbalance with structured time-off policies, the recommendations aim to offer actionable steps. These interventions could range from policy reviews and structural changes to targeted workshops on emotional intelligence, time management, and negotiation skills.

Ultimately, the study reinforces the concept that self-care is not just a personal need but an institutional and societal imperative.

Creating a culture that prioritizes self-care could benefit not only the well-being of the principals but also positively impact the school communities they serve.

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Appendix A

Self-Care Assessment Worksheet

Self-Care Assessment Worksheet

This assessment tool provides an overview of effective strategies to maintain self-care. After completing the full assessment, choose one item from each area that you will actively work to improve.

Using the scale below, rate the following areas in terms of frequency:

- 5 = Frequently
- 4 = Occasionally
- 3 = Rarely
- 2 = Never
- 1 = It never occurred to me

Physical Self-Care

- Eat regularly (e.g. breakfast, lunch and dinner)
- Eat healthy
- Exercise
- Get regular medical care for prevention
- Get medical care when needed
- Take time off when needed
- Get massages
- Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun
- Take time to be sexual—with yourself, with a partner
- Get enough sleep
- Wear clothes you like
- Take vacations
- Take day trips or mini-vacations
- Make time away from telephones
- Other:

Psychological Self-Care

- Make time for self-reflection
- Have your own personal psychotherapy
- Write in a journal
- Read literature that is unrelated to work
- Do something at which you are not expert or in charge
- Decrease stress in your life

- ___ Let others know different aspects of you
- ___ Notice your inner experience—listen to your thoughts, judgments, beliefs, attitudes, and feelings
- ___ Engage your intelligence in a new area, e.g. go to an art museum, history exhibit, sports event, auction, theater performance
- ___ Practice receiving from others
- ___ Be curious
- ___ Say “no” to extra responsibilities sometimes
- ___ Other:

Emotional Self-Care

- ___ Spend time with others whose company you enjoy
- ___ Stay in contact with important people in your life
- ___ Give yourself affirmations, praise yourself
- ___ Love yourself
- ___ Re-read favorite books, re-view favorite movies
- ___ Identify comforting activities, objects, people, relationships, places and seek them out
- ___ Allow yourself to cry
- ___ Find things that make you laugh
- ___ Express your outrage in social action, letters and donations, marches, protests
- ___ Play with children
- ___ Other:

Spiritual Self-Care

- ___ Make time for reflection
- ___ Spend time with nature
- ___ Find a spiritual connection or community
- ___ Be open to inspiration
- ___ Cherish your optimism and hope
- ___ Be aware of nonmaterial aspects of life
- ___ Try at times not to be in charge or the expert
- ___ Be open to not knowing

- ___ Identify what is meaningful to you and notice its place in your life
- ___ Meditate
- ___ Pray
- ___ Sing
- ___ Spend time with children
- ___ Have experiences of awe
- ___ Contribute to causes in which you believe
- ___ Read inspirational literature (talks, music, etc.)
- ___ Other:

Workplace or Professional Self-Care

- ___ Take a break during the workday (e.g. lunch)
- ___ Take time to chat with co-workers
- ___ Make quiet time to complete tasks
- ___ Identify projects or tasks that are exciting and rewarding
- ___ Set limits with your clients and colleagues
- ___ Balance your caseload so that no one day or part of a day is “too much”
- ___ Arrange your work space so it is comfortable and comforting
- ___ Get regular supervision or consultation
- ___ Negotiate for your needs (benefits, pay raise)
- ___ Have a peer support group
- ___ Develop a non-trauma area of professional interest
- ___ Other:

Balance

- ___ Strive for balance within your work-life and workday
- ___ Strive for balance among work, family, relationships, play and rest

Source: Transforming the Pain: A Workbook on Vicarious Traumatization. Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996)

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Appendix B
Permission to Use Survey

Dear Jennifer,

Thank you for your request to use material from TRANSFORMING THE PAIN in your dissertation. This letter will grant you one-time, nonexclusive rights to use the material in your dissertation, and in all copies to meet university requirements, subject to the following conditions:

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Appendix C
Individual Interview Questions

Individual Interview Questions

Question 1: What does self-care mean to you?

Question 2: What impedes your self-care routines?

Question 3: What motivates your self-care routines?

Question 4: What areas of your life do you feel most stressed about?

Question 5: How do you manage your time?

Question 6: What areas of your life do you make a priority?

Question 7: In what ways does principal self-care impact the culture and climate of your school?

Question 8: Given the results that I shared with you, why do you think individuals answered the way they did for each component? (e.g., physical self-care, psychological self-care, emotional self-care, spiritual self-care, workplace or professional self-care, balance).

Medical care for prevention, getting proper medical care, and wearing clothing that you like were ranked as the highest areas for physical self-care by principals surveyed. Why do you think this is the case?

9 out of 14 principals responded that increasing exercises was a goal for them. Can you elaborate on this more?

50% of principals surveyed reported never being able to make time away from telephones. Why?

57.14% reported that eating healthy and taking time off are rarely or occasionally happening. Why?

After hearing these results, what can we do to fix this issue?

64.29% of people indicated that they rarely practice receiving from others and struggle saying “no” to extra responsibilities? Why?

57.14% reported rarely letting others know about different aspects of who they are. Why do you think this is?

50% of principals reported making time for self-reflection. Elaborate more on this.

50% of principals reported rarely doing something at which they are not the expert or in charge. Why do you think this is the case?

The open-ended responses in this area were all over the place. Why do you think that is the case?

After hearing these results, what can we do to fix this issue?

78.57% of surveyed principals reported rarely giving themselves affirmations or praises. Can you elaborate on this?

50% reported allowing themselves to cry.

57.14% reported staying in contact occasionally staying in contact with important people and occasionally re-reading a book or watching a favorite movie? Why?

Giving self-affirmations was an area identified as a need by 5 of the 11 written responses. Why?

64.89% of surveyed principals indicated that they find things that make them laugh. Can you elaborate more on this?

After hearing these results, what can we do to fix this issue?

There were three significantly high areas regarding spiritual self-care that were identified based on the survey data: Spending time in nature, spending time with children, and finding a spiritual connection or community. Why do you think these were rated as significantly high?

Numerous surveyed principals provided open responses regarding wanting to focus on “not being in charge” as an area of need for them. Can you elaborate more about this?

Under the category of workplace or professional self-care, 64.29% of surveyed principals responded that they rarely balance their caseload so that no one day or part of a day is “too much”. Can you elaborate more about this?

50% of surveyed principals reported never negotiating benefits or pay raises. Why?

53.85% of principals reported occasionally taking time to chat with co-workers. Can you elaborate on this more?

50% of principals reported being able to take a break during the workday for things such as lunch. Why?

After hearing these results, what can we do to fix this issue?

50% of principals identified striving for balance among work, family, relationships, play, and rest. Why?

Creating a work-life balance was identified as an area of need among principals. Can you elaborate more on this?

After hearing these results, what can we do to fix this issue?

Appendix D

All Principal Self-Care Themes

Definition of Self-Care: Theme: Responsibility Overload; **Context:** The principal indicates that self-care would ideally involve exercise, meditation, and personal time. However, her role requires her to look after others, making it challenging to prioritize self-care.

Impediments to Self-Care: Themes: Familial Responsibility, Cultural/Religious Expectations;

Context: The principal explains that putting others' needs before her own is ingrained in her family values and may be influenced by her religious beliefs.

Motivation for Self-Care: Themes: Health Awareness, Longevity; **Context:** Only recently, with aging and weight gain, has the principal started to focus on self-care. She acknowledges that taking care of herself is necessary to continue caring for others.

Areas of Stress: Themes: Professional Commitment, Equity, Student Welfare; **Context:** The principal is highly invested in her work, striving for equity among students and continually reflecting on how to improve the school environment. Her stress stems from multiple responsibilities, including responding to community expectations and specific student needs.

Life Priorities: Themes: Family, Work-Life Balance; **Context:** Despite the immense responsibilities at work, the principal emphasizes putting family first, indicating that her family is a major priority.

Impact on School Climate and Culture: Themes: Ambiguity, Possible Disconnect; **Context:** The principal doesn't clearly acknowledge the impact of her self-care on the school culture, suggesting either unawareness or a perceived irrelevance of her well-being to the school environment.

Prioritization Struggles: The Principal describes difficulty in prioritizing self-care amidst the responsibilities of work and family life.

Cyclical Stress: The Principal describes stress as a cyclical factor, being more intense during specific periods in the school year and also linked to emotional self-talk and misinterpretations.

Importance of Social and Emotional Well-being: The Principal mentions that self-care is motivated by a desire for emotional well-being, not just physical health.

Structured Time Management: Planning and scheduling are crucial for the Principal. He uses planning to make time for self-care activities, like going to the gym, despite a packed schedule.

Personal and Professional Boundaries: The Principal emphasizes the importance of delineating personal time from work time as part of his self-care routine.

Impact on Work Environment: The Principal acknowledges that his self-care practices directly impact the work environment, affecting both his behavior and consequently, the school's culture and climate.

Time Management and Prioritization: Time management seems to be a recurring issue across the responses. There's an understanding of the need for self-care, but the principal consistently mentions other responsibilities taking precedence.

Family Commitment: A strong commitment to family life is evident. However, this commitment, especially with recent personal emergencies, has added to the stress and lack of time for self-care.

Work-Life Balance: There's an acknowledgement that work and personal life often "overlap," making it difficult to separate one from the other, thereby impeding self-care routines.

Role Modeling and Organizational Impact: The principal recognizes that their self-care habits not only impact them but also set a precedent for the school culture. They admit that they need to model these behaviors for their staff, suggesting a ripple effect.

Crisis-driven Motivation: The principal indicates that the motivation for self-care typically comes when it's "forced," revealing a reactive rather than a proactive approach.

Emotional and Psychological Strain: The principal feels torn between various roles and responsibilities, leading to emotional and psychological stress.

Personal vs Professional Stress: There is a noted shift in stress levels, moving from predominantly work-related to personal, indicating fluctuating stressors impacting well-being.

Concept of Self-Care: Health-Centric: The principal views self-care as a means to maintain or improve health to ensure active participation in life.

Stress Management: Central Barrier: Stress is identified as the primary impediment to the principal's self-care routines.

