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An ethnography of health-promoting faculty in a Thailand university

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Summary

Universities are important locations to develop best practice in becoming healthy places, within the focus of the Healthy Cities movement of the World Health Organization. This ethnographic study determined the meaning of the concept of 'health-promoting faculty' with 46 key and general informants in two faculties at a health sciences campus in northern Thailand. The campus developed as a healthy campus setting over a 6-year period and so gathering information from informants regarding their understandings about health-promoting faculty (HPF) are important to ensure that common goals are achieved. Data were collected using in-depth individual and focus group interviews, documents and field observations. Spradley's ethnographic approach was employed for data analysis. Findings revealed that those within the faculties of pharmacy and nursing had different meanings regarding 'health-promoting faculty'. Twenty informants of the pharmacy faculty had been encouraged to adopt their own perspectives about health promotion (HP) meanings. However, 26 informants from the faculty of nursing collaboratively considered the meaning to be 'a well-being organization where the members aimed to create holistic health among the faculty's population in an environment supportive of health'. We concluded that how an HPF is to be developed should be taken into consideration, and that goals and directions should be clear faculty members are to share common goals to promote a healthy university. In addition, to evaluate the quality of HPF development, procedures should be processed consistently within the meaning of the concept of HP in relevant settings.

Key words: health promoting faculty; health promotion; healthy universities; ethnography

INTRODUCTION

To provide health for all, health promotion (HP) in communities around the world requires co-ordination from all sectors of society (WHO, 1986) to successfully implement a healthy settings approach. The WHO has promoted internationally the Healthy Cities movement in order to improve population health, an approach began in Europe in 1986 (Hancock, 1997). Having healthy settings means that HP should be embedded within the context and cultures of a particular setting (Doherty and Dooris, 2006), and focused on here is higher education within a Healthy Cities approach. Universities can be developed as healthy settings or healthy universities, as they are powerful organizations that influence and lead society through their infrastructure, complex networks and autonomy (Downey, 2003). Similarly, they are able

to produce influential human resources which include health professionals (Tsouros *et al.*, 1998a,b). Universities can protect the health of students and staff, and provide health-conducive working, learning and living environments (Tsouros, 1998a,b) by incorporating a wide range of HP activities and education programs on their campuses (Xiangyang *et al.*, 2003).

A number of factors forced Thailand to focus its health services more on HP (Poolcharoen, 2002) including moves to increase population health. In higher education, the Thai Health Promotion Foundation encourages the implementation of health-promoting faculties (HPF) through the networks of university health professionals (Thai Health Promotion Foundation, 2006), including all health sciences faculties at the large university in this study in northern Thailand. However, whilst a variety of HP activities have been demonstrated across the campus of this university (Health Promotion Center, n.d.), several health and health behavior problems among students and staff in health sciences faculties in this study also needed to be addressed. Such problems, for instance, are caused by insufficient exercise in student nurses (Chumpirom *et al.*, 2000); undergraduate students never using, or only occasionally using, safety helmets on motorbikes (86.76%) (Uaphanthasath and Tunwattanakul, 2003); inadequate responsibility for health and stress in nurse instructors (Sirakamon and Abhicharttibutra, 2004) and high blood cholesterol in personnel (Clinical Services Center, 2006; Health Promotion Center, 2006). These problems may affect personal well-being and reduce the effectiveness of the learning and working environment, but may be significantly improved with HP in higher education (HPiHE). This is a whole system approach to promote health holistically, and concerns all actions among varied groups in different components of the university system and diverse health issues in the setting (Healthy Universities, n.d.).

Because of a lack of staff experience in the development of healthy settings, obstacles to this task were reported on the university campus in the present study during the early phases of adopting a healthy university approach. Such challenges included the following: unclear understandings about HP (Reounkorn, 2006); not yet having a framework to work within (Maghanemi, 2006) and no specific HPF committee created and a high volume of daily routine tasks (Uaphanthasath, 2006).

