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GLADE Service for a Healthy Campus Management

GUIDELINES FOR A HEALTHY CAMPUS
MANAGEMENT

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Abstract

The underlying idea of the approach to a Healthy Campus is to involve all organizational members in research, teaching, daily work, and individual interests for the common health in a permanent and sustainable way.

Accordingly, planning to create a health-promoting university must be very diverse and integrative across all areas of the organization. However, these involved structures differ between universities within the countries of the EC2U Partner universities, they all have a slightly different organizational, personal, and legal set-up. This project considers the processes, baseline data, and interventions for all of these conditions, both in terms of data collection and intervention design as well as evaluation.

So far, the survey of students with approx. 2000 participants and the survey of employees of the leading university (without university hospital) of Friedrich Schiller University Jena, with more than 1000 participants from all faculties and administrative units including the risk assessment of mental stress and the degree of awareness of- and desire for intervention measures, have been carried out.

Finally, common guidelines for a Healthy Campus Management will be developed and applied in EC2U universities and disseminated outside. The objective is to gain knowledge about general factors for health protection and promotion in universities, but also about specific stress and strain factors, as well as the innovative and participatory solutions of the EC2U Partner universities that aim to make life easier and, above all, healthier for everyone.

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I. Questionnaire

A. Questionnaire construction

The development of the questionnaires for students, academic staff, and administrative staff was carried out with regard to the following goals: 1. holistic recording of stress factors and resource structures including the stress consequences, all relevant influencing factors, and the changes under the COVID-19 pandemic, 2. evaluation of the existing use of measures provided by the university and development of need-based measures, 3. long-term establishment of the risk assessment. This process is based on the principles of information, participation, motivation, and integration. The item selection from theoretical and practical sources took place prioritizing from already conducted university surveys as well as recommendations from previous project reports and established scales, and was supplemented with specially constructed items when needed. Thus, the questionnaire was continuously optimized by an interdisciplinary team based on item selection and construction.

B. Overview of the conceptual dimensions of the questionnaires

The underlying conceptual dimensions of the questionnaires are taken from the Health-Organisation-Person-Environment-System Model (HOPES Model, Trimpop 2014). The framework of the HOPES Model is shown in Figure 1. The following list shows the included dimensions of the questionnaires adapted from the HOPES Model.

Questionnaire: Conceptual dimensions

- Work/study conditions: organization, tasks, work/study environment, Social relations, health & safety culture
- Health: physical and psychological health status, health attitudes, health knowledge, health behavior, nutrition & movement
- Offers of the university: familiarity, availability, usage, satisfaction, requests
- Person: mobility, satisfaction, coping strategies, commitment, self-efficacy, work-life-balance
- Changes during the COVID-19-Pandemic

Refer to Figure 2. for the visualization of the conceptual dimensions.



Figure 1: Underlying framework: Health-Organisation-Person-Environments-System Model (Trimpop, 2014)

