

THE HEALTH AND WELL-BEING OF SPORTS
COACHES: AN INTERPRETATIVE
PHENOMENOLOGICAL ANALYSIS OF
SWIM COACHES

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Title of Study: THE HEALTH AND WELL-BEING OF SPORTS COACHES: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF SWIM COACHES

Major Field: HEALTH AND HUMAN PERFORMANCE

Abstract: Full-time sports coaches face a unique, challenging, and constantly changing work environment. Understanding the experiences and perceptions of individual coaches is paramount to appreciating the implications of the profession on a coach's behavior and ultimately their health and well-being.

PURPOSE: The purpose of this interpretative phenomenological analysis is to understand in-depth the individual perceptions and experiences of health and well-being for swim coaches. **METHODS:** Six focus groups were conducted at an annual worldwide swim coaching clinic. Twenty-three participants, aged 23-70, were asked a series of open-ended questions to gain a better understanding of participants' experiences, perceptions, and beliefs related to health and well-being in their profession. Questions aimed to address three research questions: (1) How do swim coaches perceive their health and well-being? (2) What are the lived experiences of swim coaches pertaining to health and well-being? (3) If a coach was a former athlete, how are health and well-being experienced in coaching? All audio files were transcribed verbatim and coded separately by 3 coders. The 3 coders thoroughly discussed each transcript before coming to consensus on finalized codes and developing major and sub themes. **FINDINGS:** A number of major themes emerged including the notion that (1) coaches experience many challenges in maintaining their health, (2) there is a steady decline in health and well-being from being a former athlete to current career state, (3) coaches expressed a desire for change in the form of better benefits, research on divorce and drinking rates, and culture changes, and (4) coaching was not their first career choice but they coach for the love of it. **DISCUSSION:** Swim coaches have a complex occupation that directly influences their health and well-being. Many coaches expressed interest in learning how to improve their health and well-being suggesting that targeted programming on the topic could be quite popular. The findings presented here can be instrumental in the development of such programs and motivating professional organizations to support such endeavors.

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CHAPTER I

INTRODUCTION

Area of Study

The idea of studying health and well-being as it relates to occupation has been a prominent topic for research in the past. Health and well-being experiences differ vastly depending on occupation but similarities can also be seen. Many factors like stress level, time demands, and work hours influence the extent to which ones occupation leads to a change in health and well-being of employees. Full-time sports coaches face a unique, challenging, and constantly changing work environment. This particular group, in relation to health and well-being, has not been largely studied in the literature. Most of the previous research on the health of sports coaches evaluated the components of mental health (stress, pressure, etc.) as the outcome variable and not as a potential predictor of physical health outcomes (blood pressure, body fat, number of doctor visits, cardiovascular incidences, etc.) or health behaviors (physical activity, nutrition choices, sleep habits, etc.) (Bentzen, Lemyre, & Kentta, 2016; Bradford & Keshock, 2009; Frey, 2007; Lumpkin & Anshel, 2012; Ruddock-Hudson & Knights, 2014; Vealy, Udry, Zimmerman, & Soliday, 1992).

Through this look into published literature it can be seen that health is a multi-dimensional construct. Every individual has different experiences and perceptions related to their health and well-being as well as the health and well-being of the coaching profession as a whole. In order to understand the coaching population, and specifically for this study, swim coaches, an in depth understanding of these experiences is needed. Individuals can provide valuable insight into the challenges and benefits related to their health and well-being as it is seen through the lens of a coach. It is this unique viewpoint that will help researchers and others understand how health and well-being plays a role in the coaching profession. The aim of the present dissertation is to provide the first known look at the perceptions and experiences of health and well-being of swim coaches. Future research can create more targeted studies based on the information learned in this study.

There are many different definitions available for health and for well-being. Definitions tables (See Table 1 & Table 2) are provided in Chapter 2 to establish the operational definitions for these concepts and to ensure clear understanding of terminology being used throughout the study. The participants had varying definitions of health and of well-being so the table was used to help identify differences among participants' definitions from those commonly found in research. The perceived definitions by coaches will be important in understanding each individual's unique perspective on health and well-being. Justification is also provided for selecting one specific definition for both health and well-being for the current study.

Current studies on the health risks of full-time coaches have not been conducted, but it is possible to infer potential links for future research based on like populations. These populations could include those who spend time in environments with questionable air quality, such as miners and farmers or populations with non-traditional work hours like coaches. This is explored in the review of literature and provides support for the population selected for this study. This research can help in determining what coaches feel are the best aspects of their career that create a positive influence on their health behaviors and overall well-being. It can also help determine if there are any aspects of a coaching profession that they feel have a negative influence on their health behaviors and overall well-being. The positives and negatives mentioned by coaches in this research can be used for a wide-scale survey so generalizations can be made. Identifying positive and negative influences in the coaching population can lead administrators to developing programs targeting those specific areas. This can lead to an increase in coaching efficacy, overall positive shift in work/life balance, and potentially higher job satisfaction. Alternatively, identifying the positive influences on health and well-being for coaching can show the benefits to becoming a life-time coach. It can provide research-backed data to sports governing bodies that can be used to recruit new coaches and ensure that the governing bodies continue to support the things that coaches find positively influence their health and well-being.

The structure of the swimming world is vast. There are many levels and different governing bodies. In order to better understand the dissertation topic, it is beneficial to understand the different organizations in swimming. The worldwide

governing body for swimming is FINA, an international swimming federation. Under the FINA umbrella are the other national governing bodies around the world for swimming, such as USA Swimming. USA Swimming is made up of Local Swim Committees that divide the country up into smaller regions. From there, all the registered teams within a geographic area are a part of the Local Swim Committee. That is the main structure of club swimming. Additionally, there is high school swimming and collegiate swimming, which both have separate rules and procedures. The YMCA and Amateur Athletics Union (AAU) also have swim teams across the nation. There are recreational swim leagues and many other non-affiliated swimming programs throughout the nation and the world. This matters because although a group of head coaches may come together to talk about issues, they may come from different areas of the sport and therefore have completely different job descriptions, available amenities, benefits, challenges, and pressures. They also may have very similar experiences from the standpoint of being a swim coach.

Background of the Problem

Limited research is available on the sports coaching population as it pertains to the overall health and well-being of coaches at this time. Much of the previous related research has focused on work/life balance, job-related stress, burnout, and coach/athlete relationships (Bentzen, Lemyre, & Kentta, 2016; Bradford & Keshock,

2016; Frey, 2007; Gregory & Mesner, 2015; Kivimaki et al., 2013; Kofoworola & Alayode, 2012; Ruddock-Hudson & Knights, 2014; Russo, Shteigman, & Carmeli, 2016; Schnall, Landsbergis, & Baker, 1994; Shanafelt et al., 2015; Stebbings, Taylor, & Spray, 2015). While there are benefits to evaluating the findings from studies conducted on the health-related outcomes of other, non-coaching jobs to develop a framework of knowledge to use when researching sports coaches, the findings are unlikely to be analogous to sports coaching in all areas.

The coaching profession is unique compared to other careers because of the perceived high number of coaches who are former athletes. Most other occupations are not thought to consist of such high proportions of former athletes. Former athletes are unique because of the high level of fitness they maintained over long periods of time, the dedication it takes to achieve goals, and the assumed knowledge that outsiders believe athletes and former athletes have about health and fitness. This means the coaching population deals with a higher than normal number of individuals who surpassed the recommended daily amount of physical activity each day during their competitive years and possibly into their adult years. It is possible this can have implications on the health and well-being experiences of coaches. This can provide useful information on how former athlete status plays into future health even when faced with adverse situations. Comparing the coaching population to other professions without taking former athlete status into account could possibly skew results or show a link where deeper research should have been done to untangle the true meaning.

Research has been conducted on how athletes have lower rates of metabolic syndrome and longer life expectancy than the general population (Batista & Soares, 2013; Garatachea et al., 2014; Gomez-Gallego et al., 2010; Pihl et al., 2003), but the findings on overall health of former athletes are still mixed, with researchers on both sides showing positive and negative results from being a former competitive athlete. This will be discussed more thoroughly in the review of literature. It is currently unknown if swim coaches are at risk for health problems and unknown if they are experiencing any mental or physical health problems on a regular basis. It is also unknown how the health of former athletes is impacted by their occupations.

Another unique characteristic of the coaching population is coaches work non-traditional hours compared to the general population. They regularly work evening hours and many morning hours that span across two traditional meal times, along with multiple full weekends attending practices or competitions. Coaches devote large amounts of time away from their families and personal life in order to fulfill their duties as coaches. The implications of these job characteristics will be discussed. The purpose of this phenomenological study was to understand the health and well-being perceptions and experiences of swim coaches. The participants were part of focus groups conducted during the 2016 American Swim Coaches Association World Clinic. Health and well-being are generally defined as overall coach perception and experience of physical and mental abilities. It is also defined as having positive coping abilities and the absence of physical ailments. It is important to note that definitions of health and well-being are very individualistic and the ultimate goal is to gather the essence of the experiences among swim coaches.

Statement of the Problem

The main problem is that little to no literature is available on the health and well-being of sports coaches in regards to their physical and mental health. While there are many quantitative studies showing coaches are under high stress, overworked, experience mental burnout, and face high job pressure, there is a lack of literature on the potential adverse health outcomes and potential health benefits that result from a coaching career. The lack of research on the potential adverse health outcomes from these job characteristics creates a knowledge gap for coaches.

There has been an increase in popular articles looking at health-related incidents in relation to sports coaches, specifically with high-profile football coaches. These articles have shown that coaches are experiencing heart attacks and strokes on the sidelines of games or are retiring or leaving the sport due to undisclosed health-related issues. This increase in popular articles shows a need for scholarly research to be conducted to try to understand the events that are occurring and to develop practical interventions and future studies if necessary. There are rates of obesity, cardiovascular disease, depression, and potential risk levels for many other health problems available on the general population, but there are yet to be seen any concrete numbers for sports coaches (Xu, et al., 2014). The qualitative research study that was conducted will aid in the development of future quantitative or mixed methods studies. Also, this study looked specifically at swim coaches and may be expanded into other sports, such as football, track and field, volleyball, gymnastics,

etcetera or may be expanded into other levels, such as club, high school, college, etcetera.

Research Questions

In this study, experiences, thoughts, attitudes, beliefs, and perceptions were studied to gain an understanding of the swim coaches' health and well-being. This research explored, in depth, the topics that coaches believe are salient to their unique population. The main research questions are: (1) How do swim coaches perceive their health and well-being? (2) What are the lived experiences of swim coaches pertaining to health and well-being? (3) If a coach was a former athlete, how are health and well-being experienced in coaching? The goal of these questions was to open dialogue with coaches about what is important to them in relation to their individual experiences and how they feel about their health and well-being within the context of their profession as a whole.

Purpose/Significance of the Study

The purpose of the study was to create baseline information and knowledge summaries for the sports coaching population. Little information is available at this time on the physical and mental health of sports coaches and, specifically, swim

coaches. It also aimed to create an open dialogue within the sporting world about health among coaches. Additionally, it can aid in making coaches and employers aware of the importance of physical and mental health of their employees. Much attention and time is spent on developing and training athletes, while very little is dedicated to the coaches' own self-improvement.

Some researchers argue in other occupational fields that the health of the boss and how the boss treats the employees can impact health (Danna & Griffin, 1999). Literature is available that discusses how employers are investing in and supporting their employee's health and well-being goals because of the benefits it brings to the company. A coach in poor health may create his or her own "ceiling effect" where the coach is not able to be as effective in their coaching duties if their health is not at the optimal level. In contrast, by spending more time on self-care, a coach could improve components of health and well-being and potentially create more time, energy, and/or mental capacity to use on coaching, which would raise their "ceiling" to a higher level. With additional time spent on oneself, the capacity for better coaching could potentially increase, thereby raising the ceiling level and in turn being a better coach to the athletes. The question then becomes, does coaching performance begin to decline when health issues arise or can they be compartmentalized and not impact coaching performance? It could be assumed that they can be effective coaches only to a certain point and then health issues start to show in their coaching. Could some coaches' retirement, due to health reasons, have been avoided with previously known statistics on coaches' health and

programs in place to flag, identify, and help improve the conditions or problems that may come up during a coach's career?

While the current study was not designed to answer all of those questions, it served to encapsulate the experiences of these coaches in order to lay the base work of identifying prominent themes. The study is significant because it gives a voice to swim coaches to hear their experiences with health and well-being and it adds to the growing research on health as it pertains to specific occupations. This study also adds awareness of potential benefits and barriers to the coaching profession by identifying salient themes. Furthermore, it can provide knowledge and materials to the governing bodies in the sport of swimming for educational purposes and potential future programming.

This study was conducted using an interpretative phenomenological analysis approach. The theory of planned behavior and role theory guided the focus group questions. The combination of these two theories with the qualitative approach provides a stable framework to encapsulate the thoughts and ideas of coaches in regards to their health and well-being. Not every coach is going to be the same and not every coach will remain the same over the course of their career with their health and well-being. Everything from the basic demographics, to sporting experience, to mindset, to physical shape, to previous health issues will influence how to proceed in evaluating a coach's personal health and well-being. Understanding how coaches experience these things will be of great importance in developing the field of sports coaches' health.

Organization of the Study

Following this introduction, a review of the literature is presented. Since there is limited literature available on coaches' health, different topics relating to the health and well-being of coaches are explored. This configuration of the related material creates a broad base of support and provides structure to move into more specific points of research that have been published in order to justify the current research being conducted. Methods of the study are discussed in depth in Chapter 3. A qualitative approach was used to provide more in-depth insight from swim coaches and allow the coaches to bring up topics they believe are important. Justification for this type of research is presented. Those eligible for the study consisted of swim coaches in the United States and around the world who are on the American Swim Coaches Association e-mail list and in attendance at the 2016 American Swim Coaches Association World Clinic.

A description of the data analyses is included as well as the theoretical basis behind the study design. The process behind qualitative-based focus groups is described, as well as the development of codes for the data. This is followed by the findings of the study. Codes and themes are identified and direct quotes from the participants are included to help explain the themes. Explanations of significant quotes are given. The dissertation concludes with a discussion on the health and well-being of coaches within the context of the findings seen in this study. Suggestions on the direction of future research are discussed and concluding statements are given. This study provides valuable insight into the world of health from a different perspective, that of swim coaches.

CHAPTER II

REVIEW OF LITERATURE

Existing Research on Coaching and Health

The current literature on the health experiences that coaches face is limited and not widely explored at this point. Using related literature, a strong argument can be made for the importance of studying coaching populations. This literature review will circle around the topic of the health and well-being of sports coaches by giving overviews of related topics to create a firm level of support for why more research needs to be conducted in this field. Many research articles in the coaching field are athlete-centered. These articles focus on the coach/athlete relationship and how different aspects of a coach's perceptions, techniques, instruction, and modeling affect the athlete and also affect the relationship with the coach (e.g. Hollembeak & Amorse, 2005; Kavussanu, Boardley, Jutkiewicz, Vincent, & Ring, 2008; Smith, Smoll, & Cumming, 2007; Thelwell, Wagstaff, Rayner, Chaptman, & Barker, 2016). While athlete research is important, a need is arising for more research on coaches.

The most popular areas of research directly related to coaches deals with motivation, burnout, and job pressure. Some of these articles touch briefly on health changes (Barnett & Marshall, 1993; Bentzen, Lemyre, & Kentta, 2016; Daalen, Willemsen, Sanders, & Veldhoven, 2009; Stebbings & Taylor, 2016) but most focus on how burnout impacts job performance (Altfelt & Kellman, 2013; Hjalms, Kentta, Hassmen, & Gustafsson, 2007; Mazerolle, Bruening, Casa, & Burton, 2008; Olusoga, Butt, Hays, & Maynard, 2009). Many of these studies support the idea that sports coach health is an emerging topic of importance.

The philosophic framework of interpretative phenomenological analysis is defined and justifications for choosing the framework are provided. Previous interpretative phenomenological analysis studies related to health psychology, sports coaching, and sport psychology are evaluated for both methodology and content. Theories that encapsulate the study are explored, including theory of planned behavior and role theory, as well as how other occupations' health and well-being has been researched in the past. Literature is available on the health of former athletes which is reviewed to add strength to the topic as a high number of coaches are presumed to be former athletes of the sports they coach. This literature review concludes with a description of where the field is headed based on published literature and how this applies to the current study

Coach Overview

Sports coaches dedicate large amounts of time, beyond the forty hours a week that is standard with a full time job, to their team in order to maintain a high level of productivity and success. Time must be spent completing paperwork, answering e-mails, preparing workouts, and talking with parents, athletic directors, boosters, and athletes on a regular basis. This leaves little time for those who are a part of the coach's personal life and also puts pressure on the time available for physical activity and for making healthy nutrition choices. This is seen through strong positive and strong negative experiences found in Graham and Dixon's (2014) research relating to work/life balance in sports coaches. Coaches have multiple roles and requirements throughout their daily lives, which is a large reason for the qualitative nature of this study. Coaches will be able to elaborate on their experiences in the coaching world and speak to their current health behaviors as they live them.

In a dissertation written by Matejkovic (1983), the wives of football coaches explain the extreme sacrifices made by both family members and the coach. Matejkovic's dissertation is a great example of the struggles incurred by people who are not directly involved in coaching but are in the life-world of a coach. What was found with this research is a direct relationship between marital satisfaction and job strain and time commitment (Matejkovic, 1983). An important concept can be developed from this study in that the health of others may be affected by the actions of a coach. Similarly an idea expressed by athletic director, Taylor Davis, in the *Journal of Physical Education, Recreation, and*

Dance (2014), likened coaching to an ATM, stating that a coach must make more deposits than withdrawals of his or her time with family and different amounts will be needed depending on the time in the season. Many of these researchers have found that within the coaching population, time, energy, and commitments will vary throughout the year, which makes it a unique environment with changing demands that may be hard to adapt to for those outside the sport (Matejkovic, 1983; "What can the interscholastic," 2014).

The ATM example is one of the best and most simple examples to explain the stress of the coaching profession, the necessity for work/life balance, and how to make it all work. For full understanding, this concept is elaborated here. A coach can only make a certain amount of withdrawals before the account goes empty. There will be large withdrawals during competition times and smaller daily withdrawals for practices. More deposits need to be made during the off-season to make up for the large withdrawals needed in-season. Making regular time deposits in season, no matter how small, will also create a more stable balance for those involved. Many other examples were given as to why coaches have a skewed work/life balance, including: burnout, winning at all costs, lack of time, lack of sleep, and high workloads ("What can the interscholastic," 2014).

It is possible these time commitments can cause familial strain, social network breakdowns, job stress, poor nutritional choices, a loss of motivation for physical activity, and overall burnout. It may also be possible for a host of health issues to arise and affect the daily life of the coach and his or her ability to excel at work and at home. There is a gap in knowledge and in the literature in regards

to the physical and mental health and well-being of sports coaches. The proposed study will listen to the coaches to see if any of these, or other, topics arise from their comments.

Some articles have mentioned that more research needs to be conducted in the future on the health of coaches as those researchers believe a healthy, positive coach is the key to a successful work/life balance (Bentzen, Lemyre, & Kentta, 2016; Bradford & Keshock, 2009; Frey, 2007; Stebbings, Taylor, & Spray, 2015; Vealey, Udry, Zimmerman, & Soliday, 1992). Stebbings, Taylor, & Spray (2015) spent time exploring how a coach's happiness and daily outlook affected an athlete's ability to learn and compete. The results showed positive coaches with an overall good attitude created a more successful environment in which athletes felt the ability to achieve more, while the opposite was found for the coaches with negative attitudes (Stebbing, Taylor, & Spray, 2015). It is important for both employers and coaches to understand how a coach's health and well-being can impact both their athletes and their home life.

A newer concept to scholarly research in the coaching field is work addiction. It may seem obvious given the time commitments and pressures faced by coaches but recent research is confirming the detrimental effects of work addiction. In 2012, Lumpkin and Anshel found that coaches understand there is not a proper work/life balance in the coaching profession. The researchers found fourteen common characteristics that affect the overall quality of life of the coaches they studied (Lumpkin & Anshel, 2012). One section of particular interest to the current topic shows statistics on coaches who fear having heart

attacks due to their jobs. Along with this, it is now known that work addiction leads to negative health outcomes (Holland, 2008; Lumpkin & Anshel, 2012). Researchers also said that the coaches reported their jobs were a cause of having unhealthy eating habits, poor physical activity habits, and not having enough time for other life tasks. This gave insight into coaches' own thoughts on their health, both physical and mental (Lumpkin & Anshel, 2012).

This recent research introduces the idea that coaches are enthusiastic and proud of the time spent on the job and that there is not a negative stigma attached to coaching addiction within the profession, like there is with other addictions such as drugs and alcohol. This all led to researchers determining that stress and time commitments are not the problem, but actually the lack of recovery that leads to the negative aspects of health behaviors (Lumpkin & Anshel, 2012; Hjalms, Kentta, Hassmenan, & Gustafsson, 2007). Again, more research needs to be conducted in this area to validate the recovery claims. These concepts all play a direct role in learning about the health and well-being of swim coaches in this study.

The impact that mindset has on physical health is well documented throughout research literature. Many negative thoughts over an extended period of time can trigger physical reactions or symptoms and can cause health problems (Fletcher & Scott, 2010). This helps lay the groundwork for understanding why mental health is becoming such an important topic in the coaching profession.

The coaching profession is unique in that the population they oversee is typically a group of young people. The coach leads this group and has the ability to influence each athlete in a positive or negative way. Other occupations, such as doctors or police officers, face similar pressure and time strains (Haberssat, Geiger, Abdellaoui, & Wolf, 2015). They do not have the added component of being in charge of a group of young, moldable athletes on a daily basis, but do face the challenges of overseeing and taking care of people. This is one of the biggest reasons studies on coaches' health should be of great importance to researchers and members of the swimming community. Young people are highly influenced by those they spend time with in leadership positions. It places increased pressure on coaches to maintain optimal health and well-being to be a good, positive role model for those that they coach.

Just as Stebbings, Taylor, and Spray (2015) found a connection between coaches' happiness and athlete success, other studies have shown similar positive associations between a mentally strong and stable coach and a more positive outcome for an athlete (Fletcher & Scott, 2010). Athletes look to their coaches for advice and guidance. Often times, in elite sport, more time is spent with the coach than with the parents on a daily basis. Coaches should realize the immense importance of their profession on an athlete's life, both within the sport and outside the sport. Any time an individual has a job where they are in charge of a younger group of individuals, such as in a coaching or teaching setting, mental health plays a role. Not only does the coach need a strong set of mental abilities to take care of, manage, and direct a group, but also so that the young

people can learn from these strong mental traits and use them in their lives during adverse situations. It is possible that an individual or coach may not be aware that a mental health issue exists or that they are at a high risk. Because of this, there may be a disconnect within the individual on how their mental state is currently affecting their health and well-being.

At this time it is necessary to address the phrase “health and well-being.” As with many terms, different definitions exist among individuals and among the published research. Every individual will see his or her personal health and well-being as unique. Researchers have created broad definitions of these terms over time to try to encapsulate all that the terms encompass. While these are by no means entirely exclusive definitions, they use research-backed data to develop a sound understanding of how health and well-being are applied. Included below are tables for varying definitions of health and common definitions of well-being.

Table 1

Health Definitions

HEALTH DEFINITIONS	
Article/Study	Definition
Fogel, Calman, & Magrini (2012)	“Health is an abstract term used to describe the state of the human body, a mental state or the likelihood of longevity.”
World Health Organization (2006)	“A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.”
Shilton, Sparks, McQueen, Lamarre, & Jackson (2011)	“Health is created when individuals, families, and communities are afforded the income, education, and power to control their lives; and their needs and rights are supported by systems, environments, and policies that are enabling and conducive to better health.”

Table 1 Health Definitions. This table shows three different definitions for health to understand how varied they can be even within scholarly research.

Table 2

Well-Being Definitions

WELL-BEING DEFINITIONS	
Article/Study	Definition
Levy & Guttman, 1975	“Wellbeing is a special case of attitude.”
Jahoda (1958)	“The absence of illness”
CDC (2016)	“There is no consensus around a single definition of well-being, but there is a general agreement that at minimum, well-being includes the presence of positive emotions and moods, the absence of negative emotions, satisfaction with life, fulfillment and positive functioning.”

Table 2 Well-Being Definitions. This table shows three different definitions of well-being with the CDC explaining more in depth what well-being encompasses.

Moving forward, all references to health will be referring to the World Health Organization's definition. The reason for this is it is currently one of the most cited definitions of health and also encompasses many different components of health. Also, the Center for Disease Control and Prevention's (CDC) definition of well-being will be used throughout the rest of this dissertation. The CDC recognized the multi-faceted aspects of well-being and seeks to explain it within the context of an individual's life-world. These distinctions give a frame of reference to the reader and ensure proper understanding of the study presented. Every population will have different definitions and understanding of what health means, but these two definitions seem to be the most agreeable among researchers. Using these definitions moving forward will help avoid confusion in terminology.

Both mental and physical health influences the health and well-being of a sports coach. Care should be taken to understand triggers and coping mechanisms within a coaching population. These traits are necessary for optimal health and wellness in an individual.

Health by Occupation

Studies being conducted on health problems associated with certain occupations are plentiful. Countless articles look at doctors, lawyers, investors,

and other occupations and how their occupation affects their personal health. One of the largest effects studied is the risk of cardiovascular disease.

Cardiovascular Disease

Cardiovascular disease is widely known as a preventable cause of death in the United States (Kochanek, et al., 2011). It is caused by many factors, including: smoking, physical activity levels, nutrition choices, body mass, cholesterol, and glucose levels (Roger et al., 2012). All of these factors are modifiable and can have a large impact on an individual's health risk levels. There are also uncontrollable risk factors, such as family history and age (Kochanek et al., 2011). These are important factors when looking at the health of sports coaches. Many things, such as time available for physical activity and limitations on nutrition choices during multi-day swim meets can potentially influence health behaviors.

Older individuals and men are at the highest risk for cardiovascular disease and its effects (Kochanek et al., 2011). The swim coach population is commonly known to consist of more older men than any other demographic. This creates an interesting intersection for the population. This occupation consists of large percentages of older men and former athletes. The literature when combined can be seen as contradictory if the older men were former athletes. This is why the current study is so important. This population is very unique. Studies conducted by the Center for Disease Control and Prevention, along with

the National Center for Health Statistics, show that across the majority of ethnic groups, cardiovascular disease remains the number one cause of death (Kochanek, 2015). It is interesting to note that while many other disparities exist among ethnic groups, cardiovascular disease remains at the top of that list for most groups (Kochanek, 2015).

Coaches are thought to have high job stress and variable job control. High job stress can be perceived stress, actual stress, or a combination of both. This increased stress raises cortisol levels while those with low job control can have detrimental effects on their availability for physical activity. These factors can result in increased risk of cardiovascular disease even in younger individuals (Harari et al., 2015; Schnall, Landsbergis, & Baker, 1994). Krause and colleagues (2015) studied middle-aged men who had varying levels of occupational physical activity over a time period of twenty years. The researchers were interested in determining if there was a relationship with heart disease or myocardial infarction. The results showed that there was a positive relationship between high levels of occupational physical activity and lower levels of heart disease and myocardial infarction (Krause, et al., 2015).

Tying this to the coaching population, it is a more active occupation than a typical desk job and less active than a manual labor worker. Coaches should see some of this benefit depending on their working conditions. Coaches rarely spend a day only sitting during their work hours. These studies can be used as a baseline of information for other similar professions in terms of stress levels or occupational physical activity.

Physical Inactivity

The risks of physical inactivity on health are well documented throughout the literature (Asztalos, et al., 2009). The CDC recommends thirty minutes of physical activity at least five days a week for adults (“How much physical activity,” 2015). They also recommend a combination of aerobic activity and muscle-strengthening activities at least two days a week (“How much physical activity,” 2015). These are the minimum amounts recommended to maintain a healthy lifestyle. Those trying to lose weight or change their body shape will have varying amounts of aerobic and strength work each week. Work obligations were one of many categories mentioned as a reason for not getting enough physical activity (Wijndaele, et al., 2007).

