**Stakeholder Analysis of UCC Health Matters**

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**Background**

Health, as defined by the World Health Organisation *is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity* (WHO, 1946). Health is essential in the positive development of the individual and is seen as a resource for everyday life (WHO, 1946). Health therefore, plays an important role in the lives of university students during a pivotal time of change in their lives (Okanagan Charter, 2015). University management aim to prioritise student health and well-being but with so many stakeholders it may be difficult for all partners at times to maintain a common goal (Griffiths, 2008).

University College Cork gained accreditation as a Health Promoting University in February 2015 with the involvement of stakeholders across the university with a common strategic goal to integrate health into the culture, policies and actions of the university (Ryan 2014). “*The Health Promoting University initiative aims to integrate processes and structures within the university's culture supportive of a commitment to health and health promotion. Additionally, the initiatives promote the health and well-being of staff, students and the wider community*” (WHO, 1986). A Health Promoting University therefore, contributes to the health and wellbeing of both students and staff by developing personal skills within the university population, strengthening community action across the university, creating supportive environments on campuses, and reorienting health services available on campus (WHO 1986).

The Health Promoting University status was officially awarded to UCC in 2015 (UCC, 2015). In order to sustain positive impacts on health in UCC, a three-year strategic plan was developed by UCC Health Matters. The strategic plan is a three-year strategy aimed to support UCC Health Matter’s overall vision of supporting health and wellbeing across UCC by promoting physical, emotional, sexual and mental wellbeing through the provision of healthy opportunities on campus.

Stakeholders are individuals or groups of people that have an interest or rights in an organisation that impact on the decision making process involved in the implementation of policies and initiatives (Brugha & Varvasovszky,2000). A stakeholder analysis involves the investigation into qualitative data generated from key stakeholders to assess their opinions, experiences and their beliefs regarding policies and programs. A stakeholder analysis therefore aids in the development of action plans, strategic planning, and supports the implementation and evaluation process in a Health Promoting University (Brugha & Varvasovszky,2000). Individuals have different motivators, interests and priorities. It is important to investigate these to understand their impact when implementing a strategic plan.

The aim of this study was to investigate the barriers and facilitators when implementing a strategic plan in a Health Promoting University. Objectives of this investigation were to identify the existing problems experienced by UCC Health Matters, examine the potential role of working groups and Health Matters team in the implementation of the strategic plan and also to determine the barriers and facilitators involved in the process of achieving the goals set out by the strategic plan.

**Methodology**

**Stakeholder analysis**

A stakeholder analysis aims to gather knowledge, beliefs and influences affecting future processes such as planning and implementing actions and policies. Stakeholders are those that influence both the decision making and application process in a positive or a negative fashion. A stakeholder analysis can be performed in a variety of settings to develop action plans, to support the implementation of policies and to assess institutions (Brugha & Varvasovszky, 2000). This allows managers to interact more effectively with key stakeholders and to increase support if required. This approach facilitates valuable insights being gathered, so that the future strategic plan is realistic, achievable and viable (Ancker & Rechel, 2015).

**Participants and sampling**

The study population included professionals working in University College Cork including academics, students and practitioners, who volunteer their time with involvement in UCC Health Matters. Such stakeholders include The Head of Student Health past and present, Senior Health Promotion Officer for HSE South, convenors of the Alcohol and Substance group, Mental Health and Wellbeing group, Sexual Health group and Physical Activity & Active Transport group and also members and academics from across the university setting. Other stakeholders include a previous Health Promotion Project Worker, Student Welfare Officer past and present, Staff Wellbeing Officer, Club’s Health Promotion officer and the President of the Students Union who are all involved in the UCC Health Matters initiative.

Following discussion with the UCC Health Matters Working Group internal and external stakeholders were purposively selected from an elite sample and invited to participate via e-mail. E-mails provided detail on the purpose of the research, its voluntary and confidential nature, what participating would involve and an invitation to arrange a date suitable for interview. Follow up emails were sent to participants who initially didn’t respond to the initial form of contact. A day and location suitable for all participants was arranged via email.

