The Health Promoting University (HPU): the role and function of nursing

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Summary
For many nurses, fulfilling a nursing role and career will inevitably mean that they come into contact with the University setting — at both a pre- and post-qualifying level. Many nurses throughout the world have their educational needs determined by and delivered by University-based institutions. Since the mid-1980s, the World Health Organisation (WHO) has sought to define and encourage the implementation of concerted health promotion programmes that adopt a 'setting-based' approach. Recently, the literature has begun to identify the emerging role and function of the Health Promoting University (HPU) as another component of the settings-based movement. As much as nurses are duty-bound to consolidate and incorporate health education and health promotion practices in the clinical setting, this paper argues that they have a similar responsibility in the Higher Education setting.

KEYWORDS
Health Promoting University; Health promotion; Health promotion settings

Introduction
In the mid-1980s, the World Health Organisation (WHO) released the Ottawa Charter for Health Promotion (WHO, 1986). One of the main outcomes of this Charter was that health promotion strategies were approached according to a 'settings-based' mandate. This heralded an attempt to move away from health promotion activities based on a traditional medical/preventative framework, towards a wider public health settings-based approach that examined 'whole' population health, as a broader investment in structures that lay outside of traditional health service sectors. A settings-based focus therefore marks attempts to move health promotion activities away from the dominant practices of behavioural and individual 'health education', towards much broader socio-political policy initiatives that re-orientate health organisations, within the boundaries of their own unique setting, and restructure them to interact with their surrounding communities.

The settings originally identified by the WHO were workplace, community, hospitals, schools, and the home and family. A more recent designated setting is that of prisons (Tayler, 1997; Waplington, 1998; Watson et al., 2004). The most recent addition, however, is that of the Health Promoting University (HPU). In giving universities a 'settings' status, they now possess a WHO-endorsed backing...
advocating the development of broad-based socio-political activities that impact on the immediate and wider educational community. Consequently, and as a natural progression, HPU’s are evolving from and have adopted many of the principles from the more established Health Promoting Schools (HPS) movement (Beattie, 1998). It is useful, however, to point out that some health promotion settings-based movements have received a mixed review and, in particular, criticism has been directed at the lack of concerted evaluative research and the punitive targeting of some health promotion strategies (Smith, 2000; Johnson and Baum, 2001; Whitehead, 2004). As the newcomer to the settings-based health promotion fold, HPU’s have the opportunity to take on board the lessons learnt from other settings-based movements.

From its early foundations, it appears increasingly obvious that Health Promoting Universities are becoming a viable force in the field of health promotion. There is certainly a rapidly growing interest in varied and wide-ranging health promotion programmes in the Higher Education setting, where the widening participation is fuelled by an increasing focus on quality reform and attainment of academic excellence (Dooris, 2001a; Stock and Kramer, 2002). Against this, Tsouros et al. (1998) have produced a WHO-sponsored publication that includes strategic guidance on the development of the projects supported by the European Network of Health Promoting Universities.

Despite this exciting development in Higher Education, however, there is no evidence that the nursing professions are getting involved. Extensive searching of the main nursing-related bibliographical databases reveals that, prior to this article nothing has been published on this topic. This article aims to explore and define the concept of HPU’s and subsequently apply it to the context of nursing.

What does a Health Promoting University do?

A HPU aims to provide similar services to all other health-promoting settings in providing a wide range of health promotion and health education initiatives. Tsouros et al. (1998, p. 3) state that a Health Promoting University should broadly seek to:

- Protect the health and well-being of students, staff and the wider community.
- Increasingly direct its teaching and research capacity towards health promotion activities.
- Develop concerted health promotion alliances and outreach facilities with its surrounding community.

Similarly, the ASPH (2000) identifies the goals and guiding principles of the ANHPU Network (see Table 1).

