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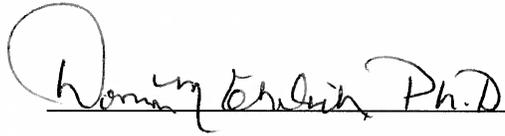
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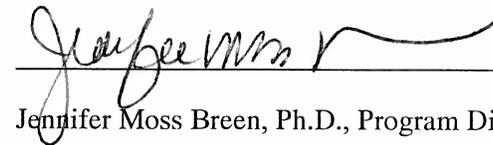
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STRATEGIC PLANNING IN COLLEGE HEALTH:

A MIXED METHOD STUDY

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By

LIBBY SKILES

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A DISSERTATION IN PRACTICE

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Abstract

Higher education students have an increasing number of pre-existing health and wellness

concerns when they arrive on campus. College-based health service leaders are tasked

with addressing those concerns with a finite set of resources within the context of

evolving healthcare and higher education industries. In order to develop a set of practices

to guide college health leaders in strategically planning to meet these needs, a concurrent

mixed method study was conducted. This electronic survey consisted of 7 demographic

questions, 20 quantitative questions, and 3 open-ended qualitative questions. After

distribution via a national college health Listserv, 112 completed responses were

received. Analysis of this data found a need for a broader set of tools to support college

health leaders in the area of strategic planning. As a result of these findings, a list of

solutions was proposed, which included a document library, a learning series, solution-

focused institutes, cultivation of research, and a consultative colleague database. These

recommendations may assist college health leaders in developing and executing strategic

plans.

Keywords: College health, higher education, strategic planning

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CHAPTER ONE: INTRODUCTION

Background of the Problem

Yokoyama (2013) defined change in higher education as "the process and outcome of substantial higher education movement from established to new modes in a certain period of time" (p. 14). The author also pointed out that this change occurs at macro, meso, and micro levels and it involves the power of agents. This dissertation in practice explored higher education change within a microcosm of the field—college healthcare—and the effect of a specific subset of change agents—college health leaders. With a healthcare industry that is rapidly evolving and a student population that has an increasing number of pre-existing health and wellness concerns when they arrive on campus, this study focused on the strategic planning practices and perceptions of college health leaders to address this evolving operational climate.

The purpose of this concurrent mixed methods study was to describe the current strategic planning practices and perceptions of college healthcare leaders who are members of the Student Health Services Listserv. This Listserv, or e-mail distribution group, is a tool that is utilized by healthcare leaders across the nation to communicate, organization, and share resources. This study examined if and how leaders were implementing strategic planning practices within varying subsets of college health, such as medical practices, counseling centers, and health promotion departments, at institutions of varying size, structure, ownership, and faith affiliation. Additionally, the study explored the perceptions of those same leaders in regard to this strategic planning work. The findings of this study will inform the work of college health leaders in higher education institutions across the nation.

This study was conducted through an electronic survey, distributed to members of a national college health Listserv. Participants were asked 33 questions in total, distributed amongst demographic, quantitative, and qualitative assessments. The quantitative questions focused on the following topics: mission and vision statements, departmental strategic planning processes, stakeholder input, and trends. Qualitative questions were designed to understand the effect of strategic planning on the leaders' department, how strategic planning fits into their roles as leaders, and their perspectives on strategic planning best practices. The survey was open for a period of 27 days and received 112 completed survey responses.

Statement of the Problem

The higher education business model is rapidly evolving. Among other factors, this industry is seeing budget constraints, regulatory changes, and technology that are changing the educational platform through new approaches such as massive open online courses (MOOCs). In addition to these changes within higher education, the student population is also evolving. They are arriving at higher education institutions with more physical and mental health concerns than ever before (Eagan, Stolzenberg, Ramirez, Aragon, Suchard, & Hurtado, 2014; Perrin, Bloom, & Gortmaker, 2007). The combination of these factors requires that institutions more carefully plan for resource allocation and identify key strategies within college-based health services. While a great amount of research has been conducted regarding strategic management within higher education institutions, little of this research has been specifically focused on college health services. A mixed methods study was needed to evaluate the current strategic

planning practices of college health leaders and to identify best practices for strategic

planning in this niche industry.

Purpose of the Study

The purpose of this concurrent mixed methods dissertation in practice study was

to describe the current strategic planning practices and perceptions about leaders' roles in

strategic planning for college healthcare leaders who are members of a national college

health Listserv. The findings of this study will inform the work of college health leaders

in higher education institutions across the nation.

Research Questions

The primary research focus of this dissertation in practice study was an evaluation

of the current state of strategic planning in college healthcare.   This research was

conducted in order to develop a set of recommended practices that can be utilized by

college health leaders. In alignment with this research focus, two questions guided this

mixed methods study:

Research question #1

What strategic planning practices are leaders in the collegiate healthcare industry

utilizing?

Research question #2:

What are the perceptions of college healthcare leaders in regard to strategic planning?

Significance of the Study

As previously discussed, the higher education industry is evolving. Newman,

Couturier, and Scurry (2004) discussed the importance of strategic planning in addressing

challenges to the higher education industry. "For each college and university, strategic

planning is crucial to meeting these challenges. However the type of strategic planning

typically undertaken by colleges and universities does not come close to what is needed

to address the current issues" (p. 194). This call for more rigorous strategic planning

processes within higher education has been reiterated by multiple authors in the years

since (Keeling & Hersh, 2012; Middaugh, 2010; Zemsky, 2009) with the central themes

that universities must carefully plan for resource allocation and identify key strategies in

order to remain financially sound.

In addition, college students are arriving on campus with increasing numbers of

health concerns. In the American College Health Association—National College Health

Assessment, students self-report their health and wellness behaviors. Between Spring

2009 and Spring 2014, the number of students who reported that they had been diagnosed

or treated by a provider for chronic illness, mental health conditions, and disabilities

increased in each of the nine areas tracked via this survey (American College Health

Association, 2009, 2014). In order to meet the increasingly complex health needs of the

student bodies, college health leaders must develop and execute effective strategic plans.

Given the finite resources that are available and the limited research that is available on

planning within the specific niche of college health, this is an important study of current

practices and perceptions.

Aim of the Study

The aim of this dissertation in practice was to develop a recommendation of best

practices for strategic planning in college healthcare. These recommendations will

inform the work of college healthcare leaders in regard to their future strategic planning

endeavors.

Methodology Overview

This study used a mixed methods methodology in order to evaluate strategic planning in the college health industry. This approach was applied by conducting a survey through a college health Listserv. This survey included both a quantitative evaluation of current practices and a qualitative evaluation of leaders' perceptions related to their role in strategic planning. Participants were also asked a number of demographic questions regarding their institution. The survey was electronically distributed to Listserv members who represent college healthcare services at institutions across the United States. These institutions vary in size, type, and structure. The Listserv that was utilized had 3,448 enrolled subscribers at the time of survey distribution.

Definition of Relevant Terms

There are several terms used within this dissertation in practice that have varied definitions. The below terms have been defined as they were used in the context of this study.

College health: Healthcare service providers that are solely dedicated to providing healthcare services for students at higher education institutions. These services are provided on campus by university-affiliated or owned healthcare providers. This definition included providers of medical care, mental health and counseling, and health promotion or education areas.

Higher education: These institutions are defined by the Higher Education Act of 1965 and subsequent 1998 amendments (20 U.S.C. § 1001). An institution of higher education admits students who have graduated from a school of secondary education (or achieved an equivalent certificate). They provide programs that award a bachelor's

degree or complete at least two year's progress toward such degree, and are nationally

recognized by an accreditation agency or association (or are on the path to accreditation).

Other institutions included are those that prepare students for gainful employment

through 1-year or greater educational programs, such as vocational schools.

Leader: An individual who has departmental oversight for a college-based health

service.

Listserv: An electronic mailing list that subscribers may enroll in. Messages sent

to the Listserv address are distributed to all subscribers on the list. Listservs are used by

group members to communicate, share resources, and organize. The particular Listserv

utilized for this study—the Student Health Services Listserv—is comprised of college

health leaders and staff members from across the United States.

Strategic plan: The definition of a strategic plan, and the act of developing that

plan, which would be known as strategic planning, are derived from Thompson, Peteraf,

Gamble and Strickland (2012). The authors defined a strategic plan as a developed

strategic vision and mission, set objectives, and defined strategy. This plan is intended to

guide the organization in achieving objectives, outperforming competitors, and

addressing industry challenges. Additionally, the plan is specific to a time period for

achieving the specified objectives (typically three to five years, according to the authors),

and includes resource allocation considerations and commitments in order to achieve the

outlined objectives (Thompson et al., 2012).

Student development: A division or group of departments at an institution of

higher education that is typically responsible for the co-curricular support and

development of students. Student development is a term that is interchangeable with student affairs, student life, and student services.

Assumptions

There are a few assumptions that were made in this study. First, this study assumed that those leaders who self-selected into participation in the study were leaders of college health services, as defined above. It was also assumed that participants would only complete the survey one time. Another assumption made was that participants would accurately report the demographics of their institution and current strategic planning practices in place. Finally, there was an assumption that this national Listserv would reach leaders from all types and sizes of institutions and that the participant pool would reflect that diversity.

Delimitations

As with any study, there are a few delimitations to this work. First, only those college health leaders enrolled in this national Listserv were invited to participate in the study. While there are a few thousand members to this Listserv, not all of whom fit the definition of leader that has been established, not all leaders within college healthcare are guaranteed to be a part of this Listserv.

A second delimitation that exists is the timing of the survey. Administered in late May 2015, this survey reached only those leaders who were currently working. Within college healthcare, there are a number of institutions that close their college health services during the summer, due to low student enrollment and the high operating costs of these departments. This is more likely to occur at schools with enrollment of less than

2,500 students. Because this survey was administered in early summer, there may have been fewer leaders from these institutions available to participate.

Limitations

One of the most significant limitations of this study was the electronic survey methodology. Because participants were not directly interviewed for the qualitative portion of this mixed methods study, there was not an opportunity to ask follow-up questions or further delve into specific elements of their response. Additionally, the qualitative questions were not mandatory; therefore, participants could elect whether or not to share their perceptions.

Another limitation that was intentionally put in place for this study was to exclude assessment strategies as part of the strategic planning process. Accrediting bodies within higher education typically require a robust assessment program as part of the accreditation process. The assessment that occurs as part of the accreditation process is generally related to assessing learning outcomes and strategies related to achieving each organization's educational mission (Hernon, Dugan, & Schwartz, 2006). Frequently, assessment is a leadership responsibility. However, it is not, in most cases, a way to develop short and long-term strategies for specific areas. While other research may include assessment as an element of strategic planning, this study excluded this leadership function.

Finally, there are two limitations related to the participants of this study. First, the number of leaders of college counseling centers represented a very small percentage of the respondents. Additionally, the respondents were primarily from 4-year institutions.

Future researchers that replicate this study with leaders that represent counseling services or 2-year and vocational institutions may get different results.

Leader's Role and Responsibility in Relation to the Problem

Strategic planning is a well-researched topic and a substantial amount of that research has been dedicated to the role of organizational leaders (Brumm & Drury, 2013; Kotter, 2012; Thompson et al., 2012). Within the field of college health, departmental leaders are overseeing functional areas that are drastically different—in purpose, operation, and outcomes—from the majority of the higher education institution. These differences require that departmental leaders take a robust role in strategic planning, as the majority of their institutional colleagues do not have the educational or experiential background to set strategy for these areas. Thompson, et al. (2012) wrote that the primary role of developing and executing strategy for these functional areas must be delegated to the head of the respective function—in this case, college health leaders.

This point was reiterated by Ericson, Mills, and Ledlow (2002). The authors wrote:

> One of the most important functions of a leader is to critically and objectively analyze the organization's environment and performance and decide if the organization's *activities* are congruent with the organization's own *goals and objectives*, and the *mission* of the institution. (p. 48)

While the college health service leaders may not be establishing the institutional missions, they are responsible for assessing the delivery of their services in relation to these missions and charting a course in order to most effectively achieve the health services' goals in congruence with those missions.

In addition to the role of any organizational leader in strategic planning, college health leaders also have expert power. This was defined by Robbins and Judge (2012) as influence that results from expertise, special skills, or knowledge. It is because of this expert power, their formal power as organizational leaders over health services, and the general role of leaders in setting a strategic plan that this study evaluated how these leaders are practicing and perceiving strategic planning.