Dual-Role: Interestingly, stress is also the main motivator for practicing self-care.

Physical Exercise: The principal uses weightlifting as a stress management strategy, although they express a desire for cardio.

Work-Life Balance: Work-Centric: Work dominates as a priority, causing stress and even leading to the feeling of neglecting personal responsibilities like family.

Time Management: Despite good intentions, the principal's day becomes hectic by 9 a.m., suggesting a lack of effective time management.

Organizational Impact: Personal Influence: The principal acknowledges that their well-being has a direct impact on the school's culture and climate. If they are not healthy and present, it negatively affects the school environment.

Balance Between Work and Personal Life: Theme: Struggling with work-life balance is a recurring subject throughout both sets of questions. The principals, including the interviewee, have difficulties in balancing their time between work commitments and personal or family time.

Personal Drive and Type A Personality: Theme: The interviewee identifies their Type A personality and drive to complete tasks as a barrier to self-care. This possibly implies that the drive to achieve could be both a motivator and a stressor in their life.

Support Systems: Theme: Having a support system, like a spouse, is crucial for managing self-care routines, indicating the importance of external motivations in addition to intrinsic ones.

Self-Care as a Key to Professional Atmosphere: Theme: The principal makes it clear that their state of self-care directly impacts the culture and climate within their school. When they are stressed, it resonates throughout the staff and potentially affects the overall climate.

Salary and Benefits Negotiations: Theme: Both from the survey and the interview, it is clear that principals rarely negotiate their salaries and benefits. This possibly ties back to the idea of 'not enough time' or not knowing that it is an option.

Physical Exercise and Health: Theme: Physical activity plays an important role in the interviewee's routine for maintaining mental balance and focus. Lack of physical exercise correlates with decreased performance and mood.

Definition of Self-Care: The principal understands self-care as activities away from work to focus on physical and mental well-being, although admitting to not being good at it.

Work-Life Balance: The principal struggles with disconnecting from work, feeling obligated to finish work tasks before leaving, which often impedes self-care routines like walking or exercise.

Health As A Motivator: Personal health issues, such as surgery, serve as a motivator for the principal to prioritize self-care.

Stress Factors: Stress mainly comes from work-related tasks like paperwork, deadlines, and student behavior management.

Time Management: Attempting to schedule each part of the day has been a coping mechanism for the principal, although this method has its limitations due to unexpected events.

Prioritization: Despite a heavy workload, the principal prioritizes family events and religious commitments.

Impact on School Culture: The principal perceives their own well-being as directly impacting the school's culture and climate.

Conceptualization of Self-care: The principal understands self-care as something that allows a break from work, mentioning activities such as exercise and traveling. This shows that self-care is recognized but not deeply integrated into daily life.

Barriers to Self-Care: The overwhelming responsibilities and expectations associated with the principal's role serve as a significant obstacle to self-care. The focus is outward—on students, parents, and teachers—rather than inward.

Motivation for Self-Care: The motivation for self-care seems to be reactionary rather than proactive, often triggered by medical reasons. This could signify a lack of routine or structured self-care activities.

Stress Points: Work is identified as the main source of stress, overshadowing personal life, which suggests a work-life imbalance that might be affecting well-being.

Time Management: Although the principal uses a planner to manage time, self-care is not a part of this planning, indicating that self-care is not prioritized in time management.

Priorities in Life: Family and work come first, which reveals a tendency to prioritize external responsibilities over personal well-being.

Impact on School Culture: The principal is uncertain about the impact of their own self-care on the school's culture and climate but speculates it would be positive. This suggests a lack of awareness or experience in integrating self-care into their leadership style.

Definition and Importance of Self-Care: The principal sees self-care as not only essential for personal well-being but also as a key ingredient for effective professional performance. The interviewee emphasizes that self-care is necessary to "be present" and "be your best at your job."

Barriers to Self-Care: The principal points out two main barriers to self-care: time and financial constraints. This suggests that despite understanding the importance of self-care, there are systemic and individual hurdles to implementing it effectively.

Motivations for Self-Care: Family and a sense of professional "calling" serve as the main motivational factors for this principal. This shows that external motivators (family) are combined with internal motivators (sense of duty or calling) to encourage self-care practices.

Stress Factors: There are multiple sources of stress, but two primary concerns stand out: a) ensuring the safety and well-being of the staff and students, and b) striving for a happy, cohesive work environment. These are closely tied to the principal's professional responsibilities.

Time Management: The principal acknowledges that time management is particularly challenging, especially at the start of the school year. The dual responsibilities of administrative work and classroom presence create a "double-edged sword," forcing work into personal time.

Prioritization: Family is a high priority for the principal. This is not just an abstract ideal but a conscious decision to allocate time and energy towards family life.

Impact on School Culture: The principal is aware that their mood and well-being have a ripple effect on the school environment. This indicates an understanding of the broader implications of self-care, not just for the individual but for the community.

Self-Care Understanding and Importance: The principal defines self-care as time spent focusing on oneself to feel relaxed and reenergized. This response reflects a straightforward understanding of self-care as a way to recharge. There is no reference to more nuanced or holistic approaches to self-care, suggesting perhaps a lack of depth in her self-care practice or in her understanding of it.

Barriers to Self-Care: The principal identifies her job and family obligations as the main impediments to self-care. This points to the theme of time constraint and the challenge of balancing multiple roles. She describes her schedule as "back-to-back," indicating chronic time scarcity.

Motivation for Self-Care: Her response to what motivates her for self-care reveals a lack of proactive motivation. Self-care only happens when she is pushed to physical limits. This reactive approach to self-care suggests that it's not a priority but rather a last resort, which could impact her well-being and job performance over time.

Sources of Stress: The principal feels stress equally from her job and her family. The stressors are different in nature but intense on both fronts. This echoes the theme of juggling multiple roles, each with its unique demands and challenges. Her remark about feeling guilty indicates an emotional toll that may exacerbate stress.

Time Management: The principal uses a planner to manage her work tasks, but time management at home is chaotic. Family members' lack of time sensitivity adds to her

stress. The discrepancy between her punctuality and others' tardiness suggests a value conflict and a potential source of friction.

Occupational Differences: She feels that being an educational administrator is qualitatively different from other supervisory roles, like her husband's. This reveals a theme of misunderstood professional responsibilities, adding an extra layer of stress as her work's complexity and emotional labor are underestimated.

Priorities: Work and family emerge as the principal's priorities, leaving self-care neglected. Her drive to connect with her family despite exhaustion highlights the theme of emotional obligation and guilt, which can lead to burnout.

Impact on School Culture: The principal believes her constant presence and care for others positively impact the school's climate. However, she also indicates that her sacrifices go unnoticed, suggesting an imbalanced emotional labor dynamic.

Perception by Others: Teachers' reactions to her opening slide reveal that they have limited insight into her personal life, contributing to the theme of invisibility or one-dimensionality in how she is viewed.

Appendix E

All Contextual Analysis Items From Principal Self-Care

Generational and Cultural Expectations: The principal has been influenced by her family and perhaps religious norms, which prioritize the well-being of others over personal self-care.

Age and Health: As she ages, she's noticing a greater need for self-care due to health reasons, such as weight gain.

Educational Equity and Community: The principal is deeply committed to creating an equitable educational environment, which could be influenced by social expectations, governmental policies, or her personal ethics.

Mental Health: The last part of her response in the area of stress reveals some concerning stressors such as suicide and mental health in the school. This indicates a need for not just her own self-care but broader mental health support in her school.

Communication: Some responses were fragmented, suggesting either a high stress level or distraction, which itself could be a sign of the principal's need for self-care.

Role of Work in Self-Care: The Principal identifies the workplace as both a source of stress and, potentially, social interaction and emotional satisfaction. Work is one area where he can practice self-care by setting boundaries and expectations with his staff.

Family Dynamics: The Principal mentions family demands as an impediment to self-care. However, he also identifies his family as a priority, which may mean that he sees family care as a form of self-care.

Seasonality of Stress: Stress appears to be cyclical, peaking at certain times of the school year. This temporal pattern is crucial as it can guide when self-care activities might be most necessary.

Interpersonal Relationships and Self-Talk: The Principal's response reveals that emotional stress often arises from his misinterpretation of social cues or from negative self-talk. This is a crucial insight into the 'soft' aspects of stress that might not be immediately visible.

Societal Gender Dynamics: The Principal mentions that his workplace is mostly composed of women, and he utilizes his gym time for social interaction, potentially as a balance to his work environment.

Spirituality and Community: The Principal tries to make time for church, indicating that spiritual and community engagements are also an essential part of his self-care routine.

Leadership's Role in School Culture: The Principal acknowledges that his self-care is not just a personal matter but has broader implications for the school culture and climate. This highlights the multiplier effect of self-care in leadership positions.:

Competing Responsibilities: The principal highlights the struggle to manage a range of duties both at work and at home. This conflict manifests itself as a key barrier to self-care.

Psychological Factors: There's a sense of guilt ("I feel selfish") when considering prioritizing self-care, which adds another layer of complexity.

Changing Dynamics: A significant change in personal life stressors (mother's stroke) has caused a reevaluation of stress levels and priorities.

Resource Allocation: The principal acknowledges the need to allocate time for self-care, but the reality of "emergencies" in both personal and professional spheres often disrupts these plans.

Role of Leadership in Organizational Health: The principal sees the intrinsic link between their own well-being and the overall health of the educational environment they are responsible for.

Adaptive Strategies: Despite the challenges, there's an effort to adapt by prioritizing tasks and trying to maintain some form of routine or schedule.

Ethical and Professional Considerations: The principal's hesitation in cutting off work ("hopefully wouldn't get fired for it") suggests systemic pressures affecting self-care.

Time Constraints: Like in many professions, time management appears to be a significant issue, affecting stress levels and the ability to balance work and family life.

Role Responsibility: The principal's role involves not just administrative tasks but also the well-being of hundreds of children, adding layers of stress and responsibility.

Interlinked Stress and Motivation: It's noteworthy that stress serves as both an impediment and a motivator for self-care. This paradoxical relationship suggests that while stress drives the principal towards self-care, it also serves as a barrier to it.

Physical Health as Coping Mechanism: Physical exercise is the principal's primary method for handling stress, but it's prescribed rather than preferred, indicating a potential disconnect between desired and actual self-care methods.