Therefore, a HPU seeks to serve the needs of its immediate student and staff population. At an
individual level, university-based health promotion programmes offer the potential to not only affect the health-related behaviours and lifestyles of health professionals that access them, but the chance for the health professionals employed on them to directly access the student and staff population. Morrone and Rathbun (2003) suggest that health promotion initiatives in the university setting are particularly useful because, not only does the health promoter have the capacity to reach a potentially captive audience, but the opportunity to instil healthy practices in young adults might result in a lifetime of positive health-related activities. Several studies have already demonstrated how important it is to target student’s health-related knowledge and beliefs as a means of instilling early and sustained healthy behaviour (Svenson et al., 1997; Xiangyang et al., 2003). Hampshire (2003) reports on a health education initiative that has targeted a popular nightclub venue for University students and employed volunteers to hand out ‘goody bags’ that contain safer sex and drug-use information, along with condoms and novelty stickers. Palmer (2003) also puts into practice the notion of deploying health promotion specialists to develop educational programmes that could assist the organisation and its employees in dealing with work-related stress.

An effective HPU is also able to demonstrate that it is capable of adopting multi-faceted frameworks that promote wider ‘systems change’ through co-operative learning, consultation and participation, as well as strive to become empowered learning organisations (Beattie, 2002). Thus HPU’s tend to focus on particular issues of policy and organisational development. A forward-looking university would view itself as an organisation that actively intervened in the course planning, delivery and assessment of its health promotion programmes, as being necessary to bring about actual health-related benefits for its immediate and wider community. Naturally, with a high young adult student population, the available examples currently identify priority areas, for such programmes and interventions that include mental health, occupational health and safety, sexual health, illicit drug and alcohol consumption, nutritional health, physical exercise, design and transport facilities and building structure (Dooris, 2001a; Petkeviciene et al., 2002). Morrone and Rathbun (2003) add environmental health alongside a specific emphasis on food preparation, handling and safety, as a major concern for student health. These issues, however, are not exclusive to the student population and may target university-based staff as well.

Beyond the boundaries of the actual institution, the most important thing that a HPU acknowledges is that it is a community-resourced, driven, and serving facility and not a self-serving organisation that exists in isolation of its neighbouring community. Subsequently, many recent calls have encouraged academic-community partnerships as a means of addressing particular community-driven public health issues (Baker et al., 2002, Levy et al., 2003). St. Leger and Walsworth-Bell (1999) propose that a forward thinking university will seek to initiate collaborative research forums at senior levels in order to fulfil health-promoting objectives that will be considered of value to the local community. It is acknowledged that ‘authentic’ university-community participation is difficult to achieve, but examples do exist where this has happened (i.e. Mauarana et al., 1998; Levy et al., 2003). From examples like these, the links to potential community funding and working with partnership organisations are clear. Geiger et al. (2002) particularly stress the opportunities that are presented through health promotion partnerships between public schools and universities. Dooris (2001b) states that universities, through their own policy processes, have the capacity to build health into other organisations through ‘contract specification’. In particular, he goes on to argue that the expertise and influence of a university means that it can develop an advocate role that will influence healthy public policy at the local, national and

<table>
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<th>Table 1 The goals and guiding principles of the ANHPU Network</th>
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<td>- To raise the health promotion agenda of Academic Health Centres (AHC)</td>
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<td>- Enhance 'sophistication' among AHC managers about health promotion</td>
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<td>- Increase the range and effectiveness of health promotion strategies</td>
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<td>- To strengthen local community partnerships with AHC’s</td>
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<td>- Disseminate awareness of AHC’s health promotion programmes</td>
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<td>- To improve networking between members</td>
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<td>- Increasing internal and external partnerships and collaborations</td>
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<td>- Effective documentation of impact and evaluation of health promoting activities</td>
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<td>- Network members to be self-determining in deciding their own health promotion agendas</td>
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international level. It is Scriven (2003) who insists that the government departments, which influence national health promotion and public health agendas, also set up representation to work in partnership with universities.