Unfortunately, the international literature on the development of healthy universities is still scarce. Most of the British and Thai studies found were conducted in order to examine the health, health behaviors and other factors of individuals that can be used for designing HP projects or programs (Sirakamon, 2009). These were not directly related to the broader picture of developing a healthy university such as that described by Xiangyang *et al.* (Xiangyang *et al.*, 2003). These authors undertook a large study to evaluate the success of implementing many strategies to establish a health-promoting university (HPU) in Beijing and reported positive achievements in student and staff health behaviors. Strategies in Beijing included reforming healthy policies, creating healthy physical and social environments, developing personal health skills, reorienting health services on campus and implementing intervention activities. Two Thai studies examined HPiHE using descriptive methods: one considered the potential for being a health-promoting setting in a nursing school (Minanont, 1999), while the other looked at HP actions in a university setting (Sirakamon *et al.*, 2006). Both found that it is indeed possible to create a healthy setting. In addition, these studies showed that the managerial structure, policy and HP activities are able to facilitate the development of HP. The first study tested the feasibility of developing HPF and evaluated the quality indicators at a nursing school (Moongtui *et al.*, 2008), using the Ottawa Charter on Health Promotion (WHO, 1986) as the framework for developing a research questionnaire. The researchers suggested that only relevant quality indicators, structure, processes and outcomes can indicate that HPF implementation was feasible (Moongtui *et al.*, 2008). Other studies explored in the literature focused on issues such as health behaviors, health risks, health needs and health status. Apart from Xiangyang *et al.* (2003) little research was found in connection with the mechanisms for, and contexts influencing, the development of HPiHE (Sirakamon, 2009). In particular, the meaning and concept of HPiHE was not discussed in any of the research studies we examined.

Culture, ethnography and HPF

Although knowledge regarding the ways to develop HPiHE has been revealed in western countries (Tsouros *et al.*, 1998a,b), when applying such knowledge for developing HPF on Thai health sciences campuses, organizational cultural differences at various levels needs to be considered. Culture greatly influences the way people behave in their work (Schein, 2001), and in trying to understand the development and implementation of HPF, organizational cultures and contexts should be concerned and researched within a holistic and natural context (LeCompte and Schensul, 1999). We believe that

implementing Western understandings into Eastern cultures appears as a recipe for failure if cultural modification is not undertaken. We therefore used ethnography to examine the culture and contexts of HP at the university in this study as this qualitative approach has a prime focus on the description of a group or culture (Spradley, 1979, 1980). It facilitates understanding of values, interaction patterns, sociopolitical patterns, structure and functions in natural and holistic contexts (Germain, 1993). Thus, ethnography as a qualitative approach had the potential to identify mechanisms, processes and meanings contexts that are specific to development of an HPF. Not only does this approach describe a group or culture (Fetterman, 1998; Spradley, 1979, 1980) and examine interaction patterns, sociopolitical patterns, structures and functions, it also provides understanding of values among people in a society (Germain, 1993). Viewing meanings is an important socio-cultural endeavor and so ethnography can effectively be applied to gather data on the subject of this study. The findings presented here are a sub-section of findings from a larger ethnographic study that examined HPF meanings, and the mechanisms and the contexts influencing the development of HPF within the natural context of the two selected health sciences faculties in a Thai university (Sirakamon, 2009; Sirakamon *et al*., 2011).

Study aim
This ethnographic study investigated the meaning of the concept of HPF among faculty members, staff and students in two health faculties.

METHODS

Design
An ethnographic qualitative approach, using in-depth interviews and focus group discussion, was chosen for this study.

Sample
Purposive sampling was used to recruit the informants and the inclusion criteria were being employed for a minimum of 1 year in the faculty; willing to provide information; have knowledge about HP and experienced in HPF development. Our final sample consisted of 46 informants.

Data collection
Data were collected using in-depth interviews with staff. A focus group discussion with under graduates from each faculty was conducted, then up to three interviews took place with each informant, using an open-ended interview guide. These confidential interviews lasted between 30–90 min at a location convenient for each informant. Open-ended questions included: 'What is the meaning of HPF?' and 'What characteristics guide you to know that the Faculty is being developed to be a HPF?'. Interviews were recorded with the permission of informants and field notes were undertaken throughout the study.

Observations were also carried out of the physical environments where the informants worked or studied as these were presumed to affect health and well-being. Additionally, HP activities that took place in both faculties were observed, such as meetings, exercise programs and radio programs that were broadcast from the local Buddhist temple close to the campus. These broadcasts included health information, discussion about herbs and medicines, and music. Participant observation was carried out, for example, during a herbal walk survey, a health exhibition and a Dhamma Talk on Buddhism. Sometimes the researcher walked around the campus and informally talked to students, food sellers, security guards, support staff and others who provided more understanding or context to the meaning of HPF and HP on campus. Data from official documents (the minutes of meetings, policies, plans, structures, procedures, evaluation documents, newsletters, annual reports and electronic data records), and websites provided a wealth of information on the health activities or the status of the campus.