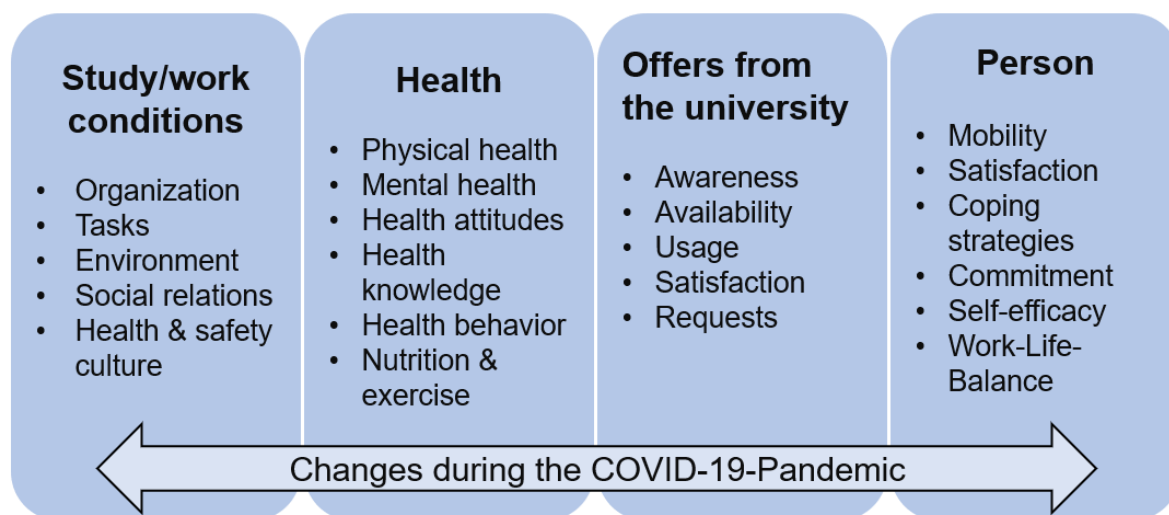


Figure 2: Healthy Campus Jena – Questionnaire topics

II. Project progression

A. Establishing a Healthy Campus at Friedrich Schiller University Jena

The framework is the project "Healthy University of Jena" with the following main actors: Occupational Health Management (OHM), Student Health Management (SHM), and the Department of Work, Industrial and Organizational Psychology of the Friedrich Schiller University Jena, including all relevant university structure (Trimpop, 2021). A member of the executive board is assigned to each area in order to generate and illustrate the sustainability, and commitment of the university (Figure 3).

For the initial diagnoses, the status groups were divided according to employees and students, and whenever possible, they are considered and optimized together with regard to their safety and health.

Communication and participation of all stakeholders, project management, and scientific monitoring and evaluation represent the core elements of the Healthy University of Jena. The working group of the university thus receives an anonymized overall report structured according to focus areas, departments, and survey groups after completion of the survey.

For this purpose, the recording of the overall health at the University of Jena is carried out by surveying health life and health communication, including areas of the hazard analysis - also among students. The survey was carried out as a cooperation between the Student Health Management and the Department of Work, Industrial and Organizational Psychology within the framework of the University Health Management of the Friedrich Schiller University Jena, in which occupational health and safety, industrial health management, student health management, research, and teaching are integrated.

The construction of a survey instrument of student health means the first step towards the goal of actively and passively living health by all organizational members and status groups.