Work-Life Balance: The interviewee admits to the struggle with balancing professional responsibilities and personal time. This is consistent with the survey findings, where only 50% of the principals reported striving for a balanced life.

Personality Traits: The interviewee's Type A personality acts as an obstacle to self-care, pushing them to complete tasks even at the expense of personal well-being. This insight could be extrapolated to other principals who may have similar personality traits contributing to their lack of self-care practices.

Negotiating Salary and Benefits: According to the interviewee, many principals, including themselves, were unaware that they could negotiate salaries and benefits. This lack of awareness could be an institutional issue that needs to be addressed.

Interpersonal Relationships: The interviewee values chatting with coworkers and believes it builds better relationships. The survey, however, revealed that only 54% of principals make time for this, suggesting that this is an area where there's room for improvement.

Physical Exercise: Physical well-being appears to be a cornerstone of the interviewee's self-care practice. This connects to their claim that better self-care positively impacts the work environment, providing a concrete action that principals can take to improve both personal well-being and professional atmosphere.

Family Support: The role of the family, particularly the spouse, is highlighted as a critical component of the principal's self-care routine. This external support mechanism may be crucial for principals who are juggling a myriad of responsibilities.

Impact on School Climate: The principal's state of self-care or lack thereof has a clear, observable impact on the school environment, which may indirectly affect student outcomes. This ties back to the theme of work-life balance, emphasizing its importance not just for the principal but also for the wider school community.

Work-Life Imbalance: The survey results show a lack of balance in caseloads among 64% of principals, corroborating the principal's response about feeling overwhelmed by the sheer volume of responsibilities.

Limited Social Interactions: The 54% rate of principals who occasionally take time to chat with coworkers aligns with this principal's description of logistical barriers (like being in different buildings) that impede casual social interaction among principals.

Breaks During the Workday: Only 30% of principals reported being able to take a break during the workday for lunch. The principal's response is insightful as it questions the interpretation of "break" in the survey. It appears that many might be eating at their desks while continuing to work.

Striving for Balance: With only 50% of surveyed principals striving for a balance among work, family, relationships, play, and rest, the principal's comments about struggling with time management and the temptation to continue working are highly relevant.

Work-Life Balance as an Area of Need: 50% of principals find work-life balance as an area of need, mirroring the principal's concern about the need to set boundaries, especially with technology like email.

Work-Life Balance: The principal struggles with maintaining a work-life balance, indicating a larger systemic issue in the profession that demands an excessive focus on work over personal well-being.

Reactive vs. Proactive Care: The principal's self-care is mostly reactive, driven by negative physical symptoms or doctor's orders. This implies that self-care is not institutionalized or normalized in their routine.

Generational and Family Factors: The principal has older kids and had cared for their mom, indicating that life stages might also influence stress levels and self-care routines.

Organizational Impact: While the principal doesn't acknowledge practicing self-care, they do recognize that their self-care could positively impact the school culture, opening the door for future investigations on how principal well-being influences educational settings.

Occupational Stress and Liability: The principal is clearly aware of the high-stakes nature of their job, mentioning liability and the safety of staff and students. This could explain the high levels of stress, which in turn necessitate robust self-care practices.

Financial Barriers: The mention of "finances" as a barrier suggests that the principal might not have adequate resources to invest in self-care, which may be a systemic issue affecting many educational professionals.

Temporal Context: The timing of the interview, at the start of the school year, may explain the heightened sense of time pressure and stress, which could potentially be different at other times.

Family as a Source of Balance: Despite the high stress and responsibility, family serves as a grounding element, offering emotional support and a sense of purpose, which is a common theme in work-life balance literature.

Leadership and Emotional Contagion: The principal's self-awareness about their influence on the school's emotional climate shows the emotional labor that comes

with educational leadership. This underlines the necessity for self-care not just for personal well-being but for effective leadership.

Holistic Understanding of Self-Care: The principal views self-care as taking care of oneself to enable better care for others, suggesting a holistic understanding. This holistic view supports a well-rounded approach to self-care that benefits not just the individual but also the community around them.

Time as a Barrier: The principal identifies 'time' as the main impediment to self-care, which aligns with survey findings where other principals felt they lacked control over their schedules. Time management and schedule flexibility could be key areas for interventions aimed at improving self-care.

Intrinsic Motivation for Self-Care: The principal is intrinsically motivated to engage in self-care because it makes them feel better. This suggests that awareness of the personal benefits of self-care might be an effective motivator for other principals as well.

Dual Stressors: Work and Family: Work and family (specifically the health of the principal's children) are cited as the main areas of stress. Significance: Programs focusing on work-life balance and stress management could be beneficial.

Prioritizing Work and Family: Both work and family are considered priorities, highlighting the challenge of balancing these key aspects of life. Any self-care interventions must account for this dual priority, offering flexibility and adaptability.

Impact on School Culture and Climate: The principal sees their self-care routine as a model for their staff, emphasizing its direct impact on the school environment. Significance: Self-care is not just personal; it has organizational implications, strengthening the case for systemic support for self-care routines.

Appendix F

All Physical Self-Care Themes

Importance of Physical Self-Care: Prevention and Medical Care; The principal acknowledges that getting proper medical care is essential, especially as they age. This suggests a heightened awareness of health risks among principals.

Clothing and Professionalism; The principal's response suggests that dressing well is tied to professional behavior and setting a good example, which may explain why clothing ranked high in the survey.

Exercise; The principal highlights the mental and physical benefits of exercise, connecting it to self-care. They mention dopamine and endorphins and relate exercise to lifestyle rather than a chore.

Boundaries and Time Management: Phone Usage; The principal describes phone usage as an addiction, explaining that their job makes it difficult to set boundaries with technology. This issue contributes to stress and reduced self-care.

Taking Time Off: There's a guilt factor associated with taking time off during the school year, which inhibits principals from engaging in self-care.

Eating Habits; Lack of time and planning impacts the ability to make healthy eating choices.

Cultural and Structural Barriers; Work Culture: The principal indicates that societal and cultural norms in the U.S. discourage self-care by focusing on productivity and a hectic lifestyle.

Educational Policies and Practices: The principal suggests that top-down initiatives may be necessary to prioritize self-care for educators.

Future of Education: Concerns about the future of public education and its impact on the role and responsibilities of principals and teachers also emerged.

Personal Responsibility and Autonomy Individual Choices: The principal admits to making choices that are not in favor of self-care, like not doing meal preps or not moving enough during the day.

Work-Life Balance: They mention the need for a balanced approach to work and life to avoid negative health outcomes.

Self-Care Barriers and Motivators: Balancing Priorities: The principal points out that a significant barrier to self-care is prioritizing it amidst other demands such as work and family.

Energy Levels: Fatigue and exhaustion affect the ability to commit to self-care routines.

Time Management: The principal schedules gym time but acknowledges that unpredictable work events can interfere.

Stress and Emotional Well-being: Cyclical Stress: Stress levels vary based on time of year and specific demands.

Emotional Self-Talk: The principal acknowledges that internal dialogues and misinterpretation of social interactions can add stress.

Impact on Work Environment: Leadership Tone: Self-care impacts the principal's mood and by extension, the school's culture.

Responsibility and Stress: The principal identifies the stress coming from the responsibility of being the leader in the school.

Physical Health and Medical Care: Exercise: A key part of the principal's routine, disruptions to which impact well-being.

Preventative Health: Undergoing medical check-ups led to identifying and addressing a health issue.

Communication and Boundaries: Boundary Setting: The principal sets clear boundaries concerning work and personal time.

Goal Setting: Short-Term and Long-Term Goals: While not interested in spending more time in the gym, the principal aims to lift heavier weights.

Importance of Comfort and Physical Well-being: There is a focus on the necessity of feeling physically comfortable in one's clothing and the role it plays in overall well-being, as well as the priority placed on medical care for prevention.

Physical Exercise as a Universal Goal: Physical exercise emerges as a common goal among the principals, indicative of a shared understanding of its benefits for mental and physical health.

Constant Connectivity: The reliance on telephones even after work hours hints at a culture of perpetual availability and the stress that comes with it.

Barrier to Healthy Practices: Both taking time off and eating healthily are not common practices among the principals, pointing to systemic or personal barriers that prevent proper self-care.

Open Dialogue and Acceptance: The principal stresses the importance of opening up conversations around physical self-care as a vital first step toward collective well-being.

Physical Health: Priority: Medical care is considered highly important, but the principal suggests practical difficulties in consistently accessing such care.

Exercise: Stress Relief: Exercise serves as a way to manage stress, and the principal feels more could be done, especially in the evenings.

Communication Devices: Perpetual Availability: The need to be constantly reachable, even during non-working hours, poses a significant challenge for the principals surveyed.

Dietary Habits and Time Off: Time Scarcity: Lack of time was mentioned as a primary reason for not being able to eat healthily and take time off.

Work-Life Balance: The Principal emphasizes the importance of a work-life balance, and the struggle to maintain it, multiple times across the interview.

Intrinsic Motivation: The principal is internally motivated to stay healthy and achieve balance in life.

Role of Family: Family acts as a support system in the Principal's self-care routines.

Type-A Personality: The Principal identifies as a Type-A personality and indicates that this can sometimes impede self-care routines, particularly because of the need to complete checklists and meet deadlines.

Physical Activity: Exercise, particularly running, is an important part of the Principal's routine for maintaining physical and mental health.

Impact on School Culture: The Principal acknowledges that their own well-being has a direct impact on the school environment.

Technological Dependency: The Principal recognizes the strong role of technology, specifically mobile phones, in the life of school administrators.

Healthy Eating Challenges: Eating healthily is challenging because of the lack of built-in lunch breaks and easy access to less healthy food options.

Definition and Diversity of Self-Care: The principal views self-care as taking time away from work to indulge in activities that bring personal pleasure and alleviate stress. This includes activities like exercise, traveling, and even small acts such as taking a walk or having an extra cup of coffee.

Obstacles to Self-Care: One major obstacle to self-care for the principal is the demanding nature of their job. The priority is often given to students, parents, and teachers, leaving little time or mental energy to focus on their own well-being.

Motivators for Self-Care: Medical conditions often serve as a trigger for the principal to prioritize self-care. They specifically mention physical health, visits to the doctor, and managing conditions like type 2 diabetes.