Ethical considerations
The committee on human research ethics of the Faculty of Nursing, Chiang Mai University approved the study. Senior faculty administrators also gave permission to conduct interviews, and informed consent forms were signed by each informant. The interviews took place in a confidential location of their desire, and they were able to terminate the interview at any point.

Study rigor and trustworthiness
To ensure the quality of the study and its outcomes, a proactive verification approach was taken, not waiting for the mistakes to happen in data collection and analysis phases (Morse *et al*., 2002). Five verification strategies were used to ensure congruence between the research questions: choosing the best informants who could provide rich data; collecting and analyzing data concomantly; checking and rechecking the analysis between researchers and other experts and going back and forth in the emerging conceptual scheme. Moreover, the

first researcher engaged in the field to collect data for over 1 year to ensure deep and meaningful data and understanding of the cultural and environmental contexts.

Data analysis

Spradley's (1979, 1980) ethnographic method was used to transcribe and analyse data from in-depth interviews, focus groups, participant observation, fieldnotes, websites and documents and analysis took place as a comparative process during data collection. The procedures were composed of four steps: making a domain analysis, making a taxonomic analysis, componential analysis and discovering cultural themes (Sirakamon *et al.*, 2011). The analysis began as soon as the first data were collected, and was completed by the first researcher and validated by her advisor.

RESULTS

Sample characteristics

Of our final 46 key informants, 41 were general informants and 5 KI. Seventeen general informants and three KI were recruited from the Faculty of Pharmacy (FoPh). From the Faculty of Nursing (FoN) 24 general informants and two key informants were recruited. Diverse groups are best chosen to ensure data reliability (Roper and Shapira, 2000) and this was done in this study. Our informants included 33 academics or non-academic staff, and 13 students. Most were female (36) and most staff were academics (26), of which 14 were non-administrators. Over half of the academic staff at the FoPh were from the Pharmaceutical Sciences Department (6), and the remainder from the Pharmaceutical Care Department (5). FoN staff came from seven out of eight departments of the faculty. Most student KI were fourth year students in the FoPh (3) and FoN (6).

Of the KI, two were the chairpersons of their faculty HPF committee. One from the FoPh was a former chair and a current member of the committee. Another support staff was a member of the Pharmacy Network for Health Promotion (PhNWHP). The others included a support staff and a member of the HPF committee at the FoN. All KI had been involved with the implementation of the HPF at each faculty since the inception of a healthy university approach on campus in 2005–06. As KI, they were directly involved in and experienced the HPF development at their faculty, in a way that general informants did not know in-depth (Leininger, 1985). Findings disclosed different perspectives of the informants on the meanings of HPF between the FoPh and

the FoN. While an HPF was identified as a faculty developing HP among the population at the FoPh, it was perceived as a well-being organization at the FoN.

Meanings from the Faculty of Pharmacy
Major theme: a faculty aiming to develop an HP paradigm among its members
This major theme emerged to explain the way in which the FoPh focused on an HP paradigm among students, academics and support staff. The HPF-Ph aim was to be accomplished by shifting people thoughts from a curative treatment concept to an HP approach. Two informants, for example, stated:

> The main purpose of the initiation of HPF-Ph is to develop a health promotion paradigm among the faculty population and expand this concept to society and community.

> We produce the new breed of pharmacists who are concerned about health promotion and health prevention as the core concepts . . . shifting from curative treatment to a health promotion approach.

Under this theme, two sub-themes arose related to how the FoPh tried to shift its health paradigm to that of being an HPF:

Subtheme 1. Providing with an understanding of the HP concept. Under this subtheme data pertains to informant understandings of the concept of HP, for example:

> We must first look at the top priority of producing students who really understand health promotion and the meaning of health . . . people here should take good care of their health and have the right concept of health promotion so they can explain this to others.

In contrast, the concept of HP was described by the key informants as a health-care method that promotes people to have holistic health using a proactive approach. Among the FoPh informants the focus of the concept was on a *holistic health concept* and a *proactive health-care approach*. The former was viewed as a *holistic health concept* where all dimensions of life are not separated but interconnected and linked to other contexts of the organization. A holistic health concept was considered as focusing on all aspects of well-being, including physical, mental, social and spiritual health dimensions and concerns from the surrounding contexts. Those contexts included individual factors, social contexts and other environments that might be related to the population well-being. Health promotion was viewed as a new health paradigm that places stress on all dimensions of

well-being including physical, mental, social and spiritual aspects, for example:

> It (*people's health*) isn't just whether they take drugs, but it's about other issues. It's the social issue, personal affairs and environment of the patients or even the heath care of patients.

