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ACADEMIA
PRACTICĂ



Social Health and Well-being in the Campus



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Social Health and Well-being in the Campus



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I. Conceptual framework

- I.1. Why Social Health and Well-being on the Campus?
- I.2. The dual-continua model of Mental health
- I.3. The prevalence of mental health difficulties among students
- I.4. Risk and protective factors
- I.5. Implications of previous results and interventions
- I.6 The psychological point of view in a Healthy Campus concept

I.1. Why Social Health and Well-being on the Campus?

There is a growing need for university communities to actively promote the holistic health and resilience of their students. Existing research highlights the importance of fostering social connectedness and supportive environments within university campuses. Studies have shown that students who engage in meaningful social interactions and participate in campus activities experience higher levels of well-being and academic achievement. The students with strong social networks are more likely to persist through challenges and maintain positive mental health. The role of inclusive practices and peer support in enhancing social health across diverse student populations become significant.

This book aligns directly with *SDG #3: Good Health and Well-being for All of All Ages* by focusing on key determinants of social health. It is interdisciplinary, drawing on concepts from *health psychology, sociology, public health, and social work* and is an

integrative part of the Blended Intensive Programme (BIP) Social health and Well-being in Campus. Participants to this type of learning may critically analyse the key determinants of well-being within the academic environment, moving beyond traditional physical health models to focus intensely on social connections, mental resilience, and cultural integration. The core objective is to shift from theoretical understanding to practical application: students may work collaboratively in international teams to design and propose evidence-based intervention strategies tailored for implementation within the EC2U campus community. This program ensures that participants are not just learners, but active agents of positive social change.

The topic of “Good health and well-being for all” is in the core of the European Campus of City-Universities (EC2U) European Alliance (www.ec2u.eu) gathering together 9 universities – University of Poitiers (FR), University of Coimbra (PT), “Friedrich Schiller” University of Jena (Germany), Turku University (FI), University of Pavia (IT), University of Salamanca (ES), “Johanes Kepler” University of Linz (AT), Umea University (SE), “Alexandru Ioan Cuza” University of Iași (RO) - and over 60 social partners from the nine hosting cities of the above mentioned universities. The educational and evidence-based practice approaches are explored in a Joint Master Program LIFELINE (Lifelong Well-being and Healthy Ageing - <https://ec2u.eu/masters/lifelong-well-being-and-healthy-ageing>) and in a Virtual Institute for Good Health and Well-being: GLADE (<https://www.uaic.ro/international/glade-virtual-institute/>; <https://ec2u.eu/resources/mental-health-and-well-being-resources>).

Social health constitutes a new explored topic in a short-term learning, as a BIP.

The focus on the students' well-being in the Campus is welcome and upon successful completion of this book, the readers will be able to fulfil significant learning outcomes as:

- ✓ *analyse concepts*, by critically evaluate and distinguish between different concepts of social health, mental well-being, and resilience within a diverse academic setting.
- ✓ *apply models* and use relevant socio-cognitive models to understand and predict health-promoting behaviours among students and staff.
- ✓ *conduct comparative analysis* of various international strategies and best practices for student support, identifying cultural and structural influences on well-being policies across different EC2U universities.
- ✓ *design interventions* in steps focused on developing, justifying, and proposing a practical, research-informed action-research strategy or intervention plan aimed at promoting physical, social, or mental health within a specific university campus context.
- ✓ *research tools* by applying basic methodological approaches from the Research Toolkit to study health behaviours and attitudes, enabling effective data collection and evidence-based decision-making.

The integrative approach

Reaching these learning outcomes is possible by complex methodological approaches consisting of:

- *qualitative methods* as in-depth interviews in the campus and surroundings with students and citizens, and participant observation that reveal personal experiences and perceptions.
- *quantitative methods* with surveys and statistical analysis that provide measurable data on social health trends and well-being indicators relevant for Social health.
- *mixed methods*: combining qualitative and quantitative approaches that offers a comprehensive understanding of the campus life and working on a SWOT analyses.

The Home and the Host Campus initiatives and programmes promoting social health and well-being are explored throughout a collaboration between students, staff, and organisations on:

- interdisciplinary workshops and debates (e.g., “Health and well-being in Campus: Concepts, values, decision-making”) show integration of theory and practice.
- collaborative fieldwork in campus settings, where students conduct interviews and observations, demonstrates participatory and research-based learning.
- partnerships with organisations (e.g., Botanical Garden, Romanian Academy, NGOs) illustrate integration beyond campus.
- use of digital tools and services (EC2U Mobile App) reflects integration of institutional support systems.

Appropriate research toolkit helps the participants to study these topics using robust methodological approaches as:

- Questionnaires & Surveys to collect the expectations, a large-scale data on student experiences and needs and their feedback.

- Interview Guides: semi-structured templates for conducting interviews with students, staff, or faculty members, as well as citizens around the Campus.
- Observation Checklists: Tools for systematically recording behaviours and interactions in campus settings.
- Data Analysis process and critical thinking.

When researching social health and well-being, the participants start by defining the research questions related to the status, opinions, feelings on social health and well-being in Campus of City-Universities. When selecting the most appropriate methods and tools, they learn how to ensure cultural sensitivity and ethical standards, to collaborate with peers and utilise campus resources to enhance the group project.

The four components of the SWOT analysis - Strengths, Weaknesses, Opportunities, and Threats - encourage the participants to identify strengths such as diverse student networks and access to support services, and weaknesses like language barriers or unfamiliarity with local customs. They can learn to consider opportunities, for example, participation in cultural events or joining campus societies, and threats such as potential isolation or discrimination. Group discussion and the team work on a visual presentation can help students reflect on their experiences and share insights, making the analysis more relevant to a foreign campus context.

Promoting social health and well-being on campus is vital for academic success and personal growth. By employing effective methodological approaches and research tools, the students can contribute with a valuable insight to the university community.

We invite you to share your thoughts and experiences.

- ✓ How do you perceive social health and well-being in your campus life, and what research methods interest you most?
- ✓ What are the main factors that contribute to a sense of belonging and connectedness among students on our campus?
- ✓ How are inclusivity and diversity promoted in social activities and campus organisations?
- ✓ What opportunities exist for peer support and collaboration, and how accessible are they to all students?
- ✓ How does the physical environment of the campus support or hinder social health and well-being?
- ✓ What challenges do students face in maintaining positive social health, and what solutions could be implemented to address these?

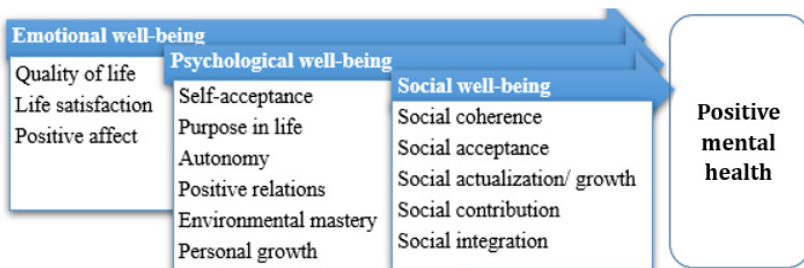
1.2. The dual-continua model of Mental health

Mental health can be understood as a state of well-being in which individuals are able to cope effectively with everyday stressors, function productively, and contribute meaningfully to their communities (WHO, 2005). Within this perspective, mental health encompasses three core components: subjective well-being, effective individual functioning, and active participation in social life.

Over time, two major approaches to well-being have been distinguished: hedonic and eudaimonic (Keyes et al., 2002; Ryan & Deci, 2017). Hedonic well-being focuses on the experience of happiness and overall life satisfaction, whereas eudaimonic well-being emphasizes personal growth, the realization of individual potential,

and optimal psychological functioning. In this sense, hedonic well-being reflects *feeling well*, while eudaimonic well-being relates to *functioning well* in life.

The dual-continua model of mental health conceptualizes positive mental health as an integrative construct that encompasses both hedonic well-being and the psychological and social dimensions of eudaimonic well-being, reflecting a comprehensive view of optimal functioning and overall life satisfaction. It is based on the conceptual model of psychological well-being proposed by Ryff (Ryff & Keyes, 1995) but expands this perspective by including other two important dimensions of well-being: emotional and social well-being. Thus, three types of well-being (see Figure 2), also defined as positive mental health, can be identified: a) *emotional well-being*: a subjective evaluation of quality of life, b) *psychological well-being*: the subjective evaluation of optimal individual functioning; c) *social well-being*: the evaluation of optimal functioning in local and broader communities. Mental health implies not only the presence of well-being, but also the absence of mental illness.



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Figure 1. Keyes's (2002) model of positive mental health

Emotional well-being corresponds to the hedonic perspective of well-being and can be defined by a high level of positive affect (joy, happiness, interest), low negative affect (sadness, anger, anxiety), and life satisfaction. It's about how people *feel* about their lives. Positive and negative affect reflect more a spontaneous evaluation of one's immediate experience, while life satisfaction implies a long-term and more stable evaluation of one's life (Mjøsund, 2021).

- ❖ *Positive affect* involve pleasant emotions such as joy, enthusiasm, gratitude, interest, pride, hope, inspiration, excitement, love, and contentment, reflecting a person's level of energy, engagement, and overall emotional vitality.
- ❖ *Negative affect* refers to the experience of unpleasant emotions such as sadness, anxiety, anger, guilt, fear, frustration, shame, irritability, disappointment, jealousy, and stress, indicating emotional distress or psychological discomfort.

How do fluctuations in positive and negative affect influence short-term functioning and long-term psychological outcomes?

Can high levels of positive affect coexist with significant negative affect, and how should such profiles be interpreted?

- ❖ *Life satisfaction* refers to the cognitive appraisal of one's overall life based on personally defined criteria, including

fulfilment in domains such as relationships, work, achievements, health, and individual goals.

To what extent is life satisfaction shaped by objective conditions versus subjective interpretations?

Psychological well-being is based on six dimensions with an important role on realize one's potential. It reflects how well a person functions internally. Keyes' framework extends the conceptual model proposed by Carol Ryff, incorporating key dimensions of psychological functioning, including self-acceptance, positive relationships with others, autonomy, purpose in life, environmental mastery, and personal growth. This model has provided an important framework for activities focused on self-knowledge, individual fulfilment, and the development of self-esteem (Ryff & Keyes, 1995). Below, we describe the main characteristics of its dimensions:

Self-acceptance reflects the extent to which a person holds a positive attitude toward themselves and acknowledges both their strengths and limitations. Individuals with high levels of this dimension feel comfortable with who they are and are able to cope with criticism or failure without becoming deeply discouraged.

- ❖ *Purpose in life* reflects meaning and direction in life, as well as the presence of clear personal goals and motivations. Individuals with a well-defined purpose feel motivated, engaged, and capable of facing challenges.
- ❖ *Autonomy* captures independence and the capacity to make one's own decisions based on personal socially accepted

standards, without being excessively influenced by social pressures or others' opinions. Autonomous individuals rely on their own values and judgments when making decisions, maintaining their inner balance.

- ❖ *Positive relations with others* refer to the ability to sustain close relationships based on trust, empathy, and mutual support. Individuals who score high on this dimension value emotional intimacy and are able to give and receive support in a healthy manner.
- ❖ *Environmental mastery* refers to the ability to effectively manage life circumstances according to one's own needs, use available resources, and shape one's environment to achieve personal goals. Individuals high in environmental mastery feel that they can actively influence events in their lives.
- ❖ *Personal growth* refers to insight into personal potential for self-development, openness to new experiences, a desire for continuous learning and development, and the perception of ongoing personal progress over time. Growth-oriented individuals set new goals and actively seek opportunities for self-improvement.

How well do your current thoughts, choices, relationships, and life direction align with a balanced development of self-acceptance, purpose, autonomy, connection with others, environmental mastery, and personal growth?

Social well-being concerns social engagement, societal embeddedness, how individuals function in their social world and how they perceive society. It defines how well a person is functioning as a citizen and member in a community (Keyes, 2013). While psychological well-being concerns how individuals perceive themselves functioning as autonomous selves (“I” and “Me”), social well-being refers to how individuals perceive themselves functioning within the collective (“We” and “Us”) (Keyes, 2008; Mjøsund, 2021).

- ✓ *Social coherence*: having a clear understanding of societal dynamics and processes;
- ✓ *Social acceptance*: holding favourable attitudes toward others;
- ✓ *Social actualization*: believing society has potential to develop in a positive way;
- ✓ *Social contribution*: feeling valued by others and in the community/ society;
- ✓ *Social integration*: feeling part of a community, sense of belonging.

How well do you function within your social environment in terms of understanding societal processes, accepting others, contributing meaningfully, trusting in collective progress, and experiencing social integration and belonging?

Social connectedness is strongly related to social well-being, and it is an intrinsic human need and an important mean for developing social identity, social capital, and get support in times of

stress (Rodgers et al., 2019). Perceived isolation reflects a disruption in social network functioning, that occurs because of social disconnectedness.

The two-continua model of mental health and mental illness proposes that one continuum reflects the degree of mental health (from low to high), while the other reflects the degree of mental illness (from absent to present). Keyes (2002) distinguished between a flourishing state and a languishing state. Flourishing denotes an elevated state of emotional well-being, accompanied by optimal psychological and social functioning. Conversely, diminished levels across these domains, emotional, psychological, and social, characterize a state of languishing, typically manifested through a pervasive sense of emptiness and stagnation (Mjøsund, 2021). Mental health implies a flourishing state. However, there is not only a dichotomous interpretation in terms of presence vs. absence of mental health. Those who are not in a flourishing state, neither in a languishing state are considered to have a moderate mental health (Westerhof & Keyes, 2009). Accordingly, individuals may be categorized along two distinct but related dimensions: the presence or absence of mental illness, and the level of mental health, which can range from languishing to moderate functioning, and ultimately to flourishing (Keyes, 2005).

Complementarily, Martin Seligman's PERMA model (2018), structured around positive emotions, engagement, relationships, meaning, and accomplishment, informed the selection of exercises designed to promote the development of socio-emotional competencies. Below is a brief description of the model's dimensions:

- *Positive emotions* refer to the experience of pleasant and satisfying feelings such as joy, gratitude, optimism, and contentment. Frequent positive emotional experiences enhance resilience, motivation, and overall perceptions of well-being.
- *Engagement* refers to a state of deep absorption and intense concentration in an activity. Engaged individuals experience time as passing quickly and derive satisfaction from the process of the activity itself, rather than solely from its outcome.
- *Positive relationships* emphasize the importance of healthy social connections based on support, empathy, and authentic connection. Positive relationships provide emotional support, meaning, and opportunities for interpersonal growth.
- *Meaning* refers to the perception that life has purpose and value. Individuals with a clear sense of meaning feel that their actions matter and contribute to the greater good of a community or society.
- *Accomplishment* involves achieving goals, personal success, and a sense of competence. Accomplishments build self-confidence, satisfaction, and motivation for continued growth. Keyes' model is foundational in **positive psychology**, alongside work by scholars like Martin Seligman.

To what extent does your current life reflect a balance of positive emotions, deep engagement in meaningful activities, supportive relationships, a clear sense of purpose, and a feeling of accomplishment?

1.3. The prevalence of mental health difficulties among students

Late adolescence and early adulthood (up to approximately 25 years of age) constitute a sensitive developmental window, marked by an increased incidence of mental health disorders (Kessler et al., 2007). A substantial body of international research consistently indicates that students exhibit elevated levels of anxiety, depressive symptomatology, eating disorders, sleep disturbances, self-harm behaviours, and overall psychological distress compared to the general population (Chandler et al., 2022; Porru et al., 2021; Sheldon et al., 2021). Moreover, previous evidence suggests that individuals in their twenties present a higher prevalence of mental health disorders relative to those in their thirties and forties (Gustavson et al., 2018; Mojtabai et al., 2016). Beyond normative developmental processes, the transition to university life introduces additional academic, social, and environmental stressors, further amplifying vulnerability during this period (Duffy et al., 2020).

What factors may determine whether an individual experiences early adulthood and transition to university as psychologically destabilizing or growth-promoting?

Some data from a decade ago sustains that approximately 20% of university students worldwide in the first year of study, are struggling with mental health difficulties, including major depression and anxiety disorders (Auerbach et al., 2016). Moreover, over the past decade, the prevalence and severity of mental health problems among students have increased substantially. Recent data indicate a shift toward more severe and extremely severe levels of depression and anxiety between 2013 and 2021 (Emmerton et al., 2024). Further, more recent statistics show that over 40% of university students meet the criteria for a potential mental illness (Tabor et al., 2021). An international survey conducted by the World Health Organization, involving 13,984 participants from 19 colleges across eight countries (Australia, Belgium, Germany, Mexico, Northern Ireland, South Africa, Spain, and the United States), reported that approximately one-third of first-year students self-identified as experiencing at least one mental health disorder assessed in the study (Auerbach et al., 2018). Mental health difficulties can contribute to low academic performance, attrition, low motivation and academic engagement (Auerbach et al., 2018). It can also interfere with the ability to manage academic challenge and can be related to academic burnout. These relationships are bi-directional, with low academic performance being a risk factor for low mental health, and low

mental health having a negative effect upon academic performance (Boulton et al., 2019).

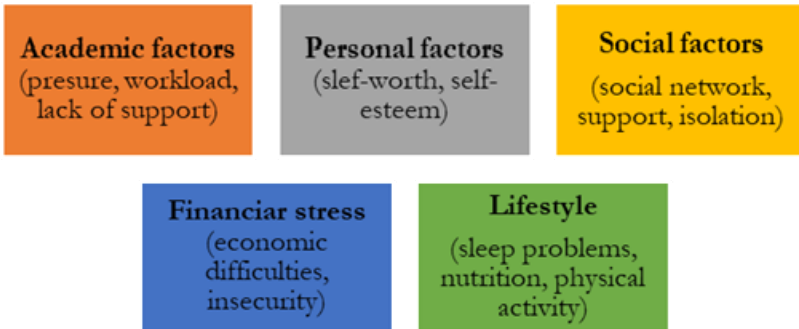
Consequently, mental health prevention and intervention in university settings have become a significant public health priority and a direction of research that generate solid empirical evidence. Thus, during the last years, many systematic reviews have been completed, documenting the mental health problems among university students, contributing factors, and interventions designed to improve mental health.

