

BUILDING PARTNERSHIPS TO ENHANCE STUDENT WELL-BEING AND STRATEGIC ENROLLMENT MANAGEMENT

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This article explores how partnership building can be used as a strategic tool in the creation of campus conditions that positively contribute to both student well-being and student retention. Synergies between strategic enrollment management literature and student well-being theories are discussed, and an example of how a partnership approach has been advanced to create conditions for well-being in learning environments at Simon Fraser University is shared. The processes undertaken and lessons learned are discussed, to provide insight for others interested in advancing a similar approach.

Background Literature on Student Retention and Well-Being

Student retention literature over the past several decades has recognized the critical importance of integrating students within the social and academic culture of the institution (Aljohani, 2016). Increasingly, retention models have recognized that student persistence is not only affected by characteristics of individual students but that institutions themselves have a critical role to play in creating environments that support students to thrive and persist (Aljohani, 2016; Bayer, 1968; Bean, 1980; Panos & Astin, 1968; Pascarella, 1980; Spady, 1971; Tinto, 1993). For example, in 1971, Spady described students' per-

sistence as being affected by both students' personal attributes and campus environments, which together contribute to students' integration within the campus community. Other common student retention models, including Tinto's (1975, 1993) institutional departure model and Bean's (1980, 1982) student attrition model, have similarly emphasized the importance of students' interactions with the institutional environment and the impact these interactions have on their persistence. Similarly, health promotion literature over the past several decades has emphasized the important role that institutional policies, practices, and systems can play in creating environments that support and enhance health and well-being (Dooris, 2005;

Rootman & O'Neil, 2012; Scriven & Hodgins, 2012). Health promotion as a discipline has moved away from a sole focus on individual health behavior change, toward an understanding of the important impacts that settings and environments play in creating conditions for health (Dooris, 2005; Rootman & O'Neil, 2012; Scriven & Hodgins, 2012; World Health Organization, 1986). Given that both health promotion and student retention theories are focused on creating supportive institutional environments within higher education settings, there is an important opportunity to explore whether efforts can be combined in order to co-create campus conditions that positively contribute to both student well-being and retention. This will require intentional and strategic partnership building across academic and student affairs, in order to work collaboratively and systemically to enhance institutional environments.

Partnership building, through collaborative and participatory action, is a long-standing tenet of health promotion literature (Okanagan Charter, 2015; Scriven, 2012; World Health Organization, 1986). Building effective partnerships is essential to effectively engaging diverse partners to take part in creating healthy settings (Scriven & Hodgins, 2012). Student retention literature has similarly emphasized the importance of collaborative action and partnership building across academic and student affairs. Pascarella's (1980) student–faculty informal contact model described the importance of faculty–student interactions in creating a positive institutional culture that promotes retention (Pascarella, 1980). Building partnerships across academic and student affairs is, however, not a simple task (Reif, 2007). Institutional environments in higher education are often siloed, and the process of effective partnership building therefore requires intentional thought and consideration (Reif, 2007; Romano & Connell, 2015). Health promotion and public health literature have much to offer in terms of effective collaboration and partnership building, including the importance of building relationships with stakeholders from the onset of the project, using participatory and iterative mechanisms to allow projects to evolve based on stakeholder input, and celebrating strengths and successes to further build momentum (Israel, Shulz, Parker, & Becker,

1998; Okanagan Charter, 2015; Scriven, 2012). The following section describes how a partnership-building approach was applied at Simon Fraser University to embed well-being within academic settings through the creation of conditions for well-being in learning environments. Lessons learned through the process are shared and discussed.

Creating Conditions for Well-Being and Success Through a Partnership-Building Approach

The Well-Being in Learning Environments project at Simon Fraser University (SFU) uses a partnership-building approach to advance collaborative action that embeds a focus on well-being within learning environments. Learning environments provide a critical opportunity for enhancing both student well-being and student success, as students spend much of their time on campus in classes, which are central to their academic experience. The project, led by SFU Health Promotion in partnership with the Teaching and Learning Centre, has engaged faculty members, students, and staff in the co-creation of 10 conditions for well-being in learning environments. The goal of the project is to work with faculty members to create conditions for student well-being through the ways they design and deliver their courses. To date, over 100 faculty members have been involved in the project, with representation from all academic units. Examples of how these faculty members are contributing to well-being in learning environments are featured on SFU's Healthy Campus Community website (Simon Fraser University, 2016), and the number of faculty involved has grown annually, from 6 in 2012 to over 100 in 2016. The partnerships and collaborative action that make up the project did not occur by chance but rather were intentionally fostered and developed through meaningful relationship building with stakeholders, an iterative feedback cycle, and the sharing of positive successes. As previously described, these principles are based in health promotion and public health literature (Israel et al., 1998; Okanagan Charter, 2015; Scriven & Hodgins, 2012). The following paragraphs elaborate on the application of these principles throughout the project's development.

