The coping strategies of principals in Victorian schools who have participated in the Northern Metropolitan Region Health and Wellbeing Program 2002-2012.

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Abstract

Principals in schools are facing an ever increasing number of work demands and are experiencing high levels of workload, stress and feelings of lack of support that are leading to negative impacts on their health and wellbeing. This research explores the experiences of a group of Principals from Victorian government schools who participated in a Health and Wellbeing program that provided information and supports to assist them to put in place changes that would have positive impacts on their health and wellbeing. Principals made positive changes to diet and levels of physical activity to support improved health, and their wellbeing was improved mainly by emotional support, especially with colleagues as mentors and coaches, particularly at a local level involving local Networks. Whilst acknowledging that self-care is the responsibility of the individual, principals were clear that a systemic acknowledgement of the issues and appropriate responses by line managers are needed to support principals, and aspirants, to be aware of, recognise and to respond appropriately to the many issues that impact their health and wellbeing. This is an issue that principals want to continue to have highlighted at a local and regional level. There was strong argument for the ongoing provision of a similar program that all principals should be encouraged to attend.
Declaration

This is to certify that:

i  the thesis comprises only my original work towards the masters except where indicated in the Preface,

ii due acknowledgement has been made in the text to all other material used,

iii the thesis is less than 24,200 words in length, exclusive of tables, maps, bibliographies and appendices.

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**GLOSSARY**

<table>
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<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AP</td>
<td>Assistant Principal</td>
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<tr>
<td>ASI</td>
<td>Administrative Stress Index</td>
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<tr>
<td>CBI</td>
<td>Copenhagen Burnout Inventory</td>
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<tr>
<td>COPSOQ</td>
<td>Copenhagen Psychosocial Questionnaire</td>
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<tr>
<td>DEECD</td>
<td>Department of Education and Early Childhood Development (from 2009 -2012)</td>
</tr>
<tr>
<td>DE&amp;T</td>
<td>Department of Education and Training (prior to 2009)</td>
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<tr>
<td>DSE</td>
<td>Directorate of Schools Education</td>
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<tr>
<td>GP</td>
<td>General Practitioner</td>
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<tr>
<td>HWB</td>
<td>Health and wellbeing</td>
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<tr>
<td>ITF</td>
<td>International Teaching Fellowship</td>
</tr>
<tr>
<td>NEVR</td>
<td>Northern Eastern Victoria Region (from 2012)</td>
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<tr>
<td>NMR</td>
<td>Northern Metropolitan Region (prior to 2012)</td>
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<tr>
<td>PCO</td>
<td>Principal Class Officer - includes Principals and Assistant Principals</td>
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<tr>
<td>PD</td>
<td>Professional Development</td>
</tr>
<tr>
<td>RISC</td>
<td>Reinventing Schools Coalition</td>
</tr>
<tr>
<td>RNL</td>
<td>Regional Network Leader</td>
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<tr>
<td>SARRP</td>
<td>Senior Advisor Regional Performance and Planning</td>
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<tr>
<td>SEO</td>
<td>Senior Education Officer</td>
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<td>TRIP</td>
<td>Teacher Release to Industry Program</td>
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CHAPTER 1   INTRODUCTION

1.1   Background

The role of a school principal is a varied and complex one that requires a wide ranging skill set and the capacity to deal with a myriad of issues on a daily basis. Many principals find themselves in this position without the resources and skills to deal adequately with the stresses of the role and increasing levels of ill health, stress related work cover claims, ill health related premature deaths, early retirement and the perceived difficulty to recruit people to the role are all indicators that there is a concerning level of impact on the health and wellbeing of principals.

Principals cope with the stress and complexities of their role in a variety of ways. Systemic responses to the issue of supporting principals to maintain a positive health and wellbeing have been lacking in the past. This research looks at the perceptions of a number of principals who have participated in a program designed specifically to support principals to reflect on their health and wellbeing and to take steps to improve their health and wellbeing whilst in their principal role. The Principal Health and Wellbeing Program was developed and conducted by the Northern Metropolitan Region of the Department of Education and Early Childhood Development (DEECD). This research will detail the self-described perceived impact that participation in the Health and Wellbeing Program had for the principals and will further inquire into the insights of the principals regarding their current state of health and wellbeing and what may be needed to support to continue to improve that.

1.2   Research Problem

The key questions that the research aims to explore are:

1. How do principals ensure that they maintain positive health and wellbeing whilst fulfilling their role as principals?
2. What impact did participation in the Northern Metropolitan Region Principal Health and Wellbeing program have on the health and wellbeing of the participants?

3. What other programs or activities are needed to support principals to deal with the demands of their job better and to ensure they maintain positive health and wellbeing whilst performing their roles as principal?

1.3 Significance

The significance of this research lies in the uniqueness of the investigation into impact of a specific program that has been specifically targeted to support positive health and wellbeing in principals. It will add qualitative feedback to the providers of the Health and Wellbeing Program regarding the effectiveness and impact of their program for individuals and to inform them to better provide for the health and wellbeing of current and future principals. As a body of evidence, this research is one of few that specifically addresses the impact of a multi-faceted health and wellbeing program over a longitudinal period, in this case a program that has been running for over 10 years.

The research will also provide quality qualitative information to inform the education system at regional level as to the state of the health and wellbeing of a limited number of principals who have taken steps to improve their own health and wellbeing and although not necessarily fully representative, the sample will be an indicator as to the state of the region that may require further investigation.

The research is significant also in that it is responding to the perceptions of principals reflecting over a long period of time and so has a longitudinal element in its method. By researching the stories of principals who have taken a specific step to address their health and wellbeing concerns, the research is providing rich information for reference for all principals, the DEECD and providers of support programs for principals across the system. The concluding chapter will synthesise the relevant features of the Health and Wellbeing Program and the findings from the interviews of participants in the program which may be of use to others who are considering systemic responses to the issues.
1.4 Background to the Study

In 2001 the author conducted a survey of over 250 Principal Class Officers in the Northern Metropolitan Region of DEECD exploring the impacts of the role of their leadership on their health and wellbeing. As a result of the outcomes of the survey, a Health and Wellbeing Program of support strategies and interventions for principals was developed. This survey and resultant program will be described in detail in Chapter 2 and form the basis of the current study that examines the current situation and views of principals who have participated in the program.

1.5 Methodology

The Descriptive and Interpretive Methodology of Case Study is being chosen as the research methodology as it will enable participants to give unencumbered reflections on their perceptions of the impact of their participation in the Health and Wellbeing Program and how it may have impacted their own health and wellbeing and how that may have changed over time.

Information was gathered from a limited number of principals being interviewed in groups of up to four principals and also in individual interviews. The methodology of referring to a limited number of case studies is restricted by sample size, but it is presumed that after achieving a saturation of data that examination of that data will enable some generalisations to be developed re the principals' perceptions of their coping strategies and the impact for them of participation in the Health and Wellbeing Program.

1.6 Limitations and Delimitations

Qualitative research methodology in itself poses problems for the lone researcher due to the sheer volume of data collected through interviews. No matter how objective the researcher attempts to be, there is always subjectivity involved in coding and categorising data. In this study the research questions and the interview questions helped to keep the focus of the study on the coping strategies of principals.
This research is significant as it relates to the group of principals who have participated in the Health and Wellbeing program in the Northern Metropolitan Region and so can inform the regional personnel of the impact of its program for its staff and so can inform future responses to the expressed issues. This also defines one of the limitations of the research in that it is restricted to the experience of a limited range of principals in the current newly formed North-Eastern Victoria Region (NEVR) and who have participated in the Health and Wellbeing program. Principals from other regions have also participated but they form a small percentage of the total of all participants and have not been approached to participate.

The number of group interview participants is limited to approximately 10. This forms a small part – less than 10% of the principals who have participated in the Program.

Participant selection is described in detail further on in this chapter but although there is a range of principals from primary, special and secondary settings in the target group, the range of the participants is not statistically representative of the school type, school size or principal demographic range of the region.

In the time since the first Health and Wellbeing Program in 2002 there have been a number of principals who have participated in the program but have moved to different regions, retired or are on leave and so will not be able to respond to the request to participate in this research.

1.7 Structure of Thesis

Chapter One is an introduction that provides an overview of the research problem, the significance of the research, the context in which it is set, an overview of the methodology to be applied and this overview of the structure of the thesis.

Chapter Two details the context surrounding the development of this research. This includes details of the previously unpublished research and findings conducted by the author relating to the health and wellbeing of the target group of
principals and details of the subsequently developed Health and Wellbeing Program which all of the current research participants attended.

Chapter Three details the literature review of the key issues of principal workload, stress and health and wellbeing. Practices that are being engaged at a system level to address health and wellbeing of principals are also explored.

Chapter Four details the methodology of the research, including the limitations and trustworthiness of the design. Details of the selection of participants for the individual and group interviews and the processes used to conduct the interviews are outlined and develop subsequent data will be detailed. The key research questions and the specific questions for individual and group interviews are outlined.

Chapter Five details the outcomes from the interviews that are outlined in major themes.

Chapter Six provides a discussion and critical reflection on the outcomes from the interviews. The key learnings from the research are discussed in the light of the current environment of the Victorian school system within DEECD.

Chapter Seven summarises the key findings and conclusions of the research.
CHAPTER 2  CONTEXT

2.1 Previous unpublished research

There are a range of elements to note regarding the context of this research that will inform the research problem, define the target group of participants and give perspective to the underlying backdrop of work related context for the participants.

In 2001 the author, as a principal in the Victorian State Education system, witnessed a concerning level of health and wellbeing of a number of colleagues, increased levels of stress and concern being expressed by colleagues around the potential job related issues contributing to health related recent deaths of principals. Following more detailed discussions with a number of working principals, it became clear that some common themes were being expressed relating to the perception of the impact of a range of work related factors on the health and wellbeing of the principals.

Whilst working in the role as a Regional Network Leader supporting and consulting with a group of 42 schools in the Northern Metropolitan Region, approximately 20 per cent of the Northern Metropolitan Region schools, the author had close professional contact with principals of those schools. The author then had a professional interest in the concerns expressed by the principals including requests for advice on issues, professional support for a range of principal activities and an expressed need for professional learning activities that would provide information and processes to better assist principals to deal with issues in the workplace.

2.2 The 2001 research defined - “Maintaining Health and Wellbeing for Effective Principalship.”

This research explored the relationship that exists between the health and wellbeing of principals in government schools and the effectiveness of the performance of those principals in their professional role. It must be noted that this research was the major data collection for a Master thesis in which the author
was enrolled between 2001-2004. The data was collected and analysed but the author suspended from the program.

The author conducted a survey in 2001 exploring the impacts of the role of leadership on the health and wellbeing of Principal Class Officers in the Northern Metropolitan Region. The survey focused on a self-evaluation of the participants’ level of health and wellbeing, and the work related factors that affected the physical and emotional wellbeing of the participants in the work place. The analysis of that data was used to provide the rational for the development of the Health and Wellbeing Program of support strategies and interventions for principals.

A number of sub questions were explored in the context of the health of principals:

1. How does the workload of principals impact on their health?
2. What other factors impact on the health and wellbeing of principals?
3. What strategies are employed by principals to assist them to cope effectively with the demands of their role?

The interrelationship between health and performance was presumed to be reciprocal: that poor health can impede the quality of performance and poor performance can affect the quality of health. It was hypothesized that the effect of stress as it related to workload was a key element that is both directly related to the level of health of the individual, and has a direct effect on the performance of professional duties.

By exploring the issues above, it was hoped that a systemic response could be developed that would address the needs of principals and provide support structures to promote and maintain positive health and wellbeing for principals.

The survey was sent by post to all 373 Principal Class Officers in the Northern Metropolitan Region. This group comprised a total of 201 principals and 172 assistant principals.
As this survey was to inform the Northern Metropolitan Region leadership team of issues for principal class officers, it would be the catalyst for the first stage of an action plan to address concerns raised by principal class officers.

APPENDIX 1: Details of the Northern Metropolitan Region Health and wellbeing Survey.

2.3 Outcomes of 2001 research

2.3.1 Summary of Outcomes

The key findings of the 2001 research were that Principal Class Officers (PCO) were working excessively long hours and were experiencing high levels of stress in their role.

Long work hours

94.6% of PCOs were working more than a 40 hour week
42% working more than 60 hours
7.1% working more than 70 hours per week.

High levels of stress

13.5% of all PCOs felt stressed at work daily whilst 33.7% felt stressed several times per week.

The areas of greatest concern causing stress to Principal Class Officers were:
1. Dealing with difficult personnel issues.
2. Increasing workload due to DE&T expectations
3. A perception of lack of support and recognition from the DE&T.

Supports

Respondents who indicated lower levels of work stress indicated that these supports were contributing more significantly to their personal health and wellbeing:

1. Collegiate networks
2. Cluster meetings
3. SEO support
4. Informal mentors
5. Involvement in Quality Schools Program

APPENDIX 2: Detailed analysis of Health and Wellbeing Survey Outcomes.
APPENDIX 3: List of outcome recommendations from Northern Metropolitan Region Survey.

2.4 Health and Wellbeing Program details

The findings of this 2001 survey data from 250 Principal Class Officers led to a more detailed understanding of the issues faced by principals and to a more detailed investigation by the region of processes that could support the health and wellbeing of principals. This investigation led to the development of the regional Health and Wellbeing Program in which participants in this research participated.

This program aimed to provide information and support strategies to principals to support them to improve their health and wellbeing as it related to the work environment. The program consisted of a suite of six professional development sessions spanning two terms that participants committed to attending. Experts and professionals who worked in the fields of health, management and leadership were engaged to contribute to the program and facilitate relevant activities, information and advice for the participants.

Over the 11 years of the program, there have been some changes that have been introduced by necessity as presenters were not available or in response to participant feedback after each program.

In general the program consistently tried to cover these main focuses:

1. Physical Health – the Big Picture
2. Knowing yourself
3. Being Healthy as a Leader
4. Dealing with Difficult people
5. Organisational Health
6. Practical Problem Solving

APPENDIX 4: Health and wellbeing Program details
The principals in the target group of the current research are all principals working for DEECD in state schools in Victoria, Australia. The principals have all participated at some stage in the past 11 years in a multi phased Health and Wellbeing Program organised and facilitated by the Northern Metropolitan Region of Victoria. The principals were supported to put in place personal and work related changes that they believed would assist them to improve their health and wellbeing.

2.5 Other factors of context

Since the initiation of the Health and Wellbeing Program the structures of the DEECD have changed. Centralised functions have been devolved to regions and schools. The number of regions in Victoria has been halved from eight to four with a consequential reduction in the level of funding to regions to provide support and so the reduction in the number of regional personnel to advise and support principals. The model of funding to schools has altered to provide increased funding to individual schools to enable more self-sufficiency to deal with issues. The role of senior regional support personnel has altered to be more focused on accountability and outcomes than on support and mentoring for principals.
CHAPTER 3   LITERATURE REVIEW

3.1 Introduction

The author’s aim is to situate the current research proposal in the recent literature of theory and research around the topic of health and wellbeing of school principals. It will be demonstrated that a broad range of research has already linked the constructs of high levels of workload and ever increasing expectations of principal performance to an increase in levels of stress and a decrease in levels of job satisfaction among principals. Hence this chapter will outline the literature relating to the definition of stress and related constructs, the causes of stress and burnout, the impacts of stress and the coping strategies that have been found to be effective in dealing with the difficulties experienced by principals in the fulfilment of their professional role. It is hoped that the findings will add support for the development of systemic supports that will effectively respond to the needs of principals in the public education sector of Victoria.

