

## Article

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## Title Page

# **Conceptualising the ‘whole university’ approach: an international qualitative study**

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## SUMMARY

Focusing on the conceptualisation of a whole university approach, this paper reports on an international qualitative study that explored vice-chancellors' and network members' understanding of and commitment to Health Promoting Universities, examined perspectives on leadership and investigated the Okanagan Charter's potential to catalyse whole university leadership and change. A multi-method qualitative approach was used: semi-structured interviews and focus groups were conducted face-to-face with vice-chancellors (n=12) and Health Promoting University co-ordinators who were members of the UK Healthy Universities Network (n=8); telephone interviews were conducted with a mix of UK and non-UK Health Promoting University co-ordinators (n=5); and two online questionnaires were distributed to non-UK network co-ordinators (n=6) and non-UK Health Promoting University co-ordinators (n=10). Through thematic analysis, a number of key themes emerged that build a new conceptualisation of the whole university approach (see Fig. 1): building a broad understanding and framing of health; developing a supportive ethos and culture; embedding health into the university and joining up areas of work; focusing on the whole population; and facing challenges and seizing opportunities. The study elicited rich and wide-ranging views from multiple stakeholders from universities and networks across four continents, confirming Health Promoting Universities as a truly global movement. Looking ahead, there are clear opportunities and challenges. First, the media narrative of a student mental health 'crisis' has focused universities' attention on 'health', but from a single issue 'illness' perspective. This risks detracting from the whole system Health Promoting Universities approach. Second, even with the Okanagan Charter inspiring individuals and universities, there are still major challenges in translating the rhetoric of whole system approaches into meaningful action within large, complex and culturally diverse organisations.

## Key Words

Healthy Universities; Health Promoting Universities; Whole System; Qualitative Evaluation

## Background

It is increasingly recognised that the health and wellbeing of students and staff underpins and is central to the success of universities, through improvements in performance, productivity, learning, teaching, retention and reputation (Dooris et al., 2018; Universities UK, 2016a). There is also a growing appreciation that the health of people, places and the planet are interconnected (World Health Organization, 2016) and that universities have a key role and responsibility to engage with and impact positively on communities and society as a whole (Barnett, 2007; Goddard, 2009; Lo, Pang, Egri and Li, 2017). A central thread in these discourses is a belief that universities can achieve more by taking a joined-up approach to health, wellbeing and sustainability (Dooris and Doherty, 2010; Orme and Dooris, 2010).

Higher education<sup>1</sup> is one sector in which the settings approach to health promotion has been developed. This approach originated with the Ottawa Charter for Health Promotion, which contended that "health is created and lived by people within the settings of their everyday life; where they learn,

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<sup>1</sup> Note: The term 'higher education' is used generally to refer to post-secondary education. The Okanagan Charter for Health Promoting Universities and Colleges (2015) takes as its remit universities, colleges and other organisations that make up the post-secondary sector. However, it is important to note that different countries have different education systems: in the UK, for example, 'further education' refers to study after secondary education that is not taken as part of an undergraduate or postgraduate degree. For the purposes of this study, participants were recruited primarily via existing networks, respecting their varying inclusion criteria.

work, play and love.” (World Health Organization, 1986:2). Health Promoting Universities<sup>2</sup> has its origins in initiatives developed during the 1990s by two UK Universities, Central Lancashire and Lancaster, which quickly generated wider interest within the UK, the WHO European Office for Europe and globally (Suarez-Reyes and Van den Broucke, 2016). The UK Healthy Universities Network was established in 2006 (initially for England) and is overseen by a high-level advisory group comprising representatives from universities, higher education bodies and public health agencies. Its membership comprises 76 UK universities (involving a breadth of stakeholders including student services, human resources, students’ unions and academic departments), with associate members from a further 23 non-UK universities and 28 not-for-profit stakeholder organisations. While profiling a range of key topic areas (e.g. mental wellbeing, alcohol and drugs, physical activity, healthy campus design) through its learning events, newsletters and website, the Network’s focus is on supporting individual institutions to identify and address their own inter-connected priorities, it is part of a global movement overseen by an International Steering Group and guided by the Okanagan Charter for Health Promoting Universities and Colleges. This contends that “health promoting universities and colleges transform the health and sustainability of our current and future societies, strengthen communities and contribute to the well-being of people, places and the planet” (2015:2) and calls upon higher education institutions (HEIs) to incorporate health and sustainability into their mission, vision and strategic plans; and lead and drive change in society by modelling, testing and transferring innovative approaches.

The UK Network has consistently advocated that a whole university approach underpinned by strong leadership is needed to realise the potential for HEIs to promote health, wellbeing and sustainability. In recent years, the importance of this ‘whole institution’ emphasis has been affirmed and reinforced through key publications on issues such as mental health and violence/consent from organisations such as Universities UK (2016a, 2016b, 2017a), Student Minds (2017a) and the Royal College of Psychiatrists (2011).

## Aims and Methods

It was within this context that an international research project was undertaken, aimed at examining leadership in relation to the implementation of a whole university approach to health, wellbeing and sustainability. Drawing on theoretical perspectives informing the settings approach, such as socio-ecology, salutogenesis and systems thinking (Dooris, Wills and Newton, 2014), its objectives were: to explore vice-chancellors’ and network members’ understanding of and commitment to a whole university approach to health, wellbeing and sustainability; to explore perspectives on leadership for Health Promoting Universities; and to examine the potential of the Okanagan Charter to serve as a catalyst to whole university leadership and change. This paper focuses specifically on findings related to a whole university approach.