Summary

In summary, a need was identified for a research study that was focused on the role of college health leaders in strategic planning. A concurrent mixed methods study was developed to describe the current strategic planning practices and perceptions of college healthcare leaders who are members of a national college health Listserv. This study, which was administered via an electronic survey to college health leaders on a national Listserv, was meant to inform the work of leaders within this niche industry. Given the importance of resource allocation and competitive strategy in an evolving healthcare market as well as the increasingly complex health needs of students presenting to higher education institutions, this study provided additional research and insights in an area of college health that has been minimally researched. By evaluating strategic planning practices within college health from a perspective based on leadership theory, the findings of this study will inform the work of college health leaders in higher education institutions across the nation.

CHAPTER TWO: LITERATURE REVIEW

Introduction

Strategic planning within higher education is a relatively new practice as compared to the lengthy histories of these institutions. In order to understand the evolution of strategic planning as a value-added leadership activity within higher education and, more specifically, college health services, this literature review starts with a review of the early research into strategic planning within higher education. There were a few foundational works in the early 1980s that called for an increased utilization of management principles (including strategic planning) by leaders in higher education institutions (Kotler & Murphy, 1981; Keller, 1983). This literature review explores these works and the subsequent research that resulted, both in the early years (1980s – 2000) of this practice as well as research published in the 21st Century, when strategic planning was largely recognized as an important leadership tool.

Narrowing the focus from strategic planning within higher education to strategic planning within the specific functional area, this literature review will discuss four sub-themes: health services planning, public health planning, integration of services, and planning as an accreditation standard. This section of the literature review also identifies gaps in the research and the incongruence of these gaps with defined strategic planning expectations for health services within higher education.

Finally, this section reviews research regarding department leader in the strategic planning process. Two subthemes emerged in this section: the role of the department leader in strategic planning and the development of the necessary skillsets for leading strategic planning as a middle manager in student affairs and higher education.

Purpose Statement

The purpose of this concurrent mixed methods dissertation in practice study was to describe the current strategic planning practices and perceptions o college healthcare leaders who are members of a national college health Listserv. The findings of this study will inform the work of college health leaders in higher education institutions across the nation.

Aim of the Study

The aim of this dissertation in practice was to develop a recommendation of best practices for strategic planning in college healthcare based on the perceptions and practices of current college health leaders. These recommendations will inform the work of college healthcare leaders in regard to their future strategic planning endeavors.

Strategic Planning in Higher Education

In 1982, McCorkle and Archibald summarized the need for strategic planning in higher education:

> It is obviously no longer possible, if indeed it ever was, for the university
> to be all things to all men and women—to meet all demands with equal
> strength. The need is now growing to set priorities, to choose to expand in
> one area and contract in another, to distinguish functions that are
> necessary from those that are merely desirable. (p. xi)

In order to make these difficult decisions around expansion, contraction, and resource allocation as well as build institutions that could respond to changing demands, strategic planning was becoming a necessity. This section of the literature review examines the early research that called for strategic planning within higher education and the evolution

of that research through the beginning of the 21st Century to the fast-paced,

technologically-driven environment of 2015.

Early Research: 1980s - 2000

In order to evaluate the early research that led the higher education industry to

begin implementation of strategic planning practices, it is important to first note the

evolution of strategic planning as a whole. The history of strategic planning in American

industry dates back to the late 1940s and early 1950s (Zuckerman, 2012). It was not until

the 1960s and 70s that strategic planning became a more commonly used practice within

corporate America. There were two fundamental pieces of research that shaped the early

beginnings of strategic planning and served as the foundation for most businesses that

undertook this new task. These two publications—Boston Consulting Group's Growth-

Share Matrix (1973) and Porter's Five Forces Analysis (Porter, 1979)—provided

business leaders with a framework for evaluating their current position and the future

strategy of their organizations. After leading corporations of the day, such as General

Electric and Mead Paper Corporation, began utilizing these models, strategic planning

rapidly spread throughout the business industry. By the 1970s, healthcare organizations

began to use strategic planning as a method for addressing the industry changes brought

on by increasing regulatory changes (Zuckerman, 2012). While businesses across the

country had undertaken strategic planning efforts, higher education institutions did not

embrace this new aspect of business operations.

This all began to change in the early 1980s with the publication of two

foundational works. First, Kotler and Murphy (1981) discussed the three major levels of

planning most institutions had undertaken: budgeting and scheduling process, short-

range planning, and long-range planning. The authors were quick to point out that that these planning processes, which had been in place at many institutions, were not to be confused with strategic planning. They defined this more comprehensive strategic planning process as one that "develops and maintains a strategic fit between the organization and its changing marking opportunities" (Kotler & Murphy, 1981, p. 471).

This topic was further explored when Keller (1983) published the second foundational work on this topic in higher education—*Academic strategy: The management revolution in American higher education*. This research is frequently cited as the beginning of strategic planning in higher education. Keller wrote, "Alone among the major institutions in the United States, college and universities have steadfastly refused to appropriate the procedures of modern management…" (1983, p. viii) The author called upon higher education administrators to stop "evading the necessity" of strategic planning in higher education and cited multiple market forces that required a new strategy in order for higher education to continue to survive and thrive. These foundational publications were a catalyst for change in the industry and resulted in the implementation of strategic planning practices within higher education.

Shortly after these fundamental works were published and institutions began using strategic planning as a management tool, researchers began publishing empirical studies on this topic. Chaffee (1984) studied fourteen private colleges and their financial and enrollment data in order to discern the effect of adaptive versus interpretive planning models on institutional turnaround. This was done by creating an empirical comparison of struggling institutions and evaluating their use of adaptive techniques—those in which the organization is "attuned" to changes in market demand—and interpretive techniques,

in which there is an emphasis on the "management of meaning" (Chaffee, 1984). The

author was able to determine that those institutions that utilized a blended approach were

able to significantly outperform their peers who only utilized one technique (Chaffee,

1984).

In another empirical study, Cameron (1983) researched the parallels between

conditions of decline in higher education and the private sector. In a survey of 1,294

university administrators and the correlating conditions of their institutions (growth v.

decline), Cameron determined that the most significant differences in growth versus

conditions of decline were related to the emphasis top administrators placed on strategic

planning. This was further expounded upon by comparing the conditions of decline

within higher education to those in the tobacco industry. Cameron wrote that those

companies that survived that declination were, similar to the findings within higher

education, led by administrators who emphasized planning and responsiveness to market

changes.

The most prevalent amount of research in this time period, however, was not

empirical research. Rather, the research focused on the adaptation of strategic planning

processes and models to the higher education industry. Multiple authors suggested their

own models and/or tools for strategic planning within higher education (Andrews, 1990;

Barker & Smith, 1997; Rowley, Lujan, & Dolence, 1998; Watson, 1995). Other authors

published research regarding the experiences of their individual departments, functional

areas, or institutions in the strategic planning process (Lozier & Chittipeddi, 1986;

Schmidtlein, 1990; Steeples, 1988). Further still, multiple works focused on the strategic

efforts that would be needed to meet demands in the future and potential strategy to carry

institutions into the 21st century (Katz & Associates, 1999; Lenington, 1996; Rowley, Lujan, & Dolence, 1997). All of this research contributed to the view that strategic planning was an integral process within higher education management.

The research during this time period mirrors the utilization of strategic planning within higher education. Very few institutions were using strategic planning until Kotler and Murphy (1981) and Keller (1983) published their respective research on this topic. As the years passed and the turn of the century approached, the research reflected an increase in the number of institutions implementing this practice and captured both the success and challenges of applying this business practice to higher education.

21st Century Research

The research on strategic planning became far more diverse in nature as the 21st Century unfolded. Dooris, Kelley, and Trainer (2004), who wrote one of the first pieces of the research during this time period, noted that it was not just the research that was diversifying, but also the population interested in the topic. The authors cited the membership of the Society for College and University Planning (SCUP). They wrote that the membership of this group was comprised of 300 members in 1966 and their focus was largely on campus physical planning. By the turn of the century, however, this organization had 4200 members who were responsible for strategic planning in widely varied areas of higher education (Dooris et al., 2004).

In order to succinctly discuss this diverse research, as it applies to the aim of this dissertation in practice, the literature has been divided into four sub-themes. This section will review challenges as strategic planning processes matured within higher education,

strategic planning in response to industry change, integrated planning models, and sub-

specialty strategic planning.

     Challenges as strategic planning processes mature. While they cited the

burgeoning growth of SCUP as an illustration of the evolution of strategic planning in

higher education, Dooris, et al. (2004) also discussed strategic planning as a formal

business function of the institution and its maturity as a business process. The authors

identified three themes that had surfaced as the strategic planning process had matured.

These themes were frequently imbued in institutional strategic plans at the turn of the

century. First, the formulaic strategic planning process was being infused with a cultural,

sustainable, and politically-oriented perspective. Second, strategic planning increasingly

included a focus on dynamism and challenging long-held assumptions. Third, the authors

found significant focus on execution, rather than just plan development. This included a

terminology change from "strategic planning" to "strategic management," in order to

reflect the process from plan to practice (Dooris, et al., 2004).

     In addition to Dooris et al. (2004), other authors were also noting the challenges

had become evident as the strategic planning process within the higher education industry

had evolved. Newman, Courturier, and Scurry (2004) cited the challenges of creating

aggressive strategic plans. The authors wrote, "The 'collegial' nature of the campus

militates against assessment of performance and hard decisions" (Newman et al., p. 196).

Morphew (2000) noted the challenges of shared governance models that are common in

higher education and the challenges of implementing a strategic plan with multiple

decision-making parties that include faculty, administrators, the board of trustees, and, on

occasion, the student body. Rowley and Sherman (2001) discussed the primary issue

many colleges and universities were experiencing after implementing strategic planning

processes: the implementation of "cookie-cutter methods of planning," rather than

planning models or methods that met the unique needs of the institution. All of the

research presented in this section suggested a need for leaders to take strategic planning

practices from other industries and adapt them in order to meet the specific challenges of

planning within the higher education industry.

   Strategic planning in response to industry changes. As the first decade of the

21st Century progressed, researchers turned their focus to studying strategic plans through

the lens of rapid industry change. Martinez and Wolverton (2009) wrote, "Compared to

business organizations, American colleges and universities have, in many respects, been

remarkably stable fixtures on the national landscape" (p.1), but cited their stability as a

"mask" to the changes that have been occurring within higher education. The authors

deemed these changes as generating an imperative for innovative strategic plans within

higher education. Bess and Dee (2008) emphasized these changes and the challenges of

planning when there is "turbulence" in the external environment. Turbulence, as used by

the authors, is a descriptor for the uncertainty about the external environment that leads to

difficulty in predicting a future course and can potentially result in changes that

significantly disrupt organizational patterns. The authors called for organizations to be

adaptive in their strategic planning processes in order to respond to environments that are

not static.

   Yeager, El-Ghali, and Kumar (2014) cited several of these environmental changes

as factors that required institutions to develop a clear vision and strategy for executing

that vision. Specific factors cited include: diminishing and changing availability of

resources, changing workforce requirements, escalating post-secondary expenditures, and changing student diversity and enrollment patterns, among others (Yeager et al., 2014). Consistent with Yeager et al.'s (2014) call for clarity of vision and strategy, Cowburn (2005) wrote, "With increasing and competing stakeholder demands, it is neither possible nor acceptable for universities to drift along without a clear focus" (p.103).

In order to achieve this clear strategy and focus, Norris, Brodnick, Lefrere, Gilmour, and Baer (2013) suggested four strategies for institutions to embrace: focus on the intrinsic value of a college education and the corresponding experiences, develop data-driven approaches for individualized-learning, create adaptive and flexible plans for students to achieve academic objectives, and enhance the programs and aspects of traditional university experiences. The authors recognized that these strategies would generate new business models for higher education institutions including the repositioning of core activities, the creation and divestiture of separate businesses that will become future growth areas, and the reinvention of the model for traditional education and developmental experiences (Norris, et al., 2013).

Integrated planning models. Beyond creating adaptive organizations through strategic planning processes that reflected dynamism, flexibility, and responsiveness to change, research also pointed to the importance of creating an integrated plan. Morrill (2010) referred to this as an integrative strategy process—one that accounts for the complexities and conflicting values or priorities within the higher education settings. These plans, as Morrill described them, reflect an understanding of the "total circumstances of the institution" (p. 180). Dickeson (2015), a former university president, further emphasized the necessity of integrated planning due to the sheer

number of plans that exist on university campuses—capital, development, enrollment

management, technology, and facility, to name a few. As Dickeson (2015) wrote, the

plans often do not speak to each other, were created at very different times in the

institution's history, and by different people who have different priorities.

