Co-Creating a Health and Wellbeing Strategy for Students and Staff. *A Practice Report*

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Abstract

This practice report outlines the application of culture change methodology to co-design a whole-of-university health and wellbeing strategy. We outline considerations that necessitate a change in the way higher education contributes to student and staff mental health and wellbeing. We provide an overview of an Appreciative Inquiry culture change methodology; a map of the process followed; the benefits of applying Appreciative Inquiry principles; and a description of outcomes, which include funding for a new health and wellbeing strategy implementation team. We argue that by co-designing a strategy, with representatives of the whole system taking a strengths-based perspective, we enabled self-determined change. We also argue that the process of co-designing and co-developing a strategy can be a wellbeing intervention in and of itself.

Introduction

Across Australia, the conversation about health and wellbeing is gaining prominence as trends indicate increasing levels of mental illness and psychological distress (Enticott et al., 2022; van Agteren, 2022). These trends appear elevated within the higher education sector with university students experiencing almost three times the levels of psychological distress and poorer wellbeing than equivalent populations (Baik et al., 2019; Bare et al., 2021; Orygen, 2017; Stallman, 2010). University staff also experience higher levels of occupational stress, mental health issues and burnout than the general population (Kinman & Johnson, 2019; Mark & Smith, 2012; Morrish, 2019). Multiple global and local crises, including the COVID-19 pandemic and environmental disasters, have led to significant disruption, uncertainty, and distress in the sector, exacerbating existing stressors and anxiety (Dodd et al., 2021).

The health and wellbeing of both students and staff are integral for success at university. Positive health and wellbeing, or thriving, enables psychological flexibility, creativity, innovation, decision making, problem solving and concentration, leading to enhanced satisfaction, performance and retention for students and staff (Michaela et al., 2020). Further, low wellbeing may result in student and staff attrition, and lower performance, productivity and engagement both academically and professionally (Brewster et al., 2021; Michaela et al., 2020; Orygen, 2017). There is evidence too, that student and staff wellbeing is intrinsically intertwined (Baik et al., 2019; Brewster et al., 2021) as "universities are, in effect, an ecosystem in which the wellbeing of one group can affect another" (Hughes & Spanner, 2019, p. 45). Increasingly, higher education institutions are being invited to challenge the dominant paradigm of separating health and wellbeing strategies for students and staff, to create a thriving environment for the whole community together (Brewster et al., 2021).

To create thriving university communities, health and wellbeing strategies need to consider the complex interplay between individuals and their environment. This approach recognises that health is influenced at multiple levels which include individual, interpersonal, community and structural factors (Bronfenbrenner, 1979). Individual-focused interventions provided by many Australian universities, such as counselling services, flu vaccinations, health assessments, mindfulness programs and step challenges, are limited in their ability to address the broader social and environmental factors that shape health outcomes (Taylor et al., 2019). While these interventions may help individuals adopt healthier behaviours in the short term, they often fail to address the underlying structural and systemic factors that contribute to health disparities and inequities (Sallis et al., 2015; Taylor et al., 2019). A settings-based approach to health and wellbeing draws from Bronfenbrenner's (1979) socio-ecological model to enhance the health and wellbeing of communities. By working at multiple levels, the settings-based approach to health is better able to create sustained, long-term improvements in health outcomes (Sallis et al., 2015).

This practice report outlines the process followed by the Queensland University of Technology (QUT), to develop a health and wellbeing strategy that was co-created, for and by students and staff (together), and adopts a whole-of-university settings-based approach.

In Practice: Co-Creating a Whole of University Health and Wellbeing Strategy

QUT is a public research university founded in 1989, and located in Brisbane, Australia on two inner-city campuses. The University is focused on technology and innovation, with approximately 50,000 students (10,000 postgraduate) and almost 5,000 (full-time equivalent) staff. QUT ranks in the world's top 200 universities (QS Quacquarelli Symonds Limited, 2023) and offers students more than 100 courses across five faculties. QUT's strategic plan positions QUT as 'the university for the real world', committed to providing transformative education experiences and research opportunities (Queensland University of Technology, 2022).