Crombie and colleagues (2004), along with others, found that a large portion of older adults does not get the physical activity needed to maintain a healthy lifestyle (Backmand, Kujala, Sarna, Karpio, 2010). These same adults acknowledged the benefits of regular physical activity (Crombie, et al., 2004). Behavioral factors have been identified, including physical activity, as determinants for many different chronic diseases (Batista & Soares, 2013). One study also claimed that the work done as a high intensity athlete fades and risks are more dependent on current lifestyle behaviors (Batista & Soares, 2013).

Recent innovations have shown how important inactivity is becoming in the workplace. Standing desks, treadmill desks, under the desk cycling, and balance ball chairs are just a few of the new technologies being seen in the

workplace today. The coach population is of interest because the main working hours are spent standing or walking along a pool deck. There is a low level of activity built into their work day. Hearing the experiences of swim coaches in regards to physical activity is of interest in understanding their perceptions of activity during practice.

Burnout

Coach burnout literature is clear: coaches are at a high risk but it is unclear what percentages of coaches will experience burnout in their careers (Bentzen, Lemyre, & Kentta, 2016; Bradford & Keshock, 2009; Frey, 2007; Kamphoff, 2010; Kofoworola & Alayode, 2012). Burnout is described as high stress, a lack of motivation, a reduction in job performance, and overall exhaustion (Bentzen, Lemyre, & Kentta, 2016; Bradford & Keshock, 2009; Kamphoff, 2010; Kofoworola & Alayode, 2012). A coach experiencing burnout can expect to have four systematic reactions: cognitive, physical, emotional, and behavioral (Kofoworola & Alayode, 2012). This can have a profound impact on the atmosphere of a swim practice if a typically energetic coach appears distant for an extended period of time.

Burnout, if left unaddressed, can lead to more serious health implications, such as depression or anxiety, and it is recommended that coaches avoid reaching extremely high levels of exhaustion (Bentzen, Lemyre, & Kentta, 2016). Bradford & Keshock (2009) stated burnout occurs when a coach's "demands

outweighed their resources” (p. 198). Burnout is tied closely with the literature on high stress in coaching as they discuss many of the same concepts (Bentzen, Lemyre, & Kentta, 2016; Frey, 2007; Kofoworola & Alayode, 2012). Burnout is a feeling resulting in a physical reaction. That is an important distinction, which makes this a psychosomatic occurrence compared to obesity, which is a physical symptom. Burnout, stress, pressure, physical inactivity, and a number of other things can all impact how a coach’s health and well-being progresses over time.

Pressure/Stress

Pressure and stress are two fairly common components of a workplace. The levels vary depending on the time of year but most employees will experience stressful events and/or pressure at some point during their career. Work done by McCraty, Atkinson, and Tomasino (2003) showed that employees who focused on stress reduction (as part of a program, in this instance) had reductions in blood pressure and increases in positivity and overall mental health. This research helps solidify the potential need for the governing bodies to put a program in place to aid coaches in their stress levels. A study has also shown that an organization that puts a health program in place had healthier employees, with significant results in areas of nutrition, exercise, personal wellness, stress, and health decisions (Smith et al., 2012). Again, this highlights the importance of an overarching health and well-being program. Individual teams could benefit from a structured format in which to model their own health program for their

coaches or any number of governing bodies could take on the project of improving coaches' health and implementing their own wide-scale program. Future studies may look at the personality profiles of coaches to determine if there is a "type" that tends to prevail in the sport of swimming or if it is largely a mix of different personalities. This could aid in determining the proper programming to put in place to maintain maximum health and well-being results in coaches.

Former Athlete Health

The most unique side of the coaching population is that it likely consists of a large number of coaches who are former athletes. Research has been conducted with mixed results on whether individuals who were former athletes have improved or diminished health years after their competitive days are complete (Backmand, Kujala, Sarna, & Kaprio, 2010; Batista & Soares, 2013; Garatachea et al., 2014; Simon & Docherty, 2014). There are some claims that longevity is increased in former elite athletes due to the high level of physical activity done on a regular basis throughout the athletes' lives (Garatachea et al., 2014). Others have said that no difference exists (Batista & Soares, 2013). The current study is the first, to the primary researcher's knowledge, that explores the health and well-being from the standpoint of the coaches' experiences, as well as

taking into consideration their possible former athlete status and how that may or may not have changed their experiences.

It is logical to assume that a percentage of athletes will go on to coach in their sport or in a sport similar to their own, such as moving from gymnastics to diving. Few other occupations likely contain as many former athletes as the sport-coaching world. It would be rarer to see a coach who had never participated in athletics of any kind. With that in mind, the literature presented here on former athletes seeks to understand how former athlete's health and well-being differs from the general population. This can help pave the way for understanding large populations of people who were former athletes and how that impacts their current health and well-being experiences.

Life & Job Satisfaction

Former athletes can be evaluated on a number of different components compared to the general population. Research has been done on both life satisfaction and job satisfaction of former athletes. These researchers are interested in learning the influences that athletics can have on an individual years after they complete their competitive careers. Research has shown no significant difference in life and job satisfaction between former collegiate athletes and the general population (Dubois, 1980; Serbu, 1997). This researcher also made note that there was no gender difference, but mentioned that these former athletes believed their competitiveness from sports translated into success at work

(Serbu, 1997). This is another emerging area of research interest and will benefit from more studies being conducted. In regards to the current study, job satisfaction will be measured on the health spectrum scale that was used during the focus groups. Coaches' experiences regarding job satisfaction could give a few different accounts of why coaches may or may not be happy in their profession.

Job Choice and Earnings

An interesting twist in the former athlete research evaluates earning potentials. It has been found that athletes get paid less than average when taking teaching jobs (Henderson, Olbrecht, & Polacheck, 2006). While it was not distinguished what type of teaching (coaching is often referred to as a teaching profession), an up to eight percent loss of salary could be seen with the teachers who were former athletes. Those who chose careers in business, military, or manual labor saw an increase for former athletes from the average salary (Henderson, Olbrecht, & Polacheck, 2006). The overall finding was that fifty percent of athletes find themselves with salaries that are above the average for the general population in their occupation (Henderson, Olbrecht, & Polacheck, 2006). Todd Schmitz of the Colorado Stars Swim Team has said he will never be a millionaire as a coach, but he chose a job that he loves (Brock & Barbeito, 2014). As mentioned earlier in the literature review, socioeconomic status and earnings can have an influence on mental and physical health.

Mental Health

Mental health is a pressing issue in today's culture. With an increase in awareness, more emphasis is being placed on understanding individual's struggles with mental health. Former athletes have been surveyed on their mental health and found to have no significant difference from the general population (Kerr, DeFreese, & Marshall, 2014). One could make an argument either way for athletes having stronger mental coping abilities or for having negative ones. On one hand, athletes are placed in high stress and high-pressure situations often during competitions and hard training sessions. This could help the athlete learn how to deal with the tough mental side of pressure situations. On the other hand, due to the competitive nature of sports, some athletes may learn negative coping skills to deal with the pressure, which can affect mental health. These athletes may also crumble during a competition or many competitions, which could have lasting effects and create future mental health problems.

It has been seen both in popular articles and scholarly research that football players have concerning mental health issues (Guskiewicz, et al., 2007; Guskiewicz, et al., 2005). It can be inferred that other contact sports, such as rugby and hockey, may have similar issues. These difficulties can impact job performance and ability. While no sport is safe from risk, it is critical to evaluate how these potential mental health issues can impact future quality of life. It is also known that physical activity reduces symptoms of anxiety, depression, and

stress (Salmon, 2001). There may be a bell curve relationship of physical activity and possible mental health struggles.

Physical Health/Metabolic Syndrome/Cardiovascular Disease

Along with mental health, physical health is a big factor that can influence former athletes' futures. Many athletes experience life-long injury management from their competitive days. Young, White, and McTeer (1994) found that male athletes continued to practice and compete while injured due to pressure from peers and to continue to appear masculine. These researchers make an interesting point that many former athletes who suffered physical injuries decide to return to sport years later in adult sports leagues (Young et al., 1994). These adult sport leagues generally have rules limiting contact and reducing risk wherever possible. Swimming is not exempt from these risks as a number of concussions and facility-related incidents (slips, falls, cuts, and bruises) are quite common.

Another aspect of former athletes' health deals with cardiovascular disease, metabolic syndrome, and detraining. It is normal for high-level athletes, especially those in endurance sports, to experience an enlargement of the thickness of the heart wall from years of training (Pelliccia, Maron, De Luca, Di Paolo, Spataro, & Culasso, 2002). This increases the risk for heart-related incidences (Pelliccia et al., 2002). This study was unable to determine if years of detraining had a significant effect of reducing that risk (Pelliccia et al., 2002). The

popular media has also seen an increase in reporting heart-related athlete deaths or hospitalizations due to this “enlarged heart.” While it is recommended that all athletes have heart scans to rule out any underlying issues, this thickening of the heart wall takes time and may not be seen on an original scan. Pelliccia and colleagues (2002) took an initial step in monitoring former athletes to determine if the same risk still exists. Other factors can affect the risk for heart-related incidences, such as weight gain (Pihl & Jurimae, 2001). It was seen that former athletes who had gained even a small amount of weight (10kg) were at increased risk for cardiovascular disease (Pihl & Jurimae, 2001).

Interpretative Phenomenological Analysis

Interpretative phenomenological analysis (IPA) is a branch of qualitative research that looks at the lived experiences of a similar group of people within the context of their world (Smith, Flowers, & Larkin, 2009). The first major appearance was in Smith’s (1996) work *Psychology and Health*. He explored the idea that psychology could include a multi-view of an experience and that research could focus on both experiments and environments (Smith, 1996). IPA is made up of three components: phenomenology, hermeneutics, and idiography (Smith, Flowers, & Larkin, 2009). This research design does not try to explain why or how. IPA is focused on experiences and perceptions rather than explanations, causations, and impacts (Smith, Flowers, & Osborn, 1997).

The basis of phenomenology is the value of the participant's experiences rather than an objective view of an event or experience (Creswell, 2013; Smith, Flowers, & Osborn, 1997). Phenomenology studies the phenomena of a particular group in regards to a specific, shared experience (Creswell, 2013). Phenomenology is one of the true bases of qualitative research. It is the moment of deciding that a phenomenon has occurred, or from its roots, "to show itself" that creates the initial qualitative inquiry for a researcher (Moustakas, 1994).

Hermeneutics is the theory of interpretation, and for this study, interpretation of transcribed texts (Brocki & Weardon, 2006). This is critical in qualitative research as the participants largely control the amount and quality of data that is collected. Accurate transcriptions and subsequent coding become the most important part of the process. It is also important to note that while IPA aims to shed light on the lived experiences of individuals, it may also be contingent on those individuals being able to properly express how they feel. It is possible that an individual may not have the words to describe an experience or the words that are spoken may not articulate the meaning an individual is trying to express. It then becomes increasingly important to ask for clarity and probe for more information if anything seems unclear. The hermeneutic process will then become easier and the experiences are more likely to be captured completely as they were intended. Part of the hermeneutic process involves the experiences and context of the researcher, which can also influence how the study proceeds, but it is highly important to acknowledge the researcher side in interpretative phenomenological analysis research (Smith, 2011).

The final component of interpretative phenomenological analysis is idiography. This is all about the individual rather than a group. Each individual is seen to have their own, non-replicable experiences that are important within the context of a population (Larkin, Watts, & Clifton, 2006; Smith, Flowers, & Larkin, 2009). While this may seem as an opposing view to the idea of conducting focus groups, idiographic studies can also be seen as a group experiencing the same event or occurrence, which is how it relates well to phenomenology (Larkin, Watts, & Clifton, 2006; Palmer, Larkin, de Visser, & Fadden, 2010). While both concepts can be seen in this study, the focus was continually on the individual's experiences within the coaching population.

Interpretative phenomenological analysis saw its beginnings in the field of psychology (Smith, 1996). It has since branched out to many other fields, including sport psychology and coaching. Smith (2011) conducted a meta-analysis of IPA (up to 2008) to determine any trends that exist and fields that are using IPA. When looking at the fields of research, there were fourteen in health professionals' experience and only seven in sport/exercise (Smith, 2011). While a thorough analysis of IPA has not since been conducted, a search of the literature shows many more studies have been conducted in the sports realm since 2008.

IPA research lends itself well to health promotion and sports coaching. While it is a relatively new way of qualitative research inquiry, IPA has a solid and growing base of research articles available to guide future research (Smith, 2011; Smith, 1996; Smith, Flowers, & Larkin, 2009). The reason for choosing

interpretative phenomenological analysis for this dissertation is for its ability to explore and give a voice to a number of coaches who are currently in the swimming world. It is important to the research to place the experience within the context of the coach's life world, including social, personal, occupational, and environmental components. More recently, work has been done in sport psychology and sports coaching using IPA (Callary, Rathwell, & Young, 2015; Lundkvist, Gustafsson, Hjalms, & Hassmen, 2012; Turner, Barlow, & Ilbery, 2002). The general consensus was IPA needs more attention with the sports coaching and sport psychology field. These studies found great benefit to using in-depth explanations of experiences with their participants and were able to add significantly to the field through their research.

Theory of Planned Behavior

The theory of planned behavior encompasses many different aspects that could contribute to the health and well-being decisions for an individual. This theory looks at the determinants of a behavior rather than the behavior itself. Intervention efforts and programming will then focus on motivational factors that serve as determinants in order to evoke behavior change (Glanz, 2008). This theory originated from Fishbein as the theory of reasoned action with similar components (Ajzen, 1985). The theory of reasoned action looks at behavioral beliefs, normative beliefs, motivation, and behavioral outcomes at a primary

level. From there, the subjective norms and behavioral attitudes are explored which lead to a behavioral intention followed by a behavior (Glanz, 2008). A visual guide of the theory can be seen below in Figure 1 (Ajzen, 1991).

Figure 1

Theory of Planned Behavior Model

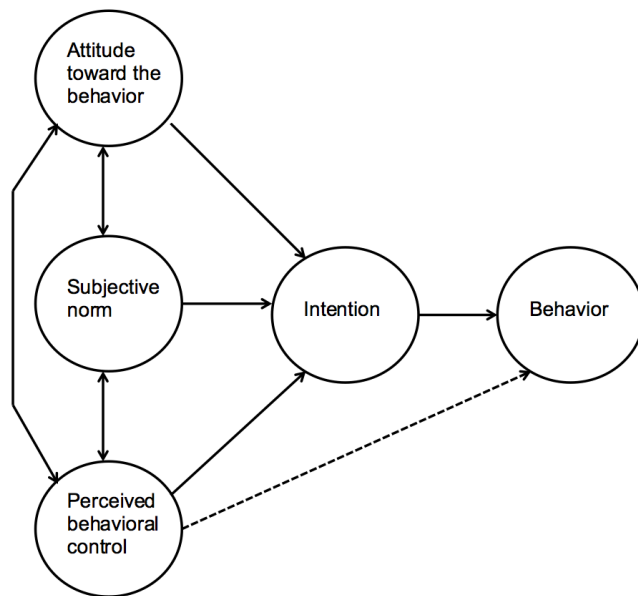


Figure 1. Theory of Planned Behavior from Ajzen (1991).

The theory of planned behavior takes the theory of reasoned action approach and adds on how control beliefs and perceived power influence perceived behavioral control. It then follows with behavioral intention and behavior (Glanz, 2008). These theories are generally used for health behaviors, which is fitting for this study. Coaches' experiences will fit nicely within this theory as the qualitative approach to the study allows for a full exploration of their beliefs, motivations, knowledge, and intentions. The point of the study was not to

explain behaviors; however, the theory of planned behavior aided in the direction of questions for the focus groups. No direct path can be assumed with interpretative phenomenological research but understanding of theories, history of behaviors, and previous studies on coaches' health was crucial to developing a quality study.

Role Theory

The idea behind role theory is that the different aspects of an individual's life are divided up into socially constructed "roles" (Goode, 1960). These roles define different things like husband, wife, teacher, coach, mother, father, sister, etcetera. Goode (1960) refers to the term "role strain" as the process of one of the roles in an individual's life conflicting with another role in the individual's life. Role theory was extremely common in the sixties and seventies as it emerged into the research literature, and similar structural components can be seen alongside it in the research of work/life balance today. Social roles involve expectations, perceptions, and ideas about how one is supposed to act and work in a specific situation (Biddle, 1986). A few examples of this would be a teacher who appears professional and is helpful, a mother who takes care of her children, a club president who is ethical and helps maintain order. All of these are roles based on societal standards.

Individuals rarely have just one role. Most people maintain multiple roles and it takes work to keep those roles in harmony with each other. When demands arise for one role that takes away from another, conflict can arise, changing behavior, values, and commitment (Goode, 1960; Graham & Dixon, 2014). This conflict can affect all of those involved in the role and those in supporting positions. If balance is not regained, issues may arise. When addressing coaches specifically, role conflict can lead to family distress (Dixon & Bruening, 2005; Madsen, John, & Miller, 2005). It has been seen that those experiencing role conflict and an imbalance in life and work experience health issues (Madsen et al., 2005). These researchers also found that if employers help manage the work balance by caring about the non-work life of employees, there was an increase in job performance and satisfaction (Bopp, Wigley, & Eddosary, 2015; Carlson, Kacmar, Wayne, & Grzywacz, 2006; Dixon & Bruening, 2005; Madsen et al., 2005). This literature should be encouraging to all employers as there is a solid path to increasing productivity. This applies directly to coaches as well. Many teams can involve the coach's family to try and improve the work/life balance and also provide solutions to missing family activities less due to evening practices. Through the literature it is easy to see that work/life balance is a collaborative effort of both employees and employers.

Veldhoven and Beijer (2012) developed a conceptual model showing the influence of gender and private life context on the components of workload, work-to-family conflict, and health. This model shows how workload can directly influence health, but it can do so indirectly through creating work-to-family conflict

as well (Veldhoven & Beijer, 2012). Many things can come into play when doing this type of analysis. It is a very individual process and two individuals with the same role, who experience the same event, may perceive it entirely different from one another. This could result in one feeling conflicted and having health issues, while the other is not bothered by the event. These important psychological components are highly influential when it comes to specific roles. Veldhoven & Beijer (2012) also made note that women experience more work-to-family conflicts than men, which is reinforced by literature about why women left their coaching careers (Kamphoff, 2010). Coaches face intense pressure to be successful, often times with their jobs on the line if they are not. This creates a large likelihood that role strain will occur. Employers and employees alike should be looking for ways to increase their job and life satisfaction, as it seems to be a reciprocal relationship.

Conclusion

Based on the literature, there is much to be gained from studying the health of coaches. Research has been done on burnout, job stress, job pressure, former athlete health, and work/life balance. These studies were seen to show levels within each category and the conflicts that exist. The current study looked to advance that knowledge by understanding the experiences of swim coaches and the perceptions of their health and well-being.

CHAPTER III

METHODOLOGY

Purpose

This section provides background on the methodology used in the study as well as justifications for type of research, style of data collection, and process of data collection. As was previously mentioned, there is a lack of prior scholarly research on the health of sports coaches. A qualitative approach was taken with this study in order to explore this topic broadly. The purpose of utilizing qualitative procedures for the current study was to gain the best possible understanding of what coaches believe is important in terms of their ideal health and well-being. Qualitative research aids in developing broad themes and concepts that are pertinent to the population being studied. Once this initial work is complete, future studies can use quantitative measures based off the themes and concepts found in the initial qualitative studies.

Research Design – Interpretative Phenomenological Analysis

Due to the lack of previous research on the topic of health and well-being of sports coaches, the design of the study was qualitative. In-person focus groups were utilized to gather data related to the thoughts, attitudes, and viewpoints of coaches and their personal journey with their health and well-being. These focus groups explored and unveiled both the concerns and strengths that coaches feel they have in regards to their health and well-being.

Using only a survey or other quantitative measure seemed inadequate as it limits the exploration of the field. Many more topics can be addressed when using a focus group format. A survey-only project would yield very specific results and possibly miss important features of coaches' lives that impact their quality of life. The focus groups also allowed for deeper discussions than a general quantitative survey would allow. Focus groups were chosen over individual interviews to put coaches in an open environment to discuss topics related to health. Focus groups gave coaches a chance to agree or disagree with others' statements and can add value by reinforcing their own opinion or showing that they did not share the experience that someone else is explaining. Individual interviews lack the true exploratory nature of health and well-being in coaching, as there is little more than question and answer. A focus group creates a productive discussion and also a way to interact with more coaches in a shorter time frame.

Interpretative phenomenological analysis was used in this study. Its history and purpose were described in the literature review. This approach was chosen due to the goal of fully understanding the experiences and perceptions that coaches have pertaining to health and well-being. The qualitative method of data collection used in this study was focus groups. It is important to note that in-person focus groups allow for a multitude of answers to questions in order to truly delve in to an individual's personal accounts, thoughts, beliefs, perceptions, and theories on a given topic.

Swim coaching is, for the most part, an individual occupation. There may be other coaches on deck but usually they are working with different groups during daily practices and so coaches may feel alone in any health and well-being challenges that they believe are attributed to the coaching profession. This could be due to lack of immediate feedback, lack of social/employer support, or because the challenges are difficult to bring up when they are unsure if others have experienced the same challenges. The focus groups allowed coaches to see others who have beliefs similar to their own and also some that may not have lined up with their opinions. A drawback to using focus groups is the potential of coaches being influenced by other coaches' responses. Coaching tends to be a very open profession and within the focus groups everyone appeared comfortable with telling their experiences and many conflicting views were presented. It was also explained at the beginning of each focus group the purpose of the study was to hear about each coach's experiences even if they are different from one another, there are no right or wrong answers, and that all

questions are voluntary. This allowed the coaches to speak freely and openly about their personal experiences. Qualitative research can provide depth to a topic where little information is available and often serves as an initial step for future quantitative or experimental research study designs.

The reasoning for not including a quantitative component in the present study is also due to lack of appropriate measures. Quantitative measures aim to compare or explain something. This was inadequate for the current research, as the base knowledge for the field has not yet been acquired and validated quantitative instruments do not exist at this time. That means qualitative research must take place first to create a possible group of themes or ideas that may help with future quantitative instrument development. Surveying a large number of coaches at this stage could be detrimental by asking questions that are not relevant to the coaches' experiences with health and well-being. If a survey asks too many questions that a participant cannot relate to, there is a chance the quality of the survey will be diminished. It would also be more difficult to survey the group at a future time if a low quality survey is given prior to proper base knowledge being gained about the salient topics in a population.

Research Questions

The idea behind the study was to determine how the sports coaching profession, specifically swim coaches, experience and perceive health and well-

being. The main research questions were: (1) What are the lived experiences of health and well-being by swim coaches? (2) How do swim coaches perceive their health and well-being? (3) If a coach was a former athlete, how are health and well-being experienced in coaching? The goal of these questions were to open dialogue with coaches about what is important to them in relation to their individual experiences and how they feel about their health and well-being within the context of their profession as a whole. While studies have been done in other occupational fields to measure health, studies with a similar thematic purpose have not been conducted in the coaching profession. It is possible from the previous occupation/health studies to infer potential significance of the current study.

One big challenge involves the lack of information on sports coaches and their overall physical and mental health and well-being. There are rates of obesity, cardiovascular disease, depression, and a host of other health issues available about the general population and multiple occupations, but the data is not available for the subpopulation of sports coaches. At the very least, the coaching population needs to be explored to understand if they share similar traits to other occupations in regard to health and well-being. This study will contribute to the knowledge of the field by creating a base of information and aid in the development of important themes from individual swim coaches on which to base future studies.

Sample and Population

The population of interest was coaches in the sport of swimming. The sample consisted of twenty-three swim coaches that attended the American Swim Coaches Association World Clinic in 2016. Recruiting was done in advance of the clinic through e-mail, social media, and a pre-screener survey. To increase participation, recruiting was also done at the registration table on-site during the first two days of the clinic. All coaches had to go to the registration desk to pick up their packets and bags so this spot was highly visible and was beneficial to gaining additional participants. The e-mail and social media recruitment included the purpose of the study, focus group details, incentives, and contact information was collected from interested coaches who responded to the recruitment materials and indicated in the pre-screener survey that they were attending the 2016 American Swim Coaches Association World Clinic. Seventy-three coaches were contacted and invited to attend a focus group from the pre-screener surveys. In total, twenty-three individuals attended the various focus groups throughout the clinic. Six focus groups were conducted over the course of two days with groups ranging from two to six individuals. The only exclusion criteria for focus group participation was age, as all coaches were required to be at least eighteen years old at the time of the focus group.

American Swim Coaches Association (ASCA) is responsible for the education and initial credential testing of all coaches associated with USA Swimming, the national governing body for the sport of swimming. ASCA is known for its high quality materials, videos, exams, clinics, and educational

binders. The president and the technical director of ASCA provided approval for the study to be conducted.

Based on the interpretative phenomenological analysis approach of qualitative research, the current sample of twenty-three participants was of ample size to manage verbatim transcription while still allowing for rich, in depth information to be collected (Reid, Flowers, & Larkin, 2005). Sample sizes of one to fifteen are appropriate when conducting interviews in the interpretative phenomenological analysis but Smith (2004) believes that a smaller number is more appropriate. For this reason, each focus group ranged from two to six individuals, thereby keeping in line with the small number of individuals, which allowed for more discussion and more in depth stories to be told. The researcher acknowledges the amount of work it took to process the large amount of data collected when using a total sample size of twenty-three participants. The current methods strived to acknowledge each participant's individual story within a focus group setting.

The American Swim Coaches Association (ASCA) president and the technical director met with the primary researcher to discuss the justification for the study and the need for access to their research. ASCA formally approved the study. Language acknowledging this approval was included at the top of the recruitment e-mail (See Appendix B) to members, which ensured that their members, and potential study participants, knew the study was valid and endorsed by ASCA. The support of ASCA and its leaders was essential for effective recruitment of its members.

Data collection occurred during the month of September 2016. This was also the time frame in swimming where there were few meets compared to the rest of the year so the workload of coaches and their staff should have been slightly less than normal. While a large sample size would have better represented the coaching population of interest, the goal of interpretative phenomenological analysis research is not to create generalizations but to highlight the experiences and perceptions of the participants. The researcher feels confident that the current sample size was adequate to provide beneficial, in depth findings of coaches' experiences.

Data Collection

A series of six focus groups were conducted. Each focus group had a minimum of two participants and a maximum of six participants, with a total number of twenty-three participants. Twenty-two of the twenty-three were former athletes. The focus groups lasted from seventy-five to ninety minutes. This length of time was appropriate to explore the questions in the focus group questions protocol (See Appendix F) and also to have time at the end for coaches to add any other information they felt would be relevant to the research. Participants were given a ten-dollar gift card to an aquatics store in attendance at the world clinic at the completion of the focus group.

Data was collected during focus groups by way of audio recording devices and researcher notes. Two audio recording devices were used, one as the primary recording device and the other as a back up in case there was a problem with the primary recording device. Risks and benefits were explained to the participants. Consent forms were passed out. Participants were advised that participation was completely voluntary and anyone who did not feel comfortable signing the consent form would be thanked for their time and would be allowed to leave the room. All participants were given information on counseling services to help minimize and manage any risk. Participants were also given the opportunity to use a pseudonym for confidentiality during the focus groups. Once consent forms were signed and collected, the audio recording devices were started and the primary researcher asked questions pertaining to health and well-being along with coaching.