Martinez and Wolverton (2009) expanded upon this concept of integrative

strategic plans by calling for plans that incorporate external partners in the strategy. The

authors discussed the concept of developing horizontally integrated plans that grow or

diversify the institution's current products and services. In addition to this, however,

Martinez and Wolverton (2009) suggested vertical integration, in which higher education

institutions implement strategic plans to address and improve those processes that affect

institutions' inputs and outputs. Within the higher education setting, an example of this

might be partnerships with elementary, secondary, or community college partners.

According to the authors, institutions that utilize this innovative and integrative strategy

approach will be uniquely positioned to respond to the continued evolution of the higher

education industry (Martinez & Wolverton, 2009).

Sub-specialty strategic planning. A final theme in 21st Century research in

higher education strategic planning is specialty or department-specific strategic planning

recommendations. Somewhat in contrast to the calls from the research presented in the

previous section, these authors discussed unit-specific strategic efforts. Within student

development alone, there are multiple articles and books that have been authored

regarding how to plan for this specific division (Atkins, 2010; Conneely, 2010; Ellis,

2010; Kuk, Banning, & Amey, 2010; Taylor & Matney, 2007). Almost summarily, these

authors discussed strategic planning for student affairs departments in a vacuum with

little discussion of the correlation of these divisional strategic plans with the greater institution's defined strategy. While Ellis (2010) dedicated a section to understanding context prior to developing the plan and acknowledges that student affairs does not work in a vacuum, these are references to understanding what is occurring with the professional field and on the social and political landscapes. Thompson, et al. (2012) would describe these plans as functional area strategies which, in turn, should feed into an institution's business and corporate strategies. Unfortunately, the research cited only offers minimal discussion around correlating the functional area strategies for student development with each respective institution's comprehensive strategic plan.

Opposition to Strategic Planning in Higher Education

As outlined above, several pieces of research support strategic planning in higher education. That being said, it is important to discuss a theme within the literature that suggests universities have become too business-like and strategic planning, when viewed as one of multiple business-oriented processes, has negatively affected the core mission of these educational institutions (Hersh & Merrow, 2005; Keeling & Hersh, 2012; Newman, Couturier & Scurry, 2004). These perspectives have existed largely since the beginnings of strategic planning in higher education with Birnbaum's (1984) assertion that strategic planning must not be confused with "sensible activities," such as being aware of the industry's market and acting as good stewards of resources. Birnbaum (1984) suggested that the usefulness of strategic planning as a process within higher education was largely questionable, as each institution should have already undertaken these "sensible activities."

These concerns have continued throughout the history of strategic planning in higher education. Recently, Bok (2013) discussed the "output creep" occurring in institutions of higher education and the decreasing input academic leaders have in the development of strategic plans as concerns with the strategic planning process. Multiple authors have discussed the effect of athletics (and the associated costs), the patenting and commercialization of institutional discoveries, and investments in campus facilities rather than academics as issues with strategic planning in higher education (Arum & Roksa, 2011; Birnbaum, 2001; Bok, 2013; Knapp & Siegel, 2009). While most of the research suggested that it is the focus of the strategic plans that is flawed, not the act of strategic planning itself, a review of the published literature available on this topic would not have been complete without discussion of this subtheme.

Strategic Planning in College Health

When narrowing the focus of this literature review to strategic planning within the college health industry, minimal published research was found. Though there was some research available regarding health services planning as a whole, the majority of the research was focused on public health strategy. Additionally, studies on service integration and the presence of strategic planning as a component of accreditation were also identified in the literature review process. All of these topics are further discussed in this section.

Health Services Planning

After an extensive literature review, one finding was a general absence of available research regarding strategic planning for college health services as a functional area. One of the few pieces of research on this topic was Stuehler and O'Dell's (1979a,

1979b) "The manageable approach to college health service planning," a two-part series

that outlined a model for clarifying the role of a health service on campus and defining

the services a college health program would provide. The authors briefly touched on

strategic planning as a necessity due to internal and external market forces (Stuehler &

O'Dell, 1979b). Several years later, this was supplemented by Saddlemire's (1988)

review of health services as a student development function that required a defined

strategic planning process in order to respond to the healthcare and higher education

industries.

Stuehler and O'Dell (1979a, 1979b) and Saddlemire's (1988) research are two of

the few pieces of research available on strategic planning within college health services

until Ericson, Mills and Ledlow (2002) discussed strategic planning as an important

function within college health. This piece of research touched on evolution within the

college health industry that was of particular relevance due to changes in the marketplace

since Stuehler and O'Dell's (1979a, 1979b) work. These marketplace changes included

more diverse funding sources, strategic planning consultants, and outsourcing as a

possible strategy.

Since Ericson et al.'s (2002) research, there have been additional changes within

the market. Unfortunately, a comprehensive review of literature did not yield any

additional research. The primary finding of this subtheme is a lack of research—

particularly current research—on strategic planning in college health services.

Public Health Planning

The bulk of research that is available in regard to strategic planning within the

college health industry is focused on a very narrow subset of the college health

industry—public health. These studies were very narrowly focused on developing

strategic plans to address specific public health concerns that frequently occur on college

campuses. Plans are generally focused on immunization strategy (Barid & Irvin, 1984;

Hurley, Turner, & Butler, 2001), reduction of risky behaviors (Johnson, Homa, Kilmer,

Lanter, Matzkin, Nelson, Provost, Wolff, & Workman, 2014; The University of Iowa,

2013), and shifting campus cultures (Owen & Rodolfa, 2009). These strategies are

important aspects of the work that is done in college health, however these plans are

focused on sub-strategies of the broader work that is done in college health and higher

education. As discussed in a previous section, these business strategies should be

developed and documented as subsets of the broader institutional plan (Thompson et al.,

2012).

Integration of Services

In recent years, there has been some research published regarding a strategy to

consolidate services within the college health industry (American College Health

Association, 2010; Fullerton, 2011). Evaluation of services provided and resources

available has resulted in strategic plans focused on integrating various departments under

the campus health service umbrella, such as health centers, counseling centers, health

promotion, and campus recreation services. The primary intent of the consolidation or

integration of these services, per the research published, was to improve the continuity of

care for students (American College Health Association, 2011). While the authors

reported few departments that had consolidated at the time of publication, both studies

identified trends of institutions that were strategically planning to integrate some or all of

these services (American College Health Association, 2010; Fullerton, 2011). Though

there is very limited research on this strategy,

Planning as an Accreditation Standard

One final element that must be discussed as part of this section of the literature

review is the presence of strategic planning within accreditation standards. Research of

strategic planning in the field of college health services found that strategic planning is a

clearly defined standard listed by the Council for the Advancement of Standards (CAS)

in Higher Education (2012). Strategic planning is identified as a key element within the

Organization and Leadership section for both clinical healthcare services and counseling

services (2012). Both sets of standards start with a research-based contextual statement

from CAS. These contextual statements are strongly focused on the internal and external

forces that require health and counseling centers to develop innovative strategies for

providing high quality care within the environments created by these market forces

(Council for Advancement Standards, 2012).

In addition to the CAS standards, strategic planning is emphasized as a key

function by the International Association of Counseling Services (2011) and as an

accreditation standard by the Accreditation Association for Ambulatory Health Care

(2014), which is the accrediting body for college health services. The presence of

strategic planning as a standard in each of these accreditation processes strikes an

interesting contrast to the absence of research on this topic.

Departmental Leaders and Strategic Planning

The final theme of this literature review is focused on departmental leaders and

their intersection with the strategic planning process. There were two subthemes that

appeared in this section of the research: the role of the department leader and

development of these leaders.

Role of the Departmental Leader

In the general business industry, there is research that clarifies and supports the

role of departmental leaders, or middle managers as they are sometimes called, in the

strategic planning process. An early piece of research on this subject was published by

Floyd and Wooldridge in 1992. This study identified four typologies of middle

management involvement in strategy. These typologies included championing

alternatives, facilitating adaptability, synthesizing information, and implementing

deliberate strategy. Each of these types of middle managers could have a significant

effect—positive or negative—on an organization's strategic planning efforts. In order for

departmental leaders to have a positive effect on strategic planning efforts, the authors

recommended "viewing strategy formation as a process involving middle, as well as top

managers" (Floyd & Wooldridge, p. 165). This approach would allow the top

management's intent in developing the strategy to be more clearly realized in execution

by the departmental leader (Floyd & Wooldridge, 1992).

Mantere (2008) built upon Floyd and Wooldridge's (1992) research by studying

organizational conditions that produced each of these four typologies Floyd and

Wooldridge (1992) developed. Mantere (2008) interviewed 262 middle managers from

12 organizations regarding their role in the strategy process and the role of strategy in the

participant's daily work. Mantere (2008) also asked questions of each participant

concerning their perception of the strategic planning practices within the organization, the

effectiveness of those practices, and their respective work environment. The author

concluded that the role of middle managers, or departmental leaders, in strategic planning

should be viewed from a perspective of reciprocity (Mantere, 2008). This reciprocity

should reflect middle managers' ability to influence the development of strategy as well

as their ability to implement strategy that has been developed.

Though Mantere (2008) defined the ideal role for a middle manager in the

strategic planning process, this role continues to lack clarity when narrowing the focus to

the higher education industry. While university presidents and vice presidents have a

well-defined role within the strategic planning process, the role of departmental leaders in

this process is somewhat undefined. In 1984, when the American College Health

Association published its highly influential "Recommended standards and practices for a

college health program," strategic planning was not included in the discussion of the

health service leader's role. Twenty-six years later, the American College Personnel

Association (ACPA) and the National Association of Student Personnel Administrators

(NASPA) (2010), the two professional bodies for student development leaders in higher

education, published a joint statement on leader competencies. In this publication,

"Professional Competency Areas for Student Affairs Practitioners," (ACPA & NASPA,

2010) which lists core competencies for leaders in this area (which typically includes

student health), strategic planning is noticeably absent. The absence of strategic planning

as a core competency in each of the above referenced documents results in difficulty

defining the role of departmental leaders in higher education strategic planning processes.

Development of Departmental Leaders

As discussed in the previous section, the research on the role of higher education

departmental leaders in the strategic planning process is minimal. There is, however,

some research that supports developing new higher education leaders in regard to strategic planning. Mather, Bryan, and Faulkner (2009) recommended orienting new mid-level professionals to various business practices, including strategic planning, with a specific focus on creating competency through defined learning outcomes. The authors cited a concern that mid-level leaders may get lost in the organizational structure and outlined an action planning process to ensure that these leaders were effectively oriented and, thus, given the skills they needed to be successful in managing their area (Mather et al., 2009).

The importance of developing departmental leaders was also explored by Sermersheim and Keim (2005). The authors conducted a study of 269 mid-level student affairs managers. These middle managers were asked to rank skills in order of importance and then rank their own need for continued development in that area. The respondents ranked leadership, personnel management, and fiscal management as the skills with the most importance. The top three areas in which they reported need for continued development were fiscal management, research and evaluation, and leadership. The incongruence of skill importance with the reported need for development led the authors to conclude that divisional and professional group leaders needed to be cognizant in creating training and development opportunities (Sermersheim & Keim, 2005).

Summary

The review of literature available on the subject of this dissertation in practice found three primary themes: strategic planning in higher education, strategic planning in college health services, and the role of departmental leaders in strategic planning. Each of these research themes provides a specific lens through which college health leaders

would view their work, as it pertains to strategic planning. For these leaders, reviewing the available research would not create a clear understanding of if or how they should conduct strategic planning activities within college health services and what their roles might be in those processes.

This lack of clarity is a result of the general lack of research on this topic. Most noticeably, there were very few quantitative studies conducted in any of the three primary areas reviewed. Dooris et al. (2004) wrote, "After reviewing the literature and consulting with knowledgeable colleagues, we have concluded that a convincing, generalizable empirical study on the efficacy of strategic planning in higher education has yet to be published" (p. 9). More than a decade later, the findings of this literature review suggest that this statement continues to ring true.

CHAPTER THREE: METHODOLOGY

Introduction

A recurring theme of the literature review discussed in Chapter Two was the lack

of research available on strategic planning in college health and the role of departmental

leaders in that process. In order to contribute to the body of knowledge available on this

subject, this concurrent mixed methods dissertation in practice study was designed. This

chapter will outline the methodology used to conduct this research.

Purpose Statement

The purpose of this concurrent mixed methods study was to describe the current

strategic planning practices and perceptions about leaders' roles in strategic planning for

college healthcare leaders who are members of a national college health Listserv. The

findings of this study will inform the work of college health leaders in higher education

institutions across the nation.

