Challenges and Opportunities in the Implementation of Health and Safety Policies and Programs in a State University in the Philippines

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ABSTRACT

Background. State universities in the Philippines should comply with the 2020 Occupational Safety and Health (OSH) standards for government workers and must be guided by the 2017 ASEAN University Network's Healthy University Framework (HUF) for them to become healthy universities. Both policy documents identify OSH policy and programs as key components.

Objective. This study aimed to explore the challenges and opportunities in the implementation of health and safety policies and programs in a state university in the Philippines.

Methods. A case study design was used with a state university as its study site. Investigators conducted 14 key informant interviews and nine focus group discussions which were participated by system officials, campus officials, academic teaching staff, academic non-teaching Staff, support staff, and students. Thematic analysis was used to identify and understand emerging patterns and themes.

Results. The results generated seven themes consisting of Policy and Committee, Dedicated Personnel and Unit, Budget and Technology, Collaboration, Programs and Services, Working and Learning Environment, and Role Models. The identified challenges in the implementation of health and safety programs in the university were: (1) limited budget to implement initiatives, (2) lack of collaboration among its offices, and (3) absence of a dedicated unit and staff. There were also opportunities to improve implementation: (1) strong implementation of certain policies and programs, (2) presence of a good working and learning environment, and (3) existence of role models.

Conclusion. The identified challenges and opportunities correspond to the elements of the system and infrastructure considered as principal determinants of a healthy university. There is a need to recognize the interrelatedness of such elements to ensure effective implementation of health and safety programs in the university. It also underscores the relevance of the HUF in promoting OSH within a university context.

Keywords: healthy university framework, healthy university, occupational safety and health, health and safety policy

INTRODUCTION

Healthy Universities

Schools are vital settings where the health and well-being of students and workers can be promoted.[1-4] Higher Education Institutions (HEI) occupy significant positions in society and play a vital role in developing people's capabilities with their diverse academic programs.[5] HEIs also represent a fertile field for health promotion[6] and an important sector for investing in public health, serving as key drivers for shaping the future and fostering broader economic, social, and cultural transformations[7,8].

Health promotion aims to empower people to enhance their health and gain greater control over it.[9] The settings approach strategy presents a whole systems approach for health promotion and highlights complex interactions between individuals, the organization, and the environment. For workplace settings such as a university, the whole systems approach mainly aims to: (1) create healthy, supportive, and sustainable learning, working, and living environments for students, faculty, and support staff; (2) increase the profile of health and sustainability in the university's core business which is learning, research, and knowledge exchange; and (3) contribute to the health, well-being, and sustainability of the community.[10]

According to the 2017 Healthy University Framework of the ASEAN University Network (AUN), a standardized system and supporting infrastructure is needed to establish a healthy university. A Healthy University cultivates a learning environment and organizational culture that promotes the health, well-being, and sustainability of its community, and enables people to achieve their full potential.[11] One way to establish the systems and infrastructure is by creating a healthy working environment that contributes to the overall well-being of an individual. The World Health Organization (WHO) recommends for a healthy working environment to focus on various factors such as physical environment, health behaviors, psychological factors, and worker-community interactions. As for the university setting, a general standard for safe infrastructure should be implemented which includes routine walkthrough surveys and injury prevention programs.

Key component areas that should be promoted under healthy university programs are health literacy, psychosocial well-being, social interaction, physical activity and mobility, healthy diet and proper nutrition, reproductive health, work-life balance, and healthy aging. These component areas have been proven beneficial in promoting health. All stakeholders should be equipped with essential health knowledge for them to be able to develop healthy behaviors as well as become health promoters in their communities. Programs on a healthy diet and balanced nutrition aim to address the rapidly increasing trends of obesity. An unhealthy diet could make a person highly vulnerable to various chronic non-communicable diseases such as hypertension.[5]

In 2020, the National University of Singapore, one of the members of the AUN-Health Promotion Network, released its University Health and Safety Policy. This policy framework covers essential health and safety concerns that the university encounters which also includes key areas for a Healthy University. The document also identifies all the key committees involved in university health and safety.[10]

Inherent to health promotion is furthering occupational safety and health (OSH). Aside from concerns in physical ergonomics, exposure to physical, chemical, and biological agents can adversely affect the health of the university staff, students, clients, and visitors.[12] Psychological wellness and support has been gaining recognition among tertiary-level educational institutions and the current pandemic strained these support systems. The current socially destructive acts and mental health problems may be attributed to both social and academic factors, and addressing these problems requires a comprehensive approach provided by various social institutions such as families, schools, and policy-making bodies.[13] As an essential social institution, the school plays a crucial role in cultivating a supportive social environment that fosters the well-being and quality of life of its students[14] and employees[15,16].