3.2 Stress and Strain

Increases in levels of workload can affect the level of a person's stress. Dr Hans Selye, a biological scientist and the founding father in the area of stress inquiry, defined stress as: “...an increase in physiological activity which provides the fuel to your physical and intellectual machinery to deal with ... the demands of life” (Barnard, 1990, p. 8).

The National Institute for Occupational Health and Safety goes further relating the definition of stress to the working environment defining stress as “harmful physical and emotional responses that occur when a job’s requirements do not match the capabilities, resources or needs of the worker” (Sogunro, 2012, p. 667).

Hanson (1996) states that stress can be a healthy stimulus to creative acts or it can become a burden with harmful effects where it damages our physiological system and becomes life destroying. The harmful types of stress often are referred to as distress or strain because of their negative psychological and physiological
responses. ‘This strain can be observed to occur in an organisation as a result of interactions within and between both formal and informal organizational levels’ (p. 262).

This research will seek the views of local principals regarding the interactions between themselves and the organisation at various levels that will include school based organisation with complex relationships with parents, students, teachers and governing bodies. It extends then to the large organisation of regional management structures, collegiate Network and finally to the broader organisation at the Departmental level of Ministerial governance and accountability.

Stress is high under both high and low levels of stimulation. Proper levels of moderate stimulation, therefore, become important in providing productive levels of stress (Gmelch & Chan, 1994). Responses to stress vary in individuals. Selye refers to a triphasic response, the General Adaption Syndrome (GAS), where an individual under stress will respond with alarm, resistance or exhaustion resulting in psychosomatic disorders such as high blood pressure, heart disease, asthma, ulcers and unless the pressure is removed, to death (Edworthy, 2000).

In research that monitored stress responses in principals at the workplace, Thornton (1996) noticed inconsistencies occurring between managerial activity and rising stress levels. Contrary to previous thought there was no consistent rise in stress response (in this case, rising blood pressure) when certain managerial tasks required of the principal, as described in Mintzberg (1973), were repeated. It seemed that changes in stress response could not be ascribed solely to a Mintzberg managerial task. Other factors were at play.

Those ‘other factors’ will be explored in subsequent sections of this review but in particular in the sections below dealing with ‘Causes of stress’ and the ‘Impacts of Stress’.

3.2.1 Burnout

The result of excessive stress is burnout. Burnout is an extreme form of role specific alienation. It manifests as high emotional exhaustion with feelings of
depersonalisation and low feelings of personal accomplishment. Whitaker (1996) described how the presence of strain making stressors can overwhelm coping capabilities and Drago-Severson (2012) later detailed how the complexities of principals’ work can lead to excessive stress and eventually burnout.

Friedman (2002) in research involving 821 principals completing a self-report questionnaire containing a burnout scale and a role-pressures scale found that burnout was affected mostly by pressures stemming from teachers and parents, and to a lesser extent, from overload. Maslach (1997) using the Maslach Burnout Inventory established empirically that job and organizational factors are more strongly related to burnout than personal factors.

Causes of burnout are varied, and there are some interesting links between various aspects of job role, stress and burnout, but surprisingly Hanson (1996) details how specific facets of the job that contribute to job satisfaction also contribute to burnout and there has been exploration of job satisfaction as a predictor of burnout.

Milton (2007) used the Copenhagen Burnout Inventory (CBI) to research the levels of burnout amongst secondary teachers in New Zealand. The CBI measured the degree of physical and psychological fatigue experienced by people who work with clients. The results highlighted the potential impact of burnout on the health and wellbeing of teachers and have relevance to principals in the school context.

### 3.3 Causes of Stress and Burnout

#### 3.3.1 Workplace Stressors

Although somewhat overstated, this reflection by Belinda Harris (2007), who was concerned with supporting the emotional work of school leaders, is representative of the views of others that are described in various research: “schools are minefields of disappointment, crises, unrest, fear, anguish, humiliation, grief, and depression ... principals bear the brunt” (p. 3).
It is clear from much of the research in the literature that schools are one of the workplaces where more stress occurs than in many other type of locations. Phillips and Sen (2011) note that self-reported data from the UK Labour Force Survey indicate that the incidence rate of work-related stress was higher in education than across all other industries. They reported that in 2008, the incidence rate for work-related mental ill health for the education sector was almost double the rate for all industry.

What is causing this alarming level of stress in schools? Changes of practice in Victoria closely resemble those in Britain where before the 1980s, head teachers were responsible solely for their school’s curriculum and teaching. Changes to the roles of principals that have been occurring over the past three decades have increased the complexity of the principal role. A consistent theme emerged describing the change of role to be that of ‘managers first and teachers second’. Phillips and Sen (2011) described how local management of schools, the National Curriculum, league tables and inspection of schools were all introduced at that time, and the pace of change was both fast and furious. Head teachers became more accountable as schools have been freed from centralized bureaucracy and endless government interference, in exchange for greater accountability to parents and local communities. In Victoria the move away from centralised bureaucracy that began in the 1990’s, with the implementation of the Schools of the Future program and later trials of greater autonomy for self-governing schools, have led to the current structure where funding has been devolved away from the centralised systemic organisation to individual schools with greater autonomy being accompanied by greater levels of accountability expected of the principals, with less structure and support from the central and regional level. The increased requirement for principals to fulfil the role of managing school functions is taking the principal’s time and energy away from the leadership role and has created a conflict of role expectation. Role ambiguity is described by many and associated with it is role overload resulting in a sense of loss of control and professional identity (Murphy, 1994; Phillips & Sen, 2011; Whitaker, 1996).

Koch (1982) used a 35 item instrument - the Administrative Stress Index (ASI) to examine stressors amongst school principals and other school administrators. This
indicated that stress for school leaders was multi-dimensional. The major stressors for principals related to the following four dimensions: role-based stress, task-based stress, conflict-mediating stress and boundary-spanning stress. Studies since have confirmed the major stressors for principals to include unpleasant relationships and people conflicts, time constraints and related issues, challenging policy demands and overwhelming mandates, budgetary constraints and related issues (Okoroma, 2007; Sogunro, 2012).

Riley (2013) described another more disturbing cause of stress for principals. His research demonstrated that Australian principals experienced nearly five times the incidence of threats of violence and six times the incidence of actual physical violence at work than other population groups measured on the COPSOQ-II scale. Government school principals working in large towns and rural locations appeared to be most at risk.

The evidence is clear, more is being expected of principals in the management of human, physical and financial resources of schools with a high level of accountability and responsibility for achievement being felt by principals and they are clearly stating that these are causing negative impacts on their health and wellbeing.

The cooperative research in Victoria (Directorate of School Education, 1998) demonstrated that negative impacts on Victorian principals included issues concerned with staffing, resourcing, lack of support by the Department of Education, the rate of change, remuneration levels and decreased school level control of the curriculum. But, for principals, the biggest issue was workload.

### 3.3.2 Workload

In early research, Mintzberg (1973) described ten roles of the manager, which is one of the key roles of the principal as - figurehead, leader, liaison, monitor, disseminator, spokesperson, entrepreneur, disturbance handler, resource allocator and negotiator. Various subsequent research has concluded that role overload and role conflict appear to be the major stressors for principals of both primary and secondary schools (Savery & Detiuk, 1986).
On the one hand, we have the picture of the over-worked, underpaid and undervalued victim principal hemmed in by administrivia and subject to sudden death accountabilities. On the other, we have the idealised saviour principal of effective schools who is able to create harmonious, happy teams of teachers, students and parents and for whom all reform is possible (Slee, 1998).

In the Cooperative Research Project (Directorate of Schools Education, 1998) principals reported heavy workloads, but they were increasingly expecting this to be the norm. The management by principals of their workloads was a concern, both for the effectiveness of their work and for their personal wellbeing but, over 73% of principals preferred being a principal now more than prior to the introduction of Schools of the Future despite the increase in workload.

Workload can be exacerbated by inefficiencies, listed as ‘Timewasters’ by Grady (in Sogunro, 2012). These timewasters include unscheduled visitors; random phone calls; overused email; disorganisation; failure to delegate; lack of goals; unrealistic timelines and incomplete information.

The question of workload as it relates to job satisfaction has a bearing on the issue of health as it related to wellbeing. They are not the same, and there may not necessarily be a direct correlation between the two entities.

3.3.3 Hours of Work

It is recognized that excessive hours are associated with poor performance, low productivity, stress and ill health. Phillips and Sen (2011) described a progressive increase in the risk of work-related stress in head teachers with increase in hours worked. Savery and Detuik (1986) demonstrated a link between the number of hours worked and the chance of suffering coronary heart disease.

A number of studies and surveys indicate that principals and head teachers are working long hours and have done so for some time. Research by Riley (2013) into the work of 2005 Australian principals found that “approximately 80% work upwards of 46 hours a week during term with just over one quarter working
upwards of 61 hours per week” (p. 11). During school holidays, more than half worked upwards of 25 hours per week. Western Australia research by Savery and Detiuk (1986) found secondary principals worked on average 42.5 hours per week and up to 60 hours for many, with primary principals working an average 39.3 hours and up to 55 hours for some. Research by Dewe and Trenberth (2002) found 89.6% of principals and 87.4% of deputy principals claimed they worked an average of 62 hours a week.

While the results differ in the magnitude of the numbers, it is clear that a large proportion of principals are working well over 60 hour weeks. Although investigations by Riley (2013) demonstrated that principals in general were working long hours, he found that “the personal costs of their work, their occupational health, safety and wellbeing were equally complex: from many who thrived in the job to those who were perhaps just surviving” (p. 11).

Health and wellbeing is not a simple construct. It has a wide range of variants that impact differently for different people and those differences need to be taken into account when exploring the impacts of principals’ work on their health and wellbeing in this research.

3.3.4 Personality and Well Being

Reducing the levels of stress can be achieved by seeking the optimal fit between the characteristics of the individual, the requirements of the job, and the type of organisational structure. Sogruno (2012) clearly demonstrated that the tighter the fit the less chance for dysfunctional stress. When the person - job fit is not good and extensive coping mechanisms are required for an extended time, the consequences can be damaging to physical and psychological health.

Lu (1999) established that relationships exist that link Type A personality behaviour patterns with poorer physical health and psychological wellbeing when work stress is an issue. Edworthy (2000) defined the Type A patterns of behaviour that are of concern include having a strong sense of competition, always striving to be in control, always working against deadlines and having a sense of time urgency. A study by Jamal (1999) involving professors in both Pakistan and
Canada only partially supported the role of Type A behaviour as a moderator of the stress-wellbeing relationship, but did not disprove the link.

The concept of the “workaholic” has been explored in the literature. Burke (2000) described observations and conclusions about workaholism that were both varied and conflicting – workaholics can be viewed either as unhappy, obsessive, tragic figures who are not performing at their jobs and creating difficulties for their co-workers, or as very satisfied and productive workers. Spence and Robbins (1992) research indicated that workaholics scored high on work involvement and drivenness but low on work enjoyment and indicated poorer emotional and physical wellbeing.

3.4. Impact of Stress

3.4.1 Stress and performance:

The relationship between stress and performance as described by Gmelch (1983) ranges through zones from under stimulation, optimum stimulation through to over stimulation. Too much stress or not enough stress detracts from the psychological and physiological balance of enjoyment of work and performing at peak levels.

Gmelch and Chan (1994, p.65) defined three conditions that determine the effectiveness of job performance:

- The level of arousal or stimulation
- Perception of leadership ability.
- Nature of the workload one has to complete - number of tasks and the degree of difficulty of each task.

So it seems that in order to have an optimal working outcome, a certain level of stress is useful. Edworthy (2000) drew on a range of research to clarify the relationship between stress and performance. Initially a person's performance increases under pressure until an optimum level has been reached. From here, performance begins to decline if more pressure is brought to bear, and, if the pressure is not reduced, performance is impaired and the individual's health may suffer.
3.4.2 Job Satisfaction

Levels of job satisfaction have a bearing on performance and can affect health and wellbeing. Okoroma (2007) outlined the outcomes of a study by Otamiri of 590 teachers and principals in the United Kingdom that revealed that salaries, poor human relations among staff, inadequate school buildings and equipment, teaching load, inadequate training of teachers, large classes, status of the teaching profession were the main sources of dissatisfaction. Cooper & Kelly (1993) surveyed 4700 head teachers and principals of public sector schools and colleges in the UK, found the main role- related predictors of job dissatisfaction were: work overload, handling relationships with staff and length of time in post. These findings were confirmed by Hill (1994), in a UK study of 371 primary head teachers who added that most satisfaction came from their relationships, especially with the children.

One of few longitudinal studies of head teachers is the work of Earley & Weindling (2007) who followed a group of secondary school heads for about 20 years. They found growing evidence that long periods of time in the same post lead to deterioration in job satisfaction and performance, and that for secondary head teachers in particular long periods in one headship still seem to be the norm.

In the Cooperative Research Project (DSE 1998) job satisfaction for principals fell in 1997 to a low of 4.3 on a 7 point Likert scale. Principals noted difficulty in balancing the educational leadership role with that of manager. They also noted that as their work became more complex and challenging, there was increased stress associated with work and a decline in job satisfaction. Burke (2000) described how managers experiencing poorer emotional and physical wellbeing may experience greater job stress while attempting to meet performance expectations and may enjoy their work less.

3.4.3 Stress and Health

In Victoria, DEECD reportedly spent $5m between June 2002 and March 2005 on teachers’ stress related leave with 429 stress related claims processed in that time. Principal class data was not separated from the overall data for all teachers. Around that time there were 6568 teaching days being lost to stress each year, and
an Irving-Saulwick poll reported nearly half of all principals surveyed had work related medical problems (Tomazin, 2005).

Green (2001) is clear that there is evidence that prolonged occupational stress can lead to both mental and physical ill health. In a study of the health of principals in Victoria it was found that their cardiovascular health status was worse than a group of similar socioeconomic status managers and it was postulated that the result may be related to the higher stress levels reported by the principals in contrast to the comparison group.

Kuper & Marmot (2003) detailed the outcomes from Whitehall II studies involving over 10,000 British civil servants. They found adverse health outcomes including decreased life expectancy resulted from high role demand and concurrent low decision latitude. More disturbing was that under these conditions younger people appeared to be at greater risk of coronary heart disease than their older colleagues.

There is an overwhelming amount of research data that links high levels of stress as a causal factor of ill health, in fact Sogunro (2012) presents the argument that between 70 and 80% of all disease and illness is stress related.

### 3.4.4 Mental Health

Riley (2013) describes the recent Australian context where Principals overall score for mental health is less than the general population. Phillips and Sen (2011, p.177) reported that, “work related stress was higher in education than across all other industries... with work related mental ill-health... almost double the rate for all industry.”

In a study of primary and middle school head teachers in England using the General Health Questionnaire to assess mental health, Ostell and Oakland (1995) reported that 50 per cent of the responses were indicative of poor mental health and 5 per cent had scores indicative of severe psychological distress.