I.4. Risk and protective factors

Many empirical studies and systematic reviews (e.g., Campbell et al., 2022; DiMarioa et al., 2024; Emmerton et al., 2024; Linton et al., 2023; Parkhouse et al., 2026) conducted recently indicate that mental health difficulties among university studies are related to different sources and risk factors (see also Figure 2), that can be grouped in the following categories:

- ✓ *Academic factors*: high performance pressure, heavy workload, limited feedback, unsupportive climate, strained relationships with staff, lack of peer support, and concerns about professional preparedness;
- ✓ *Personal factors*: issues related to self-worth, self-esteem, emotion regulation, body image;
- ✓ *Social factors*: leaving home, geographical distance from family and established support networks, and reduced family contact;
- ✓ *Financial stress*: economic difficulties and financial insecurity;

- ✓ *Lifestyle and developmental changes:* increased independence and responsibility, adjustment to academic demands, and disrupted sleep patterns.



Source: created by the authors for the purpose of this book

Figure 2. A synthesis of risk and protective factors for mental health among university students

To what extent do multiple stressors across academic, personal, and social domains interact to shape your overall well-being?

We will briefly present some results from the literature analysing the role of these factors in shaping mental health among university students.

Academic factors and university environment

Several academic factors were studied in relation to mental health difficulties, including academic pressure, high exam and course workload, varied academic demands, low institutional support (Campbell et al., 2022; Duraku et al., 2024; Parkhouse et al., 2026). The accessibility and affordability of campus activities are important resources related to stress reduction. Importantly to notice, university may shape how students perceive their academic life and how they adopt to academic challenges. Institutional-level services, including counselling service, were identified as protective factors for adaptation and well-being (Parkhouse et al., 2026).

Another line of research examining the role of the university context in shaping students' quality of life has focused on the influence of both outdoor and indoor environments. A recent systematic review highlighted that green space exposure represents the most extensively investigated environmental factor in relation to students' mental health and quality of life (Li et al., 2024), showing consistent positive associations with overall life satisfaction and well-being. In contrast, other environmental features, such as public art, urban furniture, and the architectural characteristics of surrounding buildings, appear to have potentially beneficial effects; however, their contribution remains comparatively underexplored and insufficiently substantiated in the current literature.

The characteristics of outdoor spaces encompass elements such as campus design, infrastructure, accessibility, and the availability of green areas. In parallel, the quality of indoor environments involves the assessment of ambient and environmental parameters, including air temperature, lighting conditions, acoustics,

and air quality, across diverse settings such as classrooms, libraries, and laboratories. These environmental dimensions have been examined in relation to students' satisfaction, physical and mental health, perceived comfort and safety, as well as their sense of belonging and inclusion within the academic context.

A systematic review synthesizing prior evidence on these factors (Makaremi et al., 2024) indicates that, although comfort remains inherently subjective and cannot be fully standardized, a set of general environmental benchmarks, particularly regarding temperature, acoustics, lighting, and air quality, can be delineated to support optimal conditions.

The principal findings can be summarized as follows:

- ✓ Acoustic comfort, together with adequate speech intelligibility, is essential for effective teaching and learning environments;
- ✓ Classroom illuminance represents a critical environmental factor influencing executive functioning, including processes such as working memory, attentional control, and cognitive flexibility;
- ✓ Daylight, as a natural environmental component accessible through windows, plays a critical role, emphasizing the importance of integrating window access in educational spaces;
- ✓ The presence of indoor vegetation, particularly when positioned within the visual field, may contribute positively to psychological well-being, potentially through air purification and biophilic effects.

- ✓ Classrooms that provide views of natural environments tend to receive more favourable course evaluations, suggesting a positive influence of visual contact with nature on students' academic experience.
- ✓ Interactive learning environments are typically characterized by flexible spatial configurations, including movable seating, adaptable furniture, large collaborative tables (e.g., round or hexagonal), and integrated technologies that facilitate group-based and participatory learning.
- ✓ Such flexible seating arrangements support the spontaneous formation of groups and enable diverse instructional strategies, while also fostering a more welcoming and socially engaging atmosphere. This, in turn, enhances peer interaction both during and outside formal teaching activities, contributing to the overall effectiveness of collaborative learning for both students and instructors.
- ✓ Furthermore, the incorporation of biophilic design elements, such as access to natural views, daylight exposure, dynamic lighting conditions, and nature-inspired patterns, has been associated with reduced stress levels, improved attentional capacity, enhanced mood and creativity, better academic performance, and a stronger sense of belonging within the university environment.

Personal factors

Among personal factors related to better mental health, previous studies documented the role of resilience, ability to adjust, coping, academic engagement, older age. Previous mental illness and

adverse life experiences (e.g., abuse, neglect, household dysfunctions) can exacerbate the negative outcomes related to academic difficulties and pressure generated by high workload (Campbell et al., 2022). In the category of risk factors, we can also include poor coping skills, negative self-image, low self-esteem.

According to self-determination theory (Ryan & Deci, 2017; Zhang & Zhou, 2023), three universal psychological needs are essential for well-being in different settings, regardless cultural or personal background (see also Figure 4):

- ✓ *autonomy*: deciding appropriate actions and adopting behaviours based on personal values and interests, independent from external pressure;
- ✓ *competence*: experiencing mastery and effectiveness in dealing with different tasks and activities;
- ✓ *relatedness*: feeling connected with other people, being cared and valued in one's social network.

Satisfaction of these psychological needs is related to both subjective and psychological well-being among students' samples (Slemp et al., 2024; Zhang et al., 2026). On the contrary, not being able to fulfil these needs can generate stress and maladaptive functioning (Adarlo et al., 2025; King et al., 2024).



Figure 3. Basic psychological needs according to the self-determination theory

Social relations

Loneliness and social isolation have been consistently identified as significant risk factors for poor mental health outcomes, whereas social support and well-developed social networks are positively associated with psychological well-being (Campbell et al., 2022). Moreover, persistent and overwhelming experiences of isolation may substantially increase vulnerability to mental health disorders, including depression, anxiety, and diminished overall well-being (Santini et al., 2020). Perceived isolation reflects the subjective experience of a shortfall in network functioning and social resources, which occurs because of social disconnectedness. Overwhelming

feelings of isolation can increase the risk of depression, anxiety, and low well-being (Santini et al., 2020; Sprang & Silman, 2013). Particularly, social isolation from adolescence to adulthood predict increased risk of mental health problems in adulthood. Peer relationships become more complex in adolescence; in the absence of social interactions, social skills insufficiently developed may lead to problematic behaviours later in life. The risk of isolation and marginalisation may be increased in some vulnerable student groups, like international and first-generation students (Parkhouse et al., 2026).

Social support, on the other hand, is an important protective factor for mental health. It is a widely used concept in social psychology and refers to the resources and assistance provided through social interactions (Cohen & Hoberman, 1983). Social support is a multidimensional construct that includes both the sources of support within interpersonal relationships (e.g., family, friends, significant others) and the functions of the social network (e.g., informational, material, emotional support) (Wills & DePaulo, 1991). According to relation regulation theory, high perceived social support promotes good health through everyday positive interactions (Lahey & Orehek, 2011).

Research conducted on adolescents and young adults has documented associations between social support from different sources and mental health outcomes, addressing both positive and negative indicators (Rueger et al., 2016). Findings indicate a positive role of social support in relation to multiple mental health indicators. Moreover, the association between support from family, friends, and teachers and positive mental health strengthens with age (Chu et al.,

2010), whereas the relation between social support and negative mental health weakens over time (Rueger et al., 2016). These findings suggest that, in young adulthood, social support is particularly important for positive mental health.

To what extent do you rely on different sources of social support (e.g., family, friends, peers) and how do the types of support received (e.g., emotional, informational, or material) influence your overall well-being and ability to cope with challenges?

Lifestyle

Involvement in leisure activities, healthy eating, and physical activity are the main factors related to positive mental health, while harmful levels of alcohol and unhealthy sleep habits are risk factors related to a lifestyle that predispose to negative indicators of mental health (Campbell et al., 2022).

How do your daily lifestyle choices and health-related habits, both beneficial and detrimental, shape your overall well-being and long-term health?

I.5. Implications of previous results and interventions

Previous findings highlight the need to develop effective interventions aimed at improving mental health among students and preventing the onset of symptomatology. At the same time, existing

research provides empirical guidance for the design of such interventions. However, access to and utilization of mental health services remain constrained by several barriers, including shortages of specialized personnel and high service costs, challenges that are particularly pronounced in low- and middle-income countries (see Duraku et al., 2024, for a narrative review). Expanding and facilitating access to mental health services within universities may enhance their availability and overall reach. A review conducted by Campbell et al. (2022) indicate some main areas where universities could develop and implement practical intervention for improving positive mental health:

- Interventions targeting young people in their last year of high school and also their families, in order to prepare and facilitate transition to university;
- Interventions addressed to students at risk for dropout or mental health problems;
- Intervention targeting general student population, for fostering a sense of belonging;
- Intervention designed to increase social skills necessary to build strong and healthy social networks;
- Psycho-education for improving mental health literacy, increase self-awareness, and facilitate access to university services addressing different students' needs.

Interventions for prevention could be implemented at a group level and at an individual level. *Group intervention* should create a supportive climate, where different themes related to causes and consequences of stress could be addressed. Among the other

elements specific to these types of interventions, we can mention the presence of time for reflection, activities focused on problem-solving, activities oriented to emotion relation, time management etc. Moreover, an educational session could be designed with the aim to offer information about the role of adaptive behavioral and cognitive coping strategies in dealing with high levels of stress: *seeking social* support from family, friends, or other societal resources, *active coping* (implying the identification of the main sources of difficulties, planning solutions, and improvement in problem-solving skills), *time management* for leisure activities and relaxation (e.g. family, friends), academic/ professional activities, outdoor activities, physical activities, hobbies etc., establishing *lifelong healthy habits* (Malagodi et al 2025; Porru et al., 2021).

Previous studies sustained the effectiveness of interventions based on stress management and mindfulness for decreasing stress, anxiety, and depressive symptoms among students (see Upsher et al., 2022, systematic review). A structured framework useful to identify domains and activities that require practical interventions in university, for improving students' mental health, is represented The University Mental Health Charter (see Upsher et al., 2025). According to this framework, intervention should target four main domains, each of them with specific sub-themes. A comprehensive presentation is made by Hughes and Spanner (2024). A synthesis of their work is presented below, covering the main domains (learn, support, work, live), the sub-themes for each domain, the main activities covered by each sub-theme, and also some principles of good practice for each sub-theme (see also Figure 4).

A. Learn:

The transition into university represents a multi-stage process encompassing pre-application outreach, pre-entry preparation, recruitment and admissions procedures, the initial adjustment to university life, and the first year of study as a critical period of adaptation. Principles of good practice emphasize that measures supporting the transition to university should extend from the pre-application stage through the end of the first academic year, with the aim of fostering well-being, self-efficacy, academic integration, and social connectedness.

The learning, teaching, and assessment system encompasses curriculum design, pedagogical approaches, assessment strategies, learning support mechanisms, inclusivity and academic integration, as well as the role of academic staff. These activities should be grounded in principles of good practice that promote inclusive, evidence-informed curricula, structured scaffolding and appropriate pacing, deep learning and mastery, and the integration of students' mental health and well-being considerations, while clearly defining and supporting the responsibilities of academic staff in fostering student well-being through effective and responsible educational practices.

Progression encompasses students' advancement across academic years and levels, transitions into and out of placements, re-entry following breaks in study, and movement toward post-university life, and should be supported through structured and embedded institutional practices that facilitate these transitions while preparing students for career development, further education, and life beyond graduation.

B. Support:

Support services encompass provisions addressing acute and long-term mental health needs, as well as broader factors influencing well-being, such as financial, disability-related, or faith-based concerns, and should be delivered through adequately resourced, safe, effective, and context-responsive systems that ensure equitable access for all students and are guided by clear and robust institutional governance frameworks.

Risk encompasses vulnerabilities related to suicide, mental health crises, and threats to well-being posed by others, and should be addressed through structured institutional practices that enable early identification and management, provide timely expert support and targeted interventions, ensure comprehensive prevention and response planning, promote a safe physical and cultural environment, and empower students to report concerns effectively.

External partnerships and pathways encompass institutional relationships with primary and secondary healthcare, social care services, third-sector providers, and Disabled Students' Allowance systems, and should be developed through proactive collaboration to clarify roles and responsibilities, facilitate coordinated risk management and information sharing, support individual students, including their reintegration into study, and ensure integrated, well-communicated support structures.

Information sharing encompasses communication with families, guardians, partners, and relevant individuals in students' lives, as well as with statutory services, and should be conducted through collaborative, ethically grounded practices that respect student autonomy, ensure confidentiality, and enable the appropriate

exchange of information, particularly in crisis situations, when clinically justified to reduce risk and support student well-being.

C. Work:

Staff well-being encompasses workplace culture, working conditions, targeted interventions to promote well-being, and support mechanisms for staff experiencing mental health difficulties. These activities should be advanced through institutional practices that cultivate a supportive organizational culture, ensure accessible and effective support systems, promote psychological safety, and enable meaningful engagement in work aligned with professional roles.

Staff development encompasses comprehensive training and capacity-building initiatives in mental health and well-being, including role-specific preparation for responding to student distress, the establishment of clear professional boundaries, ongoing development for staff in mental health roles, and targeted managerial training. The principle of good practice implies enhancing institutional capability through structured, reflective, and supportive approaches to promoting well-being and managing risk.

D. Live:

Proactive interventions and a mentally healthy environment encompass the development of an institutional culture that supports mental well-being, alongside both universal and targeted interventions aimed at improving the mental health of the entire academic community and specific student groups. The activities should be guided by principles of good practice that promote education, preventive strategies, and healthy behaviours, while

fostering an open, visible, and supportive environment in which individuals feel safe to disclose difficulties and access appropriate support.

Residential accommodation encompasses university-managed halls, partnerships with private providers, and support for students in independent housing. The principles of good practice ensure safe and inclusive living environments, promote social connection and a sense of belonging, establish clear pathways for identifying and referring mental health concerns through coordinated collaboration and data-sharing, provide appropriate training for accommodation staff, and offer adequate support to both students and staff affected by significant mental health challenges.

Social integration and belonging encompass efforts to facilitate students' integration into university life, foster a safe and inclusive community, and address isolation. The principles of good practice promote diversity, prevent marginalisation and discrimination, mitigate loneliness, and strengthen social cohesion while acknowledging individual differences, power dynamics, and structural inequalities.

The physical environment encompasses the design, maintenance, and allocation of work, learning, and living spaces within the university, including access to green areas and risk reduction through environmental features, and should be guided by evidence-based and participatory approaches that integrate well-being, safety, and accessibility into campus planning, while ensuring purposeful space use, facilitated access to nature and social interaction areas.

How effectively are preventive, supportive, and responsive processes integrated within your academic life context to promote mental health, inclusion, and the capacity to cope with challenges?

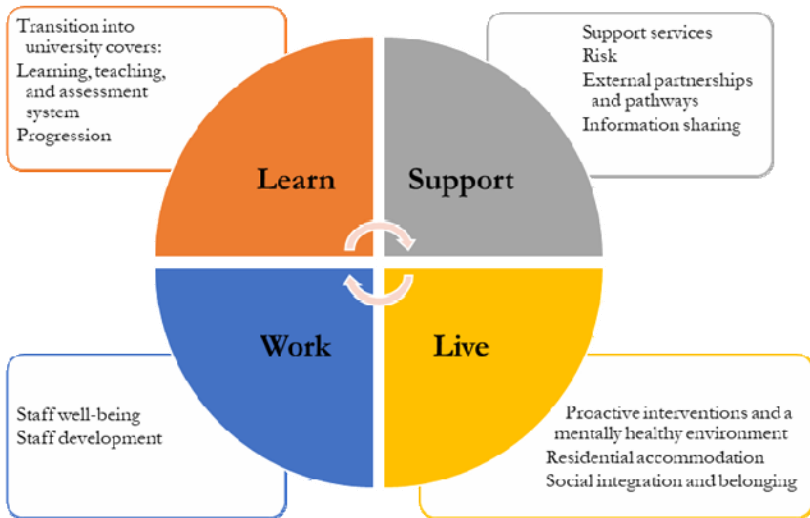


Figure 4. The University Mental Health Charter Hughes and Spanner (2024).

Additional evidence from the literature supports the beneficial impact of interventions targeting emotion recognition and regulation, as well as emotional self-awareness, enabling individuals to better identify personal values, interests, and goals. Interventions grounded in emotional intelligence have also been shown to enhance competencies relevant to managing test anxiety, coping with challenges, and improving interpersonal effectiveness (Zhang et al., 2026). Furthermore, training focused on empathy, active listening,

conflict resolution, and assertive communication can strengthen the quality of peer relationships. Complementary approaches emphasize the role of social and emotional learning, as outlined by the Collaborative for Academic, Social, and Emotional Learning (CASEL, 2020), which identifies five core competencies essential for emotional regulation, relationship building, responsible decision-making, and goal attainment: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. These competencies are directly associated with both academic performance and mental health outcomes (Feeney et al., 2025).

I.6 The psychological point of view in a Healthy Campus concept

A Healthy University

The concept of a Healthy University represents an innovative approach that aims to promote holistic health, safety, and well-being across all institutional groups: students, academic and administrative staff as well as University leadership. Traditionally, health promotion initiatives within universities tended to address specific status groups or focus predominantly on individual physical health (Kampe, Schmitz, Kersten, Storch, Hoppe & Trimpop, 2022). However, integrating organizational and psychosocial perspectives expands the scope of prevention and health promotion by embedding it into the structural, cultural, and environmental conditions of the university.

Physical health remains a central pillar of the Healthy Campus framework, encompassing initiatives that encourage active lifestyles, balanced nutrition, ergonomic working conditions and

regular sport activities. Structural interventions, such as the design of health promoting physical spaces (e.g. green areas, bicycle infrastructure and healthy food options in university canteens, create environments that support sustainable health behaviours for all status groups. Furthermore, occupational safety measures, stress prevention programs and inclusive recreation opportunities contribute to reducing health risks and enhancing vitality among all members of the university.

Equally important, the inclusion of psychological and organizational dimensions strengthens the capacity to promote change on an individual and on a systemic level. Psychological well-being plays a crucial role in overall health and can have a profound impact on academic performance, relationships, and quality of life. By incorporating a psychological perspective into the Healthy Campus concept, universities can address the mental health needs of their community members and provide them with tools and resources to cope with stress, anxiety, and other psychological challenges. Furthermore, promoting mental health awareness and providing support services for issues such as depression and substance abuse can create a supportive and inclusive campus environment that fosters resilience and emotional well-being among students and staff.

In addition, a psychological point of view in the establishment of a Healthy Campus can help to identify and address the underlying factors that contribute to unhealthy behaviours and lifestyle choices. By understanding the psychological motivations behind these behaviours, universities can develop targeted interventions and programs that promote healthier habits and promote overall well-being. Addressing workload management,

participatory leadership and social connectedness fosters not only psychological well-being for individuals, but also long-term institutional resilience. By aligning both structural and behavioural strategies, universities can build a culture of health that integrates physical, psychological and social dimensions.