Work-Life Balance and Time Management: The principal attempts to plan their day and is optimistic about maintaining a balance but admits that their personal office time often gets sacrificed, leading to work seeping into home life and weekends.

Priorities: Family and work are top priorities, and self-care generally takes a backseat, aligning with the general survey findings.

Technological Tethering: The principal mentions that principals are expected to be available 24/7, making it difficult to disengage from work, including stepping away from their phones.

Physical Well-being and Attire: Comfortable clothing and medical care are of primary concern in their physical self-care routine. They specifically mention wearing tennis shoes to keep up with the demands of the job.

Diet and Nutrition: Lack of time and the pace of the workday contribute to poor eating habits. The principal also mentions a lack of hydration and bathroom breaks, highlighting a cycle of neglecting basic physiological needs.

Desire for Institutional Support: The principal wishes for explicit permission or guidelines from higher-ups to engage in self-care without feeling guilty.

Physical Self-Care and Professional Attire: The principal seems surprised by the emphasis on medical care but concurs that dressing comfortably is crucial. Clothing choices emerge as a form of self-care, affecting overall mood and performance at work.

Exercise as a Goal: The principal acknowledges the lack of exercise in their routine, echoing the findings from the survey that physical health is a notable area for improvement among principals.

Electronic Device Dependency: There is an admission of near-constant connectivity via phones, driven by both professional obligation and personal habits. This raises concerns about the ability to disengage and focus on self-care or family.

Time Constraints and Guilt: The theme of time being a significant impediment to self-care is consistent. A unique aspect here is the guilt associated with taking time off during the school year, which complicates the work-life balance further.

Autonomy in Self-Care: The principal indicates that self-care, ultimately, has to come from within. However, they also point out systemic adjustments that could help, such as scheduling flexibility for wellness programs.

Physical Self-Care and Its Elements; Context: The principal found it intriguing that wearing preferred clothing was rated highly among physical self-care activities.

Significance: Preferences in physical self-care may be subjective but can serve as an immediate form of self-validation or self-comfort.

Importance of Preventive Care; Context: The principal emphasized that medical self-care and prevention are crucial, suggesting that proactive measures could minimize health risks. **Significance:** Preventive care aligns with the principal's idea of self-care as a holistic practice that enables caring for others.

Struggle with Exercise; Context: The principal identifies time as a significant barrier to regular exercise, a struggle amplified by the responsibilities of being both a mother and a principal.

Significance: The need for exercise is acknowledged, but implementing it consistently appears to be a challenge.

Connectivity vs. Detachment; Context: The principal does not see the constant presence of the phone as a burden but rather as a necessity for fulfilling various roles effectively. **Significance:** While constant connectivity can be stressful for some, it is seen as a facilitator for responsibilities here.

Work Ethic and Time Off; Context: The principal indicates that taking time off during the school year would induce guilt and is therefore not an option. **Significance:** There's a tension between the ideal of self-care and the ingrained work ethic of school leaders.

Nutrition and Energy; Context: The principal prioritizes eating healthy as a means of maintaining the energy required for the job. **Significance:** Nutritional health is directly linked to performance and is given priority.

District-Level Support; Context: The principal suggests that district leaders could facilitate partnerships with local gyms to offer discounted memberships for educators. **Significance:** The suggestion aims to institutionalize physical self-care, making it more accessible for everyone in the educational setting.

Lack of Time for Medical Care: The principal acknowledges the need for medical care but mentions time constraints as a barrier. This correlates with the survey findings that rank medical care as a high concern but often unachieved due to job demands.

Dress for Success: The principal highlights that wearing clothing you like can have a positive impact on emotional well-being. It might suggest that low-effort, high-impact strategies like this are often the most practical for busy professionals.

Exercise as a Past Priority: While previously able to incorporate exercise, transition into the role of principal has diminished this habit. Again, time and workload are cited as obstacles.

Tech Dependency: The need to be continually accessible due to the nature of the job aligns with the survey results, highlighting that many principals rarely distance themselves from their phones.

Eating Habits and Decision Fatigue: There's a tendency to opt for unhealthy but quick meals, likely due to the emotional and cognitive toll of continual decision-making.

Guilt and Time Off: The principal feels internal and external pressure to not take time off, thereby neglecting self-care.

Work Culture and Mindset: The influence of generational beliefs and upbringing affect the principal's work ethics, indicating the issue is not just organizational but also rooted in individual psychology and culture.

Need for Organizational Support: There's a call for systemic changes like specific self-care days for principals, reflecting a yearning for the system to better accommodate well-being needs.

Appendix G

All Physical Self-Care Contextual Analysis Items

Work-Life Balance: The principal struggles with balancing professional and personal life but makes a point to prioritize physical exercise and family.

Health Awareness: Recent surgery heightened awareness about the importance of preventative health care.

Job Stressors: The principal finds different times of the year more challenging due to varying responsibilities, such as the beginning and end of the school year or planning trips.

Organizational Culture: The interviewee indicates that the size and type of school (smaller versus larger) could potentially impact the ability to disconnect from work, especially via phone.

Team Support: The principal points to having good teamwork within the school as a backup during their absence, something they acknowledge may not be available to all principals.

Job-Related Stress: Stress stemming from the principal's job roles seems to have a tangible impact on their physical health, necessitating medical care and preventive measures.

Time Constraints: Lack of time is repeatedly cited as the main barrier to engaging in beneficial activities like exercise or eating healthily.

Perceived Judgement: There is a perception that not being constantly available (via telephone) might lead to negative evaluations, revealing an organizational culture that could be stifling self-care initiatives.

Changing Administrative Expectations: The principal expresses a hope that new administrative attitudes will permit more flexibility for self-care activities like taking time off, suggesting that current constraints may be organizationally imposed.

Recognition of Failures in Meeting Self-Care Needs: The principal is aware of the shortcomings in meeting self-care needs and stresses the importance of an honest discussion to address these issues.

Ubiquitous Stress: Across multiple questions, stress emerges as a universal theme, affecting both mental and physical aspects of self-care.

Always-On Culture: The principal indicates an "always-on" culture with constant notifications, which is clearly a hindrance to achieving work-life balance.

Lack of Control: There is a sense of helplessness in addressing self-care issues due to the unpredictable nature of the work and the constant demands on time.

Digital Detox: Consider implementing "quiet hours" where principals are not expected to be reachable unless it's an emergency. This can help manage stress and create some separation between work and personal time.

Self-care Meaning: According to the Principal, self-care is about balancing work and personal life. This aligns with the broader societal view but is particularly relevant given the workload associated with the role of a Principal.

Impediments: The Principal's Type-A personality tends to blur work-life boundaries, indicating that personal traits can have a significant role in self-care practices. This could be generalized to other school leaders with similar personalities.

Motivators: Intrinsic motivation and family support are significant factors in the Principal's self-care routine. This is indicative that a support system and internal drive can positively affect self-care.

Stress Factors: The interviewee points out that while the job isn't always stressful, there are spikes in stress levels due to multiple reasons, both professional and personal. This could imply that stress management strategies need to be flexible and adaptive.

Time Management: The Principal practices strict boundaries between work and personal life during weekdays but remains somewhat flexible during weekends. The strict time management is likely influenced by the need for work-life balance.

Priorities: While family is important, work comes first for the Principal, potentially due to a strong work ethic and commitment to job roles. This again hints at the challenges of achieving a work-life balance in this profession.

Impact on School Culture: The Principal's emotional state directly impacts the school environment, underscoring the importance of self-care not just for the individual but for the collective well-being of the school.

Physical Self-care: Running plays a critical role in the Principal's physical and mental well-being. This lines up with the survey findings that physical activity is a common goal among principals.

Mobile Phone Dependency: The Principal is not surprised that half of the surveyed principals find it hard to detach from their phones, indicating a general trend that technology has become a double-edged sword in the modern educational leadership role.

Challenges in Eating Healthily: The Principal notes the difficulties of eating healthily while on the job, echoing the findings of the survey and providing contextual explanations like the lack of structured mealtimes and quick access to unhealthy food.

Occupational Stress: The principal identifies work as the most significant source of stress, indicating that the role is highly demanding and perhaps lacks institutional support for well-being.

Responsibility and Expectations: The constant demand to be available and the manifold responsibilities towards students, parents, and teachers put principals in a position where they feel they can't afford to prioritize themselves.

Health Implications: The principal has medical conditions (type 2 diabetes, high blood pressure) that require ongoing medical care, which adds another layer of stress and necessity for self-care.

Work Culture: The culture within the educational setting seems to prioritize performance and availability over well-being. There is no mention of institutional support or programs designed to help principals manage stress or maintain a healthy work-life balance.

Collective Trend: The survey and this particular interview seem to be indicative of a broader trend within the profession where the self-care of principals is a low-priority issue, overshadowed by the immediate demands of their roles.

Surprising Survey Outcomes: The principal is surprised by the emphasis on medical care for prevention in the survey. This divergence from personal experience suggests that while trends can be identified in survey data, individual perspectives may vary significantly.

Work-Life Balance and Digital Devices: The use of phones is described as both a personal choice and an obligation, indicating a blurred line between personal and professional lives. This calls for a systemic review of expectations related to communication outside of work hours.

Internalized Professional Expectations: The guilt around taking time off indicates a deep internalization of professional responsibilities, which can conflict with self-care practices. This is an area that warrants further exploration in terms of occupational culture among principals.

District-Supported Initiatives: While the principal doesn't see an external influence as highly effective for personal self-care, the mention of district partnerships for after-school classes suggests a potential role for systemic support, albeit with improved timing to accommodate principals' schedules.

The Perpetual Time Crunch: Time constraints are a recurring issue, influencing multiple dimensions of self-care, from exercise to nutrition. This suggests a need for more comprehensive strategies to address time management challenges in principalship. In summary, the principal's responses corroborate some of the survey findings while also adding layers of nuance and individual experience. There's a recognition of the complex interplay of personal choice, professional obligations, and systemic factors that impact the practice of self-care. Solutions may require both individual initiative and systemic changes.

Role and Responsibility: The principal's role carries a unique blend of responsibilities that make it difficult to partition time for self-care activities, making systemic change necessary.

Work-Life Balance: There is a striking imbalance here, with the work aspect overwhelmingly dominating. This aligns with the survey finding related to the lack of balance.