Aim of the Study

The aim of this dissertation in practice was to develop a recommendation of best

practices for strategic planning in college healthcare. These recommendations will assist

college health leaders in their strategic planning efforts.

Baseline Assessment Information

Prior to undertaking this dissertation in practice, there was no current information

or research available that specifically focused on strategic planning within college health

nor was there any research detailing the role and perceptions of departmental leaders in

these strategic planning processes. A reasonable amount of data were available regarding

other operational practices within college health through the Sunbelt Surveys (The

University of North Carolina at Charlotte, 2015). These surveys are conducted annually

via the same Listserv that was utilized for this research study. The 2014 study, published

in June 2015, reports a wide number of variables for the 55 institutions that reported.

Among these variables are patient volume statistics, salary information, charges,

administrative oversight, and insurance interaction (The University of North Carolina at

Charlotte, 2015). These surveys do not include any data points on strategic planning.

Beyond this survey, little other data were available in the field of college health and no

identifiable baseline was available in regard to strategic planning in this field.

Research Questions

In order to achieve the aim of this dissertation in practice—a recommendation for

strategic planning best practices in college health—a study was designed to evaluate the

current state of these practices in college health. This current state was investigated by

using the following research questions to direct this study:

Research question #1

What strategic planning practices are leaders in the collegiate healthcare industry

utilizing?

Research question #2:

What are the perceptions of college healthcare leaders in regard to strategic planning?

Method

This study used a concurrent mixed methods approach. Creswell (2014)

described this combined quantitative and qualitative approach as a "blending of data" (p.

215). This blending, as Creswell (2014) argued, had the potential to strengthen the

understanding of the problem when compared to the understanding developed by using

only quantitative or qualitative methods. By using a mixed methods approach, this study

was structured to understand not only a quantitative assessment of practices being used

and the frequency of utilization, but also to understand the leaders' perceptions around

those practices.

In this mixed methods study of these practices and perceptions, all data were

collected in a single instrument; thus, this study was concurrent. Because respondents

were anonymous and there was no ability to go back to the participants for more

clarification or follow-up interviews, it was important to capture both quantitative

feedback on current practices as well as perceptions at the same time. Additionally, like

many industries, higher education is frequently evolving. In order to align current

practices with perceptions, it was important to capture the leaders' perspectives at the

same time as they reported on their current practices. Had the quantitative and qualitative

instruments been separated, the practices and/or associated perceptions may have shifted

during the time between participation in each aspect of the study.

To complete this research, an electronic survey was distributed to members of a

national college health Listserv. The members of this Listserv represent college

healthcare services at institutions across the United States. These institutions vary in

size, type, and structure. The Listserv that was utilized had 3,448 enrolled subscribers at

the time of survey distribution. Members of the Listserv received an e-mail invitation

outlining the purpose of the survey, the expected time to complete the survey, and contact

information to ask any questions or share concerns. This e-mail also included a link to

the online survey. The survey was open for a period of 27 days during which time

Listserv subscribers received two additional reminders inviting them to participate. At

the end of the survey period, 112 completed responses were received.

Description of Sample

At the time of survey distribution, the Listserv that was utilized had 3,448

enrolled subscribers. This Listserv was used because it was the most effective way to

reach college health leaders from institutions across the United States. Leaders of

departments within college health were asked to self-select as participants. At the close of

the survey, 112 leaders representing various college health departments had participated

(Table 1). In some cases, the leader selected *Other* and provided a response that could

not be classified into one area. These leaders are represented under *Other*.

Table 1

Percentage of Leaders Representing Respective College Health Departments

Department Represented	Number of Leaders	Percentage of Leaders
Clinical Health Services	56	50.9%
Health Promotion	33	30.0%
Multiple Independent Departments	6	5.5%
Integrated Departments	3	2.7%
Counseling/Mental Health	4	3.6%
Other	8	7.3%

The sampled participants also represent diverse institutions. The institutional

control of the colleges and universities represented includes 10.1% private for-profit,

25.7% private non-profit, and 64.2% public. The majority of these leaders work for four-

year institutions (92.7%), though 7.3% represent two-year institutions. Leaders from

faith-based institutions accounted for 12.8% of the sample, as opposed to 87.2% from

secular institutions. These leaders also represented a wide range in student enrollment,

which is further detailed in Table 2.

Table 2

Total Institutional Enrollment for Institutions Represented by Participants

Student Enrollment	Number of Leaders	Percentage of Leaders
Less than 2500	20	18.5%
2500 – 4,999	10	9.3%
5,000 – 9,999	13	10.0%
10,000 – 19,999	25	23.2%
20,000 or more	40	37.0%

In summary, the leaders that self-selected as participants in this study represented

a wide range of characteristics. The national Listserv that was used for survey

distribution was selected in order to generate a sample that was diverse across multiple

characteristics, which this sample generally was. The diversity of the sample of

participants allowed for a more comprehensive evaluation of strategic planning practices

and leader perceptions and the recommendation of practices that could be applied to any

college health service.

Data Collection Tools

For this dissertation in practice, a unique survey instrument was developed and

administered. Because there was not a validated instrument that would adequately

capture information to answer the research questions posed for this study, a new

instrument was created in accordance with Roberts (2010) guidance. This newly

developed survey was developed via an online platform called SurveyMonkey

(www.surveymonkey.com). This online platform provided a unique link to the survey

that was then distributed to potential participants via an e-mail Listserv. (A copy of this

invitation to participate is included in Appendix A.) This Student Health Services e-mail

Listserv is maintained by the University of Tennessee—Knoxville and messages are

approved by a moderator before distribution. Participation was voluntary and responses

were anonymous. Though SurveyMonkey allows for tracking of survey respondents, this

feature was disabled for this survey in order to prevent identification of respondents.

Listserv members who elected to participate were asked 33 questions in total,

distributed amongst demographic, quantitative, and qualitative queries. Demographic

questions included questions about the participant as well as the institution that the

participant represented. The quantitative questions focused on the following topics:

mission and vision statements, departmental strategic planning processes, stakeholder

input, and trends. Qualitative questions were designed to understand the effect of

strategic planning on the leaders' department, how strategic planning fits into their roles

as leaders, and their perspectives on strategic planning best practices. The full survey is

provided in Appendix B.

Because this survey was a newly developed instrument, the survey was field

tested prior to distribution to the Listserv in accordance with Roberts (2010)

recommendations. In the initial stages of development, the members of this researcher's

dissertation in practice committee reviewed the survey instrument. The instrument was

additionally reviewed by a senior higher education administrator. After this was

completed and the instrument had been built in the SurveyMonkey system, it was

repeatedly tested. This was done to ensure all links and skip logic worked appropriately,

that questions were clear and comprehensive, and that the survey could be completed in

the estimated time (15 minutes). Each of these steps improved the quality and clarity of the data collection instrument.

The Researcher's Role

The background of this researcher as a college healthcare leader proved useful during the development of the data collection instrument. The knowledge of the unique position of college health providers within the higher education industry allowed for greater specificity and applicability in the development of survey questions. Though this background proved useful in the development of the survey, there was potential for bias. This potential bias was minimized by the utilization of a web-based survey platform and the lack of direct interaction between the researcher and the participants, however, it is still important to ensure the researcher's personal experiences do not interfere with the study (Creswell, 2014). Further steps to minimize bias included multiple reviewers of the research tool to ensure the question sets did not reflect the researcher's own experiences as well as a reflective journaling process that included the researcher's own experiences with this topic.

Data Collection Procedures

Data collection began on May 27, 2015 when an e-mail invitation was sent to a national college health Listserv inviting departmental leaders to participate in the web-based survey.   The e-mail invitation is included in Appendix A and the survey is included in Appendix B. At the time of distribution, the Listserv had 3,448 enrolled subscribers, though not all of these individuals would qualify as departmental leaders, as defined by this dissertation in practice. Participants were asked to answer 33 questions in total through the SurveyMonkey platform. These 33 questions were comprised of seven

demographic questions, 23 quantitative questions, and three qualitative questions. Participants were asked to complete the survey within three weeks, or by June 17, 2015. A second e-mail reminder was sent to the Listserv on June 9, 2015. Due to the number of responses, a final e-mail reminder was sent on June 17, 2015 informing participants that the survey would be open until June 22, 2015. When the survey was closed on June 22, a total of 112 responses had been collected.

Data Analysis Plan

The strength of mixed methods studies is the ability to blend quantitative and qualitative data to form a deeper understanding of the problem being researched (Creswell, 2014). In this mixed methods study, both quantitative and qualitative survey responses were analyzed in order to better understand the current state of strategic planning in higher education and the perceptions of college health leaders in relation to this subject.

To analyze the qualitative data, which were collected through three open-ended questions at the end of the survey, a thematic analysis was conducted in alignment with Creswell's (2014) stages of qualitative data analysis. This analysis is used to aggregate large volumes of qualitative research into a small number of recurrent themes (Creswell, 2014). In order to do this, the researcher compiled all of the participants' responses to each of the questions and conducted an initial review of these data. Responses were then reread before beginning a cursory thematic analysis. Ten of the richest responses for each of the three questions were used to develop an initial list of topics, which were then numerically coded. All responses were then hand-coded. Additional codes were added as necessary and then grouped into broader thematic categories.

In order to analyze the quantitative data, responses were primarily analyzed utilizing Microsoft Excel. Participants' responses were evaluated for frequency, contingency, and correlation. This section of the analysis measured differences in the state of strategic planning by the respondents' self-reported demographic qualities.

Quality and Verification

Multiple strategies are suggested for maintaining the quality of a qualitative study (Creswell, 2014). For this dissertation in practice, this recommendation was followed. First, triangulation of the data took place with 112 participants completing the survey. All of these respondents represent different organizational environments and had unique personal experiences with strategic planning. A second validity strategy utilized was peer debriefing, in which a colleague familiar with the college health industry reviewed and asked questions about this study.

Because there was no prior data collection instrument that could be located to assess strategic planning in the college health industry, a new data collection instrument was developed. This new instrument was a 33 question web-based survey (Appendix B) that included seven demographic questions, 23 quantitative questions, and three qualitative questions. Each of the quantitative questions utilized categorical scales (e.g. yes/no or a selection of non-ordered responses from which the participant could choose). After an initial design, this survey was distributed to three reviewers who critiqued the instrument. As a result of these reviews, questions, scales, order, and wording were modified. Additionally, the use of skip logic was implemented to prevent participants from seeing questions that did not apply to them, based on their responses to preceding questions. The instrument went through four revisions to ensure that it was asking

questions targeted at the aim of this dissertation in practice. The survey was then distributed via an e-mail Listserv with a cover letter (Appendix A) and two follow-up reminders. The steps outlined above are consistent with Creswell's (2014) recommendations for establishing reliability and validity of a new data collection instrument.

Ethical Considerations

There are two ethical considerations that needed to be addressed in the development of this study. First, Institutional Review Board approval was needed from Creighton University as well Gonzaga University, the institution under the auspices of which this survey was administered. Because this survey was initially designed and distributed during a practicum study with Gonzaga University, this institution was the primary Institutional Review Board that approved the study. Secondary approval was received from Creighton University. Because of this researcher's involvement with both institutions, completing both review processes was a necessary step to ensure that the study met the ethics expectations of both institutions.

A second ethical consideration that was required for this study was implementing processes to safeguard the anonymity of the participants. In order to create a safe space for participants to share their honest perceptions about strategic planning at their institution, anonymity was a necessity. Though participants were asked to disclose certain demographic data about themselves and their institutions, these questions were all optional. The names of institutions were not collected and participants' electronic information (e.g. IP addresses) was not captured by the survey tool. While the SurveyMonkey platform does allow the researcher to view individual responses, the

demographic questions that were asked do not provide enough information to allow the

researcher to pinpoint a specific institution. Participants were also asked three optional

open-ended questions, which could have resulted in participants directly or indirectly

revealing their institution. This did not occur, however, as all participants spoke very

generally of their institutions.

Summary

The methodology utilized for this concurrent mixed methods study included the

development of a new data collection instrument and the distribution of that instrument to

a defined group of participants. This instrument was developed in order to answer the

two primary research questions of this dissertation in practice: what are the current

strategic planning practices in higher education and what are the perceptions of college

health leaders in relation to those practices? The respondents, all college health leaders

who self-selected as participants in this study, represent a wide variety of perspectives

and experiences. In addition to the methodology, a data analysis plan, validation

strategy, and the researcher's ethical considerations were all outlined in this chapter. The

findings that result from this methodology and subsequent data analysis will be reviewed

in Chapter Four.