Policies on OHS for University Settings

Health promotion policies are crucial for creating and implementing new methods of organizing, planning, performing, and evaluating work.[6] These also empower employees by providing them with informed choices.[17] In 2020, the Civil Service Commission (CSC), Department of Health (DOH), and Department of Labor and Employment (DOLE) developed guidelines on OSH standards specifically for government workers. These guidelines assure government workers, including employees of state universities, of a healthy and safe workplace. CSC-DOH-DOLE Joint Memorandum Circular (JMC) No. 1, s. 2020 aims to institutionalize OSH in government workplaces, including state universities, to protect the employees from workplace injuries, sickness, and death, and to promote loss control management through the adoption of safe and healthy working conditions.[18]

When it comes to psychosocial health, DOH issued general guidelines on developing a mental health program, which should include the following components: (1) wellness of daily living (includes school and workplace health and wellness programs); (2) extreme life experience; (3) mental disorders; (4) neurologic disorders; and (5) substance abuse and other forms of addiction.[19]

The International Labor Organization (ILO)[20] under-scores the value of investing in occupational safety and health (OSH) which also fosters sustainable economies by ensuring a healthy and productive workforce. However, to ensure its effectiveness, a culture of equality and inclusion must first be built to ensure that all parties are meaningfully involved in the ongoing improvement of safety and health conditions

in the workplace. Adapting OSH policies and programs to local culture is also necessary.[21]

In terms of health education, it has been recognized that integrating health and safety seamlessly into the curriculum is essential for a more effective health promotion strategy.[4,14,22,23] The need for a systematic and coordinated approach in curriculum development and implementation rather than fragmented activities has been noted[2,3] as well as exploring pedagogical approaches[24] since certain indicators of well-being have been demonstrated to influence the quality of university teaching and learning experiences[6,14].

OBJECTIVES

This study aims to explore the challenges and opportunities in the implementation of health and safety policies and programs in a university setting guided by the Healthy University Framework. The Healthy University Framework is a settings-based health promotion strategy that guides policies, programs, and services within an HEI. This is envisioned to be beneficial to university constituents and other stakeholders surrounding the academic community. Effective implementation of the HUF results in improved health and safety services, focusing on increasing health literacy to promote healthy lifestyles among others, which can lead to improved health behaviors among university members. Such behaviors, if brought into their respective households can potentially influence their family members. The community surrounding the university will also benefit from this study such that health and safety programs within the university will also influence the health status of its members.

As a continually emerging concept, research on health promotion is scarce in Asia. In the Philippines, both research and practice on settings-based health promotion have yet to be embraced by the wider academic institutions. To date, only four universities have been affiliated with the AUN-Health Promotion Network. Despite growing interest in exploring factors that facilitate or hinder the implementation, success, and sustainability of school health promotion initiatives,[25] there is a significant gap in understanding the occupational health and safety needs of universities as an employment sector.

METHODS

Research Design

A case study design was employed in this research to provide an in-depth and comprehensive look into the challenges and opportunities of implementing OSH initiatives in a state university. A qualitative research method was chosen to enable the research team to encapsulate the perceptions and insights of the university stakeholders while peering into their rich experiences and highly varied feedback on past and currently implemented OSH policies and programs. As a qualitative study, this research aims to contextualize data rather than to generalize them. The analysis was guided by the CSC-DOH-DOLE JMC No. 1, s. 2020 and the Healthy University Framework which served as the interpretive framework of the study.

The primary data were the perceptions of various stakeholders collected through key informant interviews (KII), focus group discussions (FGD), and a workshop. The data collection method, discussed in the succeeding sections, enabled the research team to explore both the broader landscape and the intricate details of OSH policy and program implementation in the state university.

Qualitative research requires a methodical and clear articulation of the philosophical assumptions that underpin the research undertaking including the researchers' biases, values, and assumptions. It is therefore important to note two factors that contribute to the trustworthiness of this research – the process of bracketing and the attributes of the research team.

Bracketing

The research team approached their work with impartiality, ensuring that personal biases or preconceived notions did not skew the interpretation of the results of the study. Aware of their professional background and institutional status, the research team maintained a reflexive attitude towards the participants, the data, and the results. They made conscious efforts to maintain a professional distance from study participants, ensuring that personal relationships did not compromise the integrity of the research process. The team consistently practiced bracketing throughout the research process.

Research Team

The researchers were equipped with training and proficiency in conducting various qualitative research methods, including key informant interviews and focus group discussions. Additionally, the team had undergone training in qualitative data analysis, i.e., thematic analysis, enabling them to effectively analyze and interpret the rich data collected with the necessary rigor. They also possess expertise in occupational health and safety.

Study Site

The study was conducted in one of the constituent universities of a state university system in the Philippines. The study site houses various degree-granting units or colleges. It is home to over 6,000 students and about 2,000 academic and administrative personnel.

The university also has a tertiary hospital offering a variety of residency and fellowship programs to medical doctors while also functioning as the laboratory hospital of its medical and allied medical students. It has an estimated 4,000 allied healthcare professionals and personnel serving around 600,000 patients.

Since the 1990s, the university has been implementing its OSH policy. The OSH Committee oversees the implementation of various policies and programs. The Committee is chaired by a Vice-Chancellor who also addresses other concerns of the University. The constituted members include academic teaching staff, academic non-teaching staff, and support staff who perform tasks based on their primary designations.