A multi-method qualitative approach was chosen, appropriate for studying people within the context of organisations and exploring meanings that people bring to their experiences and interactions (Denzin and Lincoln, 2008), and ethical approval was obtained from relevant university committees. The data collection involved a total of 12 vice-chancellors and 10 Health Promoting University Co-ordinators from a total of 19 UK universities; and six network co-ordinators and 10 Health Promoting University co-ordinators from countries outside of the UK (in South America, North America and Australia/New Zealand).

In examining views of UK vice-chancellors and members of the UK Healthy Universities Network, the study used semi-structured interviews and focus groups to reveal individual perspectives alongside insights informed by interaction (Wilkinson, 2011). Appreciating the challenge of accessing vice-

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<sup>2</sup> Note: The terms ‘health promoting university’, ‘healthy university’ and ‘healthy campus’ tend to be used in different countries and contexts to mean much the same thing, even though it can be argued that there are semantic differences between them (e.g. Dooris, 2006a), the reality is that they have often been used interchangeably. For the purposes of consistency, ‘health promoting university’ is used throughout this paper except in relation to the UK Healthy Universities Network and when other terms are used in quotations.

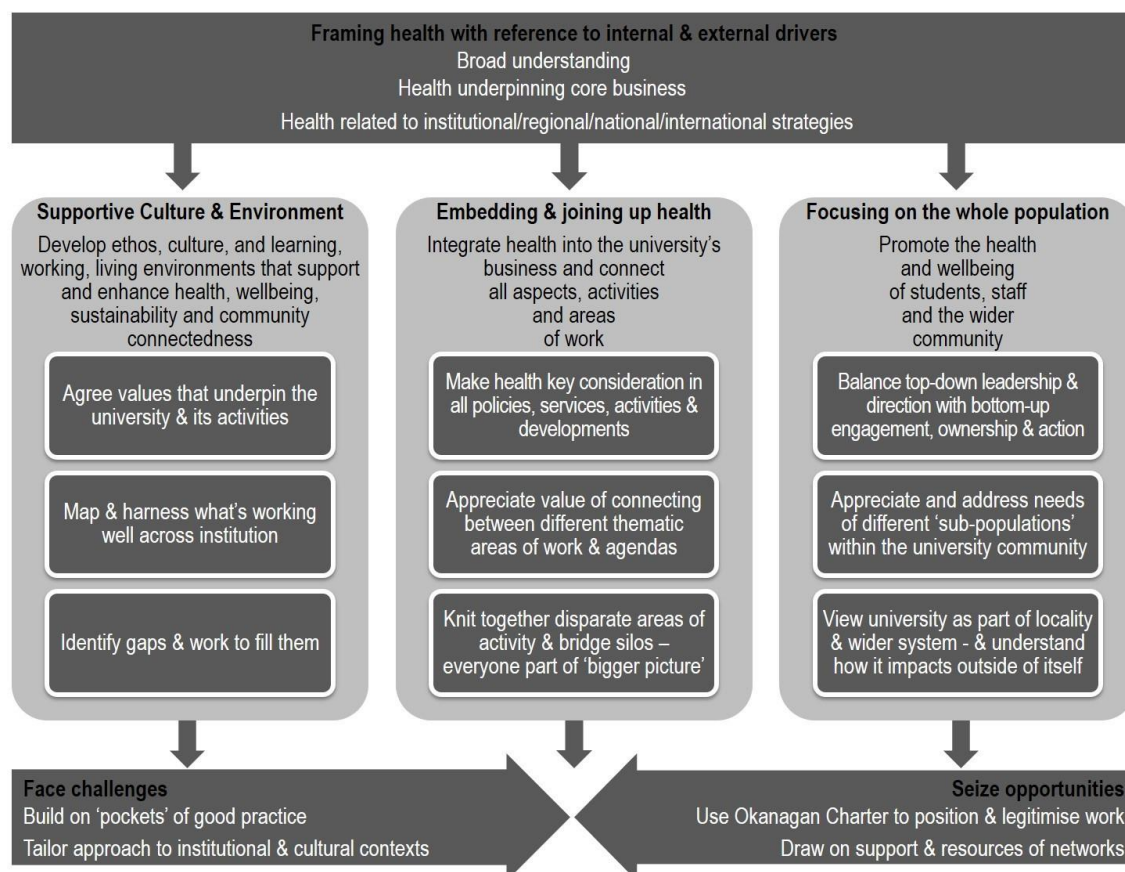
chancellors, a focus group was convened as part of a pre-arranged executive forum – thereby securing a ‘captive audience’ of ten vice-chancellors. Additionally, semi-structured face-to-face interviews were arranged with two vice-chancellors. A focus group with Health Promoting University co-ordinators who were members of the UK Healthy Universities Network was organised immediately following a Network meeting: an invitation to participate was sent to those scheduled to attend and eight people agreed to participate. To supplement these data and facilitate the development of institutional case studies, semi-structured telephone interviews were arranged with five Health Promoting University Co-ordinators – three from the UK (one of whom had participated in the focus group) and two from other countries. Questions, tailored to ensure relevance to the two vice-chancellors and Health Promoting University/network co-ordinators, explored perspectives on Health Promoting Universities, senior-level leadership and the role of the Okanagan Charter. Both focus groups and all the interviews were audio-recorded and fully transcribed.

