


BMJ Open Exploring the conceptual framework of a health-promotion faculty from the perspective of members: a qualitative study

Fateme Sedghi ¹, Mehrsadat Mahdizadeh,^{1,2}
 Mohammad Vahedian- Shahroodi,^{1,2} Mahdi Gholian-Aval^{1,2}

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¹Department of Health Education and Health Promotion, Mashhad University of Medical Sciences, Mashhad, Iran

²Social Determinants of Health Research Center, Mashhad University of Medical Sciences, Mashhad, Iran

Correspondence to

Dr Mahdi Gholian-Aval;
 GholianAM@mums.ac.ir

ABSTRACT

Objectives Understanding the concepts and structures of health promotion in the faculty from the perspective of its members.

Study design Qualitative study.

Settings Faculties of Medical Sciences University.

Participants A sample of four main groups in the faculty (students, faculty members, staff and managers) were purposively sampled for demographic characteristics and their views on the concepts of health promotion.

Methods A descriptive qualitative study using thematic analysis of content was conducted. Data were obtained using semistructured interviews and then analysed thematically. MAXQDA V.10 software was used to organise and code the imported interview transcripts.

Results Three main categories of management policy, environmental structure and executive strategies were identified as health-promotion structures in the faculty based on the views of the interviewees.

Conclusion The inclusion of a health-promotion approach in university policies requires administrators' commitment to health promotion and the participation of all members and partners inside and outside the faculty to identify health needs and engagement in programmes.

INTRODUCTION

Universities are characterised by a privileged and unique position that can help foster the health and well-being of students, staff and ultimately society through its policies and practices.¹ The health-promoting university (HPU) concept encourages universities to incorporate health into the university culture, processes and policies to promote the health of the university community.² Such a setting seeks to actively and incessantly integrate health promotion into the lifestyle and academic environment and nurture a learning atmosphere and organisational culture so that people can exploit their capacities to enhance their quality of life and well-being and consolidate their position in the development of the health of society.^{3 4} In recent decades, a new attitude towards the

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ This qualitative study examined and expanded the concepts of health promotion within the faculty structure.
- ⇒ In-depth interviews provided a better objective understanding of the previous concepts.
- ⇒ The results obtained provide a simple and understandable picture of health-promotion needs for decision makers in higher education.
- ⇒ Group discussions could have contributed to a deeper understanding of the concepts but were not carried out due to restrictions caused by the corona pandemic
- ⇒ The results of this study cannot be generalised with certainty to non-medical sciences faculties.

concept of an HPU has been created which is focused on the approach of healthy settings. This approach has received growing attention in terms of revisiting the concepts of health promotion and is formed by the fact that health is largely determined by people's environmental, economic, social, organisational and cultural conditions.^{1 5 6} A prerequisite of effective health promotion is concentrating on places where people live and work and have simple and complex interactions with each other and their surroundings.⁵ Therefore, its dimensions are far beyond focusing on individual lifestyles and it is of paramount importance to consider the living setting of individuals as a health determinant.⁷⁻⁹ The Ottawa Charter, with its fivefold focus on healthy public policy, creating health-supportive environments, strengthening social action, developing personal skills and reorienting health services, shifts the concept of health promotion from focusing solely on behaviour change to creating health-supportive environments.¹⁰ Accordingly, a health-promotion university repudiates the view that the main goal of health promotion



is to encourage people into adopting healthy behaviours. Instead, it sets out to develop an appropriate policy and provide a fertile ground that empowers students and other members to expand their knowledge and understanding of health, discover possibilities and determinants of health and nurture valuable experiences and informed choices.¹¹ Dooris outlines several key processes that play a part in developing an HPU. These include integrating a commitment to, and vision of health within university plans and policies, creating health-promoting and sustainable physical environments, supporting the healthy personal and social development of students, increasing understanding, knowledge and commitment to multidisciplinary health promotion across all universities, supporting the promotion of sustainable health within the wider community and developing the university as a supportive, empowering and healthy workplace.¹⁰