Data Collection

Development of the Data Collection Tools

The data collection tools were the Key Informant Semi-Structured Interview Guide, Focus Group Discussion Guide, and Workshop Guide. Questions were developed and validated by the team and were based on the AUN-HPN Healthy University Framework reviewed by an independent expert on qualitative research methods. One of the proponents, an expert in health professions education, developed the qualitative data collection tools. These tools were subsequently reviewed and refined by the research team through a series of meetings. Finally, the whole research proposal including the tools underwent a technical review by the university's research ethics board before being finalized.

Data Collection Procedure

The research team commenced with the KIIs on February 22, 2022 and ended on March 03, 2022. The FGDs were conducted from March 01 to March 03, 2022. Lastly, to substantiate the results of the KII and FGDs, the workshop was conducted on April 05, 2022. All of the data collection techniques were done virtually through Zoom which were recorded and transcribed.

The participants invited for the FGDs were chosen because they are direct stakeholders in the implementation of the state university's OSH policies and programs. Their perceptions and experiences of the implementation are important in understanding the OSH situation in the university. Thus, the challenges and opportunities identified in this study were organically from the perceptions of those who have experienced the existing OSH policies and programs. In connection, the state university officials were invited for the KIIs to also look into the perceptions of the policy and program implementers.

In all three data collection techniques employed, the participants were provided with thorough information on the background of the study through an invitation letter sent to them individually. The letter explains the rationale, the reason for their selection, and the expectations from their participation. The research team ensured that the participants were informed of the implications of their participation through an Informed Consent Form (ICF). Participants were required to read and sign to signify agreement to participate in the study. All participants provided voluntary consent for their participation and the collection of their data. The team emphasized that participation was voluntary and assured participants that their personal information would remain confidential in the study. More importantly, with the nature of the study and the participants being active stakeholders of the state university, the team guaranteed that any feedback they provide, for or against the existing OSH policies and programs would not adversely affect their statuses as employees or as students. Furthermore, the FGD and KII semi-structured interview guide developed by the study team focused on asking the study participants about their self-perception, observation, and evaluation of campus-based health and safety policies and programs implemented in the university. Questions were developed with further emphasis on what the study participants perceive as the challenges and opportunities of implementing these policies and programs and the involvement of their sector in the development and implementation processes. During the data collection process, no significant modifications were made to the procedures. Probing questions were incorporated as necessary to delve deeper during the interview. The Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) continued until the research team determined that enough data had been gathered, a point known as data saturation in qualitative research. This occurred when the information provided by participants had been repeated multiple times. In this study, data saturation was reached after conducting 14 KIIs and nine FGDs.

Data Security

The research team observed utmost confidentiality during the data collection process. Before recording KII, FGDs, and the workshop, permissions were obtained as detailed in the ICF. Secure handling and storage procedures were implemented accordingly to maintain the confidentiality and integrity of the data throughout the research process. Plans for result dissemination were also outlined, ensuring that findings were shared responsibly and following ethical standards. Furthermore, clear procedures for data disposal were established to safeguard against any potential breaches of confidentiality – all the records and files (i.e., documents, survey form and results, FGD and KII recordings and transcriptions, workshop proceedings, etc.) were kept in a Google Drive folder which are only accessible to the research team. All the data will be kept until five years after the publication of the study.

Sampling Strategy

The research team adopted a purposive sampling approach. The KIIs were conducted to engage identified officials from various university offices who are involved in implementing the OSH policy and programs. To ensure a broad spectrum of perceptions, FGDs were organized for the different sectors – academic teaching staff, academic non-teaching staff, support staff, and students.

Selection and Exclusion Criteria

The research team set the inclusion criteria for participants requiring them to be at least 18 years old and to have either three years of employment as employees or three years of enrollment as students. For each of the data collection methods, specific criteria were adopted. For the KIIs, the participants must be (1) an official of the state university or state university system, head of unit/offices, or college dean; or (2) an official or a member of the state university's Health and Safety Committee; or (3) involved or has been involved in the implementation of the university's OSH policies and programs. For the FGDs, the participants should (1) be a current state university constituent; and (2) have experienced the implementation of state university's OSH policies and programs. On the other hand, participants in the workshop should be (1) a current state university constituent, and (2) not a participant of the KII or the FGDs. Employees or students who were on leave at the time of the data collection were excluded from the research.

Data Analysis

Thematic analysis was employed to identify similarities, differences, and nuances among the responses of the KII and FGD participants. Responses from all the data gathering methods were taken collectively as observations. The transcripts of the interviews and discussions were coded into thematic tables. From the raw data, themes and subthemes were extracted enriching the understanding of these categories. This inductive approach to data analysis was meticulously done within regular meetings among members of the team. Iterative review was conducted for the codes, categories, and subthemes. The team then finalized the themes that encapsulated the whole narrative.[26] To ensure a richer and more contextualized analysis of the raw data, the research team employed a manual analysis approach, refraining from the use of any software or platform. The only exception was Google Sheets that was used for encoding the data and sharing them with the research team.