In exploring understandings and perceptions of people from outside the UK, the study used online surveys to access views from a geographically disparate sample (Wright, 2005). Two short questionnaires were designed, piloted and administered using Survey Monkey – the first for non-UK national network co-ordinators/chairs and the second for non-UK Health Promoting University co-ordinators. These questionnaires used a mix of closed and open questions to explore perspectives on Health Promoting Universities, senior-level leadership and the role of the Okanagan Charter. Invitations and reminders were sent to national and regional network co-ordinators who were members of the International Health Promoting Universities and Colleges Steering Group, with a request to complete the first and forward to other network co-ordinators; and cascade the second to network members. The first questionnaire was completed by co-ordinators from six overseas networks (spanning Europe, South America, North America and Australia/New Zealand) and the second by co-ordinators from 10 overseas universities in North America, South America and Australia/New Zealand (the response rates cannot be determined due to the ‘cascade’ method of sending out invitations).

Data generated by the focus groups, interviews and questionnaires were subjected to thematic analysis (Braun and Clarke, 2006) in two phases: firstly, one research team member undertook an inductive thematic analysis (Patton, 1990) with coding and identification of key emerging themes initially being derived from the data. This was followed up by a second member of the research team conducting a deductive thematic analysis of the data, reviewing and refining the initial themes to reflect the wider, overarching research questions that the study sought to address. This two-phase inductive-deductive approach (Hyde, 2008) thus involved what Bowling (2002) calls ‘coding up and coding down’, enabling a balance between exploring the data in detail and attempting to answer the research questions.

## Findings

In relation to this paper’s focus on understandings of and commitment to a whole university approach to health, wellbeing and sustainability, analysis of the data identified five inter-related themes. These are presented below, with illustrative quotes drawn from the focus group and interviews with vice-chancellors (VC#FG; VC#IntX), the focus group and interviews with network members (HU#FG; HU#IntX) and questionnaires completed by non-UK networks and their members (NW#QuX; HU#QuX). The five themes emerging from the study are represented visually (see Figure 1, which is discussed further in the Discussion).



## Framing health with reference to internal and external drivers

Both vice-chancellors and members of Health Promoting Universities networks demonstrated a wide-ranging understanding of health and highlighted the importance of demonstrating how improved wellbeing underpins core business outcomes such as retention and attainment – commenting on the increasingly competitive ‘marketplace’ of higher education and the importance of finding new ways to market their provision in holistic ways. Additionally, they framed health with reference to external strategies – including the Sustainable Development Goals (United Nations, 2015) (highlighted specifically by members of non-UK networks); the Wellbeing of Future Generations Act (Welsh Government, 2015); and other key institutional agendas such as safety, equality and diversity:

*“[There are] green shoots perhaps starting to appear, in terms of how our senior leaders, particularly the vice-chancellor, is beginning to move things on... We’ve had an appointment for a health and wellbeing coordinator within the health and safety context, but with a new director who is actually as enthusiastic about health as she is about safety... And there’s a clear directive from the VC, who has taken personal responsibility as our equality, diversity and vision champion.” (HU#FG)*

As discussed below under ‘Embedding and Joining Up Health’, there was a strong focus on aligning health and sustainability agendas. Resilience was a strongly emergent issue. Recognising the growing pressures facing students – financial, social and those arising from use of digital communication and social media – this was increasingly being used to frame and strengthen work on mental health and wellbeing:

*“We’re endeavouring to knit it together, because when one hears mental health, there is an immediate view of the acute issues... And we’re really trying to pull that together as to resilience, that whole piece, which is behaviours, culture, support and awareness.” (VC#FG)*

## Supportive culture and environment

Network members viewed a whole university approach as necessarily involving a key focus on the overall culture of the organisation, and how this ensures that working, learning and living environments support health, wellbeing, sustainability and community connectedness:

*“My understanding is that a whole systems approach would be about everything you do, the whole ethos of the organisation.” (HU#FG).*

Reflecting on changes over time within the sector, there was a general feeling that it has become more acceptable for universities to prioritise a focus on health and wellbeing.

Vice-chancellors also emphasised the importance of cultural change, emphasising the centrality of overall ethos and mindset in creating and implementing a whole university approach:

*“I’m more interested...in the overall culture and the ethos of an organisation than I am in systems and structures, because I think systems and structure are necessary...but they’re not sufficient. And I think it’s mindsets around an organisation...that concept of, you know, collective responsibility for people’s health and wellbeing, of people feeling open and free, whereby they can share their concerns within an organisation, ensuring from my side that is properly resourced, that there’s a no blame culture within an organisation and so on.” (VC#FG)*

In instigating such cultural change, one vice-chancellor highlighted compassion and mutual responsibility, emphasising the importance of consolidating foundational principles to encourage a shift in organisational processes and practices:

*“We have these values in the University...with more emphasis [in] staff appraisals...So we’re saying, we know you’ve got your objectives but what have you done to demonstrate these?” (VC#Int2)*

There was broad consensus that, to be effective, a whole university approach must ‘map’ what’s already going on and find ways to harness and connect good practice. This points to the importance of good co-ordination, whereby people working in different parts of the university are enabled to see how their work contributes to the Health Promoting Universities vision and can collectively identify and fill gaps:

*“I think a lot of it is coordinating and helping a very large organisation to kind of link together and see what they’ve already got going, and then seeing how they could build together.” (HU#Int3)*

