

## Healthy universities: an example of a whole-system health-promoting setting

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**Abstract:** The health-promoting settings approach is well established in health promotion, with organisational settings being understood as complex systems able to support human wellbeing and flourishing. Despite the reach and evident importance of higher education as a sector, ‘healthy universities’ has not received high-level international leadership comparable to many other settings programmes. This study explores how the concept of a healthy university is operationalised in two case study universities. Data collection methods included documentary analysis, observation field notes and semi-structured interviews with staff and students. Staff and students understood the characteristics of a healthy university to pertain to management processes relating to communication and to a respectful organisational ethos. Enhancers of health and wellbeing were feeling valued, being listened to, having skilled and supportive line managers and having a positive physical environment. Inhibitors of health and wellbeing were having a sense of powerlessness and a lack of care and concern. The concept of the healthy university has been slow to be adopted in contrast to initiatives such as healthy schools. In addition to challenges relating to lack of theorisation, paucity of evidence and difficulties in capturing the added value of whole-system working, this study suggests that this may be due to both their complex organisational structure and the diverse goals of higher education, which do not automatically privilege health and wellbeing. It also points to the need for a whole-university approach that pays attention to the complex interactions and interconnections between component parts and highlights how the organisation can function effectively as a social system. (Global Health Promotion, 2016; 23 Supp. 1: 57–65).

**Keywords:** salutogenesis, healthy universities, health-promoting universities, healthy settings, whole systems

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### Background

The social, cultural and political settings in which people live, learn, work and spend leisure time influence their health and wellbeing (1) – and the World Health Organization (WHO) contends that settings such as workplaces, schools and health services provide practical opportunities for the implementation of comprehensive strategies and an appropriate infrastructure for health promotion (2). Rather than simply viewing such settings as vehicles for accessing populations and delivering

interventions (3), the health-promoting settings approach is informed by a salutogenic approach that focuses on how health and wellbeing are created. Drawing from socio-ecological models of health, it appreciates the important role of contexts in influencing wellbeing and points to the duality of structure and agency. Settings are seen as systems, interconnected to other settings and with complex interrelationships between component parts, stakeholders and issues (4).

Universities are important organisations in and through which to create and improve health and

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wellbeing, and healthy universities represent a key application of the health-promoting settings approach (5-7). As a sector, higher education plays a major role in shaping society, with significant social, economic and environmental impacts at regional, national and global levels (8). Within the UK there are 161 higher education institutions (HEIs), each a large and diverse community: the extensive workforce within universities comprises 382,000 staff and the student population is 2.3 million (9). Importantly, students attending university may be at a key transition point in their lives – living away from home for the first time and transitioning from childhood to adulthood without the close support of family, or having to balance the competing demands of work and family life with studying and academic practice. University provides the opportunity to explore and experiment with new experiences, build life skills and develop potential. It is also a place where students can clarify their values, develop as global citizens and prepare for their future roles within communities, workplaces and society as a whole (10).

Although the settings approach would appear to resonate with higher education's values of engagement, diversity, participation and collaboration, the concept of a healthy university has been slow to be adopted. At a European level, the 1998 publication of a WHO book on *Health Promoting Universities* (11) did not lead to the establishment of a European Programme paralleling *Healthy Cities*, *Health Promoting Schools* and *Health Promoting Hospitals*. Likewise, within England, there has been no clear government leadership for healthy universities and when in 2009 Dooris and Doherty (7) conducted an audit of activity in 117 HEIs, only 28 of the 64 responding stated that they had a healthy university initiative. Within these 28, interpretations ranged from small-scale single initiatives and campaigns to whole-system programmes reflecting a holistic understanding of health and wellbeing and a concern to focus on students, staff and the wider community. More recently, the UK Healthy Universities Network has expanded and strengthened, reflecting a grassroots interest in the approach, in the continued absence of government-level leadership.