Cooper & Kelly (1993) surveyed 4700 head teachers and principals of public sector schools and colleges in the UK and found the main role-related predictors of
job dissatisfaction were: work overload, handling relationships with staff and length of time in post. The results of the study also indicated that male head teachers and female primary head teachers had significantly worse mental health than the normative population. Main predictors of poor mental health were work overload, handling relationships, palliative coping strategies, gender and Type A behaviour. The authors concluded that the role of the primary head teacher needs more attention as this group appeared to be the least satisfied, with the worst mental health outcomes.

Ostell & Oakland (1995) used the General Health Questionnaire to assess mental health of primary and middle school head teachers in England and found that 50 per cent of the responses were indicative of poor mental health and 5 per cent had scores indicative of severe psychological distress. Gender, age and years of experience were not significantly related to these health outcomes. The main sources of difficulty for heads were work overload, lack of management training, diminishing opportunities to teach, bureaucratic frustrations and relationships with large numbers of people.

### 3.4.5 Future workforce

A concerning repercussion of perceptions of high role stress is the aversion of potential principals to take on the role. Riley (2013) expressed the concern that “Principals’ Australia Institute estimates that as many as 70% of Australia’s 10,000 school principals will reach retirement age within the next five years. They will be replaced with much younger, less experienced individuals, potentially more at risk of adverse health outcomes from undertaking the role” (p. 15). Sogunro (2012) mirrors these concerns in the American context and agrees that because of continuous frustrations and challenges, many principals are thinking of quitting or seeking early retirement.

Lacey (2002) demonstrated that in the Victorian context there is evidence that prospective candidates for principal positions are being disillusioned by the perception of the nature of the role and the associated difficulties and stresses.
3.5. Coping

Whilst this thesis will explore coping strategies that will enhance principal health, it is important to be mindful of the structural burdens inherent in the system which also need addressing. A personal response for self-care needs to be explored in the context of professional and organisational expectations and constraints.

The first requirement for dealing with stress is for principals to realise and to admit that they are under stress. Davies (1997) claimed that people can be too frightened to admit that they are under stress, perhaps because they associate it with the stigma of mental illness or because people see it as a sign of some kind of weakness. This can be exacerbated by some organisations taking the view that stress is not their problem but the problem of individuals.

Allison (1997) detailed a compelling argument for dealing with the causes of stress and developing strategies – particularly of note the environment personal fit of the job role for the individual. A wide range of coping strategies have been detailed in the literature ranging from the use of support systems, training, and enhancement of professional growth opportunities (Whitaker, 1996); approaching problems optimistically and keeping a realistic perspective, maintaining a positive attitude, following a good physical health program and engaging in activities that support intellectual, social, and spiritual growth including becoming actively involved in communities (Allison, 1997; Sogunro, 2012).

The importance of leisure activities and developing hobbies as effective stress management interventions for leaders was strongly advocated in some literature (Cherniss, 1995; Trenberth & Dewe, 2002).

Callan (1993) described how stress management and health promotion programs and exercise regimes had become popular mechanisms for reducing corporate health care costs and improving employee morale and productivity although Crosby (1991) in an evaluation of a Principals’ Health and Well Being Program conducted at Flinders University found an increase in fitness but little reduction in stress and burnout scores or overall job stressfulness.
Allison (1997) administered the Administrative Stress Index (ASI), developed by Swent and Gmelch (1982), in a survey in 1994 to all 1455 public elementary and secondary school principals in the province of British Columbia, Canada. The ASI evaluated the efficacy of seven commonly used coping techniques - social, physical, intellectual, entertainment, personal, managerial and attitudinal. Allison concluded that principals who have more extensive coping repertoires were more likely to be in better health and experience less stress and conversely that ‘it was observed that principals with higher stress scores have a more limited repertoire of coping strategies and also make less frequent use of coping strategies’ (Allison, 1997, p. 49).

On the contrary though, Allingham (1996) noted in a study of occupational stress and coping among Catholic primary teachers in Canberra that there were no significant differences found between coping patterns for experienced and less experienced, or between more or less stressed individuals. Despite the differences in opinion of the coping strategies used and their relative effectiveness for various cohorts, the literature supports the contention that coping strategies must be consciously applied.

3.5.1 Supports

An essential element in the value of this research is the affirmation of the positive effect of implementing strategies for use by principals in their personal and professional activities that support positive health and wellbeing. It is clearly evident that a key element to success is the development of positive relationships between people and the positive effect gained by interacting in a personal, collegial and professional manner.

In a study conducted in Ontario in 1994 involving 93 managers from family support agencies, Drouin (1994) concluded that support received from one’s immediate supervisor was significantly related to lower role based stress with a greater perceived affect for females than males. When burnout was examined, support from family and friends was particularly important to female executive directors in lowering their level of emotional exhaustion, while for female managers, it was support from their immediate supervisor that lowered their level
of emotional exhaustion. For males, the only significant relationship found was that support from their immediate supervisor tended to lower their feelings of depersonalization.

Interestingly in the Victorian context, of all the negative impacts described by Victorian principals, the most often mentioned was ‘lack of support from the Department of Education’ (Department of School Education 1998, p. 86).

Maslach (1997) has shown that where small support groups are able to discuss their feelings this can help to mitigate burnout. This is supported by outcomes from the Victorian Cooperative research demonstrating that principals place a high degree of value on support from principal networks, particularly in metropolitan regions (Department of School Education 1998, p.13).

Humor was found to play a buffering role in stressor-strain relationships in a study in South Africa. Factor (1997) concluded that humour significantly related to the perceived effectiveness of managerial social support. For some relationships, social support buffered the stressor-strain relationship, for others it had the reverse effect.

3.5.2 Gender

A number of studies detail the differences in the coping strategies used by men and women and the relative effectiveness of those strategies.

Significant differences between the genders were noted in a sample of 822 male and female managers in four countries – South Africa, United Kingdom, United States and Taiwan. The study by Miller (2000) used an Occupational Stress Indicator (OSI) – a 90 item scale that assesses job strains, sources of stress, personality and coping. Women rated higher on coping using social support and men being higher on total coping. Males scored significantly higher on both physical and mental wellbeing than women indicating better wellbeing among men.

In another study conducted in Norway, 191 professional and managerial women were surveyed regarding job pressures, organizational supports and health
indicators. Results indicated that women who experienced high role conflict and work-family pressures also reported poor health outcomes and low life satisfaction (Richardsen, Burke, & Mikkelsen, 1999). Women are possibly more likely to report feelings of physical and mental ill health than men perhaps as they may be more aware of symptoms of mental or physical health than men (Greenglass, 1995).


These results reinforce the assertion that stress reduction strategies must focus on the individual needs, including differences based on gender, as well as the work environment (Fritch Mills, 1995).

3.5.3 Intervention Programs

Riley (2013, p.10) described how the occupational health and safety literature categorizes interventions to improve workplaces into three types: primary, secondary and tertiary:

Primary interventions are organizational, systematic approaches targeted toward prevention of exposure to stressors in the workplace. Secondary interventions are designed to help individuals better cope with the stressors they encounter, such as relaxation and mindfulness training. Tertiary interventions are designed to lessen the impact of stress related problems post occurrence through treatment or management of symptoms and rehabilitation.

Josman, (1994), described Stress Management Intervention (SMI) programs that were conducted with 67 voluntary managers. Nine factors were defined that measured the perception of work stressors including physical symptoms, job attitude, coping efficacy, and burnout or emotional exhaustion. The data showed a significant reduction in the scores of participants on measures of work stressors
perceptions, physical symptoms, and burnout, with an increase in coping efficacy following the implementation of the programs.

In a research involving 25 principals in the United States, Drago-Severson (2012) found that principals generally were fulfilled in their role, but that the scope of job seemed vast and overwhelming. All principals expressed a desire to have reflections with colleagues, recognised as an effective support mechanism, but only three were doing so on a regular basis.

Du Four and Fullan (2013) discussed the need for Adaptive Changes to develop greater internal capacities in principals. They recommended the development of Collaborative Learning Communities in which principals can share their dilemmas and learn from others.

Kennedy Paine (2009) contended that principals were caregivers and needed to take stock of their own emotional capacity to cope and be realistic about the duties they can perform. The work is emotional and principals need to put in place a range of strategies to deal with the physical and psychological stress after dealing with crises.

3.5.4 Barriers to seeking support

Nir (2009, p181) outlined the barriers that school principals described that prevented them from asking for professional help even when such help was needed:

- **Exposure and threat.** Asking for professional help implies exposing one’s weaknesses, and school principals may see a threat in help seeking since help seekers provide others with information that may be used against them at some other time.

- **Lack of sustainable and reliable sources of help within the formal system.** A perceived lack of reliable sources within the formal system designed to offer professional help to school principals.

- **Personal inhibitions.** A few interviewees mentioned that they find help seeking psychologically frightening.
Finding ways to alleviate these constraints preventing some principals from seeking assistance should be of vital concern to a system that wishes to maintain a healthy, competent workforce. These barriers to seeking support should form a basis for justification for the need for interventions including health and wellbeing programs for principals.

3.6. Health and Wellbeing

Health and wellbeing are terms that are often used together and presumed to be one entity. An examination of their meaning demonstrates they are not necessarily always linked.

Prior to 1948 health was defined as the absence of disease. The currently accepted definition was formulated by the World Health Organisation (WHO) in 1948 and emphasised ‘complete physical, mental and social wellbeing’. Huber (2011 p 237) argues this definition is no longer helpful and is even counterproductive. He proposes a new definition of health as ‘the ability to adapt and self-manage’ in the face of social, physical, and emotional challenges.

But is there a capacity to have positivity in wellbeing whilst not being healthy? To further understand the answer to that we must seek to determine what is wellbeing?

Levy and Guttman (1982) proposed that wellbeing was a special case of attitude. In the subsequent research there is a differentiating between the health status of individuals and populations and between objective and subjective indicators of health.

Research by Kasle, Wilhelm and Reed (2002) working with groups of American women found that their view of optimal health and wellbeing centred around the concepts of a balance and integration of physical, social, emotional, and spiritual elements of life. This is combined with harmony and stability within family and close relationships and support, empathy, and connection with friends and within communities. There is also an element of equality, power, and respect that is relevant to the outcomes.
White (2010, p. 160) discussed one of the key qualities of wellbeing to be its holistic outlook connecting mind, body, and spirit. It is also individual in nature being centred in the person and his/her own priorities and perspectives:

Perhaps the signature move of a wellbeing approach is its direction of attention not only to external 'objective' measures of welfare but also to people's own perceptions and experience of life.

White (2010) defined three key dimensions of wellbeing: the material, the relational, and the subjective. These included elements such as social relations, attitudes to life, and personal relationships. White's argument was that different aspects of wellbeing were linked, and none could exist without the others.

This research depends on the self-reported levels of physical health of the selected group of principals and will need to consider the perceptions expressed in the light of wellbeing as it relates to the holistic impacts of the principal's role on mind, body and spirit. It is presumed that elements of social relationships, attitudes to life, spiritual connections along with work related issues would all contribute to the subjectivity of the perceptions of participants' health. These variants must be taken into account when determining the level of impact that the Health and Wellbeing Program has had on the participants.
CHAPTER 4  METHODOLOGY

Introduction

In this chapter the research design and research methodology is outlined. Qualitative research and the case study approach using qualitative methods is defined. Data collection through group interviews is outlined and selection of participants clarified.

4.1 Research Design

The research design is principally a bounded case study contained within a qualitative methodology.

Merriam (2009) detailed the way in which qualitative researchers are interested in understanding how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences. Qualitative inquiry, which focuses on meaning in context, requires a data collection instrument that is sensitive to underlying meaning when gathering and interpreting data. Humans are best suited for this task, especially because interviewing, observing, and analysing are activities central to qualitative research.

A case study is not limited to one means of gaining information and data. It does however provide detailed and in depth commentary and understanding of the specific phenomenon under review.

Merriam (2009, p. 51) went on to describe case studies as:

Anchored in real-life situations, the case study results in a rich and holistic account of a phenomenon. It offers insights and illuminates meanings that expand its reader's experiences. These insights can be construed as tentative hypotheses that help structure future research ... Case study has proven particularly useful for studying educational innovations, evaluating programs, and informing policy.
Thus in using qualitative rather than quantitative research methodology this research is seeking not just to quantify how many principals have particular health and wellbeing issues or how many have responded in particular ways to those issues, but rather to gather a rich picture of how their health and wellbeing has been impacted by their working roles; what action they have taken because of those impacts; and what their interpretation of the benefit of those actions were. This qualitative research seeks to obtain the story behind the observations.

Merriam (2009) outlined certain attributes of a case study as being particularistic, descriptive and heuristic. Particularistic case studies focus on a particular situation, event, program or phenomenon. The case is important about what it reveals. It concentrates on what a particular group confront about specific problem taking a holistic view. Descriptive provides an end product that is a rich 'thick' description of phenomenon – life like, grounded, exploratory. Heuristic illuminates the reader's understanding of the phenomenon – being about new learning, extending the reader's experience or confirming what is known.

This qualitative research is a bounded case study that has a particularistic focus utilising interviews to reveal the insights of a defined group of principals concerning their health and wellbeing. This case study methodology has been informed by a qualitative epistemology which enabled a process of constructing meaning and the integration of data and subjective experience to inform the research questions that were inter-related and highly contextual about principal health and wellbeing in Victorian state schools in the Northern Metropolitan Region.

A central characteristic of qualitative research is that individuals construct reality in interaction with their social worlds…. the researcher is interested in understanding the meaning a phenomenon has for those involved. Meaning, however, “is not discovered but constructed . . . Meanings are constructed by human beings as they engage with the world they are interpreting” (Crotty, 1998, pp. 42 – 43). Thus qualitative researchers conducting a basic qualitative study would be interested in (1) how people interpret their experiences, (2) how they construct their worlds, and (3) what meaning they attribute to their experiences.
The overall purpose is to understand how people make sense of their lives and their experiences. As Merriam (2009, p. 23) states, ‘if the unit of analysis is a bounded system, a case, one would label such a study a qualitative case study.’

As Stake (2000, p. 443) suggests, case study is less of a methodological choice than ‘a choice of what is to be studied’. The ‘what’ is a bounded system, a single entity, a unit around which there are boundaries. I can ‘fence in’ what I am going to study. One technique for assessing the boundedness of the topic is to ask how finite the data collection would be, that is, whether there is a limit to the number of people involved who could be interviewed or a finite time for observations (Merriam, 2009 p41). The boundedness of this case study is the limitation of one particular Health and Wellbeing Program that participants have completed.

Merriam (2009, p. 43) also notes that ‘Particularistic’ implies that case studies focus on a particular situation, event, program, or phenomenon. The case itself is important for what it reveals about the phenomenon and for what it might represent. This specificity of focus makes it an especially good design for practical problems, for questions, situations, or puzzling occurrences arising from everyday practice, in this case their profession as principals.

Yin (2009) explains that understanding real-life phenomenon in depth, involves highly pertinent contextual conditions that are intrinsic and important to that understanding. In this study, key themes and outcomes, limitations and learnings are bounded by place - Victoria; by workplace - DEECD; and by time - 2002-14.