Ethical Considerations

Online informed consent forms were forwarded to those who agreed to participate. Their choice and the data gathered from them were not taken against them with respect to their employment, positions, or standings in the university.

Participants who felt uncomfortable talking about certain topics were allowed to skip questions they deemed too personal or confidential.

Collective results were reported to avoid associations with certain individuals or units and to ensure the anonymity of the participants. At any point in the duration of the study, any participant could have withdrawn and asked the investigators to remove their responses so they could not be used in the study. All the records and files (e.g., documents, and KII and FGD recordings and transcriptions) were kept in a Google Drive folder shared among the investigators and hired research assistants only. Stored data will be kept for five years after publication of the results. Lastly, the study undergone review from a research ethics board with secured ethical clearance (UPMREB 2021-0714-EX).

RESULTS

Among the target key informants, 77% participated in the interviews. A total of 14 KIIs out of the 16 invited participants and nine FGDs were conducted with 19 participants in total out of the 41 invited participants. Table 1 summarizes the distribution of the 43 participants according to their role in the university and their participation to the KIIs and FGDs conducted by the researchers.

Table 1. Distribution of Participants of the Key Informant Interviews and Focus Group Discussions according to their Role in the University, 2022 (N=43)

Role of the Participants	FGD	KII	n (%)
Health and Safety Committee	0	3	3 (7%)
Unit Health and Safety Committees	0	3	3 (7%)
Administrative Officials	0	1	1 (2%)
Academic Teaching Staff	0	13	13 (30%)
Academic Non-Teaching Staff	4	1	5 (12%)
Support Staff	13	0	13 (30%)
Students	3	2	5 (12%)
Total	20	23	43 (100%)

The investigators initially identified 39 categories. Employing an inductive thematic analysis procedure, 28 subthemes were generated. They were then clustered into seven final themes consisting of (1) Policy and Committee, (2) Dedicated Personnel and Unit, (3) Budget and Technology, (4) Collaboration, (5) Programs and Services, (6) Working and Learning Environment, and (7) Role Models. The succeeding discussions highlight these themes as either challenges or opportunities or both. To maintain anonymity, participants were referred to here according to their sex and role followed by a designated number [ex. Female Support Staff No. 3].

Policy and Committee

A few officials and sectoral representatives mentioned that they feel that their office is compliant with the OSH standards for government employees and even the University's OSH policy. Note that there were responses on the University being unable to comply with international guidelines. Male Support Staff No.1 (KII) added that "*the University's health and safety policy is said to be at par with local standards… health and safety policy is not at par with international standards because in order to be at par, it entails budget and human resources which we lack. It is believed that in order to achieve this, the University's health and safety policy needs to have money, manpower, and materials.*"

Participants also shared that the strict implementation of policies was the reason why they can easily recall such policies and know that they indeed exist. Other longstanding policies addressing cigarette smoking, workplace violence, bullying, and sexual harassment were also identified by participants based on personal observations and attendance in orientations. Asked whether a non-smoking policy is being implemented, Female Academic Teaching Staff No.1 (FGD) responded, *"Yes, because I have not seen anybody smoking inside the campus."* On the other hand, Male Student No. 1 (FGD) shared how he was made aware of the existence of the anti-sexual harassment office after attending *"an informal orientation in our college about sexual harassment at the course level."*

Dedicated Personnel and Unit

Participants reported the duplication of roles in various committees and subcommittees leading to confusion about what actions to take. Male Academic Teaching Staff No. 2 (FGD) expressed this saying *"duplicate committees implementing identical programs and activities which disseminate similar information without clear delineation of how it was cascaded"* complicates what should be streamlined actions. There were also instances when a single person was assigned multiple roles, resulting in overwork and thus, inefficiency.

There were also committees that were only established but seemed to fall short of functioning as shared by Female Academic Teaching Staff No.5 (KII): *"The Clean Water committee was created but the committee only met once and I never heard of it again, I am not sure of what happened to the committee after its first meeting."*

While the university OSH policy outlined the duties of committees and subcommittees, it allowed individual offices to create committees as needed and reactively respond to concerns as they emerged. This was observed by Health and Safety Committee Official No. 1 (KII), *"What will we do? What will be our COVID-19 guidelines? One college came up with its own guidelines and at the same time, another came up with its own. It was confusing. It [showed] the chaos of governance in health and safety in the university. But we, [the administration] eventually came up with the university-wide guidelines that were simple and encompassing of the guidelines [released by the colleges].*