Focus Group Questions

The focus groups were semi-structured with a questions protocol available for the primary researcher to guide the discussion. The focus group questions are included in Appendix F. The purpose of the focus group questions was to gain a better understanding of coaches' perceptions and experiences of health and well-being within their occupation. Two Ph.D. students and a professor that teaches qualitative research courses reviewed the questions and provided feedback on the focus group script. Minor adjustments were made to the wording

to ensure neutral questions that focused on the lived experiences of the participants. Each research question was used as a guide to create the more specific interview questions with the goal of creating thoughtful and productive discussion among the coaches. This process allowed for all questions to be directly related to a specific research question. The questions started out broad and got more focused as the focus group progressed. The primary researcher would ask for clarification or more information about a topic if the intent or meaning of a participant's story or comments were unclear.

One quantitative question in the focus group included a visual analogue scale (See Appendix I) to aid in discussion. The goal of this scale was to get a sense of where coaches perceive themselves to be in ten different domains related to health and well-being. After the coaches filled out their scale, the primary researcher encouraged each of them to use this as a guide if needed to answer any questions. It gave the participants a chance for self-reflection before speaking about the domains. Each line on the visual analogue scale, titled "Sports Coaches Perceived Health Spectrum," was fourteen centimeters in length. This allowed for each point marked on the scale to be measured. General statistics are reported from the health spectrum in the findings chapter. Additional statistical analyses were unnecessary as the health spectrum was only meant to facilitate discussion and understand coaches' perceptions within their personal experience with health and well-being in coaching.

Data Analysis

The data analysis procedures are described below. This includes the coding process and the development of themes. There was not quantitative analysis done outside of the health spectrum basic statistics. A description of the qualitative software is also presented.

Codes and Themes

The coding process began once all focus group audio files were transcribed by the primary researcher. The primary researcher sent out the transcribed documents to the two other members of the research team. Each researcher evaluated the first two focus group transcripts by the process of coding. Codes were identified by looking through the transcripts for meaningful phrases or similar groupings of words. Those words or phrases were then given an identifier (code). Thorough review of the transcripts and corresponding codes were done to ensure accuracy. A meeting held with the research group involved a review and comparison of all codes until the researchers converged to consensus. After discussing the first two transcripts, a code list with definitions was developed from the codes that were emerging and used as a guide to code the remaining focus group transcripts. Additional codes were added as needed throughout the remaining transcripts.

Once all focus group transcripts were coded, the final list of codes and themes was evaluated for redundancy and clarity. These themes aim to gather

the overall essence of the individual participants' experiences and perceptions, keeping in mind that while individuals may have said similar things, this research does not aim to generalize information on any one population. The final codes and themes are about the individuals who participated and not about the collective group.

A qualitative analysis program, Atlas.ti (2016 Version 1.5), was also used to help in the processing of data. It gave an organizational structure to the codes and the ability to find quotes by their code or by the participant. This tool was crucial in the analysis of data and also provided additional insight for the findings, which will be discussed in the next chapter.

Direct quotes that best represent the themes were pulled from the transcripts and used in the findings section of the dissertation and will be used in any subsequent write-ups. These direct quotes were examples of real experiences and thoughts used to help paint a picture of the theme and/or code without trying to explain, justify, or create other meaning beyond what was explicitly stated by the coach. Again, this highlighted the experiences and perceptions of the coaches, which is the main goal of this interpretative phenomenological analysis research project.

While coaches were able to remain anonymous for the purpose of the study by using pseudonyms and by having all identifying markers removed from transcripts, the swimming world is a close-knit group and many coaches were familiar with one another. It is pertinent to mention that familiarity may have

caused some coaches to be cautious in their answer during the focus group session in regards to their own health and well-being or their viewpoints on coaches' health and well-being in general. It is also pertinent to mention that the same familiarity may have caused some coaches to be more outspoken in their answers during the focus group session because of increased comfort levels. Wording at the beginning of each focus group encouraged coaches to be respectful of opinions and truthful in their answers in order to provide the best possible chance of adequate data collection.

Primary Researcher Role

The role of the primary researcher was to lead the focus groups, transcribe the interviews verbatim, code the transcripts with the research group, and develop overarching themes with the research group. Focus groups were semi-structured so the primary researcher did not do a direct question and answer but served as a facilitator asking prompts to draw out participant thoughts, perceptions, and feelings in order to create a productive discussion among them. It was also required for the primary researcher to listen to each audio file independently before transcription. This allowed for the primary researcher to make notes on anything of importance that was heard but may have been missed while facilitating the focus groups. One of the main responsibilities of any researcher is to ensure accurate interpretation of

information. Notes were taken alongside the notes of the secondary researcher to create a more complete understanding of the thoughts and feelings of the group.

The primary researcher was also solely responsible for the transcription of the focus groups. This allowed for consistency of transcription to be used throughout. Transcribing the audio files meant the primary researcher listened to the recordings a second time, which often resulted in hearing something that may have been missed during the initial discussions and first listening of the audio files. With interpretative phenomenological analysis it is crucial to maintain the essence of the words spoken and multiple reviews of each audio file and transcription was important not only for the data analysis but also to ensure the meaning and intent of each participant's words were maintained.

Also, the primary researcher completed reflective journals throughout the study. Journaling was done before the study began, after each day of focus groups, and after all of the focus groups had been completed. Additional journaling was done after each transcription when the primary researcher felt there was more to add than had previously been written in the journal. The reason for this was to ensure the researcher was always aware of any bias, opinions, or preconceived notions that may have existed. While bracketing is a popular method during qualitative research, the current approach calls for reflexivity of the researcher. Bracketing involves acknowledging a researcher's own thoughts, opinions, and experiences, and then completely removing them from the study. Reflexivity is accounted for in the researcher's journal and allows

the researcher to understand any biases or beliefs that may exist before, during, and after data collection occurs. This information is revealed throughout the dissertation and allows for the understanding that the researcher has experience and involvement with the current population being studied. The journals were used to enrich the data rather than trying to bracket away the thoughts and opinions of the primary researcher. Multiple views of the same data were then obtained and triangulation can be seen through the use of the journals, along with the audio files, transcripts, review of literature, and second researcher notes.

The personal perspective of the primary researcher was that coaches make questionable and inadequate health and well-being decisions, which leads to adverse health outcomes. The primary researcher has personally experienced this within her own coaching career and believes it could be due to a shift of priorities, high pressure, stress, non-traditional work hours, taking care of a large number of young people, low job control, long work hours, and inconsistent day-to-day schedules. There are other components that may contribute as well, such as lack of sleep and only having certain foods available during long swim meets. The researcher believes this is a worthy topic to study and that personal opinions did not skew any results. All questions asked during the focus group were based in theory and not in the personal opinion of the researcher, as the overall goal was to grasp the essence of each coach's experiences with health and well-being. The researcher had assumptions on salient topics that may arise during the focus groups, but allowed those and any other topics to occur naturally as coaches brought them up or did not bring them up. Knowledge of formal research

added to the credibility of the study by highlighting similar studies and creating a pathway for this currently understudied topic.

Secondary Researcher Role

The role of the secondary researcher was to take notes during the focus groups and not actively participate in the focus groups. This role required starting, monitoring, and stopping the audio recording devices to make sure they were fully functional during all focus groups. The secondary researcher took notes of the pseudonym of the participant as they spoke and the first few words of the participant each time he or she made a comment. The secondary researcher also took notes of any non-verbal cues or anyone leaving the room. This level of detail was important for consistency in reporting and accuracy of transcribing. There were times when some coaches spoke over other coaches and the focus group notes were important to decipher any meaning from those comments and to distinguish speakers. Most importantly, the secondary researcher was not an active participant. The secondary researcher remained quiet throughout the duration of the focus group except for introducing himself and his role within the focus group.

Ethical Considerations

Ethical considerations were evaluated before, during, and after the study. Researcher biases were addressed and have been described throughout this dissertation. The Institutional Review Board at Oklahoma State University did a thorough analysis of the study before giving approval (See Appendix A) to move forward. This ensures that human subjects were protected and participants were not at undue risk. Participants were given the opportunity to use pseudonyms during the focus groups if they so chose in order to maintain a level of confidentiality. All identifying names were removed from the transcripts to aid in confidentiality. Some sensitive information was brought up during the course of the focus groups, such as identification of serious adverse mental health or physical health issues. All participants were advised to seek counseling services if any duress occurred during the focus group or after the focus group was complete. No other ethical issues arose during the course of the research.

CHAPTER IV

FINDINGS

Overview

As mentioned previously throughout this dissertation, the main goal is to understand the thoughts, perceptions, and mindsets of coaches in relation to their health and well-being. The findings chapter will explore these coaches in relation to ten themes. This does not by any means generalize to the coaching population but more provides a framework in which to discuss the individual and her relation to a particular topic.

The chapter will begin with general demographics for the entire group so the reader has an idea of the range of participants. A section will follow the general demographics that describes each participant and relevant information to his or her story while also maintaining the anonymity of the participant. Findings will then be discussed within the following resulting themes: (1) Health and Well-Being Definitions, (2) Knowledge and Awareness – Coaching and Health, (3) Former Athletes, (4) Coaching Challenges, (5) Health Correlates, (6) Motivation for Health and Well-Being, (7) Healthy Eating Barriers, (8) Social and Employer

Support, (9) Reasons for Coaching, (10) Desire for Changes. Within these themes will be many sub-themes that help create a fuller picture of an individual's story. Individual quotes will be included to provide context and rich descriptions of the themes and sub-themes. This will allow readers to fully explore the meaning behind the words of the coach without reducing their important story to a single word or phrase. A full chart of the codes is listed in Appendix J. As described in the methodology chapter, all audio files were transcribed verbatim, including verbal ticks, sighs, pauses, and repetitive words. In order to represent their words more thoroughly and clearly, the quotes that follow have been edited to remove these distractions but the meaning of the participants' words remains intact.

General Demographics

The general demographics of the participants as a group are presented below (See Table 3 and Table 4). These are presented to show the range of coaches that participated in the focus groups. It provides a snapshot of the individuals that spoke about their experiences in coaching.

All of the responses given were self-reported by the individuals on a demographic sheet to ensure confidentiality of information. There were six females and seventeen males (See Table 3). Coaches ranged in age from twenty-three to seventy years old (See Table 4 and Figure 2). Individuals ranged

in body mass index from 21.9 to 48.6 (See Table 4 and Figure 3). In regards to years in coaching, the minimum time was three years, while the maximum time was forty-six years (See Table 4 and Figure 4).

Table 3

Gender Demographics

Demographics	Number
Female	6
Male	17
Total	23

Table 3 Gender Demographics.

Table 4

General Demographics

Demographics	Minimum	Maximum
Age (years)	23	70
Body Mass Index	21.9	48.6
Years in Coaching	3	46

Table 4 General Demographics. Minimums and maximums were included. Averages were not calculated as this was not a representative sample of the coaching population.

Figure 2

Age Boxplot

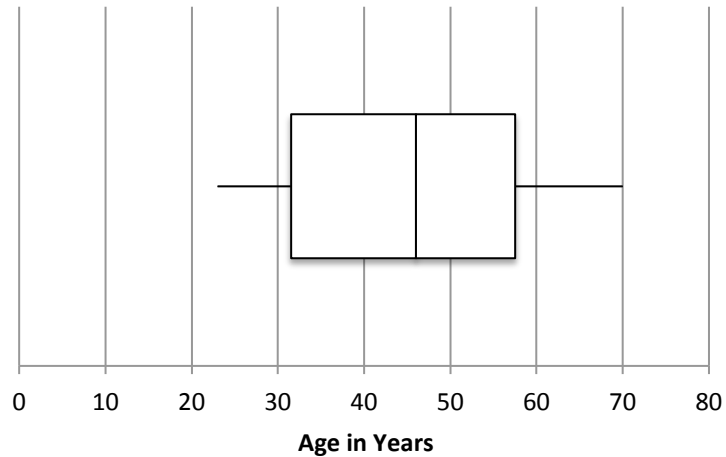


Figure 2 Age Boxplot. Each end represents the minimum and maximum values, the box shows the middle 50% of values, and the vertical line within the box marks the median.

Figure 3

Body Mass Index (BMI) Boxplot

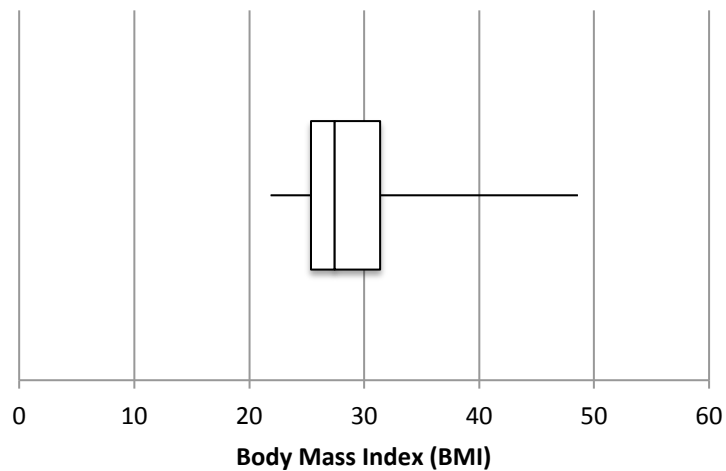


Figure 3 Body Mass Index (BMI) Boxplot. Each end represents the minimum and maximum values, the box shows the middle 50% of values, and the vertical line within the box marks the median.

Figure 4

Years in Coaching Boxplot

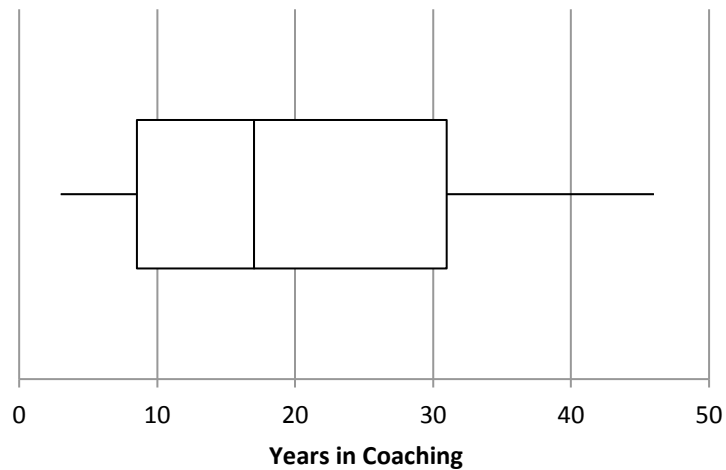


Figure 4 Years in Coaching Boxplot. Each end represents the minimum and maximum values, the box shows the middle 50% of values, and the vertical line within the box marks the median.

Participants

The participants' profiles are provided. Some basic demographics are given and some information is listed on their current physical activity habits. This information, along with their thoughts on the health and well-being of swim coaches, gives the starting point of telling each coach's story.

Participant One: “Lawrence”

Lawrence is a sixty-three year old male who has a body mass index (BMI) of 27.3. He has been coaching for twenty-seven years. Lawrence has obtained a bachelor’s degree and his current physical activity habits include swimming, golf, and going to the fitness club. When asked what comes to mind when he thinks about the health and well-being of swim coaches he stated, “[They’re in a] poor state of health.”

Participant Two: “Michael”

Michael is a thirty-seven year old male who is six feet, one inch tall and has a BMI of 28.4. He has been coaching for thirteen years and has obtained his bachelor’s degree. Michael’s current physical activity habits include lifting weights and walking. When asked what comes to mind when he thinks about the health and well-being of swim coaches he stated, “Big fat swim coaches.”

Participant Three: “Justin”

Justin is a seventy-year-old male who has a BMI of 31.9. He has been coaching for forty-six years and has obtained a master’s degree. Justin’s current physical activity habits include golfing, walking, and some swimming. When asked what comes to mind when he thinks about the health and well-being of swim coaches he stated, “First and foremost their physical well-being if the coach

is at an indoor pool. . . . I know coaches who have been off the deck for ten years who still have the cough. . . . The Facilities Development Department at USA Swimming [has] formulated solutions for our facilities' air and water quality issues.”

Participant Four: “Larry”

Larry is a thirty-two year old male who has a BMI of 24.8. He has been coaching for eight years and has obtained a bachelor's degree. Larry's current physical activity habits include some running, some body weight exercises, some lifting weights, and very little swimming. When asked what comes to mind when he thinks about the health and well-being of swim coaches he stated, “As many are former athletes themselves, they start out in a good place but the situation deteriorates rapidly, and many coaches are probably actually in worse condition than they think. Seems to be that you worry so much about other people's health and well-being, you forget about yourself.”

Participant Five: “Andrea”

Andrea is a fifty-eight year old female who has a BMI of 22.8. She has been coaching for thirty-five years and has a bachelor's degree. Andrea's current physical activity habits include running, swimming, and lifting weights. When asked what comes to mind when she thinks about the health and well-being of

swim coaches she stated, “The biggest challenge is limited sleep and this year, no time off. I do find time to exercise an average of five times a week.”

Participant Six: “Jason”

Jason is a fifty-nine year old male who has a BMI of 33.9. He has been coaching for thirty-five years and has a master’s degree. Jason’s current physical activity habits include swimming, walking, stairs, and lifting weights. When asked what comes to mind when he thinks about the health and well-being of swim coaches he stated, “My concern is could [coaching at poorly ventilated pools] become a chronic problem and lead to more serious ailments, and did the exposure to poorly ventilated pools cause this to occur. I workout on a regular basis and take good care of myself, eating properly, but struggle with health-related issues.”

Participant Seven: “Johnny”

Johnny is a twenty-three year old male who has a BMI of 23.7. He has been coaching for four years and has obtained a bachelor’s degree. Johnny’s current physical activity habits include occasionally playing basketball or Frisbee.

Participant Eight: “Terry”

Terry is a fifty-two year old male who has a BMI of 21.9. He has been coaching for over twenty years and has obtained a master’s degree. Terry’s current physical activity habits include swimming and running. When asked what comes to mind when he thinks about the health and well-being of swim coaches he stated, “In my area there appears to be coaches that are in good health and there are some at risk.”

Participant Nine: “Joseph”

Joseph is a twenty-five year old male who has a BMI of 25.7. He has been coaching for eight years and has a master’s degree. Joseph’s current physical activity habits include running, lifting weights, and swimming.

Participant Ten: “Martin”

Martin is a sixty-nine year old male who has a BMI of 30.5. He has been coaching for twenty-six years and has obtained a master’s degree. Martin’s current physical activity includes swimming, walking, hiking, skiing, lifting weights, stretching, and aerobic exercise. When asked what comes to mind when he thinks about the health and well-being of swim coaches he stated, “Like doctors, perception is important. If you’re fat and out of shape it doesn’t send a

good message. There are always exceptions but generally coaches should maintain a good level of fitness.”

Participant Eleven: “Michelle”

Michelle is a fifty-seven year old female who has a BMI of 27.5. She has been coaching for six years and has obtained a master’s degree. Michelle’s current physical activity includes swimming, walking, and lifting light weights. When asked what comes to mind when she thinks about the health and well-being of swim coaches she stated, “[We] should lead by example.”

Participant Twelve: “Thomas”

Thomas is a thirty-one year old male who has a BMI of 25.8. He has been coaching for twelve years and has obtained a bachelor’s degree. Thomas’ current physical activity habits include crossfit and working out at the gym.

Participant Thirteen: “Jeremy”

Jeremy is a twenty-eight year old male who has a BMI of 33.5. He has been coaching for ten years and has obtained his high school diploma. Jeremy’s current physical activity habits include light exercise.

Participant Fourteen: “Nicole”

Nicole is a fifty-eight year old female who has a BMI of 27.4. She has been coaching for thirty years and has obtained a bachelor’s degree. Nicole’s current physical activity habits include long distance kayaking. When asked what comes to mind when she thinks about the health and well-being of swim coaches she stated, “I often worry about the long hours and air quality in the pool we are practicing and competing at.”

Participant Fifteen: “Paula”

Paula is a twenty-four year old female who has a BMI of 28.0. She has been coaching for three years and has obtained a bachelor’s degree. Paula’s current physical activity habits include occasionally going to the gym and swimming.

Participant Sixteen: “Brandon”

Brandon is a thirty-seven year old male who has a BMI of 25.8. He has been coaching for seventeen years and has obtained his master’s degree. Brandon’s current physical activity habits include swimming, lifting weights, surfing, and running.

Participant Seventeen: “Sara”

Sara is a fifty-five year old female who has a BMI of 30.9. She has been coaching for thirty-two years and has obtained her master’s degree. Sara’s current physical activity habits include swimming. When asked what comes to mind when she thinks about the health and well-being of swim coaches she stated, “A coach should understand that we are here to guide the swimmers and focus on the areas we can control and not get caught up on what is out of our control.”

Participant Eighteen: “Bruce”

Bruce is a forty-year-old male who has a BMI of 33.4. He has been coaching for sixteen years and has obtained his associate’s degree. Bruce’s current physical activity habits usually include triathlon training, but he is currently recovering from an injury. When asked what comes to mind when he thinks about the health and well-being of swim coaches he stated, “Overall, I feel that it is poor. Very limited options for food at meets, very difficult hours to manage proper nutrition.”

Participant Nineteen: “Sharon”

Sharon is a thirty-year-old female who has a BMI of 22.6. She has been coaching for five years and has obtained a bachelor’s degree. Sharon’s current

physical activity habits include swimming, indoor climbing, and lifting weights. When asked what comes to mind when she thinks about the health and well-being of swim coaches she stated, “I think you see all points in the spectrum. You have coaches like myself who do take the time to stay active through various sports; you have those that do a little bit of working out, and those that don’t at all. I feel like a lot of head coaches don’t get to work out much because of the amount of admin work that they have to do and because of the stress level. The overall well-being of coaches seems to be that they are all quite happy with their job and enjoy it regardless of the stresses.”

Participant Twenty: “Andrew”

Andrew is a fifty-four year old male who has a BMI of 25.0. He has been coaching for thirty-one years and has obtained a bachelor’s degree. Andrew’s current physical activity habits include swimming, baseball, mountaineering, and cycling. When asked what comes to mind when he thinks about the health and well-being of swim coaches he stated, “[The] balance of profession and ‘away from profession’ enjoyment.”

Participant Twenty-One: “Ethan”

Ethan is a fifty-six year old male who has a BMI of 38.0. He has been coaching for thirty-one years and has obtained his bachelor’s degree. Ethan’s

current physical activity habits include lifting weights and running. When asked what comes to mind when he thinks about the health and well-being of swim coaches he stated, “Long hours, hard pool decks, noise, and chemicals.”

Participant Twenty-Two: “Adam”

Adam is a forty-six year old male who has a BMI of 48.6. He has been coaching for thirty-one years and has obtained a bachelor’s degree. Adam’s current physical activity habits include mowing the grass with a push mower. When asked what comes to mind when he thinks about the health and well-being of swim coaches he stated, “Not enough time to workout.”

Participant Twenty-Three: “Edward”

Edward is a thirty-seven year old male who has a BMI of 28.6. He has been coaching for nine years and has obtained his master’s degree. Edward’s current physical activity habits include hot power yoga, swimming, working out in the gym, and dryland workouts.

Theme One: Health and Well-Being Definitions

While health and well-being have generally been defined in the academic literature as described in the preceding sections, these terms often carry different meanings in practice when individuals consider the applications of health and well-being in their own lives. Each individual has a different story and perception for these terms. Participants would often describe health in a way that lines up nicely with the CDC's definition of well-being. Understanding how one defines health and well-being allows for further exploration into how that definition impacts decision making as it relates to both positive and negative health behaviors. Both health and well-being had a mix of sub-themes that often overlapped and produced thoughtful conversation among participants.

Each individual relayed their definition back to their own experience or specifically mentioned that their definition was personal to them and may not have specifically applied to others. It was an important piece throughout all the focus groups that many participants put qualifiers on their definitions, most commonly saying, "for me." It was as if they understood how subjective these definitions were and wanted to make sure that it was understood that this was their personal definition of health and their personal definition of well-being.

Health

The definition for health used in this study is from the World Health Organization (2006), which states health is "a state of complete physical, mental

and social wellbeing and not merely the absence of disease or infirmity.” This definition is merely a point of reference and the focus remains on the individual’s view of health. The sub-themes that emerged as participants further explored the concept of health included physical, nutrition, traditional medical measurements, and well-rested.

Physical

Many participants talked about the physical aspects of health. These comments were vague in nature, not specifically describing physical components but just an overall sense that health is a physical thing. A few quotes demonstrating these types of responses about the definition of health are below along with a summary of the participant’s demographics for better context (Gender, Age, BMI, Years in Coaching [YIC]).

Justin (Gender: Male, Age: 70, BMI: 31.9, YIC: 46): “Health is obviously mostly physical.”

Bruce (Gender: Male, Age: 40, BMI: 33.3, YIC: 16): “Health is body.”

Johnny (Gender: Male, Age 23, BMI: 23.7, YIC: 4): “I’d probably say the most simple way I could put it is health would be kind of your physical condition...whether you’re feeling sick or whether you’re feeling fine.”

Paula (Gender: Female, Age: 24, BMI: 28.0, YIC: 3): “I think health is more like physical.”

Nutrition

Sharon, Martin, and Thomas highlighted nutritional components in relation to their definition of health. Each had a slightly different idea of how nutrition plays a role in health.

Sharon (Gender: Female, Age: 30, BMI: 22.6, YIC: 5): “Eating is big. Drinking plenty of water, caffeine...coffee is okay in my world.”

Martin (Gender: Male, Age: 69, BMI: 30.5, YIC: 41): “It’s not only what you do physically, but what you eat.”

Thomas (Gender: Male, Age: 31, BMI: 25.8, YIC: 12): “Health-wise, it’s how you eat.”

Traditional Medical Measurements

Within the definitions of health, a few participants also described how traditional medical measurements are crucial as an objective reflection of one’s health. Quotes below demonstrate the mindsets of those participants.

Joseph (Gender: Male, Age: 25, BMI: 25.7, YIC: 8): “I think for me, health would just go as far as . . . your blood pressure, like what the doctor thinks.”

Paula (Gender: Female, Age: 24, BMI: 28.0, YIC: 3): “Your sugar levels are good and this and that.”

Andrew (Gender: Male, Age: 54, BMI: 25.0, YIC: 31): “Alright, to me, the health part is I rarely go to the doctors so . . . I feel I’m healthy.”

Adam (Gender: Male, Age: 46, BMI: 48.6, YIC: 31): “I would say the health part, for me, is I do go to the doctor quite a bit here and there, and I didn’t when I started [coaching].”

Well-Rested

The final component of the health definitions was the importance of being well-rested. Sara spent time explaining how rest can affect your health and job performance.

Sara (Gender: Female, Age: 55, BMI: 30.9, YIC: 32): “I think one of the most important things for me for health is as a coach I think you have a responsibility to make sure you’re rested and prepared. I have a lot of younger coaches under me. [You] can’t go out and party all night long and be able to get up and work. That creates a lot of stress because you’re not feeling well, you’re running late, you’re not able to do your job well.”

Well-Being

The CDC’s definition of well-being was used as reference for this study. The CDC has this to say about well-being: “There is no consensus around a single definition of well-being, but there is a general agreement that at a

minimum, well-being includes the presence of positive emotions and moods, the absence of negative emotions, satisfaction with life, fulfillment and positive functioning” (CDC, 2016). The sub-themes that emerged among participants related to the definition of well-being were: balance, happiness and peace, and mental/emotional.

Balance

Brandon, Edward, and Ethan all had definitions of well-being that included having a balance in life. This included the idea that a balance needs to be maintained in multiple avenues of life. The quotes below represent their definitions.

Brandon (Gender: Male, Age: 37, BMI: 25.8, YIC: 17): “For me, might sound pretty cheesy, but making sure that mind, body, and soul are kind of all in equilibrium.”

Edward (Gender: Male, Age: 37, BMI: 28.6, YIC: 9): “Well-being...being able to shut your thoughts off at night and go to bed and shut work off...just shut it off and still have the rest, everything else there is for life to offer, not just swim coaching.”