The mounting interest in the development of the healthy university and new concepts emerged in the wake of the campaign for healthy cities in the mid-1990s in universities of UK. The publication of guidelines for the establishment of health-promoting universities by WHO European in 1998,³ the Edmonton Charter for Health Promoting Universities in 2005,¹² as well as the Okanagan Charter for Health Promoting Universities and Colleges in 2015,¹³ provoked a gradual progression towards the expansion of these theoretical concepts, and networks of healthy universities in Europe, South America, North America, Australia/New Zealand and South East Asia have been developed to exchange better experiences.^{2 14-17} The Okanagan Charter declares that 'Health promotion universities and colleges transform our current and future well-being and sustainability, strengthen communities and contribute to the well-being of people, communities and the planet' and urge higher education institutions to integrate health and sustainability in their mission, vision and strategic plans by modelling, testing and conveying innovative approaches to prompt changes in society.^{13 18} It is to be noted that despite the solid theoretical foundation of healthy universities and the appeal of this approach, its implementation method is ill-defined,^{2 18 19} and compared with the ample evidence on the health-promotion policies in the primary and secondary education sectors, it has received scant attention.^{18 20} It is partially due to the incongruity in the interpretation of concepts and understanding of priorities as well as executive obstacles rooted in the background of measures, geographical and cultural differences and the position of health in the regional and national policies of countries.^{18 21} It is worth noting that healthy university initiatives are more effective when compatible with popular culture, environmental context and public policies and will be more readily accepted by society.²¹

To date, none of the Iranian universities have joined the international network of health-promoting universities, and therefore a paucity of scientific and practical evidence and literature on implementing healthy settings in the university is felt. The review of research

in higher education institutions in Iran suggested that, like many other studies in the world, concentration is on specific issues such as students' health, which usually address diseases or risk factors of lifestyles, such as inactivity and nutritional behaviours, or mental disorders. Other studies in this field have chiefly explored health-promoting schools and hospitals. Therefore, this qualitative study aimed to investigate the faculty members' views regarding the concepts of health promotion and to answer the research question of which requirements they consider necessary to promote health in the faculty.

METHODS

Study design and participants

This study was conducted using a conventional qualitative content analysis method to identify health-promotion components in six faculties of Mashhad University of Medical Sciences in Iran. The researchers were members of the faculty in the Department of Health Education and Health Promotion of the Faculty of Health. Data were collected through semistructured interviews conducted between May 2021 and February 2022. The study design corresponds to the Consolidated Reporting Criteria of the Qualitative Research Guidelines.²²

Participants were selected through purposive sampling. They were from four main groups in the faculties (students, faculty members, managers and employees of various departments) and had no prior relationship with research team members. First, samples were selected from the main groups in each faculty. The purpose of the study was explained to them over the phone or in person. If they agreed to take part in the interview, the time and place of the interview were coordinated with them. A total of 45 people were contacted, 39 of whom took part in the interview (86.6% response rate). The consent form for participation in the study acknowledges the confidentiality of participants' information and confirms that their information will be provided in academic/professional/faculty form only. The characteristics of the participants are shown in table 1.

Data collection

FS conducted and transcribed all interviews (Ph.D. in health education/interview experience/female). The question structure was developed by MM (Ph.D. in qualitative research specialist/female) based on a review of the healthy university concept in published official texts and guidelines.^{4 7} Before the formal interviews, four pilot interviews were conducted with representatives of groups who were not the primary study participants to assess the validity of the tool and to identify any bias and interview accuracy for the research group. The interview began with demographic questions (age, education, occupation and so on) and was followed by the guide questions. (online supplemental file 1).