Budget and Technology

Another core theme identified is Budget and Technology – specifically, the lack of an allotted budget to finance human resources and other logistics to ensure the effectiveness of relevant programs. Participants associated funding issues with strict and outdated rules by the Philippine Ministry of Budget, delayed disbursements coming from lengthy approval procedures, and limited shares in the approved budget due to competing offices. Male Support Staff No. 2 (KII) emphasized, *"the 3Ms: money, manpower, materials. That's what we lack,"* as critical to the success of a healthy university. Meanwhile, Male System Official No.1 (KII) shares that the university hires more contractual personnel to compensate for the lack of job items, *"We spend so much on personnel [contractual basis] – which would be fine if [Ministry of Budget] allotted the budget for [personnel] but they do not, so it eats up a majority of our operating expenses and that's unsustainable."*

They commended the efforts of the University's Press Release Office to use current technology in the timely dissemination of information to the community. Female Academic Teaching Staff No. 5 (FGD) identifies that *"technology can fast-track slow logistic processes [and when] partnered with manpower that is capable of using [this] technology to do their assigned functions"* but this lack of human resources has underlying budgetary concerns in state universities.

Collaboration

Responses showed that confusion arises when it comes to the responsibilities of the different offices. With multiple committees, units, and offices addressing OSH concerns, there was a need to clarify, harmonize, and integrate efforts through collaboration. Distributing tasks and responsibilities based on the mandates of the offices facilitates collaboration and lessens the work burden of the concerned personnel – Female Academic Teaching Staff No. 5 (FGD) stated that her task is *"...excessive to the point that it may be impossible for me to function and perform if not for collaborative efforts."*

The university can engage its in-house experts on OSH along with external collaborators in providing relevant services. There are also partnerships among constituent units of the University System as shared by Female Campus Official No. 1 (KII), *"Health and safety-related resources and implementation of related activities are shared during meetings of the system-level Academic Affairs Committee."*

Programs and Services

Participants felt that the university was compliant with the OSH standards for government employees in terms of the OSH programs implemented and services provided. Programs and activities on COVID-19 prevention and control, mental health and well-being, and disaster risk reduction and management (DRRM) were the most familiar to participants, as shared by Male Academic Teaching Staff No. 1 (FGD): *"...the COVID Control Program of the state university is the first thing that comes to mind when it comes to health and safety, followed closely by psychological services and psychiatric consultations from partner units."*

In addition, participants commended some programs and services currently offered by the University, particularly those related to COVID-19 prevention and control. Still, there were suggestions on how to improve program implementation. Male Academic Teaching Staff No. 6 (FGD) questioned the monitoring of programs and services: *"Do we do data analytics on our COVID Control Program to inform our next actions and steps? It's something we have to consider when we*

develop and design new programs and services because otherwise, we won't know if they really are effective or not."

Working and Learning Environment

An environment that promotes health and well-being is essential to ensure that employees and students are healthy. Participants shared the need to improve working and learning environments. The remote work/learning setup has blurred the lines between work time and personal time, with participants receiving emails or messages beyond regular working office hours. Also, participants cited that having adequate, well-maintained, and accessible wellness facilities is important. Male Student No. 2 (FGD) shared their willingness to use facilities like the gym because *"it's free and there's a culture of camaraderie among its users."*

A healthy university also considers the welfare of the members of the surrounding community. Pollution generated by the institution can adversely affect community members. The university ensures that the physical environment is safe for all – exerted efforts to ensure that compliance with environmental laws is achieved as shared by Female Support Staff No. 5 (FGD), *"The office hired an Environmental Compliance Consultant who developed a master plan for waste disposal, air quality, and water quality"*. The master plan was presented to the local government as the University upholds inclusivity, not only within the campus and its clients but also among stakeholders near its vicinity.

An appreciation of the program activities also needs to be developed among the stakeholders. Referring to Disaster Risk Reduction and Management activities Female Support Staff No. 3 (FGD) shared that: *"We must ensure that people understand that drills are not done for the sake of compliance but because it's important."* University stakeholders should be well-informed and educated on the role of such program activities in promoting OSH.

Role Models

The existence of Role Models provides additional inspiration for the University's stakeholders to work towards OSH. Female Support Staff No.4 (FGD) valued leading by example especially when it came to observing health protocols: *"As an admin staff you have to set an example to fellow staff and students, practice discipline by following health protocols [during the height of the COVID-19 pandemic]."*

Students expressed similar sentiments regarding their obedience to university policies being directly influenced by their teacher's own compliance. Female Student No. 3 (FGD) shared how she is more likely to participate in OSH activities if prompted by her adviser or classmates as compared to an email from the information dissemination office: *"I look for role models among the faculty when they integrate it in their teaching and learning activities for example for mental health – when the faculty observes the class schedule and keeps the class hours within that time [to lessen stress among students]."*

The results highlighted the following main challenges in the implementation of health and safety programs in the university: (1) absence of a dedicated unit and staff, (2) limited budget to implement initiatives, and (3) lack of collaboration among its offices. Still, there were identified opportunities: (1) strong implementation of certain policies and programs, (2) presence of a good working and learning environment, and (3) existence of role models.