Many HPU’s are well served in the respect that they already provide health promotion and public health modules and programmes for future health professionals and health promotion specialists. In offering such programmes, the intention is that the enrolled students eventually graduate and move into health-specific professions and promote the role of the University setting in doing so. The forward-looking university will enhance this potential and see its academic staff, researchers, students and educational programmes as highly valuable resources for initiating and developing its own health education and health promotion agendas. The Society of Health Education and Promotion Specialists (SHEPS) actively supports innovative health promotion activity within postgraduate programmes (Tilford and South, 2003), while Davies (2003) reports on a European Community (EC) funded project to develop a Masters in Health Promotion programme across all member states of the European Union (EU). Furthermore, Heller (2003) reports on an original electronic web-based Masters in Population Health Evidence (MPHe) that, not only is open to a wide audience of health practitioners, but also anyone who may potentially influence the universities and local population’s health.

Despite what is mentioned in this section, it is inevitable that different universities will do different things in relation to their health promotion activities. A rationalisation of competing resources and a variety of different priorities will always dictate this. Some will not formally commit to the HPU concept, although I would argue that it is somewhat questionable if any university does not commit at least some of its resources and policies to health-related activities and reform. The fact that some universities will commit more than others arises through fundamental differences — namely cultural and environmental. For instance, Xiangyang et al. (2003) highlight an innovative and wide-ranging HPU project involving the collaboration of six universities serving the Beijing (China) region and involving the services of the local Municipal Health Bureau, Education Committee and Health Education Institute. The university experience in China, however, is somewhat different than for many other parts of the World. Here, university students generally study for 4–5 years and live entirely on-campus during this time. These universities are even serviced with their own hospitals. The political culture also makes it easier to enforce legislative regulation amongst its student population. The routine annual physical examination, routine inoculation and 'bans' on campus cigarette sales and smoking, that Xiangyang et al. (2003) report in their study, would not be enforceable in many Western universities. Nevertheless, the Beijing study does offer a useful example of the concerted and wide-ranging reform that can take place within a HPU.

Where does nursing fit in with HPU’s?

Dooris (2001a) highlights that, in the year 2000, 50,000 nursing and midwifery students were enrolled on NHS-funded pre-registration training programmes in UK-based universities. Add to this the fact that there are more than 300,000 nurses, midwives and health visitors in the UK health care system, with a significant proportion of them accessing post-qualifying Higher Education programmes. Globally, this figure will be much higher again. Overall, this represents a considerable body of nurses who are studying in universities at any given time.

It is acknowledged that nurses are actively involved in health education and health promotion programmes in clinical practice. Aside from established health promotion units or public health departments within universities, most universities would greatly benefit from the health-related experiences and expertise acquired by nurses while in clinical practice. This experience could be drawn directly into universities and made available to the local and wider community. Many nursing lecturers have a degree of expertise in health promotion that is not directly acknowledged or used by their employing institutions. Equally so, many universities fail to recognise the health promotion component of the nursing or health profession’s programmes that they offer, as a means of implementing and targeting local and wider community-orientated health opportunities. Morally, nursing has a duty to promote and disseminate its health promotion expertise to a wider audience. In this case, the call is for a concerted dissemination of this expertise in the university setting — especially in terms of socio-political approaches. Nursing has been implored to seek out and collaborate with a diverse range of agencies as part of a wider health promotion role. Widening this role to the university setting would represent a natural evolvement that benefits the general educational community while also serving the needs of the nursing community.
Those nurses who are seeking to develop a specialist clinical or academic health promotion/public health role, through accessing university-based degree awards, are a particularly valuable and potentially influential resource for any university to tap into. The responsibility for recognising this does not just lie with the universities, but also with the various nursing professions and bodies. Both parties would be well advised to recognise and support any potential health promotion role that nurses can play in the university setting and beyond. Subsequently, the university could be seen as a testing ground, where the theoretical and practical components of health education and health promotion modules and programmes, serve as a valuable starting/continuity point for clinical practice. Senior nurses and senior university managers could collaborate to use the university setting as a bridge between health service activities and an integral extension of the community development role. As part of their educational development in the university setting, many nurses have evaluated the limitations and possibilities of their own values and actions in relation to the 'macro' [and I would argue 'micro'] political context in which they are operating (Issitt, 2003). In essence the university could be seen as not only a good breeding ground for nurses to learn broad health policy and health promotion skills, but also a useful location for disseminating these skills to both a localised and wider audience. This helps to establish the location of professional and personal health promotion practice within a wider social and political context.