**Interviews**

One-on-one interviews were undertaken to garner stakeholder opinion. Interviews can be classified as structured interviews, involving the use of specific questions generated by a questionnaire or semi structured or unstructured interviews. Such interviews are flexible in their approach; discussion is generated using an interview guide and accompanying prompts (DiCicco-Bloom & Crabtree, 2006). One–on-one interviews provide an advantage over focus groups as individuals can relate personal opinions instead of providing a socially more desirable response in front of peers in focus groups (Gill et al. 2008). The interviews took place at a time and location suitable to the individual interview participant. A flexible interview topic guide was developed based on the five key action areas in the strategic plan. These topic areas included policy, environment, collaboration, environment and research. The topic guide consisted of open ended questions along with prompt questions if required to determine the views and opinions of the stakeholders about the key barriers and facilitators in the implementation of the three-year strategic plan. After the completion of the interview topic guide, a pilot interview with the convenor of the Alcohol and Substance Working Group took place before being used to conduct the remaining interviews. Verbal consent was asked before conducting each interview to record the content in order to keep a detailed account of the discussion. In total fifteen interviews were conducted and transcribed accordingly. Each participant completed a 20 to 40-minute interview and as a result detailed information of reflections and personal views from internal and external stakeholders were collected. Each interview was individually transcribed verbatim anonymously.

**Data analysis**

Content analysis is one of many qualitative analytic processes used to analyse data. Qualitative content analysis can be defined as “*a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns’’* (Hsieh & Shannon, 2005). This method allows for the identification of particular meanings and patterns that may be hidden in the text (Zhang & Wildemuth, 2009). This method also identifies the frequency of patterns and words resulting in the formation of key categories throughout the data (Mayring, 2000). Therefore, it allows for the identification of copious amounts of information from the data corpus. All transcriptions were analysed using qualitative content analyses approach.

There are three main approaches to qualitative content analysis including the conventional, directed and summative content approach. This study carried out the summative content analysis approach. This approach involves the examination of words throughout data with the aim of exploring the content and use of words throughout the text (Hsieh & Shannon, 2005).

Analyses initially included reading and re-reading of the data to familiarize oneself with the content. Keywords or phrases were highlighted, underlined and noted in each transcribed sentence along with extra notes in the margins to produce codes independently. A code is a word or phrase found in data that has been identified as having an important or interesting meaning to the researcher. A code can derive from documents, videos, emails, photographs, transcripts and so on (Saldaῇa 2009). Coding was conducted manually.

The coded transcripts were then re-read and key points or words were categorised into eleven key concerns in the future when implementation of the strategic plan and the improvements that need to take place in order to diminish those concerns. Coded transcripts were compared and contrasted to yield content and themes across the interviews. Initial analysis yielded eleven categories which were refined by linking similar categories together. The final categories were established by analysing the frequency of specific barriers and action areas to overcome those barriers for UCC Health Matters.

**Results**

In total, 15 participants took part in the study. Following analysis, 7 key categories and sub categories were established. The barriers and facilitators generated from the data occurred at various levels within the University. Although the majority of barriers were also identified as facilitators other facilitators included the development of an implementation plan, increased student and staff involvement, improved networking, evaluation, research and the sustainment of the structure of Health Matters. The barriers identified included, lack of resources, lack of recognition and engagement, communication difficulties, difficulties experienced within working groups and difficulties experienced within the university. As a result, an action plan can be developed to overcome and address the barriers.

**Resources**

Participants from this study agreed that lack of resources acted as a barrier, potentially preventing the achievement of the five key goals set out in the strategic plan. Resources included lack of funding and time constraints due to the existing workload from everyday jobs within UCC. It was noted ‘People are busy; people are strained’ due to the volunteer role of individuals involved in UCC Health Matters who are doing this out of their ‘good will’ and ‘passion’ for promoting health and wellbeing.

The disadvantage of the constant turnover of resources were also identified as a barrier. Turnover of staff members results in ‘lack of consistency’ and loss of experience and knowledge affecting the overall performance of UCC Health Matters. One participant explained that ‘you don’t have continuity of knowledge’ with the turnover of resources. Some participants were concerned about the part time position of both Health Promotion Project workers. It was outlined that it can be ‘difficult to support everything’. Suggestions of the appointment of a full time HPPW for UCC Health Matters will improve communication channels having a knock on effect on the barriers and improve overall functioning of Health Matters.

Underpinning this issue, participants noted that funding acted as a barrier in the implementation of policy, the act of proving supportive environments through provision of events, initiatives and research. Physical space also provides a barrier in the future implementation of the strategic plan. The availability of space on campus to’ facilitate activities’ may provide a barrier as individuals ‘don’t want to walk down to the Mardyke’, if specific events are situated away from campus.