Several factors may have contributed to the slow adoption of healthy universities. Firstly, it has been argued that the settings approach as a whole remains

under-theorised, resulting in a lack of a widely held overarching theory of explanation about how a university produces health. A scoping review of the literature identified five key theoretical perspectives which help to explain how health is created and how concern for health can be introduced and embedded in a university setting (4). Second, there is a paucity of evidence for the effectiveness of the settings approach – both generally and with regard to healthy universities in particular (5,7,12). Third, although universities have enormous potential to increase staff, student and community wellbeing, it is a challenge to demonstrate the added value of the whole-system healthy universities approach both for health and for the 'core business' of higher education.

This paper reports on a study that explored how the concept of a healthy university is operationalised and how universities can produce or inhibit health and wellbeing, and investigated how students and staff understand health and wellbeing and how they perceive health to be affected by their university and its complex organisational system.

## Methodology

An instrumental case study approach was used in this study. Case study research uses a range of data sources to promote understanding of complex social phenomena and facilitate understanding of these phenomena from multiple perspectives within real-life contexts (13,14) – and is therefore appropriate when investigating a large complex organisation such as a university, where many perspectives exist and where context needs to be understood. An instrumental case study seeks to gain understanding and insight into a particular issue (in this study, the healthy university concept) and the case itself (in this study, the university) is of secondary interest. This contrasts with an intrinsic case study, which has the primary aim of understanding the case itself.

Two universities were purposively selected to represent an 'exemplar' case (i.e. one that called itself a healthy university and was active in the UK Healthy Universities Network, where it was anticipated that the characteristics of a healthy university would be both visible and operationalised) and a 'contrary' case (i.e. one that did not have a healthy university initiative and had not yet considered the approach in any detail). Case study research does not seek representativeness, but

instead seeks to maximise learning and understanding by providing in-depth insight.

Data collection methods included documentary analysis, semi-structured interviews and observation field notes. Using relevant search terms ('healthy university/ies', 'health', 'wellbeing' and 'health and wellbeing'), the corporate strategic documents publicly available via the universities' websites were accessed and analysed before interviews took place, so that an insight into organisational priorities, culture and systems could be gained. An interview guide was developed, to enable understandings and characteristics of a healthy university to be explored. In order to access multiple perspectives and build the 'cases', it was important to interview a diversity of people within each university community, including students, senior-level decision-makers, and a range of staff. The recruitment of participants from each group was opportunistic and purposive: students were recruited opportunistically in open access parts of the university; high-level decision-makers at directorate level and/or involved in key committees were invited to participate; and a range of staff was identified through snowball referral-based sampling. Interviews were either face-to-face or by telephone and were recorded and fully transcribed. Field notes recording informal observations were used throughout the research process and were written following each visit and each interview. Informal observation is important in case study research, in order to understand as fully as possible the case, the issues being explored and the context within which the case operates, as well as the researcher's own perceptions and interpretations (15). Observational field notes are useful when interpreting findings from interviews and documentary review, because they provide description of the context and thus enhance meaning (16).

Reflecting the case study focus of the research, an interpretivist approach to data analysis was adopted. The thematic analysis followed the framework proposed by Braun and Clarke (17), allowing for inductive and deductive perspectives to be combined. This approach also enabled the 'exemplar' and 'contrary' case to be compared, in order to maximise understanding about the healthy university concept and increase understanding about the similarities and differences between the cases. To further increase trustworthiness and credibility, the coding of two of the transcripts was independently carried

out and verified by the researcher's three doctoral supervisors.

Ethics approval was sought and gained from London South Bank University Ethics Committee (14.11.11 UREC number 1166). Once this had been obtained, ethics approval was also sought and gained from the case study universities.