Ethan (Gender: Male, Age 56, BMI: 38.0, YIC: 31): “So I’ve had some episodes where that’s [well-being] been a very focal point and I think the well-being, the balance in that and the changes with the way kids and families are

today and those different pressures...that we're dealing with today are very different."

Ethan added to his definition by explaining how the balance has shifted compared to previous times and added that there is pressure on a coach with kids and families.

Happiness and Peace

Another sub-theme within the definitions of well-being included happiness and peace. This idea speaks to the thoughts and feelings that one has towards oneself and others. Furthermore, it encompasses feeling content, stress-free, supported, and feeling empathetic towards oneself and others. Jason, Sharon, and Adam explored this topic during the focus group.

Jason (Gender: Male, Age: 59, BMI: 33.9, YIC: 35): "Well-being just has a lot to do with happiness and peace and being on the deck doing what I love. . . . that whole package, that's what it is to me. It's just being able to fulfill that desire for happiness and peace."

Sharon (Gender: Female, Age: 30, BMI: 22.6, YIC: 5): "Overall, well-being I feel like is just like are you genuinely happy in your job and life because I mean, I know we all have stress and stuff but at the end of the day, like what's your overall well-being? Are you happy, sad, would you make a change? Things like that."

Adam (Gender: Male, Age: 46, BMI: 48.6, YIC: 31): “As far as well-being, I think if I get up every morning and I feel good and I’m happy with me, I’d say that’s good.”

Mental/Emotional

The biggest components of the well-being definitions dealt with the mental and emotional side of things. Many participants described how these affect you on a daily basis and how they are the most important parts of having a positive well-being.

Johnny (Gender: Male, Age: 23, BMI: 23.7, YIC: 4): “Well-being I would put more as the emotional standpoint. Obviously, the mental side effects of, whether it’s depression to all kinds of other types of issues. I would consider well-being the non-physical, the mental aspects of being healthy. . . . So much of it, at least emotional stability, can be centered [sic] around where you think you’re going, where you’re trying to get and where you are versus what you think or where you should be and what it is that you would consider good or successful.”

Terry (Gender: Male, Age: 52, BMI: 21.9, YIC: 20): “Your well-being, definitely a mental side and your positivity and the way you feel your life direction is and if you can have a positive feeling that way then your well-being is in a higher level.”

Michelle (Gender: Female, Age: 57, BMI: 27.5, YIC: 6): “Well-being is, I almost want to say a state of mind. Whereas, some people feel like they’re well but they’re not and . . . your mind plays a great deal on your state of health.”

Andrew (Gender: Male, Age: 54, BMI: 25.0, YIC: 31): “The well-being, for me, is when I wake up in the morning am I in a good mood?”

Health and Well-Being Interconnected Concepts

While many definitions that were described seemed to be common and well-known, it was also interesting to see how many participants stated their belief that health and well-being were interconnected concepts. Some stated explicitly that they are not two separate things:

Justin (Gender: Male, Age: 70, BMI: 31.9, YIC: 46): “I think they’re interconnected. . . . One is a result of the other.”

Nicole (Gender: Female, Age: 58, BMI: 27.4, YIC: 30): “I don’t think they’re the same thing but I think they’re connected because if you’re healthy you’ll have that well-being and if you’ve got that well-being you’ll tend to be more healthy but it’s not always the case.”

Others told stories that helped them realize the importance of the connection between health and well-being, like this story from Lawrence:

Lawrence (Gender: Male, Age: 63, BMI: 27.3, YIC: 27): “I swam four laps of the pool. I got out, walked in the locker room, sat down and cried for twenty

minutes. It was then when I realized my health and my well-being were connected because of the fact that I had let myself go and then never mind the damage I did to all my, anybody connected to me, but that's when I realized the damage I did to myself and then it was a matter of just getting on the horse and trying to get my health back, which I slowly did but then the well-being part...it took me through that sequence, period of about...fifteen years to realize that the well-being was super important to me.”

And this story from Martin:

Martin (Gender: Male, Age: 69, BMI: 30.5, YIC: 41): “I deal with biofeedback and emotional freedom technique and . . . people don't realize how emotion, the negative thoughts of thinking as opposed to positive impacts your health and well-being. . . . You become what you think about and that impacts you and practically all illnesses and disease have an emotional basis to them. You get rid of that emotion issue and you can heal yourself. . . . If you're gonna [sic] heal yourself, it starts here [points to head], and so many people look at the medical profession as, I'm sick, I need to be fixed. I go to someone else and that's not where to start. If you start here [points to head], you can do it.”

Theme Two: Knowledge and Awareness – Coaching and Health

Some comments brought up by the coaches showed that being aware of health information and gaining knowledge on those health topics has influenced both their coaching and their personal health and well-being. The coaches also spoke of a few things they believe indirectly affects their health and how they try to overcome or continue those things. The sub-themes are: age, desire for more knowledge, medical/exercise science/nutrition, mental/emotional, and resources. These will be explained one by one with pertinent quotes included to enhance the understanding of the perceptions of the individual coaches who mentioned the topics.

Age

An unanticipated finding arose during the focus groups regarding age. Some of the younger participants felt that they could not always stand up to the parents of the children they coach due to their age being so much younger than the parents. Some also mentioned how parents did not view them as a professional due to their young age. In this way, their age is viewed as a liability, whereas, age is considered an asset to older coaches. In contrast, other coaches mentioned how their older age has helped them in speaking with parents, in mentoring younger coaches, and in understanding the parent mindset if they also had children. Older coaches also related to the struggles of younger coaches and

how they went through the same thing at their age. Lawrence spoke directly of this:

Lawrence (Gender: Male, Age: 63, BMI: 27.3, YIC: 27): “I have the advantage. Some of us have the advantage of being older and wiser. . . . I was not doing this when I was in my early, late thirties but as soon as I had kids and they grew up and then I had some experiences on having some kids and now I’m a grandfather so . . . I’ve got all these cards I can pull out of the back of my pocket now when I’m talking to some . . . parent. It always seems to work.”

Justin shared how his confidence increased with his age and how he understood the struggle of young coaches:

Justin (Gender: Male, Age: 70, BMI: 31.9, YIC: 46) : “All of a sudden, somewhere between forty and forty-three, I looked around and I said, I’m older than all of these guys now and it gave me a sense of confidence. . . . It’s amazing that age perception-reality, and it’s something that I have a tremendous appreciation for what young coaches go through.”

Desire for More Knowledge

Thomas noted his thoughts on being a career coach. He stated:

Thomas (Gender: Male, Age: 31, BMI: 25.8, YIC: 12): “The one thing I take to heart as a coach is once you think you learned everything, you’ve lost as a coach. So I’m always open to learning from everybody and anybody.”

His emphasis was on continuing to grow and learn as a coach and not becoming static in the sport.

Nutrition

This finding arose from the number of participants who described coaching scenarios where nutrition became an important factor. With the prevalence of obesity in the United States, it is not surprising that nutrition was brought up as often as it was. Also with the rise of specialized sport performance, nutrition is usually a factor that arises. Coaches, parents, and athletes are always looking for different ways to improve and one of the big factors is nutrition. As an athlete progresses in a sport, more specialized attention is paid to the lifestyle choices of the athlete outside the sport, such as sleep habits, other sports, nutrition, and recovery techniques. Some coaches spoke of previous education on the topic that they did or did not receive. Other coaches spoke confidently on nutrition and how they use that information for themselves and for the athletes they coach.

Sara spoke about how she sought out information on nutrition to try and impart that new knowledge on her athletes, with partial success:

Sara (Gender: Female, Age: 55, BMI: 30.9, YIC: 32): “I try to get as much information about nutrition because I didn’t have any. I was invited to Colorado Springs and they had a packet about nutrition and [I] scanned it, sent it to my team members and what’s incredible is there are people who still won’t follow it. .

. . Like these are doctors, lawyers, intelligent people, [and] the kid will show up to a swim meet with a bag of Doritos. . . . What I'm finding now, . . . the older swimmers, they're not doing it as much. They're learning to bring fruit because I give them a hard time. They come into a meet and they have crap. I just take it. You're not eating that at the meet."

Alternately, Bruce provided a perspective into his coaching practice of providing information to his swimmers and leaving it up to them to make informed choices based on that information:

Bruce (Gender: Male, Age: 40, BMI: 33.4, YIC: 16): "I give my athletes as much nutrition information as possible, bring in people to give talks simply because I didn't get any of it, and some of them have chosen to eat healthy and live healthier and they swim fast and the ones who don't, don't, and that's their choice and I cannot force them to, so that's how I do it."

When discussing nutrition, Joseph talked about how his experience as an athlete has informed his coaching and allowed him to give an insider's perspective to his athletes:

Joseph (Gender: Male, Age: 25, BMI:25.7, YIC: 8): "One thing I learned from my college coaches is no matter how hard you work, you cannot outwork a crappy diet no matter what I tried [during] my college career but now it's totally catching up to me where it's like I can't do this. I need to make sure I eat a little healthier and do the right things. . . . The one thing I try to relate to my kids is no

matter how hard you work you can't outwork a crappy diet. You know what's good for you. If you don't, ask me, or mom and dad, we'll take care of you."

Mental/Emotional

A number of coaches brought up the mental and emotional side of coaching. Each mentioned different aspects relating to themselves as well as their swimmers. These three coaches placed emphasis on mental and emotional training in their programs and understand how it can make a difference with both their coaches and athletes.

Brandon spoke about how he stays emotionally calm in order to be the most effective coach he knows how to be:

Brandon (Gender: Male, Age: 37, BMI: 25.8, YIC: 17): "The persona I exude is always just a calm demeanor. I'm not the yelling type of coach and I don't want to show any other coach up or my kids up and if I do, I do it in a very private, one on one, 'I'm disappointed' sense. I think that carries more weight than anything else."

Martin spoke on the importance of the mental side of swim training:

Martin (Gender: Male, Age: 69, BMI: 30.5, YIC: 41): "One of the things I do is mental training for coaches, for swimmers as well. . . . That's so important because if you want something out of life, you can get it. . . . Look at yourself in the mirror and say, you're beautiful, but young girls are and every girl says, I'm

too tall. I'm too short. I'm too fat. I'm too skinny. My hair is too dark. It's too blonde. It's too straight. It's too curly and you get this self-negative because you're looking and reading all these magazines where all these women are photo-brushed now and them not realizing the issues that those women have and they're not different than anybody else."

Paula also mentioned her thoughts on the mental and emotional connections in highlighting the reciprocal support provided between coach and athlete:

Paula (Gender: Female, Age: 24, BMI: 28.0, YIC: 3): "You have to find your balance and you bring out the best in your kids and they bring out the best in you."

Resources

Resources were a big topic among coaches. This may be due to being at an informational world clinic where speakers were giving lectures all week about coaching and swimming or it may reflect their usual thought process. With the focus groups being conducted at the top swimming world clinic it is important to note that coaches may have brought up resources or other coaches more than they would in their everyday coaching life. The reason for this may be that coaches will make themselves appear to have a lot of connections when they mention national level coaches or that they may have heard a talk by a high level coach and want to bring up the information that was learned during the talk.

Lawrence mentioned how other coaches can serve as resources in their statements of their coaching beliefs:

Lawrence (Gender: Male, Age: 63, BMI: 27.3, YIC: 27): “I use other resources like fellow coaches.”

He went on to describe how a specific collegiate coach spoke on a topic and it helped him. He also spoke of another college coach who demonstrates a great work/life balance and Lawrence wants to figure out a way for younger coaches to adopt a similar lifestyle early in their careers.

Theme Three: Former Athletes

The coaching population differs from many other occupations in that there is a perceived high percentage of former athletes. This general perception is supported by the current sample where twenty-two of the twenty-three participants were former athletes. As was described in the literature review, former athletes spent a large amount of time meeting or exceeding the daily recommended amounts of physical activity. This may make the former athlete population different than the general population and it is worth noting that this career of coaching may include a high percentage of former athletes. During the focus groups, coaches spoke about their previous competitive sport histories,

their transitions out of sports, and their knowledge and awareness of health information during their competitive sporting years.

Athlete to Non-Athlete Transition

Interestingly, when asked about the coaches' transitions from being an athlete to a non-athlete, many responded that they were not ever explicitly taught healthy habits beyond the physical training done to make them more successful at their sport. Focus group participants felt they spent their time training and focusing on their performance goals but that there were no set health goals, outside of one participant who talked about having body fat measurements taken.

Paula talked about how going to college brought out the independent side of her where she had to figure out health on her own terms:

Paula (Gender: Female, Age: 24, BMI: 28.0, YIC: 3): "It was like, okay, mom's not here anymore, you have to figure it out and then you have to make it to practice at 5am. You have to make your own meals, find out how much it costs to have that kind of lifestyle. So that's when you start, I think, realizing, alright, this is what I need to do on my own. Let me make my own goals."

Many coaches expressed that throughout their athletic careers they were told what to do, what to eat, when to do all of these things without actually being taught the how and why behind the health principles. From Brandon, Sharon, and Terry:

Brandon (Gender: Male, Age: 37, BMI: 28.6, YIC: 9): “I wasn’t told anything [about proper health].”

Sharon (Gender: Female, Age: 30, BMI: 22.6, YIC: 5): “There was no, even in high school, no talk about nutrition and eating right and then you get to college . . . it’s like horrible foods everywhere and then you’re a college student, you just don’t care.”

Terry (Gender: Male, Age: 52, BMI: 21.9, YIC: 20): “Nobody really said anything about [transitioning from being an athlete].”

Michelle, Andrew, Ethan, and Adam discussed similar experiences where no advice was given to them about the transition out of athletics in regards to health and nutrition.

Both Bruce and Sara noted how training has changed over time and there is now a greater focus on nutrition:

Bruce (Gender: Male, Age: 40, BMI: 33.4, YIC: 16): “There was no nutrition information when I swam in the seventies. It was just like, no, nutrition wasn’t a big deal. Nobody really knew about it, never really talked about it. We never got any guidance from our coaches or anything like that about nutrition or what you should eat.”

Joseph spoke about how his coaches took a passive approach to educating their athletes about nutrition and assumed the swimmers had the

knowledge they needed to make proper healthy choices after leaving collegiate swimming.

Joseph (Gender: Male, Age: 25, BMI:25.7, YIC: 8): “We didn’t really have anybody to tell us what to eat and they just had the logic, well, you’re twenty-two, you know what’s good for you. You know what’s bad for you. You know what to do. Well, there’s gotta [sic] be an alternative. There’s gotta [sic] be something else and that’s all it was.”

Steady Decline

Steady decline represents coaches describing the discrepancy between reminiscing about how in shape they were during the peak of their competitive careers and how far they were from that now. A few coaches did not share those sentiments but an overwhelming majority mentioned something about their lower fitness and worse overall health. This was quite a popular topic among the coaches met by many relatable laughs as coaches elaborately described their bodies when they were in peak form and how it has been a steady decline since then. A few coaches explained this was something that happened without them noticing:

Larry (Gender: Male, Age: 32, BMI: 24.8, YIC: 8): “It’s like a steady decline. It gets worse and worse. You just, you don’t really notice.”

Justin (Gender: Male, Age: 70, BMI: 31.9, YIC: 46): “I didn’t realize that everything got away from me totally.”

Lawrence (Gender: Male, Age: 63, BMI: 27.3, YIC: 27): “As you get older, like I used to look like [young] guys before I was fifty.”

Probably the most vocal about the athlete transition struggle was Johnny who just recently retired from competitive swimming after a successful collegiate career.

Johnny (Gender: Male, Age: 23, BMI: 23.7, YIC: 4): “As a college athlete, your diet can be, shouldn’t be, but it can be poor in relation to how strenuous workouts are. Comparing to now I would say that’s definitely something where I’m struggling with because I’m really enjoying not training. . . . It’s strange to try and think about because I’m definitely on the way down and I just gotta [sic] catch myself before it gets bad.”

Johnny has complete awareness about the path he is potentially on and yet, as is discussed with motivation later on in the findings, he has yet to do anything to stop the steady decline which he describes here:

Johnny (Gender: Male, Age: 23, BMI: 23.7, YIC: 4): “I’m always bending down almost in like a catcher’s position trying to talk to the athlete and then like standing up from the couch too fast, you always get light-headed and that can be a variety of things. It can be because of poor health. Regardless, that causes me to think when I’m trying to demonstrate or get into a streamline and I realize, oh my, like I can’t do it as well as I could.”

The more coaches spoke about the transition period between athletics and their coaching career, I came to the realization that there is a large gap in knowledge and training to help those leaving their athletic careers behind but continuing to pursue a career within their sport or a similar sport. While a lot of research has been done on transitioning athletes, very little is available on athletes that transition into coaches. As Martin describes it:

Martin (Gender: Male, Age: 69, BMI: 30.5, YIC: 41): “As you’re getting older as a coach, well, you start letting those things go because it’s the path you’ve chosen.”

Thomas and Ethan have similar perceptions as Martin:

Thomas (Gender: Male, Age: 31, BMI: 25.8, YIC: 12): “It does get harder as I get older. I can definitely tell that.”

Ethan (Gender: Male, Age 56, BMI: 38.0, YIC: 31): “As a former athlete I took very good care of myself and then moved away from all my extracurricular life, got married, had five children, and long hours and then your health just starts to decline if you’re not taking care of it.”

Adam provided his experience and thoughts in which his entire focus group was nodding and agreeing and chuckling as they all felt the same way:

Adam (Gender: Male, Age: 46, BMI: 48.6, YIC: 31): “That’s what I would think, is I’d never would [have] looked in the mirror when I was eighteen and said, hey you’re gonna [sic] be looking like this when you’re forty-six.”

Theme Four: Coaching Challenges

The findings show a number of different challenges that coaches face that they believe could lead or has already led to adverse health and well-being outcomes or difficulty in maintaining ideal health and well-being. These challenges were divided into the following sub-themes: financial, education, inability to use free time/protecting personal time, view of coaching as a profession and not just a job, parents, stress, and work/life balance.

Financial

Finances were a challenge brought up by multiple coaches. Some mentioned how other job opportunities provided a higher income but their passion was in coaching so they took the career with a lower paycheck.

According to Larry and Justin:

Larry (Gender: Male, Age: 32, BMI: 24.8, YIC: 8): “I choose doing something else and not making any money [with coaching].”

Justin (Gender: Male, Age: 70, BMI: 31.9, YIC: 46): “I like to see more people actually have the opportunity to make a living at this, have a profession, be secure and not have the frustration of financial considerations.”

Michelle had a perception that finances may be a deterrent for younger adults who want to begin a career in coaching:

Michelle (Gender: Female, Age: 57, BMI: 27.5, YIC: 6): “The younger coaches aren’t coming to this [coaching] because they can’t afford to come.”

Another coach had to make a decision to rectify the cognitive dissonance that resulted from working so hard at his aquatic center for only minimal compensation:

Andrew (Gender: Male, Age: 54, BMI: 25.0, YIC: 31): “I used to be the aquatics director and swim coach which was two full times . . . they don’t pay a whole lot. So I go sometimes a year without getting a raise and maybe a cost of living increase so after ten years I was like, if they’re not gonna [sic] pay me, I’m just gonna [sic] try and do less work.”

Education

Jason and Lawrence both brought up how educating coaches is a challenge and it is important for those who make coaching a career. Education could be seen in terms of a coach’s own educational journey and also serving as the source of education for the coaches they oversee.

Jason (Gender: Male, Age: 59, BMI: 33.9, YIC: 35): “I think it’s an education process for a lot of us as coaches. It’s one of those things that I learned from another coach. The more I know, I find the less I know. . . . So I think we just need to be taught what we can do other than golf, biking, tennis...to

help maintain fitness and the well-being part of it too because you're out . . . being active, getting out and enjoying something.”

Lawrence (Gender: Male, Age: 63, BMI: 27.3, YIC: 27): “First of all coaches have to understand that their health and well-being is important.”

Inability to Use Free Time/Protecting Personal Time

A prevalent finding among the participants involved the idea that coaches do not know how to use their free time and tend to get bored easily. They also discussed how they have a hard time not replying to e-mails at any given time as coaching does not have a traditional, 8:00am-5:00pm, forty hours a week schedule. One other concept that arose was how coaches need to protect their personal time without feeling guilty about not doing something related to coaching.

Justin described his experience of going on vacation with his wife. They decided to have no swimming talk on their vacation and barely made it out from the city before bringing something up. Justin decided swim coaching is a lifestyle and not able to be separated from the other parts of his life, as did another coach, Andrea:

Justin (Gender: Male, Age: 70, BMI: 31.9, YIC: 46): “When we take the so-called vacation, I'm bored in three hours.”

Andrea (Gender: Female, Age: 58, BMI: 22.8, YIC: 35): “We don’t know how to relax.”

Another coach talked about how he does not like taking a break from the sport and has a hard time finding his limits:

Thomas (Gender: Male, Age: 31, BMI: 25.8, YIC: 12): “I argue with [my boss] about practicing. Why are we taking time off? . . . I don’t really know when to stop. . . . Every time [my boss] tells me to relax and slow down or something I fight her on it.”

Ethan gave a specific story as to how his perspective and experiences with coaching are different than other professions:

Ethan (Gender: Male, Age 56, BMI: 38.0, YIC: 31): “At my school a few years ago I went on vacation in the summer for two weeks and every day I was gone someone was calling me about the pool because I’m the aquatics director too. . . . There’s been like [sic] four problems in seventeen years and it’s like [sic], don’t touch and then they call the next day and then I see these write ups from our head of school that he and his family have been away for three weeks. I’m like [sic], how in the hell can he walk away for three weeks and have the time of his life with his family. I can’t go away for a weekend without thinking something’s gonna [sic] happen to the pool and that puts a ton of pressure on our family because I have a hard time letting those things go and it’s just ridiculous that there’s not a better way to do this.”

View of Coaching as a Profession, Not Just a Job

A unique finding was presented by Lawrence about how coaches need to treat coaching as a profession and not just a job. His belief was that coaches should always look presentable because an individual's perception is their reality.

Lawrence (Gender: Male, Age: 63, BMI: 27.3, YIC: 27): "I demand all my coaches to not wear jeans on deck, have to have team attire, and I've been demanding that since they started coaching because I think that if somebody sees you in jeans or baggy, crappy shorts or something like that, they think you got a surfer kid, part-time coach and you don't have to pay him any money."

Lawrence goes on to explain how he teaches his coaches to maintain professional boundaries at and away from the pool in order to maintain a high respect level from parents.

Lawrence (Gender: Male, Age: 63, BMI: 27.3, YIC: 27): "I try to teach young coaches to be as professional as you can be in appearance and with parents at meets, don't go out to dinner with them. Stay in your own time. Stay away. We're not the kids' friends or anything else. . . . The more you make the other parents understand that, the less kickback you're gonna [sic] get from them. You go from being the guy who mows their lawn to the doctor who takes care of their children."

Parents

One of the biggest challenges for many of the coaches was the athletes' parents. Time and again coaches spoke about the difficulties of dealing with parents in the sport. Coaches mentioned parents and struggles together often, which will be described more in depth in the next section on stress. Many coaches' quotes are presented here to fully encapsulate the different experiences of the coaches who participated in the focus groups.

Andrea (Gender: Female, Age: 58, BMI: 22.8, YIC: 35): "The parents now are a lot different than they were when I first started coaching and it's hard. It's hard emotionally. It's hard time-wise because we've got parents who think that you can meet with them every week for two and a half hours."

She also elaborated on her plan for parents that she is having trouble with:

Andrea (Gender: Female, Age: 58, BMI: 22.8, YIC: 35): "You kind of have to have the exit plan and kinda [sic] target those people that are gonna [sic] suck the life out of you. . . . Lately a lot of it's been these parents are so involved in their children's lives, more so than the child is and sometimes you have to tell them and some people you tell them to and they throw tantrums and fits and make it worse, . . . but those are the kinds of things I think that just emotionally drain you."

Challenges were expressed by Larry, who spoke about the unconventional hours of coaches.

Larry (Gender: Male, Age: 32, BMI: 24.8, YIC: 8): “You have parents telling you, why do we pay you money? What do you do anyways except the two hours of coaching in the afternoon when I see you, when I’m standing outside?”

A story expressed by Jason involving parents who interrupted his workouts was met by nods and agreement from others in the focus group.

Jason (Gender: Male, Age: 59, BMI: 33.9, YIC: 35): “To help me on deck when I had time I would swim and what I found is that parents sometimes, if they wanted to see you and you were swimming, they’d come to the pool and they’d do this [waves hands]. They put a kickboard in and try to stop you and so I started to wear dark goggles.”

Jason’s story highlights how even in the midst of trying to maintain healthy habits, aspects of his job are interfering with the task. One coach spoke about how he had to re-educate the parents to get them to understand what was really important in the long run with their children and swimming.

Lawrence (Gender: Male, Age: 63, BMI: 27.3, YIC: 27): “I drew a long line on the whiteboard and I put down six years old, starting middle school, high school, college, college graduate, job. So I said to mom and dad, this is your child’s life and I said, you should be looking at it from this angle and I made a big deal about walking down the end [to] the college degree, looking at it from the college degree going backwards.”

Another coach related the parents to the reactions of the children they coach when the parent comes on deck.

Paula (Gender: Female, Age: 24, BMI: 28.0, YIC: 3): “You’re always gonna [sic] have that parent that thinks they know better than you, that says, here’s my kid, I know how to do this and that, take them to here. I want them to do this and the kid comes and when the parent leaves, the kid is happy go lucky. As soon as that parent steps foot on deck, they’re miserable.”

Thomas provided an alternate view as his experience has been mixed with some parents putting a lot of pressure on their children and others being okay with their children just being happy in the sport.

Thomas (Gender: Male, Age: 31, BMI: 25.8, YIC: 12): “I think parents put so much pressure on these kids at such an early age these days and I had one parent literally tell me, . . . when you got on the team last year he was doing results and I just wanted my child to qualify for J.O’s [Junior Olympics] and things like that and he told me that, you really made me just learn how to be happy for my child, that’s it.”

Ethan has similar stresses with parents that go beyond the pool deck and impact his home and family life.

Ethan (Gender: Male, Age 56, BMI: 38.0, YIC: 31): Parents call me at eight o’clock in the morning if my write up on my website isn’t done yet from the meet the night before and it’s like, I wasn’t able to go home last night and see my family and I just got here [to the pool].”

Stress

While many coaches outwardly expressed what could only be described as a stressful situation, very few coaches actually used the word stress. This could be due to any number of reasons, such as the possibility that the level of stressors has become their new normal so it no longer affects them as much. It could also be due to coaches having to choose their words carefully around parents so they try to avoid certain language with parents and swimmers. One coach related how stress and pressure has resulted in adverse health events. This quote begins with the previous one above in the Parents section.

Ethan (Gender: Male, Age 56, BMI: 38.0, YIC: 31): "I think that juggling act has had moments with me where I've gone to the emergency room to get my heart checked out to make sure I wasn't having a heart attack and things like that because there's so many pressures like that."

Justin gave insight into how stress depends on how you define it so it does not come across with a negative connotation.

Justin (Gender: Male, Age: 70, BMI: 31.9, YIC: 46): "Stress is something we have everyday, if you define it that way or you can define it different ways, as opportunities."

One of the coaches looked at the stress and negatives of coaching in relation to his life expectancy. It was a bold look and he was very serious in his tone.

Brandon (Gender: Male, Age: 37, BMI: 25.8, YIC: 17): “I wonder too sometimes with being on a pool deck for twelve hours for three days in a row on my feet and then back up at 4:30 for practice. What am I doing to myself thirty-five years from now? How much time am I taking off of [life], and then you add on the stress of it, the mental stress and/or anxiety of it on top of that. It just makes me wonder about down the line.”