**Recognition**

Evidence from the transcripts identified concern about the lack of recognition of UCC Health Matters, providing a barrier when moving forward. Participants acknowledged this lack of recognition extended to ‘higher bodies’ within UCC. Some participants noted that there was a need to ‘start rewarding achievements’ and acknowledge the work carried out by staff and student members involved. One participant stated that ‘’I would like to see that my contribution to Health Matters…is recognised’’.

As a result, it was suggested that ‘incentives and values’ need to be determined for individuals who are currently part of Health Matters to sustain energy and enthusiasm and to encourage others to get involved. It was determined that the achievements of UCC Health Matters and UCC in receiving accreditation as the first Health Promoting University in the country was not being circulated enough to the public. The majority stated that ‘It is something we should be really pushing’, increasing the recognition of Health Matters. It was suggested that a permanent amenity such as a website should become available to access health promotion information along with ‘poster boards’ and a ‘newsletter’ to provide information and details of work completed to further promote UCC Health Matters.

**Engagement**

The lack of student and staff engagement emerged as one of the main barriers faced by UCC Health Matters. All working group convenors and stakeholders agreed that there is a lack of student engagement within working groups along with the engagement of academics. Reasons for this little engagement included ‘lack of knowledge’ and awareness of Health Matters among the student and staff population of UCC. Participants addressed this by explaining that Health Matters ‘may not be fully understood’ and that there are students ‘who have no idea what Health Matters is, what it does’. In order for student involvement to increase they need to feel that it is something they can ‘relate to’, increasing input and commitment from the student population.

Some participants believed that incoming first years should be targeted to increase engagement with Health Matters by offering an ‘option of sign up’ at clubs and societies day or invitation to join Health Matters via email etc. It was suggested that Health Matters ‘’go to the students instead of the student going to them’’ in the hope of increasing student engagement. Participants also identified the importance of collaborations for Health Matters. Participants indicated that collaborations should increase within existing and external stakeholders. In relation to collaborations between Health Matters and the Students Union, it was noted that there is ’great scope for the two organisations to work together’ and also to build on collaborations with external health promotion bodies etc.

**Communication**

Lack of communication also provides a barrier for UCC Health Matters. In terms of networking between working group members it was evident that there is currently very little or no communication between the active working groups in UCC Health Matters. Participants involved in the working groups were in agreement, admitting ‘we are very poor at collaborating across groups’ and ‘it feels like we have gone off into different silos’. The need for increased communication between working groups is evident, with one participant outlining that ‘’We are not promoting meeting new people being social, we are promoting more work on top of more work’’.

Ideas for tackling this barrier included going on ‘away days or fun days’ in order to connect with working group members outside of the working environment. It was also suggested to expand communications by creating a WhatsApp group or Viber group to stay in contact. Alternative approaches that arose included regular face to face meetings including convenors of working groups to share future plans and work they have done, opening communication channels and the opportunity to collaborate running events.

Some participants noted that regular meetings of the steering group committee are required when moving forward with the future implementation of the strategic plan and to ‘discuss the progress of Health Matters’. It was also noted that social media presence needs to improve, increasing engagement with the public. One participant identified the need for the development of the ‘communications plan’ for UCC Health Matters to improve communication channels moving forward.

**Working Groups**

Difficulties faced by working groups also provide a barrier in the future implementation of the strategic plan. Some participants noted that working groups need to be developed by ‘refreshing them’ as it was recognised that some working groups are more developed and more active than others. Another participant outlined that working groups ‘should be driven by the Health Matters team and strategic plan’ rather than working on their own initiative; improving the functioning of each working group.

It was also noted that some working groups experience difficulties internally, providing a barrier to Health Matters. Difficulties vary from ensuring that every voice is heard during meetings to the lack of generation of input and ideas by others. One participant explained how it can be difficult to keep individuals motivated and passionate without adding too much work to the already existing workload. It is important that a ‘blend’ of event planning and producing reports is carried out to sustain passion and excitement.

Support is required due to lack of knowledge and experience when considering future actions areas of research and evaluation in working groups to improve overall functioning of working groups. Key ‘guidelines and templates’ may be produced which is ‘common amongst all the groups’ to overcome this barrier. Some participants suggested that engagement with working groups should increase by means such as conducting focus groups to find out their needs.