The proactive health-care approach was viewed by informants as the concept that emphasizes healthcare before sickness which could evolve, using either healthcare prevention or HP. The role of prevention of illness was to guard the body against any diseases or illness while HP was considered as the approach to encourage people to have a good health:

> Health prevention and health promotion are concepts to prevent you from illness. How to have good health and no disease

Subtheme 2. Activating awareness of HP and routine HP practices. Data analysis revealed that activating awareness of HP and routine HP practices includes the process of making people aware of the significance of HP. It involves health professionals exemplifying that awareness by actions to prevent ill health or promote their own health, that of other individuals or communities, either naturally or automatically. To make people have real concern about HP and perform natural HP actions was viewed as having them start to promote their own health, without encouragement from others in normal life. This 'normal life' embraces all routine activities such as eating, walking, getting exercise, recycling or dealing with garbage.

The outcome of a major plan under the HPF-Ph project was described as:

> The Faculty population should be alert to and aware of the significance of health promotion and bring their experiences of health promotion practices to the community.

> … one should start by oneself and then introduce (*HP*) to others and the community.

> It'll be in your nature – no need to do anything as everything will be for health, including the environment, recycling and walking up. It'll be absorbed into our lifestyle naturally. It's not that we're forced to go to exercise, avoid this food or stop doing something … Whatever we say or whatever we eat, our behavior will come out naturally.

Among general informants and students, HPF-Ph was perceived with a different meaning: *a faculty that performs health promotion activities* on campus, such as physical exercises and radio programs.

> It (HPF) began at the Faculty with the Radio-Pharmacy program. It's the music program plus with health information, excluding drugs.

> … we have exercise and the sports competition between the staff and students …

Meanings from the Faculty of Nursing
Major theme: a well-being organization

Informants in the FoN saw their workplace as a one that tried hard to be a well-being organization and this major theme can be explained by two subthemes:

Subtheme 1. The organization that aims to create holistic health. FoN informants described their faculty as one aiming to create holistic health among its members by creating an environment supportive of people trying to achieve all dimensions of well-being: physical, mental, spiritual and social health. Moreover, staff or students who had a sense of well-being at work or study were considered as happy and efficient:

> (*HPF*) … aim for all dimensions of well-being. … Simply speaking, once it occurs, the body will be relaxed, and physical and mental health is related … and when the mind is good, the power will come, and then power leads to good physical health. … We want to make things happen, the impact is on all dimensions of well-being. That's it.

> (*HPF*) … aim to make our personnel and students happy … this is one of the indicators that leads our faculty to be a healthy faculty.

> Being happy at work is called job happiness … Importantly, everyone should be allowed to work efficiently.

Subtheme 2. The organization that creates an environment supportive of health. An environment supportive of health was explained as one concerned with diverse environmental aspects that help to generate the FoN's population health and be supportive of HP. This includes both the physical and social environment and the less tangible environmental atmosphere. The environment was considered by informants as involving living at work or in learning; HP activities/behaviors and safety. The physical environment was considered to involve cleanliness, nature and attractiveness, and healthy routine living places such as housing, the canteen and the 'leisure corner'. Informants also believed that there should be a good cafeteria, rest areas and accommodation.

All supporting factors seem favorable for health promotion … a place for people to have good health, food and environment … healthy food, atmosphere, personnel and process; all seem supportive.

The informants mentioned that proper room temperature and illumination, sufficient and effective facilities and supporting systems such as computers, the Internet system, documentation and information technology, were part of a holistic, healthy environment and they excluded anything harmful or risky to health, for example:

It's already obvious. The healthy workplace shows that everybody feels the same way. The physical environment is favorable for work. The equipment and facilities are available. When we go to teach, all learning instruments are ready and when we're back at our office, all equipment including computer and instructional supporting materials is easily accessible. All are favorable helpers for us.