Organizational Expectations: The inability to take time off seems partly rooted in organizational culture and a lack of structural support for well-being.

Cultural and Personal Beliefs: Personal beliefs and upbringing contribute to the issue. The principal's mother's attitude towards work and mental health appears to have significantly influenced her own views, indicating a generational transmission of work ethics.

Appendix H

All Psychological Self-Care Themes

Difficulty in Saying No: The participant noted a tendency to struggle with refusing additional responsibilities. This correlates with the survey data where 64% of the principals had difficulty in saying "no" to extra tasks. This theme highlights the pressure that principals often feel to keep "10 balls in the air," suggesting a multi-tasking, high-demand role that makes it challenging to set boundaries.

Emotional Distance in Professional Relationships: The principal spoke about the need to maintain some emotional distance from colleagues, especially when in a leadership role. 57% of the surveyed principals also reported rarely disclosing personal aspects of their lives. The reasons for this range from not wanting to burden others with personal matters to managing the complexities that arise when one is both a boss and a friend.

Importance of Self-Reflection: More than half of the surveyed principals found self-reflection beneficial, a sentiment echoed by the interviewee. According to him, self-reflection helps in personal growth and in taking the school forward, emphasizing that stagnation is detrimental.

Heterogeneity in Psychological Self-Care Approaches: The interviewee noted that principals have varied ways of handling stress and personal matters, which is reflected in the diverse responses to the open-ended survey questions on psychological self-care.

Under-emphasis on Self-Care: The participant observed that self-care is not a frequently discussed topic among principals. This underlines the culture of de-prioritizing self-care, which is perceived as a sign of weakness or lack of dedication to the job.

Judgment and Self-Care: The participant mentions the tendency to judge others on their self-care practices, implying a lack of collective understanding and acceptance of the importance of self-care within the profession.

Difficulty in Setting Boundaries: A recurring theme is the challenge principals face in saying no to additional responsibilities. They want to be supportive and helpful but struggle to set limits for themselves.

Vulnerability and Privacy: The respondents find it difficult to be open and vulnerable, partly due to professional expectations and partly due to personal reservations.

Limited Time for Self-Reflection: The principals indicate that they do engage in some form of self-reflection, but often not in a dedicated, scheduled manner.

Need for Professional Help: The idea of seeking professional help, such as counseling, for psychological well-being was positively framed.

Varied Psychological Self-care Approaches: The principals did not have a uniform approach to psychological self-care, indicating a lack of a shared or established protocol for this aspect.

Role Expectations: The principals feel the pressure to be in charge and know what they're doing, which restricts them from participating in activities where they aren't experts.

Reluctance to Receive Help: Principals, including the respondent, hesitate to receive help from others because they equate it with appearing weak or vulnerable.

Guarded Professionalism: There is a sense that showing various aspects of their personal selves would make principals vulnerable and is therefore avoided.

Reflection Tied to Negative Critique: Daily self-reflection exists but tends to focus on negative aspects or potential areas of improvement rather than positive achievements.

Control and Expertise: Principals are reluctant to engage in activities where they are not in charge or an expert, due to fear of appearing vulnerable or weak.

Variability in Psychological Self-Care: Unlike the more uniform responses about physical self-care, psychological self-care seems to have elicited a variety of responses, indicating its more complex, subjective nature.

Sense of Responsibility: The principal believes it is their duty to ensure all tasks are completed, even when it involves taking over responsibilities from absent staff.

Perceived Weakness: The principal is hesitant to share personal aspects, seeing it as a sign of weakness which can undermine their professional role.

Lack of Self-Reflection: The principal suggests that more time could be devoted to deep self-reflection to improve decision-making.

Autonomy and Control: The principal prefers tasks where they have expertise, citing the desire for things to be done "right" as the main reason.

Individual Variability; Diverse Experiences: The principal notes that the wide range of experiences among surveyed principals would naturally lead to a diversity of self-care practices and preferences.

Responsibility and Leadership: One of the recurring themes is the inherent responsibility and leadership roles that principals feel they need to fulfill. This has an impact on their inability to say "no" to additional tasks.

Vulnerability and Professionalism: There's a conflict between wanting to be authentic and fearing to show vulnerability, especially among staff. Professionalism acts as a barrier to self-disclosure.

Time Constraints and Prioritization: The role of a principal is often time-consuming and stressful, making it difficult to prioritize self-reflection or activities in which they aren't experts.

Personal Qualities: The principal suggests that personal characteristics like being a "fixer" or "problem solver" are common traits among principals. This complicates the practice of receiving help or showing vulnerability.

Interpersonal Relationships: The principal acknowledges the existence of a support system among principals but also suggests that the dynamics are different with staff, where vulnerability can be seen as a weakness.

Identity and Self-perception: The principal points out that principals generally see themselves as the ones to provide support rather than receive it, which impacts their psychological self-care.

Spirituality and Faith: The principal introduces the role of faith as a dimension in their daily self-reflection, suggesting that spiritual practices might be one form of coping or self-care.

Ambiguity in Psychological Self-Care Practices: In response to the open-ended question, the principal indicates that psychological self-care can be more ambiguous than physical self-care, making it harder for principals to identify what they should be doing.

Reluctance to Receive and Say No: The principal identifies a tendency to continuously take on responsibilities and a difficulty in accepting help, tied to their role and personality as a giver.

Concealing Vulnerabilities: The principal speaks to the common practice of hiding personal weaknesses and challenges from colleagues and subordinates, driven by a fear of appearing weak.

Time for Self-Reflection: The principal values self-reflection but generally limits this to commuting times, indicating a lack of structured reflective practice within their daily routine.

Fear of Failure: The principal suggests that the hesitance to do tasks outside of their expertise stems from a fear of failure, linked to their leadership role.

Diverse Psychological Needs: In contrast to physical self-care, psychological self-care needs among principals appear to be more diverse and individualistic.

Prioritizing Personal Time: The principal's advice for enhancing psychological self-care revolves around taking personal time and focusing on activities that are genuinely relaxing or fulfilling.

Physical Self-Care; Practicality and Necessity Drive Choices: The principal interviewed values practical and necessary aspects of self-care like wearing comfortable clothes and regular medical check-ups. This could be reflective of the demanding nature of their job, which requires them to be both physically agile and healthy.

Exercise—Good Intentions, Little Action:

There seems to be a distinction between exercise undertaken as part of the job (e.g., walking around the school) and exercise that is deliberately performed for the sake of health and well-being. Good intentions to exercise are frequently reported but rarely actualized, which might signify a need for systemic change in how time is managed.

Connectivity as a Double-edged Sword: The principal acknowledges the need to be connected 24/7 but also identifies this as a significant impediment to effective self-care. This perpetual connectivity seems to weigh down on the ability to detach and take meaningful time for oneself.

Psychological Self-Care; Expectations and Sacrifice: Principals feel the weight of expectation on their shoulders, often assuming extra responsibilities to shield their teachers from additional burdens. The concept of ‘sacrificial leadership’ is evident here. **Emotional and Professional Isolation:** The narrative suggests a level of emotional isolation stemming from the expectation that principals should be strong, invulnerable leaders. This professional and emotional distance may hinder psychological well-being.

Informal Reflection but No Formal Process: There's a lack of formal structure or time for self-reflection, which happens sporadically or during 'idle' times like driving. This signifies the need for a more structured approach to self-reflection.

The Complexity and Stigma of Psychological Self-Care: Psychological self-care practices among principals appear diverse and fragmented, likely because psychological needs are complex and multifaceted. Moreover, there's a stigma attached to acknowledging psychological struggles openly.

Difficulty in Relinquishing Control: The principal discusses the challenge of delegating tasks and responsibilities to others, noting that principals generally want to maintain control. This might create undue stress and limit their psychological well-being.

Introversion and Identity: The principal identifies as an introvert and suggests that this may be why many principals do not readily share different aspects of themselves. This could be associated with job performance pressure and fear of judgment.

Self-Reflection and Faith: The principal points to their Christian faith as a guiding force for self-reflection. The fact that only 50% of principals report occasionally making time for self-reflection could indicate time constraints or lack of prioritization of mental well-being.

Reluctance to Step Out of Comfort Zones: The principal emphasizes that principals are generally reluctant to engage in activities where they are not experts. This could also link back to control issues and could limit personal growth and psychological well-being.

Psychological Self-Care Complexity: Psychological self-care is perceived as more complex and open-ended than physical self-care, explaining the variety in the open responses.

Institutional Support: The principal feels that the school district already provides valuable support in terms of psychological self-care by partnering with counseling services.

The Role of a Caregiver and Struggle with Receiving: The principal identifies as more of a giver or caretaker and finds it challenging to accept help from others. This dynamic extends to a difficulty in saying 'no' to extra responsibilities, especially when they feel they are nearing their limit. The principal attributes their understanding of these limits to experience.

Professional vs Personal Identity: The principal differentiates between their professional identity and their personal identity, indicating a compartmentalization. This dual identity helps manage the emotional and psychological requirements of the job but can hinder a full revelation of self, contributing to a lack of holistic self-care.

Time Constraints & Self-Reflection: Time is cited as a significant barrier to activities like exercise and self-reflection. The principal reveals that while self-reflection occurs, it's often spontaneous and situation-dependent, not a scheduled activity.

Control and Expertise: The principal acknowledges a desire for control and a preference for engaging in activities where they are experts, limiting their exposure to new experiences that they aren't in control of.

Social Stigma around Mental Health: The principal acknowledges societal barriers in discussing mental health issues and stresses that there's a difference in the societal acceptance of physical self-care and psychological self-care.

Appendix I

All Psychological Self-Care Contextual Analysis Items

School Environment: The participant is from a small school, which might make principals more cautious about sharing personal information due to the close-knit community.

Experience and Age: The participant mentioned that with age and experience, there's a slight shift towards setting boundaries, suggesting that younger or less experienced principals might struggle more with this.

Workload: The high workload and responsibilities seem to create a culture where self-care is not prioritized. The participant indicates this through phrases like "we just do our jobs and we move on."

Professional Relationships: The participant has been at the school for 18 years, and some relationships overlap between being colleagues and friends, making emotional distancing complicated but necessary.

Organizational Culture and Structure: The interviewee talks about setting priorities and focusing on main tasks as a strategy. However, the structural demands of their job make it difficult to implement this effectively.