Work/Life Balance

Hearing issues about work/life balance confirmed the most expected finding of the study. Previous research has shown work/life balance is a common challenge for coaches at some point during their career (Graham & Dixon, 2014; Lumpkin & Anshel, 2012). There is an adjustment that needs to be made when life changes occur and that balance takes time to achieve. Coaches have found different ways to handle work/life balance. The findings from the focus groups show a number of coaches who implement activities or time off in order to give coaches the opportunity to have better work/life balance. These findings also show that many coaches have decided to simply not adapt to a normal work/life balance and instead allow their profession to dominate the majority of their lives. Many of these coaches are also completely at ease with this decision. It is unique in that an out of balance work/life relationship is normally viewed as a negative. In the coaching population, many people are praised for the amount of time they

dedicate to their athletes. Many coaches brought up the topic of work/life balance, but here are highlights of experiences of some of the coaches.

Ethan (Gender: Male, Age 56, BMI: 38.0, YIC: 31): “A lot of times, especially in the fall when we first started, if the weather’s nice, like on Fridays, I’m like [to my coaches], get out of here. . . . Do something different. Call your friends. Go to happy hour, whatever you want to do. . . . They’re all getting to points in their life where they’re feeling the struggles of balance and especially those with families that have kids that are in activities.”

Andrew (Gender: Male, Age: 54, BMI: 25.0, YIC: 31): “We make a pretty conscious effort to . . . remember that it’s just swimming and that real life is always a priority over the coaching or the swimming.”

Adam shared similar sentiments to Andrew with regard to taking personal time.

Adam (Gender: Male, Age: 46, BMI: 48.6, YIC: 31): “I’ve done better in the last five years of trying to take some time when I have something going on because it’s hard. You can’t go to happy hour or you just can’t go hang out with your friends that are normal people.”

Michael (Gender: Male, Age: 37, BMI: 28.4, YIC: 13): “You got all the stresses from the job and then to come home and try to figure out how to best not work . . . and how to flip that switch and how to juggle at that and make yourself not be stressed, . . . and balance all that stuff, to me, is the hardest thing.”

Justin (Gender: Male, Age: 70, BMI: 31.9, YIC: 46): “We never have time for ourselves and it’s not that we don’t have time, we don’t take time.”

Andrea (Gender: Female, Age: 58, BMI: 22.8, YIC: 35): “Swimming never ends. People are like, what’s your season? I’m like, eternity. It’s, just get a week here, maybe.”

Martin (Gender: Male, Age: 69, BMI: 30.5, YIC: 41): “You’ve got family. You’ve got God. You’ve got your job. You’ve got your outside activities and they’re all spokes on a wheel and you can’t have one spoke or two spokes longer or shorter than others because then the wheel doesn’t spin.”

Martin’s analogy is in line with many coaches who participated in the study. Many of them felt that there was a struggle for work/life balance but that it was also very important.

Theme Five: Health Correlates – Positive and Negative

Quotes from coaches can be divided up into positive health correlates and negative health correlates. Positive health correlates are things that can aid in maintaining health and well-being and/or achieving new health and well-being goals. Negative health correlates are things that distract, take away, or discourage health and well-being goals.

Positive

Coaches described many positive health correlates during the focus groups. Finding alternative activities turned into a positive, developing goals, and having knowledge and awareness of different topics all help the coaches in a positive way. Also, maintaining a balance in nutrition was also seen as a positive health correlate.

Alternative Activities

Some coaches were able to find alternative activities, such as recreational teams, classes at the gym, work activity leagues, or other sports to quickly transition into after their competitive careers concluded. This helped them to stay on top of their physical health and well-being and they did not experience the steady decline felt by other coaches.

Terry (Gender: Male, Age: 52, BMI: 21.9, YIC: 20): “Nobody gave me any, you should be ready for this transition. . . . It was easy for me because where I was, triathlon was just taking off and a buddy of mine signed me up for the . . . championships and I had never done a triathlon before.”

Current Goals

Every coach expressed having current goals for improving their health and well-being. Goals were very individual and were related to the journey each individual coach has gone through up to this point.

Some of these goals were reflected through better nutrition choices, as seen with Brandon.

Brandon (Gender: Male, Age: 37, BMI: 25.8, YIC: 17): “Eating less and then just trying to [cut] down carbohydrate intake and have it just be more lean protein.”

Others had goals related to overall sense of health such as Johnny and Terry.

Johnny (Gender: Male, Age: 23, BMI: 23.7, YIC: 4): “My goals are to improve . . . in the well-being aspect. I spend a lot of time trying to be more focused on that. . . . So I like to kinda [sic] think that as long as you’re not living in a way that is a detriment to your life, if you can keep your well-being positive then you’re doing fine by yourself.”

Terry (Gender: Male, Age: 52, BMI: 21.9, YIC: 20): “I would say health-wise, just to maintain my own sense of vitality, that I can still get up and go swim in the ocean if I want to and if I wanted to I could go run, but just trying to maintain that vitality I have. I mean I’m at an age where maintenance is kinda

[sic] my goal. I'm not looking for improvement, don't have to prove anything to myself anymore really."

A common goal for coaches was to lose weight as a means to becoming healthier.

Joseph (Gender: Male, Age: 25, BMI: 25.7, YIC: 8): "I want to drop a little weight but that's pretty much it. I mean I'm content with everything else."

Michelle (Gender: Female, Age: 57, BMI: 27.5, YIC: 6): "I have goals to lose weight and get a little bit more activity, physical fitness wise."

Knowledge/Awareness

Throughout the conversations with coaches, many spoke of topics related to swimming, health promotion, and physical activity. The coaches expressed awareness of the importance of these topics. These topics inform their coaching and are used to improve their own health and well-being, as well as those around them.

Michelle (Gender: Female, Age: 57, BMI: 27.5, YIC: 6): "Ya [sic] know, just being in the health field, you just know that you are what you eat and exercise just affects every system in your body in a positive way."

Andrew (Gender: Male, Age: 54, BMI: 25.0, YIC: 31): “For me, my wife is a school teacher and she goes to a lot of conferences about how kids learn and how important rest is and all that stuff and I always take what she’s learned there and I try to incorporate it into anything that’ll help me and help the team.”

Proper Nutrition

Having proper nutrition has been seen as a positive health correlate to Sara and Paula.

Sara (Gender: Female, Age: 55, BMI: 30.9, YIC: 32): “I know when my body feels right and when it doesn’t feel right. I don’t eat a lot of fried food. I eat a lot of salads. [I] drink a lot of water.”

Paula (Gender: Female, Age: 24, BMI: 28.0, YIC: 3): “[I’m] trying to incorporate ways to get like that kind of [nutritional] stuff, taking protein now so I don’t get sick.”

Negative

Coaches expressed a number of different negative health correlates that hinder their ability to reach their goals. One of those was aging. A prominent negative health correlate involved air quality of work facilities. Other sub-themes within the negative health correlates are: indifference, low energy, and physical activity barriers.

Aging

One of the coaches spoke about how aging has had a negative effect of her health.

Sara (Gender: Female, Age: 55, BMI: 30.9, YIC: 32): “When you get to a certain age your body just won’t lose weight. That’s my metabolism. This is how God made me.”

Air Quality

A finding that arose surrounding air quality of aquatic facilities produced emotional responses from coaches. This has been a topic of conversation at many conventions, in online coaching forums, and on deck at swim meets. It is a struggle that the coaches who took part in focus groups expressed experiencing.

Bruce (Gender: Male, Age: 40, BMI: 33.4, YIC: 16): “[There] would be the times when I walk on to a deck and think, man this is hard to breathe.”

Sharon (Gender: Female, Age: 30, BMI: 22.6, YIC: 5): “Unless it’s cold and then I might huddle like a warm water bottle because my pool is literally a covered outdoor pool with no air filtration or circulation system. In the summer it’s ungodly hot. In the winter it’s ungodly cold.”

Nicole has shared similar concerns about the air quality at the pools she coaches at and also about how the air quality impacts the coaches she oversees. She expressed worry over the long-term consequences of breathing poorly ventilated air every day at swim practice.

Nicole (Gender: Female, Age: 58, BMI: 27.4, YIC: 30): “Some pools that we go to, you can be on deck and you’re like, I’m comfortable. I’m good. I’m not overly sweating. I’m not freezing. I can breathe and everything. At each one of our facilities you’d think it would be kind of standardized but it’s not. . . . So my concern is their breathing, number one. The heat is one thing, but you can just tell and I know by the end of practices because of the air quality, not that it’s like bad, bad, but it’s not the best.”

Indifference

A different finding was seen as a negative health correlate that is not as outwardly visible or openly apparent. Indifference is the idea that you know something you are doing could have negative consequences but there is little or no intervention to make a change to that behavior.

Bruce (Gender: Male, Age: 40, BMI: 33.4, YIC: 16): “I go in waves, either I’m working out tremendously hard or I don’t workout at all. There’s not really much of a middle ground for me. I find it hard to keep that balance. I don’t. So I either go one way or another. So currently I’m in the bad stage I guess you could

say, where I do nothing and I eat bad. It's okay, in another year or so I'll be back in the good stage."

Joseph (Gender: Male, Age: 25, BMI: 25.7, YIC: 8): "Uh, goals? I don't really have anything that I'm just like, I need to get to that."

Low Energy

A few coaches brought up the idea that a lot of energy is lost through your feet and how negative health can result from lack of footwear or lack of proper footwear. Andrew explained how he has experienced this low energy.

Andrew (Gender: Male, Age: 54, BMI: 25.0, YIC: 31): "When I was a lot younger I used to, ya know [sic], you'd go on the pool deck, you don't have any shoes on, so you coach without shoes on. It was what it was and then one year for some reason I started wearing my sneakers on deck and I was like, oh my gah [sic], I have so much more energy all the time. . . . I couldn't believe how much energy it took to go barefoot on the pool deck for an entire day."

Ethan (Gender: Male, Age 56, BMI: 38.0, YIC: 31): "I never coached barefoot but as I've gotten older, the types of shoes I'm wearing and the length of time that I'm wearing them is very key to the end of the day and on meet days, days turn into fourteen, fifteen hours."

Physical Activity Barriers

A predicted finding dealt with the barriers coaches face to physical activity. One of the main barriers involved injury or rehabilitation from an injury. Michael expressed his experiences to his barriers below.

Michael (Gender: Male, Age: 37, BMI: 28.4, YIC: 13): "I like swimming because I have knee problems so it's like one of the only things that can really, if you're gonna [sic] action pack an hour of exercise, what better way to do it."

Larry has a different experience that involves facility limitations.

Larry (Gender: Male, Age: 32, BMI: 24.8, YIC: 8): "We don't own the pools so we kinda [sic] rent out this lane space so the pool opens when the pool opens. So if it opens at six, that's when you get in. There's no me getting in at five and swim an hour before the team gets in."

Other barriers ranged from time to family commitments to energy.

Sara (Gender: Female, Age: 55, BMI: 30.9, YIC: 32): "I don't have as much time to workout as I like to."

Brandon (Gender: Male, Age: 37, BMI: 25.8, YIC: 17): "I have a four and a half year old and also a ten month old and my wife teaches and I coach . . . so I don't really have a routine anymore. I just learned how to be okay with whatever it is I can do that day."

Adam (Gender: Male, Age: 46, BMI: 48.6, YIC: 31): "I would come to something like this [ASCA Clinic] where I'm gone for a week and then it just

blows it out of the sink and then you get back into your coaching routine. It's just difficult where I'm at because I have a small team and being able to work and be a coach and have the time to do those things.”

Theme Six: Motivation for Health and Well-Being

Theme six of the findings is motivation for health and well-being. Coaches expressed a number of different ways they felt they were motivated or not motivated to pursue individual ideal health and well-being. These thoughts, perceptions, and stories were further sub-categorized as internal, external, or lack of motivation.

Internal

Many coaches mentioned a drive inside that keeps them motivated to workout and try to reach their goals.

Larry (Gender: Male, Age: 32, BMI: 24.8, YIC: 8): “I just need to be able to get up in the morning . . . be out of bed in two minutes and say, well I'm ready for this, kinda [sic] like when I was for practice. You kind of feel ready to go there.”

Jason (Gender: Male, Age: 59, BMI: 33.9, YIC: 35): “I used to like to run. I hated it, but I like to run because I like the way it made me feel afterwards, like I achieved something.”

Sara (Gender: Female, Age: 55, BMI: 30.9, YIC: 32): “You look at yourself, are you happy with how you look? If you’re happy with how you look then fine. If you look in the mirror, you’re not happy with what you see then you make changes. I’m happy being this weight. Would I like to be less? Absolutely. There’s not time. I can’t train. I don’t have the time to train to be the weight I want to be so I have to pick and choose what I can do, when I can do it.”

Michelle (Gender: Female, Age: 57, BMI: 27.5, YIC: 6): “I think mine’s more internal. . . . You can live the easy way or the hard way and you gotta [sic] put the time in to do the exercise and actually take time to eat the correct meals so that when you’re eighty years old you’re still walking around.”

Martin (Gender: Male, Age: 69, BMI: 30.5, YIC: 41): “If you want something, you’ll do it. You’ll find the time. You’ll find a way. You have the power to do it.”

External

Some coaches have outside motivations and stories about things that happened that changed their perspective on health and well-being growing up.

Brandon (Gender: Male, Age: 37, BMI: 25.8, YIC: 17): “I think going through that ten to twelve year old boy phase where you just puff out before you grow up, made me really sensitive for life about my weight and staying healthy so that’s always just kind of stuck with me.”

Joseph talked about his retirement from competitive swimming and how working out became a choice instead of a requirement, while Johnny had similar thoughts on other's comments about his physical appearance.

Joseph (Gender: Male, Age: 25, BMI: 25.7, YIC: 8): "I mean I know it's not ideal but people were just like, well hey, you're looking great and it's just like, well I can postpone working out another [few] months."

Johnny (Gender: Male, Age: 23, BMI: 23.7, YIC: 4): "Until people start saying like, ugh gosh, you look terrible, I'll just bide my time."

Michelle reminisced about her time in the Air Force and how that impacted her motivations for physical activity.

Michelle (Gender: Female, Age: 57, BMI: 27.5, YIC: 6): "Coming from being in the Air Force and being forced to do physical activity on a daily basis, it was much better when I had discipline, outside discipline."

Lack

While some coaches expressed internal or external motivation, others spoke of a lack of desire or motivation to pursue health and well-being goals.

Michael (Gender: Male, Age: 37, BMI: 28.4, YIC: 13): "I've got time to do it. I just have to make myself do it."

Larry (Gender: Male, Age: 32, BMI: 24.8, YIC: 8): “If we have morning practices that start at five or six, . . . I have no desire to go in at four or five myself and I have no desire to swim after that time too and like in the middle, I just kind of feel like it’s my time. . . . I just didn’t have that drive to do that.”

Paula (Gender: Female, Age: 24, BMI: 28.0, YIC: 3): “That’s always been my problem, like I’ll say, alright I’m going to the gym. Two weeks later I’m like, ehh, I don’t wanna [sic] wake up anymore. . . . So a lot of it I know on my part is like, I just don’t feel like doing it today.”

Adam (Gender: Male, Age: 46, BMI: 48.6, YIC: 31): “I guess I’d like to start being able to kinda [sic] exercise and do some things. . . . Once I get started I think I’d be okay. It’s just getting to that point where I get started.”

Theme Seven: Healthy Eating Barriers

Barriers to healthy eating are quite common in the coaching profession. Coaches described everything from their unconventional work schedule, to limited food choices at swim meets, preference for convenience, and the pressure they felt when they were hanging out socially with other coaches and friends.

Swim Meets

In the world of swimming, most swim meets tend to be all day long, with the exception of some college and dual meets. These meets also can range anywhere from one day to five days. There is usually a coach's hospitality space with meals, snacks, and drinks available throughout the day. The host team supplies the food and it is usually unknown what will be served. Because swim teams are working from a limited budget, frustrations can arise from both the competing teams and coaches about the limited availability of healthy choices in the hospitality rooms.

Sara (Gender: Female, Age: 55, BMI: 30.9, YIC: 32): "I can't eat pizza anymore. How many times do you go to a swim meet and I just, stop I'm like, I'm not having the pizza guys. . . . I think that's the hard part, like on the weekends you're at a meet all day."

Brandon (Gender: Male, Age: 37, BMI: 25.8, YIC: 17): "At swim meets, I've realized over the years like, why do I get so hungry at swim meets? I'm so hungry, [but] I haven't swam anything, I'm just watching thousands of yards of swimming. So I think I've tried to drink more water at swim meets because I think it's because I get dehydrated probably, but then you have to go to the bathroom but you have sixteen heats of 200 frees. I try to have more water to offset the hungry feeling that I get."

Joseph (Gender: Male, Age: 25, BMI: 25.7, YIC: 8): "Every time I go into hospitality, I'm feeling a crash. It's just like sodas over here, water is over here. A

little caffeine kick will help, but I definitely don't want my kids to see me slamming down my third coke. . . . Every time I go to hospitality, at least where I am, it's not ideal."

Michelle (Gender: Female, Age: 57, BMI: 27.5, YIC: 6): "I say try to find better nutrition for folks at a swim meet rather than burgers and dogs and whatever they're selling there."

Schedule and Convenience

Another coach talked about the convenience of getting fast food or easy to make meals due to scheduling.

Adam (Gender: Male, Age: 46, BMI: 48.6, YIC: 31): "The reasons I got to the point where I'm at is you go home late, you don't feel like cooking, so what do you do? Well, McDonald's, Burger King, some place like that and you just eat that because, and that's the killer and you are doing it late at night."

Financial

Both Paula and Thomas acknowledged the strain that healthy eating places on their finances.

Paula (Gender: Female, Age: 24, BMI: 28.0, YIC: 3): "A dollar, two dollar hot dog is so much easier to manage then like the seven dollar piece of bread."

Thomas (Gender: Male, Age: 31, BMI: 25.8, YIC: 12): “That is the one thing where that helped when I actually like really started getting into the crossfit and eating healthy. I never [realized] how expensive healthy eating was. I find that very insane, like it is very expensive to just eat healthy. . . . I literally had to change my spending habits just to eat healthy.”

Theme Eight: Social and Employer Support

There were mixed reactions from coaches when asked about social support and employer support. Each coach had different experiences and perceptions of support. Their stories have shaped their feelings of support and in turn aided or hindered their ability to achieve their health and well-being goals.

Employer – Positive

The findings show that there are coaches who feel completely supported by their employers to have optimal health and well-being.

Jason (Gender: Male, Age: 59, BMI: 33.9, YIC: 35): “At [my work] they actually encourage you to get the exercise everyday and they have health programs. They actually have a program where staff members can participate in these, what they call health challenges and they go for . . . two or three months and then at the end if you meet the challenges, the goals that you set, you get

some of your . . . premiums rebated back to you in small increments. . . . I'm very fortunate that I can take an hour, hour and thirty minutes, and exercise everyday and I take advantage of that."

Lawrence (Gender: Male, Age: 63, BMI: 27.3, YIC: 27): "The team pays for my health plan but the team also pays for my gym membership and they pay a little extra money because they know that I [am] a golfer, . . . 30 rounds of golf a year."

Andrea (Gender: Female, Age: 58, BMI: 22.8, YIC: 35): "We're at a brand new facility and have a bunch of part-time coaches that I work with. . . . They all get gym passes and if they're married, their spouse gets it [or] their whole family gets it and they use it. They use it. They're right there. They have childcare and it's really kind of a nice thing. . . . The support system's there."

Employer – Negative

In contrast, Michelle felt that she had a good support system except with administration. Many coaches spoke of their challenges in maintaining their fitness and that they felt there was a level of employer support. Coaches had suggestions for future changes that employers could make in order to help coaches in their health and well-being goals. These will be discussed later in the

findings. One example from Michelle shows her experience feeling a lack of employer support.

Michelle (Gender: Female, Age: 57, BMI: 27.5, YIC: 6): “We all support you, but we’re not giving you an hour off of lunch to go to the gym type of thing.”

Social – Positive

Coaches found additional support with their friends, fellow coaches, and family. They expressed how loved ones help them to stay on track with their goals and how they help make things easier through verbal affirmation and/or doing tasks to free up time for the coach to workout.

Sharon (Gender: Female, Age: 30, BMI: 22.6, YIC: 5): “My husband’s great at supporting me. My dad’s really awesome. The team’s really cool about it [my training].”

Joseph (Gender: Male, Age: 25, BMI: 25.7, YIC: 8): “There’s a Facebook group going on with coaches. . . . It’s like, hey, the goal is to workout four times a week. Here’s the workout for the week. You gotta [sic] post saying you [did] it. So it’s an accountability group amongst other people.”

Terry (Gender: Male, Age: 52, BMI: 21.9, YIC: 20): “[I] have a great support group in my family. My wife, I support her health goals and so we have kind of a mutual respect in what we’re trying to do and I’m fortunate to be kind of

the captain of my own ship. . . . It's the culture I create . . . and it's always been a healthy lifestyle.”

Martin (Gender: Male, Age: 69, BMI: 30.5, YIC: 41): “Not only have I told my wife [my goals], but I've told people on the team as well. It's telling other people and that puts not only self-pressure on you, but you start to get support from other people as well.”

Edward (Gender: Male, Age: 37, BMI: 28.6, YIC: 9): “I've got a good support system, good support system from my team and at home and my parents are really awesome.”

Social – Negative

One of the findings deals with the negative influence a coach's social life can have in maintaining their health and well-being goals.

Sara (Gender: Female, Age: 55, BMI: 30.9, YIC: 32): “Support, there's none.”

Joseph (Gender: Male, Age: 25, BMI: 25.7, YIC: 8): “I would say my support group is minimal where I'm at because I'm with a couple coaches that are very overweight and they drink like fish. I go out with them and I don't partake as much as they do, but I feel the pressure to go do it because it's my superior and make sure I kiss the right people and all that and so I don't have much support.”

Theme Nine: Reasons for Coaching

Coaches got into the profession for many different reasons. Not a single coach from these focus groups mentioned that they initially set out to become a coach. It was not a chosen career path and did not seem to be something they actively thought about doing during their high school or college days.

Throughout these findings, many coaching challenges have been presented. Something that counteracts all of that is how passionate the coaches spoke about their love for what they do. This theme will explore: Coaching was not first career choice and Coaching for the love of it.

Coaching Was Not First Career Choice

A few coaches mentioned how coaching was not their first career choice or how they were pursuing other activities when a coaching opportunity arose.

Michael (Gender: Male, Age: 37, BMI: 28.4, YIC: 13): “Just sort of fell into the job. It was offered to me and I’ve been coaching ever since, so that’s it.”

Justin (Gender: Male, Age: 70, BMI: 31.9, YIC: 46): “I really wasn’t looking to do it for a career. It was just something that went along with [the] agreement with [the school], for me to help out and get my tuition paid. Tried to stay away from swimming and coaching as much as possible, like the plague actually, because my family was all in it.”

Larry (Gender: Male, Age: 32, BMI: 24.8, YIC: 8): “It wasn’t what I thought I would do.”

Brandon (Gender: Male, Age: 37, BMI: 25.8, YIC: 17): “I was gonna teach and we moved . . . and [a team] had a job open and they didn’t have a teaching job so I started coaching and then here I am, still doing it.”

Andrew (Gender: Male, Age: 54, BMI: 25.0, YIC: 31): “I got into coaching as a total accident.”

Nicole explained how she went to school in order to become a music teacher but ended up in swim coaching.

Nicole (Gender: Female, Age: 58, BMI: 27.4, YIC: 30): “I have my degree in music education and I used to do private lessons and stuff but I just loved being in the aquatics world and coaching.”

Coaching For the Love of It

A large amount of discussion was centered on how much the coaches love coaching. It seems in today’s day and age, many people just work to get a paycheck. This does not seem to ring true with swim coaches. They agreed with each other profusely that coaching was not about the money or the stress or the struggles. Coaches coach because they love it.

Lawrence (Gender: Male, Age: 63, BMI: 27.3, YIC: 27): “I’ve never had a day in my coaching career where I didn’t look forward to going to work.”

Justin (Gender: Male, Age: 70, BMI: 31.9, YIC: 46): “It’s a fun profession, it really is . . . and we’re just the luckiest people in the world because we don’t work for a living. . . . I fell in love with it.”

Terry (Gender: Male, Age: 52, BMI: 21.9, YIC: 20): “Ya [sic] know, on some level it’s probably because I feel like I didn’t fulfill my own potential as an athlete and wanted to help others fulfill their potential and probably my greatest joy or my most satisfaction is when we do create the goal and reach that goal and just the thrill of obtaining a new barrier and breaking through it.”

Jeremy (Gender: Male, Age: 28, BMI: 33.5, YIC: 10): “Then as it grew I had so much fun, still do, started loving it and that’s what I wanted to do.”

Paula (Gender: Female, Age: 24, BMI: 28.0, YIC: 3): “I love it. This is the one place that I feel like I’m supposed to be here.”

Coaches expressed similar sentiments throughout the focus groups. When they told stories of their athletes, their faces lit up and you could see the passion and pure joy they have in helping their athletes. It is in stark contrast from literature on other occupations, which have concentrated on burnout and just doing a job because they are good at it, but not because they love it.

Theme Ten: Desire for Changes

The final finding was a desire for changes. This was a completely open-ended question that resulted in a variety of answers. Coaches expressed that there were many things that could be done in order to improve the sport, improve the quality of the coaches' lives, and to aid in fostering a more positive atmosphere for everyone involved.

Coaching/Parent Education & Health Counseling

Bruce, Michelle, and Martin recommended the addition of educational components for coaches and parents.

Bruce (Gender: Male, Age: 40, BMI: 33.4, YIC: 16): "I think there's a lot of information for athletes as to how to take care of themselves, like you look at USA Swimming and there's a ton of mental training, physical training, nutrition training, but not so much for the actual coaches. We're supposed to know but some of us just don't or some of us choose not to know. So we need coaches. Coaches need coaches. . . . I think counselors would be great, if each LSC [Local Swim Committee] had a couple counselors."

Michelle (Gender: Female, Age: 57, BMI: 27.5, YIC: 6): "I think it's just all education. It boils down to educating people."

Martin (Gender: Male, Age: 69, BMI: 30.5, YIC: 41): "Teaching coaches how to do this, how to tap into this, how to let go of that and that's one of the

things I do, mental training for success. . . . Who coaches the coaches? And that's what they need.”

Health Insurance Coverage

Health insurance coverage was a topic of interest during the discussion on changes that could be made in the coaching profession. A number of coaches explicitly said they wanted health insurance coverage or increased coverage. There were not details associated with these comments but a general agreement that this would be an ideal change for all coaches to have.

Culture Changes

A change in culture is something specific to an individual's environment and their experiences. While many were happy with the coaching culture they work in, others saw a benefit to adjusting the culture of their coaching environment.

Sara (Gender: Female, Age: 55, BMI: 30.9, YIC: 32): “I think organizations who hire coaches need to set standards for their coaches that when you travel to a meet you can't go out drinking that weekend.”

Brandon spoke of how the technology culture needs to change in order to improve the coaching profession and the sport.

Brandon (Gender: Male, Age: 37, BMI: 25.8, YIC: 17): “The more connected you are to that [technology], the less connected you are to yourself.”

Thomas (Gender: Male, Age: 31, BMI: 25.8, YIC: 12): “I think the parents have to appreciate the coach more. They have to, so that would be my ideal dream.”

Job Requirements

Changing job requirements placed a strain on Edward. He found a way to coach without having additional administrative duties.

Edward (Gender: Male, Age: 37, BMI: 28.6, YIC: 9): “Coaches need to just coach. . . . Like if there’s one thing that can be done for coaches, rather than just provide us these tools, coaches themselves have to find a better way to motivate people to do things for them. Do what you’re good at. Find somebody else to do the other stuff that you’re not good at or you don’t want to do.”

More Research

Along with a number of desired changes that coaches want, they also brought up a few different recommendations for research that they would be interested in learning about for their health and futures.

Personal Habits, Relationships, & Health

Drinking was brought up a few times and coaches were curious as to if drinking is increasing or decreasing in coaches or if there is a significant problem.