## **Embedding and joining up health**

Members of networks underlined the importance of engaging and harnessing multiple components of the university system by integrating health and wellbeing within strategies and areas such as environment and facilities, support services, curriculum and research:

*“It’s about embedding health and wellbeing in all policies and processes, but also, making that as explicit as we can.” (HU#Int1)*

They also expressed commitment to forging links between health-related topics – through enabling people to understand the essential interactions between issues that are often treated as ‘single thread’ concerns:

*“It’s about encouraging [for example, the Centre for Sports] to think about, actually, how does that impact on healthy eating, how does that underpin mental health? How they might have, you know, issues with body image and then sexual health...it’s getting them to have those discussions.” (HU#Int1)*

Linked to this, a whole system perspective was also understood to be about connecting between agendas that have traditionally been viewed as separate. By communicating in ways that stimulate holistic thinking, there was a belief that areas of work often operating in parallel could be joined-up, thereby aligning drivers for change, enhancing synergy and reducing duplication:

*“I’ve had some people discuss with me, ‘well what are the links between sustainability and health?’ – because they didn’t see them. And then when you explain it, they understand. So I*

*think that's what the whole university [approach] is about, it's trying to keep linking things together, in a way that is a very shifting, very complex picture, because sometimes we can end up doing very similar things otherwise." (HU#Int3)*

Although not all universities had aligned such areas of work, there were signs that the Okanagan Charter's vision of transforming the health and sustainability of current and future societies resonated strongly with many network members. Some reflected on how they had used Health Promoting Universities to encourage a focus on 'social sustainability', whilst others emphasised the connections between agendas and illustrated how they had begun to join up previously disparate work:

*"We didn't really want a Healthy University separate to a focus on sustainability...So now we tend to talk about a 'Healthy, Safe, Sustainable and Active University' and we have a new high-level governance structure, the Healthy and Sustainable University Group." (HU#Int3)*

Vice-chancellors likewise emphasised the importance of 'knitting together' disparate and often disconnected pockets of activity, highlighting the potential value of Health Promoting Universities in facilitating this:

*"I'm in a process of changing the organisation, and we've got bits dotted about all over the place, which aren't necessarily always strategically connected. We've got a real strategic commitment to being a great place to work and learn, and... we absolutely need to better knit the things together...Having a framework to begin to think about how we do that is good." (VC#FG)*

Several went further, drawing on complexity and ecosystem thinking to highlight the value of making connections across boundaries, understanding how different elements interact and focusing on the 'whole':

*"A whole university approach refers to everything being joined up and integrated, even though it may exist in different parts of the University. Universities are quite complex structures, in that we're typically divided into academics and professional services colleagues, they all exist in sections or departments, and health and wellbeing are not, they're not things that cross these boundaries...You need to take an ecosystem approach, understanding all the component parts and how they impact on each other. So I think that's why it's important to have some sort of network across the University that does pull all these things together...And then you can evaluate them all together, rather than as individual pieces." (VC#Int1)*

While appreciating the challenge of overcoming rivalry between different parts of the organisation, Network members discussed the importance of breaking down traditional silos so that everyone recognises their contribution to the pursuit of a Health Promoting University. They stressed the value of proactively co-ordinating and building action through a multi-stakeholder oversight group or other mechanism:

*"One of the things...that's worked really well for us, is having a steering committee of very senior staff, students and faculty that represent different pockets of the University." (HU#Int4)*

Even when remits had been narrowed to a particular thematic focus, such as physical activity, there was a strong sense that it was possible to apply holistic thinking by considering and connecting the different components of the university 'system' such as curriculum, environment and services.

## **Focusing on the whole population**

An effective whole university approach was understood by those in networks to involve a balance between top-down leadership and strategic direction, and broad-based engagement, ownership and action:

*"We're really conscious of having ownership from those that are involved, our staff and students. So it's...that bottom up approach, it's something that continues to evolve. It has to be credible and has to be authentic. And, at the same time, you have to have that senior management commitment, the overall commitment to do something." (HU#Int2)*

Vice-chancellors and network members understood a whole university approach to involve a focus on the core university community:



*“Most Universities have a key mission around community, so that’s staff and students.”  
(VC#FG)*

Within this ‘whole population’ focus, there was a strong commitment to understanding and addressing the particular needs of sub-groups. Some institutions reflected on their strength in working with either students or staff, commenting that a key stage in their journey had been to build on this to align thinking, ensure a whole population focus and find ways to develop a coherent identity and sense of community:

*“[We realised] that it needed to be a major priority but it couldn’t just sit with students. It needed to sit across the whole university.” (HU#Qu4)*

Vice-chancellors also recognised that universities exist within wider contexts and that there are powerful external forces that influence the experience of their populations. Alongside this, networks and their members highlighted a concern to connect outwards, emphasising the importance of strong partnerships for health promotion:

*“[It is necessary to build] alliances with other organisations and the community where the university is located that make health in all policies a reality.” (NW#Qu6)*

Expanding on this, one university had aligned their Health Promoting University initiative with a place-based public health programme that used an agreed set of standards across multiple organisational settings. In doing this, they felt that they had embraced a whole system approach that located the university within its wider context, facilitated the development of external partnership arrangements and provided added leverage and momentum.