Personal Preferences and Life Circumstances: The principal mentions personal style in clothing choices and talks about a recent surgery, highlighting how personal life circumstances can influence self-care choices.

Community and Support: The principal appreciates the support from staff and considers it a form of self-care, emphasizing the importance of a supportive work environment.

Subconscious Realization of Benefits of Exercise: While exercise wasn't a priority for the respondent, they note that they subconsciously realize its benefits.

Role-Related Personality Traits: The respondent believes that the role of a principal attracts certain personality types that are predisposed to taking on responsibilities and struggling with psychological self-care.

Fear of Vulnerability: Vulnerability is viewed as a negative attribute, preventing principals from receiving help, showing their true selves, or venturing outside their areas of expertise.

Cultural and Personal Differences: The respondent acknowledges that principals come from different backgrounds and have different life experiences, which contribute to a varied approach to psychological self-care.

Impact on Physical Well-being: The respondent acknowledges that psychological well-being has a tangible impact on physical health.

Perpetual Responsibility: The principal believes that part of their role is to be the constant problem-solver, which places a psychological burden on them.

Cultural Expectations: There is a societal expectation for principals to appear strong and invulnerable, making it difficult for them to be open about their vulnerabilities.

Limited Introspection: The principal admits there's room for deeper self-reflection, but there seems to be an implicit belief that it is not essential.

Self-Reliance Over Delegation: The principal's reluctance to delegate tasks where they are not the expert suggests an underlying belief in the importance of self-reliance over collaboration.

Unique Stressors: Because each principal has unique stressors both professionally and personally, psychological self-care methods will inherently vary.

High Stress Job: The role of a school principal is demanding and involves multiple responsibilities, which can make self-care practices difficult to maintain.

Social Expectations: There are cultural and institutional expectations about what a principal should be, which can influence their willingness to show vulnerability or take time for themselves.

Support System: Although there is a strong sense of camaraderie among principals, the relationship dynamics change when interacting with staff, complicating the practice of psychological self-care.

Coping Mechanisms: The principal talks about talking to her husband and praying, indicating that there are some coping mechanisms in place, albeit not formal self-care practices.

Dichotomy in Perceptions: The principal also addresses how principals may see aspects like professionalism and responsibilities differently when interacting with staff as opposed to their peers.

Reluctance to Receive and Say No: The principal's response echoes the survey findings that a significant percentage of principals rarely practice receiving help from others and struggle with saying no to extra responsibilities.

Concealing Vulnerabilities: 57.14% of principals reported that they rarely let others know about different aspects of themselves. This aligns with the principal's own reluctance to reveal vulnerabilities.

Time for Self-Reflection: 50% of the principals surveyed make time for self-reflection, a statistic corroborated by the interviewee, although they do so more informally during commutes.

Fear of Failure: The principal's insight into avoiding tasks where they aren't the expert is consistent with the 50% of survey respondents who also avoid such tasks, likely rooted in the fear of appearing incompetent.

Diverse Psychological Needs: The open-ended responses being "all over the place" reflect the individualized nature of psychological self-care, a departure from the more uniform needs around physical self-care like exercise.

Prioritizing Personal Time: The recommendation to take time for oneself is a proactive strategy that could potentially address multiple areas of psychological self-care that are lagging according to the survey.

The Struggle for Control and Burnout: The principal's insistence on the difficulty of giving up control can be situated within the larger issue of job burnout and stress among principals, suggesting a potential area for intervention to improve psychological well-being.

The Role of Personality Traits: Introversion is mentioned as a possible explanation for why principals may not be open about different aspects of their identities. This implies a certain level of professional facade that principals feel obliged to maintain, which could be psychologically taxing.

Faith and Professional Life: The principal's admission that their Christian faith guides their self-reflection opens up questions about how faith and spirituality intersect with professional roles and responsibilities.

Complexity of Psychological Well-being: The principal's observation that psychological self-care is multifaceted raises questions about how districts can best support a range of psychological needs among their leadership staff.

Institutional Mechanisms for Psychological Support: The principal expresses satisfaction with the district's efforts to provide psychological support through partnerships with counseling groups, suggesting a level of institutional responsibility and action in this area.

Work-Life Balance: The principal is juggling a multitude of roles - as a school leader, as a parent, and as an individual. These roles collide and make time management and self-care challenging.

Organizational Support: There's an implication that the larger educational system or community might not offer enough structural support for principal self-care, be it physical or psychological.

Experience & Self-awareness: The principal's years of experience contribute to a nuanced understanding of their limitations and self-care needs, suggesting that newer principals might struggle more.

Societal Norms: The interview touches upon broader societal issues like the stigma surrounding mental health, which can indirectly impact the psychological well-being of school principals.

Adaptability: Each principal is different; what works for one may not work for another, pointing to the need for personalized approaches to self-care, not only at an individual but also at an organizational level.

The Role of Technology: The always-on culture, facilitated by smartphones, also comes up as a significant factor in the constant state of work and less time for self-care, albeit the principal does not view this as a burden.

Resistance to Saying No and Receiving Help; Context: Principals find it hard to say no to additional responsibilities, as they feel that it would just burden someone else.

Emotional Vulnerability and Isolation; Context: The principal indicates that sharing personal experiences or showing vulnerability can backfire, and consequently, they choose not to share.

Minimal Time for Self-Reflection; Context: The principal reported that they don't actively make time for self-reflection, although they do ponder things during their drive. This indicates a limited frame of time where they can truly assess and reflect upon their actions and decisions.

Problem-Solving Focus; Context: The principal mentions that self-reflection mostly revolves around solving issues or thinking about what could have been done better, emphasizing a problem-solving approach rather than a balanced reflective process.

Avoiding Situations Where They're Not in Charge; Context: The principal talks about how rare it is to let someone else take charge, implying a level of control that is usually associated with their role.

Psychological Self-Care vs. Physical Self-Care; Context: Physical self-care seems more straightforward and easier to practice than psychological self-care, which requires more mental effort that principals are often unwilling or unable to expend due to job stress.

Need for Supportive Environments; Context: The principal's recommendation indicates a desire for an environment where emotional and psychological concerns can be safely discussed and heard, suggesting the importance of a supportive organizational structure.

Resistance to Saying No and Receiving Help: This suggests that the role of a principal is seen as inherently sacrificial. The reluctance to say "no" might stem from a deep-rooted cultural or organizational expectation that the principal must bear the brunt of all responsibilities.

Emotional Vulnerability and Isolation: The culture of criticism and the risk of personal information being used against them deters principals from being open, fostering a work environment of isolation rather than community and mutual understanding.

Minimal Time for Self-Reflection: This shows that there is little structured space for self-improvement or even mental rest, which is integral for effective leadership.

Problem-Solving Focus: The heavy focus on troubleshooting problems leaves little room for positive reflection, which is essential for morale and could inspire different approaches to recurring issues.

Avoiding Situations Where They're Not in Charge: This suggests that the need for control or leadership may come from the pressure to be the problem solver, and the reluctance to appear incompetent in any context.

Psychological Self-Care vs. Physical Self-Care: The disparity between the two indicates that the mental toll of the job is perhaps not fully acknowledged or given the importance it requires by the districts or the principals themselves.

Need for Supportive Environments: The expressed need for open dialogue and listening sessions within the district suggests a gap in the existing organizational structures to support principal well-being.

Appendix J

All Principal Emotional and Spiritual Self-Care Themes

Overwhelm and Lack of Personal Boundaries: Many principals, including the respondent, report struggling with saying no to extra responsibilities. This reflects the wider theme of difficulty in setting personal and professional boundaries, contributing to overwhelm and burnout.

Professional Isolation: The respondent indicates that many principals feel they need to separate their personal lives from their professional roles, suggesting a sense of professional isolation. This is especially evident when the respondent talks about not letting others know about different aspects of who they are.

Reflection and Self-awareness: More than 50% of principals make time for self-reflection. This could indicate an awareness of the importance of self-care, even if they are not practicing it optimally.

Diverse Approaches to Psychological Self-Care: There's a wide range of psychological self-care practices among the surveyed principals. This is reflective of individual differences in coping mechanisms and the levels of openness about psychological well-being.

Emotional Self-Care Neglected: The data suggests that emotional self-care, specifically self-affirmation, is not a priority for the majority of the principals. The respondent attributes this to their focused, 'get-the-job-done' mindset.

Seeking Joy and Humor: A notable majority find things that make them laugh, suggesting that humor serves as an essential coping mechanism in a high-stress job.

Spiritual Self-Care: There seems to be a distinct preference for engaging in spiritual self-care, like spending time in nature, with children, or finding a spiritual connection.

Leadership Fatigue: The theme of not wanting to be in charge reflects an underlying leadership fatigue, and a need for spaces where they don't have to make decisions.

Self-Affirmation: Principals struggle with self-affirmation, often citing a focus on their staff and students as the reason. There seems to be a culture of self-effacement or communal achievement that makes individual praise uncomfortable.

Connection with Loved Ones: Principals report difficulty maintaining personal connections due to the demanding nature of their job. The theme of time constraint and exhaustion recurs here as well.

Prioritization of Time: The role's demanding nature forces principals to constantly evaluate the "best use" of their time, often at the expense of self-care activities like rewatching a favorite movie or staying in contact with loved ones.

Spiritual Self-care: The theme of spiritual self-care stands as a stark contrast to emotional self-care. Spending time in nature, with children, and in spiritual communities were all rated highly.

Decision Fatigue: Being constantly responsible for decisions in a professional setting leads to a desire for spaces where they aren't in charge.

Pay Negotiation: A prevalent culture or lack of encouragement for negotiation around benefits or pay raises in education seems to dissuade principals from doing so.

Struggle to Prioritize Self-Care: Both in the areas of psychological and emotional self-care, principals find it hard to prioritize activities that would be considered self-care, whether it's saying no to extra responsibilities or taking time to laugh.

Fear of Vulnerability: Another theme that emerges is the fear of appearing vulnerable, which includes letting people in, allowing themselves to cry, or doing things they're not experts in. This appears to be a deeply ingrained belief that being in control is equated with strength.

Time Constraint and Work-Life Balance: The issue of not having enough time recurs, especially in maintaining social connections and personal interests like re-watching a favorite movie or reading a book.