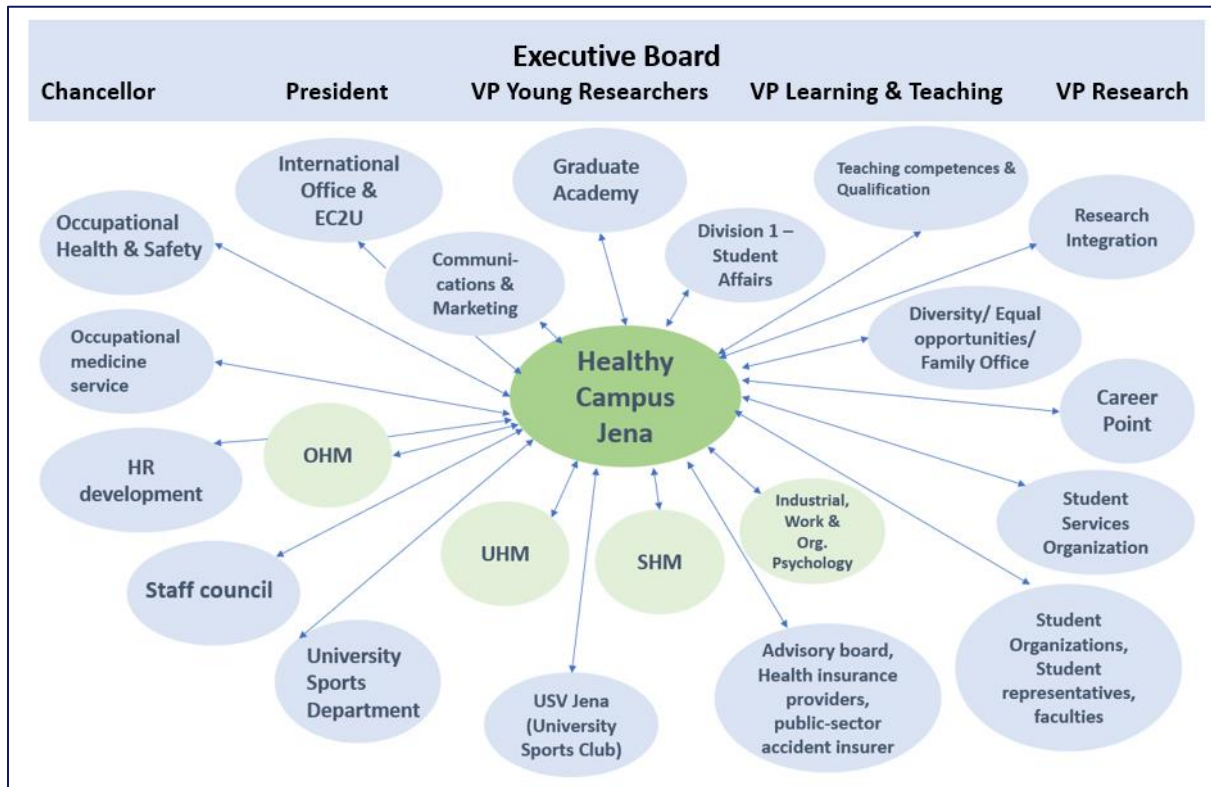


Figure 3: Healthy Campus Jena – Project structure

B. Data collection and sample characteristics at Friedrich Schiller University Jena

1. Procedure

The questionnaire was programmed and offered by the Department of Industrial, work, and organizational psychology via the data collection platform "Unipark". Thanks to the adaptive structure of the approximately 600 items and the individual focus on risk potential, each participant received only the questions that apply to the respondent's individual situation and that are relevant to him or her. After completion, as a first measure in the prevention approach, the participants are provided with automated individual feedback regarding their health and risk characteristics, including behavior-related intervention approaches as well as adapted offers from the university.

2. Student survey

The initial survey of students formed the first of further surveys of all target groups of the university (including academic and administrative staff of the organization). The first comprehensive survey with the developed instrument took place in the summer semester of 2021. This survey

took about 30 minutes to complete. The final sample of 1734 participants (62% female, 22% male, rest not specified) consists of about 10% of the student body at Friedrich Schiller University Jena.

3. Academic and administrative staff survey

A pilot of the questionnaire took place in July 2021 with the two institutes of psychology and sports science and the personnel department. After further minor adjustments in content, ergonomics, and feedback, the overall survey was conducted in fall 2021 with all departments of the university, excluding the University Hospital. Approximately 1,000 of the nearly 3,600 employees of the core university provided information on the above-mentioned areas, broken down by activities and institutions. Of these, 45% were classified as scientific and 51% as non-scientific staff. 87% are salaried employees, 4% are civil servants, 3% are trainees and 2% are student or scientific assistants; 47% are female, 29% male (the rest do not specify).

C. Romanian version of the questionnaires: Translation and application at Alexandru Ioan Cuza University of Iași

1. Overview

Based on the German questionnaires, a Romanian version was created by the team at Alexandru Ioan Cuza University of Iași, to be applied in the university of Iași as a first step of a need assessment and overall health topics of employees and students within a Healthy Campus project.

2. Scale adaptation in Romanian language

In order to propose a valid measure of healthy campus in Romania and also to encourage cross-sectional research, we adapted the original version of the questionnaire, developed by a team from Jena University. Based on guidelines for scales adaptation (Hambleton & Lee, 2013; Hambleton & Zenisky, 2011; Hogan, 2015), we followed these steps:

Step 1. We analysed, evaluated and ensured that the *content of the scale is equivalent* in the two languages (i.e., German and Romanian languages) and cultural groups. We concluded that the construct definition of healthy campus and its dimensions used in the original version of the scale are also applicable in Romanian cultural group.

Step 2. Given the fact that the construct is similar in the two cultures, we decided to adapt the original version, not to develop a new test. Beside this equivalence, the decision to adapt the scale was also based on the already documented psychometric properties (i.e., reliability, validity) of the source language version of the test.

Step 3. We selected a *well-qualified translator* (Romanian native), that knows the two languages and the two cultures. The translator provided the Romanian version of the scale.

Step 4. *Revising the test directions, redesigning the answer sheets.* Item format and appearance were considered in this step, by analysing the following issues: the length of the item stem in the two versions, the utilisations of different forms of word or phrase emphasis (e.g., bold, italics, underlines). For each issue, we ensured that the two versions of the scales are comparable.