4.2 Trustworthiness

A debate continues in the academic world around the issue of validity and trustworthiness when attributed to qualitative research.

There are differences in criteria for validity and reliability depending on the type of study being undertaken. Fortunately, several strategies can be used to enhance the validity and reliability of qualitative studies. Merriam (2009) focuses on credibility, consistency/dependability, and transferability in respect to internal validity, reliability, and external validity. Burns (1997) is less concerned with the
external validity of a case study as the emphasis is on the particular characteristics of the individual case. It does however need to be a bounded system as is the situation in this study.

According to Denzin (1994 p. 508): ‘The foundation for interpretation rests on triangulated empirical materials that are trustworthy’. Trustworthiness consists of four components: credibility, transferability, dependability, and confirmability. Triangulation relies on multiple sources of data that inform the outcomes. This research is prefaced on the outcomes from unpublished qualitative research that was conducted previously with the participants; multiple styles of interviews using individual and group interview investigations; the researcher’s own observations from within the field, and the outcomes from the literature concerning the topic.

4.3 Selection of Participants

The selection of participants for the group interviews was by self-nomination following an invitation to participate via email to all principals from the old Northern Metropolitan Region - supported by the regional director. The invitation by email is to all principals in the region and not targeted to only the principals who participated in the program as this was viewed as the best means to approach principals whilst maintaining a strong sense of confidentiality of participation in the program. It was seen as supporting principals who participated in the program to maintain a sense of their anonymity and not highlight a targeting of principals from any given list who participated in the program as this knowledge by others of their participation may cause angst and compromise wellbeing for some.

Prospective participants who volunteered and who met the inclusion criteria of having been involved in the Principal Health and Wellbeing Program during the years 2002 – 2012 were then contacted directly by the researcher and provided additional information about what their involvement would entail, including written information in the form of plain language statement, the research questions and formal permission document.
4.4 Interviews

Group and individual interviews were utilised as a method of data collection within the case study methodology. Data gathered from these interviews proved to be rich and, when converged with the other data sources, allowed the researcher to engage in a more contextual analysis.

Merriam (2009 p. 94) explains that since the data obtained from a group is socially constructed within the interaction of the group, a constructivist perspective underlies this data collection procedure. Patton (2002, p. 386) is quoted:

> Unlike a series of one - on - one interviews, in a group participants get to hear each other’s responses and to make additional comments beyond their own original responses as they hear what other people have to say. ... The object is to get high - quality data in a social context where people can consider their own views in the context of the views of others.

Whilst the danger of ‘group think’ is a possibility within the group setting, this was mitigated by the use of some individual interviews. Participants were given the option of having individual interviews if they were not comfortable interacting with others on the topic, or time constraints meant they could not attend arranged group interviews. These individual interviews were then more personalised in content and became less structured.

A qualitative method of data collection was required given the importance of exploring the “meanings, views and experiences” (Powell and Single 1996, p. 499) of participants in addressing the research question. The utilisation of group interviews as a research technique was decided to be most appropriate, as the groups would allow for guided, interactional discussion generating “the rich details of complex experiences and the reasoning behind (an individual’s) actions, beliefs, perceptions and attitudes” (Carey in Powell & Single 1996, p. 500).

4.5 Group size

The researcher aimed to recruit approximately five or six participants for each group, a number that is seen to be within the ‘ideal range’ (Liamputtong, 2011, p.
of participant numbers, allowing for an active discussion to be maintained whilst not being too large to be difficult to manage. It proved to be difficult to arrange groups to facilitate numbers greater than four due to time constraints of the principals and their varying ability to make times that were mutually convenient.

The groups consisted of two and three participants and five individual interviews were conducted.

The mix of participants, groups and individual interviews described above proved to be sufficient to allow for the saturation of information, ie when additional information no longer generated new understanding (Liamputtong, 2009).

Upon their arrival for the group, participants were provided with hard copies of the Research Questions. They were provided with a participant information sheet and were asked to complete and return consent forms (including their consent for the audio taping of the session) prior to the start of discussion. The process regarding withdrawal of consent was reiterated verbally.

The groups were audio taped using the iPad application AudioNote. Interviews ranged from one hour and five minutes to one hour and 22 minutes duration.

The audio taped discussions were notated as they were recorded. This allowed for easy reference to particular statements that were utilised when reviewing the taped conversations in preparation for coding the participant statements.

A matrix was developed that grouped the statements into themes.

4.6 Research Questions

With reference to the project title: Coping strategies of Principals in Victorian schools who have participated in the North Western Metropolitan Region Health and Wellbeing program in the years 2002 - 2012, the key research questions that will be addressed by the research are:

1. How do principals ensure that they maintain positive health and wellbeing whilst fulfilling their role as principals? What impact did participation in the Northern Metropolitan Region Principal Health and Wellbeing program have on the health and wellbeing of the participants?
2. What other programs or activities are needed to support principals to deal with the demands of their job better and to ensure they maintain positive health and wellbeing whilst performing their roles as principal?

3. The focus on the impact of the participation in the Health and Wellbeing Program is being viewed then in the context of how the health and wellbeing of the participants has changed over time and why, and what the principals can offer as advice to what they view would best support the health and wellbeing of principals in the light of their experience.

In determining the list of questions to be asked of the participants the researcher formulated the questions utilising accepted better styles of questioning being Open ended, Single focus, Probing, Ideal and Interpretive. Questions that were leading, yes/no or multiple focus questions were avoided.

Questions asked at the group interviews to elicit some open ended discussion around these themes were:

1. What does positive health and wellbeing mean to you?
2. What do you do to maintain positive health and wellbeing?
3. How does your role as principal impact on your health and wellbeing?
4. How would you rate the general effectiveness of the Northern Metropolitan Region Principal Health and Wellbeing program?
5. What was the most effective aspect of the Program for you?
6. What changes, if any, did the program cause you to make?
7. What if any lasting impact did your participation in the Health and Wellbeing Program have for you that continues now?
8. Should the Health and Wellbeing program continue to be offered to principals?
9. If a Health and Wellbeing Program is offered in future, are there any changes that you think should be made to the content or delivery of the Principal program to improve its effectiveness?
10. What other programs or activities that you have participated in have made an impact on supporting you to maintain a positive health and wellbeing?
Which of those has had the greatest impact in helping you maintain a positive health and wellbeing whilst performing your role as principal?

11. What other programs, support or activities do you think should be provided to support principals to maintain a positive sense of health and wellbeing?

Some subsequent questions that will be raised to support discussion that wanes will be:

1. What are the main aspects of your role as principal that impact negatively on your health and wellbeing?
2. How has the role of principal with regard to its impact on your health and wellbeing changed over time?
3. What suggestions or advice would you give to new principals to ensure that they maintain positive personal wellbeing whilst in the role as principal?
4. What should principals know about the role before they enter it to ensure that they maintain a positive health and well being in the role?
5. What do you now need to have changed or implemented in your own work or life to help you maintain a better work/life balance?

### 4.7 Thematic Analysis

It is relevant to note that the data obtained was interpreted through my lens and may be subjective due to my own bias. This is indicative of a concern about case study research — and in particular case study evaluation — that Guba and Lincoln (1981) refer to as the “unusual problems of ethics. An unethical case writer could so select from among available data that virtually anything he wished could be illustrated” (p. 378). Both the readers of case studies and the authors themselves need to be aware of biases that can affect the final product (Merriam, 2009).

Ideally, the analytic process involves a progression from description, where the data have simply been organised to show patterns in semantic content, and summarised, to interpretation, where there is an attempt to theorise the significance of the patterns and their broader meanings and implications (Patton, 1990). In the process of my analysis of the data from the interviews, it flowed quite naturally from description to interpretation, with some themes emerging as remarkably consistent over the groups.
CHAPTER 5 FINDINGS

In this chapter I will detail the responses of the participants to the specific questions that were asked at interview. Even though the interviews were structured there was some discussion that came back to various issues at different times triggered by question reframes, other participant comments and subsequent questioning.

During collation of the records of interview, responses were noted in tables as they related to the themes that they expressed. Answers to questions here have been placed with the appropriate theme of the question the response best matches rather than solely being assigned to the specific question asked.

The themes that emerged were:

1. Regular physical activity is important to maintain physical health and is used to relieve stress
2. Collegiality is important and is used to share concerns and receive affirmation
3. Workload is an issue that requires monitoring
4. Feedback and support from line managers is important but lacking
5. Support is needed to promote and help monitor personal responses to health and wellbeing
6. Strategic support is needed to ensure succession planning for new Principals
7. Participation in the regional Health and Wellbeing Program was regarded as extremely beneficial for participants and was a catalyst for changes they made to care for their personal health and wellbeing

5.1 What does positive health and wellbeing mean to you?

In response to this question the principals related their wellbeing to their work situation in that they wanted to cope with the demands of their role without the job affecting their physical health and emotional responses in a negative way.
The consequential effect of the role on others, including work peers and family, was also mentioned apparently both as a driving force to maintain positive health and wellbeing and also as a definitive recognition that positive health and wellbeing is being achieved:

> it's maintaining those balances in your life, you can have a day that doesn't go terribly well but what are the positive ways you can deal with that so it doesn't impact on everybody at home too much (D: 4.20)

Many principals spoke about maintaining perspective and a positive attitude as being symbolic of positive health and wellbeing. This meant to some that they had to let things go if they were to avoid letting things get them down.

Resilience was mentioned by most principals in a range of contexts as being an important trait.

> It's about the resilience of coming back every day keeping a positive attitude ... having a positive approach and not losing sight of your focus - the main focus of why we are here is the students ... prioritising and letting go of things that aren't that important. (D: 2.38).

The question of what the specifics of the concept of “health and wellbeing” means in the literature and how that may differ in its interpretation by the population requires further investigation.

### 5.2 What do you do to maintain positive health and wellbeing?

The responses to this question included elements of the principals monitoring their levels of exercise, diet and work hours. The importance of quality personal reflection in the forms of mindfulness and utilising constructive feedback to monitor their performance and their responses to the role requirements was mentioned by some. Having meaningful interaction with others in the form of involvement in networks and other forms of collegiality was regarded as extremely important by all interviewees.

**Exercise**

Most of the responses included a physical element with the most common theme being maintaining a regime of walking regularly either early morning or after work. Some others attended a gym regularly with one principal who exercised 5
times per week and arrived late to school one morning a week as part of her regime as she regarded the maintenance of her exercise as a priority for her health.

**Diet**

Most referred to their diet and trying to be conscious of eating healthy and natural foods. This was summed up well by one principal who stated:

> We need to stay healthy ... drink a lot of water, eat a lot of vegies, drink in moderation (H: 20.55).

**Limits on work**

There was a conscious acknowledgement of the need to pace oneself and not to take on too much. A number of principals expressed how important it was to give themselves permission to say no:

> I became far more conscious of saying no ... knowing this is going to be an overload ... so no I am not committing to another meeting at night, I am just not available (L: 36.50).

**Mindfulness**

A number of principals practised reflection. This reflective practice ranged from consciously working at maintaining positive self-talk, mindfulness and practising meditation.

> I did the mindfulness training ... focus thinking on what you are doing ... and not think about work... or thinking - now I’m having my dinner I don’t have to think about work (R: 35.30).

**Collegiality**

A strong theme for the majority of the principals was utilising colleagues to discuss issues with, to reflect on practice, to confide in, and to escape from the business of their own school. Several mentioned debriefing, for example:

> Just to download... and realise I’m not alone (A:12.10).

While this was considered as an important strategy it appeared to be an under-utilised tool for wellbeing.

Giving themselves permission to arrive late to school sometimes or to leave the school site to have a coffee with a mentor or colleague was mentioned by three of the principals.
...with my previous principal we catch up every couple of weeks for coffee or meet during the day, I think that’s really important (L:68.30)
The concept of connection to others was an important facet of their work life that helped to give balance and a sense of rejuvenation for all of the principals. This was especially evident in their statements that expressed how seeking advice from colleagues was an important source of support for all:

I will ring with a quick question like cleaning contracts, what are the things I need to be over, he might say here are a couple of things you need to think about, or a couple of people to contact (L:69.50).

Feedback

Obtaining feedback about the way they were performing their role and being able to discuss their performance with colleagues in a non-threatening environment was a strong theme. Sources of feedback varied and included the school Leadership colleagues and other selected confidantes:

I rely heaps on the Leadership Team for feedback, information, discussion, as a sounding board and someone I can just generally rant to if I need to (H: 9.50).

Every year I choose three critical friends ... one is a member of the teaching staff, and I want their feedback on my modelling... and a member of the wellbeing team and I ask them if you feel that I am starting to fray you need to come in like a mirror so I take a good hard look at what I am doing (A: 10.15).

Networks

Principal Networks and other collegiate groups were highly regarded by all of the principals. There was an acknowledgement that these groups provided different levels of support for different people including social camaraderie, sharing of ideas, seeking out feedback on personal or school performance. Typical of the comments was:

My collegiate group is a godsend and we meet at least twice a term .. We established a sense of confidentiality ... and we download and you feel you are not alone and we brainstorm strategies (A 12.15).

There was an acknowledgement though with some level of concern that not all principals have those positive connections.

Monitoring Self

Three principals mentioned the importance of sharing the monitoring of their performance and health with others in some way with one attending the Wellbeing
Program together with her AP with an understanding that they would actively monitor each other. One principal took a very scientific approach to monitoring the time that she spent doing various activities during the day and used the information to help her maintain a balance in her life activities and connections:

> I started tracking my activities – making a pie graph of each activity type – time spent with my family, sleep, hygiene – it’s a real eye opener about the balance. I still do that now with my leadership staff and they have that aha moment when they realise how little time they are giving their staff each day (A:27.50).

### 5.3 What aspects of your role as principal impact on your health and wellbeing?

All principals expressed that their role impacted on their health and wellbeing in some way. Most principals expressed that they love their job, but they realise that there are aspects about the job that take their toll on their wellbeing.

**Isolation**

Some principals described the job in general terms as being lonely or isolating. Examples of isolation were noted by two of the principals:

> Being a principal is a very lonely job ... you have to be careful about what you talk about and who you talk about it with (J: 36.20)

> It’s a vary isolating role so having good networks of good people around you is important...I had an AP who I could not trust with confidentiality ... I couldn’t bounce ideas off them without them going out to the staff or former parents (B: 10.30)

**Work Hours**

A common point made was that it is a job that takes up a lot of time and that impacts on work life balance. There was a strong theme that came across from the vast majority of the principals that the job was not a 9 – 5 job. The principals generally arrived at school between about 7.30am and 8.15am and left between 5.30pm and 6.30pm regularly with extra meetings for School Council on average 2 times per term until late at night up to 10.30pm. There were also extras such as School Council sub committee meetings until late, Saturday detentions and Camps. Most felt they were working 50 - 60 hours per week most weeks.
Constancy of thought

Most of the principals said that there was some form of constant worry that they carry even when they are not at the workplace. Some principals were very conscious of and concerned about having the ongoing impact of the work stresses as constantly invasive thoughts that impact on home life with family:

The kids at home are talking to me and they say ‘you’re not listening to me are you?’ and I have to say ‘I’m not, I’m thinking about school things (R:36.30).