Examples exist where nursing has sought to influence the wider community through developing health-promoting political, policy and public health educational modules and programmes (i.e. Callaghan, 2000; Conger and Johnson, 2000; Cohen and Milone-Nuzzo, 2001). Therefore, why not seek to extend this practice 'in on itself' so that the programmes are not only delivered in the university setting, but also influence the health policy agenda of the university itself. Huyhn et al. (2000) offer the only available example where nurses have directly linked the university setting with health-promoting community development work, there are far more examples where medical schools and medical students have done the same (i.e. Gray et al., 1998; Jones and Hsu-Hage, 1999; Davidson, 2002). Furber and Ritchie (2000) also report on a venture to set up an intersectoral project that sought to ally health promotion action with undergraduate university students from disciplines other than health. Once again nursing finds itself lagging behind other disciplines with regard to its settings-based health promotion role. I argue that, if nursing does not make a concerted effort to make expansive inroads into HPU’s, staff and students from other disciplines will be more than willing to fill the void.

The underlying principle of settings-based health promotion initiatives requires that organisations seek to support and influence the promotion of sustainable health for all. Using a variety of reform tools, but particularly participatory action research and project management methodologies, effective organisational health promotion development can be achieved (Dooris and Thompson, 2001; Reger et al., 2002; Yeatman and Nove, 2002; Cleland and Ireland, 2002; Hodgson, 2002; Whitehead et al., 2003; Whitehead et al., 2004). This is not just in the organisation itself but more importantly within the wider community. The evidence is that nursing, within its traditional biomedically orientated health service role, is not well equipped to community health problems are found, and credibly linked to the university sector. In turn, this gives further credence and credibility to Higher Education establishments in the eyes of the surrounding community. It is acknowledged that the local community provides students with the opportunity for health-related discovery and development, while adding to the validity of service learning from an academic perspective (Maurana et al., 2001).
to perform this role without concerted reform (Whitehead, 2003a; Whitehead, 2003b). Reger et al. (2002), however, highlight the fact that, while universities may be rich in health-related resources, they too are often limited by a disease-focused orientation. They go on to support the notion of moving away from this limited and limiting position through developing institutional ‘wellness advocates’. Nurses could and should seek to adopt and initiate such roles. This is especially so when we consider that less than a handful of nursing-related studies exist where there is an attempt to adopt the broader community-wide socio-political activity that is fundamental to settings-based health promotion.

Conclusion

Despite the fact that Goldman and Schmalz (2002) state that all health professionals have a role in developing Health Promoting Universities, it is clear that nurses have yet to realise this. Packaged and marketed in the right way, a raised health promotion profile in universities will help nurses to develop health education and health promotion pathways as viable career choices for its students, as well as facilitate further links with external employers and funding partners (Goldman and Schmalz, 2002). Nurses could be actively involved in two ways; either in choosing to go down the health education/health promotion career path and/or developing themselves as specialists in delivering health-related programmes in the university setting. I have already argued the case in Nurse Education Today for developing a specific socio-political health promotion career route for nurses (Whitehead, 2003c). This role can similarly be applied to the HPU setting.

Hampshire (2003, p. 4), of the fact that several influential UK organisations (i.e. Health Development Agency, Healthy Settings Development Unit, Universities UK, National Union of Students and the Department of Health) have set up a HPU planning group in 2002, states that:

Potentially, this could lead to a national framework for health promoting universities that would cover everything from the quality of buildings and environment to management styles, as well as policies on sexual and mental health and drinks and drugs misuse.

Although it is still early days and there is little to report on the progress of this planning group, the ‘writing is on the wall’. Nurses are advised to make a concerted effort to be actively involved in such ventures. Nursing needs to recognise that it has a moral and professional duty to support the health of its educational deliverers and students within the Higher Education setting through HPU-related activities, especially from a health-policy perspective. Many university-based Deans, Professors and Heads of Schools/Departments are nurses. They have a particular obligation in providing the individual and collective will to initiate and enforce these initiatives with the necessary stakeholders and partners.

References

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