The Health and Wellbeing Strategy project (the HWB project) was initiated by the Student Services and Wellbeing portfolio in 2021. The project's goal was to develop a cohesive, strategic approach to health and wellbeing for QUT students and staff in light of the rising mental health challenges, the impacts of COVID-19 and rapid change at the university. The HWB project received strong university leadership support with the Vice-President (Administration) and University Registrar adopting the role of project sponsor. Two staff members were recruited to make up the project team, one from the Department of Health, Safety and Environment, and one from the Student Engagement team. The objectives of the HWB project were: 1) to develop a cohesive, university-wide approach for all QUT students and staff, 2) to work and learn in a psychologically safe and physically healthy environment, and 3) to enable a community that actively contributes to mental and physical wellbeing. The project took place between August 2021 and August 2022.

At the time of the project's initiation, QUT offered an abundance of health and wellbeing services and initiatives, across multiple divisions and teams. These offerings had often been developed in isolated teams, resulting in duplication of effort, without a unifying cohesive or strategic approach. An example of this was evident in resources and training around 'responding to distress' which was offered by five different teams, using different approaches. Additionally, most of the offerings were focused on developing health and wellbeing for the individual, such as health appraisals, or the promotion of counselling services, with little attention given to addressing the structural barriers and enablers to health and wellbeing in the university setting. The focus on the individual was generating low morale and cynicism in both student and staff cohorts at QUT, as has been similarly highlighted in other organisations across Australia (see for example McKinnon, 2021). The multitude of health and wellbeing offerings had never been collated, were difficult to find, and awareness of existing offerings amongst end users was low.

Adopting Appreciative Inquiry Methodology

The project team recognised that culture change was required to move the university from focusing on an individualistic approach to a whole-of-university approach and to include students and staff in the same strategy. We identified the need for both existing health and wellbeing service providers within the university and the target audience of such services to be included in the development of a successful university-wide strategy in order to bring about cultural change. We adopted an Appreciative Inquiry (AI) methodology to inform the development of our strategy while simultaneously changing our culture.

AI is a methodology for leading transformational culture change (Stellnberger, 2010) that shifts the focus from problem solving to identifying and building on existing strengths (Cooperrider & Whitney, 2005). This allows innovative and creative ideas to emerge, shifting towards possibility and away from 'holding on to the past'. Key AI principles and the process (Cooperrider & Whitney, 2005) aligned clearly with our project objectives:

- Collaboration: all members of the system are part of the change, resulting in ownership of the outcome and enabling self-determination.
- Social constructionism: organisations are socially constructed by the people who inhabit them (Watkins et al., 2011). How people talk about and imagine their future state will determine the outcome.
- Simultaneity: inquiry and change are not separate as 'inquiry creates change'. Moving towards a desired state commences with the first interaction with the community. Change happens throughout the process.

The AI 5-D cycle provides a step-by-step process to enable positive change, by inquiring into an organisation's strengths, resources and capabilities to implement a co-created positive vision of the future (Cooperrider & Whitney, 2005). Our team adopted the AI cycle (see Table 1) to guide the co-development of the Strategy.

Table 1

Appreciative Inquiry Cycle Applied to the Development of QUT's Health and Wellbeing Strategy

Timing	AI cycle	Health and Wellbeing Strategy development activities
August 2021	DEFINE • The topic of inquiry	Clarify expectations, scope and project design, deliverables, stakeholders
August – December 2021	DISCOVER • The best of what is and has been • Appreciating	Identify: • Perceived local barriers and enablers of health and wellbeing • Perceived barriers and strengths of a cohesive approach • Existing health and wellbeing offerings and services • International and national data, practices, research, frameworks
December 2021	DREAM • Imagine what could be • Envisioning results	Build on themed barriers and enablers, research and best practice to: • Build understanding of health and wellbeing, broaden dialogue beyond the individual to include community and systems. • Co-design initiatives and strategies.
December 2021 – March 2022	DESIGN • Innovate and improvise ways to create that future • Co-constructing	Write Health and Wellbeing Strategy draft using information and ideas gathered Share Strategy draft for consultation and feedback
April – August 2022	DELIVER • Implement the design through sustained action • Sustaining.	Obtain University endorsement Recruit implementation team Develop governance, communications, and action plans Launch and implement Strategy