The interviews lasted between 70 and 100 min depending on the participant and interviewee interaction. The

Table 1 Characteristics of study participants

Group		Student	Faculty member	Manager	Staff	Total
Sex	Female	6	5	4	4	19
	Male	5	6	5	4	20
Faculty	Health	2	2	2	3	9
	Nursing and Midwifery	2	2	2	1	6
	Medicine	2	3	2	1	8
	Dentistry	2	2	1	1	6
	Pharmacology	1	1	1	1	4
	Allied Medical	2	1	1	1	4
Total		11	11	9	8	39

interviews took place face-to-face in a private room within the faculty. Each was conducted with an audio recording for data collection and transcribed verbatim in Persian.

Sampling continued until data saturation was reached (no new or significant data were obtained and the extracted codes were repeated). Beginning with the 10th interview, the progressively identified categories had repetitive codes, and by the end of the 36th interview, code recurrence was also observed in the remaining category, but for more certainty, three more interviews were conducted to identify new codes. The data collection finally ended with 39 interviews.

Data analysis

The transcripts were analysed thematically using a two-step inductive–deductive approach.²³ In the first phase, FS and MVS (Ph.D. in health promotion/male) conducted an inductive thematic analysis, codifying and identifying the main emerging themes. Data analysis was carried out parallel to data collection. During transcription, researchers wrote a memo and reflection diary and continuously adjusted the interview strategy in the follow-up sessions to improve the research quality. The first three transcripts were coded together and the basic coding structure and topics were discussed. This was followed up by MM conducting a deductive thematic analysis of the data, reviewing and refining the initial themes to reflect the wider and overarching research questions that the study sought to address. Differences in coding were discussed and the final framework was created. Other transcripts were coded independently and similar codes were progressively categorised. To further ensure the correct interpretation of the phrases and labels, the transcripts were sent to 15 interviewees and approved by them after minor changes. Regular meetings were held to discuss coding agreements and set parameters for each main issue. MAXQDA 10 software was used to organise and code the imported interview transcripts.

To ensure the validity and reliability of the data, the research team considered Lincoln and Goba's four evaluation criteria (reliability, adaptability, validity and transferability).²⁴ Adequate time was allowed for data collection, interpretation and long-term interaction with the data

to ensure validity. In addition, the texts of the interviews were exchanged between the article's authors, and their confirmatory and complementary comments were used at all stages of the work. To increase the transferability of the findings, the principle of maximum diversity of participants was used to collect data, also by providing appropriate quotes and explaining the participants' opinions, the transferability was increased. For reliability, the three authors reviewed and validated the participants' coding steps and citations, recorded all research details and took notes on each step of the work. Verifiability was achieved through the documentation and archiving of all stages and documents of the research process, multiple revisions and exchange of interview texts, main and subcategories identified by the authors to confirm the consistency of the decisions.

Patient and public involvement

There were no patients involved in this study.

RESULTS

In the analysis of 39 interviews, the number of 256 initial codes were extracted. After comparing similarities, differences and proportions, classifications were identified in the three main categories included: management policy with two subcategories (groupthink, planning), environmental structures with two sub-categories (landscape, support measures), executive strategies with three sub-categories (health education, capacity building, health-oriented research), see [figure 1](#). These categories are explained with quotations from the data.

Management policy

The first category looks into the management requirements of the faculty on how to make decisions and plan health-promotion goals.

Groupthink

Dialogue and respect for different groups' views to improve the university's health status were noteworthy and crucial points mentioned by students, staff and faculty members. The analysis of their viewpoints suggested that