CHAPTER FOUR: FINDINGS

Introduction

As described in Chapter Three, a survey was administered via a national college

health Listserv. This survey included demographic, quantitative, and qualitative

questions regarding strategic planning in college health services. This chapter will

review the findings of that study, including both the qualitative and quantitative results,

as well as a synthesis of those findings.

Purpose of the Study

The purpose of this concurrent mixed methods dissertation in practice study was

to describe the current strategic planning practices and perceptions about leaders' roles in

strategic planning for college healthcare leaders who are members of a national college

health Listserv. The findings of this study will inform the work of college health leaders

in higher education institutions across the nation.

Aim of the Study

The aim of this dissertation in practice was to develop a recommendation of best

practices for strategic planning in college healthcare based on the perceptions and

practices of current college health leaders. College health leaders will be able to use

these recommendations to strengthen their strategic planning endeavors.

Summary and Presentation of the Findings

The survey that was conducted included both qualitative and quantitative

questions. This section will review the findings from both sets of questions. The process

of compiling these findings included independent analysis of the qualitative and

quantitative questions before synthesizing the data, which yielded additional findings.

Each respective section outlines the analytic processes that were followed in addition to the findings that those analyses yielded.

Qualitative Findings

Each survey participant was asked three open-ended questions regarding the influence of strategic planning on the work of their department, their role as a leader in strategic planning, and their view of best practices in strategic planning in college health. Of the 112 survey respondents, these questions were answered by 57 participants, 54 participants, and 48 participants, respectively. This resulted in respective response rates of 50.9%, 48.2%, and 42.9%.

In order to identify themes within this qualitative data, the responses to these questions were hand coded. This was completed by taking the ten richest responses to each question and coding those responses. That code set was then applied to the full data set with expansion and collapsing of the codes as necessary until the final set of codes was developed (included in full in Appendix C). At the conclusion of this exercise, six primary themes emerged from the qualitative responses. These themes included strategic planning as an essential task, engagement and alignment, data and industry-driven planning, process challenges, capacity challenges, and wide-ranging practices. These themes will be reviewed in greater detail in the remainder of this section.

Strategic planning as an essential, driving factor. More than 60% of respondents to the question regarding how strategic planning fits into the role of the leader described strategic planning as an essential task of their role. One participant described strategic planning as, "An imperative to my work." In describing how strategic planning fits into their role as a leader, phrases that were repeatedly used included,

"essential," "directly responsible," and "I lead this process." Participants also cited strategic planning as a tool to assist them in creating direction, driving the organization forward, and enhancing decision-making. Leaders described the process as bringing focus and clarity to their work, helping to identify opportunities to improve, grow, or contract, and creating a mechanism for accountability.

Engagement and alignment. A second theme that emerged in the data was engagement with key stakeholders in plan development and the subsequent alignment of the departmental plan with organizational strategic plans. Leaders described engagement with key stakeholders—including students, campus partners, and institutional leadership—as an important element of the strategic planning process. One leader wrote that this engagement is needed "to ensure you're headed in the same direction together and can align your goals."

In addition to external stakeholders, leaders wrote of the importance of staff engagement and buy-in. One leader wrote, "I think it also helped my staff feel they have a greater voice in setting and maintaining our departmental direction by creating buy-in." Other responses included observations that the staff feels more empowered and has greater awareness of the full picture—including both the role of the department in the greater university plan and their own role as individuals in achieving strategic objectives.

The engagement with staff and stakeholders was repeatedly cited in the responses as a way to create alignment with divisional and institutional strategic plans. This alignment was one of the practices that leaders most frequently cited when asked about best practices in strategic planning. One participant summarized this theme, writing that a key to strategic planning within their role as a leader is "Identifying the ways in which

our departmental plan fits/connects with the strategic plan for the division and for the

institution, communicating our vision to stakeholders, and enlisting them as allies and

collaborative partners."

Data and industry-driven planning. Another theme that became clear when

reviewing the data was the importance placed on utilizing a planning process that used

data and industry trends as a foundation. Phrases like "data-driven," "evidence-based,"

"benchmarking," and "health assessment data" were consistently used by participants.

Leaders identified multiple data sources to identify priority areas of opportunity. One

participant wrote the following on this subject:

> It's essential to review the data on student health behaviors and attitudes, not just
>
> from the NCHA, but also Core Survey, campus climate survey on sexual
>
> violence, mental health survey, and any other existing data sets collected by other
>
> departments that may be helpful to getting the big picture on student well-being.

In addition to data on the health behaviors of the student population, participants

discussed the importance of assessing industry trends, publications, and data when

planning for a campus-based student health service. Sources that were frequently cited

included the American College Health Association (the national professional

organization for campus-based health services), state and national initiatives,

accreditation standards, and regulatory changes. One leader described using a data and

industry-driven approach as a method that creates "room for revision as new data

becomes available, new mandates are revealed, and other changes in the environment

emerge."

Process challenges. While many leaders described strategic planning as imperative, there was a clear theme that this importance did not alleviate the difficulty and frustration many of them experienced with this process. Several challenges with the process of strategic planning were described. One of the challenges described was the difficulty in creating a plan that balanced clinical care priorities with wellness and disease prevention. One of the leaders described these two functional areas as priorities that seemed to be "tugging" at each other. Other leaders described challenges with their institutional process and not being able or allowed to give input to any strategic plans regarding health services.   Another leader described the difficulty in translating the goals of the university (retention, student learning outcomes, etc.) into actions the health services team could incorporate into a departmental strategic plan. This was reiterated in another leader's comment that health services is a low priority in the college plan and the relevance of the department is often questioned.

Beyond the challenges cited above, many participants described the strategic planning process as overwhelming or very difficult. Several wrote that this process was only informally completed with little attention to execution and accountability. In addition, nearly one in five respondents to the question about best practices for strategic planning in college health services responded with "I don't know" or "I'm not sure." Of these leaders, many followed these statements with comments such as "I would like to learn" or "I want to find out."

Capacity challenges. As previously discussed in this section, there was a clear theme that participants perceived strategic planning as an essential part of their role as leaders in campus-based health services. In the responses to the open-ended questions,

leaders often paired a statement of this importance with a statement regarding the

challenges they faced in creating capacity for this work. One example of this is a leader

who wrote, "I want to do a strategic plan in order to be proactive rather than reactive, but

we have been so overwhelmingly busy we haven't had the time to do so." Another leader

wrote that while the strategic plan assisted in focusing their wok, they were not confident

that they could achieve all of the objectives due to being the only person on their campus

in this type of leadership role. This sentiment was reiterated by multiple leaders from

smaller universities (institutional enrollment of less than 2,500 students) in their

comments regarding their role in strategic planning.

     Capacity challenges related to financial resources were also discussed. While

some leaders wrote that strategic planning was a way to eliminate unnecessary programs

or expenditures, others described strategic planning as a "wish list" of items or positions

the department had always wanted or needed for the future. It was noted by one leader,

however, that their institution was not a "wealthy university and so changes come slowly

as money allows."

     Wide-ranging practices. The final theme identified was the vast array of

practices that are being utilized by college health leaders in the strategic planning

process. Leaders cited practices from surveys and focus groups to peer institution

comparisons, lit reviews, and gap analyses. Multiple leaders pointed to frameworks to

tools that are often used in strategic planning (such as SWOT analysis) while others cited

tools more specifically known to health and wellness, like the MAP-IT and Vision Into

Action frameworks that have been connected to national healthcare strategies. Some

leaders wrote of general best practices, such as the following:

…Assess your current situation, envision your ideal state, and identify barriers

and assets in your situation. Then identify a few attainable goals that will bring

you closer to your ideal state, and break down the steps it will take to accomplish

those goals. Be specific and include who will do each steep and by when that step

will be accomplished.

Some leaders discussed that a single list of best practices may not be plausible.

One leader wrote, "I feel this changes based on what kind of a University it is, how it is

governed, regulations, etc." Another participant wrote, "There are no best practices

because college wellness is organized so differently from campus to campus." Other

leaders described this concept as ensuring attention is paid to the "campus context" or

"environment" and developing a plan that fits the institutional and stakeholder needs.

Quantitative Findings

Each survey respondent was asked 23 quantitative questions in addition to seven

demographic questions. The quantitative questions covered a number of topics related to

strategic planning, including plan development, inclusion of stakeholders in the planning

process, departmental analyses, and the presence or absence of specific strategies within

the strategic plan. This section will review results from these questions.

Factors affecting department level strategic planning. One of the first

analyses conducted was to determine if there was a difference in department-level

strategic planning based on one of two organizational factors: institutional size and the

leader's role within the institution. This analysis was prompted by the premise that these

changes in the organizational structure may alter the focus or capacity of the

departmental leader.

The effect of institutional size on the presence of a department level strategic plan was the first factor that was analyzed. This analysis sought to determine if increased student enrollment resulted in a higher number of department level plans due to increased staffing, which may increase capacity for a leader or another staff member to be partially or fully dedicated to strategic planning. The results are shown in Table 3.

Table 3

Department Level Strategic Planning by Institutional Enrollment

	Have a Plan		Do Not Have a Plan		Total	
Student Enrollment	N	%	N	%	N	%
Less than 2500	8	42.1	11	57.9	19	100.0
2500 – 4,999	3	30.0	7	70.0	10	100.0
5,000 – 9,999	5	38.5	8	61.5	13	100.0
10,000 – 19,999	15	62.5	9	37.5	24	100.0
20,000 or more	26	66.7	13	33.3	39	100.0
TOTAL	57	54.3	48	45.7	105	100.0

This analysis shows a large difference in the percentage of leaders at small to medium-size schools (1 – 9,999 enrolled students) who responded that they have a department level strategic plan when compared to leaders from schools with larger enrollment (greater than 10,000).

A second factor that was studied was the leader's role in the organization and the presence of a department level strategic plan. For this question, leaders were asked to select the area they are responsible for within their organization. They were asked to choose amongst *Clinical Health Leadership, Counseling/Mental Health Leadership, Health Promotion Leadership*, or *Other*. Those who selected *Other* were asked to specify their area of oversight. Given the distinct work that is undertaken by leaders from

the various areas surveyed, this analysis was intended to determine the effect of their

various roles on department level planning. These results are shown in Table 4.

Table 4

Department Level Strategic Planning by Role of the Leader

	Have a Plan		Do Not Have a Plan		Total	
Leader's Role	N	%	N	%	N	%
Clinical Health Services	23	39.7	30	61.2	53	100
Counseling / Mental Health	0	0	4	8.2	4	100
Health Promotion	24	41.4	9	18.4	33	100
Other	11	19.0	6	12.2	17	100
TOTAL	58	54.2	49	45.8	107	100

Note. Leaders who selected Other provided detail on their role. These leaders were predominantly Administrative Leaders who focused on business functions or had oversight for multiple areas.

As shown in Table 4, this analysis identifies a difference in department level

strategic planning by the role of the leader surveyed. The sample size of the *Counseling*

and Mental Health leaders is substantially lower than the other areas, however the

complete absence of department level strategic plans may suggest an area for future

research.

Inclusion of stakeholders. Of the 58 leaders who indicated that their department

had developed a formal strategic plan, one of the most consistently utilized elements in

the planning process was the inclusion of key stakeholders. Forty-seven leaders, or

83.9%, included key stakeholders in their plan development process. These leaders were

consistently distributed amongst all disciplines except for *Counseling and Mental Health*

Services, which did not have any leaders indicate they have conducted strategic planning.

These data are illustrated in Table 5.

Table 5

Inclusion of Stakeholders in Plan Development by Role of the Leader

	Included Stakeholders		Did Not Include Stakeholders		Total	
Leader's Role	N	%	N	%	N	%
Clinical Health Services	19	86.4	3	13.7	22	100
Health Promotion	20	83.3	4	16.7	24	100
Other	8	80.0	2	20.0	10	100
TOTAL	47	83.9	9	16.1	56	100

While there were similarities in the percentages of leaders including stakeholder input in their plan development process, there were differences in the volume of stakeholders included in this process. Leaders in *Clinical Health Services* included, on average, the fewest types of stakeholders in their plan development. Leaders who identified themselves as *Other* (typically noting that they were administrative leaders or leaders or consolidated/multi-functional departments) typically included the most types of stakeholders. These findings are shown in more detail in Table 6.