Physical environments or HP activities or health behaviors were considered to include the infrastructure of the Faculty that facilitated its members to perform HP behaviors in a more convenient fashion. A healthy environment was considered as essential to provide opportunities for them to access HP facilities they needed in an effective, timely fashion, like a fitness room, a healthy food canteen, exercise equipment, and

For example, the hospital … is quite favorable for health promotion. It has its own cafeteria which serves healthy food like a vegetarian diet such as brown rice and nutritional food. But it's not compulsory. Our Faculty is now building an exercise room which is really good. It should be ready for use by now, I guess.

More importantly, the service hours of the fitness room is not suitable. … They should extend the service hour to 8.00 p.m. so that I can join the activities.

Physical environments needed to be supportive to safety to prevent risks or dangers to the FoN population that would harm life or physical property. Unsafe environment incidences included accidents, robbery and drug addiction:

Is it safe for me when walking here or will I have any accidents? All are related, aren't they? There shouldn't be any factors threatening my health in this room.

To be a healthy faculty, there must be safety; safety in traffic, and safety from robbery … The students must not take drugs.

As mentioned, the physical environment also related to cleanliness, nature and attractiveness and was expected to be clean, well organized and with garbage managed properly.

A healthy faculty is the goal … everyone should go for it, including the lecturers and staff as well as the facilities, accommodations, ventilation, and management of waste. The environment is all relevant. A healthy faculty has zoned accommodation which is well organized and nicely decorated with flowers.

This subtheme also included social relationships among faculty members that enhanced their bonding, caring and fairness. Participants described that a feature of an HPF is favorable for social well-being was the characteristic of unity. People love and are committed to their faculty. They jointly think, act, speak and put their help and heart into the faculty mission in a way that promotes the Thai culture and is bound up with the predominant harmony associated with Buddhist views of life and living. Faculty members, as well, should perform caring deeds through their mutual love, care, help and understanding and HPF should be a society that treats everyone in the faculty with equality and equity:

But I think it'll be successful only if everyone has commitment and unity to take action. And when there are any problems, all should jointly think, act and speak in order to gain mutual understanding. It'll be mutual help.

It's related to society. I must check if the first group of people I talked with take care of themselves, love and help each other. Do they have love, bonding, generosity and helpfulness?

Is our workplace healthy? In terms of the relations among people, how is the relationship among teachers, and between teachers and students? Do they understand each other or do we attack each other?

Everyone should be treated fairly. It must be equitable and fair. There must be equity and equality.

The atmosphere on the campus was considered to be one that encouraged or motivated people to be interested in or to be aware of health and the HP. While this atmosphere was tangible, able to be touched, it was also considered as both concrete and perceived. The positive atmosphere was enhanced by public relation activities about HP actions or knowledge, presented on bulletin boards, in exhibitions, or over the campus loudspeaker, which also broadcast Buddhist prayers and messages to live a good life, and through physical activities, fitness services and organic food stores:

Those who visit our place should be able to feel the atmosphere of health promotion.

> You'll see the board downstairs showing the information about health promotion to attract people to join the exercise activities and we also have announcements through the loudspeaker.

> Healthy faculty, … as soon as we get in here, we can feel something about healthiness. We can feel healthy with safety. When walking into the cafeteria, we can see the information about the calories on the menu. It's all supportive. It's poison free.

The FoN students' viewpoint regarding HPF was congruent with that of the staff; they saw their study environment as a faculty of healthy people with environments favorable for health and well-being:

> Just hearing the word health-promoting faculty, everyone is supposed to think about what is concrete and clear about this faculty … it must have a setting that is clean. People in this faculty should look good or look healthy or something like this and the environment as well. It's not the place that is messy or piled with garbage. It is like helping promoting the cleanliness, and the welfare shops that sells herbs. It's healthy food. It's not that we write a care plan until 4 a.m. in the morning (laughing).

DISCUSSION

Even though this study was limited to one university setting in northern Thailand, the findings discovered new perspectives about the meaning of HPF that are bound up with the academic, cultural and spiritual aspects of health faculties in a country where over 90% of the population are Buddhist (Turale *et al.*, 2010). Such meanings are rarely stated in the literature (Sirakamon, 2009). Further, the meanings of HPF at the FoPh and the FoN were different. Pharmacy informants clearly identified their meaning of HPF as aiming to develop an HP paradigm among students, academics and support staff, while in nursing HPF was perceived as a well-being organization aiming to create holistic health among its population in an environment supportive of health. The latter meaning is somewhat congruent with Lowe (2005), who stated that an HPU strives to promote health and wellness activities to students and staff and should create a healthy, physical, psycho-social and emotional environment that supports health. This standpoint regarding environment and health was also highlighted by Tsouros *et al.* (1998a,b), who clearly affirmed that the HPU goal is to create and maintain a healthy working, learning and living environment that is sustainable. This type of environment includes buildings, landscape, transport, waste management and energy.