Johnny (Gender: Male, Age: 23, BMI: 23.7, YIC: 4): “I always wondered, some people would say that drinking is a bigger issue and this is going through much more in my head as being an athlete and being a college athlete, but I’ve always pondered the thoughts of us like, how much so . . . drinking can help with well-being? And I mean that in terms of aiding you to power down.”

Terry (Gender: Male, Age: 52, BMI: 21.9, YIC: 20): “I think it would be interesting to do some sort of research about alcohol use and abuse within the coaching ranks.”

Terry also wondered about divorce rates among swim coaches.

Terry (Gender: Male, Age: 52, BMI: 21.9, YIC: 20): “I think there’s been some work done on divorce rates . . . and I think it’s higher than the national average . . . and the national average is already close to 50%. . . . That’s an eye-opener and so that definitely plays into well-being.”

Andrew (Gender: Male, Age: 54, BMI: 25.0, YIC: 31): “I think it’s a known statistic and maybe I’m wrong, that professional swim coaches have one of the highest divorce rates.”

Health Spectrum

Information from the Sports Coaches Perceived Health Spectrum Sheet can be seen in the table below. The sheet contained ten items, each with their own fourteen-centimeter line. At one end it stated “worst case scenario” while the other ended stated “optimal case.” Coaches were instructed to make a vertical mark on the line where they felt they were in terms of the particular health topic. The potential score range was zero to fourteen. Reported are minimum, maximum, and average values. No additional statistics were done on this information as it is presented here as a reference for understanding the study sample. It also serves as a starting point for future discussions and studies on health and well-being.

Figure 5
Sports Coaches Perceived Health Spectrum

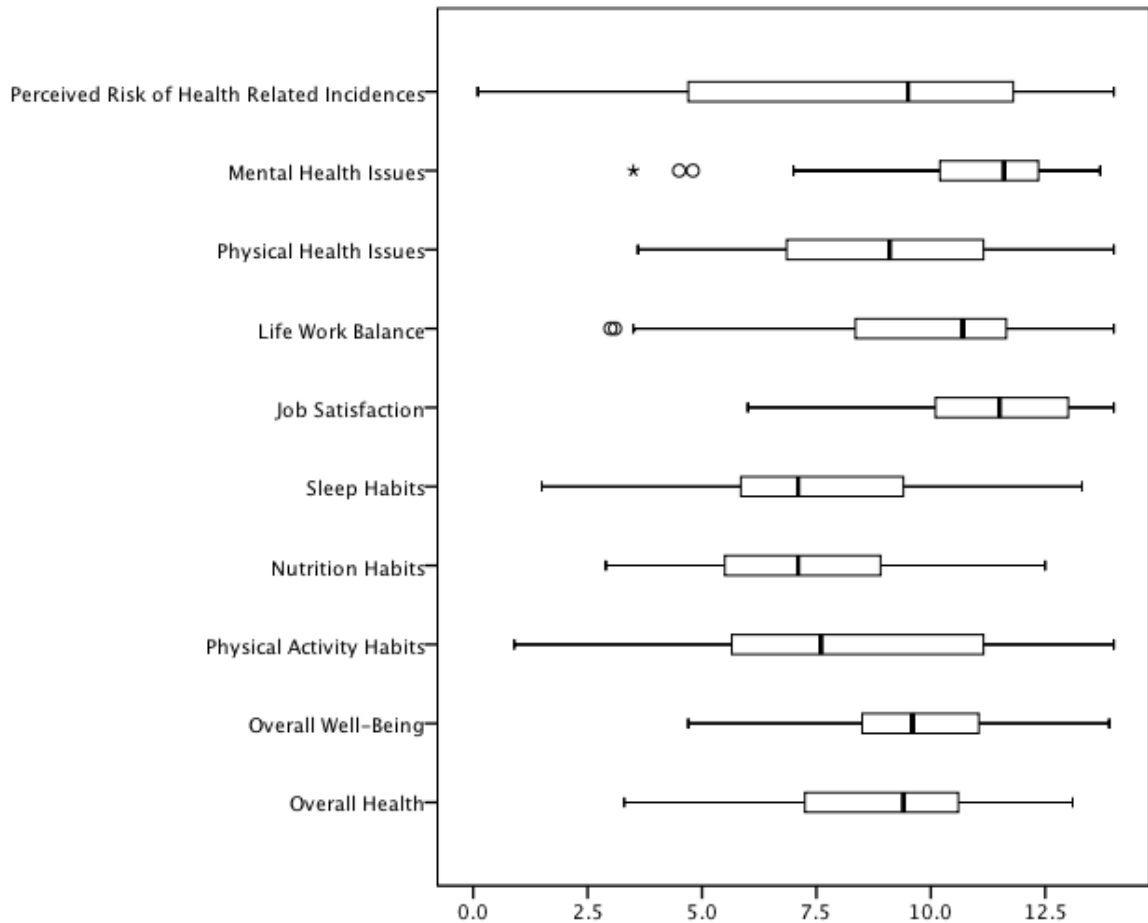


Figure 5 Sports Coaches Perceived Health Spectrum. This boxplot shows results from the ten-item health spectrum scale that ranges from 0 to 14. 0 expresses the worst-case scenario for the topic while 14 expresses the optimal case scenario for the topic. A small circle denotes an outlier (Interquartile Range x 1.5) and a star denotes an extreme outlier (Interquartile Range x 3).

Summary

The findings show a number of different important concepts, struggles, benefits, and desires that coaches perceive and have experienced throughout their professional careers and in their lives. Health and well-being definitions were expressed, as well as knowledge and awareness that coaches have about health topics. The benefit and downfall to being a former athlete in the coaching profession was discussed, along with the many challenges that coaches face on a daily basis. All of the coaches spoke of health correlates, positive or negative, that influence their health decisions. They also spoke of experiences with employer and social support. The overarching theme of the reasons for coaching was shown through multiple coaches explaining how much they love coaching and love the sport. The findings were concluded with ideas on where coaches would like to see changes and more research conducted.

CHAPTER V

DISCUSSION

The discussion surrounding the themes is included in this chapter. Many ideas are explored and a focus remains on the individual stories, perceptions, and experiences of the coaches. Discussion of the health spectrum responses and how these can tie in to the concepts presented in the research are given.

The essences of the participants' experiences are explained to ensure their stories are told as fully as possible. A discussion also takes place tying participant experiences back to the theories presented in the literature review: Theory of Planned Behavior and Role Theory. This discussion evaluates whether these particular theories could be a basis for future studies and how they frame the current data presented.

Recommendations for future research, both qualitative and quantitative, are presented. Finally, implications for practice give research-backed information that can be valuable in putting together future intervention and/or informational

programs for coaches, teams, governing bodies, and educators.

Additionally, the research is evaluated from the perspective of the research questions. Three research questions were presented at the onset of the study. Each question provides different insight into the coaching profession and helps to create a path to proceed with future research. The research questions guiding the study are:

- 1) How do swim coaches perceive their health and well-being?
- 2) What are the lived experiences of swim coaches pertaining to health and well-being?
- 3) If a coach was a former athlete, how are health and well-being experienced in coaching?

Themes

In dealing with this exploratory style of research, the discussion is focused around what coaches found to be important; although, this is not reflective of the coaching population as a whole nor does it seek to generalize this specific group of coaches.

Theme One: Health and Well-Being Definitions

While there are clear operational definitions of health and well-being in the academic literature, the majority of the general population does not rely on scholarly resources to get their information. Thus, it was important to ask the coaches about their interpretations of the terms from their perspective.

The most prominent component of the definition of health was the physical component. While some were unable to fully explore what the term physical meant, it was how they differentiated the term from well-being. Individuals were quick to mention nutrition and information received from doctors as part of their health as well. Not a single individual said that health and well-being were interchangeable. When you look at the definitions from the review of literature, some individual's definitions seem to blur the lines of health and well-being. These findings may lead one to conclude that some concepts that are abstract or seem to exist on a spectrum may need more attention in order for people to fully understand the definitions and components.

The coaches were comfortable in stating that well-being dealt with mental components, including balance and emotions. It was easy to conclude from the participants that they understood their well-being was subjective. Many coaches gave examples of how they not only realized the importance of their own well-being, but also their health. At the same time, conversations tended to evolve into the understanding that well-being and health are dependent on one another. This was expressed more in the older coaches than the younger coaches and

may be a product of life and/or coaching experience. The coaches that spoke at the focus groups seemed to truly understand the impact of having a good sense of well-being even though some stated explicitly that their well-being was not where they would like it to be.

The theme of health and well-being definitions opened the door for researchers to explore how to effectively teach individuals about their overall health and well-being when the personal definitions are so diverse. With these coaches in particular, it was observed that every single coach felt the immense importance of their health and well-being while also being an effective coach in the swimming world. The coaches acknowledged that they were not in ideal physical and/or mental shape and raised questions on the effect it was having on their personal health. Some described not realizing how badly they felt until they took some time off from coaching. Others mentioned how they coach better when they get their ideal amount of sleep, when they refrain from alcohol, or when they have a regular workout schedule. This begins to shape the idea that job performance may be malleable depending on personal health and well-being, though this would need further research in order to be validated or denied.

Theme Two: Knowledge and Awareness – Coaching and Health

Many coaches showed their knowledge or lack of knowledge and awareness about different topics that arise as coaches and as adults. In my reflective journal, I noted my surprise with the older coaches who expressed

struggling early in their coaching career purely due to their young age. The coaches expressed differing perspectives on whether being a younger coach was a positive or negative for one's health. On one hand, a younger coach is less likely to be a head coach and therefore have fewer responsibilities and hours to work. This led some to believe they had more control over stress levels, fitness levels, and overall well-being. On the other hand, some coaches expressed how hard it is to be taken seriously as a younger coach by others in the profession and also by the parents. This can lead to increased stress, pressure, and a sense of hopelessness, which can lead to adverse health outcomes.

Participants of this study represented varying levels of nutrition knowledge. It was interesting to hear some coaches express, very confidently, their opinions and beliefs about nutrition. Many expressed a desire to continue to learn about nutrition, both for themselves and their athletes, while others were satisfied with their current practices for nutrition on their own team. It was definitely a topic where coaches expressed a desire to seek outside sources to come in and help. There was no discussion on why the coaches wanted to bring in outside educators versus providing nutritional information to the athletes themselves. As will be discussed later in this chapter, a number of coaches felt a desire to have their own coach of sorts to help them with nutrition, fitness, and other components of health and well-being.

Coaches are well known for leaning on each other as resources and sounding boards. I found this to be true with the individuals that were present in the focus groups as well. Some of the top swim coaches come to the ASCA

World Clinic every year to give talks and share their struggles, along with their successes, in the profession of swim coaching. The coaches in the focus groups ranged from beginner to veteran and had just as vast a level of success within the coaching world. Yet, everyone was in agreement that some of the best things they have learned have come from informal interactions with other coaches. Head coaches mentor their younger coaches and two head coaches in particular took time to explain how they did not want their younger coaches to make the same mistakes they made as young coaches that led them to the point they are at today. This ranged from physical status, mental status, life choices, and relationship status. There was thoughtfulness in their words and the idea of mentorship and learning from older coaches mistakes should be used to dig deeper into the coaching world.

ASCA is known for its coaching education and many coaches spend hours every season working through courses and workbooks related to swim coaching including foundations of coaching, stroke technique, physiology of training, leadership, business administration, and many other topics. The implications and directions for the future will explore more in depth the idea that just as much education needs to go into how an individual can best take care of themselves as a member of the coaching profession. As a group of individuals that relies heavily on each other, an insider's guide to health for coaches could be a very beneficial piece of work.

Theme Three: Former Athletes

Much research has already been conducted on National Collegiate Athletic Association (NCAA) athletes retiring from their sport and trying to find a new sense of self or a direction outside of sports (Fuller, 2014; Reifsteck, Gill, & Brooks, 2013). While that remains a very important component of the athlete to non-athlete transition, I believe it is more important to look at those critical post-athletics years for new coaches who have mentioned this “steady decline” that occurs. Only two or three coaches mentioned a seamless transition out of sports (at any level). This creates an opportunity to study exemplars of the post-athlete transition and identify best practices for others to utilize.

Coaches mentioned that there has been a change in the times where an increased importance has been placed on fitness, nutrition, and health compared to when they were growing up and starting their careers. Younger coaches have also mentioned this steady decline in physical health with causes ranging from lack of time to lack of motivation to lack of knowing how to workout without being told what to do. There seems to be some indifference among the younger coaches in the focus groups where they understand what they are currently doing is having an adverse effect on their health, yet they are not actively doing anything to prevent or maintain the current level of decline.

A coaches mentoring program would serve as an interesting idea. It is a concept that I have been thinking about during this entire research project. Athletes spend a significant amount of time being held accountable to decisions,

actions, and performances. While I have only spoken with a small number of coaches, I am led to think that having a trained group of coaching mentors for new, up and coming coaches could be of great benefit to the entire profession. This is especially true given that many swim clubs are independent entities without the infrastructure to provide training for new coaches. It is really up to each individual coach to figure it out. Accountability is an amazing thing and could help give the new coach a person to talk to who has been in their position and can provide that support system that the individual may have lost since leaving athletics.

Theme Four: Coaching Challenges

Coaching challenges were a reason coaches believed their health and/or well-being was currently being negatively affected, had been negatively affected in the past, or could affect them negatively in the future. One roadblock was finances. Participants said that it is expensive to eat healthy when on a budget and healthy food choices are limited. Some young coaches are leaving the sport to pursue higher paying careers even though their passion may be rooted in coaching. Like some of the coaches who participated in the focus groups, they may also have to take on another job in order to make ends meet. This makes way for added stress, poor food choices, and possibly other adverse health and well-being outcomes.

Coaches may have families or lifestyles that are not compatible with their coaching salary. Many coaches work over forty hours a week on a regular basis and while coaching may be their passion, teams may not have the funds available to provide the coach a salary that is equivalent to the work being done. Owning and/or renting a pool is an expensive endeavor and takes up a large percentage of a swim team's budget. Many different factors go into determining a coach's salary and it was seen with the coaches in the focus groups that salary was an important component to making health decisions.

Along with the information from the knowledge and awareness theme, it was also seen that education could be a coaching challenge. Coaches can feel motivation or pressure to gain more education on health topics. It is also important for coaches to understand how the mental side of the sport can affect their health and well-being. The individuals in the focus groups had varying levels of knowledge and education on health. All of the information provided was from self-reported data through the pre-screener, demographics sheet, health spectrum sheet, or in the focus group, and that provides valuable information for how coaches perceive their own health and well-being.

Along those same lines, it can be seen that coaches have a hard time stepping away from their work and truly enjoying their free time or protecting the personal time that they have created for themselves. Swim coaches do not work the traditional Monday through Friday, 8:00am-5:00pm work schedule. Errands, workouts, family time, and other responsibilities must be worked around practices, e-mails, phone calls, swim meets, and any additional work

responsibilities that are constantly changing and can start in the early hours of the morning and last until late into the night. This starts to put pressure on an individual's work/life balance. Coping mechanisms must be in place in order to regain the balance with little to no disruption. Due to the large amount of time that swim coaches spend on a pool deck, they seem to have trouble avoiding swimming responsibilities during their off hours.

Very few coaches used the word stress throughout their description of their experiences with their health and the coaching profession. Rather, they described situations that are hard or challenging to deal with and provide key ways they deal with those things. Coaches seem to understand that dealing with parents will be a stressful activity and that parents' expectations have changed. Parents are much more involved than they were in the past. Coaches mentioned losing sleep due to parent phone calls/e-mails/texts late at night, being stressed when not at work due to parents' comments or conversations, and/or having to work extra hours in order to make time for all of the parents who want to have a meeting with the coach. These themes begin to paint a picture of an ever-changing work environment that leaves a coach in a limbo situation almost all the time. Working in an environment where a lot of issues can arise on any given day is not unique to swim coaching. However, due to early start times and late end times there is limited ability to protect personal boundaries as communication must be given to members of the team, such as if the pool is closed due to storms or mechanical issues. This opens the door for twenty-four hours a day communication to the coach and can lead to the coach never disconnecting from

work, causing a shift in the work/life balance. Coaches must also be able to adjust their personal schedules to be gone for three to five days for swim meets, which may be out of town. Other last minute changes may arise dealing with illness or injury and there may not be anyone else available to coach the athletes.

It has been seen time and again that general structure is helpful in maintaining goals. All of these coaching challenges can place weight on those goals and possibly hinder progress. These coaches have expressed a sincere desire for help. They understand they are in need of a change in order to achieve their goals.

Theme Five: Health Correlates

Throughout the focus groups, coaches mentioned a number of things that they felt had an impact on their health and well-being. Also, the research team made decisions based on the individual's stories that resulted in making that connection between health and a decision and/or activity. Often times a participant would tell a story about a topic and the research team was able to identify a specific health behavior or concept that they were describing. While the participant may not have mentioned this behavior or concept outright, it was easily seen by the research team when reviewing the transcripts. This allowed the research team to try to understand the story of the participant from their point of view and their perspective. It is important in phenomenological research to try

to make sense of a participant's world-view and how their experiences have shaped their thoughts. This may come from stories or comments or basic answers to questions, and they help create the picture of how the participant thinks and acts. The health correlates that were seen were both positive and negative. It can be observed that the individuals who had the most positive health correlates and the least negative health correlates were those who found an alternative activity after their competitive swimming careers ended. The individuals participating in this research study had an appreciation for their competitive drives and also had many other healthy habits that they contributed to their continued success in athletic endeavors. These personal internal motivations tie in to the critical transition of athletes to their non-athlete status. Teams, communities, and companies have the opportunity to take better care of this unique population as they move into a new phase of life beyond sport competition. This stage can be crucial in setting up healthy habits that continue through adulthood.

Every coach within the current sample had goals. This may be a holdover from their competitive careers, but it may also be a result of helping their own athletes with goal setting. This encourages positive health behaviors and also can add accountability (Dishman, Vandenberg, Motl, Willson, & DeJoy, 2010). Coaches can use the same mindset in setting their own goals by examining their health behaviors and finding someone to be accountable to for their goals. The conscious benefits the coach perceives from optimal health and well-being as well as the explicit barriers stated by the coach should be mixed with those

benefits and barriers that are not often thought of by the general population, such as location, socioeconomic status, education levels, among others. These benefits and barriers should be considered when developing personal goals.

While the coaches have acknowledged a process of steady decline in physical and/or mental health, there also needs to be a discussion on what role aging could possibly play in the process. This was evidenced by the comments of a few coaches who expressed that losing weight is harder because they are older or that they have different health problems now due to their age or that things just do not work like they use to when they were younger. This natural physical decline may not seem like it is of a great deal of importance until one considers the unique nature of coaching. It is a profession that rarely consists of long blocks of sedentary time sitting at a desk for eight hours a day. Coaching involves walking, moving, lifting, and other physical movements, often times in hot and humid environment, which makes it a more active occupation than those spent sitting at a desk. Ideally, the positive health correlates believed to be gained from a career in swim coaching would help in protecting the body so as to decrease or slow any age-related declines in health.

Coaches have to worry on a daily basis about the air quality of the facilities that their team uses. Is there a negative long-term effect from breathing in air that causes coughing and/or breathing problems? How does this impact health? Listening to the stories and experiences of coaches has helped to develop these questions and made air quality a top concern for coaches in regards to their health and well-being. There are task forces in place to examine

how the air quality in aquatics centers change. Researching the literature related to miners, pesticide farmers, fertilizer workers, and other careers that deal with a compromised air quality environment would provide insight into how relatable the air quality challenges are to coaches.

Coaches identified a number of physical activity barriers. These barriers revolved mostly around injuries and time. While there is little anyone can do once an injury happens, besides following doctor's protocols, there is much one can do to try and prevent injuries. Preventive exercises are becoming more important today with athletes (Bittencourt, Weschenfelder, Leite, Goncalves, Freire, & Mendonca, 2017; Grygorowicz, Lubiowski, Witold, & Romanowski, 2014) and coaches could personally benefit from them as well.

Stress is the final significant component of the health correlates theme. As an interesting fact, the word stress was only used thirty-two times throughout all of the transcripts. Many coaches described stressful situations and would use other phrases that could be interpreted to mean stress, but very few ever correlated coaching to the stress they were describing. It is in this one perception that coaching separates itself from many other professions. Coaches take an alternative view to the stressful situations that encompass their coaching profession. They choose to focus on the positive aspects of their profession and view the hard and stressful aspects as just normal occurrences. Coaches exchanged their stories of parent stress, work stress, and other stressful situations with laughter and relatable nods of their heads. It would appear that there is a common understanding of the stress level involved in swim coaching,

so as a group it appears to have minimized the experience of stress. Their passion and love for coaching outweighs the stressful situations. A large-scale evaluation of coaches related to stress could provide very valuable information on the coaching profession, similar to studies that have already been conducted on other groups within a population (Murphy, 1996; Pearlin, Schieman, Fazio, & Meersman, 2005).

Theme Six: Motivation for Health and Well-Being

A discussion surrounding coaches' motivations to maintain ideal health and well-being was inevitable. It was easy to identify where a coach fell within the stages of change. Identifying that point was a starting position for the researchers in understanding the participants' experiences. It also aided in revealing if the participant's perception differed from their reality. One coach would have set goals and possess a lot of internal motivation while another, sedentary coach would talk about the possibility of starting to work out in a year. Yet another coach would explain that he works out once every other week when he feels like doing it. Motivation is a big determinant in achieving one's goals, which is a key construct of the theory of attribution (Weiner, 2010). Social and employer support, which will be discussed later in the chapter, are also connected with motivation.

I think it is imperative at this point to bring up an idea about these former athletes (all of the coaches except for one was a former athlete). The demeanor

of the coaches changed when they spoke of their fitness and abilities from their competitive athletic days. They were smiling, laughing, and often times, sighing, at the ease in which they kept in good shape and at the obliviousness they had to what was proper health at the time. In contrast, when they spoke of their current goals, most but not all spoke with a very matter of fact tone and without emotion. The same joy was not as apparent as it was with their reminiscence of their former athlete days. The clear difference in tone when remembering the past compared to speaking of the present state is something that would have been almost impossible to capture with a large-scale quantitative survey.

Theme Seven: Healthy Eating Barriers

An important discussion focused on the barriers to healthy eating. By now, health researchers understand the importance of nutrition for both mental and physical health and well-being. There is research on food deserts, food choices, financial limitations to buying healthy foods, organic vs. non-organic, and a lot of other topics related to nutrition and health (Monsivais, Aggarwal, & Drewnowski, 2014; Pridgeon & Whitehead, 2013; Rao, Afshin, Singh, & Mozaffarian, 2013). Coaches are placed in a unique position with regards to nutrition and dietary eating habits. Although coaches are adults who can prepare their own meals, they often work in environments where they are at the mercy of whatever food is available at swim meet hospitality. At large swim meets food choices are extremely limited. Swim team hosts have a limited swim meet hospitality budget

which often leads to food that is cheap, easy to cook and store, and unhealthy. If a coach is on deck all day they must select food that is available within the facility. While it may be possible for a coach to bring a cooler of healthier food options to the meet or for parents to bring food to the coach, the complex nature of the swim meet and the environment of the swim facility make it very difficult to sustain such a behavior.

Swim meet food is typically carbohydrate heavy, along with many treats and soft drinks. Coaches attempt to find a balance between eating the healthiest options that are available and also maintaining energy to work a fourteen-hour day on a hot and humid pool deck. Coaches expressed the draining effects that hot pool decks have on their energy. Often times, coaches reach for the coffee pot or nearest soft drink for that extra boost to get them through the afternoon meet session.

Coaches also face nutrition challenges outside of the swim meets as practice will often span across two traditional meal times, breakfast and dinner. Coaches mentioned stopping for fast food at the end of the day due to time constraints and/or not having the energy to cook after a long night on the pool deck. Some coaches will eat an on-the-go snack on the pool deck during a workout and have to adjust to a “new normal” in regards to meal times. The financial expense of eating healthy is also a barrier that has been discussed previously. One has to keep in mind that swim teams are also a business so money is an issue on both sides. The coaches will need guidance but they also

will need a little help from those that put on the swim meets. Healthy options need to be made available for the coaches.

Theme Eight: Social and Employer Support

An objective evaluation of social and employer support is something that could be developed and implemented in a way that protects both the employer and employee while also providing useful information on how support is perceived by both sides. Each employee has different expectations, beliefs, and perceptions about their employer and the level of support the employer provides. That being said, the coaches were open about the level of support they feel they have from employers and social contacts. There were many changes that were suggested but also specific comments of praise for the things employers did well. I think the focus of any conversation on support should deal with the concept of perception. An individual's perception creates their reality and can influence their motivations and feelings towards their employer/social contacts and towards their goals (Hamar, Coberley, Pope, & Rula, 2015). If a coach does not feel supported in their job, that perception is their reality. At the same time, if a coach feels that they have good positive support from their employer, that is also their reality. Both perceptions are real and correct to the individual that feels or does not feel the support they desire even though their perception may not be accurate.

Any interventions or programming that involves support needs to start at the level of understanding the employee's feelings about the support they

perceive they have from their employer. The coaches brought forward many specific examples that illustrated their perspectives related to their employer and social support. Some coaches have plenty of time to workout during their workday and their employer provides access to workout facilities and incentives to reinforce physical activity behavior. Within my own reflective journal I wrote about the expectation that most coaches would not feel this high level of support due to the independent nature of their jobs. I felt it would be unusual to have a wellness program in place that was more typical of a large corporation rather than a smaller swim team. It was important for me to recognize I held these beliefs to ensure that it did not sway the questions that were asked or change how I perceived the coaches' stories. The coaches provided detailed information about what is accessible to them and how that influences their health and well-being. Overall, the coaches had more positive comments about their employer support than negative.

Social support took many different forms within each coach's life, ranging from friends to family members to co-workers. Although a few individuals expressed they were lacking in any type of social support, many presented information about the people in their life that keep them going during the hard days. Coaching is a unique and diverse profession and, as with any individual, each coach will require and desire different levels of support. It seems that coaches would benefit from an individualized support plan that helps them identify key people they can go to for their different support needs, while also

helping coaches decrease contact with individuals who may be a negative influence in their life.

Theme Nine: Reasons for Coaching

A very prevalent theme that emerged was each individual's reason for coaching. So many statements were made that dealt with pressure, parents, time constraints, family strain, among others, but always had a qualifier along the lines of "but I love what I do." Coach after coach spoke of how the kids they coach meant everything to them, how they can handle the struggles because of how much they love being at the pool, how they are passionate about the sport, and about how they cannot imagine doing anything else. It is amazing what these coaches have gone through and it has not swayed their thoughts towards continuing with coaching. From everything I heard during the focus groups, it seems that most coaches would be comfortable saying they put the swimmer's or team's needs before their own on a regular basis and not because the coaches do not value their own health and well-being, but because of how passionate they are about helping their swimmers, teams, and others around them.

For as much as the coaches described their love for what they do, the underlying sentiment was that their athletes are their top priority. It is not clear whether the coaches would openly say this or if it is something that is easier seen from the outside.

It was observed that almost all of the coaches spoke of how coaching was not their first career choice. At the beginning of the focus groups a few basic demographic questions were asked as an ice-breaker, which is common in qualitative research in order to develop rapport among the participants. What was meant to be an introduction turned into an unexpected finding. Only one coach said that coaching was in the family line and was not surprised that they became a coach, but it was not the initial plan to become a coach. Every coach who discussed how they got into coaching had no initial plans to become a swim coach. Discovery of coaching as their career path happened for various reasons. The coaches spoke of how their college degrees were in subjects unrelated to coaching. They spoke about how they got a graduate assistant position with a college team. The coaches were looking for a job, a local team had an opening, and they thought it would be a temporary thing until they found a job related to their degree.