**University**

Another concern from participants in this study is one of politics. It is of concern that health and wellbeing is not a core function of the university, along with ‘different views and beliefs’ of what is important in terms of health. UCC Health Matters may not be seen to have the right to ‘influence attitudes and behaviours’ within the UCC population. Such issues impact the future implementation of the five key action areas in the strategic plan.

Ownership of ideas and events may also cause conflict among Health Matters and collaborators. This provides a barrier as ‘’people don’t want to give over their activities to the larger population that is UCC’’. One participant also outlined this concern by indicating it can be difficult for people to understand ‘’that you’re working in a supportive way rather than you’re trying to take it over, they don’t want to get Health Matters involved because then they’ll take over this particular event while they want it to be their event’’.

Underpinning this uncertainty is the lack of healthy policy in the university. Participants noted the importance of policies being ‘health proofed’ and ‘engaging healthy policy in every policy’ before being implemented in the university.

**Actions for the future**

The barriers identified from the data were also established facilitators for UCC Health Matters. The availability of resources, increased recognition and engagement, effective communication and organised working groups along with University support, facilitate the strategic plan. Other facilitators determined by stakeholders are outlined below in no particular order of importance.

* **Implementation plan**

Producing plans for the future year improves the overall organisation of UCC Health Matters. Participants suggested to include the development of a calendar of events for the year, to circulate among UCC body. Such actions allow people to ‘anticipate’ events and get involved, increasing engagement of students and staff and also facilitating increased recognition of Health Matters in UCC. Producing a calendar of meetings allows for increased face to face meetings, improving communication channels and allows for the option to organise busy work schedules. Progress reports were also identified as being important, identifying the progress of Health Matters and keeping everyone up to date with progress and plans, facilitating future progress.

* **Student and staff involvement**

Student and staff involvement are both areas that need to be addressed. Stakeholders suggested reducing known barriers such as engagement, recognition and resources for Health Matters. UCC Health Matters is unique as being ‘one of the only ones that actually has investment from students and staff and the university’. Increased student involvement is necessary as the ‘whole idea behind us doing a health promoting university is for student’s’. Ideas generated to increase a ‘student by in’ include the option ‘for sign up’ to Health Matters at the start of the year along with communication portals such as email inviting others to join. Suggestions also included the introduction of departmental involvement in Health Matters, increasing awareness and engagement. One participant noted that plans therefore become ‘integrated into other people’s plans rather than us trying to generate the energy and pushing through on events’. Both staff and student Involvement will facilitate the accreditation of Health Matters as a recognised advocacy platform within University College Cork.

* **Evaluation and research**

Participants acknowledged the importance of evaluation for UCC Health Matters. Evaluation provides an evidence base and structure for Health Matters, assuring the health and wellbeing of students and staff are improved from events and initiatives that run throughout the year. Recommendations for evaluation include the provision ‘honest, effective’ evaluation with a purpose, to determine to outcome of activities on health and wellbeing of the population of UCC. Receiving feedback from the student and staff population is needed when carrying out evaluation as it was outlined that ‘we need to listen to the people as well’. As a result, feedback facilitates the future implementation of policies and plans.

It was also suggested that key individuals carry out research and disseminate results and information back to the Health Matters team. Participants recognised that champions within the university should be recruited along with using existing resources such as expertise and ‘harness research potential’ within the college from students and staff willing to carry out research.

* **Network**

Establishing a network within Health Matters is essential when looking to improve communication and engagement. Creating a network will provide opportunity to improve collaboration between working groups facilitating the goals set out in the 3-year strategic plan. Creating a network between working groups is necessary by increasing contact through a variety of social means such as away days, fun days away from the world of work, meetings with certain agendas. It was independently noted there is a need for the development of a communications plan for UCC Health Matters looking ahead.

Improving collaborations with existing stakeholders and increasing collaborations with other bodies with a ‘common goal’ can greatly reduce the barriers produced by this study. Such collaborations include those with the HSE, ReachOut, SpunOut, USI, Pieta House. Alternative collaborators may include industry partners who aim to improve health and wellbeing such as Pfizer. Collaborations improve resources such as reducing workload, increasing funding. Collaborations also increase the recognition of UCC Health Matters; increasing awareness of the work achieved and carried out by this initiative.

Participants acknowledged that positive, ‘effective’ communication that takes place with the Health Matters team, facilitating the future implementation of the strategic plan. It was noted this form of communication is indispensable for members involved in Health Matters for providing information, promoting and organising events.