Participants' views on safety were harmonious with the concept of a healthy, safe campus and highlighted safety in various dimension of the environment. An HPF with environmental concerns is also supportive of the concept of a green campus that promotes sustainable development and the belief that people are a part of the environment; and that individual and environmental health are mutually dependent (Toyne and Khan, 1998).

The majority of informants who described the meanings of HPF at the FoN were those involved with faculty development and this no doubt influenced their everyday understandings. These informants knew HP concept well, as they were all lecturers in nursing with professional teaching roles, and many engaged in HP research. Some of them had studied the concepts of healthy settings, including the healthy workplace and health-promoting hospitals. Consequently, the meaning of HPF at the FoN was influenced by their work and study as academics and clinicians, and was relatively similar to the HPU meanings in western countries where the healthy setting concept originated (Dooris, 2003). At the same time, the ideas around HPF in the FoPh might have been influenced by working closely with the Professional Network for Health Promotion (PfNWHP) under ThaiHealth. The main purpose of the central plan of the project of ThaiHealth (Thai Health Promotion Foundation, n.d.) and the PhNWHP was quite similar in developing the HP paradigm among pharmacist students or the health personnel and this idea contributed to the FoPh pursuance of a healthy setting.

The meanings of HPF at the FoPh and FoN were different from that presented in The Edmonton Charter. This Charter's definition of health-promoting institutions of higher education are that they are institutes assuming a leadership role that contribute to increasing the health and wellbeing of society at large through collaboration and networking (University of Alberta, 2006).

Our general informants who were administrative support staff and students had been less involved with HPF development in either the FoPh or FoN, and viewed HPF in terms of a faculty having HP activities. Such activities were seen as moving pictures that could be easily captured. Therefore, most people who did not join in the effort of HPF project development, or were not informed about HPF movement, might perceive only HP activities on campus. This meaning is slightly similar to the perspectives of a group of community college students from central Alberta, Canada who perceived healthy colleges as settings that adopt strategies for promoting student health and safety (Skillen *et al.*, 2005).

Dooris and Doherty (2009) reported that HPU or the concept of a healthy university is interpreted in very

varied ways, ranging from a relatively narrow meaning to a more holistic perspective. Some perceive an HPU as an HP issue or activity while others view it as a whole system approach, and that a variety of HPF meanings can be demonstrated and no one can tell which meaning is right or wrong. Tsouros (1998a,b) mentioned that the meanings of HPU could vary widely, depending on the perception of health and its determinants. In addition, the way to give meaning to HPF is partly affected by the interest, strategic choices and power and authority of the health advocates of a university. This study affirmed that meaning of HPF is influenced by the national health agency of Thailand in its policy and actions (ThaiHealth, n.d.), especially through the PfNWHP as noticed by FoPh informants. As well, the meaning could be also affected by the specialty area or the health profession of study participants as found at the FoN and by how much the people have involved in an HPF project.

CONCLUSIONS

This study has provided rich data which can be considered by other countries in their development and evaluation of healthy universities and HPF. In general, people act according to their understanding of themselves (Spradley, 1979) within their environmental and cultural contexts. We suggest that any university or faculty working to become a healthy organization should clearly define the meaning of HPF among faculty members to shed light on their understandings, and assist with defining common meanings to help achieve outcomes. Furthermore, when viewing the development of HPF as a change process, universities and faculties need to consider developing common meanings of healthy setting concepts like HP. According to the different contexts of the two faculties in this study, each held different ideas about what constituted an HPF. The two faculties might share and learn from each other regarding their perceptions on HPF and work collaboratively to improve their strategies to achieve the HPF goal more effectively.

Additionally, the focused approaches that both faculties utilized consequently for implementing HPF were different and developed on the existing contexts supportive of health. To evaluate the quality of development of HPF, the procedures utilized in evaluations should be processed within the contexts of the meanings of HPF given by insiders of both faculties. To try to evaluate their success or otherwise without considering their different meanings would be detrimental to ongoing development or understanding of the unique contexts in which they operate. Finally, we conclude that the paucity of research around the world needs to be addressed regarding healthy

university settings if we are to ultimately achieve the goal of the WHO Healthy Cities approach.

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