It would appear that we have an entire group of people who did not intend on becoming a coach until they, at first unknowingly, found a lifelong profession with something they love. Many college students get a sense of what their future jobs will be through courses and internships. At the end of four years there is an idea of what direction their career is headed. While there are many people who go into jobs outside of their degree, the gap from a college degree to learning the ropes of being a swim coach may be a large jump. I believe it is common knowledge that just because an individual is good at doing something, does not mean they will be good at teaching it to others. Just because an individual is

good at swimming does not mean the individual will be good at coaching. They might be good at coaching, but there is a chance that the learning curve is very steep and may not be overcome. Mentorship becomes an important piece of a young coach's path. The young coach's path should be lined with learning tools and information to guide them and give them the underlying strength to stay on a healthy track throughout their career.

Theme Ten: Desire for Changes

It became apparent that the coaches had a lot of suggested changes to improve the profession. I found it interesting that during this discussion coaches tended to look at the changes they would like to see with the entire swim coaching profession rather than only thinking of the changes that would immediately benefit themselves, their team, or their LSC. Many ideas were somewhat expected, such as having better pool hours and more lane space. Swimming pools are notorious for being overcrowded before and after school while being much emptier during the day. This is a harder change to tackle, as it requires either more facilities or having the facility management rework how the lanes are allocated. There was a lot of discussion on health insurance coverage. It was unclear to the coaches if USA Swimming provided coverage; some coaches believed they did while others did not. Some coaches had health care coverage from their teams while others did not, even though they may have had the exact same job title and responsibilities. The muddled conversations on

health insurance means coaches need more information sent their way on the options available to those in the profession. Coaches should be presented with this information so they can make educated choice on their health insurance options.

The change that involved the widest range of comments dealt with culture. Coaches spoke about the culture within their own club, within their state, and within the sport as a whole. It was not specific to any one thing. There was talk about wanting a less competitive environment, wanting higher standards for coaches, wanting more respect and appreciation from parents, wanting a more competitive environment, and topics on health behaviors. The coaches are from different areas and have different backgrounds. This influences how they see the sport of swimming and how they approach their own coaching process. Coaches may have a desire to change the current culture of their swim club or desire to change the culture on a larger scale based on the experiences they have had with the sport.

Coaches suggested increasing research on a number of topics. The most prevalent were drinking habits among coaches, social relationships, and marriage/divorce rates. Alcohol consumption and abuse among specific groups of people have been heavily studied, ranging everywhere from firefighters to race to age-related research (Dawson, Goldstein, Sasha, & Grant, 2015; Piazza-Gardner, Barry, Chaney, Dodd, Weiler, & Delisle, 2014; Stahre, 2014; White, Castle, Chen, Shirley, Roach, & Hingson, 2015). Coaches, because of their unique work environment, can be another population that undergoes a study on

alcohol consumption and abuse. With every swim meet, brings together groups of coaches and social events before and after swim meet sessions. Along with swim meets, there are conferences and clinics where it is common practice to go for drinks when socializing with other coaches. As one coach stated, there is pressure to go out and drink in order to keep up with appearances and stay on the good side of coaches who are higher up than he is. This provides a unique environment where alcohol could be consumed by an individual who does not necessarily want to drink or does not want to drink as much as the others around him or her. I believe that an increased amount of drinking would apply to many coaches during times when a lot of coaches are in one place, such as during clinics, after swim meets, and during conferences. It would also be interesting to see which teams had rules in place about consuming alcohol while on a team-related trip and whether these had a significant impact on the coach's drinking behavior.

The coaches expressed concern about the high rate of divorce in the sport. None of them were familiar with specific statistics, just general guesses based on anecdotal observation, but others in the group agreed that it is a problem. They also wondered if they would be one of the ones affected down the line. The schedule, time demands, stress, and pressure can have a negative impact on relationship status.

Health Spectrum

The health spectrum was provided to participants to aid in the discussion of important concepts. The minimums, maximums, and averages were reported for informational purposes only. The difference between minimum and maximum of all ten components were vast. There were no preconceived notions on what these health spectrum sheets would reveal. It is possible that upon studying the swim coaching population, a spectrum of health could be developed. It has the potential to reveal if there is a perceived struggle of work/life balance, perceived risk of health related issues, or other components. It also could corroborate the ideas expressed by the coaches that they coach because they love it, despite the challenges and hardships. I think developing a full-scale health spectrum evaluation could provide very beneficial information.

Discussion of Research Questions

The research questions are thoroughly discussed throughout the ten themes presented in this chapter. Swim coaches perceive their health and well-being as something of importance but at varying levels of implementation to maintain or improve. The twenty-three swim coaches provided detailed accounts of what health and well-being looks like in their life. There was a range of descriptions and no two experiences were identical. It reinforced the need for this type of qualitative research in order to understand the vast number of salient

topics related to health and well-being for swim coaches. An overwhelming number of coaches stated their health has been on a steady decline since completing competitive athletics. Additionally, every coach had slightly different definitions of health and slightly different definitions of well-being. Any future research that implies a definition of health and a definition of well-being needs to be aware of the subjective nature of these definitions. An operational definition should be presented to individuals at the beginning of any survey, educational class, flyer, or presentation. I also believe that this research highlights the importance of diverse, multidimensional programming, as no two people will need the same thing in regards to their health and well-being.

Listening to the former athletes talk about transitions, decline of physical shape, and desire to fill the hole that competitive athletics once did, it is easy to see how the coaches could evaluate themselves more harshly because of the previous high level of physical shape they once possessed. More research needs to be done to understand the health and well-being benefits and risks associated with former athletes that specifically end up in coaching careers.

Discussion of Theories

Theory of Planned Behavior

Participant behavior can also be understood when evaluating his/her comments through the lens of the Theory of Planned Behavior. Many coaches mentioned their attitudes towards healthy behaviors, they mentioned their health status relative to what they believe is normal, and they expressed how much control they felt they had over their environment and ability to change. Some coaches expressed indifference to changing any health behaviors due to their priorities. The reason for including any discussion on the theory of planned behavior is because the researcher believed that the components would be brought up during the focus groups and thus the theory helped inform the focus group questions. Questions were asked in order to understand health behaviors, beliefs, abilities, and knowledge, all of which are important components to the theory of planned behavior. A coach's beliefs and perceptions are critical to their success in the coaching profession.

When looking at the themes in relation to the theory of planned behavior, a number of them show potential associations. The motivation for health and well-being theme encompassed many attitudes toward health behaviors. Coaches expressed a wide range of motivations that exposed their attitude towards achieving the desired goal. This was also seen in the healthy eating barriers theme. Coaches were able to describe their barriers and how they felt

about them. Coaches expressed wishing there were more healthy options but also recognized their need for energy throughout the day so other unhealthy options were attractive to them. This also exposed the component within the theory of planned behavior dealing with social norms. The participants expressed how normal it was to have unhealthy food present at swim meets and also to see coaches and others eating and drinking unhealthy items or in unhealthy portions. When combining a participant's attitude toward a health behavior along with the social norms it contributes to intention. The other component of this is the perceived behavioral control. Coaches expressed varying levels of perceived ability to control their nutrition choices, both during coaching hours and outside of coaching hours. All of these combine to determine what behavior actually happens within an individual.

When examining the theme of social and employer support, the theory of planned behavior can also be connected. A few coaches spoke of high employer and social support where the social norms were to take time for physical activity and well-being. They had positive experiences and attitudes towards achieving their optimal health and well-being and expressed that it made it easier to want to achieve these goals and therefore they executed the behaviors that led them achieving their goals. Alternatively, those who felt little social and employer support did not express as much positivity in attitude and experiences. These individuals also stated different norms and perceived behavioral control that led to difficulty in executing the behaviors necessary for achieving their optimal health and well-being.

Another theme where theory of planned behavior can be connected is with the former athletes, their transition, and their steady decline. The participants were on varying levels of their post-athletic life and this seemed to be mostly reflected through age. The younger coaches did not have the same attitudes and perceived norms as the older coaches but many coaches of all ages expressed indifference. The younger coaches expressed indifference to dealing with the start of their steady decline, while the older coaches expressed indifference in changing habits due to the demands of the coaching profession. Others were in a good spot with their athlete to non-athlete transition and had a good balance of attitudes and intentions. There is strong evidence supporting the alignment with the theory of planned behavior, as was seen in many different themes where coaches expressed awareness of their attitudes, the norms of the coaching profession and their perceived behavior control over achieving their optimal health and well-being.

Role Theory

Originally, the primary researcher believed that role theory would come into play during the conversations with coaches. While some coaches mentioned multiple roles, few explicitly said there was a conflict within those roles. The most common phrase associated with components of role theory was work/life balance. The roles ranged from coach to parent to friend to co-worker and everything in between. The coaches did not talk about a struggle of their identity

of the roles but did acknowledge an occasional stressor with regards to spending time with significant others, children, and friends.

Limitations

The researcher is aware that limitations exist within the current study. The biggest being that the primary researcher is deeply involved in the world of swim coaching. This was remedied by having the primary researcher complete a reflective journal throughout the process to acknowledge any preconceived notions or biases that might exist. The neutral questions provided a way to engage with the participants without imposing any personal bias. Questions were evaluated to ensure neutrality. One other limitation is the use of focus groups rather than individual interviews. Individual interviews would have provided similar in-depth stories and experiences of the participant, and would have taken away the potential influence of other coaches' comments. At the same time, it would have required significantly more time to meet with each individual compared to focus groups. The ASCA World Clinic is held during a short time period, which would have made it very difficult to conduct twenty-three individual interviews. While there are clear benefits to utilizing individual interviews, there are also multiple benefits to using focus groups, especially in this population. Focus groups were conducted to take advantage of the large number and variety of coaches who would be available during the limited time of the conference.

Coaching is a profession that is very open to information sharing and to discussing issues. I believe that focus groups allowed the participants to interact and have meaningful discussions on health and well-being topics.

Additionally, though this study is not meant to be representative of the coaching population, the primary researcher believes it is necessary to acknowledge the snapshot nature of the sampling. It was a convenience sample without purposeful sorting of the groups or recruiting based on important features. Having focus groups of individuals who were sorted by a particular feature (such as age, gender, or experience) may have changed the content of the discussion. Had the focus groups been sorted by gender, role conflict may or may not have been a more salient discussion among coaches. Also, this study as with other studies on active coaches, was not able to take into account coaches who have left the profession.

Recommendations for Future Research

The primary researcher believes next steps should include the creation of a large-scale survey to send out to coaches in all sports based on the qualitative data collected in this study as well as the current literature available on coaches. It is important to take salient topics from qualitative research and apply it in a quantitative way in order to make generalizations and recommendations for the future. Interventions and programming can be developed from these studies in

order to improve the health and well-being of all sports coaches. More research needs to be conducted both in the field of swim coaching and in other sports coaching with the goal of helping individuals learn how to reach their optimal health and optimal well-being states.

One area for future research involves the concept that coaching was not the first career choice of these coaches. It may be possible that these individuals who end up on such a different path from their original plan have to initially push aside their health and well-being in order to get the necessary foundation in the coaching profession. This may contribute to the steady decline that coaches have felt since they were athletes. A theory could also be explored on if coaches are even aware of the steady decline as it is happening (if it is happening). It may be that the decline is so slight that it is not realized until much later. Almost all of the coaches from the focus groups were former athletes and that needs to be taken into consideration in future studies and program design. The discussion around former athletes leads to wondering if a former athlete is at a higher risk than the general population for cardiovascular events if they lower the amount of physical activity from their athlete days (Batista & Soares, 2013). Developing a wide-scale health spectrum to determine things such as if a non-athlete who maintains the same general weight and body type throughout their life would possibly be at a lower risk for cardiac events than an athlete who went from high levels of physical activity to only meeting the recommended minimum amount of physical activity. These are all important thoughts stemming from conversations among the coaches in the focus groups.

Healthy eating barriers along with many coaching challenges also need further exploration. The barriers to coaches eating healthy are numerous and complex which makes this area a prime target for more research and an opportunity for future intervention. Future research could establish the general food content that is provided at swim meets to give a glimpse of if healthy food options are actually available and/or if coaches are taking advantage of the options provided. Having coaches fill out information on their perception of food provided at swim meets could provide additional valuable information. This could also create a path for a target program dealing with improving the quality of food and/or education provided to coaches in regards to nutrition.

Another recommendation for future research includes developing an employee wellness program that is viable in a small team setting. A few coaches spoke about how beneficial their employee wellness program was but acknowledged the difficulty of implementing such a program in a different setting. Research related to necessary employee wellness could also create a coaches' health and well-being personal evaluation packet to start those important conversations between coaches and their employers about how to best facilitate each individual coach's health and well-being goals and how, in turn, that can help the employer.

The primary researcher recommends continued research on the impact air quality has on a coach's health. This was brought up by almost all of the swim coaches from the focus groups and many other sports may also experience air

quality issues. It is worth examining more in depth in order to determine next steps.

The primary researcher also recommends the examination of coaches' perspectives on behaviors. This includes many things such as sleep, drinking, social relationships, marriage/divorce, and a coach's behavioral response to stress. It is also important to understand the priorities of a coach. Health and well-being may not be high enough on some coaches priority list to make any substantial changes. Other coaches may place health and well-being at the top of their priority list. Both situations were seen in the coaches who participated in the focus groups. Along with this, personality profiles may be an insightful component to any future research on coaches. It may reveal if an individual is capable of handling the stressors and semi-structured environment that comes along with a coaching career. Instruments have been developed to use for pre-employment to help understand how an individual may thrive or struggle within a given occupation (Goffin et al., 2011). This information can be helpful to those considering going into the coaching profession as well as those who are looking to hire coaches.

Implications for Practice

Since this was a qualitative study exploring experiences, thoughts, and perceptions of swim coaches, it would be premature to recommend large-scale

programs based on the participant comments from this study. The overarching message is that coaches are aware of health and well-being challenges due to their profession, at least in the case of the twenty-three individuals that spent their time in the focus groups. Local swim teams, local swim committees, national governing bodies, and educators can use this information to develop their own studies, commission other studies, and to help advance the body of knowledge on health and well-being in sports coaches.

Conclusion

The health and well-being of swim coaches remains an important topic to explore in future research. Coaches expressed varying definitions for health and well-being along with the knowledge they have on health-related topics. Swim coaches addressed the difficult transitions they faced coming out of competitive athletics and the steady decline they have felt physically since then. A number of issues were identified as having a negative impact on their health and well-being: finances, education, not knowing how to use free time for non-work activities, parents, stress, work/life balance, among others. Additionally, individuals' motivations for achieving optimal health and well-being were discussed. Many barriers to healthy eating were found in the swim meet structure, work schedules, convenience of unhealthy food choices, and the financial strain of choosing healthy foods over unhealthy foods.

It was evident that the coaches had varying levels of social support as well as employer support. That appeared to play a role in how the coaches experienced their health and well-being within their coaching. On one hand, when they had positive employer support the coaches felt that their health and well-being goals were of importance to the employer and they expressed enjoying having that time or incentive available to them. On the other hand, those who felt they were lacking in employer or social support felt more isolated in their health and well-being goals. The coaches spoke of many changes they would like to see within the profession that may help improve their health and well-being in the future, including counseling, education, and insurance. Ultimately, coaches spoke of all of these things in the context of doing it for the love of the sport. The coaches are truly passionate about what they do and the impact that they have on the swimmers that they coach, but as it was eloquently put by one of the participants, “Who coaches the coaches?” It is time the research invests in sports coaches’ health and well-being because they have devoted so much time and energy to shape the individuals they coach. Any current swimmer could possibly become a coach after their athletic careers and it would be great to make a positive change towards optimal health and well-being for those who will lead the sport in the future.

REFERENCES

- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179-211.
- Ajzen, I. (1985). From intentions to actions: A theory of planned behavior. In *Action Control* (pp. 11-39). Springer Berlin Heidelberg.
- Altfeld, S., & Kellman, M. (2013). Burnout in coaches. In B. R. Doolittle (Ed.), *Psychology of burnout: New Research* (pp.193-207). New York. Nova Science Publishers, Inc.
- Asztalos, M., Wijndaele, K., Bourdeaudhuij, I. D., Philippaerts, R., Matton, L., Duvigneaud, N., . . . Cardon, G. (2009). Specific associations between types of physical activity and components of mental health. *Journal of Science and Medicine in Sport*, 12, 468-474.
- Backmand, H., Kujala, U., Sarna, S., & Kaprio, J. (2010). Former Athletes' Health-Related Lifestyle Behaviours and Self-Rated Health in Late Adulthood. *International Journal of Sports Medicine*, 31, 751-758.
- Barnett, R. C., & Marshall, N. (1993). Men, Family-Role Quality, Job-Role Quality, and Physical Health. *Health Psychology*, 12(1), 48-55.

- Batista, C., & Soares, J. M. (2013). Are former elite athletes more protected against metabolic syndrome? *Journal of Cardiology*, *61*, 440-445.
- Bentzen, M., Lemyre, P. N., & Kentta, G. (2016). Development of exhaustion for high-performance coaches in association with workload and motivation: A person-centered approach. *Psychology of Sport and Exercise*, *22*, 10-19.
- Biddle, B. J. (1986). Recent development in role theory. *Annual review of sociology*, 67-92.
- Bittencourt, N., Weschenfelder, M., Leite, M., Goncalves, G., Freire, R., & Mendonca, L. (2017). The effect of preventive program in decreasing injury incidence in gymnastic athletes. *British Journal of Sports Medicine*, *51*(4), 297.
- Bopp, T., Wigley, B. J., & Eddosary, M. (2015). Job and Life Satisfaction: The Perspective of Collegiate Head Coaches. *International Journal of Sports Science & Coaching*, *10*(6), 1025-1037.
- Bradford, S. H., & Keshock, C. M. (2009). Female Coaches and Job Stress: A Review of the Literature. *College Student Journal*, *43*(1), 196-199.
- Brock, C., & Barbeito, G. (2014). *Touch the Wall* [Motion Picture]. United States.
- Brocki, J. M., & Wearden, A. J. (2006). A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology and health*, *21*(1), 87-108.

- Callary, B., Rathwell, S., & Young, B. W. (2015). Insights on the process of using interpretive phenomenological analysis in a sport coaching research project. *The Qualitative Report*, 20(2), 63-75.
- Carlson, D. S., Kacmar, K. M., Wayne, J. H., & Grzywacz, J. G. (2006). Measuring the positive side of the work-family interface: Development and validation of a work-family enrichment scale. *Journal of Vocational Behavior*, 68, 131-164.
- CDC: Well-Being Concepts. (2016). Retrieved July 20, 2016, from <http://www.cdc.gov/hrqol/wellbeing.htm#three>
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. Sage.
- Crombie, I. K., Irvine, L., Williams, B., McGinnis, A. R., Slane, P. W., Alder, E. M., & McMurdo, M. E. T. (2004). Why older people do not participate in leisure time physical activity: a survey of activity levels, beliefs and deterrents. *Age and Ageing*, 33, 287-292.
- Daalen, G. v., Willemsen, T. M., Sanders, K., & Veldhoven, M. J. P. M. v. (2009). Emotional exhaustion and mental health problems among employees doing "people work": the impact of job demands, job resources and family-to-work conflict. *International Archives of Occupational and Environmental Health*, 82, 291-303.

- Danna, & Griffin. (1999). Health and well-being in the workplace: A review and synthesis of the literature. *Journal of Management*, 25(3), 357-384.
- Dawson, D. A., Goldstein, R. B., Saha, T. D., & Grant, B. F. (2015). Changes in alcohol consumption: United States, 2001–2002 to 2012–2013. *Drug and alcohol dependence*, 148, 56-61.
- Dishman, R., Vandenberg, R., Motl, R., Wilson, M., & DeJoy, D. (2010). Dose relations between goal setting, theory-based correlates of goal setting and increases in physical activity during a workplace trial. *Health Education Research*, 25(4), 620-631.
- Dixon, M. A., & Bruening, J. E. (2005). Perspectives on Work-Family Conflict in Sport: An Integrated Approach. *Sport Management Review*, 8, 227-253.
- Dubois, P. E. (1980). The occupational attainment of former college athletes: A comparative study. *International Review of Sport Sociology*, 15 (2), 93-107.
- Fletcher, D., & Scott, M., (2010). Psychological stress in sports coaches: A review of concepts, research, and practice, *Journal of Sports Sciences*, 28 (2), 127-137.
- Fogel, S., Calman, L., & Magrini, D. (2012). Lesbians' and Bisexual Women's Definition of Health. *Journal of Homosexuality*, 59(6), 851-863.
- Frey, M. (2007). College Coaches' Experiences with Stress - "Problem Solvers" Have Problems, Too. *The Sport Psychologist*, 21, 38-57.

- Fuller, R. (2014). Transition Experiences out of Intercollegiate Athletics: A Meta-Synthesis. *The Qualitative Report*, 19(46), 1-15.
- Garatachea, N., Santos-Lozano, A., Sanchis-Gomar, F., Fiuza-Luces, C., Pareja-Galeano, H., Emanuele, E., & Lucia, A. (2014). Elite Athletes Live Longer Than the General Population: A Meta-Analysis. *Mayo Clinic Proceedings*, 89(9), 1195-1200.
- Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.). (2008). *Health behavior and health education: theory, research, and practice*. John Wiley & Sons.
- Goffin, Rothstein, Rieder, Poole, Krajewski, Powell, . . . Mestdagh. (2011). Choosing job-related personality traits: Developing valid personality-oriented job analysis. *Personality and Individual Differences*, 51(5), 646-651.
- Gomez-Gallego, F., Ruiz, J. R., Buxens, A., Altmae, S., Artieda, M., Santiago, C., . . . Lucia, A. (2010). Are elite endurance athletes genetically predisposed to lower disease risk? *Physiological Genomics*, 41(1), 82-90.
- Goode, W. (1960). A theory on role strain. *American Sociological Review*, 25, 483-496.
- Graham, J. A., & Dixon, M. A. (2014). Coaching Fathers in Conflict: A Review of the Tensions Surrounding the Work-Family Interface. *Journal of Sport Management*, 28, 447-456.

- Gregory, S. T., & Menser, T. (2015). Burnout Among Primary Care Physicians: A Test of the Areas of Worklife Model. *Journal of Healthcare Management, 60*(2), 133-149.
- Grygorowicz, M., Lubiowski, P., Witold, D., & Romanowski, L. (2014). Absolute and relative outcomes of shoulder injury prevention programs in non-injured overhead athletes – a systematic literature review. *British Journal of Sports Medicine, 48*(7), 603.
- Guskiewicz, K., Marshall, S., Bailes, J., Mccrea, M., Harding, H., Matthews, A., ... Cantu, R. (2007). Recurrent concussion and risk of depression in retired professional football players. *Medicine and Science in Sports and Exercise, 39*(6), 903-909.
- Guskiewicz, K. M., Marshall, S. W., Bailes, J., McCrea, M., Cantu, R. C., Randolph, C., & Jordan, B. D. (2005). Association between recurrent concussion and late-life cognitive impairment in retired professional football players. *Neurosurgery, 57*(4), 719-726.
- Habersaat, S. A., Geiger, A. M., Abdellaoui, S., & Wolf, J. M. (2015). Health in police officers: Role of risk factor clusters and police divisions. *Social Science & Medicine, 143*, 213-222.

- Hamar, B., Coberley, C., Pope, J. E., & Rula, E. Y. (2015). Well-being improvement in a midsize employer: changes in well-being, productivity, health risk, and perceived employer support after implementation of a well-being improvement strategy. *Journal of Occupational and Environmental Medicine, 57*(4), 367-373.
- Harari, G., Green, M. S., & Zelber-Sagi, S. (2015). Combined association of occupational and leisure-time physical activity with all-cause and coronary heart disease mortality among a cohort of men followed-up for 22 years. *Occupational and Environmental Medicine, 72*(9), 617-624.
- Henderson, D. J., Olbrecht, A., & Polachek, S. W. (2006). Do Former College Athletes Earn More at Work? A Nonparametric Assessment. *The Journal of Human Resources, XLI*(3), 558-577.
- Hjalm, S., Kentta, G., Hassmen, P., & Gustafsson, H. (2007). Burnout among elite soccer coaches. *Journal of Sport Behavior, 30*, 415-427.
- Hollembek, J., & Amorose, A. J. (2005). Perceived coaching behaviors and college athletes' intrinsic motivation: A test of self-determination theory. *Journal of applied sport psychology, 17*(1), 20-36.
- Holland, D. W. (2008). Work Addiction: Costs and Solutions for Individuals, Relationships and Organizations. *Journal of Workplace Behavioral Health, 22*(4), 1-15.

How much physical activity do adults need? (2015). Retrieved July 20, 2016,
from <http://www.cdc.gov/physicalactivity/basics/adults/index.htm>

Jahoda, M. (1958). *Current concepts of positive mental health*. New York: Basic Books.

Kamphoff, C. S. (2010). Bargaining With Patriarchy: Former Female Coaches' Experiences and Their Decision to Leave Collegiate Coaching. *Research Quarterly for Exercise and Sport*, 81(3), 360-372.

Kavussanu, M., Boardley, I. D., Jutkiewicz, N., Vincent, S., & Ring, C. (2008). Coaching efficacy and coaching effectiveness: Examining their predictors and comparing coaches' and athletes' reports. *The Sport Psychologist*, 22(4), 383-404.

Kerr, Z. Y., DeFreese, J. D., & Marshall, S. W. (2014). Current Physical and Mental Health of Former Collegiate Athletes. *The Orthopaedic Journal of Sports Medicine*, 2(8), 1-9.

Kivimaki, M., Nyberg, S. T., Fransson, E. I., Heikkila, K., Alfredsson, L., Casini, A., . . . Batty, G. D. (2013). Associations of job strain and lifestyle risk factors with risk of coronary artery disease: a meta-analysis of individual participant data. *Canadian Medical Association Journal*, 185(9), 763-769.

- Kochanek, K. D., Murphy, S. L., & Xu, J. (2015). Deaths: Final data for 2011. *National Vital Statistics Reports : From the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System*, 63(3), 1.
- Kochanek, K. D., Xu, J., Murphy, S. L., Miniño, A. M., & Kung, H. C. (2011). Deaths: final data for 2009. *National vital statistics reports: from the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System*, 60(3), 1-116.
- Kofoworola, O. H., & Alayode, A. M. (2012). Strategies for Managing Stress for Optimal Job Performance. *International Journal of Psychological Studies*, 4(2), 162-168.
- Krause, N., Brand, R., Arah, O., & Kauhanen, J. (2015). Occupational physical activity and 20-year incidence of acute myocardial infarction: Results from the Kuopio Ischemic Heart Disease Risk Factor Study. *Scandinavian Journal of Work, Environment & Health*, 41(2), 124-39.
- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, 3(2), 102-120.
- Levy, S. & Guttman, L. (1975). On the multivariate structure of wellbeing. *Social Indicators Research*, 2, 361-388.

- Lumpkin, K., & Anshel, M. H. (2012). Work Addiction Among Intercollegiate Sports Coaches. *Journal of Sport Behavior*, 35(4), 406-432.
- Lundkvist, E., Gustafsson, H., Hjälml, S., & Hassmén, P. (2012). An interpretative phenomenological analysis of burnout and recovery in elite soccer coaches. *Qualitative Research in Sport, Exercise and Health*, 4(3), 400-419.
- Madsen, S. R., John, C. R., & Miller, D. (2005). Work-Family Conflict and Health: A Study of Workplace, Psychological, and Behavioral Correlates. *Journal of Behavioral and Applied Management*, 6(3), 225-247.
- Matejkovic, E. M. (1983). *Marital satisfaction of football coaches' wives as a function of their husbands' coaching stress, strain and involvement*. (Doctoral Dissertation).
- Mazerolle, S. M., Bruening, J. E., Casa, D. J., & Burton, L. J. (2008). Work-Family Conflict, Part II: Job and Life Satisfaction in National Collegiate Athletic Association Division I-A Certified Athletic Trainers. *Journal of Athletic Training*, 43(5), 513-522.
- Mccraty, R., Atkinson, M., & Tomasino, D. (2003). Impact of a workplace stress reduction program on blood pressure and emotional health in hypertensive employees. *Journal of Alternative and Complementary Medicine (New York, N.Y.)*, 9(3), 355-69.