Mental Health Interventions for Students on an Organizational Level

Mental health is a critical concern among university students, with research indicating that a substantial proportion of this population experiences psychological distress and mental health issues. The transition to university life can be challenging, as students face academic pressure, social isolation, financial stress, and other factors that can impact their mental well-being. As such, it is imperative for universities to provide effective psychological counselling and support strategies on an organizational level to promote the mental health and well-being of their students.

Psychological counselling refers to the provision of professional guidance, support, and therapy to individuals facing mental health issues. This form of intervention aims to help individuals manage their emotions, thoughts, and behaviours, and develop coping mechanisms to deal with life stressors. In the context of university students, psychological counselling plays a crucial role in addressing the unique challenges and pressures they face during their academic journey. In addition to traditional counselling services, many universities are also implementing innovative support strategies to promote mental health and well-being among their student populations. One such strategy is the provision of mindfulness-based interventions, which have been shown to reduce

stress, anxiety, and depression in university students. Mindfulness practices, such as meditation and yoga, help students cultivate awareness of the present moment, develop self-compassion, and enhance their emotional regulation skills.

II. Studying Health and Well-being in the Campus: Methodological Approaches

- II.1. Defining health in the university context
- II.2. Biopsychosocial model and the salutogenesis
- II.3. HOPES – Healthy Organization, Person and Environment System Model
- II.4. Instrument Construction and Application
- II.5. Sample Description from University of Jena
- II.6. Sample description from UAIC University

II.1. Defining health in the university context

Within the context of occupational health, the 1986 Ottawa Charter provides both a legal and moral basis and an invitation to promote health, with particular attention to the organization of work and the design of working conditions (World Health Organization, 1986). The World Health Organization (WHO) defines mental health as

“[...] a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” (World Health Organization, 2018)

Various influences and factors such as stress, personal coping and conflict strategies (Lazarus & Folkmann, 1984) can lead to a state of imbalance within the individual, and thus adversely affect overall health. Work-related stress is therefore a key factor in the development of burnout and other (secondary) illnesses.

Mental and physical health efforts in the university context are relevant for students, as this target group suffers from a higher level of stress and special "working" conditions. As work-related stress is a decisive factor in the development of burnout and secondary illnesses, it is necessary to identify factors that are detrimental to health and to strengthen individual resources through health-promoting measures. Health is a dynamic and complex construct that interacts with intra-individual, organizational and proximal influencing factors, so that health promotion must be based on a precise analysis of risk and protective factors. For this reason, factors that are detrimental and/or beneficial to health must be identified, and individual resources need to be strengthened through health-promoting measures.

The theoretically proposed relationships between study demands, study resources, and other personal factors besides mental and physical health are elaborated by different empirical models, such as the Study Resources-Demands Framework and the Healthy Organization, Person, Environment System Model.

II.2. Biopsychosocial model and the salutogenesis

According to the biopsychosocial model, first proposed by Engel (1977), a person's health depends on the interaction of biological, psychological and social factors.

The biopsychosocial model rejects conventional psychosomatics and its dichotomous distinction between "body and soul", and postulates the simultaneity of psychological and physiological processes within a single event, which always occurs under certain socio-eco-cultural conditions.

Furthermore, health is conceptualized as an individual's ability to cope in a self-regulating way with any harmful (pathogenic) factors (e.g. viruses, bacteria, stressful psychological or eco-socio-cultural living conditions), keeping them under control with the organism's own resources. This conceptualization emphasizes that health is not a state, but a functional and dynamic process - health must be "created" and maintained at every moment of life (Egge, 2005).

In addition to the bio-psycho-social model, the salutogenesis perspective on occupational health (Antonovsky, 1979) focuses on the conditions for the development and maintenance of health, and is thus opposed to the pathogenetic view, i.e. the orientation towards risk factors. Furthermore, health and disease/illness should be understood as a continuum with possible transitions, as in the biopsychosocial conception: therefore, health describes the intrapersonal dynamic balance on the one hand, and on the other hand, the interaction between the person and the physical, biological, and social environment.

II.3. HOPES – Healthy Organization, Person and Environment System Model

To display the variety of these interacting areas, Trimpop (2014) developed the Healthy Organization, Person and Environment System Model (Figure 1).



Source: graphic adapted from Trimpop, 2014

Figure 5. HOPES Model (Trimpop, 2014)

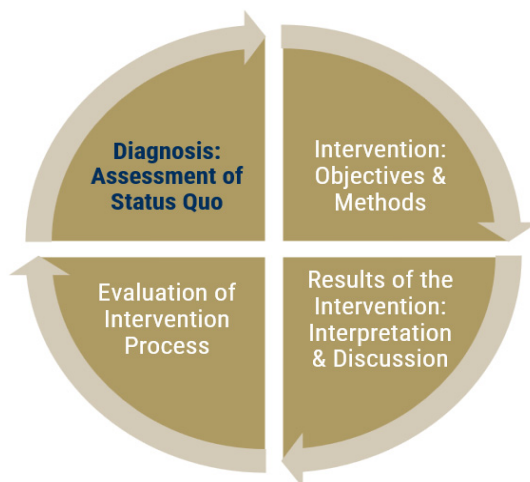
It serves as a theoretical frame to visualize the connections and interactions of the organization and other environmental work factors towards the individual person. This interaction on the personal, organizational, and environmental level then affects the psychological and physical health, and ultimately the success in private and work life of the individual. In turn, health and success show a feedback effect and thus influence the other components reciprocally. According to the model, each factor may act as a stressor as well as a resource on other factors, resulting in a dynamic feedback loop. Due to this interconnection, it is essential to provide a holistic

approach regarding occupational health in the implementation of a culture of health at the university, which is the ultimate objective to achieve accompanied by several investigation processes

Study-Demands-Resources Framework

The study demands-resources (SD-R) framework “allows the study of salutogenic and pathogenic effects of university settings on students’ health and well-being” (Lesener, Pleiss, Gusy, & Wolter, 2020). Regarding the transferability of the JDR model into student populations, Lesener et al. found that “various personal and study-related resources (i.e. supervisor support, peer support, mindfulness, and optimism) were associated with student engagement, whereas study demands (i.e. workload and professional self-doubt) were associated with exhaustion” (Lesener, Pleiss, Gusy, & Wolter, 2020).

In the summer semester of 2024, Friedrich Schiller University Jena conducted the second student health survey as part of its continuous efforts to document and monitor the long-term development of student health, safety, and well-being. These insights serve as a foundation for developing both behavioural and structural interventions aimed at enhancing student well-being and fostering a healthier study environment at the University of Jena over the long term (Trimpop, Hoppe & Hillinger, 2022). The Healthy Campus approach implemented at University of Jena follows the iterative cycle of assessment, intervention, result interpretation and evaluation of the process (see figure below). The following methodological section describes the first step of sustainable intervention application: assessment of the status quo, using a quantitative online instrument (Schmitz, Wenzel, Hoppe & Trimpop, 2022).



Source: graphic created by the author for the purpose of this book

Figure 6. Assessment-Intervention-Evaluation-Cycle

II.4. Instrument Construction and Application

The student health survey was implemented using the online survey platform *Unipark* and comprised a total of 463 adaptive items, including approximately 250 screening and 150 detail questions. These items covered the domains of study conditions (study demands and study resources), physical and mental health, mobility, utilization and satisfaction with the health services offered by the University of Jena, as well as individual and personal variables. The adaptive structure of the questionnaire enabled a reduction in completion time by presenting all participants with the screening questions first, followed by only those detail questions that were relevant based on their responses. This approach ensured a concise

yet comprehensive survey capable of capturing all pertinent information.

In order to apply the instrument in different countries, the items and survey instructions were translated from German to Romanian and to English (Măirean, Punei, Șoitu, Trimpop, Schmitz, 2022; Schmitz, Mairean & Trimpop, 2024).

The survey instrument used in this health survey was a revised and optimized version of the initial student health survey conducted in 2021 (Schmitz, Wenzel, Hoppe & Trimpop, 2022). The revision process included item reduction as well as content-related modifications and additions. The development of the instrument was theory-driven: the derivation of categories and the selection of variables and items were primarily guided by the HOPES model (Trimpop, 2014) and comparable student surveys from other universities, as well as established (and partially adapted) measurement instruments from psychological research. The instrument was constructed under continuous consultation with the University's Student Health Management team and central project coordinators to ensure internal validity. In cases where no established measurement instruments were available, items were developed based on existing university health surveys or adapted from suitable measures used in occupational health research to align with the higher education context.



Figure 7. Contents of the quantitative student health instrument at University of Jena (2024)

The psychometric properties of all items and variables were subsequently examined and validated through statistical analyses. Through these psychometric evaluations and validations, a scientifically sound methodological quantification of psychological variables was achieved, ensuring adherence to established scientific standards such as reliability and validity.

The survey collected extensive socio-demographic information and examined a range of dimensions, including individual health status, personal and institutional resources, academic demands, and selected health-promoting and risk-related behaviours. Furthermore, the study assessed students' awareness, utilization, and satisfaction with university health services. Each participant also received individualized, anonymized feedback on their own health behaviours, generated automatically based on their survey responses.

The self-reported participant characteristics on the five-point Likert scales are evaluated using the following qualitative scheme,

which is derived from the mean values of the respective constructs. This classification aligns with the methodology applied in the university's risk assessment for employees (Hoppe, Schmitz, Kampe & Trimpop, 2024).

Table 1. Classification and interpretation of mean values

Zone	Explanation	Standard value of the categorisation
Area of danger	The probability of an accident and/or damage to health is significantly to strongly increased for the group. The occurrence of damage is sufficiently probable. Suitable measures must be taken urgently to reduce this probability.	The mean value is in the “negative” range of the polarity, i.e. between 1.0 and 2.3.
Area of concern	The probability of an accident and/or damage to health is slightly increased and there is a realistic influence on the possibility of an accident and/or damage to health for some people in the sample.	The mean value is in the middle of the polarity range (“neutral, minimally positive or minimally negative”), i.e. between 2.3 and 3.7.
Area of acceptance	The probability of an accident and/or damage to health is very low or acceptable for the group. Some of these factors can be considered resources for the group. In some cases, there are individuals who have a minimally increased probability.	The mean value is in the “positive” range of the polarity, i.e. between 3.7 and 5.0.

II.5. Sample Description from University of Jena

Introduction

From a total of 15,604 enrolled students in the summer semester, including part-time students, 1,781 responses were obtained, representing a participation rate of approximately 11%. Female students were overrepresented, a pattern common in survey research, potentially indicating greater interest in the study topics. However, this imbalance should be considered when assessing the generalizability of the results.

All faculties were represented in the survey. For faculty-specific analyses, only participants who identified with a single faculty were included to ensure clear attribution of results. Additional details such as institute and degree program were collected as optional open responses.

Socio-Demographic Description

Age and Gender

The average age of respondents was 23.91 years, ranging from 17 to 68 years, corresponding to a span of 51 years. According to the gender specified on their birth certificates, 73.1% of participants were female (1,225 individuals) and 26.9% were male (450 individuals). In comparison, 56.4% of all students enrolled in undergraduate degree programmes (including master's programmes) in the summer semester of 2024 were female, indicating that women are substantially more strongly represented in the survey sample than in the overall student population. In terms of gender self-identification,

1,170 participants identified as female, 446 as male, and 33 reported that they did not identify with either of these categories and instead selected an open “Another, namely:” option. No comparative data on gender self-identification were available for the total student population at the time of analysis.

Faculty Affiliation

For analyses by faculty, only students who assigned themselves to exactly one faculty were included to ensure clear attribution of results and distinct faculty-level interpretations. In total, 1,681 respondents provided information on faculty affiliation. Of these, 89.4% reported belonging to exactly one faculty, 9.2% to two faculties, 1.2% to three faculties, and 0.2% to four or more faculties. The faculty-comparison analyses are based on the 1,503 respondents with a single faculty affiliation. All ten faculties of the University of Jena are represented in the survey. The largest shares of respondents are enrolled in the Faculty of Social and Behavioural Sciences (about 23%), followed by the Faculty of Philosophy (about 16%) and the Faculty of Medicine (about 16%), whereas the smallest group comes from the Faculty of Theology (about 1.3%).

Degree Program: Bachelor's, Master's, State exam and PhD

Regarding degree type, slightly more than one third of respondents are pursuing a state examination (35.4%), followed by bachelor's degrees (33.7%) and master's degrees (25.2%), so that around 94.3% of participants are enrolled in undergraduate programmes, including master's. A further 4.5% are doctoral

candidates, and approximately 1.3% fall into an “Other” category. The distribution of intended degrees in the sample largely mirrors that of the overall student population in the summer semester of 2024, in which 90.5% of students were enrolled in undergraduate programmes (including master’s) and 5.3% were doctoral students.

Number of University and Subject Semesters

The survey also recorded the number of university semesters (total semesters studied, irrespective of subject) and subject semesters (semesters completed in the current degree programme). As the survey took place during the summer semester, many students were in an even-numbered semester, which reflects the common pattern of beginning studies in the winter semester. The majority of respondents were enrolled between their second and tenth semester. On average, students reported 7.83 university semesters (with a range of 28 semesters) and 5.36 subject semesters (range of 24 semesters). In the overall student population in summer semester 2024, 120 individuals were in their first university semester and 367 in their first subject semester, of whom approximately 22% (26 students) and 15% (54 students), respectively, took part in the survey.

Family Situation: Marital Status and Care Responsibilities

The students’ family situation was assessed by asking about marital status and care responsibilities for children or other relatives. Around 50% of respondents (856 individuals) reported being single, 44% (748 individuals) reported being in a stable partnership, and about 4% (64 individuals) were married or in a registered civil

partnership; fewer than 1% were divorced, widowed or selected an “Other” category. A total of 45 respondents indicated that they had at least one child. For 90.5% of these (38 individuals), the children lived in the same household, four respondents reported that their children lived elsewhere, and three did not provide this information. In addition, 9.1% of participants (151 individuals) stated that they were responsible for caring for at least one relative in need of care.

Financial Circumstances

Financial circumstances were measured using a single item on financial self-assessment, with responses given on a five-point Likert scale ranging from “1 (very much)” to “5 (not at all)” in terms of experiencing financial difficulties. Around 41% of respondents reported at least some degree of financial difficulty, corresponding to the combined categories “neither agree nor disagree”, “rather a lot” and “very much”. Approximately 13% indicated that they experienced “rather a lot” or “very much” financial problems, while about 26% reported having no financial difficulties at all.

English and German Language Selection

The student health survey at Friedrich Schiller University Jena in May 2024 was offered in both German and English, with the English questionnaire representing a direct translation of the German version. Overall, 12.9% of participants completed the English version of the questionnaire.

International Students

Around 12% of respondents identified as international students, so that approximately 88% did not. Most international students reported that they intended to complete their degree at the University of Jena. In the summer semester of 2024, a total of 2,230 international students were enrolled, meaning that the international respondents represent about 9% of all international students at the university.

Table 2. The demographic characteristics of the sample from the Jena University

Variable	N	%	Mean	SD	Minim	Maxim
Age	1685		23.91	4.44	17	68
Gender (birth)						
Female	1225	73.1				
Male	450	26.9				
Gender (identity)						
Female	1170	71.0				
Male	446	27.0				
Other	33	2.0				
Education level						
Bachelor	575	33.7				
Master	422	25.2				
State Exam	593	35.4				
PhD	76	4.5				
Other	21	1.3				
International student						
No	1479	87.7				
Yes, ERASMUS exchange	10	0.6				

Variable	N	%	Mean	SD	Minim	Maxim
Yes, studying at Uni Jena	177	10.5				
Other	20	1.2				
Marital status						
Single	856	50.4				
In a relationship	748	44.1				
Married	64	3.8				
Divorced	6	0.4				
Widowed	1	0.1				
Other/no answer	29	1.2				
Financial difficulties						
Not at all	436	26.2				
Not much	548	32.9				
Neither agree nor disagree	450	27.0				
Quite a lot	152	9.1				
A lot	78	4.7				
Children in care						
None	1639	97.3				
One	26	1.5				
Two	17	1.0				
More than two	2	0.2				

II.6. Sample description from UAIC University

Introduction

In 2025, UAIC carried out its second student health survey as part of an ongoing initiative to systematically assess and track the long-term evolution of student health, safety, and well-being. Most of

the participants are female (87.5). The age range between 18 and 66, with a mean of 20.99 (SD = 4.01). The detailed demographic characteristics of the sample are presented below, in Table 1.

Age and gender

The participants had a mean age of 20.99 years (SD = 4.01), with ages ranging from 18 to 66 years, indicating a predominantly young sample with moderate variability. In terms of biological sex, the sample was predominantly female, with 913 participants (87.5%), while 130 participants (12.5%) identified as male at birth. This distribution reflects a strong gender imbalance toward female participants. Regarding gender identity, 910 participants (87.2%) identified as female and 129 participants (12.4%) as male. A very small proportion, 1 participant (0.1%), reported a non-binary or alternative gender identity. The distribution closely mirrors that of gender at birth, suggesting minimal divergence between assigned sex and gender identity within the sample.

Faculty Affiliation

Participants were drawn from several academic disciplines. The largest group was represented by Psychology students (39.1%), followed by Social Work (35.1%) and Physiotherapy (16.3%). A smaller proportion (9.5%) belonged to other specializations. This distribution suggests a concentration in social and health-related fields.

Degree Program: Bachelor's, Master's, State exam and PhD

The majority of participants were enrolled in Bachelor's degree programs (93.0%), followed by Master's students (5.2%). A small number of respondents reported being at the PhD level (0.5%) or not currently enrolled in any program (0.5%). This indicates that the sample is overwhelmingly composed of undergraduate students.

Family Situation: Marital Status and Care Responsibilities

The sample consisted primarily of individuals in a relationship (56.1%) or single (42.5%). A small proportion were married (2.7%), while widowed participants represented 0.2% of the sample. Most participants (98.2%) reported having no children in their care. A very small proportion had one child (0.9%) or two children (1.0%), indicating that caregiving responsibilities were rare within this sample.

Financial Circumstances

Participants reported varying levels of perceived financial difficulties. Approximately 26.5% indicated no financial difficulties, while 27.7% reported experiencing them to a small extent. The largest proportion (32.6%) selected a neutral position. Higher levels of financial strain were less common, with 10.5% reporting "quite a lot" and 1.5% indicating "a lot" of financial difficulties. ***International Student Status***

Most participants (83.0%) reported no international status. Among international participants, 153 (14.7%) were studying at

UAIC as international students, while a very small number (0.3%) were participating through ERASMUS exchange programs.