Discovering Local Barriers and Enablers of Health and Wellbeing

Initial community engagement was undertaken to uncover the perceived barriers and enablers of health and wellbeing in the local QUT context. This engagement with the community (131 people including undergraduate and postgraduate students, academic and professional staff and senior leaders) took many forms including one-one meetings, consultations with university committees, workshops with relevant teams, roundtables with service providers, meetings with the student union and a survey. Our engagement with stakeholders in this phase leveraged the AI principle of collaboration and enabled diverse perspectives to be represented. Early engagement in the development fostered active participation, control and resulting ownership of the Strategy.

Incorporating AI's principles of social constructionism and simultaneity into our engagement activities and inquiring into existing enablers of health and wellbeing, allowed a narrative of optimism and abundance to emerge alongside the existing and dominant cynical narrative pervasive across many universities in Australia. We asked people to tell us what gave them joy, and what kept them coming back to work and/or study at QUT. Whitney and Trosten-Bloom (2010) assert that "positive questions lead to positive change" (p. 63), and this was supported by feedback we received, for example, "I feel better and more hopeful just after talking to you [the team]. Thank you for listening" (Academic Staff Member). We also invited the QUT student and staff community to tell us about their barriers to health and wellbeing. This allowed people to "feel heard" before moving on to the positive stories. Although it might appear contrary to AI principles to do this, there is recognition that AI does not focus solely on the positive (Boje, 2010).

Emergent commonalities in the perceived barriers and enablers were themed and positively framed into 12 strengths-based, solution focused questions. For example, one of the identified barriers for staff was 'inflexible working conditions', which was positively reframed to 'How might we influence work design to promote thriving?'. Framing the common themes as questions allowed the inquiry to guide the conversation away from 'How do we fix this problem?' toward 'How can we co-create the future we want?' AI posits that the questions we ask focus our attention toward a particular future so that organisations evolve in the direction of the questions they most persistently and passionately ask (Whitney & Trosten-Bloom, 2010). These themed questions informed the next stages of the process.

Dreaming and Designing

An AI-based Wellbeing Summit engaged QUT students and staff in envisioning a positive future, building on the existing strengths to co-design initiatives to move the community towards that future. The summit was titled as a provocative proposition: *Shaping the future of health and wellbeing at QUT, beyond kale and positive affirmations*. This title articulated the need for QUT to evolve its conceptualisation of wellbeing beyond an individualistic focus, to also encompass the environmental and contextual factors that impact wellbeing.

QUT participants were recruited through a variety of means to ensure a diverse and representative range of the community: 270 students and staff were personally invited via email by the Executive Director Student Services and Wellbeing; the event was promoted via an internal communication campaign; and professional networks were activated. The summit was held face-to-face over two consecutive half days, with 77 participants. The first half-day was also livestreamed to 43 participants. All QUT faculties, divisions and departments were represented by a mix of senior staff, academic staff, professional staff, undergraduate and postgraduate students and higher degree research students. Visible senior leadership support was provided by the Vice-Chancellor and President of QUT, who delivered the opening address. The summit included informative, interactive presentations and videos, delivered by internal subject matter experts, explicitly placing value on the strengths and expertise of QUT staff. On day two, an idea incubator was facilitated where groups pitched ideas to enhance systemic wellbeing in response to the 12 strengths-based questions themed in the discovery stage. All ideas were presented to the summit participants and posted on an accessible site (MS SharePoint) afterwards. The project team used these ideas to inform the Health and Wellbeing Strategy.