Step 5. We conducted a judgmental review of the adapted test and we revised the adaptation. In this step we used the backward translation design. Specifically, we compared the original sources language test and the translated version; the problems identified in this step were fixed in the target language version of the test. According to Hambleton and Zenisky (2011), we tried to find answer to the following question, in this step:

Does each item have the same or highly similar meaning in the two languages? A meeting with researchers from Jena University was necessary in order to evaluate the similarity of the meaning for some items. For example, following issues were raised:

- One item is about evaluation and exams during the current semester. Given the fact that the exams are the end of the semester and we will collect data during the semester, should we have in mind the current or previous semester?
- In the item *During the studies I need to be fast?*, what is the meaning of “fast”?
- The item: *“The tasks I have need to be performed simultaneously and I often have to use different skills at the same time or move from one task to another.”* We refer to academic tasks or any daily task?
- For the item *“I can reach the teaching staff for my courses in a reasonable amount of time.”*, what does “reach the teaching staff” mean?
- The sixth section has this introduction: *This section of the questionnaire covers different environmental conditions during your study program that may affect your health.*

Warning: Please refer to the physical events prior to the pandemic, unless otherwise specified in the question. When this consent is no longer available (to refer to prior pandemic period)?

- Two consecutive items seem to have the same content: *To what extent are you satisfied with the university offer during the COVID-19 pandemic?* AND *How satisfied are you with the offer you used during the pandemic?* Is there any difference between them?
- The items: *Sufficient events are offered.* AND *Pandemic events are provided in sufficient numbers.* Does the first item refer to pre-pandemic events?

Other questions were asked, according to Hambleton and Zenisky (2011), in Step 5.

Is the language of the translated items of comparable difficulty with respect to the words in the items in the source language version?

Does the translation introduce changes in the text (omissions, substitutions, or additions) that might influence the difficulty of the items in the two language versions?

Are there any words in the item that, when translated, change from having one meaning to having more than one common meaning?

Are there differences between the target and source language versions of the item related to the use of metaphors, idioms, or colloquialisms?

Based on a careful evaluation in our team, together with the team from Jena University, we established a Romanian version of the scale comparable with the original scale.

Grammar and phrasing were also analyzed in this step, by considered the following issues:

- modification of the item's structure such as word order changes that might make an item more or less complex in the target language version;
- grammatical clues that might make an item easier or harder in the target language version;
- gender or other references that might make an item be cued in the target language version;
- words in the item that change from having one meaning to having more than one common meaning.

Step 6. We conducted a small tryout of the target language version of the test. This step was used to identify other possible problems in the target language version of the test, prior to investing time and expense in carrying out more reliability and validity studies. We aimed to identify the clarity of directions, the clarity of each item, and the suitability of the test format.

In the next period (May – June 2022), we intend to finish the adaptation of the scale, with the two last steps:

Step 7. Design and carry out a substantial study to investigate the psychometric properties of the scale (i.e., reliability and validity). In order to accomplish this goal, we will select a sample of students from Alexandru Ioan Cuza University, from different faculties.

The following analyses will be carried out:

1. Reliability analysis (e.g., internal consistency)
2. Item analysis
3. The factorial structure of the target language version of the test and compare to the source language version. Both exploratory factorial analysis and confirmatory analysis, using structural equation modeling, will be used.
4. The relation of different dimensions of the scale, resulted from the factorial analysis, with demographic information about the sample (e.g., gender, year of study, age, faculty) will also be conducted.

Step 8. Prepare technical and user documentation, and continue monitoring the target language version of the test adaptation. In this step, we will prepare a paper with all the information about the process of adapting the test, how certain problems may have been handled, methodology and the design as well as validity results for the target-language version of the test. Periodically compiling validity evidence will be conducted.

3. Theoretical structure of the scale in Romanian language

In the Romanian language, we kept the same theoretical structure of the scale as in the original version. Therefore, the items cover the following issues:

- Environmental conditions
- Exams, daily academic activities, workload
- Concerns and worries about evaluation and accomplishing the tasks
- Relations with colleagues and teachers before and during the pandemic,
- Technical equipment, internet connection and data bases
- Health services (e.g., psychological counseling, medical services, sport)
- Physical and Psychological Health
- Well-being
- Mobility to university, between university buildings, within university buildings

- Demographic information (sex, age, marital status, financial status, migration background, living conditions, etc.)

The theoretical structure of the scale will be evaluated through factorial analysis after the data collection.