## Findings

Across the two universities, five corporate strategic documents were identified and 26 face-to-face and 22 telephone interviews were conducted – 13 with senior team members, 12 with academic staff, four with administrative staff, 14 with students and (at the exemplar university) five with members of the Healthy University Co-ordination Group. Field notes were recorded following three visits to each of the two universities and following each interview. Data analysis revealed five overarching themes:

- The construction of health and wellbeing in a university
- Processes for manifesting the 'healthy university' concept
- Enhancers of health and wellbeing
- Inhibitors of health and wellbeing
- The ideal 'healthy university'

### *The construction of health and wellbeing in a university*

Apart from senior managers at the 'contrary' case university, students and staff generally articulated a broad and holistic understanding of health and wellbeing, impacting on the whole of a person's life and relating closely to fulfilment of potential:

It's more than just physical health, it's about mental health, the ability to have good relationships with other people, being able to thrive within an environment, being able to fulfil potential. So it's a much bigger concept than just pure health and absence of illness. (Exemplar Case, Staff 7)

Many participants from both universities used similar language, emphasising the importance of overall ethos and sentiment. Health and wellbeing were described as 'feeling good about yourself' and

were often expanded to include ‘feeling empowered’ and ‘feeling comfortable’. Happiness was a significant component of health and wellbeing and extended the concept from merely the ability to function well in a physical way to being part of life as a whole, with an important social component:

Health and wellbeing is social, physical, and mental health and wellbeing. It’s about happily functioning in society. (Contrary Case, Student 15)

The need to feel valued and respected was expressed by many participants. This included feeling that you mattered as a person and that your voice counts. There was recognition that the achievement of a culture of valuing and respecting people relied on relationships between people. This linked with the need to have a sense of belonging, social interaction and the ability to participate.

Many participants at both universities related health and wellbeing to healthy behaviour, including healthy eating, exercise and not smoking. However, healthy behaviour was not discussed in isolation; it was often mentioned in conjunction with social interaction, a pleasant environment and access to healthy choices – seen as a way of people being able to feel and demonstrate control over their lives. At the ‘exemplar’ case university, the availability and promotion of cheap alcohol by the Students’ Union was seen as contrary to the overall health-promoting ethos.

### *Processes for manifesting the ‘healthy university’ concept*

There was a wide difference between the ‘exemplar’ and ‘contrary’ case universities in the level of commitment shown toward health and wellbeing, and in how the ‘healthy university’ concept was or was not made manifest. At the ‘exemplar’ university, high-level commitment and structures to steer and operationalise the concept of a healthy university were evident – in documentation, through observation and from interview data. The concept was explicitly supported by members of the senior management team, members of the cross-university healthy university group, and a range of other staff. Practical commitment was demonstrated through the appointment of specific

roles and allocation of resources; these included a healthy university coordinator, a project worker and a student internship, connected to subject-specific sub-groups of the healthy university group. Improvement of health and wellbeing for staff and students was regarded as integral to student success and was understood to be part of the university’s core business, continuing despite the economic constraints facing the university. Senior managers also recognised the importance and value of putting in place mechanisms to enable effective two-way communication and meaningful participation at all levels across the university community. Additionally, close connections between health and other agendas such as sustainability were highlighted:

We’ve managed to keep our core values in place. There is a priority to save money, but... we’re carrying on managing to support and promote healthy eating, healthy university, sustainability, biodiversity, all the things that we’d want to rightly see go on. (Exemplar Case, Staff 28)

At the time of the first interviews, the concept of a healthy university had not been considered at the ‘contrary’ case university. Health and wellbeing were not recognised values and therefore commitment to the concepts were not addressed in strategic documents such as the Corporate Plan, where there was no reference to health and wellbeing, and there was no clear understanding that health was closely linked to other core agendas. The university was described as reactive rather than proactive in its relationship with health and wellbeing. Although there were activities to promote physical health (e.g. World Mental Health Day events, health fairs, healthy eating events, a bike scheme), these were seen to occur in isolation, lacking consistency and coordination:

We do the standard stuff, like sickness monitoring, occupational health, appraisals – the basics of managing people. But we don’t take the next step. (Contrary Case, Staff 13)