Table 3. The demographic characteristics of the sample from UAIC

Variable	N	%	Mean	SD	Minim	Maxim
Age			20.99	4.01	18	66
Gender (birth)						
Female	913	87.5				
Male	130	12.5				
Gender (identity)						
Female	910	87.2				
Male	129	12.4				
None	1	0.1				
Education level						
Bachelor	979	93.0				
Master	54	5.2				
PhD	5	0.5				
None	5	0.5				
Specialization						
Psychology	408	39.1				
Social work	366	35.1				
Physiotherapy	170	16.3				
Other	99	9.5				
International student						
No	866	83				
Yes, ERASMUS exchange	3	0.3				
Yes, studying at UAIC	153	14.7				
None	20	1.9				
Marital status						
Single	443	42.5				

Social Health and Well-being in the Campus

Variable	N	%	Mean	SD	Minim	Maxim
In a relationship	585	56.1				
Married	28	2.7				
Widowed	2	0.2				
Financial difficulties						
Not at all	276	26.5				
Not much	289	27.7				
Neither agree nor disagree	340	32.6				
Quite a lot	109	10.5				
A lot	16	1.5				
Children in care						
None	1024	98.2				
One	9	0.9				
Two	10	1.0				

Healthy campus scale

The development of the questionnaires was carried out regarding the following goals: holistic recording of stress factors and resource structures including the stress consequences, evaluation of the existing use of measures provided by the university and development of need-based measures, long-term establishment of the risk assessment. All of this happened based on the principles of information, participation, motivation, and integration. The item selection from theoretical and practical sources took place prioritizing recommendations from previous project reports and established scales and was supplemented with specially constructed items when needed. Based on the German questionnaires, a Romanian version was prepared to be applied in the university as a first step of a

need assessment and overall health topics of students within a Healthy Campus project. In the Romanian language, we kept the same theoretical structure of the scale as in the original version. Therefore, the items cover the following issues: environmental conditions, exams, daily academic activities, workload, concerns and worries about evaluation and accomplishing the tasks, relations with colleagues and teachers, technical equipment, internet connection and data bases, health services (e.g., psychological counselling, medical services, sport), physical and psychological health, well-being, mobility (e.g., to university, between university buildings, within university buildings), demographic information (sex, marital status, financial status, migration background, living conditions, etc.).

III. Results of Study Cases in Germany and Romania

- III.1. Healthy Campus Results: German Survey – Jena University, 2024
- III.2. Healthy Campus Results from UAIC Survey, 2025
- III. 3. Instead of conclusions and further challenges

III.1. Healthy Campus Results: German Survey 2024

Introduction

The following chapter summarizes and analyses the descriptive findings from 1,781 participants, offering a comprehensive overview of students' health status and health-related behaviours at University of Jena, as a Case Study for international student health research in Europe.

Organization 1: Study Programme

Time required for studies & other activities

Regarding their workload, descriptive analyses show that students generally rate their study workload this semester as high. About 10% find it too high, 37% high, and 37% medium, while around 16% consider it low or too low.

On average, students spend a total of 38.6 hours per week on studies, jobs, and voluntary work, though individual workloads differ

sharply. Time dedicated to study activities alone averages 28.5 hours weekly, including 14.9 hours of self-study and 13.6 hours of course attendance. Over half of students attend 12 or fewer hours of courses per week, and similar proportions spend 12 or fewer hours on self-study, with 10 and 20 hours being the most frequent estimates for both. Travel time to and within the university is not included.

Students work an average of 2.4 hours per week as academic or student assistants and 3.9 hours in unrelated jobs, though most do not work at all (about 70% and 57% respectively). Among those employed, 5–10 hours per week is most common. One-third of students (33.6%) perform voluntary work, averaging 1.2 hours weekly, usually 1–5 hours.

Table 4. Time spent for different activities in a week (University of Jena)

Time spent for (hours):	Mean	SD	Min	Max
Teaching activities (Courses, Seminars, Exercises, Supervised forms of study, etc.)	13.56	8.23	1	40
Self-study, independent study activities	14.89	9.38	1	40
Activities as student assistant	2.35	4.92	1	40
Activities for payment (Job, free-lancing activities, economic activities)	3.94	6.19	1	40
Voluntary activities (Refugee campaigns, environmental protection, child protection organisations).	1.22	2.50	1	30

Workflow

The construct of study-related workflow among students at the University of Jena lies within a range of concern ($M = 2.94$; $SD = 0.77$; $n = 1435$). Mean values across related items, such as excessive workload, insufficient free time, limited breaks, and difficulty managing workload fluctuations, consistently indicate moderate strain.

Descriptive findings reveal that a considerable proportion of students experience overload and time pressure: approximately 40% feel overwhelmed by their workload to some degree, and over 40% report having insufficient time relative to study demands. Workload fluctuations during exam or project periods are perceived as stressful by more than half of respondents. Only about one third of students state that they regularly have adequate breaks, and less than half report being able to decide freely when to take them.

Satisfaction with study organization and time management is mixed. Roughly half of students are satisfied or rather satisfied with temporal structures in their studies, while nearly a quarter express dissatisfaction. Around 60% believe that the number of courses offered is sufficient to complete their degree within the regular period, whereas close to 20% find the offering partly or fully insufficient.

Overall, the results indicate that many students perceive their workload as demanding, with examination phases posing particular challenges in managing time and stress.

Table 5. Workflow (University of Jena)

Workflow	disagree	rather disagree	neither agree nor disagree	rather agree	Agree
I have so much to do that I'm in over my head.	11.6	21.5	27.8	15.8	4.8
In relation to the workload I have too little free time.	11.7	21.7	24.6	17.2	6.1
I have enough breaks.	9.0	21.4	23.9	19.0	7.3
Fluctuations in workload phases are a big problem for me.	16.7	27.5	19.8	12.6	4.4
I can decide for myself when I take a break.	5.6	12.2	23.4	25.8	14.3
Satisfaction with the processes and time organization of the studies.	3.0	16.2	21.3	32.6	7.6

Study content

The variable study content lies within the area of concern among University of Jena students ($M = 3.32$; $SD = 0.55$; $n = 1426$). Items reflecting competing academic tasks, interruptions during complex work, limited autonomy in course selection, and lacking informational support also fall within this concern range. Conversely, aspects such as program coherence ($M = 3.70$), skill development ($M = 3.99$), and satisfaction with study content

($M = 3.90$) reach acceptable levels. However, the reported mean for study-related stress is in the danger zone ($M = 2.19$), indicating significant strain.

Descriptive findings indicate that two thirds of students experience high or very high study-related stress, while only about 10% report low stress. Task competition is noted by roughly 40% of respondents, and over one third face frequent interruptions when handling complex assignments. Regarding participation in curricular decisions, about half of students report some degree of influence, whereas nearly one third feel they have little to none. Around one quarter of students state they lack sufficient information or guidance to support their academic work.

Despite these difficulties, satisfaction with the structure and skill development within degree programs is relatively strong: nearly two thirds agree that their studies are coherently organized, and about three quarters believe they gain relevant competencies. Similarly, the majority of students (approximately 74%) are satisfied or rather satisfied with their study content.

Table 6. Study Content (University of Jena)

	disagree	rather disagree	neither agree nor disagree	rather agree	agree
Tasks compete with each other	5.8	19.9	22.6	22.9	9.8
Frequently face interruptions when working on more complex tasks	14.2	31.7	18.6	12.2	4.3

	disagree	rather disagree	neither agree nor disagree	rather agree	agree
The components of the study program complement each other effectively	1.8	7.7	19.5	36.1	15.9
The study program develops certain skills	0.7	4.8	15.1	34.5	25.7
Determine the content of the studies to a certain extent	9.5	15.3	19.4	22.6	14.4
Lack information, guidelines or regulations that would support in the studies.	12.4	27.3	21.2	14.3	6.0

Exams/Examination

The variable examination load at the University of Jena falls within the area of concern ($M = 2.95$; $SD = 0.76$; $n = 1362$). Students show moderate satisfaction with exam arrangements ($M = 3.20$) and time allocation ($M = 3.64$), yet report limited ability to organize exams for optimal preparation ($M = 2.78$). Concern about upcoming exams is high, with stress levels rated in the danger zone ($M = 2.21$).

Descriptive findings indicate mixed satisfaction with exam organization: about 45% of students are satisfied or rather satisfied, 27% partially satisfied, and 28% dissatisfied. Roughly 26% can adequately structure exams for preparation, while about 43% feel

unable to do so. Around 59% state they have sufficient time during examinations. High stress levels are prevalent—65% report being very or rather stressed, compared with only 13% experiencing little or no stress.

Regarding exam scheduling, nearly 10% of students face exams on the same day, 21% on consecutive days, and 39% within the same week. One fifth take a single exam per week, while another tenth have examinations distributed across the lecture-free period.

Students propose several improvements to lighten examination strain: most value having multiple exam dates, longer intervals between exams and lecture periods, flexible registration and deregistration, and autonomy in exam format. Between 60% and 80% of students find these adjustments helpful or very helpful. Nonetheless, only a small proportion (2–6%) report that such measures are already implemented in their programs.

Table 7. Exams/Examinations (University of Jena)

Changes to the exams would benefit the most	not at all	rather a little	neither agree nor disagree	rather a lot	very much	already applied
Choice between several exam dates	1.7	4.5	8.3	15.2	45.8	2.9
Choice of examination modality (written exam, term paper, oral, online, etc.)	2.5	6.1	10.2	17.5	38.5	2.7
More time between exams	1.1	3.9	12.3	17.3	39.6	3.3

Changes to the exams would benefit the most	not at all	rather a little	neither agree nor disagree	rather a lot	very much	already applied
More time between exams and lecture period	5.3	10.1	12.3	16.1	32.1	1.7
Flexible registration times	6.9	10.8	9.0	11.5	28.2	4.0
Flexible registration times without attestation	4.4	6.5	7.4	11.5	41.2	2.8
Division into several partial examinations	9.5	14.6	14.6	15.0	20.2	2.8

Organization 2: Environment & Equipment

Private Working Environment & University Working Environment

At University of Jena, students are generally more satisfied with their private working environment than their university working environment. Around 47.7% are rather or very satisfied with university rooms (noise, temperature, lighting), while 21% are rather or very dissatisfied; by contrast, 73.2% are rather or very satisfied with their private working environment and only 11% are dissatisfied. Technical equipment and work materials provided by the university are considered sufficient by 75% of students and insufficient by 9.2%, whereas 83.7% rate their private devices and equipment as sufficient and only about 6% disagree.

Table 8. Environmental Factors (University of Jena)

<i>Where do you feel disturbed by which factors?</i>	Lecture and seminar rooms	Library and other learning spaces	Laboratory and experimental rooms
Noise	8.5	6.2	1.1
Heat	8.6	6.0	1.9
Cold	8.2	4.1	1.3
Poor lighting	5.5	2.5	0.8
Odor or chemical nuisance	2.3	1.1	1.6
Airflow	4.1	2.1	0.4
Air dryness/humidity	2.9	1.9	0.3
Long working hours at the screen	2.9	5.1	0.3
Working posture (e.g. too long sitting)	10.9	7.1	1.2
Too little working space	7.5	3.8	1.3

Technical Equipment

Among the 291 students who reported problems with technology or work equipment, the least stress occurs in laboratories and experimental rooms, while lecture and seminar rooms are most often associated with heat (52.6%), cold (50.2%), and noise (52.2%). In these rooms, 33.7% report poor lighting and 46% consider them too small; in libraries and other study rooms, 37.8% report noise, 31.3% long screen time, 43.6% problematic working posture, and 23% rooms that are too small. In the private learning environment, noise (57.9%), heat (35.5%), poor lighting (32.9%), long screen time (52.6%), and working posture (62.5%) are major stressors, whereas cold is less frequently mentioned (17.1%).

Table 9. Technical Equipment (University of Jena)

<i>To what extent do you feel stressed by the following factors (within your study program)?</i>	very low	low	moderate	high	very high
Insufficient software equipment	1.5	3.9	2.9	1.8	1.0
Insufficient internet access	3.0	3.2	2.1	1.7	1.0
Insufficient access to computers	4.0	3.3	1.4	1.3	0.7
Insufficient access to databases and literature	1.2	2.0	2.6	2.2	2.8

Infrastructure and Literature

Regarding digital and technical infrastructure, 16.3% feel rather strongly and 8.7% strongly stressed by inadequate software; similar levels of strain are reported for poor internet access (15.7% rather strongly, 8.6% strongly) and limited computer access (12.1% rather strongly, 6.6% strongly). Insufficient access to databases and specialist literature is the most salient issue, with 46.4% viewing it as a rather strong or strong problem and only 11% reporting no problem at all. Overall, students' comparatively higher satisfaction with their private work environment and the mixed evaluations of university conditions point to the need for ergonomically oriented improvements to university spaces and better access to software, internet, computers, and academic databases.

Organization 3: Culture

Health & safety culture

Descriptive analyses reveal only partial student satisfaction with the University of Jena's safety and health culture offerings: 4.2% are satisfied and 28.6% rather satisfied, 41% neutral, and 21.8% plus 4.4% rather or very dissatisfied. Similarly, 9.7% and 37.2% believe the university prioritizes student health and safety (32.9% partially agree), whereas 16% and 4.2% disagree or strongly disagree.

Students report insufficient information on key safety matters: 34.6% and 32.6% feel uninformed or rather uninformed about aspects like screen ergonomics and accident prevention (17% partially informed, 15.7% well informed). Awareness of contact persons for health and safety issues is low (40.9% and 29.5% uninformed or rather uninformed; 14.4% partially; 15.2% informed), as is knowledge of accident procedures (46.4% and 27% uninformed or rather uninformed; 12% partially; 9.2% and 5.5% rather or well informed).

Table 10. Health & Safety Culture (University of Jena)

	disagree	rather disagree	neither agree nor disagree	rather agree	agree
The university attaches great importance to the health and safety of its students.	3.0	11.6	23.9	27.0	7.0

	disagree	rather disagree	neither agree nor disagree	rather agree	agree
Students are regularly informed about safety issues (e.g. screen ergonomics, accident prevention).	36.0	24.5	12.7	7.9	3.9
For health and safety issues, I know exactly who I can turn to.	31.9	23.0	11.2	8.7	3.1
I know what to do in the event of an accident during my studies, on the way to the university and between university buildings.	36.2	21.1	9.3	7.2	4.3

Study culture and identification with the university

Descriptive analyses indicate that students predominantly identify with the University of Jena: 39.4% and 35.3% report being proud or rather proud to attend, 19.8% partly proud, and only 9.3% and 5.3% rather or not proud.

Sense of connection to fellow students is more moderate: 19.8% and 28.6% feel connected or rather connected, 26.7% partly connected, and 17.6% plus 7.3% rather or not connected.

Willingness to engage actively for the university (e.g., in committees or student council) is limited: 14.9% and 16.8% agree or rather agree, 23.5% are neutral, while 30% and 14.8% rather or definitely disagree.

Relationship fellow students

Descriptive analyses indicate that students are largely satisfied with their student environment. Overall, 27.8% and 45.1% report being very or rather satisfied with their fellow students, 18.9% are neutral, and only 6.9% and 1.3% are rather or very dissatisfied.

Mutual support among students is also frequently reported: 39.2% and 31.2% state that they support or rather support each other (e.g., via study groups or sharing materials), 16.2% experience such support to some extent, while 8.5% and 4.8% report little or no mutual support.

Respectful interactions are prevalent: 41% and 39.5% feel respected or rather respected by their peers, 14.4% feel partly respected, and only 4.1% and 1% report not or hardly feeling respected by fellow students.

Regarding competition among students, 7.8% and 12.3% report feeling stressed or rather stressed, 20% feel partially stressed, and 30.7% and 29.2% experience little or no stress from student competition.

In summary, the student survey results indicate overall satisfaction with the student environment, though a minority report stress due to peer competition.

Table 11. Relationship with fellow students (University of Jena)

	disagree	rather disagree	neither agree nor disagree	rather agree	agree
My fellow students and I support each other (e.g. through study groups, sharing scripts).	3.7	6.5	12.4	23.9	30.2

	disagree	rather disagree	neither agree nor disagree	rather agree	agree
I feel stressed because of the high competitiveness among students.	22.5	23.6	15.3	9.4	6.0
I feel respected by my fellow students.	0.7	3.1	10.9	29.8	31.0

Relationship teaching staff

Descriptive analyses indicate high levels of student satisfaction with lecturers and teaching staff at University of Jena: 23.5% are very satisfied and 53.6% rather satisfied, while only 3.3% and 0.6% report being rather or very dissatisfied (19% partially satisfied).

Support from teaching staff is also positively evaluated, with 24.1% and 38.3% stating that lecturers help with study-related problems, 25.8% experiencing partial support, and just 9.4% and 2.5% reporting little or no support. Accessibility is favorable, as 33.4% and 38.3% can reach staff within a reasonable time (22.8% sometimes, 5.4% with difficulty). Likewise, 39.9% and 36.8% feel respected or rather respected by lecturers (17.5% partially, 4.3% and 1.4% rather or not at all).

Overall, student survey results confirm broad satisfaction with teaching staff across these dimensions.

Relationship administrative staff

Descriptive analyses reveal strong student satisfaction with University of Jena administrative employees: 29% are very satisfied and 49.6% rather satisfied, with 14.7% partially satisfied and only 5.8% and 1% rather or very dissatisfied.

Perceived support from these employees is also positive, as 25.8% and 40.6% report feeling supported in their studies, 21.9% partially supported, and just 8.6% and 3% experiencing little or no support. Respect is similarly prevalent, with 37.8% and 39.7% feeling respected or rather respected (15.9% partially, 4.4% and 2.3% rather or not at all).

In summary, Student survey results confirm broad satisfaction with administrative staff across these dimensions.

Migration background

Overall, 15.2% of students at University of Jena report having a migration background. Among these, 28.5% encounter language barriers and 22.5% challenges stemming from differing cultural socialization. While 8.2% experience discrimination at the university due to their background, 22.2% face it externally and 10.6% in other unlisted ways, resulting in 57% reporting discrimination overall.

Student survey findings indicate that discrimination within the university context is uncommon. However, students with migration backgrounds frequently report such experiences alongside language and cultural integration challenges, underscoring the need for sustained support programs for international students and those with migration histories.

Organization 4: University Offers & Interventions

University offers & activities

Descriptive analyses indicate widespread awareness and general satisfaction among students with the University of Jena's core services (e.g., counseling centers, university sports, student health management; $n = 1339$): 85.8% report knowing these offerings, while 14.2% do not.