Another finding of this analysis was that leaders from *Health Promotion* departments or who identified themselves as *Other* were more likely to include Students as stakeholders, as compared to their *Clinical Health Services* leader colleagues. Fifty percent of *Health Promotion* leaders and 75% of *Other* leaders included Students, while only 37% of *Clinical Health Services* leaders included Students as stakeholders. *Health Promotion* leaders were also the most likely to include Community Partners in the strategic planning process. Community Partners were included by 25% of *Health Promotion* leaders as compared to 12.5% of *Other* leaders and 5.3% of *Clinical Health Service* leaders.

Table 6

Analysis of Stakeholders Included in Plan Development by Role of the Leader

Leader's Role	Stakeholders Included		
	Mean	Mode	Max
Clinical Health Services	2.6	2	5
Health Promotion	3.0	3	5
Other	3.5	4	6

Funding source correlation. The final analysis conducted analyzed the number of funding sources in place for each leader's department in order to determine if a greater number of funding sources (and thus, more complex organizational structure) correlated with the implementation of a strategic planning process. This review found that college health services are being funded in a number of ways and that the majority of college health services are funded by multiple sources. This is demonstrated in Figures 1 and 2.
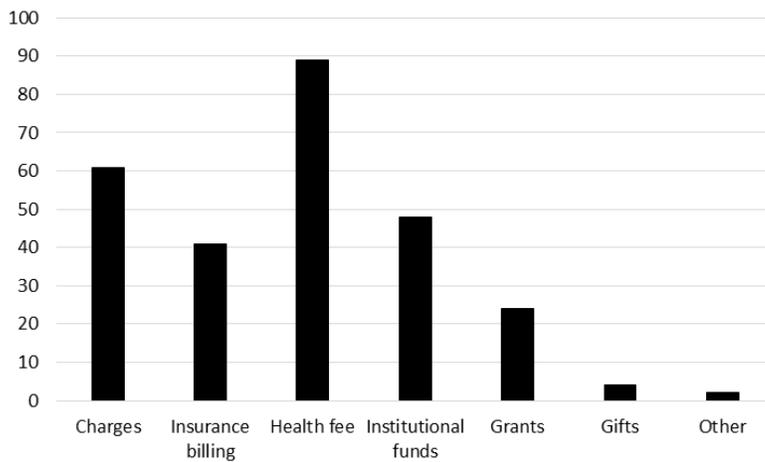
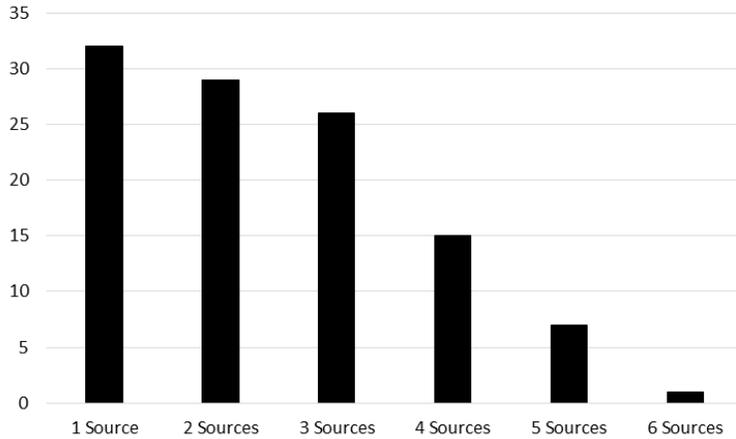*Figure 1.* Methods of funding college health services.

Figure 2. Number of funding sources.

After analyzing the types and frequency of funding for college health services, an analysis of the correlation between the number of funding sources and the presence of a departmental strategic plan was conducted. This analysis found a correlation of 0.17, with a *p value* of 0.08. This represents a weak positive correlation and does not indicate a statistically significant relationship between the number of funding sources and the presence of a departmental strategic plan.

Analysis and Synthesis of Findings

In an effort to develop a list of proposed solutions and achieve the aim of this dissertation in practice, the findings above were collectively analyzed. However, this synthesis did not yield the anticipated results. The aim of this dissertation in practice was to describe the current strategic planning in college health as well as leaders' perceptions and utilize that information to develop a list of best practices. The intention in designing this study was to create a comprehensive list of best practices in strategic planning which college health leaders could compare to their own practice, allowing them to identify gaps in their strategic planning practices. After objectively reviewing the quantitative and qualitative data, however, a different need emerged. Rather than a list of strategic

planning best practices for the departmental leader, the analysis resulted in a need for a

broader, more foundational list of tools to support departmental leaders. Thompson et al.

(2010) wrote, "A firm's resources and capabilities are the fundamental building blocks of

its competitive strategy" (p. 97). This study found a need for improving the knowledge-

based capabilities of college health leaders in strategic management, which will be the

foundation for the proposed solutions in the next chapter.

Summary

The purpose of this dissertation in practice was to describe the strategic planning

practices of college health leaders and their perceptions of strategic planning. This study

yielded both qualitative and quantitative findings, which have been outlined above. The

qualitative findings resulted in six themes, which included strategic planning as an

essential task, engagement and alignment, data and industry-driven planning, process

challenges, capacity challenges, and wide-ranging practices. Quantitatively, the study

found multiple factors that affected department-level planning. Findings were also

presented in regard to the inclusion of stakeholders in the strategic planning process and

the correlation with the financial complexity of the department and the development of a

strategic plan. The next chapter will propose solutions to address the findings reported in

this chapter.

CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

Introduction

Though a great deal of research has been conducted regarding strategic planning in higher education, very little of that research has been dedicated to college-based health services. A study was needed to determine the current practices and perceptions of strategic planning amongst college health leaders. In order to meet this need, a concurrent mixed method study was conducted using an electronic survey of college health leaders. The survey, which included seven demographic questions, twenty quantitative questions, and three open-ended qualitative questions, was distributed via a national college health Listserv. Of the 3,448 subscribers to the Listserv at the time of distribution, 112 leaders responded. These leaders represented a wide variety of institutions and departments, which resulted in a sample that could potentially be applied to any college health service.

After analyzing the data that were generated by this survey, a list of five solutions was developed. The proposed solutions include a document library, learning series, solution-focused institutes, research cultivation, and a consultative colleague database. These solutions, which will be reviewed in depth in this chapter, are intended to further the knowledge and skill of college health leaders in the area of strategic planning. The discussion of these solutions will also include factors and stakeholders that affect the solutions as well as a possible implementation and assessment plan. Finally, implications of these solutions and recommendations for future research will be presented.

Purpose of the Study

The purpose of this concurrent mixed methods dissertation in practice study was to describe the current strategic planning practices and perceptions about leaders' roles in strategic planning for college healthcare leaders who are members of a national college health Listserv. The findings of this study will inform the work of college health leaders in higher education institutions across the nation.

Aim of the Study

The aim of this dissertation in practice was to develop a recommendation of best practices for strategic planning in college healthcare. These recommendations will assist college health leaders in their strategic planning efforts.

Proposed Solution

As discussed in Chapter Four, knowledge-based capabilities are critical to an organization's ability to execute its strategic plan. The solutions proposed in this chapter are focused on the development of that knowledge base and the capabilities of college health leaders in the areas of strategic planning.   While the initial aim of this dissertation in practice was to develop a list of best practices, synthesis of the data suggested a different set of solutions was warranted. First, the volume of leaders who were not engaged in strategic planning (45.7%) resulted in nearly half of the respondents not having any current strategic planning experience, even though 60% identified it as a key component of their role. It is difficult to compile a list of best practices when such a large portion of the sample isn't engaging in any level of practice. Second, the qualitative data strongly indicated that leaders did not believe they had a strong skillset in regard to strategic planning. With consistent comments around lack of knowledge and

skills, difficulty in moving through the process, and struggling to execute any plans that are completed, student health leaders did not describe a solid foundation upon which this dissertation in practice could build.

The modification of the proposed solution was further supported when comparing the data collected with the literature that was reviewed in Chapter Two. The absence of strategic planning literature in the field of college health suggests a lack of resources to which these leaders can turn for guidance specific to their work. Additionally, this literature, particularly the research discussed around development of departmental leaders (Mather, et al., 2009; Sermersheim & Keim, 2005), highlighted a lack of skillsets in areas like strategic planning. Sermersheim and Keim (2005) called for divisional and professional group leaders to create training and development opportunities to bring better alignment of skillsets with high priority functions. Multiple studies were presented on creating effective strategic planning processes (Dooris et al., 2004; Thompson et al., 2012) and nuances of these plans within higher education (Morphew, 2000; Newman et al., 2004; Rowley & Sherman, 2001). All of the strategic plans described by these authors were predicated on organizational leaders having a strong foundation in the area of strategic planning.

After synthesizing the data and literature from this study, and with the concept of knowledge-based capability in mind, the initial aim was set aside. Instead, five solutions were developed in an effort to build the knowledge and skill base of college health leaders in the area of strategic planning. These solutions include a document library, a learning series, solution-focused institutes, cultivation of research, and a consultative

colleague database. Each of these solutions is reviewed in greater detail throughout this chapter.

Document Library

The first proposed solution is an online leadership library that serves as a clearinghouse for strategic planning documents, templates, and resources. This library would be accessible as part of a leader's membership in the American College Health Association and would be hosted and maintained by ACHA. Similar to other restricted areas of the ACHA website, this library would be password-protected, allowing access for members only. While the library could be expanded to include templates and resources in regard to a number of management and leadership topics, the initial development of this tool would be to create a resource around strategic planning.

While a document library may not seem to be an action-oriented solution to addressing the challenge of strategic planning in college health, this solution is intended to facilitate learning transfer amongst leaders within the college health field. "Knowledge is a cornerstone for action," according to Bouzguenda (2014, p. 27). As such, knowledge acquisition, diffusion, and transfer or sharing is a critical leadership function. In this field, knowledge sharing can be very difficult as there are typically a very small number of college health leaders on any given campus. This requires knowledge transfer to occur amongst institutions, both on regional and national scales. This proposed solution allows for on-demand access to tools and resources, which will facilitate increased knowledge sharing amongst colleagues in this field.

Learning Series

In Chapter Two, the literature review of this study reviewed research around

orientation to business practices, such as strategic planning. Recognizing that most

institutions of higher education do not have the resources to thoroughly orient their mid-

level professionals, as was recommended by Mather, Bryan, and Faulkner (2009), the

next solution proposed is a learning series focused on strategic planning. This is a six to

eight week curriculum that would be delivered in a cohort model online. It allows for

leaders to focus more intensively on the strategic planning process in clearly defined

sections, participate in discussion, read supplemental texts, apply the information, and

reflect on the lesson. This could be particularly helpful for new leaders who have had

little exposure to strategic planning in their previous roles. These courses would be

delivered through ACHA, though registration could be opened to non-members for a

nominal fee.

Solution-Focused Institutes

The third solution proposed is the development of solution-focused institutes. In

order to reach the widest audience, these institutes could be hosted live over a two to

three day period and simulcast online. The purpose of these institutes would be a

facilitated process for developing a first draft of a strategic plan. The institutes would

include pre-work (e.g. reading material, development of a mission statement, or

conversations with key stakeholders) and would progress through the stages of

developing a strategic plan over the course of the institute. These institutes would allow

college health leaders to leverage their collective size in order to have a facilitator who

was focused on strategic planning as it applied to college health.

In addition to building upon the previously discussed concepts of knowledge transfer and orientation to business practices, the solution-focused institutes are designed to create and develop expert power for college health leaders in regard to strategic planning. For many leaders in college health, they have been promoted to leadership roles from roles as office staff or clinicians and have no formal business or management training. While Peter and Hull (2011) may argue that this is the very definition of the Peter Principle and that these leaders have been promoted past the point of competence, these institutes would be designed to create that competence—recognizing that leaders cannot be immediately competent in every area they will face due to the continuously evolving nature of business. Theses institutes will help build the expert power on which these leaders' teams will depend (Robbins & Judge, 2012) through pre-work and then facilitating the actual execution of a draft strategic plan.

Research Cultivation

The *Journal of American College Health* is a scholarly publication that is entirely focused on student health. While this journal includes management of college health services in the range of topics that is covered, articles on leadership and managerial skills are rarely published. A fourth solution that is recommended is the cultivation of scholarly articles on management and leadership topics written by and for college health leaders. A full section within the journal that is dedicated to leadership and management should be created. This section should include sharing of practices, research, and editorials related to these topic areas and their respective subtopics—including strategic planning.

Implementing this solution is important to further the knowledge and research

within the field of college health as well as to further the development of leaders within

that field. According to the "Professional Competency Areas for Student Affairs

Practitioners" (ACPA & NASPA, 2010), one of the core competencies for leaders in

student affairs is assessment, evaluation, and research. Leaders are expected to "use,

design, conduct, and critique assessment, evaluation, and research" (ACPA & NASPA,

2010, p. 8) in their work. Leaders should progress from basic competency of being able

to assess and understand research to advanced competency, which includes designing and

conducting qualitative and quantitative studies. Cultivating this body of research within

college health will assist leaders in developing and refining their competency in this area.