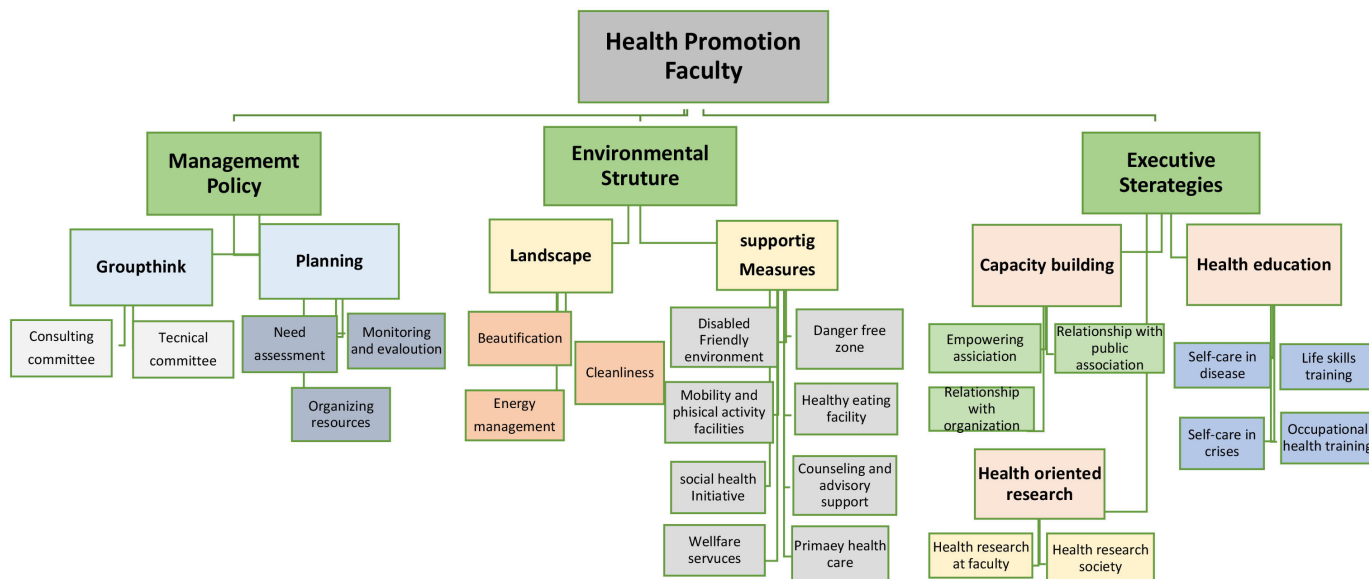


Figure 1 Thematic map: health-promotion structures in the faculty.

the accurate detection of health determinants and the fair distribution of resources and facilities proportionate to the needs of people will not be achieved without the interchange of ideas and recognition of ideas expressed by all the groups present in the faculty.

It's great that students can talk about the problems and challenges facing them here (at the university) and the necessary facilities and their opinions are heard because this will influence their health in the long run... Decisions should not be made behind closed doors without considering our demands. (Environmental Health Student—Faculty of Health)

I think that it is vital to organise a series of meetings for the exchange of views and solution finding. Many issues should be clarified. Challenges need to be addressed in the presence of representatives from all groups. It will go a long way in identifying the hidden dimensions of many problems. These meetings will yield better solutions. (Employee of Education Department—Faculty of Dentistry)

Some managers and faculty members believed that identifying solutions and arriving at decisions on most issues call for the formation of specialised teams relevant to the subject area.

We should discuss some problems at length in a more specialised manner. They are like icebergs; you can't just take a problem at face value and reach a decision driven by emotions. In these cases, the ideas of a team of specialists are needed to explore which aspects require further considerations. (Faculty Member—Nursing and Midwifery Faculty)

Planning

This subcategory refers to the requirement to have a comprehensive programme by the management group in

the faculty, which is necessary for the implementation of health-promotion goals.

Interviewed managers stated in their comments that accurate health needs assessment and resource prioritisation are necessary for a successful programme.

A manager needs to understand that expectations for the advancement of science and research criteria in the faculty should be driven by rigorous consideration of the health needs of groups: a physically challenged professor, a student dealing with academic anxiety or family problems, or an employee suffering from burnout. Before any decision is made and actions are taken, we need to analyse the situation and see which issues call for immediate intervention. (Faculty Member—Nursing and Midwifery Faculty)

Some managers pointed out existing challenges like a lack of resources, delayed allocation of credits and obstacles to the planning process.

When it comes to the health-promotion programmes in the faculty, we imagine an environment with a series of tools and resources at its disposal. What portion of a faculty budget can be spent to carry out these programmes? Do we have the specialised staff for this purpose? (Administrative and Financial Deputy of the Faculty of Medicine)

One of the managers stated that the continuous evaluation of health programmes can be used as a lever to guide actions in the planning path.