The adaptation of the scale followed the same steps as in the adaptation of student version. Specific problems identified and solved through discussion with the team from Jena University are:

- *Section 9. Organizational culture, health and safety: Atmosphere of appreciation, Team culture* has the consent *Please refer to your work BEFORE the COVID pandemic*. When this consent is no longer available? It's for the entire section?
- *My manager* (the word appears in many items): Does this refer to the dean, the department director or any other person with leadership responsibilities?
- *Section 12*: the response options seems very different from one another: *it's unfamiliar to me, I know this, I already participated, I'm interested, I think it's efficient*. Does the translation fits with the original meaning?
- *Section 12*: there are two set of items about *To what extent do you agree with the following statements about health and professional offers?* After the translation, the content of the two sets are very similar or identical.
- *Section 14*: we refer only to pre-pandemic period?
- *Section 14*: at the beginning, after the consent, there are two set of items about *To what extent do you feel professionally qualified for the following tasks?* After the translation, the content of the two sets are very similar or identical.
- *Section 14*: there is this item: *How threatened do you feel at work?* About what threat is this question referring to?

a) *Theoretical structure of the scale*

As in the case of the student version, the employees' questionnaire follows the same structure of the scale, that will be statistically analysed through factorial analyses. The items cover the following issues:

- Work Environment, ergonomic
- Workload, schedule (e.g., working hour)
- Teleworking, home office
- Organisational, health, safety culture

- Communication, cooperation
- Workplace atmosphere
- Teamwork culture
- Conflict management
- Healthy management
- Health-related offers details, satisfaction
- Social networking and Health
- Health-related behaviour
- Physical and Psychological Health, Well-being
- University-related data and demographic data (Faculties and departments, gender, age, educational qualification, children, etc.)

D. Presentation of Healthy Campus project progressions and preliminary results

At the EC2U Forum in Salamanca (October, 2022) and the EC2U Forum in Pavia (April, 2022), project progressions and preliminary empirical results were presented by the EC2U Work Package 4 Jena team. This way, the EC2U Community as well as other interested stakeholders were introduced to- and updated about the Healthy Campus project within the EC2U Alliance.

III. Preliminary Results of the Healthy Campus surveys at Friedrich Schiller University Jena

A. General information on the results and interpretation

The following paragraph gives an overview of the particularly relevant, preliminary results from the first statistical analyses. Unless otherwise specified, the items and scales analyzed are items with a 5-point rating scale, with low scores indicating hazard potential and high scores indicating resource potential.

B. Students

1. Mental and physical health

Schmitz et al. provided all the following results for the students' analysis (Schmitz, Wenzel, Hoppe, & Trimpop, 2022). The total scale value of the mental health scale has a mean value of $M = 2.61$ ($SD = 0.86$; $N = 1597$) and is thus in the optimization range (which items were integrated for this purpose can be found in Table 3). Specific areas of risk in the area of mental health were identified by means of a symptom check. Respondents indicated suffering primarily from fatigue/exhaustion ($M = 2.16$, $SD = 1.16$; $N = 1585$) and lack of concentration/difficulty concentrating ($M = 2.29$, $SD = 1.31$; $N = 1584$). In addition, faculty-specific conspicuous areas of vulnerability emerged: Especially in the theological faculty, a high stress profile is evident. In addition to fatigue/exhaustion and lack of concentration/difficulty concentrating, the mean values in the areas of stress/overload, difficulty falling asleep and staying asleep, inner restlessness/nervousness/sweating/tension, mood swings, listlessness, and despondency/sadness/depression are also below $M < 2.3$ and thus in the risk range. Furthermore, the mean values in the area of stress/overload in the Faculty of Humanities, the Faculty of Social and Behavioral Sciences, and the Faculty of Physical and Astronomical Sciences are also in the danger range. In addition, the Faculty of Philosophy ($N=212$), the Faculty of Social and Behavioral Sciences and the Faculty of Life Sciences show a risk potential in the area of listlessness.

The total scale value of the physical health scale has a mean value of $M = 3.48$ ($SD = 0.82$; $N = 1595$) and is thus in the optimization range (which items were integrated for this purpose can be found in Table 3). Specific resource areas in the area of physical health were identified through a symptom check: Respondents reported suffering least from respiratory symptoms ($M = 4.50$, $SD = 1.00$; $N = 1570$) and cardiovascular symptoms (e.g., palpitations, irregular heart-beat, chest tightness) ($M = 4.19$, $SD = 1.14$; $N = 1584$).