## **Facing challenges and seizing opportunities**

Reflecting on whether their institutions had established a whole university approach, respondents distinguished between a strategic commitment to establish a Health Promoting University initiative and the challenge of making this an embedded reality within large and complex organisations:

*“I think that’s where there’s a dichotomy...there are pockets of things happening, where people are taking that whole system approach, but as an organisation, that would mean everything would be a whole systems approach – and it’s not!” (HU#FG)*

For its members, the UK Healthy Universities Network had been instrumental in helping develop an understanding of and commitment to the whole university perspective, through meetings, events and resources such as the self-review tool. Whilst largely outside of vice-chancellors’ strategic focus, the Okanagan Charter was also highlighted by members of networks as having strong resonance and being valuable in guiding a whole university approach:

*“Although we don’t explicitly talk about the Okanagan Charter on a daily basis...I think we are using it as a model...We are working on the calls to action – embedding health in all aspects of campus culture and we lead health promotion action and collaboration locally.” (HU#Int1)*

There was some caution about the Charter’s practical utility within diverse cultural contexts:

*“The Okanagan Charter is a useful framework but local feedback suggests that a gap exists about more practical steps and staging for achieving the calls to action.” (NW#Qu1)*

However, there was widespread appreciation of its inspirational vision and role in positioning the work of individual universities within the context of a global movement.

*“It’s not just someone whose thought up of an idea, it’s actually part of a bigger movement...having [the Okanagan Charter] as part of [the Network’s membership process] is definitely beneficial because it brings awareness...it’s not just a little project that someone’s doing.” (HU#FG)*

*“It has a strong and compelling vision. It has a global scope.” (HU#Qu3)*

## **Discussion**

The findings suggest that this study was successful in fulfilling its aim of exploring understandings of and commitment to a whole university approach to health, wellbeing and sustainability. Whilst it could be argued that the data collection was limited in terms of numerical ‘reach’ and accessing non-English speaking networks, its use of multiple methods (questionnaires, interviews and focus groups) proved successful in collecting qualitative data and eliciting rich and wide-ranging nuanced views and perspectives from multiple stakeholders – at senior leadership, strategic and operational levels within both individual universities and Health Promoting Universities networks across four continents.

In reflecting on the findings, it is apparent that research participants from all participating countries welcomed the Health Promoting Universities emphasis on developing a whole university approach to health, wellbeing and sustainability – which resonated with a growing focus on ‘whole institution’ working within the higher education sector, articulated by multiple organisations (Royal College of Psychiatrists, 2011; Universities UK, 2016a ;2016b; 2017a; Student Minds, 2017a; Environmental Association of Universities and Colleges, 2018). The five themes emerging from the study can usefully be represented visually (see Figure 1). At its core, this figure illustrates the second, third and fourth of these as key ‘domains’ that participants identified as characterising a whole university/whole system approach – a supportive culture and environment; embedding and joining up health; and focusing on the whole population. It also shows how such an approach is supported by the first theme – an appropriate framing of health in relation to internal and external drivers; and meaningfully operationalised by the second theme – facing challenges and seizing opportunities.

In relation to the first domain, participants’ identification of a supportive culture and environment as pivotal to a whole university approach resonates with previous developments in the field of Health Promoting Universities. For example, the creation of healthy and sustainable learning, working and living environments is one of the three key focus areas identified in the UK Healthy Universities Network’s model (Dooris, Doherty, Cawood and Powell, 2012). This focus draws on learning from organisation development (Dooris, Wills and Newton, 2014) and is reflected in the Okanagan Charter, which aspires to the creation of “campus cultures of compassion, well-being, equity and social justice” (2015:2). It is also implicit in the Stepchange framework for mental health (Universities UK, 2017a), which explicitly draws on the Charter and argues for a joined-up approach to transform cultures.

The strong focus on cultural change that emerged in the findings also echoes Poland, Krupa and McCall (2009), who emphasise the importance of understanding an organisation’s context and culture, in order to develop a more nuanced understanding of its readiness for change. Suarez-Reyes and Van den Broucke (2016) explore this further in relation to universities, highlighting the importance of understanding and tailoring programmes to take account not only of ‘surface’ culture, but also ‘deep’ culture – reflecting on the organisation’s values, beliefs and behaviours. They suggest that while institution-level cultural change is intrinsic to the health-promoting university, few studies have sought to measure such change – perhaps because of the challenges inherent in such evaluative research (Dooris, 2006b). One such study (Newton, Dooris and Wills, 2016) compared ‘exemplar’ and ‘contrary’ cases and found that the HEI adopting an explicit commitment to the Health Promoting Universities approach exhibited characteristics of a salutogenic organisation – with people feeling valued, respected and supported; and these features being understood by leaders as integral to rather than separate from core business. Although not possible to evidence a causal relationship, the study concluded that the identified characteristics and values may well be catalysed or reinforced by an intentional and explicit whole organisation commitment to health and wellbeing. Participants’ focus on mapping and harnessing strengths, then going on to identify and fill gaps, also echoes wider literature – which stresses the need for a salutogenic orientation that goes beyond the identification of needs to appreciate and foster assets and strengthen resources (Dooris *et al.*, 2012; Dooris *et al.*, 2014).

In relation to the second domain – embedding and joining up health – it is apparent that participants’ understanding mirrors recent work on mental health in higher education, in which Universities UK (2017a; 2017b) identifies community, learning, living and support as the four core components of its whole university model, while stressing the importance of adopting mental wellbeing as a strategic priority across all activities. Similarly, work on sustainability within the sector has highlighted the

need for a comprehensive approach, arguing for whole university innovation and systemic change (Wals and Blewitt, 2010). This emphasis can also be understood to represent a ‘local’ expression of the Health in All Policies perspective, advocated by the World Health Organization and public health agencies worldwide as a collaborative approach to improving wellbeing that focuses on the incorporation of health considerations into decision-making within and across multiple sectors, policies and service areas (Public Health England, 2016).