Satisfaction with health promotion services is moderately high ($M = 3.77$; $SD = 0.88$; $n = 1111$), with 7.5% very or rather dissatisfied, 25.2% partly satisfied, and 67.4% satisfied overall. Regarding event quantity ($M = 3.66$; $SD = 1.01$; $n = 1082$), 15.1% disagree or rather disagree on sufficiency, 24.2% partly agree, and 60.7% affirm adequate provision.

Table 12. Awareness and use of consultations (University of Jena)

	I do not know about it	I know about it	I have already taken part	I am interested in it	I find it effective or helpful	NA
Counseling office of the Student Service Center	21.4	55.5	17.1	7.8	21.3	3.4
Central Student Advisory Service	15.7	62.5	13.0	6.8	19.5	3.2

	I do not know about it	I know about it	I have already taken part	I am interested in it	I find it effective or helpful	NA
Psycho-social counseling	38.4	43.3	12.8	11.9	17.9	2.5
Service for students, career orientation, and alumni	21.6	64.8	6.9	9.5	10.9	3.8
Graduate Academy	66.0	23.6	4.2	3.5	5.1	5.4

Student Health Management

A total of 1,336 people indicated their awareness of the student health management (SHM) (filter question): 43.5% of respondents agree with the statement "I am aware of the Student Health Management (SHM) or its activities at the University of Jena.", which means that around half of respondents (56.5%) state that they are not aware of the SHM or its activities. 10.6% have used SHM offerings at least once (7.1% multiple times; 1.7% regularly), totaling 19.4%; 52% express interest despite non-participation, and 28.6% lack interest.

Among those familiar with SHM, satisfaction is high ($M = 4.03$; $SD = 0.81$; $n = 438$), with 81.7% satisfied (13.4% partly; 5.3% dissatisfied). Offerings are viewed as attractive by 66.4% ($M = 3.78$; $SD = 0.96$; $n = 490$; 24.3% partly; 9.4% not). Health competence use

varies ($M = 2.53$; $SD = 1.34$; $n = 464$), with 25.6% agreeing on its promotion (22.2% partly; 52.2% disagreeing), though 49.3% feel encouraged for future workplace application ($M = 3.27$; $SD = 1.24$; $n = 398$; 23.6% partly; 27.1% disagreeing).

Survey results indicate low SHM awareness but high satisfaction/attractiveness among users, suggesting targeted campaigns could boost reach and uptake of these health-promoting services.

Table 13. Student Health Management (University of Jena)

	disagree	rather disagree	neither agree nor disagree	rather agree	agree
Overall, I am rather satisfied with the services offered by the Student Health Management.	0.2	1.1	3.2	13.4	6.7
I find the Student Health Management offers and events appealing.	0.6	2.0	6.7	11.7	6.5
I use the student health services at the University to expand my health skills.	8.1	5.5	5.8	4.0	2.6
I feel encouraged to be able to use my health skills in my everyday working life in the future.	2.6	3.5	5.3	7.4	3.6

Person 1: Satisfaction, Resources, Qualification, Well-being and Health

Satisfaction with life and studies

Overall satisfaction among University of Jena students is moderate and within the concern range ($M = 3.60$; $SD = 0.78$; $n = 1298$), as are constituent domains: general life satisfaction ($M = 3.64$; $SD = 0.96$; $n = 1301$), study satisfaction ($M = 3.66$; $SD = 0.94$; $n = 1299$), and academic performance satisfaction ($M = 3.52$; $SD = 1.07$; $n = 1297$).

Self-assessments reveal 2.2% and 12% dissatisfied or rather dissatisfied with life overall (21.1% neutral), while 48.3% are rather satisfied and 16.3% satisfied. For studies, 2.5% and 9.9% are dissatisfied or rather so (22% neutral), with 50.3% rather satisfied and 15.2% satisfied. Academic performance dissatisfaction affects 4.2% and 13.4% (26.9% neutral), countered by 37.2% rather satisfied and 18.4% satisfied.

Survey results confirm predominant satisfaction with life, studies, and performance among the majority of students.

Engagement during the studies

The mean scores for the items "I am enthusiastic about my studies" ($M = 3.78$; $SD = 1.07$; $n = 1301$) and "My studies inspire me" ($M = 3.82$; $SD = 1.09$; $n = 1294$) fall within the acceptance range. Descriptive findings indicate that 28.4% and 38.3% of students are enthusiastic or rather enthusiastic about their studies, 19.7% somewhat enthusiastic, and only 10.4% and 3.2% rather or not at all

enthusiastic. Likewise, 65.9% report feeling inspired by their studies, 20.9% partly inspired, and 10% plus 3.1% rather or not inspired.

Student survey results confirm that the majority exhibit commitment through enthusiasm and inspiration toward their studies, highlighting substantial motivational potential that interventions can leverage to promote sustainable and health-conscious study practices.

Qualification and professional future

The mean score for the item "I am convinced that my studies will provide good future prospects for me" ($M = 4.13$; $SD = 1.07$; $n = 1295$) falls within the acceptance range, whereas satisfaction with key qualifications acquired ($M = 3.46$; $SD = 1.00$; $n = 1261$) is in the area of concern.

Descriptive analyses reveal that 48.2% and 28.9% of students are convinced or rather convinced of their degree program's future prospects, 13.7% partly convinced, and only 5.9% and 3.2% rather or not convinced. Satisfaction with key skills is more mixed, with 14.1% and 38.7% very or rather satisfied, 29.4% partly satisfied, and 14.8% plus 2.9% rather or very dissatisfied.

Faculty-level variations are illustrated in the charts below. Regarding career aspirations, 54.8% of students do not seek scientific or research roles post-graduation, though 27.8% do; 32.6% aim to pursue a doctorate, while 16.2% prefer not to work in their field of study.

The survey results underscore students' predominant confidence in their studies' future prospects, albeit with divergent satisfaction regarding key qualifications. Interventions could address

this by integrating and teaching more interdisciplinary skills to better prepare students for their professional futures.

Person 2: Mental & Physical Health

Mental Health, Psychotherapeutic Treatment and Burnout

Overall, mental health among University of Jena students is moderate and falls within the area of concern, with mean scores for self-assessed mental health ($M = 2.97$; $SD = 0.93$; $n = 1292$) and psychological complaints ($M = 2.93$; $SD = 1.00$; $n = 1258$) reflecting this status. Self-assessments show 2.6% rating their mental health as very poor and 20% as rather poor, while 31.4% report it as good (13.8% very good; 4.8% excellent). All psychological symptoms indicate concern, particularly severe fatigue/exhaustion ($M = 2.31$) and stress/overwork ($M = 2.32$) near the danger zone, alongside concentration difficulties ($M = 2.63$), fears/worries ($M = 2.71$), lack of motivation ($M = 2.87$), restlessness/nervousness ($M = 2.95$), mood swings ($M = 3.09$), sleep problems ($M = 3.15$), sadness ($M = 3.21$), and depressive mood ($M = 3.52$).

Descriptive findings reveal frequent daily or weekly burdens: exhaustion/fatigue affects 31.6% daily and 32% weekly; stress impacts 26.8% daily and 37.9% weekly; concentration issues burden 27.4% daily and 26.8% weekly; lack of motivation hinders 21.9% daily and 24.3% weekly; nervousness/restlessness affects 18.7% daily and 25.3% weekly; fears/worries trouble 23.9% daily and 26.4% weekly; and sleep problems occur for 17.4% daily and 22.5% weekly. Burnout is moderately pronounced ($M = 3.43$; $SD = 0.95$; $n = 1243$) in the concern range, with exhaustion ($M = 2.93$) and reduced effectiveness

($M = 3.46$) problematic, though loss of study meaning ($M = 3.92$) reaches acceptance; 12.4% feel drained daily and 30.5% weekly.

Nearly three quarters (72%) sought no psychotherapy in the past 12 months, while 5.2% requested it, 3.7% had one session, 6.2% a few, 11.8% regular treatment, and 0.9% inpatient care. Survey results underscore urgent needs for mental health interventions and prevention, particularly addressing recurrent complaints, exhaustion, and burnout alongside physical activity promotion.

Table 14. The frequencies of experienced mental health symptoms in the last six months (%) (University of Jena)

Symptoms in the last 6 months?	never	occasionally	approx. once a week	approx. once a month	almost daily	None
Severe fatigue/ exhaustion	3.1	12.9	23.3	10.9	23.0	0.5
Stress/ Overwork/ Under-demand	2.1	13.1	27.5	10.4	27.5	0.4
Sleep problems / Insomnia/ Nightmares	17.4	17.3	16.3	8.8	12.6	0.7
Inner restlessness/ Nervousness	12.7	16.6	18.4	11.3	13.5	0.7
Anxiety, fears, worries	8.5	16.2	19.3	11.5	17.4	0.6
Mood swings	11.8	20.3	17.8	11.9	10.0	1.1
Depressive mood	21.3	20.0	10.6	12.1	7.3	1.5

Symptoms in the last 6 months?	never	occasionally	approx. once a week	approx. once a month	almost daily	None
Lack of concentration /difficulty concentrating	7.4	17.7	19.5	8.3	19.9	0.5
Lack of motivation	10.3	19.0	17.6	9.7	15.8	0.8
Discouragement/sadness	15.4	19.7	16.2	11.2	9.4	1.0

Table 15. The frequencies of burnout symptoms (%) (University of Jena)

	Never	occasionally	approx. once a week	approx. once a month	almost daily	None
Feeling exhausted by the study program	5.7	23.1	21.8	12.2	8.9	1.1
Doubting the relevance of the study program	32.2	48.9	6.9	8.3	5.4	1.5
Lack confidence in mastering the study requirements	16.7	24.8	12.5	10.9	6.3	1.7

Physical Health

Overall, physical health among University of Jena students is moderate and falls within the concern range, with mean scores for self-assessed physical health ($M = 3.36$; $SD = 0.85$; $n = 1289$) and physical complaints ($M = 3.64$; $SD = 0.77$; $n = 1105$) reflecting this status (noting that the midpoint scale option for self-assessment is "good").

Self-assessments indicate 0.9% and 11.6% rating their physical health as very poor or rather poor, while 48.4% report it as good (28.9% very good; 10.2% excellent). Physical symptoms predominantly indicate concern, including headaches ($M = 3.28$), limb/shoulder/back/neck pain ($M = 2.96$), intestinal issues ($M = 3.50$), and general discomfort ($M = 3.37$); only breathing difficulties ($M = 4.47$), heart/circulation complaints ($M = 4.18$), and reduced sex drive ($M = 3.94$) reach the acceptance range.

Frequent complaints include daily limb/shoulder/back/neck pain (17.7%) or weekly (24.8%), headaches daily (7.4%) or weekly (22.8%), and general discomfort daily (10.8%) or weekly (20.0%).

Table 16. The frequencies of experienced physical health symptoms in the last six months (%) (University of Jena)

Symptoms in the last 6 months?	Never	occasionally	approx. once a week	approx. once a month	almost daily	None
Headaches	11.7	24.0	16.6	15.0	5.4	0.3
Breathing difficulties	51.1	10.8	3.6	4.3	12.0	0.4
Heart cycle symptoms	40.0	16.7	6.3	6.9	2.5	0.4
Limb,	11.1	18.1	18.0	12.4	12.8	0.3

Symptoms in the last 6 months?	Never	occasionally	approx. once a week	approx. once a month	almost daily	None
shoulder, back, neck pain						
Intestinal symptoms	19.9	22.2	12.9	10.9	6.3	0.5
General discomfort (rapid fatigue, lack of appetite, dizziness, weather sensitivity)	18.9	19.2	14.5	12.1	7.8	0.5
Decreased sex drive	30.9	14.9	5.5	4.7	6.3	10.3

Person 3: Health attitude & health behavior

Health attitude

The overall health attitude among University of Jena students is moderate ($M = 3.49$; $SD = 0.96$; $n = 1277$) and falls within the area of concern. Regarding prioritization of health over academic success, 22.4% and 28.1% agree or rather agree, 26.8% remain neutral, and 15.8% plus 6.9% rather or fully disagree. Most students (27.5% and 31.8%) are concerned or rather concerned about studies' impact on their health (19.1% partly; 12% and 9.6% less concerned).

Survey results indicate that many students value health alongside academic success and recognize its positive/negative influences.

However, nearly one quarter (22.7%) prioritize academic achievement over health, posing risks of self-exploitation and burnout.

Physical activity

Students' attitudes toward physical activity—including self-assessed exercise volume—are generally acceptable ($M = 3.93$; $SD = 0.89$; $n = 1286$), as are knowledge of optimal activity levels ($M = 4.24$) and intentions for future intense exercise ($M = 4.07$). Only perceived adequacy of current activity for health falls in the concern range ($M = 3.50$; $SD = 1.25$; $n = 1286$).

While 46.3% and 38.1% understand health-promoting activity, only 28% and 25.2% feel sufficiently active (7.4% and 15.9% insufficient), despite strong future intentions (46.8% and 28.7%). Weekly moderate activity distributions are 10.2% (0–30 min), 23.8% (30–75), 27.8% (75–150), 26.4% (150–300), and 11.6% (>300); intense activity: 29.7% (0–30), 22% (30–75), 21.8% (75–150), 16.8% (150–300), 9.2% (>300). Thus, 62.8% meet WHO minima (≥ 150 –300 min moderate or ≥ 75 –150 min intense, combinable), but 37.2% do not.

Active relaxation is minimal (78.3% at 0–30 min/week), and sedentary time peaks at 6–12 hours/day (45.4% ≤ 8 h; 85.4% ≤ 12 h). Findings highlight needs for interventions promoting motivation, exercise, sports, and active breaks to address insufficient health-sustaining activity.

Table 17. Physical Activity - Knowledge, Behavior and Intention
(University of Jena)

	disagree	rather disagree	neither agree nor disagree	rather agree	agree
Know how to be physical activity	1.0	2.9	7.4	27.6	33.5
Being physical activity at an optimal level	5.3	11.5	17.0	18.2	20.2
Intention for regular intensive activity	2.6	5.6	9.4	20.7	33.8

Table 18. Time spent for physical activity and relaxation
(University of Jena)

Time spent for:	0-30 min	30-75 min	75-150 min	150-300 min	more than 300 min
moderate physical activity	7.5	17.3	20.3	19.3	8.5
intense physical activity	21.6	16.0	15.8	12.2	6.7
active relaxation	56.6	11.1	2.8	1.1	0.1

Nutrition

Students' attitudes toward nutritional behavior are generally acceptable overall ($M = 3.99$; $SD = 0.75$; $n = 1275$), with strong knowledge of healthy eating ($M = 4.29$) and intentions to prioritize it soon ($M = 4.04$). Only perceived healthiness of current diet falls in

the concern range ($M = 3.66$; $SD = 0.97$; $n = 1285$). While 47.5% and 37.5% report good nutritional knowledge, only 21.3% and 36.1% rate their diet as healthy (2.5% and 7.3% unhealthy), despite strong future intentions (40.8% and 35%). Taking time to eat mindfully is also concerning ($M = 3.49$; $SD = 1.17$; $n = 1290$), with 23.9% and 27.5% doing so (15.9% and 5.3% not).

Dietary patterns show 40.7% omnivorous, 39.2% vegetarian, 10.8% vegan, and 6.3% allergen-free. Fruit/vegetable intake is suboptimal: 78.4% eat 1–2 fruit portions daily (13% 3–4; 0.9% ≥ 5 ; 7.7% none), 66.4% eat 1–2 vegetable portions (27.5% 3–4; 3% ≥ 5 ; 3.1% none), with only 36.1% meeting DGE's ≥ 5 portions/day. Meat consumption aligns better, as 44.4% eat none and 34.1% 1–2 portions weekly (14.8% 3–4; 6.7% > 5), satisfying ~75% of DGE's ≤ 300 g/week guideline. Fluid intake is adequate for 77.5% (> 1 –1.5L unsweetened daily), while 69.1% limit caffeinated/sugary drinks to < 0.5 L/day.

Survey results confirm solid nutritional knowledge but gaps in implementation, underscoring needs for interventions to foster healthier eating habits in students' daily routines.

Table 19. Nutrition - Knowledge, Behaviour and Intention
(University of Jena)

	disagree	rather disagree	neither agree nor disagree	rather agree	agree
Knowing a lot about healthy eating.	0.6	1.4	8.9	27.2	34.4
Having a healthy diet.	1.8	5.3	23.6	26.1	15.4
Intention to focus on healthy diet	2.3	4.4	10.7	25.0	29.2

Table 20. Nutritional behaviours (University of Jena)

How many portions of ... do you normally eat per day?	I don't eat	1-2 servings a day	3-4 servings a day	more than 5 servings a day	none
Fruits	5.5	56.0	9.3	0.7	1.3
Vegetables	2.2	47.7	19.8	2.1	1.0
Meat	31.6	24.3	10.6	4.8	1.5
	less than 500ml	500ml - 1L	1-1,5L	more than 1,5L	none
unsweetened drinks	5.3	10.9	22.1	33.7	0.4
caffeinated and/or sugary drinks	49.6	18.1	3.0	1.0	1.1

Substance Use

Descriptive analyses of substance use reveal varied patterns among students. Alcohol consumption is common: 25% report past use (not recent), 35.6% <weekly, 17.6% weekly, 11.7% several times weekly, 0.2% daily, and 9.8% never. Nicotine use is low (56.9% never; 26.5% past only), with 5.7% <weekly, 2.1% weekly, 2.5% several times weekly, 0.9% daily, and 5.5% multiple times daily. Marijuana follows suit (56.6% never; 34.5% past), 5.2% <weekly, 1.5% weekly, 1.7% several times weekly, 0.4% daily, 0.2% multiple daily. Illegal drugs/prescription misuse is rare (87.8% never; 10.5% past), <1% regular use. Thus, 29.6% regularly drink alcohol, while minorities use other substances.

Table 21. Substance Use (University of Jena)

How often you have consumed the following in the last 30 days:	Never	not in the last 30 days	less than once a week	once a week	several times a week	once a day	several times a day	none
Alcohol	7.1	18.2	25.9	12.8	8.5	0.2	72.7	0.0
Nicotine	43.8	20.4	4.4	1.6	1.9	0.7	4.2	0.1
Marijuana	43.4	26.5	4.0	1.1	1.3	0.3	0.1	0.2
Illegal drugs	63.8	7.6	0.8	0.2	0.1	0.0	0.1	0.0

Person 4: Resilience, health literacy, coping & Well-being

Resilience

The resilience construct is moderately pronounced overall among University of Jena students ($M = 3.12$; $SD = 0.82$; $n = 1218$) and falls within the area of concern. All constituent items similarly indicate concern, including quick recovery from hardships ($M = 3.29$), difficulty navigating stressful events ($M = 3.04$), rapid rebound from stress ($M = 3.06$), challenges snapping back from adversity ($M = 3.00$), ease in handling difficult times ($M = 3.27$), and prolonged recovery from setbacks ($M = 3.09$).