Consultative Colleague Database

Strategic planning can be a very challenging process to undertake. Bryson (2011)

suggested that collaboration with those external to a leader's organization can be very

helpful in managing this process, creating perspective, and facilitating discussion. The

final solution is one that can meet that need—the development of a consultative colleague

and mentorship database. This solution would be implemented through the American

College Health Association membership. Each year, during the membership renewal

process, members would be asked if they would be willing to consult with other

colleagues on various leadership and management issues. This would then be displayed

on their membership profile and be available through a database search function. Leaders

who were looking for assistance on a specific topic, could then directly contact those

leaders who are willing to discuss the topic with them. This search function would also

allow the user to narrow their search by key factors, such as region or size of the leader's institution.

Support for the Solution from the Data Collected

The solutions that have been proposed are supported by both the qualitative and quantitative data that were collected in this study. As has been previously discussed, the qualitative themes identified challenges that leaders were facing in trying to implement and execute strategic plans. These challenges included a lack of education or knowledge, a lack of resources, and challenges in building in time to complete this process. The solutions proposed are specifically designed to meet those needs. In addition, both the quantitative and qualitative data illustrated that these challenges can be very situational. Each leader works within a unique institutional and operational structure, which results in a wide range of needs, desired outcomes, and preferred strategies. This theme of a need for highly individualized resources supports the solutions which have been proposed—all of which can be selected and modified to fit the leader's own needs.

Factors and Stakeholders Related to the Solution

The section that follows will address specific factors and stakeholders related to the proposed solutions. This includes discussion of key stakeholders, policy development, funding, and potential barriers to the implementation of the proposed solutions. Finally, these solutions will be connected with applicable change theory.

Key Stakeholders Related to Proposed Solution

Because many of the strategies described above leverage the American College Health Association platform—an organization and structure that are already in place— they are a key stakeholder in relation to the proposed solutions. This organization has

800 institutional members and more than 2,800 individual members who are working in

the field of college health (2015b). Annual dues are based on a percentage of the budget

of each individual college health service, which makes membership more fiscally

attainable, regardless of the institution's size. These membership dues also generate a

source of revenue, which could be utilized to fund, fully or partially, the solutions that

have been proposed. This organization's structure, revenue model, and staffing create a

solid foundation to build upon. Their agreement to use their organizational foundation to

implement these solutions is a critical component of this proposal. It is a step that would

likely need to be approved by their Executive Committee.

Policies Influencing the Proposed Solution

Because of the nature of the solutions proposed, there are very few policies that

would be required to ease implementation. One of the policy changes that would be

necessary would be in regard to ACHA membership renewal and self-selection as a

participant in the consultative colleague database. Colleagues would need to be informed

of their opportunity to opt in or out of being contacted by their colleagues in regard to

topics on which they may have expertise. Members should also be informed that the

contact information provided in the directory is for contacting in regard to consultation

and should not be used for other purposes (e.g. selling things, lobbying, etc.). The

creation of this policy and ensuring that it is displayed to members during the directory

enrollment process will allow for greater clarity regarding the appropriate use of this

database.

A second policy that should be created in order to ease implementation is a policy

that defines the document library and outlines expected use. This policy should clarify

that documents posted on the site should not have sensitive information or should have all

of this information redacted. This is of particular importance in areas where patient

information is so prevalent. The policy should also evaluate acceptable use terms for

documents and templates on the library. Establishing this policy during the development

process will help ensure that the document library is appropriately utilized.

Potential Barriers and Obstacles to Proposed Solution

The existing organizational structure and resources that ACHA has in place is the

largest asset in the implementation of these proposed solutions. The reliance on this

organization in this proposal, however, is the largest potential barrier to implementation.

A single leader or another organization could certainly implement the proposed solutions,

but they would require a substantial amount of work and resources to implement outside

of the ACHA system. If ACHA were to decline to implement the proposed solutions, the

implementation process would be far more challenging and, most likely, would take far

longer to implement. In order to mitigate this potential barrier, ACHA should be

approached with the findings of this study to discuss potential implementation of these

solutions.

Financial/Budget Issues Related to Proposed Solution

If the assumption that these proposed solutions would be implemented in

collaboration with the American College Health Association is maintained, there are

some financial implications. These implications, however, are far reduced as compared

to the costs that would be incurred if implementing without leveraging ACHA's existing

platform. Two of the solutions—the consultative colleagues database and the cultivation

of leadership and management research and articles—could be implemented with

minimal cost implications. This is largely due to the fact that both of these solutions

require minor adjustments to existing ACHA features or processes. The three remaining

solutions—the document library, the learning series, and the solution-focused institutes—

require far more resources. The document library will require assistance from a web

developer as well as dedicated server space, which can be costly. The learning series and

solution-focused institutes will require operational leadership from the ACHA Member

Programs and Services team, instructors, and a significant amount of time invested in

curriculum development. A dedicated set of funds could be used for drawings or

honorariums to incite initial participation in any of these respective solutions, though

these costs should also be minimal and are not a necessity for implementation.

Though ACHA has the technology and base staffing to facilitate these solutions,

these resources do have a cost. The membership dues that are paid by each member or

institution on an annual basis may allow for some offsetting of this cost, dependent upon

the current budget status. Beyond this, the learning series and solution-focused institutes

could be an add-on service that requires a modest enrollment fee from members or non-

members. Many organizations charge these additional fees for services like these, so it

would not be an unusual action. If the enrollment fees were set to cover only the costs

incurred in the implementation of these solutions (particularly the learning series and

solution-focused institute), this could ensure that these solutions could be implemented in

a sustainable manner.

Change Theory

Strategic planning is a process that is intended to plan for the change that is

inevitable within organizations and the business environment. The development and

execution of these plans require leaders who can manage change well. Rogers (2003) wrote that there was great value in having middle managers—or departmental leaders— as champions of these changes or innovations. Due to their link between senior leadership and the front lines, their ability to think critically, and their skills in working with their own team as well as other leaders, these departmental leaders were particularly successful at diffusing innovation (Rogers, 2003). The findings of this study suggested that college health services leaders have this value and are passionate about improving their work. What they need in order to more effectively conduct the strategic planning process is a more robust set of resources and tools. The proposed solutions aim to increase the knowledge and skills of these leaders in the area of strategic planning so that they might diffuse innovation more effectively.

Implementation of the Proposed Solution

In the previous section, a set of five proposed solutions were outlined. In addition, a review of factors and stakeholders related to those solutions was completed. This review cited a single key stakeholder that was critical to the implementation of these proposed solutions—the American College Health Association. Because of the robustness of the proposed solutions and the need to engage this national organization, the proposed solutions were not implemented as part of this dissertation in practice. Instead, the section that follows will review key components of the implementation process, potential implications of implementation, as well as a timeline and assessment plan.

Factors and Stakeholders Related to the Implementation of the Solution

This section will review factors and stakeholders related to the implementation of this solution. The role of the leader in the implementation process, building support around these proposed solutions, assessment considerations, and implications for the organization will all be discussed in this section.

Key Stakeholders in Implementing the Proposed Solution

The previous section defined ACHA as a key stakeholder in relation to these proposed solutions. Their participation in the implementation process is a critical component in this proposal. While the proposed solutions do require some resources and participation from ACHA, the solutions could leverage the resources ACHA already has in place and use them to increase knowledge and expertise on strategic planning. For instance, there is a web-based learning system that is already used several times a year for various webinars. This could be utilized for both the proposed learning series as well as the solution-focused institutes. The *Journal of American College Health* is a publication that is already in place with an existing structure for journal submissions, review, editing, and publication. ACHA also maintains a membership directory which is available and searchable on its website. With a few small adjustments, this directory could serve as the foundation for the consultative colleague database. This directory could also be used for direct marketing via e-mail, as new resources become available or new learning series or institutes are scheduled. Finally, the ACHA website could serve as the portal for the document and template library. With member-only access in several parts of the website already, creating a resource library for leaders to utilize would be a new feature that could be built into this existing site.

Beyond the operational resources that ACHA has in place, this organization also has a team of staff members who are dedicated to serving college health leaders. This team has six individuals employed in the Member Programs and Services department, including a Program Coordinator, a Continuing Education and Exhibits Manager, a Continuing Education Coordinator, and a Production and Web Coordinator (American College Health Association, 2015c). Though the proposed solutions may require the addition of one more team member in order to maintain all of the programs and offerings ACHA has in place, there is a functional team that is already in place with the expertise to implement several of the proposed solutions.

Leader's Role in Implementing Proposed Solution

Because the proposed solution is heavily based on the involvement of ACHA, the role of the leader in the implementation of the solution could vary quite widely. It could be as minimal as building support and handing off the project to ACHA leadership for completion or as involved as leading the project with support from the ACHA team. Should college health leaders be involved in the actual implementation of the proposed solutions, the first step will be designating a project manager. The role of the project manager is crucial in defining team member roles, scope of the project, timelines, and managing the implementation (Heagney, 2012). This role could be fulfilled by a college health leader or an individual within ACHA. Regardless of where the leader comes from, implementation of these solutions will require a project manager.

Once the project manager role has been determined, the role of the leaders will largely be assigned by the project manager. These may include technical roles, marketing and communication roles, or program planning roles. The project team, led by the

project manager, should regularly meet and should follow a clearly defined

implementation timeline. The project manager will be responsible for mitigating any

barriers (financial, organizational, or operational) to implementing the plan.

Additionally, the project manager will be responsible for facilitating communication

amongst the project team, with ACHA organizational staff, and with the ACHA

membership, as needed. As Kliem (2007) wrote, "Project managers serve as linchpins on

their projects" (p. 22). Facilitating communication will be key to implementing the

proposed solutions and is a key role of the project leader.

Building Support for the Proposed Solution

The first step in building support for the proposed solutions is to approach ACHA

with this proposal. There are multiple avenues that could be utilized for this approach,

such as a member of the Board of Directors, who are all actively practicing college health

leaders, or the Director of Member Programs and Services. The author recommends,

however, approaching the Executive Director with this proposal. Because of the multiple

solutions proposed herein, this proposal will require support—financial, operational, and

time-based—from multiple individuals within the organization. Starting with the

Executive Director will allow for the development of the most realistic scenario of

moving forward with the proposed solutions.

The second component of building support for these proposed solutions is to

engage college health leaders in these solutions. Building their support for solutions of

this nature could take place at the annual ACHA conference. This conference, which is

attended by more than 2,000 college health leaders, clinicians, and staff members

(American College Health Association, 2015a), could serve as the kick-off and initial

recruitment tool for these solutions. Leaders could be recruited to sign up for the learning

series or speak with ACHA representatives about the solution-focused institutes. Editors

from the *Journal of American College Health* could begin cultivating and recruiting

leadership and management focused articles. Computer kiosks could be set up, which

would allow members to update their directory listing as consultative colleagues. The

document library could be showcased on those same kiosks. This gathering of thousands

of leaders from the target market for these solutions creates an ideal opportunity to share

these resources and recruit participants.

External Implications for the Organization

If ACHA is amenable to implementing the proposed solutions, the greatest

potential for additional implications is on the operations of their organization. First, there

will be financial and strategic implications. If resources (time, people, or money) are

allocated to implement these solutions, they are being pulled from other areas. More

commonly defined as opportunity cost, choosing to implement these solutions will be a

strategic move for the organization that will likely have long-term effects. If ACHA was

to implement these solutions, they should consider the effect that this might have on other

strategic work that is being done within the organization. While most organizations face

the challenge of managing competing priorities and allocating resources to those

priorities, it is an implication that cannot be overlooked.

A second implication that ACHA may experience, if these proposed solutions are

well-received, is an increased demand for similar resources in relation to other topics. If

successfully implemented, it is conceivable that members could request similar

resources—particularly in regard to the document library, learning series, and institutes—

related to other leadership and management topics. Once the initial structure and process

for these solutions is created and implemented, adjusting for other topics could be

completed with a degree of ease. It will still require resources, however, and may shift

the focus of ACHA toward more member education than they planned for.

Evaluation and Timeline for Implementation and Assessment

The timeline for implementation of the five proposed solutions will largely be

based upon the capabilities and preferences of ACHA. A few of the proposed solutions

may be much more easily implemented than others. This author would recommend at

least six full months for implementation prior to the Annual Conference, which occurs at

the end of May each year. This would allow for a marketing plan that capitalizes on the

attendance of college health leaders at that conference and on-site registration for a few

of the proposed solutions.