Beyond this ‘embedding’ process, participants’ concern to forge connections between disparate activities and ‘knit things together’ reflects earlier conceptual work on healthy settings, which used the university to illustrate a systemic and joined-up approach regarding different groups of the population, different components of the system and different health issues (Dooris, 2006b). Drawing on these insights, the Royal College of Psychiatrists (2011:50) has reflected on the “growing appreciation of the need for a comprehensive whole-system approach that can map and understand interrelationships, interactions and synergies within higher education settings”, arguing that such an approach has significant added value. This also resonates with an ecosystems perspective and calls for an ecological model of public health (Lang and Rayner, 2012). In highlighting the importance of connecting between and enhancing agendas that are often siloed, the findings echo literature on the co-benefits approach (Doll and Puppim de Oliveira, 2016), focused on how ‘secondary’ outcomes can be achieved by implementing a policy or programme designed for a different main purpose. Higher education provides significant opportunities to secure such co-benefits (Orme and Dooris, 2010): for example, health co-benefits can result from ‘green’ transport and local food sourcing policies, driven by concerns for carbon reduction; and environmental co-benefits can result from health policies focused on ‘active travel’ and food growing, aimed at increasing levels of exercise and driven by concerns related to obesity and diabetes.

In relation to the third key domain – focusing on the whole population – whilst some of the literature equates a whole university approach with comprehensive programmes focused on the health of both students and staff (e.g. Okanagan Charter, 2015; Suarez-Reyes and Van den Broucke, 2016), it is also apparent that the term is understood in a narrower sense. For example, it is increasingly used in relation to multi-component programmes focused on one specific challenge (e.g. mental wellbeing) related to one population group (e.g. students) (Royal College of Psychiatrists, 2011; University of York, 2017). It is, though, widely acknowledged that staff will be more productive and impactful when their wellbeing is taken seriously and they feel cared for, empowered and valued (Newton *et al.*, 2016) – and that in a university setting, this ‘productivity’ is directly concerned with student experience, satisfaction and wellbeing. However, even within institutions that are taking a whole population approach as part of their Health Promoting University programme, there is an appreciation of the importance of understanding the particular needs of students and of staff – as was apparent in research conducted into the utility of the UK Healthy Universities Network’s Self-Review Tool (Dooris *et al.*, 2018).

The concern of participants to ensure a multi-stakeholder approach that combines top-down leadership with bottom-up engagement and action reflects the wider literature. For example, Green, Poland and Rootman (2000) caution against inadvertently reinforcing existing power relations by aligning settings initiatives strongly with management and thereby marginalising less powerful groups; and Naaldenberg *et al.* (2010:45), highlighting that systemic thinking involves not only a focus on structure and meaning, but also a commitment to acknowledging and where necessary unmasking power relations, suggests: “this means moving from the dissemination of innovations designed by few, to co-creation of innovations by the whole system.” The particular importance of prioritising the student voice within a whole university approach has been highlighted in research by Student Minds (2017b) and Holt, Monk, Powell and Dooris (2015).

A further emphasis within the research findings was the importance of connecting outwards, locating the university within its wider context so that the ‘whole university’ perspective is understood to be part of a wider ‘whole system’ approach. This echoes literature (Dooris, 2013; Kokko, Green and Kannas, 2014) that discusses the need for settings to connect upwards – using advocacy and mediation to influence upstream determinants of health; and outwards – forging links with multiple elemental and contextual settings to maximise synergy and impact. It also has resonance with recent

developments in the field of higher education. The Okanagan Charter (2015: 5) asserted that a university is, “by its very nature, an essential part of any systemic health promotion strategy, working collaboratively in trans-disciplinary and cross-sector ways.” Informed by this international vision, Universities UK (2017b) has, within its Stepchange programme, emphasised the imperative of extending the internal cross-cutting focus of the whole university approach through ‘vertical’ and ‘horizontal’ integration. Vertical integration is concerned with the student journey and transitions in and out of university, whilst horizontal integration calls for a place-based, collaborative model of planning and delivering mental health support and treatment to students, based upon meaningful partnerships between universities, NHS services, local government and third sector organisations (Universities UK, 2018).

More broadly, participants’ emphasis on locating Health Promoting Universities work in a wider community context accords with the current discourse about the civic university, concerned with connectivity and responsibility to locality and place. Closely aligned with the idea of universities as anchor institutions (Hodges and Dubb, 2012, pp. xix–xx) and a focus on universities’ corporate social responsibility (Lo *et al.*, 2017), the vision of a civic university has been articulated by Goddard as one which provides opportunities for society, engages holistically with its surroundings and participates fully in the wider community and region of which it is a part. He goes on to argue that “civic engagement should move beyond being a third or separate strand of activity for universities, with less prestige and fewer resources than teaching or research,” but should become an overarching guiding principle (2009:5). The concept is, however, not without its challenges in the current higher education context: as Barnett (2007: 25–26) cautions, “‘Citizenship’...occupies a different conceptual space from that marked out by competition, exclusivity and return on investment. Citizenship, whatever it might mean, speaks to a ‘public service’ role of the university; and public service is itself non-competitive, non-exclusive and altruistic.”