Negative Self-talk vs. Self-Affirmation: There's a tendency among the principals to engage more in negative self-talk rather than self-affirmation. They are more likely to criticize themselves for mistakes rather than celebrate their successes.

Societal and Gender Roles: Questions about allowing oneself to cry led to a discussion about gender roles and social expectations, showing that societal norms can influence self-care practices.

The Importance of External Validation: The need for external praise or validation appears to affect the ability to self-affirm.

Seeking Balance in Authority: In the realm of spiritual self-care, principals expressed the desire to find places or situations where they are not in authority, perhaps as a break from their daily roles.

Cultural and Regional Factors in Spiritual Self-Care: Cultural upbringing and regional factors seem to play a role in how principals prioritize different aspects of spiritual self-care.

Emotional Weight and Negative Focus; Overemphasis on Negatives: The principal expresses that negative event during the day, such as difficult conversations, are more memorable and impactful.

Discomfort with Personal Success; Reluctance to Celebrate: The principal reveals a personal discomfort with celebrating their own achievements.

Emotional Suppression; Cultural Training: Emotional expression, particularly crying, is seen as inappropriate due to cultural and social conditioning.

Lack of Personal Connection; Emotional Drain: The principal reports that the emotional demands of their role leave little energy for maintaining personal relationships or revisiting personal joys.

Self-Critique and Humility; Avoiding Arrogance: The principal feels that giving themselves affirmations might come across as arrogance or complacency.

Finding Humor; Comic Relief: The principal acknowledges that finding things to laugh about is a common way they cope with the emotional demands of the job.

Positive Journaling; Potential Solution: The principal suggests keeping a journal focused on positive events as a method of emotional self-care.

Spiritual and Natural Connection; Seeking Simplicity and Divinity: The principal believes that spending time in nature and finding a spiritual community can offer respite from the complexity and demands of their role.

Emotional Self-Care; Discomfort in self-praise: The principal pointed out a reluctance to take compliments, possibly because they don't enjoy being the center of attention despite their role requiring them to be. **Crying as Nature vs Nurture:** The participant believed that the ability to allow oneself to cry may be linked to their innate sensitivity or emotional makeup, rather than being a skill or habit developed in their profession.

Staying Connected: The principal did not directly respond to the matter of staying in contact with loved ones or re-engaging with favorite movies or books but did note that emotional responses such as crying were more a part of their personal makeup.

Need for Self-Affirmation: The participant recognized the importance of being one's own cheerleader. He/she acknowledged the need for boosting self-esteem through self-affirmations.

Laughter as Medicine: The principal seemed to agree with the idea that finding humor is crucial for emotional well-being.

Spiritual Self-Care; Environmental Influence: According to the principal, the high ratings for spending time in nature and finding a spiritual connection are influenced by the geographic and cultural context of Western North Carolina.

Delegating Responsibilities: There is a conflict between the idea of team-building and delegating tasks versus the actual execution. The principal pointed out that additional responsibilities often land back on the principal's plate, possibly to protect teachers from added burden.

Negotiating Benefits or Pay: The participant indicated that the negotiation of pay, or benefits is not typically viewed as an option, perhaps due to the state-controlled pay scale and the service-oriented nature of the job.

The Weight of Leadership; Principals often feel pressured to maintain an image of effectiveness and control. There is a reluctance to show vulnerability or "weakness," including the human sides of their lives. Fear of appearing weak or incompetent prevents them from venturing into areas where they aren't experts.

Sacrifice of Self-Care; The role of a principal is so demanding that self-care often takes a back seat. Emotional and psychological self-care is particularly neglected, perhaps because it's less "visible" than physical self-care. The job requires constant giving—of time, energy, and emotional support—but leaves little room for receiving.

Coping Mechanisms and Support Systems; Laughter and humor are used as coping mechanisms. Technology helps to share stress-relieving content among colleagues. Importance of support systems like family and church community for spiritual and emotional well-being.

Time Management and Prioritization; Time is a major factor affecting the ability to engage in self-care practices. Reflection and self-improvement often occur during 'non-work' times, like commutes. Work often spills into personal life, affecting work-life balance.

Delegation and Relinquishing Control; Principals want to delegate but fear others might drop the ball. Age and experience might improve one's ability to delegate and relinquish control. Open to the idea of letting others take charge but cautious about execution.

Emotional Self-Care; Self-Doubt and Pressure: The principal highlights the emotional strain of constantly second-guessing oneself. This implies that principals often work under significant pressure, feeling the need to always make the right decisions.

Lack of Affirmations: The principal feels that positive affirmations are sparse in the profession, which is substantiated by the broader survey where many other principals also identify it as a need. This makes self-affirmation an unfamiliar and even awkward practice for many.

Emotional Expression: The principal is comfortable with emotional expression, such as crying, which seems to contradict the general trend in the survey. However, they also express concerns about how this emotional expression is perceived by others.

Connection and Laughter: The principal values interpersonal connections and laughter as essential coping mechanisms. They use humor to lighten the workplace environment, considering it a crucial element of emotional self-care.

Individualized Emotional Needs: The principal stresses that emotional self-care is a personal and individualized journey, more complex than merely adopting a set routine or activity.

Spiritual Self-Care: Control and Choice: The principal notes that time spent in nature, with children, and in spiritual pursuits are areas over which they have control, unlike many other aspects of their job.

Leading vs. Being Led: The principal articulates a deep need for spiritual nourishment, noting the exhaustion that comes from always being in a leadership role. **Shift in Leadership Desire:** The principal states that they have withdrawn from seeking leadership roles in non-work environments, like church or community organizations, likely due to the fatigue from their job.

Reluctance for Self-Affirmation: The principal states that they do not feel comfortable praising themselves due to a combination of personal and religious beliefs. This suggests a potential cultural or religious barrier to emotional self-care.

Emotional Expression: The principal discusses their own emotional tendencies, mentioning that crying is often dependent on one's genetic makeup or predisposition. This could imply that emotional expression can vary widely among individuals and is not universally applicable for self-care.

Time Constraints: The principal highlights the challenge of time management, explaining why they might only occasionally read a favorite book or stay in contact with significant people. This is indicative of the high-pressure, time-consuming nature of the job.

The Power of Laughter: According to the principal, laughter serves as an emotional release and provides balance, acting as a counter to stress and anger.

Emotional Acceptance and Support: The principal suggests that district leaders could encourage a culture where it is acceptable to express emotions, even in professional settings.

Connection with Nature and Spiritual Community: The principal points out that many in the profession value spending time in nature and with children, as well as finding a spiritual connection or community, highlighting the importance of spiritual and emotional well-being.

Delegation and Control: The principal reiterates the difficulty they have in relinquishing control but acknowledges the necessity of doing so for their emotional well-being and sanity.

Emotional Self-Care; Discomfort with Self-Affirmation: The principal expressed a clear discomfort with self-affirmations. He identifies this discomfort as being rooted in both his upbringing and personality type. He feels awkward when he tries to praise himself and doesn't believe he needs affirmations to "fill his cup."

Emotional Release: The principal reveals that he does not readily express emotions through crying, which seems to correlate with the findings that only 50% of principals allow themselves to cry.

Humor as an Emotional Outlet: The principal appreciates laughter and actively seeks out moments that make him laugh. This fits with the data that 64.89% of surveyed principals find things that make them laugh.

Advice for Emotional Self-Care; Individual Differences and Tailoring Approach: He advises principals to be prepared for the emotional demands of the job and suggests that different coping mechanisms work for different individuals. The principal also emphasizes the importance of practical training and experience to manage emotional challenges.

Spiritual Self-Care; Connection with Nature: The principal values spending time in nature for its grounding effect, mirroring survey results that identified this as a significant area. Emotional

Reward from Interacting with Children: The principal gains emotional and spiritual satisfaction from interacting with children, which aligns with survey findings. Spiritual

Connection: He admits that having a spiritual connection is important to him, resonating with the survey's identification of this as a significant area.

Leadership and Control; Balancing Control and Delegation: The principal is cautious about his role in decision-making, aware that his name is on official documentation. He doesn't feel the need to micromanage but acknowledges the responsibility that comes with leadership.

Emotional Self-Care; Discomfort with Affirmations and Praise: The principal does not find value in receiving affirmations or praise and even views it with suspicion, suggesting that people might be trying to get on her good side.

Emotional Expression: Crying is mentioned as a form of emotional release, but the principal is cautious about doing so. She mentions that showing vulnerability, especially as a woman in a male-dominated environment, could be detrimental to her credibility.

Laughter as a Coping Mechanism: Humor and laughter are essential parts of the principal's life and serve as an emotional outlet.

Professional Relationships; Recognition for Others, Not Self: While the principal does not seek affirmation for herself, she finds joy in acknowledging the work of her teachers, signifying the importance she places on fostering positive relationships at work.

Gender Dynamics: The principal is conscious of the gender dynamics in her role, indicating that the field is male dominated. This adds another layer of complexity to her emotional self-care.

Spiritual Self-Care; Connection with Nature: The principal finds solace and a sense of liberation in spending time in nature, signifying its spiritual importance to her.

Importance of Family: Her grandchildren serve as a grounding force, reminding her of what is truly important when stress mounts in her professional life.

Lack of Adult Community: Despite the spiritual benefits she derives from nature and family, she notes the absence of an adult spiritual or social community.

Leadership & Responsibility; Decision Fatigue: The constant need to make decisions wears on the principal, leading her to yearn for situations where she is not in charge.

Listening and Validation: She emphasizes the importance of active listening and not dismissing others' concerns, not just as a form of emotional support but as an essential leadership quality.

Appendix K

All Principal Emotional and Spiritual Self-Care Contextual Analysis Items

Demographic Context: It's not explicitly mentioned but seems like the respondent and their peers have been in the role for a significant amount of time, and thus, their responses may not generalize to newer principals.

Organizational Culture: The environment is described as high-stakes and highly responsible, where principals feel they have to keep "10 balls in the air."

Societal Context: The respondent briefly touches upon changes in the education sector, including competition from charter schools, which likely adds to their stress.

Psychological Context: The respondent often associates the concept of self-care with weakness, indicating a psychological barrier to embracing self-care.

Culture of Self-Effacement: The interviewee pointed out that principals are more comfortable praising their teams and students than themselves. This could be part of a larger organizational or educational culture that prioritizes communal over individual achievements.