We need tools that give direction to the execution of each programme. If we are going to carry out a programme to improve healthy eating in students, we need a series of indicators that guide us on the right path. That is, how feedback could be provided on the execution of a new programme and how effective the

intervention would be in the end. (Head of Allied Medical Sciences Faculty)

Environmental structure

The second category describes the environmental structures that support health in the faculty.

Landscape

The majority of interviewees stated that adopting initiatives for beautifying administrative and educational spaces, including visual effects such as stunning images, health symbols, green space, sanitation of the environment and clean energy production can nurture the feeling of peace and vitality.

The first thing that pops to my mind when I hear the term health-promotion faculty is a clean and tidy environment where there is no trace of trash and everything shines. And this cleanliness is sustainable. (A student of the Nursing and Midwifery Faculty)

When I think of health, aside from good feeling, I imagine some beautiful and relaxing images as well. An attractive and peaceful environment where I can envisage the sense of being healthy. (A student of the Dental Faculty)

There should be harmony and balance in the arrangement of the items. A cluttered space may inadvertently provoke distress and confusion, and wreak havoc on mental health in the long term. (An employee of the Educational Affairs Department—Medical faculty)

None of the activities here should pose a danger to the environment. If it turns out to be the source of waste production that damages the environment or its energy consumption contributes to global warming, it would not qualify as a health-promoting environment. (Professor of the Department of Environmental Health—Faculty of Health)

Supporting measures

Participants believed that the faculty should provide services and facilities that meet the health needs of different groups, reduce risks and encourage healthy lifestyles.

One of the points raised by the interviewees was that a health-promoting faculty should provide a safe milieu free from physical health threats for its members. In this environment, risk factors are identified, and timely interventions are made to hamper injuries.

The health and safety of the students must be taken into account... It is imperative to ensure the safety of the equipment. (Student of Laboratory Sciences—Faculty of Allied Medical Sciences)

Equipment and facilities used in each department must meet safety and standard requirements, and possible risks have to be constantly checked. Major accidents are triggered by small negligence. (Faculty Member —Faculty of Health)

One of the students and a university staff who had physical and movement problems stated that health-promoting faculty should provide convenient access to all services and facilities for people with physical and movement disabilities so that the lack of some facilities and amenities would not beget extra problems.

Someone like me, who struggles with physical disabilities, should not have concerns about moving around the faculty. The fact that I cannot reach the books on the top shelf of the library, or that I have trouble moving between buildings, and no one seems to notice, is very disappointing. (Speech therapy student—Faculty of Allied Medical Sciences Faculty)

I do not like to be treated as handicapped. There must be handicapped times that help me maintain my independence. (Administrative staff—Nursing and Midwifery Faculty)

The majority of interviewees stated the faculty environment should boost their motivation to maintain and promote an active lifestyle. Allocating certain time to staff exercise, offering incentives, introducing inspiring people and providing facilities such as convenient and affordable access to a well-equipped gym were among the issues raised by academic staff members and employees.

I rarely get up and leave my desk. I am swamped at work and cannot find time to even think about exercise and sports. The gym time is not in my free time and I can barely find time to do sports. (Employee of the financial Department—Faculty of Allied Medical sciences)

Some professors have made arrangements to walk or ride to work in the morning. We need to introduce the positive habits of these people to others, especially to students. They take note of our lifestyle. (Faculty member - Pharmacy Faculty)

Variety and greater access to healthy food reduced costs of access and propagation of a healthy eating culture were among the points that interviewed subjects believed should be heeded in the faculty.