You spend all day looking after staff, so much is happening in your head, important family things go by wayside (J: 32.35).

This principal’s wife summed it up:

How can you spend so much time at work looking after people, you remember so and so is sick at school but you come home and you can’t even remember your son’s hockey practice? (J:32.05).

One principal was suffering from an inability to get a good night’s sleep with constant thinking about school related issues playing on her mind. She needed to get up during the night at times to complete some action on a school issue so her mind could rest.

Workload

In order to try to quarantine their work, the majority of principals expressed a desire to finish their work at school and not to take work home. They consciously chose to work long hours, preferring to work late up to 7.30pm by some as a regular norm. Despite this, many did do emails at home but didn’t see that as an issue as they did not regard them as work.

Having a huge workload was accepted as the norm, but the impact of constant interruptions meant that the work could not be completed in a normal working day. All of the principals were committed to working with the staff, were committed to supporting their staff wellbeing and assisting to resolve issues. This was a constant pressure that they could not escape even when they tried to take steps to give themselves space:

On the rare occasion I have the office door closed because I have to finish something and sometimes people just walk in “have you got a minute “ and they just walk in talking (R:37.15).
**Difficult Staff**

The stressors described were far reaching but the commonly expressed stressor of most impact was dealing with difficult staff. This took its toll on a number of the principals with one highly experienced principal even threatening to resign mainly because of ongoing issues with a troublesome staff member.

More than one principal mentioned concerns and stresses that emanated from issues of mental health of staff:

> The nutters arrive after 5 o’clock at night and dump the most inane stuff on you, and you see them at the photocopier just thinking about what they can come and dump on you or complain about, and I see them and I pack up quickly before they can get at you (L: 39.10).

Most principals talked about the fact that they were trained for the job on the job. This meant that there were many issues and situations for which they had no formal training or preparation in clearly stated or planned ways. Dealing with staff matters was a major concern with all principals concerned that it took an enormous amount of energy to manage others and it takes a personal toll sometimes. This was summed up well by a principal who said:

> We’re not trained in it, we did Staff Matters at school ... we started working on the health of staff ... but it doesn’t really help me deal with those who are in crisis (R: 12.20).

**Department expectations**

Many principals mentioned the pressure from the department especially with regard to short timelines being imposed for the implementation of strategies:

> Short timelines like the Performance and Development nonsense ... we had a month to do that, it’s stupid ... when the expectation from the Department is that this and this needs to be done ... I’m not sure what they will do if we don’t do it, but those things cause me great stress (J: 31.00).

**Legal liability**

Legal liability was a mentioned by three principals. There was a concern that their actions were always under scrutiny and that there was an ever present threat that they could be taken to court if they said or did the wrong thing:

> You have to be honest with people ... but be careful not to put ourselves in a position where they can take you to court (R: 16.30).
Lack of Support from Department

All principals commented on the changes that have occurred in the department and the impact that has had due to general perceptions of a decreased level of support from the regions and the centre. They felt there was a lack of expertise following downsizing of staffing, and this has all led to increased feelings of isolation and of principals being left to their own devices with system leaders who they believe do not fully understand the role of the principal.

The leaders (in the centre and at region) don't understand the work, they can't do it technically. There's a gulf between those who are doing the work and those who are holding people to accountability. ... Head office just doesn't understand how schools work. (S:34.30).

There was a general concern that the size of regions had become too large to maintain positive relationships between regional support staff and principals. Also the support roles that were developed in recent years were not fulfilling the needs of the principals that past roles had:

what was the old RNL (SARPPs) now has about 70 schools – one person can't handle 70 schools ... The collegiality demonstrated by previous RNLS will be lost ... the system now is just too large ... and as principals we are just resigned to the fact that we will never have that level of support again... The government keeps talking about autonomy, and we will be just left on our own to muddle our way through with our colleagues to help us through the mire (J:29.50).

5.4 How would you rate the general effectiveness of the Northern Metropolitan Region Principal Health and Wellbeing program?

The interviewed principals had varied recollections of the program they attended. The years that the principals completed the program ranged from 2002 through to 2012 with some needing to cast their minds back over 10 years. All principals were very positive about the program and its impact on them at the time and in ongoing ways. The principals described the program as "very good", "very helpful", "one of the best programs I have done with the department" and although some could not initially recall all of the specifics of the program until after some discussion jogged their memories, several commented that "at the time I know I remember thinking that it was a good program that I felt was worthwhile and I got a lot out of it". Most of the respondents did not give specific ratings for the effectiveness of the
program but rather discussed the aspects of the program that they remembered as being relevant for them and those comments will be included with the responses to the questions following to which they best relate.

5.5 What was the most effective aspect of the Program for you?

Responses to this question varied for each person. Discussion evolved into various aspects including the quality of speakers, the content of sessions, the timing of the program, the location and the organisational details. The key aspects that were recalled as being most effective or having most impact for most principals are detailed here. More details of the impact of the content of the program are given in a subsequent question relating to the ongoing impact of the program.

Toxic people

Several principals noted the session on toxic people as one that made a major impression on them and that they made use of the content in their role later:

She was talking about toxic people, and all of a sudden I realised she was talking about so and so at school ... and I had never thought about her as a toxic person but I have watched her since and it is exactly what she does... and it was like bells going off (L:19.20).

Having a doctor speak

All principals appreciated the benefit of having a health professional present. Principals used the information provided by the doctor to make changes to their health regimes, and they followed up with further investigation for themselves with a number beginning other follow up courses for their health.

Collegiality

All principals commented on the positivity of doing the professional learning with others.

It was a very collegiate type of activity doing the course, it was kind of nice to listen to people’s stories and hearing how others are handling the job and themselves (C:22.59).

Attending a non-school, quality venue

Several principals noted the positivity of getting away from school to focus on themselves in a pleasant, professional, non-school setting.
What I liked was it wasn’t at a school ... and they weren’t education people talking to you ... they were from private industry, although they related it to teaching (L: 49.30).

**Timing**

The timing of the program with mostly half-day sessions was regarded by most as positive. One principal would have preferred fewer sessions but longer full day sessions and this is further explored in the section relating it suggestions for future programs.

Starting in the afternoon was good. Having lunch with people was good, it gave you a chance to calm down and catch up. People seem to need you more in the morning ... and it was also a day you got to go home early. (C: 49.20)

### 5.6 What changes, if any, did the program cause you to make?

Most participants commented that they reflected on their diet and took steps to improve their diet especially with regard to eating more whole foods and to be more conscious of maintaining a good intake of water during the day.

Three principals commented on the fact that they learned more about the impact of the diet on brain development and the resultant improved effectiveness of brain function and that knowledge had a powerful effect for them.

Most participants commented on the ways that they made changes to their personal exercise regime. Those who were not already doing it, began a regular, some daily, walking program. Two joined a gymnasium.

Some principals were conscious that the hours they were working were extraordinary and as a result of their participation in the program they took steps to try to take more control to make those working hours more reasonable.

Several commented that the program changed the way they saw difficult people in the workplace and gave them more confidence to know that some people are just toxic and that it isn’t their fault and that they can’t change that about them.

Two principals referred to the knowledge that they gained from the personality analysis aspect of the program. They reflected that this insight into themselves and the way that they operate as people and as leaders also helped them to understand the way that others operate especially in their leadership teams. One principal used that knowledge to be proactive in determining the way that future members
of the leadership team were employed in order to obtain a balance of personalities and complimentary sets of skills in the team.

5.7 What if any lasting impact did your participation in the Health and wellbeing Program have for you that continues now?

A range of changes that were made by the principals that they are still enacting was described. Some changes in behaviour were made at a later point sometime after attending the program when the principals felt a need and viewed the relevance of the input from the program in the light of a changed life situation.

Regular exercise

All principals had made efforts to increase their level of exercise ranging from walking, doing an exercise program and joining gyms. Some took up new interests or hobbies as a result. There was a strong emphasis on being regular with the exercise:

I made a decision that I get up earlier to go for a walk, and I still do that and that’s been 3 years ... and I listen to podcasts and I don’t think about school ..... it’s a great way to clear your head to start the day. I went off and googled and found a 10 minute daily stretching exercise program and I still do that. I think those made a difference for me (D: 20.10).

Meditation / mindfulness

Most of the principals found the input regarding Mindfulness extremely pertinent and helpful and used the methods they learnt from the program in their work and general life activities. Many did further courses to assist them.

There have been a few PDs come up on Mindfulness ...I am conscious of only doing one thing at a time, I might have 10 things open on the desk but I am only doing one of them at the time (C:36.00).

Personality

Not all of the principals completed a personality analysis, but those who did gained a perspective that they found useful for their own self awareness, but also useful for improving their dealings with others on their staff and in the teams in which they worked and one even applied the knowledge gained in the staff selection process when looking at staffing and team compatibility:

I got a lot out of the personality section, it played a big part in the development of our leadership team, made us both aware of what our
strengths were and the impacts on other staff ... We looked at compatibility when hiring staff and leaders ... we looked in depth at our personality types ... and we asked key questions in the interview process (B: 20.15).

**Dealing with difficult people**

Most participants found the Dealing with Difficult People the most interesting input of the program as it clarified for them the traits of those people and gave them strategies for dealing with the difficult interactions.

The thing that really stood out was the Managing Difficult People and managing conflict... a lot of those skills I learnt and contacts I made through that I put into practice ... I put in place a practical support and I used the presenter to help with a staff performance management issue ...it was one of those things that stuck with me (B:13.10).

**Limiting working hours**

Most participants became more conscious of the hours that they were working and took stock with a realisation that the inordinate number of their work hours was interfering with their personal lives. They developed a range of their own strategies to limit the work times:

I became far more conscious of saying no ...knowing this is going to be an overload ... I need to be able to walk out of here and not commit to another meeting at night (L:37.00).

**Collegiate connection**

The value of connecting with colleagues was realised by all participants. Some made new connections, others became more conscious of making their connections more regular. An important element for some was the realisation that the issue of their wellbeing was a legitimate conversation to be having in their collegiate groups.

the value of keeping contact with people outside the school .. just to mull over a few things .. as a new principal you believe you should be able to answer all these questions yourself, and that's not the case, you need to debrief and talk to somebody outside the school ( J:10.05).

**Healthy eating**

For most participants, their knowledge of healthy eating was not of concern. Their ability to put it into practice was the outcome that was of most impact. Skipping lunch, not hydrating enough, not using brain food appropriately were all elements that they took on board and improved in their daily routines.
One principal expressed concern that what was being recommended in the program re diet actually caused an issue for him. This highlights the importance of emphasising that participants need to consult with their medical professionals for proper evaluation of their health and the changes they may instigate.

The nutrition information was interesting but I am now more cautious, the diet was not appropriate for me, the things she was recommending did harm for me, I developed fructose malabsorption ... I had a health issue but the diet exacerbated it ... the learning for me was to become more in contact with medical services better (B: 15:49).

An interesting comment relating to the lasting impact of the program referred to the timeliness of the provision of specific information or action. If people are not ready for a specific input or are not aware of a need then they may not act upon what is being presented. The information may though come to be referred to at a later relevant time. When referring to input about the positive impact of eating simple foods one principal noted:

At the time I remember hearing it but I didn't process it ... but probably in the last 3 or 4 years I have gone back ... I have revisited her words ... and I find that when I eat simple ... less processed foods, I'm actually better, I feel better. (P: 12.20)

Supports and activities mentioned in the Program that were also regarded as positive were not always maintained as a practice by the principals.

The mediation one stuck in my mind and I have done it from time to time, but I haven't kept it up (P: 12.03).

5.8 Should a Health and Wellbeing program continue to be offered to principals?

All interviewees were unanimous that the Health and Wellbeing program should be continued and offered throughout the region.

When told that the program was not being offered in 2014, one principal said:

That’s appalling that it isn't being offered, that’s an error of judgment by the department (J: 9.35).

There was a strong emphasis of positivity on the fact that the program offered was local and that the participants were from relatively nearby schools in the same or neighbouring regions. This meant to the principals that they were meeting with
people that they may have seen previously and would have more chance of seeing in the future to maintain a sense of collegiality and to possibly discuss common purpose from the program with familiarity.

Many participants also talked about the positivity of the program and the benefits that may even need to be imposed on some people. "You don't know what you don't know" was a common theme and there was a sense that the principals were prepared to have someone in authority determine what supports, knowledge and skills they should have or were deficient in requiring extra input, and for an authority to require attendance at programs such as the Health and Wellbeing program. A number of the respondents who were approached by regional staff to consider attending the program, were new principals and were involved as a supportive and preventative measure. These principals were appreciative of the fact that they did attend and what they got out of the program.

I was asked by the RNL to do the program ...at that time it was a very busy time as a new principal ... but it was terrific, I got a lot out of it, I don't regret for one minute giving up the four half days or whatever it was to go along (J: 6.40).

Two principals noted that newly appointed principals, should especially be required to attend the program, and to attend all sessions, even when they think they do not need it:

Maybe people need to go to things they don't think they need to ... and they sit there and think, yes, I actually did need to hear that (L: 35.10).

I didn't think I really needed it but that first 12 months of being a principal is a whirlwind ... and I wonder whether I would have come out of that first 12 months as a different person if I didn't attend that program (J: 35.20).

5.9 If a Health and Wellbeing Program is offered in future, are there any changes that you think should be made to improve its effectiveness?

Most principals suggested that it was better to require that all participants, once signed up for a program, be required to attend all sessions. This was important as it supported the development of collegiality amongst the participants by promoting the building of trust. The theme of "you don't know what you don't
“know” was discussed in this context, and so if you chose to miss a session that you might miss something important. The content of each session was discussed in the way that it related to the generalised focus description for the session. All of the content could not be given or be presumed to be known by the participants before the session began. There was an organic element based on discussion that ensued amongst participants and with the facilitator. There was also content that the principals conceded they were not expecting, or was delivered in a different way than expected, or that they got something different out of it even though they had some understanding of the topic.

**Timing of Program**

A variety of views were expressed in discussion about the timing of the days and spacing of the program. General consensus was that beginning the session with a meal at lunchtime was valuable. It provided time to socialise, network, and to relax and get the mind off the day's pressures before beginning the program.

The spacing of the program over 2 terms was regarded as helpful for the majority of principals. It meant that there was time to reflect on the content, make some changes and evaluate the impacts.

Spacing the sessions out also meant that one principal did not feel as pressured by the time away from school to attend as it allowed more time to forward plan and place the dates in the diary and not feel as though she was trying to squeeze it in.

One principal preferred to have the program compacted a little more with a preference for two consecutive days of program with follow up later after time to implement, reflect, and then go back and share.

**Content**

Regarding content, the range of content that was included in the programs that participants attended was considered a good range. Things mentioned of note to keep were:

- dealing with toxic people
- medical practitioner
- legal issues
- physical wellbeing
A suggestion made for change was to include a greater set of strategies for principals to call upon in a variety of situations - if/then scenarios.

5.10 Which other programs or activities have you participated in that have made an impact on supporting you to maintain a positive health and wellbeing?

The Principal Internship was mentioned as extremely valuable by one principal as it provided the opportunity to reflect over a period of time about the role of principal and it provided the opportunity of building a relationship with a colleague within the principal class.