DISCUSSION

Challenges in the implementation of OSH programs and policies were identified in the state university through KIIs and FGDs. One focal issue is budgetary concerns due to the nature of limited funding in state universities. These concerns are evident in the lack of technology to optimize logistical processes. Thus, there is a need for collaboration among offices to maximize the limited budget and resources. But beyond collaboration, there is a prevailing need for a dedicated unit and personnel with the primary role of planning, implementing, monitoring, and evaluating OSH initiatives in the university. This shall ensure impactful and sustainable outcomes of these programs and policies to the university community.

Despite facing challenges, the university found opportunities, including commendable initiatives on disaster risk reduction and management (DRRM) and COVID-19 prevention and control. Engaging all stakeholders, particularly students, in planning and implementing programs also facilitates the success of such initiatives. These collaborative efforts lessen the burden on specific personnel tasked with the implementation of these programs. The university has notable efforts in creating a good working and learning environment for its stakeholders and even for neighboring institutions. Additionally, the existence of role models was found vital in the success of putting written policy into the day-to-day practice of students and employees of the university. At a closer look, these factors are interrelated, and can present both challenges and opportunities for OSH promotion. The following section presents a detailed discussion of the results.

Dedicated Personnel and Unit

The state university has demonstrated a commitment to the welfare of its community members by implementing a range of OSH policies and programs even before aspiring to become a Healthy University. A university-level committee tasked to overseeing these initiatives and was actively conducted capacity-building projects to enhance knowledge and skills across the state university's colleges and units. However, the pandemic brought to light several challenges in carrying out these functions. The OSH committee was unable to quickly adapt to the surmounting concerns that needed to be addressed without a dedicated unit and personnel. This further resulted in the absence of a unified COVID-19 guidelines in the early months of the pandemic highlighting the lack of coordination among the units and colleges.

This finding supports what other studies have concluded concerning the important role of supportive school leaders in OSH promotion.[1] There should be a lead unit dedicated to implementing OSH programs and to instituting interventions that will enable effective consolidation of timely and relevant information. It also allows the development of a clear set of roles for the various offices, particularly for planning, implementation, monitoring, and evaluation of OSH policies and programs without the unnecessary role duplication and tasks confusion. The unit should have competent personnel who have fulfilled training requirements to effectively perform their functions.[27] The HUF requires a responsible body or university committee to handle the leadership and implement health promotion policies. In fact, it is one of the quality assurance indicators for a healthy university.[5] However, similar to these findings, the lack of human resources was among the most cited primary challenges in offering health promotion services and programs.[28-30]

Budget and Technology

Participants highlight challenges related to budgetary constraints and technological limitations. Being a state university, they depend on the allocated annual budget specified in the General Appropriation Act. Budgetary constraints have been a challenge for state universities in implementing programs including those on OSH.[31] Limited funding results in the inability to recruit a sufficient workforce to fulfill necessary tasks which may negatively impact the intended outcomes of the interventions. An increase in finances will not only mean more human resources but also facilitate the adoption of newer technologies that will enhance the provision of services.

The HUF highlights the need for budgetary support for any project of a healthy university program apart from regular support for other projects of each university. This is considered to be a facilitating factor for implementing and maintaining health promotion programs and funding concerns have also been raised in other similar studies.[32,35,36] Investing in OSH to prevent accidents and diseases supports sustainable economies by maintaining a healthy workforce and enhancing productivity in enterprises.[20] Policy-makers should carefully consider the effects of austerity and fiscal policies on health and related outcomes so as not to weaken health promotion efforts.[15] An adequate policy framework should stress the need to involve the whole community.[23]

Collaboration

Results revealed the need to maximize collaborative opportunities at both the stakeholder (among employees and students), and institutional (among offices and units) levels. Such engagements ensure that programs and activities targeted towards a healthy university are suited to their needs. Developing methods to identify avenues for the provision of relevant services requires engagement from all stakeholders working hand in hand in pursuit of that goal.[20]

This state university has a long-established relationship with national government agencies (NGAs) and local government units (LGUs), and boasts of a significant contribution to nation-building. Its graduates emerge as influential figures and innovators in academia, government, and the private sector, playing instrumental roles in driving positive transformation for the benefit of the Filipino people. The ILO[20] underscores the importance of promoting a culture of prevention in OSH through compliance with regulations and the implementation of OSH management systems, both at the workplace and national levels.

The Healthy University Framework encourages collaboration across different fields of expertise to fill the gap in practice and ensure a comprehensive health promotion program. Integrating health promotion activities and various academic and administrative work can effectively be implemented through the active involvement of relevant stakeholders which is, first and foremost, facilitated by enabling policies.[17,20] Undeniably, to maintain effective health promotion and illness prevention programs and services, support from relevant parties including government and local agencies is required to ensure a steady resource allocation and capacity building for all involved stakeholders.[28] Collaboration is cost-effective and resource-efficient[31] in promoting health equity and addressing health disparities by empowering communities to make informed health decisions[22].