I often have the main meal in the central canteen of the university. There is a buffet here, but it only offers snacks that are not very healthy. (A student of the Dental Faculty)

The fruit chips and nut are much more expensive than chocolate cake and potato chips... I usually care for the price when making a choice. (A student of Occupational Health—Faculty of Health)

We need to work on building a culture of healthy eating in ourselves. In business meetings, only healthy snacks should be provided. We need to avoid sugary drinks during lunch, and offer more subsidies on healthy food menus to encourage people to buy them. (Administrative and Financial Deputy of the Faculty of Medicine)

I am usually at the faculty from 7:00 am to 4:00 pm. I have only eaten two meals a day here for years, usually prepared at home...The canteen's menu here is suited to the taste of young people. I follow a special diet not offered in these canteens. (Faculty member—Faculty of Medicine)

Some participants noted that characteristics of this environment arouse special mental and psychological concerns. People enter this environment with a range of mental concerns, and social and family tensions every day and the anxiety induced by courses, academic future, job promotion and social relations further complicate the situation. Convenient access to mental health counselling for students, staff and faculty members as well as support in times of crisis is essential.

Although the environment here is comforting for me, sometimes I feel highly stressed out. Courses are getting more and more difficult as the terms go by and I often find myself anxious and confused. (A student of the Pharmacy Faculty)

I believe that psychological counselling should not be exclusive to students. Professors and staff should also have quick access to a trusted counsellor in the faculty. We all struggle with various mental concerns in the workplace that we need to discuss (Professor of Health Education Department)—Faculty of Health

The provision of welfare facilities proportional to the characteristics and demands of each department in the faculty was one of the main demands pointed out by all three groups. The chief demands propounded by subjects included facilities for pregnant and breastfeeding mothers, a kindergarten, spaces for rest and informal conversations, a dining hall, ATMs and shops inside the premises and convenient access to parking and public transportation services.

I think having a place to rest and relax is crucial for us. I need a short break from 12:00 to 2:00 PM to renew my physical and mental strength. (Environmental Health Student—Faculty of Health)

One of my constant worries is to find a park for the car in the morning. It has provoked intense competition and become a source of psychological concerns before entering the workplace daily. (Employee of Environmental Health Department—Faculty of Health)

To some of the interviewees, the outcome of actions and initiatives in a health-promoting faculty should establish an environment that facilitates communication between different groups. Positive interactions need to be nurtured and the spirit of group participation and cooperation should be boosted.

In some faculties, many departments have breakfast or lunch together on a specific day of each month. These programmes foster a sense of teamwork and

friendships. (Faculty member of Language and Literature Department—Faculty of Medicine)

Checking up on the health status of people in the faculty and continuous communication with primary care centres inside and outside the faculty was particularly stressed by the staff and faculty members.

I undergo health assessment every 3 years by the university's cohort centre, but I doubt they are aware of my cardiovascular problem and medication I take. (Professor at the Faculty of Pharmacy)

I am doubtful that the faculty system cared whether I had a check-up or not. Certainly, even when I apply for sick leave, no one will inquire about my main problem. (Accounting Staff—Faculty of Health)

As noted by faculty members and students, quick access to some health and treatment services was necessary. They believed that services such as first aid at the time of accidents or the presence of a resuscitation team would boost their confidence in controlling critical situations.

I think the presence of an experienced team familiar with first aid and medical/nursing services is vital here. An accident or injury for any reason causes a negative psychological effect on others because they have no idea how to handle the situation. (Faculty Member—Faculty of Allied Medical Sciences)

Executive strategies

The third category pertained to the set of supporting measures to fortify the health-promotion environment.

Health education

Given the educational function of this environment, the students believed that some training such as self-care in high-risk situations and communication skills in their studies was essential. The staff and faculty members also highlighted the need for empowerment concerning self-care for diseases, enhanced social skills, stress management, anger control and continuous training in occupational health.

Even though we work at the University of Medical Sciences, we barely have all the information on our health... In the workplace, there is a lot of tension between me and my colleagues. I need to learn more about communication skills. (Employee of Educational Affairs Office—Faculty of Dentistry)

I think our knowledge of occupational health is far from complete. Many of us still know little about how to sit properly at the desk and work with a computer. (Faculty Member—Faculty of Allied Medical Sciences)

I'd like to know more about sexual health and marital relations. It is a shame that I can get pieces of information only from my friends. (Environmental health student—Faculty of Health)

Capacity building

One of the students and one of the administrator's managers argued that multiple student unions and associations can foster the active participation of students in decisions and programmes related to their health.