2. Organizational stress factors and need for optimization

On the basis of initial, cross-faculty analysis results, a need for optimization can be identified for a large part of the stress factors. In the area of study content, this concerns access to information as well as the scope for action with regard to the organization of breaks and co-determination of study content. Multiple workloads due to competing tasks represent a danger area here. In terms of study organization, there is a need for optimization in terms of work interruptions, workload and working hours. In some cases, faculty- and item-specific risk areas became apparent in the area of study organization. These include work interruptions for complex tasks, time pressure, a high demand for attention, and a high time requirement for self-study. The examination load should be emphasized as a danger area, which is characterized by a high density and heterogeneity of content. Another danger area is found in the factor study environment/ergonomics: the majority of students feels impaired by long working hours at the computer screen and the working posture. Likewise, an information deficit in safety-related issues and a satisfaction that can be optimized in the health offering are also evident.

Job-specific resources are found in the areas of study content (especially subject content) and the variety of tasks, as well as in the area of university culture, and social relationships.

The consequences of stress are particularly evident in the form of psychological complaints ($M = 2.61$), especially with regard to severe fatigue/exhaustion and difficulty concentrating. Physical complaints are comparatively less pronounced ($M = 3.48$).

3. Pandemic-related health issues

Regarding the pandemic and related online teaching, students report an increase in stress/overload (68.5%), difficulty concentrating (60.7%) and listlessness (66.5%), depressed mood (54.0%), and inner turmoil (52.9%). Among the physical complaints, an increase can also be observed in headaches (34.6%), pain in the limbs, shoulders, back or neck (48.3%) and an impaired general condition (39.6%), among others.

C. Academic and administrative staff

1. Main stress factors

The following main stress factors were identified for employees from the academic and administrative areas: The differences between the activities of administration and teaching/research are reflected in the assessments; thus, administrative employees show more unfavorable work processes, less flexibility and autonomy in their work organization, and more unfavorable work

environment factors than scientific activities, which in turn show higher job insecurity due to temporary employment relationships.

For all employment groups, the topics of healthy leadership, exemplifying and communicating safety and health culture, general communication culture at the university and work interruptions are in the area of concern, and specific departments are at risk here. Resources include high commitment, high job satisfaction and own professional qualifications across all groups. In the case of scientific personnel, resources also lie in the social relationships within the college and with managers and in the area of work content (diversity, holistic approach, autonomy, etc.). The Covid 19 pandemic has brought both positive (opportunity for "home office") and negative (task completion, frequency and scope of digital meetings, childcare) changes.

Academic staff employees reported a lower sense of stress during work than non-scientific employees. The main causes of stress are the pressure of deadlines and staff shortages. Both scientific and non-scientific employees reported psychological complaints during work, with burnout and emotional exhaustion being the main causes. The physical complaints during work are overall in the green range, but typical complaints of computer/monitor workplaces (pain in the neck and lower back, eye complaints, headaches) are particularly evident.

2. Leadership staff

Out of the approximately 1000 employees participating in the surveys, 279 persons are managers themselves and have provided information on the factors from their managerial perspective. 201 persons of those also have direct superiors themselves. The following findings were provided by Wings et al. (Winges, Hoppe, Seliger, & Trimpop, 2022).

Overall, the job satisfaction of managers can be classified as a resource across all the groups studied. With regard to the working environment, the field is largely dominated by resources. However, the results show that the group of other managers and managers in the non-scientific area indicate long working hours at the computer screen. It is also striking that the communication culture is rated as optimizable across all groups of executives and non-executives. Professors have longer actual working hours (51.6 h/week, SD=8.1) than managers (M=46.2, SD=10.2) and other managers (M=43.7, SD=6.2), with all, if any, exceeding their contractual working hours. Regarding the safety and health culture, it can be said that the rules on occupational safety and health are observed and consideration is given to health by the managers from the point of view of those managed. However, the interviewed "sandwich managers" state that they themselves are only poorly informed about health promotion goals by their manager and that

they have little or no enthusiasm for health promotion among their own employees. This result does not correspond with the self-assessment of the managers, since they classify the topic of healthy leadership as a resource for their employees from a management perspective across all groups. However, managers and particularly professors state that they would like to have more knowledge about health-related topics. Regarding social relationships, it is evident that relationships with colleagues and customers can largely be classified as resources. A clear resource is that the surveyed groups feel connected to the university organization.