Descriptive analyses reveal that 10.4% and 21.9% of students find it difficult or rather difficult to cope with acute stressors (28.2% somewhat), while 21.9% and 10.4% experience few problems. Recovery patterns show 9.2% and 30.1% needing little time post-

stress (25.9% somewhat), contrasted with 27% and 7.7% requiring more; reverse-coded items confirm 11.4% and 32.3% typically manage difficulties with ease (32.7% somewhat), versus 19.2% and 4.3% struggling. For setbacks, 8.4% and 23.1% take a long time to recover (28.5% somewhat), while 31.1% and 8.8% rebound faster.

Health Competence (Health Literacy)

The dimensions of health competence - self-regulation ($M = 2.84$; $SD = 0.84$; $n = 1250$), self-control ($M = 3.39$; $SD = 0.83$; $n = 1251$), self-awareness ($M = 3.60$; $SD = 0.84$; $n = 1246$), and communication/cooperation ($M = 3.21$; $SD = 0.94$; $n = 1231$) - are moderately developed and in the concern range. In contrast, acceptance of responsibility ($M = 3.75$; $SD = 0.81$; $n = 1246$) and handling health information ($M = 4.08$; $SD = 0.75$; $n = 1175$) are satisfactory.

Self-regulation items indicate concern, particularly around breaks/relaxation (20.6% agree, 29.2% rather agree, 21.1% partly on difficulty switching off), tension-relaxation transitions (12.8% agree, 33.6% rather), and stress management (14.6% agree, 23.9% rather). Self-control shows similar issues, except follow-through on plans ($M = 3.84$); concentration challenges are prominent (11.6% and 26.5% disagree on preventing wandering thoughts). Self-awareness needs improvement in recognizing needs/feelings (18.3% and 40.8% perceive needs well; 24.7% and 38.7% feelings), despite acceptable tension awareness. Communication/cooperation reveals concealment of unwellness (14.5% agree, 29.6% rather) and moderate acceptance of help (19.8% agree, 28.8% rather). Responsibility-taking is a strength (48.4% and 38% prioritize health; 26% and 36.7% take

responsibility; 23.7% and 37.4% engage health behaviors), as is health information processing (45.3% and 38.1% find it easy; 42.6% and 38.3% are able to grasp complex content).

Survey results identify responsibility-taking and health information handling as key resources within health competence. Therefore, interventions should prioritize self-regulation, alongside self-control, self-awareness, and communication/cooperation.

Coping

For students at University of Jena, mean scores for social support item "When I feel overwhelmed, there are people who support me" ($M = 4.16$; $SD = 0.96$; $n = 1238$) and "In times of stress, I find support from my partner or friend" ($M = 4.13$; $SD = 1.08$; $n = 1234$) fall within the acceptance range. Around 44.5% and 35.1% endorse environmental support when overwhelmed, and 48.8% plus 30.6% receive partner/friend aid under stress, though a minority lack such resources. Substance use for relaxation is also acceptable ($M = 4.48$; $SD = 0.98$; $n = 1238$), with 72.1% and 13.3% rejecting it as a stress-coping strategy.

However, mental disengagement from studies post-"closing time" is in the danger zone ($M = 2.13$; $SD = 1.07$; $n = 1236$), as only 2.8% and 9.4% fully switch off (33.6% and 34.4% ruminate). Procrastination overall indicates concern ($M = 3.24$; $SD = 0.84$; $n = 1223$), particularly task initiation delays (17.8% and 20.3% agree), though many (13.6% and 36.9%) focus on problem-solving under stress.

Survey findings highlight social support as a strength and substance avoidance as normative, yet reveal challenges in mental

detachment and procrastination, necessitating interventions for relaxation and timely task engagement.

Table 22. Coping Strategies (University of Jena)

<i>Coping activities in time of stress and under pressure:</i>	disagree	rather disagree	neither agree nor disagree	rather agree	agree
there are people for support	1.3	3.3	9.6	24.4	30.9
support from partner or a good friend	2.4	5.1	7.1	21.2	33.5
put off starting tasks until the last moment	9.8	15.0	18.0	14.1	12.4
relax in the evening with a glass of alcohol or other substances.	50.1	9.3	5.3	3.3	1.6
don't think about my studies at all	23.3	23.9	13.8	6.5	1.9
focus on the problem and try to solve it	9.4	25.4	24.7	8.1	1.2
when a problem appears, I do something else first.	8.1	23.2	23.0	11.5	3.2

Work-Life-Balance

The overall construct of work-life balance among University of Jena students falls within the area of concern ($M = 3.23$; $SD = 0.74$; $n = 1208$). Most related items—such as difficulties reconciling studies with private life ($M = 3.07$), study demands interfering with family life ($M = 3.07$), private events hindering study concentration

($M = 3.25$), studies' positive influence on private life ($M = 3.11$), and studies' impact on well-being ($M = 3.06$), likewise indicate concern. Only the influence of private life on well-being reaches the acceptance range ($M = 3.84$).

Descriptive findings reveal that 11.4% and 21.2% of students find it difficult or rather difficult to balance studies and private life (27.7% somewhat difficult), while 28.9% and 10.8% report few or no difficulties. Study demands interfere with private/family life for 13.1% and 22.1% (23.7% somewhat), though 26.8% and 14.4% experience little or no interference. Private life distracts from studies for 10% and 20.3% (23.6% somewhat), countered by 38.2% noting studies' positive effects on private life. Well-being impacts are mixed: studies positively affect 5.5% and 27.4% (39.3% neutral; 23.6% and 4.2% negative), while private life benefits 25.4% and 43.9% (21% neutral; 8.2% and 1.5% negative).

Survey results highlight work-life balance as a critical challenge, driven primarily by study demands but also private obligations, necessitating interventions to mitigate negative well-being effects and support integration.

Mobility (road traffic & university paths)

Descriptive analyses indicate that the majority of students (82.4%) reside in Jena during the lecture period, requiring an average of 23 minutes for their one-way daily commute to the university. Commute times are typically short, with 62.7% needing 20 minutes or less and 80.7% 30 minutes or less; the most common durations are 15 minutes (16.8%), 20 minutes (15.9%), 10 minutes (13.4%), and 30 minutes (11.6%).

All commute modes ($M = 3.1\text{--}3.49$) and situational stressors fall within the area of concern, with time pressure ($M = 3.21$; $SD = 0.98$; $n = 1188$) as the primary stressor, followed by distraction ($M = 3.29$; $SD = 1.03$; $n = 1180$) and tiredness ($M = 3.38$; $SD = 0.98$; $n = 1181$). Routes to the university are most problematic (35.2% under time pressure, 36.1% distracted, 29.4% tired), followed by inter-building paths (31.9% time pressure, 17.4% tired) and within buildings (19.6% time pressure, 22.1% distracted, 17.6% tired).

Table 23. Ways to the university (University of Jena)

<i>Means of transport between home and the university:</i>	Yes (%)	No (%)
On foot (without using transport)	92.2	7.8
Car	0.8	99.2
Bicycle	27.2	72.8
Public transport	31.6	68.4
Motorised two-wheeled vehicle (E-bike, electric bike)	0.1	99.9
E-Scooter	0.5	99.5
Skateboard, rollerblades	0.2	99.8

Table 24. Ways between university buildings (University of Jena)

<i>Means of transport between home and the university:</i>	Yes (%)	No (%)
On foot (without using transport)	59.1	40.9
Car	5.9	94.1
Bicycle	35.6	64.4
Public transport	72.5	27.5
Motorised two-wheeled vehicle (E-bike, electric bike)	0.2	99.8
E-Scooter	1.4	98.6
Skateboard, rollerblades	0.3	99.7

Table 25. Ways within university buildings (University of Jena)

<i>Difficulties occur on the paths inside buildings:</i>	never	rarely	occasionally	often	always	none
Unfavourable entrance areas, narrow corridors, congestion	17.5	26.1	16.5	6.7	0.7	2.3
Uneven, dirty or slippery floors	30.0	26.4	8.7	2.0	0.4	2.1
Uneven, dirty or slippery stairs	33.9	26.1	6.0	1.1	0.2	2.3
Unfavourable routing or lack of signage	18.1	20.7	20.2	7.3	0.7	2.8
Lack of accessibility	53.5	4.3	2.0	0.6	0.2	8.9

Transportation modes to the university include walking (59.1%), public transport (72.5%), cycling (25.2%), and cars (4.2%), with walking dominating inter-building travel (92.2%) and public transport used less frequently (31.6%). Less than 1% use motorized two-wheelers, skateboards, or e-scooters. Infrastructure issues affect over one in ten students, including poor routing/signage (12%), lack of accessibility (5%), uneven/dirty/slippy stairs (11%) or floors (16.5%), and narrow corridors/traffic jams (11%).

Nearly half (45.3%) prioritize situational assessment over strict adherence to traffic laws, and 42.9% behave less cautiously under time pressure or distraction. Accident rates are low, with 88.1% reporting none since starting studies and 9.4% exactly one. Overall, survey results highlight average 23-minute commutes marked by time pressure, distraction, and fatigue as key stressors.

III.2. Healthy Campus Results from UAIC Survey, 2025

This chapter presents a synthesis and descriptive analysis of data collected from 1,043 participants, providing a profile of students' health status and associated behaviours. The findings establish an evidence base for the design of targeted behavioural and structural interventions aimed at improving student well-being and supporting the development of a healthier academic environment over time.

Organization 1: Study Programme

Time required for studies & other activities

Participants reported spending between 1 and 40 hours per week on teaching activities, with an average of 20.24 hours. The average hours spent on other types of activities are shown in Table III.2.1. Regarding study time during the current semester, most participants (60.6%) considered it to be moderate. However, some participants rated it as very little (4.5%), little (12.2%), much (16.5%), or too much (5.9%).

Table 26. Time spent for different activities in a week (UAIC)

Time spent for (hours):	Mean	SD	Min	Max
Teaching activities (Courses, Seminars, Exercises, Supervised forms of study, etc.)	20.24	9.32	1	40
Self-study, independent study activities	9.06	6.69	1	40
Activities for payment (Job, free-lancing activities, economic activities)	6.82	9.71	1	40
Voluntary activities (Refugee campaigns, environmental protection, child protection organisations).	3.25	3.54	1	35

Course offer availability

The analysis of responses to the statement “*The number of courses offered is sufficient to allow me to complete my studies on time*” indicates a predominantly positive perception among participants. A total of 71.2% of respondents expressed agreement to varying degrees (49.4% “agree” and 21.8% “rather agree”), suggesting a strong overall confidence in the adequacy of the course offerings. In contrast, only a small proportion of students expressed disagreement, with 2.9% selecting “rather disagree” and 1.4% “disagree.” This indicates that negative perceptions regarding the sufficiency of course availability are marginal within the sample. Notably, 23.8% of respondents selected the neutral option (“neither agree nor disagree”), which may point to a degree of uncertainty or ambivalence.

Workflow

The results (see Table 27.) highlight several important aspects of students' perceptions regarding workload and time organization in their studies. A considerable proportion of students report not feeling overwhelmed: 15.3% disagreed and 15.9% rather disagreed with the statement "I have so much to do that I'm in over my head.", while 38.1% remained neutral. Still, a notable percent, 20% rather agreed and 10.6% agreed, indicated that they often feel in overwhelmed, suggesting that workload stress is a relevant concern for a subgroup of students. When asked whether they have too little free time in relation to their workload, responses were more polarized. Roughly one-third (33.9%) neither agreed nor disagreed, while 32% expressed some level of disagreement (disagree/rather disagree). Yet, a combined 34% (20.8% rather agree, 13.2% agree) confirmed that lack of free time is indeed an issue for them.

Regarding breaks, the distribution reflects mixed experiences. While 36.6% remained neutral, almost one-quarter (24.8% rather agree) and 14.9% agree that they have enough breaks. On the other hand, 23.7% (disagree + rather disagree) feel they do not have sufficient breaks. Workload fluctuations, such as during exam periods or project deadlines, appear to be a significant issue. Over one-third of respondents (39.2%) agreed to some extent that such fluctuations pose a problem, while only 26% disagreed. A relatively large share (34.8%) again adopted a neutral position.

In contrast, students generally report high levels of autonomy in deciding when to take breaks. Nearly 69% (29.1% rather agree, 39.7% agree) affirmed this, whereas only about 10.6% expressed disagreement. Finally, satisfaction with the processes and time

organization of studies appears relatively high: 44.3% rather agreed and 14.5% agreed with being satisfied, while fewer than 12% expressed dissatisfaction. Still, more than a quarter (28.4%) remained neutral, suggesting some need for improvement in this area.

In conclusion, the findings suggest that while many students feel they have a high degree of autonomy and are generally satisfied with the organization of their studies, challenges remain in terms of workload intensity, limited free time, and fluctuations during peak academic periods. These factors may indicate that stress management and workload balance are important areas for further support.

Table 27. Student's perceptions about workflow (UAIC)

Workflow	disagree	rather disagree	neither agree nor disagree	rather agree	agree
I have so much to do that I'm in over my head.	15.3	15.9	38.1	20	10.6
In relation to the workload, I have too little free time.	16.9	15.1	33.9	20.8	13.2
I have enough breaks.	9.4	14.3	36.6	24.8	14.9
Fluctuations in workload phases are a big problem for me.	13.9	12.1	34.8	27.5	11.7
I can decide for myself when I take a break.	3.8	6.8	20.5	29.1	39.7
Satisfaction with the processes and time organization of the studies.	3.5	8.6	28.4	44.3	14.5

Study content

The results indicate that a notable proportion of students experience competing tasks and frequent interruptions during complex work. In contrast, perceptions are much more positive regarding the study program itself: a majority agree that its components complement each other effectively (57%) and that it develops specific skills (75.3%). Autonomy over study content shows mixed results, with responses spread across agreement and disagreement. Finally, while some students report lacking sufficient information, guidelines, or regulations, over one-third remain neutral on this matter. The results are presented in Table 28.

Table 28. Student's perceptions about study content (UAIC)

	disagree	rather disagree	neither agree nor disagree	rather agree	agree
Tasks compete with each other	16.5	17.4	30.2	25.3	10.5
Frequently face interruptions when working on more complex tasks	26.4	20.9	30.7	17.4	4.6
The components of the study program complement each other effectively	3.2	8.3	31.5	38.4	18.6

	disagree	rather disagree	neither agree nor disagree	rather agree	agree
The study program develops certain skills	1.9	3.9	18.9	38.3	37
Determine the content of the studies to a certain extent	17.3	15.4	27.8	24.1	15.4
Lack information, guidelines or regulations that would support in the studies.	14.1	18.3	35.1	22.5	10

The data also reveal that study-related stress levels during the semester are predominantly moderate to high. The largest group of respondents (41.5%) rated their stress as moderate, while nearly half reported elevated levels: 28% high and 20.4% very high. Together, this indicates that almost half of the students experience study stress at an intense level. Only a small proportion assessed their stress as low (4.4%) or very low (5.1%), suggesting that relatively few students perceive stress as minimal.

Further, the results show that most students are satisfied with the content of their study program. Nearly two-thirds expressed positive evaluations, with 45.3% were rather satisfied and 17.4% very satisfied. About a quarter (27%) adopted a neutral position, indicating neither satisfaction nor dissatisfaction. On the other hand,

dissatisfaction was reported by a minority: 6.6% rather dissatisfied and 3.3% very dissatisfied.

Exams/Examination

The evaluation of exam arrangements (including timing, duration, format, and organizational options) shows a mixed picture. A majority of students expressed satisfaction, with 37% rather satisfied and 13.2% very satisfied, totalling just over half of respondents. At the same time, a significant proportion remained neutral (33.1% neither satisfied nor dissatisfied), suggesting that many students view exam organization as acceptable. Dissatisfaction was reported by 12.4% rather dissatisfied and 4.2% very dissatisfied, though this remains a minority.

Further, the results indicate that students are largely concerned about their upcoming exams. A substantial majority reported high levels of worry, with 40.1% rather a lot and 31.1% very much. About 18.4% expressed a neutral opinion, while only a small minority reported low levels of concern (8.5% rather a little and 1.9% not at all).

During the exam period, most students experience a moderate pace of testing. The vast majority, about 68%, report having several exams in a single week, but with at least a day's gap between them, allowing some time to prepare. A smaller group, roughly 17%, has their exams spread more evenly across the lecture-free period, giving them a more relaxed schedule. Only a few students face a tighter timetable: around 6% have exams on consecutive days, and an extremely small number, less than 1%, even have exams partly on the

same day. The typical experience is multiple exams per week, but with enough spacing to manage preparation.

When asked whether they can organize their exams in a way that allows them to prepare very well, students' responses were quite mixed. About 27% of students felt confident, selecting "rather agree" or "agree," indicating they can plan their exams to prepare effectively. Around 28% disagreed or rather disagreed, suggesting they struggle to arrange their schedule for optimal preparation. The largest group, roughly 37%, remained neutral, neither agreeing nor disagreeing. Thus, while a notable portion of students feel capable of organizing their exam schedules effectively, many find it challenging or are unsure.

When asked whether the time allocated for exams is sufficient to complete them, students' responses were generally positive. More than half of the students (about 53%) agreed or rather agreed that the exam time is enough. Around 17% disagreed or rather disagreed, indicating they feel pressed for time. A significant portion, roughly 30%, remained neutral, neither agreeing nor disagreeing. The majority of students feel that the time given during exams is adequate, though a notable minority experiences some time pressure.

Students see the greatest benefit in having a choice of examination modality, with nearly 74% indicating it would help "rather a lot" or "very much" (see Tabel III.2.4). More time between exams is also highly valued, as about 66% think it would be beneficial. Choices between several exam dates and extending time between exams and the lecture period are moderately appreciated, with roughly half of students perceiving them as helpful. Flexible registration times, with or without attestation, have slightly less

impact, though around 40–45% still see benefit. Dividing exams into several partial examinations is considered least beneficial, with only about 32% indicating it would help “rather a lot” or “very much.” Students prioritize flexibility in how and when exams are conducted, more than structural changes like splitting exams into parts. These results are presented in Table 29.