Work-Life Balance: The interviewee repeatedly referenced the draining nature of the job and how it limits personal time, suggesting that the job's demands may significantly interfere with self-care.

Group Support for Emotional Self-Care: The interviewee suggests that peer validation could serve as a stepping stone for individual self-affirmation, indicating that a supportive community might facilitate better self-care practices among principals.

Natural and Social Elements in Spiritual Self-Care: Principals seem to derive spiritual strength from nature and community, which could be leveraged as coping mechanisms for the stressors they face.

Institutional Barriers for Negotiation: There seems to be an institutional constraint (state salary schedule) combined with a cultural hesitation about negotiating pay, which may warrant further exploration.

Professional Identity: The principals perceive their professional role as one that demands strength, control, and constant giving, which influences their self-care practices.

Personal Life Influences: Family conditions, like the principal having to care for their mother, add another layer of responsibility that leaves less room for self-care.

Individual Differences: The principals acknowledge that individual differences in upbringing, personality, and culture make for a wide range of self-care practices.

Self-Improvement: There's an acknowledgment that self-reflection, even if it leans negative, is a part of a process of self-improvement.

Cycle of Negativity: The principal's emphasis on negative events reflects a possible self-perpetuating cycle that makes it difficult to focus on positive aspects of the job.

Societal Expectations: The discomfort with emotional expression and celebrating personal success may be rooted in societal norms and expectations about leadership roles.

Exhaustive Role: The draining nature of the principal's job affects not only professional but also personal life, leading to a form of emotional exhaustion.

The Dilemma of Authority: The principal's role as an authority figure in various capacities (professionally and as a parent) leaves little space for them to relinquish control, contributing to emotional and decision-making fatigue.

Role as Leaders: Principals are usually in the spotlight but may not necessarily enjoy it. This can create a psychological burden, hindering emotional self-care.

Job vs. Personality: The data and responses suggest that the ability to emotionally take care of oneself might be more rooted in one's nature rather than nurtured or influenced by the role of being a principal.

Work-life Balance: The difficulty in maintaining relationships or revisiting comforting activities like a favorite book or movie may speak to the demands of the job occupying much of their time.

Cultural and Environmental Factors: The geographic and cultural landscape significantly influences the ways in which principals engage in self-care, especially spiritual self-care.

Job Satisfaction vs. Remuneration: The lack of negotiation around pay and benefits suggests that most principals see their role as a calling rather than a job to be negotiated.

Psychological Barriers: The principals feel they must uphold an image of strong, infallible leaders, which is mentally exhausting and impedes genuine emotional connections with their team and self-care.

Cultural Expectations: The job's demands and cultural norms make it hard to say 'no' or show weakness, affecting mental health.

Personal Preferences: When it comes to self-care, one size doesn't fit all. What works for one individual might not work for another, reflecting the diversity of coping mechanisms and support systems available to principals.

Gender Dynamics: There may be different societal expectations for male and female principals, affecting their emotional expression and self-care practices.

Age and Experience: More experienced or older principals may find it easier to delegate or prioritize self-care, suggesting that time and maturity can shift perspectives.

Multiple Stakeholders: The principal feels pressure from having to report to various people, especially in the current year, suggesting a complex and demanding organizational structure.

Professional Isolation: Despite having a close-knit group within the elementary division, the principal feels that this emotional support often doesn't extend to broader administrative or district levels.

Family and Upbringing: Emotional self-care practices are affected by the principal's upbringing, with their family being described as more 'serious.'

Age and Experience: The principal mentions age as a factor in how they perceive and interact with emotional and leadership aspects, suggesting that experience has led them to value humor and shun unnecessary pressures.

The Intersection of Faith and Emotional Self-Care: The principal refers to their Christian faith as both a guide and a potential barrier to emotional self-care. This could be a broader trend among principals, especially those who hold strong religious beliefs.

Emotional Labor and Professional Expectations: The principal's comments on time constraints and emotional expression could be set against the background of emotional labor that many in leadership positions might experience. These professionals are often expected to maintain a composed demeanor, which might limit emotional self-care.

Stress Relief and Emotional Resilience: The theme of laughter and emotional release indicates a possible avenue for stress relief and emotional resilience that could be more widely encouraged among school leaders.

Emotional Vulnerability and Institutional Culture: The principal's suggestion for district leaders to create an environment that supports emotional expression raises questions about the current institutional culture around emotional vulnerability.

Balance Between Control and Well-being: The recurring theme of control suggests a tension between wanting to maintain a grip on responsibilities and recognizing the need for delegation to protect emotional well-being.

Upbringing and Personality: The principal's answers often refer to personality traits and upbringing as determinants of self-care practices, suggesting that a one-size-fits-all approach to principal self-care may be ineffective.

Time Management: The principal indicates that finding the time for emotional and social self-care can be a challenge, pointing to a systemic issue that may require attention at the district level.

Importance of Individualized Approach: Throughout the interview, the principal repeatedly emphasized the need for an individualized approach both in understanding one's own needs and in managing a team.

Gap between Theory and Practice: The principal discusses the conflict between what the district encourages in terms of self-care and the practical constraints that make following such advice difficult.

Significance of Professional Training: The principal suggests that experience and training can offer ways to cope with the emotional demands of the job.

Appendix L

Summary of Workplace/Professional Self-Care and Balance Themes

Work-Life Imbalance: Many principals struggle with an unevenly distributed workload, causing them to work extended hours. This makes it challenging to balance work with personal life, leading to missed family activities and a constant mental list of responsibilities. A majority of the surveyed principals face this imbalance, underlining the chronic issue. **Context:** Principals experience a skewed workload distribution and a need to address unforeseen issues, often leading them to work beyond standard hours. With over 64% of principals reporting difficulties in balancing their caseload, this issue is prominent. The unpredictability of the role adds an extra layer of complexity to managing their time effectively.

Financial Inequality and Autonomy: Principals feel a lack of agency in negotiating salary and benefits, contributing to a sentiment of undervaluation. Half of the principals reported never negotiating their benefits or pay. This lack of agency may impact their overall well-being and self-worth. **Context:** Principals often avoid negotiating their salary and benefits due to perceptions of fixed budgets, a lack of empowerment, or a belief that if they sought more money, they'd have to change institutions. This view is prevalent with 50% never negotiating pay or benefits, suggesting a systemic issue potentially rooted in institutional cultures or policies.

Interpersonal Relationships and Culture Building: The importance of relationships with coworkers and staff is acknowledged, but busy schedules often limit these interactions. A significant percentage of principals rarely take time to chat with colleagues, suggesting relationship-building may be undervalued. **Context:** While valuing relationships, principals often restrict their interactions, likely due to concerns about trust and potential repercussions. This practice could be a response to the 54% of principals who only occasionally converse with colleagues, underlining the importance of fostering a trustworthy work environment.

Self-Care Needs and Institutional Support: The necessity of self-care is highlighted, emphasizing its importance as an institutional priority. Additionally, a top-down approach to promoting self-care, beginning with the superintendent, is suggested. Half of the surveyed principals feel the need for a balanced life but believe that structural support is lacking. **Context:** Principals articulate a desire for self-care to be an organizational priority, from superintendents to peers, emphasizing the importance of leading by example. Half of the surveyed principals feel the need for a balanced life, which could be facilitated by institutional efforts promoting well-being and balance.

Scheduling, Time Management, and Task Accumulation: Scheduling and time management emerge as core challenges, from balancing caseloads to taking lunch breaks to handling unanticipated tasks. Time constraints negatively impact self-care, social interaction, personal reflection, and basic needs, suggesting a need for structural changes in work expectations. **Context:** Principals find it hard to take breaks, even for essentials like lunch, due to the demanding nature of their roles

and a work culture that doesn't emphasize self-care. Nearly 80% of principals skip breaks, pointing towards the need for cultural and institutional shifts to prioritize and normalize self-care.

Emotional Self-Care and Expression: Principals face challenges in self-affirmation and emotional expression due to personal beliefs and societal norms, respectively. There's also a recurrent theme of emotional and mental strain. Normalizing emotional expression and promoting self-affirmation can potentially enhance emotional well-being. **Context:** The emotional landscape of principals is multifaceted, ranging from frustration to resignation and a desire for change. Emotional expression varies, and there's a hesitancy towards self-affirmation. Normalizing emotional expression and self-affirmation in the work environment might bolster emotional well-being.

Professional Challenges and Role Expectations: Principals face workload imbalance, negotiation reluctance, and societal pressures. There's an expectation to put professional roles ahead of personal needs. Addressing these professional challenges and clarifying role expectations can support principal well-being. **Context:** There's an ingrained 'Too Busy' mentality prioritizing tasks over relationships and self-care. Furthermore, there's a tendency to undervalue self-affirmation. These collective mindsets may be barriers to establishing a healthier work-life balance, suggesting the need for a broad cultural shift.

External Pressures and Institutional Constraints: External pressures from superintendents or stakeholders, combined with state mandates and role expectations, create additional challenges for principals. Addressing external pressures and providing autonomy can potentially reduce stress and burnout. **Context:** Constraints like state regulations and obligatory meetings limit the principals' sense of control, coupled with technological advances blurring work-life boundaries. This lack of autonomy correlates with the reported feelings of stress and burnout, highlighting the need for structural reforms.

Self-Imposed Pressures and Personal Responsibilities: A lot of pressure to stay engaged with work comes internally from the principals themselves. Recognizing and addressing self-imposed pressures can improve self-care and well-being.

Context: Principals acknowledge their role in self-care and emphasize the influence of observing balanced behavior in their superiors. Leadership modeling balanced behavior could inspire and guide subordinates, suggesting a top-down approach to promoting self-care.

Gender Norms and Societal Stigmas: Issues related to gender, societal expectations, and judgments affect behaviors, emotional expression, and professional negotiations. Addressing and challenging societal norms can support a more inclusive and supportive environment. **Context:** Achieving work-life harmony remains elusive for many principals due to the inherent demands of their roles, impacting personal lives and relationships. Recognizing and addressing this pervasive issue could lead to happier, more efficient educational leaders.

Isolation and Social Support: Principals often face isolation due to their unique roles, emphasizing the importance of trust within their teams and networking. Promoting social interactions and providing platforms for networking can alleviate feelings of isolation.