### *Enhancers of health and wellbeing*

Staff and students at both universities shared similar ideas about how health and wellbeing can be

enhanced within a university setting. Feeling valued and cared for, being listened to, having a sense of belonging, feeling part of a social environment and being able to participate in decision-making were all seen as important factors:

They give you a sense of belonging... there's a supportive approach and that really helps with that feeling of wellbeing... It's a supportive environment... It feels as though the university would value people's opinions. (Exemplar Case, Staff 37)

Participants felt that these could be achieved through creating a positive organisational culture and ethos and ensuring skilled and supportive line managers. A positive physical environment, including clean, comfortable, aesthetically pleasing buildings, along with access to green space, was seen to have an important influence on health, particularly mental wellbeing:

The physical environment can make people feel different. If they're somewhere that doesn't look nice and isn't clean it can affect their self-esteem and make them feel depressed. (Contrary Case, Staff 39)

### *Inhibitors of health and wellbeing*

There was a demonstrable difference in responses between participants from the two universities about the things that inhibited their health and wellbeing. Participants from both universities highlighted how the scale and complexity and design of their institutions often leads to a sense of fragmentation, disconnection and isolation – contrasting with a positive vision of a healthy university being characterised by wholeness and inclusivity:

I'm not sure how all the different parts of the university work together. There are not huge amounts of interaction between all the faculties – they have little to do with each other. It's a very big organisation; it's hard to all interact. (Exemplar Case, Staff 33)

At both universities, organisational change and the way it is managed was seen to have a negative impact on health and wellbeing. Additionally, participants from the 'contrary' case university spoke with passion, and seemingly experience, about a sense of powerlessness and an inability to participate in decision-making (themes that received relatively little attention at the 'exemplar' case university):

People are not listened to. There's consensus that we're here to listen not be listened to... It's like – when was this decided? I wasn't involved. Why should we inform you? (Contrary Case, Staff 22)

This was attributed to a hierarchical top-down organisation and a negative management style. Lack of care and concern was demonstrated through lack of investment in initiatives to enhance health and wellbeing, and lack of attention to detail relating to processes and practices (e.g. impractical timetabling, inappropriate allocation of teaching space, poorly kept student records). These characteristics were perceived to emanate from the leadership team.

### *The ideal 'healthy university'*

To explore participants' understanding of the healthy university concept, all participants were asked to describe what an ideal 'healthy university' would look like and feel like. Interestingly, participants at both universities gave very similar answers.

A healthy university was described as a desirable place to be, vibrant with positive energy and a sense of community, with people supporting each other and working together:

Academics and students would be working together... You'd feel part of a community. There'd be social cohesion and togetherness – it all contributes to wellbeing. (Contrary Case, Staff 54)

Resonating with sentiments expressed about the meaning of health and wellbeing, terms such as 'feel contented', 'feel cared for', 'feel supported' and 'be happy' were commonly used. The physical environment would be well designed with daylight,

fresh air, comfortable furniture and access to open green space, and healthy choices would be readily available.

There was wide agreement that a healthy university would lead to positive outcomes for staff and students. These included measurable outcomes such as lower sickness and dropout rates, higher retention levels, improved ratings in both the national student survey and the staff survey, and better academic outcomes.

If you feel healthy and good, it's easier to work, so you'd get better grades! (Exemplar Case, Student 11)

## Discussion

The study reported in this paper used an instrumental case study approach, focusing on 'exemplar' and 'contrary' cases to explore how the concept of a healthy university is operationalised, examine how universities can produce or inhibit health and wellbeing, and investigate student and staff understandings. Findings were presented within five overarching themes relating to the construction of health and wellbeing, processes for manifesting the 'healthy university' concept, enhancers of health and wellbeing; inhibitors of health and wellbeing, and the ideal 'healthy university'.