Hazards regarding traffic participation are subdivided into those on the way to work, and those on official business within and between buildings. Especially the professors are less affected by fatigue, time pressure, and distractions. The other management groups reported more stresses here. Compared to non-executives, it is noticeable that executives are more at risk with regard to working hours and content. Professors are in the danger zone when it comes to extra work (weekend work and working on e-mails during free time), whereas managers score better but are still in the concern zone. Work interruptions are in the concern range for most executive groups, and administrative executives (not leaders/managers) are in the risk range for interruptions. Compared to employees, all managers rate the availability of offers as more frequent or better known.

With regard to the mental health status, it has been shown that in all the groups studied, with the exception of professors, the mental health status can be optimized at the Friedrich Schiller University Jena. At the same time, the managers rate themselves overall psychologically healthier than the non-executives in their self-assessment, who are more often despondent, sad, depressed, or anxious. Overall, managers rate their physical health better than their mental health. The self-assessments of the non-executives are also worse here. Managers and professors stated that they were partially overwhelmed by the number of tasks in certain areas.

The self-assessed leadership behavior with regard to healthy leadership and relationships is rated more positively than the assessment from the employees' perspective. In general, the results show a high demand for participation in further training on the topics of leadership and healthy leadership. This may indicate that awareness of healthy leadership and the role model behavior of managers needs to be strengthened. Furthermore, managers vs. non-managers show a higher incidence of incorrect workloads in terms of work content and hours.

IV. Outlook

A. Interventions at Healthy Campus Jena

1. Students

According to the results of further data analysis, different stakeholders are preparing the implementation of target group-specific interventions, based on empirical data of the student survey. The Student Health Management at Friedrich Schiller University Jena provides resources to ensure the execution and availability of the planned interventions for the students. Further data analysis will contribute input for numerous interventions. In addition, the survey results will be processed and prepared in a way that the whole student body of Friedrich Schiller University Jena has access to an overview of the empirically shown data of health and safety of the university students, reflecting their own studying conditions and health matters. Accordingly, student health is to become a structurally embedded key principle at Friedrich Schiller University Jena.

2. Administrative and academic staff

Regarding the administrative staff, the concept of regular, work group-specific health circles have been proposed and initiated successfully, in the sense of providing a space of structured discussions. The objective of those health circles is the facilitation of occupational health promotion. Within the framework of the health circles, employees are asked to identify health-related problems at the workplace, as well as propose solutions to improve said problems. Additionally, the results of the administrative staff surveys are presented within the health circles to shed a light on the empirical data collected within the whole organization. In the future, these health circles should be expanded towards other action units of the university and therefore become an integrated part of the Healthy Campus Jena. Several academic subjects are incorporated into offering health-oriented interventions and data gathering (e.g. Sports, Psychology, Nutrition, Intercultural Economic Science) and broaden the scope and connection between top end academic research and training and day to day health issues of all members of the university, including students and staff.

3. Further interventions within the Healthy Campus Jena

- Collection of existing measures plus free additional offers from the accident insurance funds and other cooperation Partners (e.g. ResUp of the University of Witten-Herdecke) and provision on the websites of company and student health management. This was done because the survey may give rise to needs and people seeking immediate help

should not be left in the dark until the survey and the derivation of measures have been completed.

- Analysis of the survey results and derivation of intervention measures by all official and student stakeholders, statistics by master students.
- Analysis of departments and activities that need a more intensive analysis of psychological stress, e.g. through workshops.
- Development and commissioning of specific measures by students and lecturers of the respective scientific departments of the university, who are scientifically predestined for the problems and their solution.
- Offer of the further interventions by students for students and employees.

B. Questionnaire

1. English Version

After creating the German and Romanian version of the questionnaires, an English translation will be provided for the EC2U Partners to be applied within their own universities. Based on this English version, a short version of the questionnaires will be developed to then be used for further translations into the other languages of the EC2U Alliance universities.

2. Short versions

In order to achieve an optimal result of high participation number as well as obtaining a holistic picture of the health status and each university's health management structures as potential for a sustainable Healthy Campus, a short version of the questionnaires will be provided to be applied in the EC2U Alliance universities.

3. Translations into other languages of the EC2U Alliance

The short English versions of the student, academic staff, and administrative staff questionnaires will be translated into French, Finnish, Portuguese, Italian, and Spanish.