- Monsivais, P., Aggarwal, A., & Drewnowski, A. (2014). Time spent on home food preparation and indicators of healthy eating. *American journal of preventive medicine*, 47(6), 796-802.
- Moustakas, C. (1994). *Phenomenological research methods*. Sage Publications.
- Murphy, L. R. (1996). Stress management in work settings: a critical review of the health effects. *American Journal of Health Promotion*, 11(2), 112-135.
- Olusoga, P., Butt, J., Hays, K., & Maynard, I. (2009). Stress in Elite Sports Coaching: Identifying Stressors. *Journal of Applied Sport Psychology*, 21(4), 442-459.
- Palmer, M., Larkin, M., de Visser, R., & Fadden, G. (2010). Developing an interpretative phenomenological approach to focus group data. *Qualitative Research in Psychology*, 7(2), 99-121.
- Pearlin, L. I., Schieman, S., Fazio, E. M., & Meersman, S. C. (2005). Stress, health, and the life course: Some conceptual perspectives. *Journal of Health and Social Behavior*, 46(2), 205-219.
- Pelliccia, A., Maron, B. J., De Luca, R., Di Paolo, F. M., Spataro, A., & Culasso, F. (2002). Remodeling of Left Ventricular Hypertrophy in Elite Athletes After Long-Term Deconditioning. *Circulation: Journal of the American Heart Association*, 944-949.

- Piazza-Gardner, A. K., Barry, A. E., Chaney, E., Dodd, V., Weiler, R., & Delisle, A. (2014). Covariates of alcohol consumption among career firefighters. *Occupational Medicine*.
- Pihl, E., & Jurimae, T. (2001). Relationships between body weight change and cardiovascular disease risk factors in male former athletes. *International Journal of Obesity*, 25, 1057-1062.
- Pihl, E., Zilmer, K., Kullisaar, T., Kairane, C., Pulges, A., & Zilmer, M. (2003). High-sensitive C-reactive protein level and oxidative stress-related status in former athletes in relation to traditional cardiovascular risk factors. *Atherosclerosis*, 171, 321-326.
- Pridgeon, A., & Whitehead, K. (2013). A qualitative study to investigate the drivers and barriers to healthy eating in two public sector workplaces. *Journal of Human Nutrition and Dietetics*, 26(1), 85-95.
- Rao, M., Afshin, A., Singh, G., & Mozaffarian, D. (2013). Do healthier foods and diet patterns cost more than less healthy options? A systematic review and meta-analysis. *British Medical Journal*, 3(12).
- Reid, K., Flowers, P., & Larkin, M. (2005). Exploring lived experience. *Psychologist*, 18(1), 20-23.
- Reifsteck, E., Gill, D., & Brooks, D. (2013). The relationship between athletic identity and physical activity among former college athletes. *Athletic Insight*, 5(3), 271-284.

- Roger, V. L., Go, A. S., Lloyd-Jones, D. M., Benjamin, E. J., Berry, J. D., Borden, W. B., ... & Fullerton, H. J. (2012). Heart disease and stroke statistics—2012 update a report from the American heart association. *Circulation*, *125*(1), 2-220.
- Ruddock-Hudson, M., & Knights, S. (2014). Stressed at work? But we love the game: Experiences of Australian Football League coaches. *Journal of Science and Medicine in Sport*.
- Russo, M., Shteigman, A., & Carmeli, A. (2016). Workplace and family support and work-life balance: Implications for individual psychological availability and energy at work. *The Journal of Positive Psychology*, *11*(2), 173-188.
- Salmon, P. (2001). Effects of Physical Exercise on Anxiety, Depression, and Sensitivity to Stress: A Unifying Theory. *Clinical Psychology Review*, *21*(1), 33-61.
- Schnall, P. L., Landsbergis, P. A., & Baker, D. (1994). Job strain and cardiovascular disease. *Annual review of public health*, *15*(1), 381-411.
- Serbu, J. (1997). Effect of college athletic participation on later life satisfaction and job satisfaction. *College Student Journal*, *31*, 261-271.
- Shanafelt, T. D., Hasan, O., Dyrbye, L., Sinsky, C., Satele, D., Sloan, J., & West, C. P. (2015). Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014. *Mayo Clinic Proceedings*, *90*(12), 1600-1613.

- Shilton, T., Sparks, M., Mcqueen, D., Lamarre, M., & Jackson, S. (2011).
Proposal for new definition of health. *British Medical Journal*, 343.
- Simon, J. E., & Docherty, C. L. (2014). Current Health-Related Quality of Life Is
Lower in Former Division I Collegiate Athletes Than in Non-Collegiate
Athletes. *The American Journal of Sports Medicine*, 42, 423-429.
- Smith, J. A. (2011). Evaluating the contribution of interpretative
phenomenological analysis. *Health psychology review*, 5(1), 9-27.
- Smith, J.A. (2004). Reflecting on the development of interpretative
phenomenological analysis and its contribution to qualitative research in
psychology. *Qualitative Research in Psychology*, 1, 39-54.
- Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using
interpretative phenomenological analysis in health psychology.
Psychology and Health, 11(2), 261-271.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). Interpretative phenomenological
analysis: theory, method, and research. Los Angeles: SAGE.
- Smith, J. A., Flowers, P., & Osborn, M. (1997). Interpretative phenomenological
analysis and the psychology of health and illness. *Material discourses of
health and illness*, 68-91.
- Smith, R. E., Smoll, F. L., & Cumming, S. P. (2007). Effects of a motivational
climate intervention for coaches on young athletes' sport performance
anxiety. *Journal of sport and exercise psychology*, 29(1), 39.

- Smith, S., Makrides, L., Schryer Lebel, F., Allt, J., Montgomerie, D., Farquharson, J., ... & Szpilfogel, C. (2012). The Healthy Lifeworks Project: the role of organisational health in the personal health of employees. *International Journal of Workplace Health Management*, 5(3), 194-209.
- Stahre, M. (2014). Contribution of excessive alcohol consumption to deaths and years of potential life lost in the United States. *Preventing chronic disease*, 11.
- Stebbing, J., & Taylor, I. M. (2016). 12 Definitions and correlates of coach psychological well-and ill-being. *The Psychology of Sports Coaching: Research and Practice*, 170.
- Stebbing, J., Taylor, I. M., & Spray, C. M. (2015). The relationship between psychological well- and ill-being, and perceived autonomy supportive and controlling interpersonal styles: A longitudinal study of sport coaches. *Psychology of Sport and Exercise*, 19, 42-49.
- Thelwell, R. C., Wagstaff, C. R., Rayner, A., Chapman, M., & Barker, J. (2016). Exploring athletes' perceptions of coach stress in elite sport environments. *Journal of sports sciences*, 1-12.
- Turner, A., Barlow, J., & Ilbery, B. (2002). Play hurt, live hurt: Living with and managing osteoarthritis from the perspective of ex-professional footballers. *Journal of Health Psychology*, 7, 285-301.

- Vealey, R. S., Udry, E. M., Zimmerman, V., & Soliday, J. (1992). Intrapersonal and Situational Predictors of Coaching Burnout. *Journal of Sport & Exercise Psychology, 14*, 40-58.
- Veldhoven, M. J. P. M. v., & Beijer, S. E. (2012). Workload, Work-to-Family Conflict, and Health: Gender Differences and the Influence of Private Life Context. *Journal of Social Issues, 68*(4), 665-683.
- Weiner, B. (2010). The development of an attribution-based theory of motivation: A history of ideas. *Educational psychologist, 45*(1), 28-36.
- What can the interscholastic athletic directors do to promote work-life balance among sport coaches? (2014). *Journal of Physical Education, Recreation & Dance, 85*(1), 52-54.
- White, A., Castle, I. J. P., Chen, C. M., Shirley, M., Roach, D., & Hingson, R. (2015). Converging patterns of alcohol use and related outcomes among females and males in the United States, 2002 to 2012. *Alcoholism: clinical and experimental research, 39*(9), 1712-1726.
- Wijndaele, K., Matton, L., Duvigneaud, N., Lefevre, J., Bourdeaudhuij, I. D., Duquet, W., . . . Philippaerts, R. M. (2007). Association between leisure time physical activity and stress, social support and coping: A cluster-analytical approach. *Psychology of Sport and Exercise, 8*, 425-440.

World Health Organization International. (2006). *Constitution of the World Health Organization—Basic Documents*, 45th ed. [Suppl.]. Retrieved from http://www.who.int/governance/eb/who_constitution_en.pdf

Xu, F., Mawakomatanda, T., Flegel, D., et al. Surveillance for certain health behaviors among states and selected local areas – behavioral risk factor surveillance system, United States, 2011. *MMWR Surveillance Summaries*; 2014; 63(9): 1-149.

Young, K., White, P., & McTeer, W. (1994). Body Talk: Male Athletes Reflect on Sport, Injury, and Pain. *Sociology of Sport Journal*, 11, 175-194.

APPENDICES

Appendix A
IRB Approval Form

Oklahoma State University Institutional Review Board

Date: Wednesday, August 31, 2016
IRB Application No ED16132
Proposal Title: The health and well-being of sports coaches: An interpretative Phenomenological Analysis of swim coaches
Reviewed and Processed as: Exempt

Status Recommended by Reviewer(s): Approved Protocol Expires: 8/24/2019

Principal Investigator(s):

Kristal Kezbers

Randolph Hubach

Bridget Miller

433 Willard

427 Willard

Stillwater, OK 74078

Stillwater, OK 74078

Stillwater, OK 74078

The IRB application referenced above has been approved. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in section 45 CFR 46.

The final versions of any printed recruitment, consent and assent documents bearing the IRB approval stamp are attached to this letter. These are the versions that must be used during the study.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be submitted with the appropriate signatures for IRB approval. Protocol modifications requiring approval may include changes to the title, PI advisor, funding status or sponsor, subject population composition or size, recruitment, inclusion/exclusion criteria, research site, research procedures and consent/assent process or forms
2. Submit a request for continuation if the study extends beyond the approval period. This continuation must receive IRB review and approval before the research can continue.
3. Report any adverse events to the IRB Chair promptly. Adverse events are those which are unanticipated and impact the subjects during the course of the research; and
4. Notify the IRB office in writing when your research project is complete.

Please note that approved protocols are subject to monitoring by the IRB and that the IRB office has the authority to inspect research records associated with this protocol at any time. If you have questions about the IRB procedures or need any assistance from the Board, please contact Dawnett Watkins 219 Scott Hall (phone: 405-744-5700, dawnett.watkins@okstate.edu).

Sincerely,



Hugh Crethar, Chair
Institutional Review Board

Appendix B
Participant Recruitment E-mail

Survey request: coach health and well-being

1 message

ASCA <ascainfo@swimmingcoach.org>

Krista Kezbers, a graduate student at Oklahoma State University, invites you to participate in an online survey, and an in- person focus group about the health and well-being of swim coaches. Her study aims to understand the experiences and perceptions of swim coaches as it pertains to their health and well-being. She is conducting this study as part of requirements for a Ph.D. at Oklahoma State.

All focus groups will be conducted next week during the 2016 ASCA World Clinic in Fort Lauderdale, Florida at the Marriott Harbor Beach (conference hotel).

Please click the link below to take the survey. At the end of the survey, if you are interested in participating in the focus group, please select the box and I will contact you about participation.

Survey Link: [Swim Coaches Survey](#) If you have any questions, please contact me at krista.kezbers@okstate.edu Thank you and have a great day! Krista Kezbers

American Swimming Coaches Association, 5101 NW 21st Avenue, Suite 530, Fort Lauderdale, FL 33309

Appendix C
Focus Group Pre-Screener Consent Form

INFORMED CONSENT DOCUMENT (PHASE 1-PRESCREEN)

IRB STUDY # ED16132

OKLAHOMA STATE UNIVERSITY STUDY INFORMATION SHEET & INFORMED
CONSENT

HEALTH & WELL-BEING OF SWIM COACHES PREFERENCES PRESCREENING

You are invited to participate in a prescreening measure for participation in a research study looking at experiences and perceptions of health and well-being in swim coaches. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

The study is being conducted by Krista Kezbers, PhD Candidate, MEd, and colleagues in the Health and Human Performance Department at Oklahoma State University.

PRESCREENING PURPOSE

The purpose of this prescreening measure is to ensure individuals meeting research criteria are identified and willing to participate in a 60-75 minute focus group.

PROCEDURES FOR THE STUDY:

If you agree to be in the study, you will do the following things:

You will be completing an online questionnaire that is estimated to take 5 minutes of your time. If you meet qualifications, you will receive an email requesting that you schedule a time with the interviewer to participate in a focus group. Some of the questions in this study will ask about coaching background, health, well-being, and physical activity. You will be allowed to use a pseudonym instead of your real name if you prefer.

RISKS OF PARTICIPATION

There are no risks that are anticipated from your participation in the study. Some of the questions may make you feel uncomfortable, but you are free to decline to answer any questions you do not wish to answer or stop participation in the study.

BENEFITS OF PARTICIPATION

The anticipated benefit of participation is to provide insight into experiences and perceptions of health and well-being in swim coaches.

CONFIDENTIALITY

This study includes an audio-recorded focus groups; as such the records of this study will be kept private. Research records will be stored on a password-protected computer in a locked room and only researchers and individuals responsible for research oversight will have access to the records.

Note that Qualtrics has specific privacy policies of their own. If you have concerns you should consult this service directly. Qualtrics' privacy statement is provided at: <http://qualtrics.com/privacy-statement>.

PAYMENT

There is no payment for the prescreening measure. If you are invited to participate in the focus group, you can choose to receive one \$10 gift card.

CONTACTS FOR QUESTIONS OR PROBLEMS

For questions about the study, contact the researcher, Krista Kezbers, PhD Candidate, MEd, at krista.kezbers@okstate.edu.

For questions about your rights as a research participant or to discuss problems, complaints or concerns about a research study, or to obtain information, or offer input, contact the IRB Office at 223 Scott Hall, Stillwater, OK 74078, 405-744-3377 or irb@okstate.edu

VOLUNTARY NATURE OF STUDY

Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which you are entitled. Your decision whether or not to participate in this study will not affect your current or future relations with Oklahoma State University.

CONSENT DOCUMENTATION:

I have been fully informed about the procedures listed here. I am aware of what I will be asked to do and of the benefits of my participation. I also understand the following statements:

I affirm that I am 18 years of age or older:

Yes

No

I have read and fully understand this consent form. I hereby give permission for my participation in this study.

Yes

No

Signature of Participant (typed)

Date

Appendix D
Focus Group Pre-Screener

Pre-Screen Survey

1. Where do you currently coach (city, state, country)?
2. How many years have you been coaching and what is your background/experience in coaching?
3. If you are a former athlete, what is your previous competitive experience (swimming and other sports)?
4. What comes to mind when you think about the health and well-being of swim coaches?
5. Are you interested in participating in a focus group during the 2016 ASCA World Clinic in Ft. Lauderdale, Florida?

Yes

No

Name: _____

Contact E-mail:

Appendix E

Focus Group Consent Form

ADULT CONSENT FORM
OKLAHOMA STATE UNIVERSITY

PROJECT TITLE: Health and Well-Being of Sports Coaches: An Interpretative Phenomenological Analysis of Swim Coaches

INVESTIGATORS: Krista Kezbers, Oklahoma State University
Suraj Vadhul Sivakumar, Barry University

PURPOSE:

This study will examine the lived experiences and perceptions of swim coaches in regards to their health and well-being. There is very little available on the health and well-being of swim coaches. The goal of this research is to develop important themes that are gathered from coaches' experiences and perception. For this research, you are being asked to participate because you fulfill the requirements of being a coach in the sport of swimming and a coach who is in attendance at the 2016 American Swim Coaches Association World Clinic. This research will be used to fulfill the requirements of Krista Kezbers' dissertation at Oklahoma State University.

PROCEDURES:

We will begin with going through this consent form. After the form is signed, the focus group will begin. The primary researcher will ask a number of questions pertaining to coaching and to health and well-being. The focus will be approximately 60-90 minutes in length. Any and all questions are voluntary and you do not have to answer any question if you do not want to answer. You are free to leave at any time during the focus group. This focus group will be recorded for accuracy of data collection. The second researcher that is present will be taking notes of the room setup, non-verbal cues, and aiding in the transcription process.

RISKS OF PARTICIPATION:

The only foreseeable risk associated with participation in this research study is possible distress if speaking about a topic of sensitive nature. In order to assist with the offset of this risk information about counseling services will be provided. If you experience any distress please contact Oklahoma State University Counseling Services at 405-744-5458.

BENEFITS OF PARTICIPATION:

There is a potential benefit of finding themes in common with other coaches that you were not aware of before this focus group. You will also benefit from being the participants that aid the swimming world in gaining new knowledge on important experiences that coaches have had in regards to health and well-being. If you are interested, we will send you a copy of the results of the study when it is finished.

CONFIDENTIALITY:

You will have the opportunity to use a pseudonym instead of your real name if you wish to stay anonymous. Due to the group setting of focus groups, confidentiality of comments cannot be entirely guaranteed. The researchers ask that you respect the privacy of the others in the focus group and keep all comments heard to confidential in order to protect the participants.

The records of this study will be kept private. Any written results will discuss group findings and will not include information that will identify you. Research records will be stored on a password protected computer in a locked office and only researchers and individuals responsible for research oversight will have access to the records.

Audio tapes will be transcribed and destroyed within one month after completion of the study.

Confidentiality will be maintained except under specified conditions required by law. For example, current Oklahoma law requires that any ongoing child abuse (including sexual abuse, physical abuse, and neglect) of a minor must be reported to state officials. In addition, if an individual reports that he/she intends to harm him/herself or others, legal and professional standards require that the individual must be kept from harm, even if confidentiality must be broken. Finally, confidentiality could be broken if materials from this study were subpoenaed by a court of law.

COMPENSATION:

You will receive a \$10 gift card for your participation in the focus group today.

CONTACTS:

You may contact any of the researchers at the following addresses and phone numbers, should you desire to discuss your participation in the study and/or request information about the results of the study: Krista Kezbers, (Potential) Ph.D. Candidate or Dr. Bridget Miller, Ph.D., Willard Hall, Dept. of Education, Oklahoma State University, Stillwater, OK 74078, (405) 744-7680. If you have questions about your rights as a research volunteer, you may contact the IRB Office at 223 Scott Hall, Stillwater, OK 74078, 405-744-3377 or irb@okstate.edu

PARTICIPANT RIGHTS:

I understand that my participation is voluntary, that there is no penalty for refusal to participate, and that I am free to withdraw my consent and participation in this project at any time, without penalty.

CONSENT DOCUMENTATION:

I have been fully informed about the procedures listed here. I am aware of what I will be asked to do and of the benefits of my participation. I also understand the following statements:

I affirm that I am 18 years of age or older.

I have read and fully understand this consent form. I sign it freely and voluntarily. A copy of this form will be given to me. I hereby give permission for my participation in this study.

Signature of Participant

Date

I certify that I have personally explained this document before requesting that the participant sign it.

Signature of Researcher

Date

Appendix F
Focus Group Protocol

Focus Group Protocol

Health and Well-Being of Sports Coaches: An Interpretative Phenomenological Analysis of Swim Coaches

Research Question #1: How do swim coaches perceive their health and well-being?

Interview Question 1: Would you please give me a summary of your coaching background and experience?

Interview Question 2: How did you make the choice to become a swim coach?

Interview Question 3: What is your definition of health?

Interview Question 4: What is your definition of well-being?

Interview Question 5: Would you please tell me about your physical activity habits?

Research Question #3: If a coach was a former athlete, how are health and well-being experienced in coaching?

Interview Question 6: What advice have you been given for maintaining your health and well-being after retiring from competitive sports?

Interview Question 7: Can you recall your health and well-being goals from when you were an athlete?

Interview Question 8: How do you feel your former athlete status plays a role in your health and well-being decisions today as a coach?

Research Question #2: What are the lived experiences of swim coaches pertaining to health and well-being?

Interview Question 9: Tell me about a time where you thought about your personal health and well-being as it relates to coaching?

Interview Question 10: What are your health and well-being goals?

Interview Question 11: What support do you have in achieving those goals, in your personal life and in coaching?

Interview Question 12: How have your health and well-being goals shaped your day-to-day schedule?

Interview Question 13: What changes would you make to the swim coaching profession, both at a club level and also as a whole, to help coaches achieve their health and well-being goals?

Interview Question 14: Has anyone or anything influenced your health and well-being decisions?

Interview Question 15: Looking at this spectrum of health (pass out paper), where do you think you are in the categories of overall health, overall well-being, physical activity, nutrition, sleep habits, job satisfaction, life/work balance, physical health issues, mental health issues, and risk for health-related issues. Talk about the decisions you made to determine where you put each aspect.

Appendix G
Focus Group Script

Focus Group Script

Hello and welcome to the focus group on the health and well-being of swim coaches. I appreciate you all taking time out of your day to spend it with us. My name is Krista Kezbers and I am a 4th year PhD student in Health and Human Performance at Oklahoma State University in Stillwater, Oklahoma. This is (introduce 2nd researcher).

This research is being used to fulfill the requirements of my dissertation and also for to gain valuable information about the experiences and perceptions of health and well-being in swim coaches. You all were selected as the target group because there is very little data involving the health and well-being of sports coaches, more specifically, swim coaches. This study has been approved by the Institutional Review Board at Oklahoma State University and by the American Swim Coaches Association. You are one of many groups meeting this week to discuss your different experiences.

All questions today are completely voluntary and there are no right or wrong answers to any of the questions. Please feel free to share you thoughts and opinions even if they are different from others. This focus group will be audio recorded. The audio recording will only be used for transcribing purposes. (2nd Researcher) will be here to take notes during the focus group to also help in transcribing audio files. It would be much appreciated if all of the coaches in the room silenced and put away their phones at this time. The focus group today will last between 60 and 75 minutes.

You also have the option to use your real name or a pseudonym today. We understand the nature of the coaching world is a close one and ask for your respect and confidentiality for the comments and thoughts made in this room today. There are sharpies and name cards on the table, please take one, choose a name for yourself, and please let me know if you have any questions.

I am going to pass out a “consent to participate” form to each of you. Please read and if you consent, sign it and hand it back to me. If anyone has any questions or needs me to read the consent form out loud for better understanding, I am happy to do so. It is important to note that complete confidentiality may not be maintained due to the nature of the focus group setting. You may choose to answer or not answer any question and are free to leave at any time if you so choose (collect forms once completed).

At this time we are going to fill out a demographic information sheet. This provides us with some general information and should only take a few minutes and then we will get started. I also have pens if anyone needs something to write with (collect forms once completed).

We are now going to begin.

Appendix H
Focus Group Demographics Sheet

Demographics Sheet

1. Name: _____

2. Age: _____ years

3. Gender: _____

4. Height: _____ feet, _____ inches

5. Weight: _____ pounds

6. What is the highest level of education you have attained:

Some High School High School Bachelor's Degree

Master's Degree Doctorate Degree

7. What state/country do you currently coach in?

8. How many years have you been coaching? _____

9. How long have you been with your current team? _____

10. Current Physical Activity Habits:

11. If you are a former athlete, how was your transition from athlete to non-athlete in regards to your health and well-being?

Appendix I
Sports Coaches Perceived Health Spectrum

Overall Health

Worst Case _____ Optimal

Overall Well-Being

Worst Case _____ Optimal

Physical Activity Habits

Worst Case _____ Optimal

Nutrition Habits

Worst Case _____ Optimal

Sleep Habits

Worst Case _____ Optimal

Job Satisfaction

Worst Case _____ Optimal

Life/Work Balance

Worst Case _____ Optimal

Physical Health Issues

Worst Case _____ Optimal

Mental Health Issues

Worst Case _____ Optimal

Perceived Risk of Health-Related Issues

Worst Case _____ Optimal

Appendix J
Themes and Codes List

THEMES/SUB-CODES	
COACHING WAS NOT FIRST CAREER CHOICE	COACHING CHALLENGES
COACHING KNOWLEDGE	Work/Life Balance
Medical/Exercise Science/Nutrition	Inability to Use Free Time
Resources	Financial
Age Positive	Stress
Age Negative	Parents
Experience as Parent	Athlete Entitlement
Experience as an Athlete	Roles
Mental/Emotional	Cognitive Dissonance
Desire for More Knowledge	Job vs. Profession
POSITIVE HEALTH CORRELATES	Health Education
Protecting Personal Time	Multiple Occupations
Employer Support	Athlete Development
Alternative Activities (post-collegiate)	MOTIVATION
Transition	Internal
Advice	External
Knowledge/Awareness	Lack
Goals	WELL-BEING
Athlete	Happiness & Peace
Current	Balance
Social Support	Mental/Emotional
Less Responsibilities	HEALTH
Self-efficacy	Social Relationships
Proper Nutrition	Physical
PA Facilitators	Mental
Substance Free	Regular Physical Activity
Regular Physical Activity	Well-rested
	Wake-up Call
	Beliefs
	Modeling
	Traditional Medical Measurements
	Fluid by Age
	Nutrition

THEMES/SUB-CODES	
NEGATIVE HEALTH CORRELATES	NO LONGER SWIMS
Lower Fitness	Burnout
Steady Decline	COACHING AS LIFESTYLE
PA (physical activity) Barriers	COACHING CHANGES
Poor Nutrition	More Research
Healthy Eating Barriers	Personal Habits and Health
Weight Gain	Relationships
Transition	Perception vs. Reality
Low Knowledge/Awareness	Indifferent
Indifference	Add/Positive
Priorities	Coaching Education
Past Behaviors	Parent Education
Low Energy	Increase Compensation
Sleep	Health Insurance Coverage
Stress	Promote Healthy Lifestyle
Social Pressure	Health Counseling
Social Support (lack of)	More Holistic Coaching
Employer Support (lack of)	Eliminate/Negative
HEALTH HISTORY	Win-at-all-costs coaching
Alcohol	Air Quality
Life Changes	Modification
Positive	Cost to Athlete
Negative	Employer Support
Past Non-sport PA Experience	Culture
HEALTH & WELL-BEING INTERCONNECTED CONCEPTS	Pool time/pool space
DEMOGRAPHICS	Job Requirements
Reasons for Coaching	
Coaching History	
Sport/Swimming Experience	
College Swimmer	
Scheduling	

VITA

Krista Marie Kezbers

Candidate for the Degree of

Doctor of Philosophy

Dissertation: THE HEALTH AND WELL-BEING OF SPORTS COACHES: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF SWIM COACHES

Major Field: Health and Human Performance

Biographical: Born July 22, 1985 in Bloomington, Minnesota to Annette Lenore Kezbers and John Ziedonis Kezbers

Education:

Completed the requirements for the Doctor of Philosophy/Education in Health and Human Performance at Oklahoma State University, Stillwater, Oklahoma in May, 2017.

Completed the requirements for the Master of Education in Exercise Physiology at University of Texas, City, Austin, Texas in 2009.

Completed the requirements for the Bachelor of Science in Kinesiology at University of Minnesota, Minneapolis, Minnesota in 2007.

Experience:

Graduate Research Assistant (Jan. 2014-May 2017)

Graduate Teaching Assignment (Fall 2016)

Oklahoma Central Zone Co-Head Coach (2015)

USA Swimming Central Zone Select Camp Assistant Coach (2014)

Oklahoma Christian School Head Swim Coach (2010-2016)

Extreme Aquatic Team Swim Coach (Sept. 2013-Oct. 2015)

Chesapeake Swim Club Coach (Sept. 2009-May 2012)

Professional Memberships:

American College of Sports Medicine

American Swim Coaches Association