Staff and students from both universities articulated largely similar perceptions about the meaning of health and wellbeing – understanding them to be positive and holistic concepts. This echoes findings from a literature review on healthy universities (4), which, whilst revealing the limited published material available at the time of the research, similarly revealed a strongly salutogenic focus that went beyond narrow interpretations of 'health' to embrace a concern for fostering wellbeing and human flourishing. This focus was reflected in the vision of an ideal 'healthy university' expressed by participants and in the key factors deemed important for enhancing health and wellbeing in the university setting.

The two universities and the various groupings of people within them were functioning within a specific environment and within a specific – and increasingly challenging – social, economic and political context. Despite the similarities between the contexts within which the two universities were

operating, participants' responses demonstrated markedly different perspectives on, and experiences of, processes for manifesting the 'healthy university' concept.

At the 'exemplar' case university, the overall sense was of a salutogenic organisation (18) committed to health and wellbeing, with people feeling valued, respected and supported. The enhancement of health and wellbeing and focus on releasing human potential were regarded by senior management, staff and students as important aspirations and understood to be integral to the core business for the university. This organisational culture was demonstrated through mechanisms for effective two-way communication and meaningful participation, aimed at ensuring people felt heard, listened to, and able to contribute and share their views. This resulted in staff and students feeling positive and engaged with the university. Whilst organisational change was understood to be challenging, the leadership team acknowledged the human effect of organisational changes and endeavoured to make such changes in as 'human' a way as possible. There was awareness that the health and wellbeing of staff and students are strongly influenced by the organisational context, that the health of the organisation strongly influences performance, and that both the health of staff and students and the performance of the organisation are continuously co-produced by the ongoing interaction between them, suggesting a reciprocal relationship.

In contrast, at the 'contrary' case university, many of those interviewed did not feel valued, respected or listened to – and the enhanced health and wellbeing of staff and students were not obviously acknowledged as important contributors to core business and organisational success. Health was understood by senior decision-makers to be largely an individual's own responsibility and not the responsibility of the university, and was regarded as an issue separate to the corporate goals and values of the organisation. A perceived inability to participate in decision-making resulted in a strong sense of powerlessness, impacting on health and wellbeing. This was attributed to a hierarchical organisation in which control remained firmly with senior leadership. Whilst this leadership appreciated the need for students and staff to be well enough to function effectively within the organisation, there

was a perception among those interviewed that the key drivers of financial stability and increased organisational performance were being sought at the expense of health and wellbeing, leading to negative consequences, particularly for staff.

The differences observed between the two cases in relation to organisational culture and participation provide insight into the benefits of an institution taking a healthy university approach. Although it is not possible to evidence a causal relationship between the adoption of a healthy university approach and a salutogenic organisational culture, the contrasting case studies do suggest that such benefits may well be catalysed or reinforced by an intentional and explicit commitment to health and wellbeing.

Performance is the primary outcome of interest for most organisations (18). For universities, core business drivers concern organisation performance as it relates to teaching and learning, research and enterprise. Yet healthy work practices can simultaneously lead to both employee wellbeing and organisation improvement, and these two outcomes are mutually reinforcing (19). However, as could be seen in the ‘contrary case’ university, a tension can arise if the understanding of health and wellbeing is extended and expanded within an organisation, leading to value judgements regarding the extent to which the organisation is responsible for the wellbeing of its employees (20). As can be seen by the ‘contrary case’, there may not be an understanding of the relationship between health and other institutional outcomes, yet efforts to improve organisational culture may help to embed health in policies and processes as shown in the ‘exemplar case’. In this regard, work carried out in the UK has highlighted the importance of employee engagement and its strong links to capacity-building for staff performance, organisational productivity and wellbeing: ‘Intuitively it makes absolute sense – people who feel valued, well managed, communicated with, who understand and feel fulfilled by their role and can see how they contribute – will be healthier, feel better about their work and do a better job’ (21).