4. Survey application and data analysis within the EC2U Alliance universities

Thanks to the development of the different language options of the questionnaires, the surveys for students, academic staff, and administrative staff of the universities will be applicable at every EC2U Partner university. An estimated start date for data collection at the University of Pavia, University of Turku, University of Coimbra, University of Salamanca, and the University of Poitiers is September 2022. Data processing and analysis will follow after, presumably starting around November 2022. The University of Jena offers the possibility to program the adaptive questionnaire free of charge and gather the data for all Partner Universities as well as helping in the analysis, if so desired.

5. Interventions for a Healthy Campus within the EC2U Alliance universities

Based on the collected data and the analysis results from each EC2U Alliance university, interventions for a Healthy Campus within all EC2U Alliance universities will be suggested, implemented, and evaluated. The official agents of all participating universities will exchange their methods and experiences on the working level to increase the effectiveness and learn about the good ideas and applications from each other.

C. Healthy Campus Project within GLADE & EC2U

1. Compilation of Healthy Campus structures within EC2U Partner universities

The EC2U Work Package 4 team is working on providing a compilation of Healthy Campus structures within all EC2U Partner universities, identifying already existing structures, as well as potential points of references for upcoming Healthy Campus establishments in all Partner universities.

2. GLADE Half day conference “Healthy Campus” organized by Friedrich Schiller University Jena 23/06/2022

The EC2U Work Package 4 Jena team offers an online half day conference on the Healthy Campus projects within the GLADE Virtual Institute on June 23rd, 2022 from 1pm to 5pm. The

half day conference is open to all EC2U Alliance members as well as the respective university's academic and administrative staff members who are interested in the Healthy Campus projects. The objective of the GLADE Half-Day conferences is to provide a space to strengthen the academic and professional links between researchers, teachers, and students from all EC2U universities to ensure close, successful work on the GLADE topics.

The half day conference “Healthy Campus” offered by the EC2U WP4 Jena team will focus on:

- The establishment of a Healthy Campus Project in Jena and in Iasi
- Results of the student, academic staff, and administrative staff surveys in Germany and Romania
- Future application of the Healthy Campus Project in other EC2U universities

3. Summer School 2023 at Friedrich Schiller University Jena

Within the EC2U Alliance, the EC2U Work Package 4 Jena team organizes a Summer School in the summer of 2023.

The EC2U Summer School 2023 at Friedrich Schiller University Jena will focus on:

- The establishment of a Healthy Campus Project in Germany, Romania and other participating Partners
- Results of the student, academic staff, and administrative staff surveys
- (Future) application of the Healthy Campus Project in other EC2U universities

V. Bibliography

- Trimpop, R. (2014) Die gesunde Organisation: Konzeption des empiriebasierten Modell HOPES (Health-Organisation-Person-Environment-System) In: Eigenstetter, M., Kunz, T., Portune, & R. Trimpop, R. (Hrsg. (2014). Psychologie der Arbeitssicherheit und Gesundheit: 18. Workshop. Heidelberg: Asanger. S.241-244.
- Trimpop, R. (2021). Präventions- und Gesundheitskultur an der Hochschule. In Trimpop, R., Fischbach, A., Seliger, I., Lynnyk, A., Kleineidam, N., & Große-Jäger, A. (Hrsg.). Psychologie der Arbeitssicherheit und Gesundheit. 21. Workshop - Ergänzungsband (S. 69-72). Kröning. Asanger
- Schmitz, L., Wenzel, J., Hoppe, J., & Trimpop, R. (2022). Gefährdungsbeurteilung psychischer Belastungen und Interventionsmaßnahmen zur Gesundheitsförderung für Studierende. Wenninger, G. (Hrsg.). Psychologie der Arbeitssicherheit und Gesundheit. 22. Workshop. Asanger
- Winges, L., Hoppe, J., Seliger, I., & Trimpop, R. (2022). Gesunde Führung im universitären Kontext: Gefährdungs- und Gesundheitsbeurteilung von Führungskräften an der Universität Jena. Wenninger, G. (Hrsg.). Psychologie der Arbeitssicherheit und Gesundheit. 22. Workshop. Asanger

Please note that the content of this activity / deliverable is available in the different languages of the EC2U Alliance upon request.