## Conclusion

From its humble origins in the 1990s, Health Promoting Universities has found direction and purpose largely without clear leadership from international bodies and often without robust support from national governments. In the wake of the 2015 International Conference and resulting Okanagan Charter (2015), it is now evident that Health Promoting Universities has become a truly global movement, with twelve national and regional networks spanning five continents now part of an emerging International Network<sup>3</sup>

This paper has reported findings from an international research study that, in part, explored understandings of and commitment to a whole university approach to health, wellbeing and sustainability – which are core to the vision and implementation of Health Promoting Universities (*ibid.*). The findings suggest that this whole university approach is built on a broad understanding and framing of health and that it involves three key domains: developing a supportive ethos, organisational culture, and learning, working and living environments; embedding health into the university’s business and joining up all aspects, activities and areas of work; and focusing on the whole population, promoting the health and wellbeing of students, staff and the wider community.

The findings also suggest that this approach makes sense to and resonates strongly with people working at all levels with and within higher education. For vice-chancellors, key considerations were a focus on the whole university community, an appreciation of HEIs as complex systems with multiple interacting components and a concern to connect disparate areas of activity. Perhaps not surprisingly, members of networks not only highlighted how health, wellbeing and sustainability are determined by multiple factors, but also profiled a wider range of perspectives. These included the importance of enabling people to understand the interactions between different health issues and different agendas; bridging silos and forging connections; balancing top-down leadership with bottom-up engagement and action; and connecting outwards, locating the university within its wider context so that the whole university perspective is part of a wider whole system approach.

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<sup>3</sup> [www.internationalhealthpromotingcampuses.org](http://www.internationalhealthpromotingcampuses.org)

Looking ahead, whilst there is much to celebrate, there are also clear challenges. First, the dominant media narrative of a student mental health ‘crisis’, fuelled by a steady increase in the number of student suicides (Thorley, 2017), has focused universities’ in a new and urgent way. However, whilst this represents an important opportunity to secure health as a sectoral priority, it also threatens to divert attention and resources from holistic and joined-up approaches by focusing primarily on treatment and service provision rather than wider prevention and health promotion and viewing ‘mental’ health as somehow separate from other dimensions of wellbeing. Second, the Okanagan Charter (2015) has been hugely influential in inspiring individuals and enabling them to position their work within the context of a global movement. However, it is evident that those championing and seeking to implement Health Promoting Universities (particularly in countries where this is relatively new) face the ongoing challenge of finding ways to translate the rhetoric of whole university and whole system approaches into meaningful action within large, complex and culturally diverse organisations.

## References

- Barnett, R. (2007). Recovering the civic university. In McIlrath, L. and MacLabhrainn, I. (eds), *Higher Education and Civic Engagement: International Perspectives*. Farnham: Ashgate, pp. 25-36.
- Bowling, A. (2002) *Research Methods in Health: Investigating Health and Health Services*, 2<sup>nd</sup> edition. Buckingham: Open University Press.
- Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology* 3(2): 77-101.
- Denzin, N. and Lincoln, Y. (2008) Introduction: The discipline and practice of qualitative research. In NK Denzin, YS Lincoln (eds) *Strategies of Qualitative Inquiry* (pp. 139-164). London: SAGE.
- Doll, C. and Puppim de Oliveira, J. (eds) (2016) *Urbanization and Climate Co-Benefits: Implementation of Win-Win Interventions In Cities*, 1st edition. Abingdon: Routledge.
- Dooris, M. (2006a) Editorial – Healthy settings: future directions. *Promotion & Education* XIII(1): 4-6.
- Dooris, M. (2006b) Healthy settings: challenges to generating evidence of effectiveness. *Health Promotion International* 21(1): 55-65.
- Dooris, M (2013) Bridging the Silos: Towards Healthy and Sustainable Settings for the 21<sup>st</sup> Century. *Health & Place* 20: 39-50.
- Dooris M. and Doherty S. (2010) Healthy Universities: time for action – a qualitative research study exploring the potential for a national programme. *Health Promotion International* 25: 94–106.
- Dooris, M., Doherty, S., Cawood, J. and Powell, S. (2012) The healthy universities approach: adding value to the higher education sector. In: Scriven, A. and Hodgins, M. *Health Promotion Settings: Principles and Practice*. London: Sage, pp. 153-169.
- Dooris, M., Farrier, A., Doherty, S., Holt, M., Monks, R. and Powell, S. (2018) The UK Healthy Universities Self-Review Tool: Whole System impact. *Health Promotion International* 33(3): 448–457.
- Dooris, M., Wills, J. and Newton, J. (2014) Theorising Healthy Settings: a critical discussion with reference to Healthy Universities. *Scandinavian Journal of Public Health* 42 (Suppl 15): 7–16.
- Environmental Association of Universities and Colleges (2018) *Sustainability Leadership Scorecard*. Gloucester: EAUC. Available at: [http://www.eauc.org.uk/sustainability\\_leadership\\_scorecard](http://www.eauc.org.uk/sustainability_leadership_scorecard) [accessed 22 November 2018].
- Goddard, J. (2009). *Reinventing the civic university*. NESTA. <https://www.nesta.org.uk/report/re-inventing-the-civic-university> <accessed 22 January 2019>
- Green, L., Poland, B. and Rootman, I. (2000) The settings approach to health promotion. In Poland, B., Green, L. and Rootman, I. (eds) *Settings for Health Promotion: Linking Theory and Practice*. London: Sage.
- Hodges, R. A., and Dubb, S. (2012) *The road half traveled: university engagement at a crossroads*, 1st edition. East Lansing: Michigan State University Press.
- Holt, M., Monk, R., Powell, S. and Dooris, M. (2015) Student perceptions of a healthy university. *Public Health* 129: 674-683.