In my opinion, associations and unions are the voice of students. By joining forces, we will forge a single identity, and our voices are heard by the authorities. (Medical Faculty student)

Many awareness-raising campaigns, especially about AIDS, are well organised and run with these associations, and their actions wield a great impact. (Cultural Director—Faculty of Medicine)

A manager and a faculty member also asserted that the health-promoting faculty should consolidate its role as a reference and a major consultant in detecting health problems and prompting discussion to identify and communicate with local associations and other organisations.

Unfortunately, some faculties are like an insular community. They have lost their connection with the community over time. How could we play a role in decision-making and planning of our city's health? (Head of the Faculty of Health).

We need to adjust our views to that of other organisations on the implementation of health-related programmes. We have to carry out mutual projects without being trapped in conflicts of interest. (Faculty Member —Faculty of Health).

Health-oriented research

Researching the general health of people in the faculty and the health status of the society were other subjects underlined by the academic staff.

I think that any decisions on the health status should be informed by scientific evidence. That is, decisions should be driven by academic research. (Faculty Member- Faculty of Health)

A research director also asserted that, along with other research projects in the faculty within their field of expertise, further research projects on health needs and problems are also warranted.

Research on the health status of the local community is also justified. We approve a broad range of research projects in the faculty every year, but it is not clear what portion of such research is focused on the health status of the community. (Research assistant - Nursing and Midwifery Faculty)

DISCUSSION

Based on members' views in this study, three main components of management policy, environmental structures and executive strategies have been identified as mandatory health-promotion frameworks in the faculty.

When analysing the concepts of health promotion at universities in other studies, two basic approaches can be distinguished. The first considers health promotion as a care method that brings a person to a state of health accompanied by a system of prevention. A second is an ecological approach that views the university as an integrated environment in which members and the organisation interact with each other and generally considers all aspects of well-being, including physical, psychological, social, spiritual and environmental.^{18 19 25}

The management policy component comprehensively approaches the faculty's health-promotion concepts. Analysis of the participants' comments showed that groupthink and planning are critical to managing health-promotion activities. They believed that holding consultative meetings in which the representatives of university staff and students from different disciplines and faculty members attend and investigating issues in specialised health committees enable them to engage in health promotion over time. In this way, health needs are identified and updated, allowing them to develop ideas and cope with existing challenges. In the documents published by University College Dublin, the assessment of the current situation and the identification of health priorities with the participation of groups of students and staff and the improvement of the atmosphere of interaction and dialogue have been considered.²⁶ A prerequisite of faculty's commitment to health promotion is the definition of health as a criterion in the process of planning and policy-making process, which involves mediating between the criteria and the needs of the individuals, as well as concern for the active participation of all stakeholders to ensure this.^{9 25 26} This component is consistent with the concepts of the Edmonton and Okanagan Charter, which considers the HPU as an institution that seeks to use solutions and strategies resulting from a collective approach to ensure broad and meaningful participation by all stakeholders, including students, staff and faculty, managers and other decision-makers, to fulfil the appropriate leadership role of health practices.^{11 12} Participants cited the evaluation as a guide to achieving health-promotion goals. This concept was expressed in Stock's study, as an important pillar of health-promotion programmes because it provides feedback on intervention and helps strengthen the evidence.²⁷ and can indicate managers' willingness to learn from past experiences and improvement initiatives.² From the point of view of the managers involved, financing human resources is an important element of health-promotion planning. Institutional support is essential to sustain health-promotion initiatives, and this support is usually proven by budget and resources,²⁸ and non-allocation of resources can indicate that policymakers do not feel responsible for implementing programmes.²