In order to effectively engage faculty members in creating conditions for well-being in learning environments, it was deemed essential to apply a participatory and partnership-building approach. This involved building relationships early on with faculty members, who could inform the design and development of the project from its inception. The Teaching and Learning Center (TLC) was also identified as a key partner due to their extensive experience working with faculty members, and their expertise informed how the project could be strategically designed to benefit and appeal to faculty. Several steps were taken during the project's initiation to ensure early engagement of faculty members and the TLC. First, literature and evidence connecting well-being to academic success, learning and student engagement was reviewed and summarized in a rationale for embedding conditions for well-being in learning environments. Second, faculty champions were identified through student recommendations, and these faculty members were then invited to meet with the project team to share what they were doing to support well-being. Positive examples shared at these meetings were featured within initial project materials to help build positive momentum for the project. In addition, these early meetings served as an opportunity to garner faculty input on the project's development. Project plans and materials were presented to these faculty members, who provided input on the direction of the work, language used, and project plans. Recognizing the time constraints on faculty members, the project team was available to meet with interested faculty members at times and locations suggested by the faculty members as opposed to trying to bring all interested parties together for a shared committee meeting. Although committees are often used as part of building participatory action for health, it was deemed more important to ensure the involvement of all those interested by meeting with them at their own convenience. This is an example of how, throughout the project's development, there was an explicit intention to ensure that the focus on well-being was not an add-on to faculty members' already heavy workload, but rather something that could complement their existing goals.

Through feedback from faculty members and the TLC, literature review, and student input via focus group discussions, 10 conditions for well-being in

learning environments were created and featured on the Healthy Campus Community website, along with positive examples of how SFU instructors were creating these conditions through the design and delivery of their courses. These conditions were adapted over time based on input from faculty, staff, and students and include social connection, inclusivity, real life learning, optimal challenge, flexibility, instructor support, services and supports, positive classroom culture, civic engagement, and personal development. This is not meant to be an exhaustive list of how learning environments can support well-being, but is rather a starting place that is relevant for SFU based on input from various stakeholders as described above. The identification of the 10 conditions for well-being in learning environments provides a framework and guidance on how action within the domain of learning environments can contribute to student well-being. This resource is available for other institutions to use and build upon (Simon Fraser University, 2016).

Discussion

As previously described, the embedding of conditions for well-being within learning environments at SFU has been facilitated through a participatory and partnership approach as recommended in health promotion literature (Israel et al., 1998; Okanagan Charter, 2015; Scriven & Hodgins, 2012). Key aspects of this approach at SFU included the review of literature and evidence, involving faculty members and TLC staff in the early design and planning of the project, recognizing and celebrating positive examples and successes, identifying 10 conditions for well-being in learning environments, and adapting plans over time based on stakeholder input. The strengths-based approach of featuring student-suggested faculty members was also successful in garnering faculty involvement and created an initial network of champions, who could then share the resources and practices within their own networks. These approaches are all based on recommendations from participatory approaches to health promotion and public health (Israel et al., 1998; Okanagan Charter, 2015; Scriven, 2012) but were adapted to the unique needs of the SFU community through discussion and feedback. Lessons learned through the process include the importance of early relationship building with part-

ners, flexibility in adapting project plans to meet the needs of partners, and featuring positive examples to build further momentum.

The meaningful engagement of faculty, students, and campus partners such as the Teaching and Learning Centre has been central to the advancement of the Well-being in Learning Environments project, and has facilitated the growing network of faculty members. As mentioned earlier, the network has been steadily growing since 2012, and there are currently over 100 faculty members who have been involved. Examples of how faculty are creating each condition for well-being continue to be updated on the website and are also shared through in-person meetings and events at SFU. The next phase of the project will involve continuing to expand the network of faculty members involved and the continual distribution of the positive examples through both in-person events and online means, such as the recently developed Well-being in Learning Environments Newsletter. We will continue to collect evidence of increasing engagement levels among faculty and the student impacts of efforts to enhance conditions for well-being in learning environments. Our goal is that through this ongoing participatory process, we will be able to engage increasing involvement of faculty members in creating conditions for well-being through the design and delivery of courses, and contribute to an institutional environment that prioritizes well-being and student success as key outcomes of the higher education experience.