In order to implement the proposed solutions, both solution-specific and broad-

based assessment are recommended. For the solution-specific assessment, each of the

proposed solutions should be assessed independently after implementation. For instance,

leaders attending a learning series or solution-focused institute should assess the

programs using a post-event evaluation. The effectiveness of these events could be

further evaluated using a pre-test/post-test model. Members should be annually queried

to determine which aspects of ACHA services they find helpful. Any of the proposed

solutions that have been implemented should be included in that assessment.

On a broader scale, this author recommends repeating the survey used for this

study one year after all proposed solutions have been implemented. Because the initial

survey was anonymous, ACHA will not be able to go back to the exact population of

individuals who took the survey used for this dissertation in practice. They can, however,

repeat the study in an effort to ascertain if the strategic planning practices and knowledge

of the Listserv participants is statistically similar to or different from the first

administration. This study could also contain questions that would guide ACHA toward

potential expansion of these solutions into other leadership and management topics.

<div align="center">

Implications

</div>

Practical Implications

In Chapter One, the need for effective strategic plans within the college health

setting was outlined. This need was primarily due to the finite resources available,

evolving higher education and healthcare markets, and the increasingly complex health

needs of students arriving at higher education institution. Research supported the need

for more rigorous strategic planning practices (Keeling & Hersh, 2012; Middaugh, 2010;

Zemsky, 2009). The initial aim of this dissertation in practice, also outlined in Chapter

One, was to develop a list of recommended best practices for strategic planning within

college health. After completing this study, however, the solutions are all aimed at

increasing the knowledge-based capabilities of college health leaders. It is not for a lack

of want that college health leaders struggle to implement the rigorous strategic planning

practices that researchers have identified as best practice. Instead, it is a lack of

knowledge, skill, or resources. The solutions proposed within this dissertation in practice

will contribute to the greater good of the college health field by developing that

knowledge-based capability and creating mechanisms for learning transfer amongst the

leaders within that field.

Implications for Future Research

The research conducted for this dissertation in practice will benefit leaders within the college health field. As discussed in Chapter Two, this is one of the only pieces of research available on strategic planning within this field. As such, it is important to continue building upon this research in order to improve the college health field. Future studies that could build upon this work include a comparable study with a larger sample of college health leaders. It would be advantageous to conduct this study with a direct contact approach, reaching out directly to leaders of college-based health services to get a sample that is representative of more departments and an even larger range of institutions. An additional recommendation for future research is to partner with ACHA to do pre- and post-test for participants in any of the solutions outlined above.

Implications for Leadership Theory and Practice

There is a great deal of research that has been published regarding the difference between leadership and management (Bennis & Nanus, 2003; Kotter, 1990; Northouse, 2011; Rost, 1991). Northouse (2011) wrote, "To be effective, organizations need to nourish both competent management and skilled leadership" (p. 13). The findings of this dissertation in practice suggested that the leaders within the college health industry do not have the managerial skills or knowledge they need as a foundation for their leadership activities. If a leader is to produce change and movement, as Kotter (1990) suggested, they cannot do that without firm grasp of the mechanics of management. For instance, a study of followers' perceptions of a respective college health leader's ability to lead (or motivate and inspire their team to change and achieve goals) may be misleading if the leader has never received any managerial training. It may not be their leadership skills

which need improvement, but rather their management knowledge and skills. The findings of this study suggested that college health leaders see strategic planning as an important part of their role, but are in need of knowledge and skill development before they can truly execute strategic plans and lead change-responsive departments. Future studies of leadership in this area should be cognizant of the need for both leadership and management knowledge in order to effectively lead an organization.

Summary of the Study

This dissertation in practice utilized a concurrent mixed method approach to study the current state of strategic planning within the field of college-based health services. This study was conducted by electronically distributing a survey through a national college health Listserv. The survey included demographic, qualitative, and quantitative questions aimed at understanding current practices and perceptions regarding strategic planning within this field. One hundred and twelve leaders representing a diverse range of institutions and departments completed the survey.

Synthesis of these findings resulted in proposed solutions, as follows: a document library, a learning series, solution-focused institutes, cultivation of research, and a consultative colleague database. While not the set of solutions that had been expected when developing this study, the proposed solutions are intended to address an over-arching finding of this study—leaders need more resources and tools in order to effectively develop and execute strategic plans. This chapter reviewed these solutions, key stakeholders and factors affecting the solutions, a potential implementation and assessment plan, and the potential implications of this study.

In conclusion, Burke (2011) wrote, "…The external environment now changes much more rapidly than organizations do. Organizations today are playing catch-up…Thus, we need to know much more than ever before about how to understand, lead, manage, and in particular, change organizations" (p. 1). This study and the subsequently proposed solutions are intended to give college health leaders opportunities to gain the knowledge Burke (2011) refers to so they can most effectively plan for and lead their organizations.

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Appendix A

Invitation E-mail to Survey Participants

Dear College Health Leaders:

All departmental leaders for college-based wellness services (health center, counseling center, health promotion, etc.) are invited to participate in a survey on strategic planning. This study is designed to better understand strategic planning practices and perceptions in the college health industry.

In this study, you will be asked to complete an online survey. The survey should take approximately 15 minutes to complete.

This survey has been approved by the Institutional Review Board of Gonzaga University. There are no risks associated with participating in this study. Your responses are completely confidential and no identifying information will be collected. If you believe that specific demographic questions might reveal your identity, you may leave them blank. You are free to discontinue participation at any time, if you so choose.

You may benefit by knowing that you have assisted in providing information regarding strategic planning practices in our industry. The information will be used to develop strategic planning recommendations for college health services.

The survey will remain open until June 17, 2015.

If you have any questions regarding this study, please contact Libby Skiles at (509) 313-4067 or skiles@gonzaga.edu.

If you agree to participate in this study, click on the following Internet address to continue: https://www.surveymonkey.com/s/collegiatehealthplanning

Thank you for your participation,

Libby Skiles
Director, Student Health Center
Gonzaga University

Appendix B

Survey Instrument

1. Total institutional enrollment
    a. < 2500
    b. 2,500- 4,999
    c. 5,000- 9,999
    d. 10,000- 19,999
    e. 20,000 or more
2. Institutional control
    a. Private (for-profit)
    b. Private (non-profit)
    c. Public
3. Institution type
    a. Two-year
    b. Four-year
    c. Other (Please specify)
4. Religious affiliation
    a. No
    b. Yes (Please specify)
5. Method of funding well ness services (Health Center, Counseling Center, Health Promotion). Please select all that apply.
    a. Charges for services rendered
    b. Insurance billing
    c. Health fee included in tuition and fees
    d. Institutional funding (from funds not related to charges or health fees)
    e. Grants
    f. Other (Please specify)
6. Your role at the institution
    a. Clinical Health Services Leadership
    b. Counseling/Mental Health Services Leadership
    c. Health Promotion Leadership
    d. Other (Please specify)
7. To what division does your department report?
    a. Student Life/Student Affairs
    b. Business Services
    c. Academic Affairs
    d. Medical Services/Medical School
    e. Other (Please specify)
8. Do you have a department-specific vision? This is defined as a written statement of the department's primary objectives that has been formally adopted for the department.
    a. No
    b. Yes

9. Do you have a department-specific mission statement? This is defined as a written statement that describes the department's key purpose and has been formally adopted by the department.
    a. No
    b. Yes
10. Have you developed a formal strategic plan for your department?
    a. No
    b. Yes
11. Is your departmental strategic plan a subset of your institution's strategic plan or a standalone plan?
    a. Subset of institution's plan
    b. Standalone plan
12. Who led the process of developing the strategic plan?
    a. Department leader
    b. Divisional leader
    c. Institutional strategic planning leader
    d. Institutional leader not affiliated with strategic planning or wellness services
    e. Third party consultant
    f. Other (Please specify)
13. Did the planning process include key stakeholders?
    a. No
    b. Yes
14. Please select stakeholders that were included in the development of this plan. (Please select all that apply.)
    a. Department staff
    b. Campus partners
    c. Students
    d. Parents/families
    e. Institutional leadership (e.g. VP or higher)
    f. Community partners
    g. Other (Please specify)
15. To what degree did the stakeholders listed below influence the development of your strategic plan. (Please select a response for each stakeholder.)
    a. Department staff
    b. Campus partners
    c. Students
    d. Parents/families
    e. Institutional leadership (e.g. VP or higher)
    f. Community partners
    g. Other (Please specify)

    Scale for question 15, which will be done with a matrix rating scale: Did not influence, Somewhat influenced, Significantly influenced

16. Which of the below groups received/reviewed your department's strategic plan? (Please select all that apply.)
    a. Department staff
    b. Campus partners
    c. Students
    d. Parents/families
    e. Institutional leadership (e.g. President or Cabinet)
    f. Institutional oversight body (e.g. Board of Trustees)
    g. Community partners
    h. Document is publicly accessible
    i. None of the above
17. Does your strategic plan have specific performance targets or goals?
    a. No
    b. Yes
18. Are staff members compensated for meeting targets in the strategic plan?
    a. No
    b. Yes (Please specify)
19. Does your strategic plan include any of the following objectives to be achieved in the next three years? (Please select all that apply.)
    a. Service expansion (addition of more staff/service lines)
    b. Service reduction
    c. Consolidation of health and counseling services
    d. Outsourcing of any or all well ness services
    e. Electronic medical records
    f. Accreditation
    g. Healthy Campus 2020
    h. Implementation or expansion of online health screening tool
    i. Telemedicine
    j. Faculty/staff health
    k. Environmental sustainability
    l. Restructuring of wellness services financing model (e.g. implementation of a health fee or billing to insurance)
    m. None of the above
20. Have you conducted a formal departmental analysis (e.g. SWOT, PEST, Porter's 5 Forces) in the last three years?
    a. No
    b. Yes, as part of strategic planning process
    c. Yes, independent of strategic planning process
21. Do you produce an annual report?
    a. No
    b. Yes
22. With whom is the annual report shared? (Please select all that apply.)
    a. Department staff
    b. Campus partners
    c. Students
    d. Parents/families

     e. Institutional leadership (e.g. President or Cabinet)
     f. Institutional oversight body (e.g. Board of Trustees)
     g. Community partners
     h. Document is publicly accessible
     i. None of the above

23. Have you completed an American College Health Association National College Health Assessment (ACHA-NCHA) of student wellness/health behaviors in the last three years?
     a. No
     b. Yes

24. Have you conducted formal planning (e.g. programming, services, etc.) in response to survey results?
     a. No
     b. Yes

25. Have you conducted a student/patient satisfaction survey within the last three years
     a. No
     b. Yes, assessment is ongoing
     c. Yes, one-time assessment

26. Have you conducted formal planning (e.g. programming, services, etc.) in response to the survey results?
     a. No
     b. Yes

27. Have you implemented a formal quality or process improvement program?
     a. No
     b. Yes

28. What methodology is being utilized for quality or process improvement?
     a. Six Sigma
     b. Total Quality Management
     c. Lean
     d. Other (Please specify)

29. Who oversees the quality or process improvement program in your department?
     a. Administrative director
     b. Clinical director
     c. Staff member entirely dedicated to oversight
     d. Staff member partially dedicated to oversight
     e. Other (Please specify)
     f. None of the above

30. How do you stay abreast of current industry trends and best practices? (Please select all that apply.)
     a. National associations
     b. Conferences
     c. Webinars
     d. Trade journals
     e. Listservs
     f. Other (Please specify)
     g. None of the above

31. How has strategic planning influenced the work of your department?
32. How do you envision strategic planning fitting into your role?
33. In your view, what are the best practices for strategic planning in collegiate wellness services?

Appendix C

Codes and Thematic Categories

Thematic Category	Codes
Strategic planning as an essential task	Leadership Responsibility Essential Accountability Direction Goal-setting Evaluative process Clarity and Focus
Engagement and alignment	Stakeholder engagement Alignment with divisional or institutional plan Team involvement Buy-in Empowerment Celebratory mechanism
Data and industry-driven	Data-driven Evidence-based Health assessment/behaviors data Benchmarking
Process challenges	Difficult Balancing priorities Degree of input Execution Accountability Unsure No formal process Lack of clarity
Capacity challenges	Prioritization Lack of time Resources Budget
Wide-ranging practices	Focus group Health model Resource assessment Barrier identification National strategies Literature review Institutionally specific Gap analysis Peer comparison