Feedback collected at the end of the summit via an online survey affirmed the importance of the AI process as the summit appeared to enhance participants' wellbeing through increased optimism. Participants reported they developed a collective sense of responsibility for, and focused their attention on, a more hopeful future through high levels of engagement and learning (93% agreed or strongly agreed), forging meaningful new connections (87% agreed or strongly agreed), and creating a sense of optimism about the future (80% agreed or strongly agreed). The event broadened the conceptualisation of wellbeing as captured in a student participant's feedback: "I thought I understood wellbeing and what it meant to me… I learnt so much about how wellbeing affects every aspect of my life … I am going to use this experience in more of my everyday relationships and work".

Staff and students were also invited to share their ideas for the future of wellbeing at QUT in an online forum, using a digital collaboration board (Padlet). The board was open for a month and collected 54 posts and 30 comments by 52 contributors, with 194 reactions. We encouraged innovative thinking and unique ideas with question prompts such as: 'If you had $10M to spend on enhancing wellbeing at QUT, how would you spend it?', 'If you were leading a team of 10 people, dedicated to enhancing wellbeing at QUT, what work would your team be doing?', and 'If Jane Goodall was leading the wellbeing agenda at QUT, what initiatives would she implement?'.

Designing and Delivering the Draft Health and Wellbeing Strategy

Information from all the previous activities was synthesised into a whole-of-university Health and Wellbeing Strategy for students and staff. The draft Strategy was open for feedback from the QUT community for two weeks. The draft Strategy was shared with all current QUT students and staff on an accessible digital site (MS SharePoint) which was promoted via an internal communication campaign as well as personal invitations to key stakeholders to provide feedback. Anonymous feedback via an online form was provided by 42 respondents: 24% students, 19% academic staff, 25% professional staff, 2% senior leaders, 7% casual staff and 2% other. Detailed feedback was also received by email and in person from faculty subject matter experts, student clubs, the student Guild, senior staff and internal health and wellbeing service providers.

The feedback was almost unanimously supportive for the Strategy's systemic whole of university approach as demonstrated in the comment "I loved the language and not only for health and wellbeing but to really shift QUT's focus and language from an individual or person level approach to a system, community, approach". Positive feedback was also received in relation to

our genuine approach to co-design and the capturing of diverse views from the QUT community. Elements identified for amendment were implemented where possible. Some feedback reflected a tension we experienced when drafting the strategy: between providing a broad and encompassing overarching framework, or specific, actionable strategies that detailed implementation. We lent more toward articulating an overarching framework in our Strategy, knowing specific, detailed actions would emerge as we worked with broad university stakeholders in strategy implementation.

Outcomes

Following the incorporation of feedback, the Health and Wellbeing Strategy was successfully finalised. Through the adoption of an AI methodology in the development of QUT's Health and Wellbeing Strategy:

- The Strategy[1] was unanimously endorsed by the University's executive team.
- Three senior leaders were appointed as wellbeing strategy advocates.
- A Wellbeing Strategy Team was formed to facilitate the implementation of the Strategy.

Key elements of the Strategy are summarised in Figure 1 to show a whole of university, settings-based approach for students and staff, operationalised across eight focus areas: individual (knowledge, skill development and service delivery); community (relationships and culture); learning domain; working domain; physical spaces; digital spaces; policies, processes and practices; and research, innovation and application to practice. It includes a focus on promoting *mental* health and wellbeing to manage illness, prevent harm and promote thriving (La Montagne et al., 2014) and is underpinned by six guiding principles to inform all health and wellbeing initiatives.