Table 29. Student’s perceptions about exams and examination (UAIC)

Changes to the exams would benefit the most	not at all	rather a little	neither agree nor disagree	rather a lot	very much	already applied
Choice between several exam dates	5.7	8	17.9	33.2	23.3	11.7
Choice of examination modality (written exam, term paper, oral, online, etc.)	3.5	5.4	13.1	28.7	45.7	3.1
More time between exams	4.4	5.8	16.6	28.3	38.2	5.6
More time between exams and lecture period	7.6	10.2	22.3	23.1	30.7	4.2
Flexible registration times	7.5	9.9	26	24	23.2	5.3
Flexible registration times without attestation	10.7	10.4	27.5	20.2	21.3	4.3
Division into several partial examinations	21.5	15.4	24.8	17.4	14.5	3

Organization 2: Environment & Equipment

Environmental factors Screening

When asked about satisfaction with the study environment (e.g., noise, temperature, lighting) in university spaces, students' opinions were fairly balanced. About 52% reported being satisfied or rather satisfied, while roughly 19% were dissatisfied or rather dissatisfied. The largest group, around 29%, remained neutral.

Students are generally much more satisfied with their personal learning environments (e.g., noise, temperature, lighting) than with university spaces. Nearly half (48%) reported being satisfied, and an additional 22% were rather satisfied. Around 19% remained neutral, while only about 12% were dissatisfied or rather dissatisfied.

Techn. Equipment Screening

Students' opinions on the sufficiency of technical equipment and learning materials provided by the university (e.g., specialized literature, databases, software) are mixed. About 44% agreed or rather agreed that the resources are sufficient, while roughly 24% disagreed or rather disagreed. The largest group, approximately 32%, remained neutral. Most students feel that their personal technical equipment and learning materials (e.g., literature, databases, software) are sufficient. About 63% agreed or rather agreed, while only around 12% disagreed or rather disagreed. A quarter of students remained neutral.

Environmental factors detail

Students report feeling most disturbed by poor working posture in lecture and seminar rooms, with 66% identifying it as an issue. Other notable disturbances in these spaces include limited working space (33%), noise (31%), heat (28%), and long screen hours (18%). In libraries and other learning spaces, disturbances are generally much lower, though long working hours at the screen (9%) and noise (4%) are still mentioned. Laboratory and experimental rooms show the fewest reported issues, with no factor exceeding 6% disturbance. The main challenges are concentrated in lecture and seminar rooms, particularly related to ergonomics, space, and environmental comfort. These results are presented in Table 30.

Table 30. Student's perceptions about environmental factors (UAIC)

<i>Where do you feel disturbed by which factors?</i>	Lecture and seminar rooms	Library and other learning spaces	Laboratory and experimental rooms
Noise	30.9	4.2	1.2
Heat	28.4	3.6	1.2
Cold	22.4	2.6	1.8
Poor lighting	17.8	3.3	1.7
Odor or chemical nuisance	11.2	2.4	1.8
Airflow	12.6	2.6	2
Air dryness/humidity	13.3	2.4	1.1
Long working hours at the screen	18	8.7	5.3
Working posture (e.g. too long sitting)	66.6	3.7	1.6
Too little working space	33.4	2.6	2

Technical equipment detail

Students generally report low levels of stress related to insufficient technical resources within their study program. Most feel little to very low stress regarding insufficient software (64%), access to computers (63%), and access to databases and literature (52%). Insufficient internet access is more stressful, with roughly 27% reporting high or very high stress. As a conclusion, technical and resource limitations cause moderate stress for some students, but most feel minimally affected.

Table 31. Student's perceptions about technical equipment (UAIC)

<i>To what extent do you feel stressed by the following factors (within your study program)?</i>	very low	low	moderate	high	very high
Insufficient software equipment	44.8	19	18.9	6.4	2.9
Insufficient internet access	33.7	14.3	18.8	13.4	13.6
Insufficient access to computers	43.9	19.4	14.1	8.7	5.2
Insufficient access to databases and literature	34.2	18	21.1	11.9	8.2

Organization 3: Culture

Health & safety culture

Students' satisfaction with the university's efforts regarding student health and safety is mixed. About 42% are satisfied or rather

satisfied, while roughly 17% are dissatisfied or rather dissatisfied. The largest group, nearly 39%, remains neutral.

Students have a mixed perception of the university's attention to health and safety (Table III.2.7). While a majority (about 36%) agree or rather agree that the university values student health and safety, most remain neutral. Awareness of specific safety measures is lower: fewer than 28% feel well-informed about safety issues or know whom to contact, and only about 27% know what to do in case of an accident on campus or between buildings. Thus, while the university's commitment is somewhat recognized, many students feel uncertain about practical health and safety procedures.

Table 32. Student's perceptions about health and safety culture (UAIC)

	disagree	rather disagree	neither agree nor disagree	rather agree	agree
The university attaches great importance to the health and safety of its students.	7.2	13.2	43.2	24.6	11.7
Students are regularly informed about safety issues (e.g. screen ergonomics, accident prevention).	18.6	20.7	33.4	16.5	10.8
For health and safety issues, I know exactly who I can turn to.	22.1	19.2	23.2	19.4	16.1
I know what to do in the event of an accident during my studies, on the way to the university and between university buildings.	26.4	21.3	24.9	13.3	14.1

University respect and appreciation culture

Students express strong pride in being part of Alexandru Ioan Cuza University, with over 72% agreeing or rather agreeing that they are proud to be enrolled. In contrast, feelings of connection with fellow students are moderate: about 45% feel connected, while roughly 22% feel disconnected and a third remain neutral. The pride in the university is high, but social connectedness among students is less pronounced. Further, students' willingness to invest their skills and efforts in university activities (e.g., committees, student council) is moderate. About 30% are willing or rather willing to participate, while roughly 35% are neutral. Around 35% are rather unwilling or unwilling.

Relationship fellow students

Students are generally satisfied with their student environment. About 66% reported being satisfied or rather satisfied, while roughly 3% were dissatisfied or rather dissatisfied. Around 24% remained neutral.

Students generally report positive peer interactions (Table 33). Most feel supported by their fellow students, with about 64% agreeing or rather agreeing that they help each other through study groups or sharing materials. Similarly, a majority (around 60%) feel respected by their peers. Stress from high competitiveness is less pronounced: about 39% feel rather stressed or stressed, while 32% disagree or rather disagree, and 29% are neutral. Thus, peer support and respect are strong, though competitiveness causes moderate stress for some students.

Table 33. Student’s perceptions about relationship fellow students (UAIC)

	disagree	rather disagree	neither agree nor disagree	rather agree	agree
My fellow students and I support each other (e.g. through study groups, sharing scripts).	7.9	8.1	20.2	34.9	29
I feel stressed because of the high competitiveness among students.	16.3	15.6	29.1	22.1	17
I feel respected by my fellow students.	4.2	7.4	28.5	33.8	26.1

Relationship teaching staff

Students are generally satisfied with the teaching staff. About 76% are satisfied or rather satisfied with the faculty, and a majority feel supported in addressing study-related issues (around 59% agree or rather agree). Moreover, students generally feel respected by the teaching staff. About 76% agreed or rather agreed that they are treated with respect, while only around 4% disagreed or rather disagreed. Roughly 20% remained neutral. Accessibility is also rated positively, with approximately 66% reporting that they can contact teaching staff for their courses within a reasonable timeframe. Thus, students perceive the teaching staff as approachable, helpful, and supportive.

Relationship administrative staff

Students are generally satisfied with the non-teaching staff at the university. About 72% are satisfied or rather satisfied with their work, and most feel respected by them (roughly 59% agree or rather agree). Support for studies through good organization and availability is perceived more moderately: around 40% agree or rather agree, while 43% remain neutral. Non-teaching staff are viewed positively, especially in terms of respect and general satisfaction, though their supportive role in study organization is seen as less strong.

Migration

Most students do not feel discriminated against in the university context. About 81% disagreed or rather disagreed with feeling discriminated, while only around 5% agreed or rather agreed. Roughly 14% remained neutral. Most students do not have a migration background, with about 53% reporting that neither they nor their parents were born without Romanian citizenship. A small portion, roughly 4%, have a migration background, while 44% did not provide a response.

Among students with a migration background, the vast majority report that it does not bother them in any way. Over 80% indicated that they are not affected by their migration history, whether considering language barriers, cultural differences, or discrimination inside or outside the university. Only a small minority (around 1-2% per category) reported being bothered, while roughly 15% did not provide an applicable response.

Most students adapt well to their role as university students, with about 75% reporting no difficulties, while 13% experience challenges. Family pressure to perform academically affects around 28% of students, but the majority (63%) do not feel such pressure. Financial difficulties are a more common source of stress, impacting about 38% of students, while 52% do not feel pressured by finances.

Many students do not feel pressured by their visa status to complete tasks on time. About 74% reported that this is not applicable to them, while only around 14% felt some level of pressure. Most students feel confident navigating their study program. About 73% know how to register for their courses, and a similar proportion (around 75%) know where to find course content. Only a small minority (roughly 7-8%) feel unsure.

Visa-related issues are very rare among students, with almost all (99.6%) reporting no problems. About 15% arrived in the city after the semester began. Participation in orientation or similar events is moderate: roughly 24% found the services of the International Student Office helpful for facilitating their studies, and about 15% said these services helped them make acquaintances. Two-thirds of students have interacted with the office's services, though only around 11% actively participated in offered programs.

Organization 4: University Offers & Interventions

University offers & activities Screening

Awareness of university services for students (e.g., counselling centres, university sports, student health management) is moderate. About 40% of students are familiar with these services,

while another 40% are not, and roughly 20% did not provide a response.

Students' satisfaction with the university's health promotion services is moderate. About 35% are satisfied or rather satisfied, while roughly 25% are dissatisfied or rather dissatisfied. The largest group, around 41%, remains neutral. Students have mixed views on the quantity of activities and events offered by the university. About 41% feel the offerings are sufficient, while roughly 15% think they are insufficient. The largest group, around 44%, remains neutral.

When asked about the offers or topics would you like to propose, most students did not have specific suggestions, frequently responding with "none," "not applicable," or "I don't know." Among the proposals that emerged, recurring themes include personal and professional development workshops, mental health support and stress management sessions, practical and hands-on training, career guidance including internships and networking events, international mobility opportunities, cultural and social activities, and health education (including sexual health, bullying/mobbing prevention, first aid, and self-defence). Other notable suggestions were sustainability and self-sufficiency skill-building, gender equality initiatives, financial health support, creation of relaxation spaces on campus, volunteer opportunities, expansion of library hours, sports competitions, study circles, mentoring sessions, and seminars in nature. A few students also highlighted the need for better promotion of university services, particularly health-related and career support. While most students did not propose specific initiatives, those who did emphasized holistic development, combining academic, personal, social, and practical competencies, and a desire for more accessible, inclusive, and supportive opportunities within the university environment.

Student Health Management

About 37% of students use the university’s student health services to develop their health-related skills. A similar proportion (38%) indicated this is not applicable to them, while roughly 14% do not use these services. Many students feel encouraged to apply their health-related skills in their future professional lives. About 69% have used these skills at least once or regularly, while roughly 19% are interested but have not yet applied them. Around 13% are neither interested nor see the relevance.

Students’ perceptions of the university’s Student Health Management services are mixed (Table 34.). Around 35% are satisfied with the services, and about 41% find the offers and events appealing. Usage of these services to expand health skills is lower, with roughly 11% actively engaging. Many students feel encouraged to apply their health skills in future professional life, with about 31% agreeing or rather agreeing. While interest and satisfaction are moderate, actual engagement with health services for skill development is limited.

Table 34. Student’s perceptions about student health management (UAIC)

	disagree	rather disagree	neither agree nor disagree	rather agree	agree
Overall, I am rather satisfied with the services offered by the Student Health Management.	5.2	9.2	40.6	16.3	18.5

	disagree	rather disagree	neither agree nor disagree	rather agree	agree
I find the Student Health Management offers and events appealing.	5.5	9.7	44.1	26.8	13.9
I use the student health services at the University to expand my health skills.	36.6	14.1	37.6	6.7	5
I feel encouraged to be able to use my health skills in my everyday working life in the future.	19	9.2	40.6	18.7	12.6

Awareness and use of consultations

Awareness and participation in student support services are generally low. Most students report not knowing about the Counselling Office (71.7%), the Central Student Advisory Service (67.5%), psycho-social counselling (68.1%), and the Graduate Academy (72.2%). Awareness is slightly higher for the Service for Students, Career Orientation, and Alumni, with 59.6% unaware. Actual participation is very limited across all services, with 1–2% having taken part. Interest in the services is modest, and a small portion perceives them as effective or helpful. Thus, these services are underutilized and largely unknown by the students.

Table 35. Student's perceptions about awareness and use of consultation (UAIC)

	I do not know about it	I know about it	I have already taken part	I am interested in it	I find it effective or helpful	NA
Counselling office of the Student Service Centre	71.7	12.9	1.9	3	6.1	4.3
Central Student Advisory Service	67.5	17.5	1.1	2.7	7.2	4.3
Psycho-social counselling Service for students, career orientation, and alumni	68.1	15	1.6	2.7	8.1	4.6
Graduate Academy	59.6	21.5	2	2.8	9.6	4.5
	72.2	13.6	0.9	2.4	6.2	4.7

Desired information channel

Students prefer to receive information through a mix of digital, in-person, and academic channels. The most frequently mentioned channels are personal teaching staff, Instagram, Facebook, and the university website, highlighting the importance of direct academic contact and widely used social media platforms. Traditional in-person methods remain relevant, including campus posters,

banners, flyers on cafeteria tables, course lectures, department noticeboards, and university newspapers or magazines. Less commonly used channels include newsletters, email, TikTok, and X (formerly Twitter).

Conclusion

The findings indicate that students at Alexandru Ioan Cuza University are generally satisfied with their study programs, learning environment, and university culture, particularly regarding autonomy, teaching staff support, and peer relationships. Students appreciate the flexibility and content of their studies, though workload intensity, limited free time, exam-related stress, and fluctuations during peak periods remain key challenges. Personal study environments and technical resources are viewed positively, while university spaces and equipment could benefit from further improvements, especially regarding ergonomics and comfort.

Health promotion services and student support offerings are moderately recognized and used, suggesting a need for increased awareness and engagement. Digital and in-person communication channels, particularly social media, teaching staff, and the university website, are preferred for disseminating information. Students feel largely respected and included, with minimal issues related to discrimination or migration background.

In summary, while the university provides a supportive and generally satisfactory academic and social environment, targeted interventions to manage workload, enhance the study environment,

and improve awareness and use of support services could further strengthen student well-being and academic success.

Person 1: Satisfaction, Resources, Qualification, WLB & Health

Satisfaction with life and studies

The majority of students report being satisfied with their current life. Specifically, 44.1% indicated that they are satisfied, and 30.6% reported being rather satisfied. A smaller proportion expressed neutrality (18.7%), while only a minority felt dissatisfied (4.5% rather dissatisfied, 1.6% dissatisfied, 0.5% very dissatisfied).

Students report high levels of satisfaction both with their studies and their academic performance.

- Satisfaction with studies: 44.8% of students are satisfied, 30.8% are rather satisfied, and 17.9% remain neutral. Only a small proportion expressed dissatisfaction (4.4% rather dissatisfied, 1.4% dissatisfied, 0.7% very dissatisfied).
- Satisfaction with academic performance: 40.3% are satisfied, 33.6% are rather satisfied, and 19.1% are neutral. Dissatisfaction is reported by a small minority (5% rather dissatisfied, 1.5% dissatisfied, 0.6% very dissatisfied).

Engagement during the studies

Students generally report positive engagement with their studies:

- Excitement about studies: 42.2% rather agree and 25.4% agree that they are enthusiastic about their studies, while 26.1% are neutral and a small minority disagrees (4% rather disagree, 2.3% disagree).
- Feeling inspired by studies: 38.9% rather agree and 28.6% agree that their studies inspire them, with 25.5% neutral and only a small fraction expressing disagreement (4.2% rather disagree, 2.8% disagree).

Resource: Qualification

Most students are confident that their studies will provide good future prospects, with 76.2% agreeing or rather agreeing (35.9% rather agree, 40.3% agree), 17.5% neutral, and only 6.3% disagreeing or rather disagreeing. Most students are satisfied with the key qualifications gained during their studies, such as communication, social, leadership, and problem-solving skills, with 76.7% expressing satisfaction (28.9% rather satisfied, 47.8% satisfied), 17.9% neutral, and only 5.3% dissatisfied or rather dissatisfied.

Future Profession

After completing their studies, 31.5% of students wish to work in research or scientific fields, while 68.5% do not; 62% plan to work in non-scientific or non-research areas, and 24.6% do not want to work in the field they are currently studying.

Person 2: Mental & Physical Health

Mental Health

The participants evaluated their general mental health as being good (48.2%) and very good (31.5%), while small percentages evaluated the health as being excellent (11.1%) or rather poor (6.8%) or poor (1.6%).

The most frequently reported symptoms, predominantly in the “occasionally” category (43-46%), are lack of concentration, lack of motivation, and discouragement/sadness. Symptoms most often experienced on a daily basis include anxiety, fears and worries (32.8%), mood swings (26.5%), stress/ overwork (24.9%), lack of motivation (22.9%), lack of concentration (22.6%), and severe fatigue/exhaustion (20.7%). Anxiety, together with mood swings and stress, emerge as the most prevalent and persistent issues. In contrast, depressive mood appears least prevalent, with 33.5% of respondents reporting never experiencing it. The results are presented in Table 36.

Table 36. The frequencies of experienced symptoms in the last six months (%) (UAIC)

Symptoms in the last 6 months?	never	occasionally	approx. once a week	approx. once a month	almost daily	Non e
Severe fatigue/ exhaustion	5.7	38.5	26.1	7.4	20.7	1.6
Stress/Overwork / Under-demand	3.4	31.4	28.5	11.2	24.9	0.7

Symptoms in the last 6 months?	never	occasionally	approx. once a week	approx. once a month	almost daily	None
Sleep problems / Insomnia/ Nightmares	14.5	38.4	17.8	12.9	15.1	1.3
Inner restlessness/ Nervousness	15.2	36.5	18.4	9.7	18.5	1.6
Anxiety, fears, worries	6.2	32.9	20.1	6.5	32.8	1.4
Mood swings	8.6	38.1	18.7	6.7	26.5	1.4
Depressive mood	33.5	33.5	9.6	10.9	10.9	2.2
Lack of concentration /difficulty concentrating	7.3	43.2	18.4	7.7	22.6	0.8
Lack of motivation	6.8	43	17.7	8.1	22.9	1.3
Discouragement/ sadness	9.5	45.5	17.2	8.3	18.6	0.9

Psychotherapeutic Treatment

Most of the participants (83.7%) reported that they did not received any psychotherapeutic counselling or treatment in the last 12 months, while only 6% reported a single session and 5.3% reported regular sessions.