Universities are, however, not only workplaces in which health and wellbeing can be enhanced or inhibited by good management practice. They have two distinct features that might be expected to result in health and wellbeing being prioritised. First, their

core ‘customers’ are students. An increasing move towards widening access to higher education (22) has resulted in the student profile becoming increasingly diverse – with different types of student from a broader range of socioeconomic backgrounds. This shift has corresponded with and encouraged an increased focus on student experience, which in the UK has resulted in a proliferation of student charters and the rebadging of many services under the banner of ‘student wellbeing’ (23). Second, universities are communities of diverse groups of people, including young and mature, full-time and part-time, and UK and international students; various staff groups including ancillary, administrative and academic; and senior managers, leaders and non-executive decision-makers. Although their opportunities for health empowerment and improvement will differ from area-based neighbourhoods, universities are, like many other communities, influenced by a range of factors – among them norms, social networks, patterns of leadership and physical, economic and cultural environments.

Influenced by socio-ecological theory, much literature on health-promoting settings has emphasised the importance of systems thinking and of adopting a whole-system perspective – focusing on how the system works as an entire entity. In relation to healthy universities, Dooris has explored what a whole-system focus means, highlighting the value of understanding the interrelationships, interactions and synergies with regard to different groups of the university population, different components of the university system and different ‘health’ issues (5). Furthermore, he and others have suggested that a ‘whole-university’ approach requires a threefold commitment to: creating working, learning and living environments for students, staff and visitors; increasing the profile of health and sustainable development in learning, research and knowledge exchange; and contributing to the health, wellbeing and sustainability of the wider community (24).

However, the case study findings, whilst pointing to benefits arising from an explicit institutional commitment to health and wellbeing reveal that fostering a ‘whole’ system is a key challenge. Even at the ‘exemplar’ case, which was committed to developing as a healthy university, there was a sense that the scale and complexity of the organisation resulted in fragmentation and a sense of disconnect.

The distinguishing features of a healthy university as articulated in the case study research related strongly to how the university functioned as a *social* system, defined by Checkland (25) as ‘groupings of people who are aware of and acknowledge their membership of the group. They accept various responsibilities as a result of their membership and have certain expectations of other members.’ Expectations included the need to feel valued, respected, cared for and able to participate and contribute. Reflecting Naaldenburg *et al.*’s analysis of social systems (26), the pursuit of a healthy university thus highlights the importance of a university: having appropriate structures and mechanisms in place to enable engagement; being clear about the meaning that leaders and decision-makers give to health and wellbeing and how they translate this into practice in the university context; and prioritising empowering processes for all of the community, allowing them to participate and make their voices heard.

## Conclusion

This study is one of the first to explore stakeholders’ perceptions of the ‘healthy university’ and to have explored and increased understanding of how the concept can be operationalised.

Using a practical application of systems thinking, both Best *et al.* (27) and Naaldenburg *et al.* (26) conclude that the system needs to be understood as a process of structure, meanings and power relations. The two case study universities illustrate this: a hierarchical structure in the ‘contrary case’, in which a senior executive makes decisions and the community is disengaged, disempowered and negative; and a participatory structure in the ‘exemplar case’ – in which opportunities for communication are offered, health and wellbeing are well understood and integrated into the core business, and the community itself identifies as having a common purpose. This emphasises the necessity of clarifying underpinning organisational values and the imperative of creating appropriate structures and processes to ensure that people are listened to, heard and can participate fully in decision-making. It also suggests that a healthy university can only be operationalised when the senior leadership team have a salutogenic and holistic understanding of health and its determinants

and a tangible commitment to the wellbeing and flourishing of staff and students and the wider community.

The findings demonstrate the importance of viewing the organisation as a social system and of fostering and nurturing the ‘whole’ by understanding and paying attention to the complex interactions and interconnections between component parts. Only then will health and wellbeing be produced in the university setting and begin to infuse the university system in its entirety, and be understood as a valued means of maximising its performance as a rich and diverse community and centre of learning, research and enterprise.

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