Policy and Committee

Certain challenges emerged from this theme. While participants shared their familiarity with such documents, they did not explicitly identify the existence of the policies as part of the university's written rules. The availability of activities or programs and the absence of observable offenders allowed the university community to just assume the existence of policies instead of actually knowing what these are. Understanding these policies beyond their intended effect is what will drive the community towards a healthy university. All these emphasize the need to effectively disseminate such information to the community. Consequently, the same challenges present the opportunities for health promotion within the university such as the opportunity to educate the community about existing policies and their importance for creating a healthy environment, and for strengthening policy implementation and dissemination to ensure community members understand their roles and responsibilities in health promotion.

Policies are a critical component of processes in institutions as they guide the direction and approach to take in tackling issues.[33] Implementing these policies to increase awareness among employees about OSH can empower them to prioritize well-being through informed choices.[17] The HUF recognizes the establishment of effective policies as a crucial factor in achieving success in health promotion efforts. It also recommends stating health promotion in the university's

written policy as one of its core values maintaining that leadership roles of universities can influence not just its local context but also policy developments of a national coverage.[5]

Various studies have also demonstrated policy implementation as among the facilitators of effective health promotion emphasizing how such policies could help minimize the impact of job-induced health concerns.[17,34-36] As promoting health requires not only changes in behavior but also a supportive environment, the workplace is deemed an ideal setting for implementing health promotion interventions.[34] Health promotion policies not only offer information but could prove vital for creating and implementing new methods of organizing, planning, performing, and evaluating work and various aspects of the workplace such as working conditions, housing, environment, education, leisure, culture, and access to essential goods and services.[6]

Programs and Services

Addressing OSH concerns in the university requires comprehensive programs and services. These interventions should comply with local, national, and international standards which the state university was somehow compliant with. Furthermore, adequate monitoring and evaluation of interventions will guide the development of future programs and services. Also, capacity-building programs are crucial for university stakeholders to appreciate the rationale of implementing activities. The state university should also consider good practices from other universities or even non-educational institutions for it can help improve program implementation and service provision.[37]

The HUF prescribes a set of health promotion standards aimed at improving and maintaining health status among individuals within the university, neighboring communities, and society as a whole. These standards were considered the principal determinants of a healthy university and include two main components or categories of activities for health promotion, namely systems infrastructure and thematic areas. The systems and infrastructure components cover the essential procedures or services required for the implementation of a healthy university program while the thematic areas involve behaviors or practices that affect health, including the areas that should be avoided [p15].[5] Health promotion activities revolve around these components.

The findings of this study reveal that the existence of programs and activities has provided employees with a sense of compliance with OSH policies but also sparked curiosity about how these activities were assessed or evaluated. This suggests opportunities for better health promotion activities supporting the notion that the more employees expect their workplace to prioritize health, the more measures the company will implement.[30] Compliance with these programs has been shown to help improve workplace health and should focus on integrated campaigns rather than individual interventions.[17] The challenges in this specific area underscore the importance of monitoring and evaluating

the implementation and effectiveness of activities. The HUF specifies stating evidence-based evaluation metrics [p16].[5] These monitoring and evaluation initiatives require timely and comprehensive assessments to identify and improve activities that produce the desired impact[17] and should go beyond reach and participation[36].

The need to integrate health and safety seamlessly into the curriculum for a more effective strategy for health promotion has been identified pushing for the rethinking of subjects and educational curricula, along with enhancing in-service education and training for teachers.[23]

Working and Learning Environment

Given that environmental factors contribute greatly to the welfare of the university's employees and clients, there is a need to ensure the availability of wellness facilities, improvement of work and learning conditions, and maintaining a clean and green environment. These improve the productivity of the community.[16]

The need for facilities that cultivate good working and learning environments was emphasized in the HUF [p9].[5] Being situated in a highly urbanized city, there are inherent problems in terms of pollution. Thus, there is a need to strengthen collaboration between the state university or in general between higher education institutions and the local government units governing the university campus to maintain cleanliness of the campus surroundings. Despite such challenges, the university already offers opportunities to promote health through its facilities. It has erected wellness facilities built in the state university that are available for all stakeholders such as a multi-sports wellness center, where both students and employees can play multiple individual and group sports. At the same time, there are study hubs for students needing a productive place to study.

This finding supports the position that the school has a significant role in creating a supportive social environment that promotes the health and safety of its students[6,14] and employees[7,21]. A positive work environment has the power to improve employee performance, employee commitment, and achievement-striving ability significantly which are attributable to improved employee performance.[13] Further, this finding presents an apparent opportunity for pushing for integrating OSH in the curriculum and exploring pedagogical approaches as a health promotion strategy to guarantee a systematic and coordinated approach and avoid fragmented activities as earlier pointed out as weakness in OSH implementation.[2-4,14,22-24] In doing so, the quality of university teaching and learning experiences may be improved.[6,14]

Role Models

Persons who emulate the intention of a policy such as officials respecting office hours, professors setting reasonable deadlines for students, and clients properly segregating trash, function as observable points of reference. Setting such an example can influence behaviors between closely interacting

stakeholders and thus pave the way toward a healthy university.[24]