I would rate those as two of the best programs I have done with the department. The internship ... gave the opportunity to reflect over a period of time on taking up the role of principal... building a relationship with a colleague  (B: 35.20).

Having contact with people and being able to discuss issues was viewed as important by the principal, as opposed to what was perceived as being a preferred professional learning approach by the DEECD in other areas of doing set electronic modules interacting with a computer screen:

The Principal Internship, and the Health and Wellbeing programs, I would rate those as two of the best programs I have done with the department ...I did the induction modules with real people not the computer program, and I think building that technical leadership skill set - if I didn't have that I think I would have drowned earlier (B: 36.00)

Debriefing after crises

Having a professional supportive person to debrief with during and after major crises was mentioned by a number of principals as extremely useful but also lacking in the current environment. One principal described a specific incident that was helpful for her:

The psychologist followed me around all through the incident, I feel I came out of that really well because there was someone there monitoring me, asking me ‘Well why do you feel that way?’ ... and it’s the access to the SSSOs ... and having them there at the school at the time ... because 3 or 4 minutes with someone clears your mind, they ask appropriate questions, they know the context of the school (C:42.15).

Some principals mentioned other courses that they have attended including the Bastow Leadership Institute but felt that some of the offerings were more geared
towards achieving better outcomes through improved leadership processes. It was felt that the focus of the principals’ Health and Wellbeing program would be difficult to replicate by the institute and that the local nature of regional delivery was much more appropriate.

5.11 What other programs, support or activities do you think should be provided to support principals to maintain a positive sense of health and wellbeing?

Mentors

Mentors, for new principals in particular, were viewed in general as necessary and helpful, but there was a consensus that to make the process more successful that better matching of mentors with mentorees was needed.

Mentoring was the best PD for me because while I was doing it I was modifying the way I was doing things ... but, her style and my style were miles apart ... they need to match principals with someone from the same sort of school, with similar learning styles (A: 21.40).

The matching that was needed included reference to the physical proximity of the mentor to the mentoree to better facilitate more frequent physical meetings; matching of school types in size and community type so that there could be a strong understanding of the issues faced by the mentoree:

... from Bastow the mentor that was allocated for whatever reason hasn’t necessarily been the best person ... maybe physically they are on the other side of town... or the schools and their own are so different, there may not be that commonality ...the clientele might be very different ... or that principal's experience of what they have dealt with over a number of years might be very different to what that person is dealing with at their school (D: 40.34).

The need to ensure a personality fit between mentors and mentorees was mentioned as being important to better ensure a successful relationship and included consideration of personality types and even gender considerations, one male principal needed a male mentor but was given a female:

Getting the personality fit right in supporting principals is important. I requested a male mentor but was given a female ... because I had a close working relationship with my previous female principal that I was using on a regular basis ... I needed a good male role model to show me how to be a good male leader with a large group of women ... there are some basic gender differences there (B: 31.30).
Debriefing

Many principals thought more formalised debriefing processes should be implemented for principals given the type of work they do with difficult personal interactions and high-level stressful decision making. Comparisons were made between the teaching profession and other professions such as psychologists and social workers who receive regular supervision as a matter of course for their work.

One of the things I would do is to build in a debriefing process on a regular basis, be that with a psychologist or another principal ... look at psychologists and their supervision arrangements, I think principals need something similar (B: 25.20).

Succession Planning

Two principals spoke in detail about preparing for the role of principal and ensuring that people had the necessary skills before they took on the role. There was a concern amongst many of the principals that it was just presumed that they knew everything they should once they got the job.

There is an implied trust in others thinking I knew what I was doing (B:27:50).

To ensure more certainty of principals having the requisite skills and knowledge for the job, on the job succession planning was recommended by some principals, including some form of formal accreditation process:

On the job training, we know that preparation for the next step is done very differently in different schools ... in Ontario there are trigger points ... I think there are expectations such as that you do the AP job for a certain number of years ...tick the box ...maybe some of those things should be mandated ... like we used to have accreditation for leading teachers where we tick off that you do know these certain things ... maybe we should do the same for principals.. (D: 43.20)

Having principals interact with others rather than just complete computer modules or reading information was viewed as a more effective professional learning process. There was concern expressed about the large amount of reading that was expected in order to obtain necessary information that could possibly be better imparted by the sharing of ideas:
My Induction was mediocre … I had to meet the RNL, he basically gave me a big fat folder and said, “Here's your induction manual” … typical department style every page had hyperlinks with 20 pages behind it you should read … I think they should go away for 8 days in the first couple of years as a principal and sit round and talk, about student wellbeing, financial management, disability … sit around the table and build networks, have the discussion (B: 46:21).

**Managing self**

The skills required to manage people were seen as being requisite for the role but not necessarily fully formed for all principals. Within that realm though, the skill of managing oneself was viewed as vitally important but one that was not as well supported:

There's a social-emotional intelligence aspect to the role where people need to manage others and themselves - there's a lot of focus on managing others but not a lot on managing self (B: 37.40).

**Need for recognition**

Principals expressed a need for a sense of recognition from line managers that the job they were doing was noted and was viewed as positive. This recognition was viewed as being a positive response that would have a positive impact on the wellbeing of principals:

It’s important that the region recognises the work that we do and that’s become more difficult with personnel being reduced … the regional director could walk around the school and say he notices the changes … and that’s missing …through no one’s fault the system has been cut so savagely … as a principal you don’t get that affirmation very often. It’s nice to hear the positives, some recognition from someone outside more senior than yourself … as principals we are lectured about nurturing our staff, recognising performance, but it’s a bit different for the principal (J:50.30).

There was some expression of desire that there be some form of systemic response with processes and practices that demonstrably put into action the stated concern for the health and wellbeing of the principals. This included actions such as regular check in by the SARRP or other regional personnel inquiring to the state of wellbeing of the principal and then providing support and advice. The focus of some discussion between principals and senior regional staff relating to the health and wellbeing of the principal was a previous practice used in the Principal Performance Management process that was considered a very positive and needed practice by the principals.
**Emotional Support**

There was also a concern that the emotional and psychological state of principals was not considered or followed up after crises management. There was a common concern expressed by most of the principals regarding the perceived lack of connection, care and support from managers and the 'employer' that is summed up at the end of this quote:

> A kid ran his car into a tree, no one ever said it was suicide, but ... everyone comes in, the SSSOs ... another time a boy went completely berserk ... I called the region and they said all you can do is call the police, the police came and arrested him and put him in handcuffs and took him away ... but in those two incidents, nobody ever asked me how I felt." (R: 26.55)

It is clear from all of the issues raised by the participants that care for self and managing self are not enough in isolation to ensure health and wellbeing for principals. There is a stated need to have the support and involvement of others in the health and wellbeing process providing either direct support in the form of mentoring and coaching; providing sound professional learning in pre service training and ongoing targeted education whilst in the role, and to have the positive recognition and emotional support for their work by managers, peers and relevant professionals.
Chapter 6  DISCUSSION

A number of themes emerged from the discussions with these ten principals who had participated in the Health and Wellbeing Program. In this chapter I will detail those themes and justify why they have been chosen as relevant themes emerging from the investigation.

An essential notion of the purpose of this research and how the outcomes relate to that purpose must be noted here. Although the key focus of the research is the coping strategies of principals who participated in the Health and Wellbeing Program and how the program impacted them with regard to their health and wellbeing, those strategies cannot be considered in isolation from the actual physical, emotional and psychological stresses and strains of the role. The research has focused on what the principals do to deal with the impacts of those issues on themselves and the ways that they make adjustments to the way that they manage their physical, emotional and psychological responses to the issues. Even if the majority of current issues raised were enacted upon by the system, there will always be relative levels of stress and strain in any given situation and so the need to respond to stress and strain as a conceptual framework is ever present.

I will present the key findings of this research under these key headings:

1. Factors impacting health and wellbeing
2. Strategies used to improve health and wellbeing
3. Impact of the Health and Wellbeing Program for participants
4. Suggestions to further support the improved health and wellbeing of principals
5. Suggestions for areas for further research

6.1 Factors impacting health and wellbeing

The findings in this research validate the findings in the literature. The four major factors identified by the data analysis that were key factors impacting the health and wellbeing of principals were:
• An onerous and increasing workload
• Dealing with difficult people
• Short timelines and expectations placed on principals by the employer
• Perceived lack of support from the organisation

These factors have been described in the literature as amongst the key causes of stress for principals for decades now. (Department of Education and Training, 2004; Green, R. et al., 2001; Ostell & Oakland, 1995; Savery, L and Detiuk, 1986; Whitaker, 1996.)

All of these factors impacted on the levels of stress experienced by the principals and so caused issues that often continued with the principals after the working day was complete. Being overwhelmed with the enormity of the job took time and emotional energy away from the time and energy needed to devote to personal care of health.

6.1.1 Workload

It is clear that the volume and intensity of work demands of being a principal are great and that many of the principals interviewed who entered the role after being an Assistant Principal were not prepared fully for the leap in the level of responsibility, volume of work and associated stress that went with the role. As stated in Trenbeth & Dewe (2006) it is the sheer number of changes and pace of change that leads to the feeling that no matter what they do they never have time to schedule their day properly.

Even well qualified and trained principals in the target group found that the demands of the job become overwhelming and that there were times when they were not dealing well with the impacts on their health and wellbeing. There has been an implied expectation within the department of education that if principals receive professional development to assist them to deal with the organisational processes including finances, the maintenance of buildings and the management of staff via performance development processes, that they should be well equipped to deal with the role. A previous Director of Education told the author that the department is not responsible for the health and wellbeing of its principals as that is the principal’s own responsibility. It was stated that the department was only
concerned with outcomes for students. The voice of experienced and respected principals is that despite their experience, sound knowledge and processes, the issue of their health and wellbeing is still one that requires attention if they are to continue to perform their role to a high standard and maintain good personal health in the process. Having regard for the health and wellbeing of principals is a sound preventative action with regard to workplace health and safety.

6.1.2 Dealing with difficult people

One of the most significant areas of concern that caused most anxiety for principals was the need to deal with difficult people and difficult situations with people in general. Dealing with difficult people is listed in much of the research as being one of the top three elements of the role that causes stress for principals (Tung & Koch, 1980; Cooper & Kelly, 1993; Phillips & Sen, 2011; Department of Education and Training, 2004; Sogunro, 2012; Riley, 2013). The range of interactions in this research included those with students, parents, staff and departmental personnel. The two significant areas of greatest concern were those involving poor performing staff and difficult parents. The level of training that principals received to provide strategies to deal with these situations was regarded as non-existent or at best inadequate. Principals were clear in their expression of a need for expert assistance to help them address the issues with these difficult people, and more particularly for better processes to safeguard them as leaders in their workplace.

Riley (2013) recommended the need for primary interventions that prevent exposure to stressors in the workplace and secondary interventions that help individuals cope with the stressors they encounter. Riley was concerned at the level of incidences of adult-adult bullying and violence in schools. Although the interviewees here did not actually define the interactions as bullying, the difficult nature and type of interactions described with staff and difficult parents could be construed as bullying type behaviour.

6.1.3 Pressure from DEECD timelines

Many of the participants in the study were critical of the manner in which they were notified by DEECD of requirements to complete actions within very short timeframes. These expectations that were perceived to emanate from regional and central bureaucracy staff were a source of frustration and stress for the principals.
Principals noted that they were balancing a range of demands at any given time and that the expectation to complete forms and processes without sufficient time to plan meant that they were putting off other urgent and important tasks.

6.1.4 Perceived lack of support from the state education system

Principals felt that the recent changes that have occurred in the state education system caused the principals to feel more isolated from regions and less supported by regional personnel. Changes noted included reductions in various areas including in the number of regions from eight to four, regional budgets and reductions in regional personnel numbers. These losses included a loss of personnel with experience as principals who had a greater understanding of their role, and also a loss of contact time with regional managers who were now responsible for the support of almost double the number of schools each. Principals expressed concern that it was difficult to contact personnel who had relevant knowledge in the field or who could advise and support them in a timely manner.

Principals also noted that they felt they were not appreciated by regional staff as they received little public or private positive feedback.

6.2 Strategies used to improve health and wellbeing

The strategies that are outlined here were each mentioned by five or more of the participants. The key strategies that have made a difference for the principals were:

- Interacting with colleagues: Mentors
- Collegiate Networks
- Exercise
- Taking time out
- Monitoring work hours

6.2.1 Interaction with colleagues: Mentors

All of the principals interviewed mentioned the importance of having the positive support of a mentor. All of the principals found that the relationship with the
mentors was helpful. Those that were able to choose their own mentor appeared to experience more success than those who were assigned mentors.

All principals stated that the matching of the mentor with the principal was a critical factor for achieving a successful outcome for the process. The issues mentioned regarding mismatched mentors included those arising from gender matching, the matching of mentors with experiences in school types similar to those of the principals, and the issue of distance between the paired school locations. With regard to gender, one male principal wished to improve his empathy for females by having a female mentor but was assigned a male mentor. There are issues of personal need and preference and the matching of gender should be a consideration based on the need and desire of the mentored principal.

Regarding school type and size matching, the main point made was that in particular, principals of small schools felt they have different work related issues due to their smaller size when compared to larger schools. The main differences that were perceived were that small schools had greater difficulties balancing budgets and catering for the professional needs of their staff with limited budgets. Principals of small schools also felt that they had different work demands due to smaller levels of staffing and that they were required to fulfil more roles due to the fact that they did not have the capacity to hire a larger leadership team or to have as many administrative staff compared to larger schools and so they had to fill the gaps in the role functions.

6.2.2 Collegiate Networks

All principals referred to networks of other principals and trusted others that they met with either regularly or intermittently. Some of the Networks were formalised within the regional structures, but others were developed based on common interest or association over many years. The principals found the networks to be invaluable as a source of debriefing and so de-stressing. In the networks the principals were able to discuss a range of issues and so were a source for debriefing, skill sharing, self-promotion and a celebration of success. Overwhelmingly, the informal networks were seen as a way of talking frankly, often critically, without fear of systemic repercussions, about the aspects of their roles that they were finding difficult. Within this process they were able to let things go and so lessen the stress effect of the issues, and to gain some insights into
how others would handle issues and so be better able to deal with the stressful situations in their own school. The connections made in the networks were often followed up with ad hoc touching base by phone to check in as to how the other was dealing with the issues raised. This provided a sense of camaraderie and practical support that also helped to lessen the level of stress of the given situation for the principal.

6.2.3 Exercise

Undertaking regular exercise was stated by all but one of the participants as being an effective means to deal with stress and also to prepare for the demands of an impending day’s work. Some exercised in the morning before work and planned their day and strategies in advance, others exercised after work and worked out their frustrations and stress before going home and effecting others.

Feeling fit meant that the principals felt more in control of their environment because of their improved levels of alertness and general feeling of being in control of themselves.

Many of the principals prioritised their exercise regimes and did not let work get in the way of the regime and so would schedule meetings and their day's work hours to ensure they completed their exercise as planned.

6.2.4 Taking time out

The principals stated that it was important for them to be able to take control of their working day. This included giving themselves permission to not be on site at certain times when they would be doing something for their own health and wellbeing. This did not represent an abrogation of duty, or a reduction in working hours, but it was a time that they would normally have been at work during a long working day. Activities that the principals took time out for included going for a coffee and a debrief with a colleague, arriving at school late following an exercise activity, leaving earlier than usual – but after students dismissed - to be home early for their families or to go to the gymnasium for exercise.