* **Health Matters structure**

Some participants outlined the importance maintaining the practitioner base approach of UCC Health Matters. It was a concern that Health Matters may be ‘losing sight of what it was set up for’ if too much energy is inputted in future action areas such as research. Although the participants acknowledged the importance of research, it was important to balance existing promotion and research. It was also deemed important to sustain knowledge and expertise within Health Matters when faced with turnover of resources. One participant outlined the importance to ’keep the spirit of people leaving’ capitalizing on existing structures put in place, becoming a leader in promoting health and wellbeing.

Health matters should aspire to become a resource for others offering support, advice and resources for those within and outside of UCC. The positive effects were outlined by one participant stating that Health Matters can ‘become a consciousness raising group where we constantly highlight areas’ and ‘become resources of action rather than to create the actions’. Participants also added that Health Matters should not only become a resource but also to avail of ‘support and information’ from others, facilitating future collaborations, engagement and provision of resources.

**Discussion**

The purpose of this study was to investigate the barriers and facilitators associated with a Health Promoting University. The stakeholder analysis approach allowed for the clear identification of concerns and barriers faced by UCC Health Matters, impacting on the future materialisation of the strategic plan in relation to the five key action areas of policy, environment, collaborations, evaluation and research. This method allowed for the opportunity to incorporate different perspectives from different stakeholders such as academics, students and practitioners. Furthermore, it facilitated the exploration of concerns for UCC Health Matters, putting support systems in place to overcome identified barriers. Recurring categories appeared across each interview suggesting saturation was reached.

It was noted that the majority of barriers established were also identified as facilitators for UCC Health Matters. The barriers and facilitators identified from this stakeholder analysis include the shortage of resources such as financial and human volunteers. Other barriers included lack of recognition, organisational structures such as communication, internal difficulties such as disorganisation, lack of knowledge skills, and strong personalities. Robinson et al. (2006) identified similar barriers and facilitators involved in Health Promotion Practice with non-funded and non-governmental health organisations. Factors included the shortage of committed people such as staff and volunteers, resources such as funding and physical materials along with interest from senior members. These barriers greatly impact the capacity building ability of health promoting initiatives. Solutions to these barriers may include training of members resulting in evidence base practise and development of skills. Collaborations increase the provision of both financial and human resources; facilitating future progress.

Capacity building refers to the resources, structures, knowledge and skills that allow for the development of sustainable health promotion plans and initiatives (Joffres et al. 2004). Interestingly such barriers mentioned were also identified as facilitators for the organisations. In terms of carrying out research and evaluation Robinson et al. (2006) found that lack of skills, interest and funding provided major barriers in their completion. Schneider et al. (2013) identified similar barriers when evaluating health policies also included the skills and turnover of staff in departments. The availability of funding, leadership, and political influence all impacted on the evaluation process. Concerns for UCC Health Matters identified similar factors. Stakeholders noted that existing research potential within the university could be harnessed more effectively. This complements earlier findings for UCC Health Matters, which focused on the expansion of existing collaborations and the necessity of approaching external stakeholders, facilitating the future implementation of the goals on the strategic plan.

Dooris (2001) determined the challenges faced by the University of Central Lancashire following its accreditation, becoming one of the first Health Promoting Universities in Europe. Initial challenges included the idea surrounding the responsibility of health promotion, it was regarded that health was the sole responsibility of the coordinators and not the responsibility of everyone in the university. They recognised the importance of getting health on the agenda in the university by building senior management commitment and developing broad-based ownership by staff, students and the wider community to overcome barriers and increase engagement with the initiative. Similarly, action is required to increase engagement in Health Matters and ensure UCC has an environment where health promotion is widely accepted by students, staff and management levels.

Dooris & Martin (2002) later identified actions undertaken by the University of Central Lancashire to overcome the existing barriers. It was necessary to have a senior level advocate who supported the idea of the Health Promoting University approach, arguing for it at a management level, making initial financial resources available. This role came from the faculty of health in the University of Central Lancashire. They identified the value of demonstrating *“early wins*” and gaining long-term funding to allow actions to move towards long term projects instead of short-term prospects. It was identified as paramount to build on the lead advocacy role to develop broad-based ownership, legitimacy and accountability for the initiative. This was developed at the university through the setting up of a Steering Group and *“on the ground*” networking. This involved the coordinator of the initiative meeting with people across the university to understand similar and competing agendas and to build relationships.