- Hyde, K. (2008) Independent Traveler Decision-making. In A. Woodside (Ed.) *Advances in Culture, Tourist and Hospitality Research*, Volume 2. Bingley: Emerald Group, pp. 43-151.
- Kokko, S., Green, L. and Kannas, L. (2014) A review of settings-based health promotion with applications to sports clubs. *Health Promotion International* 29: 494-509.
- Lang, T. and Rayner, G. (2012) Ecological public health: the 21st century's big idea? *BMJ* 345: 17–20.
- Lo, C. W.-H., Pang, R. X., Egri, C. P. and Li, P. H.-Y. (2017). University Social Responsibility: Conceptualization and an assessment framework. In: Shek, D. and Holliuser, R. *University Social Responsibility and Quality of Life*. Singapore: Springer, pp. 37–59.
- Naaldenberg, J., Vaandrager, L., Koelen, M., Wagemakers, M., Saan, H. and de Hoog, K. (2010) Elaborating on systems thinking in health promotion practice. *Global Health Promotion* 16, 39–47.
- Newton, J., Dooris, M. and Wills, J. (2016) Healthy universities: an example of a whole-system health-promoting setting. *Global Health Promotion* 23 (Suppl. 1): 57-65.
- Okanagan Charter for Health Promoting Universities and Colleges (Okanagan Charter) (2015) *Okanagan Charter: An International Charter for Health Promoting Universities and Colleges*. Kelowna, British Columbia, Canada. <https://open.library.ubc.ca/cIRcle/collections/53926/items/1.0132754> <last accessed 22 January 2019>
- Orme, J. and Dooris, M. (2010) Integrating health and sustainability: the higher education sector as a timely catalyst. *Health Education Research* 25(3): 425-437.
- Patton, M. (1990) *Qualitative Evaluation and Research Methods*, 2nd edition. Newbury Park, CA: Sage.
- Poland, B., Krupa, G. and McCall, D. (2009) Settings for health promotion: an analytic framework to guide intervention design and implementation. *Health Promotion Practice* 10(4): 505-16.
- Public Health England (2016) *Local Wellbeing, Local Growth: Overview* (version 1.0). London: Public Health England.
- Royal College of Psychiatrists (2011) *Mental Health of Students in Higher Education*. College report CR166. London: RCP.
- Student Minds (2017a) *Student Living: Collaborating to Support Mental Health in University Accommodation*. Oxford: Student Minds.
- Student Minds (2017b) *Student Voices in the Development of a Whole University Approach to Mental Health and Wellbeing*. Oxford: Student Minds.
- Suárez-Reyes, M. and Van den Broucke, S. (2016) Implementing the Health Promoting University approach in culturally different contexts: a systematic review. *Global Health Promotion* 23 (Suppl. 1): 46-56.
- Thorley, C. (2017) *Not by Degrees. Improving Student Mental Health in the UK's Universities*. London: Institute for Public Policy Research.
- United Nations (2015) *2030 Agenda for Sustainable Development*. Geneva: United Nations.
- Universities UK (2016a) *Changing the Culture*. Report of the Universities UK Taskforce examining violence against women, harassment and hate crime affecting university students. London: Universities UK.
- Universities UK (2016b) *Student Mental Wellbeing in Higher Education. Good Practice Guide*. London: Universities UK.
- Universities UK (2017a) *#stepchange: Mental Health in Higher Education*. London: Universities UK. <http://www.universitiesuk.ac.uk/stepchange> <last accessed 22 January 2019>
- Universities UK (2017b) *Whole University Approach to Mental Health*. Paper presented to meeting of UK Healthy Universities Network, 24<sup>th</sup> May, York St John University. <https://healthyuniversities.ac.uk/wp-content/uploads/2017/06/Gedminte-Mikulenaite-UUK-MHHE-Project.pdf> <last accessed 22 January 2019>
- Universities UK (2018) *Minding Our Future: Starting a Conversation about the Support of Student Mental Health*. London: Universities UK. <https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2018/minding-our-future-starting-conversation-student-mental-health.pdf> <last accessed 22 November 2018>
- University of York (2017) *Student Mental Health and Wellbeing Strategy: Working Together for Student Mental Health – 2017-2020*. York: University of York.
- Wals A. and Blewitt J. (2010) Third-wave sustainability in higher education: some (inter)national trends and developments. In: Jones, P., Selby, D. and Sterling, S. (eds) *Sustainability: Perspectives and Practice Across Higher Education*. London: Earthscan.

Welsh Government (2015) *Well-being of Future Generations (Wales) Act 2015*. Cardiff: Welsh Government.

Wilkinson, S. (2011) Analysing focus group data. In Silverman, D. (ed) *Qualitative Research* (3rd ed.) (pp. 168-184). London: Sage.

World Health Organization (2016) *Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development*. 9<sup>th</sup> Global Conference on Health Promotion. Shanghai, 21-24 November 2016. Geneva: WHO.

Wright, K. (2005) Researching internet-based populations: advantages and disadvantages of online survey research, online questionnaire authoring software packages, and web survey services. *Journal of Computer-Mediated Communication* 10(3). <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1083-6101.2005.tb00259.x> <last accessed 22 January 2019>.