In the environmental structure component, landscape and supportive measures concepts refer to the necessity of creating health-supporting environments in the faculty. Tsouros's study emphasised the university's role

as a supportive environment for health.³ Lowe also states that a major challenge for universities over the next decade is to create and maintain a healthy and supportive work environment for faculty, staff and students.²⁹ Most health-promotion interventions at universities are aimed at improving the environmental conditions, and the identified needs of students and other staff are mainly focused on this structure.^{30–32} Participants highlighted the impact of the landscape such as green spaces, beautification and cleanliness, particularly on mental health. Evidence shows that interacting with beautiful visual effects can help reduce human stress, emotional states and improve cognitive performance.^{30 33 34} A study by van den Bogerd *et al* has shown that students appreciate the integration of green spaces into the university environment.³⁵ In Reis's study, nine intervention studies describing the implementation of the HPU concept focused on strengthening community activities to reduce adolescent health problems, including preventing substance abuse, alcohol and drugs, mental health, healthy eating, sexual health, physical activity and smoking.³ Actions that HPF should be accounted for include: promoting safety, sanitation, health facilities, cleanliness and beautification, disability-friendly facilities, improving healthy food habits and an active lifestyle, monitoring for high-risk conditions and behaviours, first aid, mental health counselling,^{25 31} as confirmed by the participants in the present study.

Executive strategies focus on developing skills to improve well-being, increasing health capacity through networking and supporting health research. Of the actions offered by the Okanagan Charter, these concepts are most closely related to the university's mission.

Participants mentioned the need for health education to empower and prepare for health crises. The development of health skills through health education is closely linked to the educational function of the university.³⁶ Other research has also shown that there is still a need to promote health education in universities and that health education can be expected to improve self-care skills and promote health-promoting behaviours such as increased physical activity, healthy food choices and reduced risky behaviours.^{30–32 37}

Improving health capacity through networking within the faculty, such as the involvement of associations and guilds in health-promotion programmes, national and local campaigns and health peer networks can play an essential role in expanding, maintaining and deepening the health of relationships in the faculty. Dooris also states that universities can potentially increase health capacities in other organisations by introducing acceptable policies. In addition, as a specialised and influential centre, it can develop its role as an advocate for public health policy in and around the community.¹⁰ Health-oriented research on the health needs of the faculty and the surrounding community was considered for evidence-based planning and intervention. As stated in the Okanagan Charter, fostering research, innovation and evidence-based activities should help drive policy and new ways of promoting health in the community, and insights from this research enable health professionals to work on a

holistic systems approach, to understand the diverse needs of their students and staff, plan interventions and design their policies accordingly.¹³

Conclusion

This article attempts to present a structured picture of health promotion in the faculty, and by breaking it down into simpler elements, we will present the new ideas in a way that is acceptable to planners at this level. The results of these studies show a common perception of the concept of health promotion compared with similar studies in other countries.

Evidence indicates that the design and implementation of health-promotion policies in faculty must consider the ecological dimension of health, including individual and collective characteristics and needs, and the impact of various factors on environmental health. Also, to accelerate health promotion in higher education, leaders must commit to empowering their staff, students and faculty through the creation of a health-focused culture. Consistent with this commitment, leaders must engage all members in specific discussions about the impact of environmental conditions on various aspects of their health. Finally, the rules and decisions must be clear and adapted to everyone's needs, and all partners and stakeholders inside and outside the organisation must be involved in achieving the goals.

Limitation

This study is one of the first studies examining health-promotion concepts from the perspective of members of the faculty in Iran. However, some limitations affected the quality of this study. One limitation was that the study included only medical science faculties and the members of these faculties have different knowledge and attitudes than the non-medical faculties because of the health-promoting character of these faculties. Another limitation was that provided us with a large amount of data when conducting the in-depth interviews, but we believed that subsequent focus group discussions would enrich the results and we were unable to conduct them due to the COVID-19 pandemic limitations. However, this study advances our understanding of HPF despite these limitations.

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ORCID iD

Fateme Sedghi <http://orcid.org/0000-0001-7260-7213>

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