Figure 1

Overview of QUT's Health and Wellbeing Strategy

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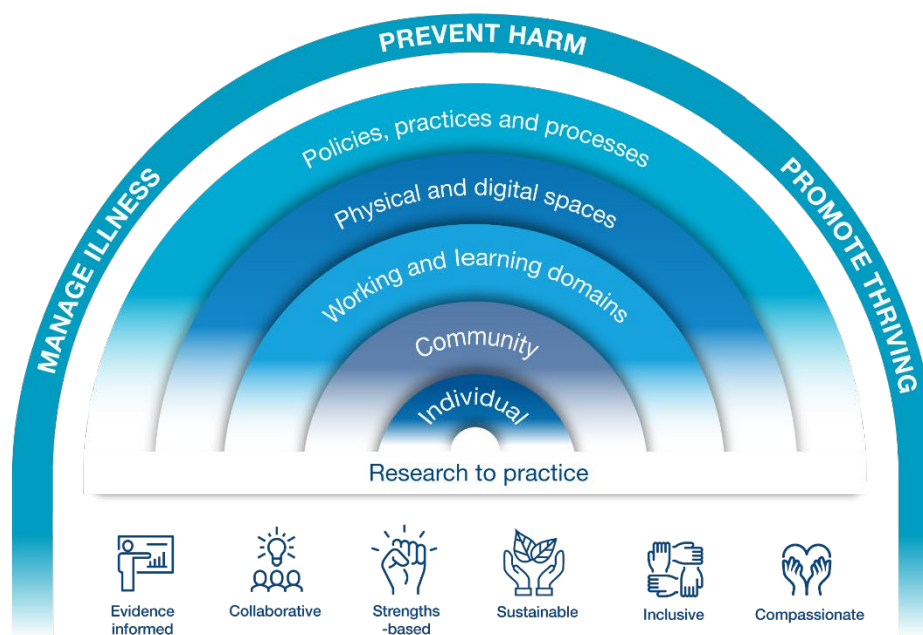
[1] Queensland University of Technology. (2022). *Health and Wellbeing Strategy (condensed version).*
https://www.qut.edu.au/about/health-and-wellbeing

Each Focus Area includes aims, objectives, and example actions to guide implementation (for example, see Figure 2). The Focus Areas also include 'in practice at QUT' examples of good practice. These fulfil multiple functions: clearly modelling the strengths-based approach, celebrating excellent work, focusing the community's attention on the positive, and contributing to changing the narrative of what a health and wellbeing intervention looks like.

Figure 2

Example Focus Area Elements. Focus Area 2. Community: Relationships and Culture

The Strategy is scheduled to be reviewed every two years. The implementation plan identifies multiple projects to progress the Focus Areas' objectives. Quarterly reporting of progress against objectives will be provided to the University Health Safety and Environment Committee, the Executive Leadership team and shared on an accessible digital site for the QUT community.

Conclusion

The success of a university-wide health and wellbeing strategy relies on the collective action of the university community. Health and wellbeing is influenced by factors beyond the individual such as the physical environment, workplace culture, course design and academic policies. It therefore requires the involvement of efforts from broad university stakeholders. Engaging these stakeholders from the start, at the discovery phase, not only allowed for genuine buy-in and the shaping of the Strategy but importantly, it built the foundation for efficient implementation.

One rationale for developing a university-wide health and wellbeing strategy was the need for enhanced cohesion and streamlining of existing health and wellbeing offerings. The application of an Appreciative Inquiry methodology was particularly effective in engaging these disparate health and wellbeing providers to align common goals and to see their roles within a broader whole. Identifying strengths, many of which were existing health and wellbeing offerings, enabled the providers to confidently take ownership of a shared future and for their formative contributions to be surfaced and celebrated. At every stage in this process, we focused on the principle that inquiry and change are not separate. Sustainable and positive change was visible as we connected with our community, recognising that social bonding, and the promotion of sentiments like hope, excitement, inspiration, camaraderie, and joy are central to the change process (Ludema et al., 1997). Feedback from participants supported this. The project team created and will continue to shape a shared understanding of health and wellbeing that recognises the vital role of the QUT community. Following the positive experience of incorporating Appreciative Inquiry into the development of QUT's Health and Wellbeing Strategy, the team is also using Appreciative Inquiry principles in the implementation of the Strategy to promote real health and wellbeing across the QUT.

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