6.2.5 Monitoring work hours

Principals were conscious that they were working long hours. Many made conscious decisions that they would not take on extra activity that would unduly
extend those hours and were conscious of limiting activities such as after hours meetings. There was though a regular consistency in that they took work home and this may have been a greater burden if they reduced some of their daily work commitments. Some rely on colleagues such as Assistant Principals to give feedback to them if they notice any signs of negative impact on principals of excessive workload.

6.3 Impact of the Health and Wellbeing Program for participants

All of the interviewed participants made changes to the way that they considered their health and wellbeing following their involvement in the Health and Wellbeing Program. The overwhelming finding was that participation in the Program was the catalyst for some re-evaluation of not only physical elements such as diet, exercise and work hours, but also an attitudinal change to the level of importance that participants attributed to their health and wellbeing and so to the way that they then thought about and acted on the issues.

6.3.1 Changes made

The first key finding is that principals who participated in the Health and Wellbeing Program all made changes to the way that they now respond to some aspects of their personal health or work life in order to improve their health and wellbeing. Most of the principals had not prioritised their health and wellbeing as a matter of course. Their strongest drive was to do well in their role of supporting others and they carried this heightened sense of responsibility - the weight of which often diminished their attention to their own wellbeing. Taking time out of school or using school funds for their own wellbeing, as a professional learning need, was an action they did not give themselves permission to do. Some principals who completed the program did so at the request of a senior advisor, and most felt they did not need it, or did not have the time to attend, but after completing the program realised the error of their previous judgment.

6.3.2 Prioritised time for individual

An overwhelming positive that was expressed by the principals was that the time out of the school taken to attend the program was viewed as a special time for
themselves. They viewed it as a prioritising their wellbeing in a way they had not done before. The sessions became a special time that they planned around and they ensured that they did not let other demands get in the way of them taking that time out of the school. For some it was an acknowledgement that they did work hard, that the job was demanding and that they needed to take proactive steps to address the impacts of the job on themselves and that giving themselves permission to look after themselves in what was perceived as work time was relevant and acceptable.

6.3.3 Permission to be vulnerable with a focus

Importantly, the Health and Wellbeing Program provided principals with a safe place where they could share their most intimate and private vulnerabilities. There is a strong sense of the private nature of the emotion of wellbeing. The leadership role was often experienced as needing to contain the anxiety of the staff group. It is not the role of the staff group to contain the anxiety of the principal. Hence a key finding that cannot be over emphasised is the intrinsic importance of the emotional permission to speak about that which previously has been considered most private. One's health and wellbeing is a visceral experience. It is not an academic exercise, it is literally "of the gut" as one participant discussed the impacts of stress for her. This is not a program that can be implemented via e learning or on line. The opportunity to reflect and digest the content with one's peers in a safe environment, given the issues are deeply personal, cannot be underestimated.

The embodied experience of each principal is deeply felt and uniquely experienced. The opportunity that the program gave to discuss and overt the impact of stressful leadership roles normalised commonly experienced vulnerabilities and private matters into a public space. By the process of creating a group context that was safe, the program allowed principals to move from being an isolated individual leader in an individual school context to participation in a safe peer group where private matters could be discussed in a collegiate and safe environment. This leads to the pivotal importance of collegiate interaction.
6.3.4 Collegiality, networking

Collegiate interaction provided a range of benefits for the participants. There existed a power of connectivity that was instrumental in maintaining the changes made. Research reaffirms the need for reinforcement and repetition to maintain any changes implemented re behaviours. Connections were formed in the Health and Wellbeing Program that became stronger and more natural over time. The power of collegiate groups to assist in debriefing, consulting, normalising thoughts was a very powerful finding from these principals. The Health and Wellbeing Program provided an avenue for another collegiate group to be formed that had Health and Wellbeing as its binding focus. This collegiate group may be one of few that some principals who do not network well may form. Hence the strong recommendation from the principals was that to be effective participants should be required to attend all sessions of a Health and Wellbeing Program. As well as catering for the concept that you don’t know what you don’t know and so you might miss something important, attendance builds a sense of collegiality and trust.

Riley (2013) focused on the need for Professional Support and called on the system to provide opportunities for principals to engage in professional support networks. The ability to connect with colleagues either from existing network connections or through the Health and wellbeing Program connections, was mentioned by all as an extremely positive outcome of the program.

By developing communities of principals who have shared insight and understanding about the nature of the role and the impact of the demands on the self and health and wellbeing, the program laid the foundations for future learnings from within the group. Hence the process was regarded as important as the content.

6.3.5 Time to try and embed

Having a series of sessions with a reasonable time of weeks in between enabled the principals to absorb the information, try out suggestions and embed any changes. It enabled them to scaffold the learning and this had more impact and meant that recall at a later time when the information may have become more relevant was more effective.
6.3.6 Resources and quality contacts

The program enabled key experts to deliver content that was relevant across time and place. Most of the participants commented on various kernels of information that whilst not directly relevant at the point they were delivered in the program, they were stored away by the participant and used when their own context required it. Examples of this as discussed in the previous chapter include advice around diet, exercise, and managing difficult people.

6.3.7 Changed mindset

The program is essentially a primary prevention strategy. It provided the focus for principals to think about and act on their own health and wellbeing. A key finding from the research is that principals used information from the course when their own professional journey and health issues triggered them to action advice that was relevant to them at a later point in time.

6.4 Suggestions to further support the improved health and wellbeing of principals.

Principals were asked to detail any suggestions they had regarding activities, programs or supports that they thought could support the improvement of the health and wellbeing of principals.

The responses centred around three key areas of:

• specific supports for principals – including the implementation of further health and wellbeing programs; enhanced support from regions; provision of support services such as counselling and debriefing after crises.

• systemic acknowledgement of the issue and concerns of the principals regarding their health and wellbeing,

• better preparation of incoming principals for the difficulties they will encounter in the role.

These suggestions are described in more detail in this section.
6.4.1 Implement a Health and Well Being Program for Principals

Riley (2013) referred to the “Emotional Labour” of principals and suggested that more systematic attention needs to be paid to the professional learning of principals in the emotional aspects of their roles. Interviewees in this research were clear in their positive reflections about the learnings gained from the Health and wellbeing Program re emotional wellbeing.

There was a strongly expressed desire for principals to have a range of supports in place to assist them to manage their health and wellbeing. This was not an abrogation of their responsibility to care for themselves, but rather a statement of the fact that balancing work expectations and personal health and wellbeing was an issue for which principals required support in order to achieve positive outcomes for themselves in achieving that balance.

Of the many supports that principals have discussed, the need for a program of input and activity focusing on personal health and wellbeing was expressed strongly by all participants. The preferred content of the program varied, but common themes expressed for the format of the program include that:

• all participants are required to attend all sessions
• the program be conducted at venues away from the standard educational settings
• the program consist of several sessions
• the program be spread out over a number of weeks
• the presenters be of high calibre
• the region take an active role in the organisation and auspicing of the program
• there be a blended learning approach with a strong emphasis on face to face contact

The major benefits of having a health and wellbeing program for principals were seen as ensuring that:

• all principals can and should be engaged and feel supported
• principals feel that their needs are being addressed professionally and adequately via a range of inputs that have been determined as helpful by
experienced educators and consultants in the field of health and wellbeing
• collegial networks focusing on mutual concern and support can be developed and enhanced
• the chances of successful application of relevant learnings will be enhanced by provision of time between sessions for reflection and implementation of suggestions
• improved positive sense of self and professionalism is enhanced via the disassociation of the program from the work environment due to the use of quality non-school venues for the delivery of the program

6.4.2 Regional feedback and contact

Principals believed that the region has a major role to play in supporting their health and wellbeing. This relates to the relationship that is built on trust

All interviewed principals expressed a need to have more positive feedback from line managers and region. It was noted several times that with recent changes to the structure of DEECD and changes to the regional boundaries that there has been a loss of connection with line managers. Principals were clear that they needed greater levels of personal contact with regional staff including support and feedback.

6.4.3 Debriefing after crises

Principals were clear that they needed a defined process for allowing them to debrief after crises occurred. They were not sure of how this should be facilitated and with whom it should occur. Various principals used their own network of colleagues to share frustrations and to let off steam. All were aware of the Employee Assistance Scheme that provided counselling if needed, but principals appeared to favor a known professional whose role it was to support. The role of the past Regional Network Leaders seemed to fulfil this need but issues of role clarity and workload appeared to lessen the perceived potential of utilising the current SARPPs for the same. This is an area that will benefit from further investigation.
6.4.4 Systemic Response

Principals expressed that they not only wanted to hear health and wellbeing being talked about, they wanted to see practical solutions put into place by the system that were tangible and expressly in response to their stated needs. Whilst there may be a range of programs and activities that are available to provide support for principals, there is a stated need to know that the system is responding to the stated needs of principals and not only to the need to support improved outcomes, which are not necessarily mutually exclusive.

6.4.5 Succession Planning preparation

The concept of succession planning was seen as a very effective way for assistant principals who are potential principals to be prepared for the role and the potential crises and the relative impact of them on the principal. Principals felt that assistant principals would have a much better and more realistic understanding of the role and its inherent difficulties if they were brought into the circle of trust with the principal and they were exposed to the reality of daily issues. One principal noted the effectiveness of actually sharing an office space with a working principal and being present for interactions that the principal had with staff and parents that promoted later debriefing between the principal and assistant.

In Chapter 7 I will conclude the thesis and summarise the findings of the research as they relate to the key research questions.
CHAPTER 7 CONCLUSION

In this research I have explored the context of principalship and the many facets of the role as they impact on the health and wellbeing of principals. I have discussed a range of the literature that relates to the stresses and demands of the principal role, the impacts of those demands on the principals and the range of ways that principals have used to cope with the demands of the job. I have described a range of research that has provided insight into the extent of the concerns around the globe and in Australia as they relate to the health and wellbeing of principals. I have related my findings in particular to those of Riley (2013) whose research is most recent and whose context is around the emotional wellbeing of principals in the Australian context.

7.1 Maintaining positive health and wellbeing

The first research question sought to determine how this group of principals who had completed a regional based Health and Wellbeing program now maintained positive health and wellbeing whilst fulfilling their role as principals. A range of strategies were used by the principals that focused on healthy diet, exercise, attempting to limit their working hours, debriefing with colleagues and diversifying their lives with hobbies and other activities.

There was a perception that they had to consciously focus efforts in order to maintain their health and wellbeing and that the role often got in the way of them maintaining their focus. This caused issues for some who were now looking forward to retirement, but there were also principals with less experience who developed issues early in their principal career and others who could foresee that if they did not maintain a constant focus that they may be consumed by the role with negative impacts on their health and wellbeing.

7.2 Impact of participation in the Health and wellbeing Program

The second question sought to determine what impact participation in the Northern Metropolitan Region Principal Health and Wellbeing program had on the
health and wellbeing of the participants. It is clear from the interviews that the act of participating in the program highlighted and clarified for the principals the issues around their health and wellbeing as it related to their work role and caused them to make changes to their life activities and work practices in order to improve their levels of health and wellbeing.

The principals regarded their participation as somewhat life changing as the impacts of their learnings have carried on well after the program. Most of the principals have maintained conversations with colleagues about their practices and support each other in their attempts to continue to maintain their health and wellbeing based activities despite their participation in the course occurring up to ten years earlier. Many of the principals in fact felt that participation should be compulsory for all principals because they discovered information and insights that they did not expect, and they felt this would also be the case for others.

The program has given the principals permission to make what had been private more public. It has strengthened their resolve and their capacity to be successful because of the greater level of focus on the topic due to the raised levels of awareness created by the increased volume of, and public nature of, the conversations.

7.3 Other programs or supports needed

The third research question sought to determine what other programs or activities are needed to support principals to deal with the demands of their job better and to ensure they maintain positive health and wellbeing whilst performing their roles as principal. Discussions here began with better preparation of potential candidates for the principalship regarding their understanding of the difficulties of the role, their capacity to deal with those difficulties and their ability to maintain their equilibrium or health and wellbeing in the process. Once in the role, the principals described the need for improved processes for mentoring of beginning principals and the formation of strong collegiate networks that have health and wellbeing as one of their focuses.

The principals did not describe many specific programs needed but referred more to processes and practices that they felt needed improving. A key focus was the
need for better support structures from region and the central bureaucracy of DEECD. This was bounded by strongly felt concerns that the recent changes to DEECD structures, funding processes and in particular reductions to levels of regional and central support would all impact their levels of stress and ability to cope with demands and so their health and wellbeing could suffer. There was a strong sense of pessimism regarding the future of the role of principals based on the current environment of DEECD. Principals felt they needed more support from known and trusted managers and wellbeing providers and that feedback and positive recognition of their work from these managers is vital and would assist them to cope better.

7.4 Key Findings

1 The role of the school principal is a difficult one that takes a toll on the health and wellbeing of principals.

2 The Health and Wellbeing program offered by the Northern Metropolitan Region is an example of a successful program that has achieved positive outcomes for participants.

3 These principals interviewed in this research valued the Health and Wellbeing Program extremely highly and were unanimous in stating that the program, or similar, should continue to be delivered in a similar way to how it has been delivered in the past and that all principals should have access to the program.

4 The important elements of an effective Health and wellbeing Program should include: face to face interaction with skilled professionals; time for sharing concerns and seeking solutions and support with colleagues in a structured way; participation with colleagues from the local network context where familiarity and regular contact can better ensure on going successful maintenance of action.

5 The positive actions and attitudes of local line managers play an important role in supporting the individual principal’s wellbeing and demonstrates for the principals a systemic focus on positive health and wellbeing for principals.
There are some suggestions for future research that could offer insights into some unresolved issues. The issue of the provision of mentors for new principals and how to best match mentorees with mentors to ensure the best outcomes requires some investigation. Also how does the system ensure that the process of selection of principals results in principals who are well equipped to deal with the demands of the role and who are emotionally as well as technically capable.

It is presumed that the outcomes of this research will provide valuable information to the NEVR of DEECD regarding the success and value of its Principal Health and Wellbeing program and create discussion and action to better provide for supporting the health and wellbeing of principals in the region. The outcomes of the research although focused on principals from the NEVR will have implications for other regions of DEECD where principals are facing similar issues and so may even provoke system wide discussion and follow up action. It is important to note that other regions have also had principals who have attended the program.

The importance of the health and wellbeing of principals is intrinsically personal for the principals, but it is has implications for the education system. It is vital for the education system, in fact many would argue it is a responsibility as a work place provider, to provide support to ensure that the system has a group of leaders who are healthy and well if the system is to be a vital, thriving and successful one that achieves better outcomes for students, parents and all of its staff.

### 7.5 Recommendations for further research

During the discussions with the participants, a number of concepts were raised that would benefit from further research beyond the scope of this thesis. More detailed research into these areas could provide a greater range of information to better inform the discussion around how to ensure a well-prepared profession of principals is developed and supported whilst ensuring those principals maintain positive health and wellbeing in their role. Those areas of interest were:

**Mentors for new principals** – What are the optimal preconditions needed to ensure new principals can be best matched with mentors to ensure the best
outcomes? What is needed to prevent mentoring matches breaking down and not achieving longevity or lasting success?