The action of frequently reviewing priorities and organisational structures is important to ensure they remain appropriate and effective at the university. As a result, the initiative has changed since starting its journey from the inﬂuence of internal and external forces. Similarly, action is required to increase engagement for Health Matters and ensure UCC has an environment where health promotion is widely accepted by students, staff and management levels.

Robison et al. (2006) suggested actions for change in health promotion practice to address certain barriers identified. Suggested areas included improving resources, leadership, communication, partnerships and coordination. Proposed actions for change included the importance of having skilled and committed people and ongoing professional development to strengthen practice. Although Robinson et al. (2006) identified financial resources as one of the top facilitators, the need to strengthen external partnerships and promote broader sharing and communication was determined to enhance resources and skills to improve activity implementation. The need for organisations to foster health promotion champions was recognised to push initiatives forward and support staff; improving resources and the provision of adequate communication channels through electronic means. These suggested actions may prove beneficial to UCC Health Matters improving similar barriers identified in this study.

Developing future plans for UCC Health Matters will further develop the initiative, allowing for the engagement of students and staff with permanent calendars set in place outlining events and activities for the year. This level of organisation will be acknowledged and recognised within the UCC population, increasing popularity and credibility. Within UCC Health Matters the production of progress reports allows both internal and external stakeholders keep up date with progress and build on existing achievements when looking ahead into the future.

Evaluation in health promotion is mandatory for discovering the outcomes of health promotion actions (O’Connor-Fleming et al. 2006). There is a need for UCC Health Matters to provide a robust evaluation plan and carry out honest and effective evaluation plans to discover the effectiveness of activities and programs, to determine if initiatives are having a positive impact on the health and wellbeing of the staff, students and the wider community. Establishing support to conduct evaluation improves understanding of the capabilities of health promotion activities allowing for changes to be made improving health promotion outcomes (Lobo et al. 2014). UCC Health Matters can gain knowledge from conducting evaluation research about the most beneficial ways of addressing problems with particular groups or within the university setting. It is also important to recognise this is an ethical issue which people need to be mindful of moving forward.

Although similar barriers and facilitators are experienced by others, many are unique to UCC Health Matters due to both staff and student involvement in the initiative. The importance to stakeholders of remaining practitioner based and becoming a resource for others identifies this individuality. This provides an advantage to UCC, allowing for the future development of a national approach to health promotion in a university setting. Other institutes can benefit from this development, ensuring the health and wellbeing of students and staff is recognised and is nationally on the agenda. It is clear there is opportunity for UCC Health Matters to approach external stakeholders, nationally and internationally to gain knowledge and support to overcome the barriers determined by the stakeholder analysis.

**Strengths**

The use of a robust qualitative method allowed for the understanding of the views from internal and external stakeholders in UCC Health Matters. The external auditor to the university involved in the study acted as a neutral individual, providing the opportunity for stakeholders to feel comfortable to openly discuss the topic at hand. Interviews were recorded and transcribed by the author, providing an accurate and detailed account of personal views from the stakeholders. An understanding of the concept of coding during analysis of the data was developed after discussion and guidance from Dr. Martin Davoren.

**Weaknesses**

In this study, a total of 15 interviews were conducted with an elite sample all involved in the UCC Health Matters brand. Equally, it is also important to understand the views from individuals not associated with the Health Matters Brand, broadening the perspective of barriers and facilitators of the implementation of the strategic plan. Initially 22 participants were invited to take part in the interview process, in total 15 participants took part in the stakeholder analysis. The remaining individuals did not participate due to busy work schedules. Some individuals did not reply to the initial or second form of contact hypothesizing lack of knowledge or lack of interest in regards to the current strategic plan that is currently in place in University College Cork.

**Conclusion**

The key barriers and facilitators experienced by UCC Health Matters were determined by gaining insight opinions and knowledge from key stakeholders who are currently involved with Health Matters and who have had previous experience working with or as part of the UCC Health Matters initiative. The current research highlights actions which can now be taken in order to overcome barriers and continue to promote the health and wellbeing of students and staff across the university by providing healthy opportunities for both staff and students. As already acknowledged, time spent at university plays an important role in the development of future lifestyle habits as students increasingly make independent choices during this time. This encourages actions for change to facilitate healthy lifestyle development in a university setting.

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