Undeniably, staff, faculty, and students are leaders in their respective fields of practice and can serve as role models for health promotion. They should be able to make health changes not only for themselves but also for their family and surrounding community [HUF, p16].[5] These findings support the robust body of research on the importance of behavior modification through observation and modeling, and highlight the role of action, experience, and peer support in effectively promoting behavior change and exerting a substantial influence on the formation of both professional and social identities.[38-40]

We therefore find opportunities to espouse interventions to bolster professional socializations and promote health-promoting behaviors. The university may, for instance, enlist the help of professors to serve as champions or role models of healthy lifestyles. Student leaders may also serve as peer support for preventing alcoholism, smoking, or drug abuse. Some challenges also arise out of these findings such as enlisting support from both students and staff to serve as role models and sustaining the image that these potential role models project in public.

Limitations of the Study

Caution should be observed in interpreting these findings given the inherent limitations of a case study which involves a small sample size in a one study site and may not represent the broader population.

On the mode of data collection, the interviews were conducted purely online which contributed to the low turnout of participants especially during the conduct of the FGDs and the workshop. Thus, non-verbal communication was not taken into account which is an essential aspect in qualitative research. Additionally, building of rapport could have been better in a face-to-face setting.

On invited participants, a few of those invited for the KIIs and FGDs were unable to attend within the given timeframe while others failed to attend due to other reasons. The non-attendance of these some of the invited stakeholders may have limited the perceptions and experiences on OSH implementations gathered during the data gathering.

As for the data collection techniques employed, the research team acknowledges the possible limitations of the FGDs and the workshop as both techniques rely on group interactions, which can be both a strength and a limitation. While group dynamics can stimulate rich discussion and generate diverse perspectives, they can also lead to certain individuals dominating the conversation, while others may remain silent or feel inhibited from expressing fully their views on the topic. This was addressed by effective facilitation of the FGDs by the research team who underwent training on qualitative research methods.

Lastly, the study had a limited timeline for data collection due to funding constraints and the research team identified that due to this, there could have been a missed opportunity to get more varied perceptions among the stakeholders. Additionally, the study was conducted at the height of the COVID-19 pandemic, thus, there were only a few OSH programs being implemented at the time of the data collection making it difficult for the stakeholders to give their feedback in the implementation of the OSH programs in the state university.

CONCLUSION

There is a growing interest in school-based health promotion initiatives but a dearth of local studies examining the health and safety needs of universities as an employment sector remains. This research explored the challenges and opportunities in the implementation of health and safety policies and programs in a state university with the Healthy University as an interpretive framework. The results revealed that there is (1) limited budget to implement initiatives, (2) lack of collaboration among its offices, (3) absence of a dedicated unit and staff, (4) strong implementation of certain policies and programs, (5) presence of a good working and learning environment, and (6) existence of role models. Addressing these challenges and maximizing such opportunities will allow effective implementation of health and safety programs in the state university.

Overall, such challenges and opportunities shed light on the need for a comprehensive and intersectoral approach to implementing OSH programs and policies. This holistic approach includes collaboration among individuals and units – taking into account the impact and the eventual benefits of these initiatives to all stakeholders. Thus, for this state university, the key to becoming a healthy university lies in zooming in on specific sectoral OSH concerns but also zooming out to recognize systemic issues in the university.

Recommendations

For a richer apprehension of the themes uncovered in this study, further research is recommended using both quantitative and qualitative methodologies extending the sample and setting to other public universities and further to private HEIs to look for similarities and divergences.

Policies have been highlighted in this research as a primary requisite for enabling a systems approach to establishing OSH programs; governments and university duty-bearers should therefore encourage OSH-enabling policies and legislations, and consider incentivizing universities with such programs. This approach may help secure budgets for universities that rely heavily on state funding.

The success of the implementation of OSH programs and policies in a university lies largely in the awareness of university stakeholders. In this study, it was identified that there is inadequate general awareness of the existing OSH initiatives at the university. Thus, there is a need for a working system for boosting information dissemination

and activity promotions. Integrating health promotion into both the academic curriculum and employee development programs is also warranted. Further, this study emphasizes the importance of having a dedicated unit with competent personnel responsible for implementing OSH programs and policies, such as a Healthy University Office recommended by the AUN-HPN and supported in this research. Health-promoting universities must therefore ensure that their initiatives are collaborative and involve multi-sectoral participation including the development of programs and the updating of existing OSH policies. This holistic approach is essential for creating a healthy university environment.

Additionally, conducting a Knowledge-Attitude-Practice survey can help determine adherence and participation in OSH programs and policies providing the university with valuable baseline data. Such studies can also shed light on how the working and learning environments enable healthy perspectives and lifestyles. Lastly, one interesting finding of the study is the concept of role models in influencing adherence to policies highlighting the role of sociocultural and behavioral factors in behavior modification. This could be further explored using an appropriate research approach such as phenomenology to provide in-depth descriptions of these experiences.

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All authors certified fulfillment of ICMJE authorship criteria.

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