**Principal selection** – How can the Principal Selection process be improved to ensure principals who are selected are well equipped to deal with the demands of the role and who are emotionally as well as technically capable?

**Health and Wellbeing** – How can wellbeing be recognised as independent from levels of health? What are the interdependencies of health and wellbeing and how can positivity in wellbeing be recognised and celebrated even if health is not as positive? Can you have one without the other?

**Health and Wellbeing programs** – What are examples of successful health and wellbeing programs conducted in education and corporate sectors for high level managers and leaders and what can be taken from those successful programs to develop the best program to support principals?
REFERENCES


Crosby, P.A. (1991). *An investigation of stressors experienced by SA school principals, the factors mediating their effects and an evaluation of the Principals’ Health and Well Being Program.* Flinders University, SA.


APPENDICES

APPENDIX 1: Survey description

The survey was a questionnaire of 71 questions comprising 12 open ended and 59 closed questions.
Questions were presented in 5 distinct categories:

1. Respondent Details – 11 closed questions
Questions covered the areas of gender, age, role, school size and type, leadership structure, and years to retirement.

2. Current Health Status – one open ended and 13 closed questions.
Questions asked respondents to self-rate their level of wellness in a range of areas: weight, smoking habits, alcohol consumption, and levels of exercise undertaken.

3. Work environment - 3 open ended and 22 closed questions.
Respondents were asked to give ratings for their levels of stress in a number of given work situations, to indicate the level and frequency of their stress responses at work, to rate a number of aspects pertaining to their workplace performance, and to give details of known factors contributing to stress for them.

4. Supports - 5 open ended and 13 closed questions.
Respondents were asked to rate the effectiveness of a number of programs and activities in contributing positively to their health and wellbeing, and to detail other effective programs undertaken and strategies that have been effective in dealing with pressures of the job.

5. Changes – 3 open ended questions
Respondents were asked to note suggestions for changes and new procedures at school, regional and DE&T levels that could support positive health and wellbeing. Comments were also invited about the survey and the stated intended goals of the survey as part of a process through Northern Metropolitan Region.
The closed questions used a 9 point Likert scale ranging from 1 – low to 9 – high with a 0 – don’t know. A 9 point scale was used to allow a mid point at 4 and to allow for respondents to locate their rating on a scale that hopefully would not encourage “extreme” responses due to lack of categories.

Northern Metropolitan Region office support staff entered coded responses into an Excel spreadsheet. The data sheet was forwarded to the Department of Statistics, Mathematics Faculty, University of Melbourne for analysis utilizing the SPSS program.

All closed variable responses were given numerical codes indicated on the survey in subscript for ease of data entry. Data was developed for each of the question variables including frequency of response expressed as a number and percentage of cohort, means, standard deviations, maximum and minimum responses.

In analysis, the 9 point Likert scale responses were also collapsed in SPSS program to three ranges - low (1 –3), medium (4 -6), and high (7 - 9) in order to simplify summary outcomes and cross relationships.

A number of relationships between variables were explored by choosing pairs of variables that may have causal effect on each other and examining the cross tabulation effect.

Open ended responses were examined and grouped into a number of categories - up to 26 per question. These categories were then further reduced into approximately six major theme categories per question for comment in the analysis.
APPENDIX 2: Detailed analysis of Survey Outcomes.

A summary of percentages of respondents in these self assessed categories is:

Overweight: 40.2%
Smokers: 9.5%
Consume alcohol daily: 31.5%

Table: Number of times exercise per week

<table>
<thead>
<tr>
<th>Number of times exercise per week</th>
<th>Percentage respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>13.7%</td>
</tr>
<tr>
<td>1</td>
<td>20.1%</td>
</tr>
<tr>
<td>2</td>
<td>25.3%</td>
</tr>
<tr>
<td>3 or more</td>
<td>41.0%</td>
</tr>
</tbody>
</table>

When asked how many times per week you would have at least 20 minutes of vigorous exercise, 41% responded 3 or more times per week. 59% of respondents exercise at less than the optimum 3 times per week.

Table: Total hours working

<table>
<thead>
<tr>
<th>Total hours working at school and home</th>
<th>Percentage respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 40 hours</td>
<td>5.4%</td>
</tr>
<tr>
<td>40 - 49 hours</td>
<td>5.9%</td>
</tr>
<tr>
<td>50 – 59 hours</td>
<td>46.7%</td>
</tr>
<tr>
<td>60 - 69 hours</td>
<td>34.9%</td>
</tr>
<tr>
<td>Over 70 hours</td>
<td>7.1%</td>
</tr>
</tbody>
</table>
94.6% of PCOs were working more than a 40 hour week as would be presumed a reasonable working week for many in the workforce. The Award for PCOs does not specify the number of required working hours per week. There is no other prescription within DE&T of the number of hours that should reasonably be worked by PCOs. There was a large cohort of 42% working more than 60 hours and a smaller but significant group of 7.1% working a staggering total of more than 70 hours per week.

Those that perceived that their level of General Health was low were working excessively long hours – 100% of this group stated that they worked over 50 hours and 83.4% worked over 60 hours compared to the percentage of the general group working those hours at 88.7% and 42% respectively.

In examining the trends in the data relating to the number of working hours and cross relating to other aspects of the respondents health, life and working arrangements, it was found that the number of hours worked appear to be greater -

- The larger the school size for schools up to 900
- For principals compared to APs (Over 60 hours - Principals 53.2 %; APs 29.0%)
- As age increased until notional retirement age of 55 years.
- The longer the time spent in the Principal Class.
- Secondary school PCOs generally had higher proportions of PCOs working over 50 and over 60 hours compared to primary, P-12 and Special schools.
- For those who didn't value the role of cluster and collegial support highly
• For those female PCOs who valued the importance of the Elenor Davis mentoring program. 100% of those who regarded it as of high importance, compared to the whole sample mean of 88.7% are working more than 50 hours per week, whilst 66.7% of the same group compared to the whole sample mean of 42.0% are working more than 60 hours per week.

• Quality in Schools Program - those who regard the program highly are working proportionately longer hours than the sample mean with 96.8% working more than 50 hours and 45.2% more than 60 hours.

Stress Response

Principals indicated that they experienced stress to varying degrees in a variety of situations. This table shows the situations in decreasing order of stressfulness experienced by principals. Scoring was based on a 9 point Likert scale.

![STRESS LEVELS - Mean rating out of 9.0](image)

Whilst different situations evoked a different response for individuals, the generalised feedback from the principals was that stress was most commonly experienced weekly, daily or several times daily. Responses to questions relating to perceptions of stress at work indicated that 13.5% of all PCOs felt stressed at work daily whilst 33.7% felt stressed several times per week.

• Males reported higher levels of stress than females – 15.6% compared with 11.3% of females experiencing high stress at least daily, and 7.0% compared to 2.6% experiencing stress several times daily.
• Assistant Principals reported higher levels of stress than principals—18.7% compared with 9.8% experiencing high stress at least daily, and 5.6% compared to 4.5% experiencing stress several times daily.

• Secondary School Principals reported lower levels of stress than other principals—10.7% experiencing high stress at least daily compared with 14.4% of Primary Principals. 14.3% P-12 principals and 13.8% Special school principals and only 1.8% of Secondary School Principals experiencing stress several times daily compared to 5.6% of Primary Principals. 14.3% P-12 principals and 5.3% Special school principals experiencing stress several times daily.

• Principals of the smaller schools (less than 200) appear to experience daily stress more often than other principals with 10.7% experiencing stress several times daily compared to the average of 4.9% for the whole sample, and 17.8% experiencing stress at least daily compared to the sample mean of 13.5%. There appeared to be significantly less stress response in large schools of over 500 students.

A trend to increased levels of stress appeared with an increase in age of the PCO and also a slight trend of decreased stress response occurred with an increase in the number of years at the same school.

When responding to open ended question regarding which situations in the workplace were most stressful, the rates of response in decreasing order of number of mentions are shown in this table.
In this research, the respondents indicated that the key stressors for them in decreasing order of stress were:

1. Staffing Issues
2. Excessive workload
3. Dealing with difficult parents
4. Student Welfare issues
5. Finance and Facilities

A definite correlation existed between the answers to the general health and wellbeing rating and the levels of stress responses.

This table shows the comparison of the response rate for targeted groups of respondents who exercise regularly, and who have high and low levels of reported health, when compared with the average response rate to the question relating to experiencing stress daily. It appears that of those with perceived low levels of health, 17.4% (3.9% above the group mean) experienced stress daily and only 39.1% (13.5% below the group mean) experienced stress once per week or less, but of respondents with high ratings for levels of health only 10.4% (2.9% below the group mean) experienced daily stress but a significantly large 64.6% (12.0% above the group mean) experienced stress responses of once per week or less.

This correlation exists also for those undertaking vigorous exercise 3 or more times per week with only 2.0% of that group experiencing stress several times daily and only 8.9% (4.6% below the group mean) experienced stress daily, but a
significantly large 60.4% (7.8% above the group mean) experienced stress responses of once per week or less.

Similarly of respondents involved in the Quality In Schools program who rated the program highly experienced stress daily at a level below the group mean and experienced stress responses of once per week or less at a rate above the group mean. These compare to the whole group average rates of 13.5% experiencing stress daily and 52.6% once per week or less.

Of the respondents who regarded the support of a personal informal mentor highly, 11.9% (-1.6%) experienced stress daily and 54.2% (+1.6%) experienced stress responses of once per week or less.

Males appeared to score significantly higher on both physical and mental well being than women indicating better self perception of wellbeing among men.

The results indicated that as perceived levels of general health increased, there were a range of positive correlating positives. Higher perceived levels of personal health corresponded with:

1. Lower levels of high stress response
2. Higher levels of leadership team effectiveness
3. Increase in job satisfaction
APPENDIX 3: Outcome recommendations from Northern Metropolitan Region Survey.

1. Recommendations and development of HWB program

Following the survey, a number of recommendations were made to the leadership of the NMR to assist in the development of strategies that would assist in the promotion of health and wellbeing of principal class officers in the region.

1. That the focus of the Health and Well Being of Principal Class Officers be acknowledged as a high priority for NMR and be resourced in a systemic way.

Strategies suggested to support the implementation of this recommendation were that:

- A nominated officer in NMR have the core responsibility of Strategic Planning for PCO HWB
- A yearly budget be determined to implement the strategy
- The role of Senior Education Officer be expanded to incorporate a focus on PCO HWB
- NMR develop a pilot program to address the project outcomes with a view to establishing an effective statewide model of support for PCO HWB.

2. That NMR practically supports the improvement of the personal health of PCOs.

Strategies suggested to support the implementation of this recommendation were that NMR:

- Facilitates the provision of initial health screening checks for PCOs
- Facilitates PCO participation in a range of health and fitness programs through the negotiation of bulk membership discounts at health and other fitness centres.
• Facilitates PCO participation in a range of alternative health and wellbeing programs including chiropractic, yoga, meditation.

3. That NMR provide support and opportunities for PCO's to participate in a range of Professional Development programs and other activities outside the school setting that address immediate issues of concern to PCO health and well being.

Strategies suggested to support the implementation of this recommendation were that:

• Principals be encouraged to include a HWB focus in the Professional (and personal) Development section of PCO performance plan.
• NMR develop an extended core of modules of PD dealing with issues of concern including improving PCO personal health, resilience, time management, dealing with difficult people, stress and critical incidents.
• NMR encourage and facilitate PCO participation in quality programs including TRIP, Eleanor Davis, ITF, Hay McBer Leadership
• Director of NMR establish a regional position that allows PCOs to participate for a limited and set time in regional activity or to work on a defined project as a sabbatical from the school setting.

4. That NMR commits to a continued exploration of the current survey data and the attainment of further data, to determine the ongoing needs of PCOs and to determine the effectiveness of the strategies implemented to improve PCO HWB.

Strategies suggested to support the implementation of this recommendation were that:

• A regular Client Survey be conducted that includes aspects relating to PCO HWB.
• Data be obtained from a range of collection sources and agencies to drive the improvement focuses at NMR.
• That relevant data be maintained in the corporate memory of NMR.

5. That the supportive arrangements of existing collegiate networking structures be recognised, enhanced and further developed within the proposed School Networks.

Strategies suggested to support the implementation of this recommendation were that key personnel from NMR:

• Ensure that School Networks structure maintains a strong element of collegial support
• Promote and support collegiate networking within the induction process for PCOs
• Ensure that SEOs facilitate the involvement of all PCOs in some form of collegiate structure and support mechanisms
• Actively promote the function and status of the AP networks. Provide support to facilitate high levels of participation.

6. That the Workload of PCOs be monitored by NMR personnel and appropriate strategies be introduced to support the maintenance of reasonable levels of expectations and actual workload

Strategies suggested to support the implementation of this recommendation were that NMR:

• Establish and promote levels of expectation re PCO workload and monitor adherence to the expected levels.
• Target higher “risk” groups and implement strategies to support PCOs to reduce load to acceptable levels.
• Further research the areas of greatest concern to PCOs and develop a systemic response to alleviate workload in targeted areas.
• Facilitate the participation of PCOs in PD that promotes the “work smarter not harder” model.
APPENDIX 4: Health and wellbeing Program Details

Session 1 - Physical Health – the Big Picture
This session was facilitated by a male and female GP doctors that allowed for groups to break out into gender specific groups at times.
There was an expectation that participants completed a questionnaire, provided before hand, with their GP or relevant medico prior to arrival at session one.
There was a personal and group examination of health issues as they relate to the individual.
Specific male/female health issues were addressed within gender specific groups.

Session 2 - Knowing yourself
This session comprised an examination of Personality type data as it impacts on wellbeing. The session presumed that participants bring the outcomes of their Myer Briggs, RISC or similar analysis supplied prior to the session, or information and material was supplied for participants to complete during the session for their data.
Discussion on Transformational Leadership was also covered.

Session 3 - Being Healthy as a Leader
A hands on approach to leadership issues and personal health, time management, workload, values, personal health

Session 4 - Dealing with Difficult people
Led by a clinical psychologist, this session dealt with a range of situations and scenarios that principals find themselves in when dealing with difficult people from staff to parents to other professionals. The session aimed to enable principals to build resilience and to remain optimistic when dealing with difficult situations.

Session 5 - Organisational Health
Session 5 focused on understanding Organisational Health and the critical link between leadership, satisfaction, and performance based on longitudinal research of Victorian schools.
Session 6 - Practical Problem Solving

Workshops were conducted based on collective discussion of:

- staff welfare and staff recruitment
- staff leadership – compacts, contracts and School Level Reports
- school culture – developing positive tones.

The attendance of a range of school, regional and central personnel experts and consultants supported this workshop.

Throughout the semester of the Program, participants were encouraged to keep a journal of their thoughts, practices, changes to work and lifestyle, questions and notes and learning from the sessions. Discussion time at each session enabled a sharing of thoughts, queries and learnings.
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Author/s:
Miller, Robert Patrick

Title:
The coping strategies of principals in Victorian schools who have participated in the Northern Metropolitan Region Health and Wellbeing Program 2002-2012.

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2015

Persistent Link:
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File Description:
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