Conclusions

This article describes the synergies that exist between student retention literature and health promotion theories, and provides an example of how a partnership-building approach can facilitate collective and collaborative action to create conditions for well-being and success within learning environments. Specifically, both student retention and health promotion literature have outlined the importance of creating institutional environments that support and enhance well-being and success and have emphasized the need for building partnerships to facilitate this process. Enhanced collaboration and partnerships between academic units and student support staff are essential to advancing these goals, but these partnerships are not always

easy to develop (Reif, 2007). This article provides an example and lessons learned regarding the partnership-building process carried out in the development of the Well-Being in Learning Environments project at SFU that may be of interest to others interested in advancing a similar approach. Specifically, lessons learned include the importance of early relationship building with partners, flexibility in adapting project plans to meet the needs of partners, and featuring positive examples to build further momentum. At SFU, this partnership approach has led to the co-development of 10 conditions for well-being in learning environments that align with well-being literature as well as faculty and institutional priorities related to student success and learning. By identifying factors within the institutional environment that can support both well-being and success, there is an opportunity to work collectively to create campus environments that will benefit both students and institutions to thrive.

References

- Aljohani, O. (2016). A comprehensive review of the major studies and theoretical models of student retention in higher education. *Higher Education Studies*, 6(2), 1–18.
- Bayer, A. (1968). The college drop-out: Factors affecting senior college completion. *Sociology of Education*, 41(3), 305–316.
- Bean, J. (1980). Dropouts and turnover: The synthesis and test of a causal model of student attrition. *Research in Higher Education*, 12(2), 155–187.
- Bean, J. (1982). Conceptual models of student attrition: How theory can help the institutional researcher. *New Directions for Institutional Research*, 1982(36), 17–33.
- Dooris, M. (2005). Healthy settings: Challenges to generating evidence of effectiveness. *Health Promotion International*, 21(1), 55–65.
- Israel, B., Shulz, A., Parker, E., & Becker, A. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health*, 19, 173–202.
- Okanagan Charter: An International Charter for Health Promoting Universities & Colleges. (2015). Retrieved from <http://internationalhealthycampuses2015.sites.olt.ubc.ca/files/2016/01/Okanagan-Charter-January13v2.pdf>
- Panos, R., & Astin, A. W. (1968). Attrition among college students. *American Educational Research Journal*, 5(1), 57–72.
- Pascarella, E. T. (1980). Student-faculty informal contact and college outcomes. *Review of Educational Research*, 50(4), 545.

Reif, G. (2007). Higher education's missing link: Examining the gap between academic and student affairs and the implications for the student experience. *The Vermont Connection*, 28, 90–99.

Romano, C., & Connell, J. (2015). Faculty's role in retention: A case study of change management at Ramapo College. *Strategic Enrollment Management Quarterly*, 3(3), 184–201.

Rootman, I., & O'Neil, M. (2012). Key concepts in health promotion. In I. Rootman, S. Dupere, A. Pederson, & M. O'Neil (Eds.), *Health promotion in Canada* (3rd ed., pp. 18–32). Toronto, Ontario: Canadian Scholars' Press.

Scriven, A. (2012). Partnership, collaboration and participation: Fundamental principles in a settings approach to health promotion. In A. Scriven and M. Hodgins (Eds.), *Health promotion settings: Principles and practice* (pp. 50–68). Los Angeles, CA: Sage.

Scriven, A., & Hodgins, M. (2012) *Health promotion settings: Principles and practice*. Los Angeles, CA: Sage.

Simon Fraser University. (2016). *Well-Being in Learning Environments*. Retrieved from <https://www.sfu.ca/healthycampuscommunity/learningenvironments/WLE.html>

Spady, W. (1971). Dropouts from higher education: Toward an empirical model. *Interchange*, 2(3), 38–62.

Tinto, V. (1975). Dropout from higher education: A theoretical synthesis of recent research. *Review of Educational Research*, 45(1), 89–125.

Tinto, V. (1993). *Leaving college: Rethinking the causes and cures of student attrition* (2nd ed.). Chicago, IL: University of Chicago Press.

World Health Organization. (1986) *Ottawa Charter for Health Promotion*. Geneva, Switzerland: Author.

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