Burnout

Most of the participants reported feeling exhausted by the study program at least occasionally, with 50.3% experiencing it occasionally and 20.4% approximately once a week, while nearly 10% feel exhausted almost daily. Doubts about the relevance of the study program are less frequent, with 35.9% never experiencing them, though 38.2% report them occasionally. Similarly, lack of confidence in mastering the study requirements is reported occasionally by 41.6% of students, while 31.5% never experience it. Exhaustion emerges as the most common and persistent challenge, whereas doubts about relevance and confidence issues are present but less pervasive. The results are presented in Table 37.

Table 37. The frequencies of burnout symptoms (%) (UAIC)

	never	occasionally	approx. once a week	approx. once a month	almost daily	None
Feeling exhausted by the study program	9.8	50.3	20.4	7.1	9.9	2.5
Doubting the relevance of the study program	35.9	38.2	7.9	5.5	5.8	6.9
Lack confidence in mastering the study requirements	31.5	41.6	8	8.2	5.8	4.8

Physical Health

The participants evaluated their general physical health as being good (51.8%) and very good (24.5%), while small percentages evaluated the health as being excellent (8.5%) or rather poor (12%) or poor (3.2%).

Over the past six months, the most frequently reported physical symptoms include headaches, with 42.8% of respondents experiencing them occasionally and 32.1% approximately once a week, and musculoskeletal pain in the limbs, shoulders, back, or neck, reported occasionally by 39.7%, once a week by 18.5%, and almost daily by 22.4%. Intestinal problems and general discomfort, such as rapid fatigue, lack of appetite, dizziness, or weather sensitivity, and intestinal symptoms are also common, mostly experienced occasionally (40% and 38.40%, respectively) and even almost daily (12.5 and 19.8%, respectively). Breathing difficulties and heart-related symptoms are less frequent, with nearly half of respondents reporting never experiencing them (49.2% and 42.2%, respectively). Decreased sex drive appears less prevalent, with 32.6% never experiencing it and 21.4% reporting no change or none of the response options. Headaches, intestinal problems, musculoskeletal pain, and general discomfort emerge as the most persistent and widespread physical symptoms. The results are presented in Table 38.

Regarding the statement “Due to a COVID-19 infection, I am affected by Post-COVID and/or Long COVID”, most respondents disagreed (77.9% - disagree, 5.8% - rather disagree). About 11.5% were neutral, while 3.4% rather agreed and 1.4% fully agreed. The data indicate that a minority of participants reported

experiencing Post-COVID or Long COVID symptoms, while the majority do not perceive themselves as affected.

Table 38. The frequencies of experienced symptoms in the last six months (%) (UAIC)

Symptoms in the last 6 months?	never	occasionally	approx. once a week	approx. once a month	almost daily	None
Headaches	6	42.8	32.1	11.9	15.1	1.1
Breathing difficulties	49.2	28.1	6	7.6	5	4.1
Heart cycle symptoms	42.2	30.8	8.4	9	5.7	3.9
Limb, shoulder, back, neck pain	9.9	39.7	18.5	7.7	22.4	1.8
Intestinal symptoms	18.3	40	14.3	12.1	12.5	2.9
General discomfort (rapid fatigue, lack of appetite, dizziness, weather sensitivity)	11.9	38.4	18.4	9.1	19.8	2.4
Decreased sex drive	32.6	31.8	5.1	4.1	5	21.4

Person 3: Health attitude & health behaviour

Health attitude

Regarding the statement “My health is much more important to me than academic success”, most respondents agreed, with 31.6% selecting rather agree and 33.4% selecting agree. About 24.1% were neutral, while only a small proportion disagreed (5.1%) or rather disagreed (5.8%). This indicates that most participants prioritize their health over academic achievement.

For the statement “I consider how my studies may affect my health”, 31.6% rather agreed and 22.7% agreed, while 27.7% were neutral. A smaller percentage disagreed (10.5%) or rather disagreed (7.4%). These results suggest that most students are aware of the impact their studies may have on their health, though a notable part remains neutral.

Physical activity

Most respondents feel confident about how to be physically active to benefit their health. Fewer students report being physically active at an optimal level, as only 23.8% rather agree and 18.2% agree, and a larger share are neutral (31.9%) or disagree (26.1% combined). Regarding intentions for regular intensive activity, respondents are generally positive, with 28.7% rather agreeing and 28.2% agreeing, though about a quarter remain neutral (26.7%). Students know how to be active and have intentions to engage, but actual activity levels appear lower (see Table 39).

Table 39. Students' perception about physical activity (UAIC)

	disagree	rather disagree	neither agree nor disagree	rather agree	agree
Know how to be physical activity	4.8	6.8	26.8	32.3	29.2
Being physical activity at an optimal level	10.1	16	31.9	23.8	18.2
Intention for regular intensive activity	5.9	10.5	26.7	28.7	28.2

For *moderate physical activity* (e.g., cycling at a comfortable speed, walking/hiking, low-intensity exercise), time is relatively evenly distributed: 14.7% spend 0–30 minutes, 25.3% spend 30–75 minutes, 21.9% spend 75–150 minutes, 19.5% spend 150–300 minutes, and 18.7% spend more than 300 minutes per week. *Intense physical activity* that induces sweating or breathlessness (e.g., sports training, high-intensity exercise) is less common, with nearly half of respondents (48.3%) spending 0–30 minutes per week, and progressively fewer spending longer durations. *Active relaxation* (e.g., breathing exercises, mindfulness, PMR, autogenic training) is the least practiced: 70% spend 0–30 minutes, 18% spend 30–75 minutes, and only a small minority engage for longer periods. Moderate activity is most common and widely distributed, intense activity is limited for most, and active relaxation is practiced by very few (see Table 40).

Table 40. Students' perception about time spent for physical activity (UAIC)

Time spent for:	0-30 min	30-75 min	75-150 min	150-300 min	more than 300 min
moderate physical activity	14.7	25.3	21.9	19.5	18.7
intense physical activity	48.3	24.4	12.9	7.2	7.1
active relaxation	70	18	8.8	2	1.2

Nutrition

Most respondents perceive themselves as knowledgeable about healthy eating, with 36.6% rather agreeing and 22.3% agreeing, though nearly one-third (31.2%) remain neutral. In contrast, fewer strongly identify with actually having a healthy diet: 43.3% are neutral, while only 22.1% rather agree and 8.9% agree, suggesting a gap between knowledge and practice. Regarding intentions to focus on healthy eating, responses are more positive, with 33.5% rather agreeing and 27.6% agreeing, indicating a strong motivation to adopt healthier dietary behaviours in the future (Table 41).

Table 41. Students' perception about healthy eating (UAIC)

	disagree	rather disagree	neither agree nor disagree	rather agree	agree
Knowing a lot about healthy eating.	3.4	6.5	31.2	36.6	22.3
Having a healthy diet.	11.8	13.9	43.3	22.1	8.9
Intention to focus on healthy diet	6.1	8.1	24.7	33.5	27.6

When asked which option best describes their diet, the majority of respondents (51.0%) reported following an omnivorous diet without excluding any food. Smaller groups reported following a vegetarian diet (3.3%) or a vegan diet (1.0%). Additionally, 7.3% follow a diet that excludes allergenic foods (e.g., gluten, lactose), and 10.9% selected other or 26.6% not applicable. Omnivorous eating patterns dominate, while vegetarian, vegan, and allergen-restrictive diets represent clear minorities.

Most respondents consume fruits and vegetables daily, with 69.9% eating 1–2 servings of fruit and 67% eating 1–2 servings of vegetables. However, higher intakes (3–4 servings or more) are less common. Meat consumption is similarly concentrated in the 1–2 servings category (60.3%), while 21.7% eat 3–4 servings and 5% more than 5 servings per day. When it comes to beverages, the majority report drinking unsweetened drinks (mainly water or unsweetened tea) in substantial amounts, with 28.2% consuming 1–1.5L and 29.7% more than 1.5L daily. In contrast, caffeinated and/or sugary drinks are far less frequent: 61% report drinking less than 500 ml per day, and only small minorities consume larger quantities. Thus, the data show a moderate daily intake of fruits, vegetables, and meat, with water as the dominant beverage, while sugary and caffeinated drinks are limited for most respondents (see Table 42).

Table 42. Students' perception about nutrition (UAIC)

<i>How many portions of... do you normally eat per day?</i>	I don't eat	1-2 servings a day	3-4 servings a day	more than 5 servings a day	none
fruits	10.9	69.9	5.9	0.6	12.9
vegetables	4.8	67	16.5	2.1	9.6

<i>How many portions of... do you normally eat per day?</i>	I don't eat	1-2 servings a day	3-4 servings a day	more than 5 servings a day	none
meat	3.4	60.3	21.7	5	9.7
	less than 500ml	500ml - 1L	1-1,5L	more than 1,5L	none
unsweetened drinks	12.9	25.9	28.2	29.7	3.3
caffeinated and/or sugary drinks	61	19.8	5	2.8	11.5

Substance use

In the last 30 days, alcohol was consumed by a notable proportion of respondents: 33.9% reported not having consumed it in this period, but 24.7% consumed it less than once a week and 6.8% once a week, while only 0.5% reported daily use. For nicotine, 47.3% reported never having used it, yet 23.9% consumed it several times a day, showing a strong polarization between non-users and frequent users. Marijuana use was rare, with 81.1% reporting never having tried. Similarly, illegal drugs (*e.g.*, amphetamines, hallucinogens) or prescription drugs without prescription were reported almost exclusively as “never” (85.2%). Thus, the data show that alcohol and nicotine are the most used substances, but while alcohol is mostly occasional, nicotine displays a clear split between non-users and heavy daily users. Marijuana and other drugs remain marginal (Table 43).

Table 43. Students' perception about substance use (UAIC)

<i>How often you have consumed the following in the last 30 days:</i>	never	not in the last 30 days	less than once a week	once a week	several times a week	once a day	several times a day	none
Alcohol	21.9	33.9	24.7	6.8	3.5	0.5	0.7	8
Nicotine	47.3	10.6	3.9	1.2	4.2	1.2	23.9	7.8
Marijuana	81.1	5.6	0.8	0	0.1	0.1	0.1	12.3
Illegal drugs	85.2	2.3	0.3	0.2	0	0	0.1	11.9

Regarding the statement “I have already felt that I should reduce my substance use”, the majority of respondents disagreed, with 60.3% selecting 1 (disagree) and 3.0% selecting 2 (rather disagree). About 14.9% were neutral, while 7.9% rather agreed and 14.0% fully agreed. Most respondents do not feel the need to reduce their substance use, although around one in five acknowledge such concerns to some extent. Regarding the statement “I have felt bad or guilty because of my substance use”, most respondents disagreed, with 70.1% selecting disagree and 3.9% rather disagree. Most respondents do not experience guilt related to substance use, though around 16% report at least some level of such feelings.

When asked about reasons for substance use, the most frequently endorsed motives were social reasons and relaxation. Fun was also cited by some, though 38.4% stated this was not a reason at all. Coping strategies and performance enhancement were less relevant for most respondents. A significant share selected “none,”

indicating no association with these motives. Substance use is most often linked to social contexts and relaxation, while performance enhancement and coping play only minor roles (Table 44).

Table 44. Students' perception about reasons for substance use (UAIC)

<i>Reasons for your substance use:</i>	not at all	rather a little	neither agree nor disagree	rather a lot	very much	none
Fun	38.4	6.5	7.5	9.2	7.8	30.6
Performance enhancement	52.2	5.4	5.3	3	2.3	31.9
Relaxation	34.1	5.8	5.8	11.9	12.2	30.1
Coping strategy	44.8	4.1	6.4	5	8.1	31.6
Social reasons	35.4	4.3	6.1	11	13.1	30
Others	47.9	1.9	4.2	1.9	2.5	41.5

Person 4: Resilience, health literacy, coping & Well-being

The reliability analysis shows that all scales demonstrate good internal consistency. Moreover, the data are normally distributed across variables. Self-efficacy, assuming responsibility, self-awareness, and dealing with health information have the higher means, while resilience, self-regulation, communication and cooperation, and self-exploitation have lower means.

Pearson correlations revealed strong interconnections among self-related competencies and health literacy dimensions, and their associations with resilience and work-life balance.

Table 45. Students' perception about resilience, health literacy, and well-being (UAIC)

Variable	Alpha Cronbach	Number of items	Minim	Maxim	Mean	SD	Sk	K
Self-efficacy	0.84	6	1	5	4.29	0.62	-0.89	0.78
Resilience	0.82	6 (3 reversed)	1	5	3.08	0.86	0.12	-0.03
Health literacy								
Self-regulation	0.73	5 (3 reversed)	1	5	3.13	0.84	0.12	-0.09
Self-control	0.82	5	1	5	3.52	0.80	-0.23	0.14
Self-awareness	0.84	5	1	5	3.77	0.80	-0.37	-0.006
Assuming responsibility	0.84	5	1	5	3.89	0.76	-0.29	-0.59
Communication and cooperation	0.74	4 (3 reversed)	1	5	3.08	0.90	0.11	-0.49
Dealing with health information	0.79	5 (1 reversed)	1	5	3.66	0.75	-0.11	-0.39
Self-exploitation	0.75	4	1	5	3.06	0.86	0.00	0.04
Work-Life-Balance	0.71	6	1	5	3.49	0.74	-0.08	-0.23

Ø *Self-efficacy* shows significant positive correlations with most variables, particularly with HL self-control ($r = .44, p < .001$), HL responsibility ($r = .48, p < .001$), HL self-awareness ($r = .38, p < .001$), HL health information ($r = .36, p < .001$), resilience ($r = .32, p < .001$), and work-life balance ($r = .32, p < .001$), suggesting that higher self-efficacy is associated with

better resilience, health-related skills, and perceived balance between work and personal life.

- Ø **Resilience** is positively and strongly correlated with HL self-regulation ($r = .61, p < .001$) and moderately with HL self-control ($r = .36, p < .001$), HL Responsibility ($r = .35, p < .001$), HL self-awareness ($r = .32, p < .001$), indicating that resilient individuals tend to have stronger self-management skills. It is also positively related to work-life balance ($r = .35, p < .001$).
- Ø **HL self-regulation** is positively moderately correlated with HL self-control ($r = .36, p < .001$), HL responsibility ($r = .36, p < .001$), HL Self-awareness ($r = .32, p < .001$), and Work-Life Balance ($r = .49, p < .001$), highlighting the link between self-regulatory skills and well-being.
- Ø **HL self-control, HL self-awareness, and HL responsibility** show moderate to strong intercorrelations, suggesting that these components of health literacy are closely related.
- Ø **HL communication** shows weaker correlations with other variables, except for HL Self-regulation ($r = .27, p < .001$) and work-life balance ($r = .29, p < .001$).
- Ø **HL health information** correlates moderately with self-efficacy ($r = .36, p < .001$) and HL responsibility ($r = .39, p < .001$), suggesting that individuals confident in their abilities or responsible are better at accessing or using health information.

Ø **HL self-exploitation** shows a negative correlation with HL communication ($r = -.23, p < .001$), indicating that tendencies toward self-exploitation are inversely related to communication skills. It

is also positively related to HL self-control ($r = .24, p < .001$).

Ø **Work-life balance** is positively associated with all HL variables, excepting self-exploitation (self-regulation, $r = .49, p < .001$, self-control, $r = .38, p < .001$, self-awareness, $r = .31, p < .001$, responsibility, $r = .42, p < .001$, communication, $r = .29, p < .001$, health information, $r = .27, p < .001$), reinforcing the connection between effective health-related skills and perceived balance in life. It is also positively related to self-efficacy ($r = .32, p < .001$) and resilience ($r = .35, p < .001$).

All the correlations are presented below, in Table 46.

Table 46. Pearson Correlations Between Study Variables (N = 1043)
(UAIC)

Variable	1	2	3	4	5	6	7	8	9
1. Self-efficacy	—								
2. Resilience	.32**	—							
3. HL Self-regulation	.26**	.61**	—						
4. HL Self-control	.44**	.36**	.36**	—					
5. HL Self-awareness	.38**	.32**	.32**	.56**	—				
6. HL Responsibility	.48**	.35**	.36**	.54**	.53**	—			

Variable	1	2	3	4	5	6	7	8	9
7. HL Communication	.06*	.15**	.27**	.11**	.18**	.18**	—		
8. HL Health info	.36**	.21**	.23**	.31**	.35**	.39**	.02	—	
9. HL Self-exploitation	.13**	.05	-.07*	.24**	.11**	.16**	-.23**	.16**	—
10. Work-Life Balance	.32**	.35**	.49**	.38**	.31**	.42**	.29**	.27**	-.01

Note. HL = Health literacy. N = 1043. * $p < .05$. ** $p < .01$.

Over the past 12 months, students reported attending university events or working on studies despite feeling unwell. The majority did so occasionally too often. Most students experienced at least one instance of attending or working while feeling unwell. Over the past 12 months, students reported being unable to work on their studies due to illness. Most students experienced this never, rarely, and occasionally, with 31.5% reporting “never”, 33.1% reporting “rarely”, and 33.1% reporting “occasionally”. Smaller proportions reported often (7.1%) or always (1.3%). Health-related interruptions to study were relatively common among students.

Concerning coping strategies (Table 47), the data show that most students report strong social support, with 73.2% rather agreeing or fully agreeing that they have people or close friends to rely on when overwhelmed. A substantial part tends to procrastinate, with about 48% agreeing or rather agreeing that they put off tasks until the last moment. Unhealthy coping strategies, such as using alcohol or substances to relax, are reported by only a small minority. Many students try problem-focused coping, with 66% agreeing or

rather agreeing that they focus on the problem and attempt to solve it. Some students also use avoidance strategies, doing something else before addressing a problem (about 19% agree or rather agree). Students rely mostly on social support and problem-solving, with limited use of substance-based coping.

Table 47. Student's perception about coping activities in time of stress (UAIC)

<i>Coping activities in time of stress and under pressure:</i>	disagree	rather disagree	neither agree nor disagree	rather agree	agree
there are people for support	2.8	5.4	18.6	36.4	36.8
support from partner or a good friend	4	6.4	15.4	26.7	47.5
put off starting tasks until the last moment	10	11.1	30.5	23.5	24.9
relax in the evening with a glass of alcohol or other substances.	64	9.2	15.4	6.9	4.4
don't think about my studies at all	19.1	19.2	33.5	14.5	13.8
focus on the problem and try to solve it	2.3	4.9	26	34.1	31.7
when a problem appears, I do something else first.	21.7	22.1	37.5	13.5	5.3

Mobility (road traffic & university paths)

Ways to the university

During the semester, the vast majority of students (88.5%) live in the city where they study. A small proportion (10.4%) do not, and only 1.2% selected N/A. This indicates that most students reside locally while attending courses. Most students use public transport (75.5%) or go on foot (64%) to travel between home and university. Fewer students use a car (30.8%), while very small proportions use bicycles (2.4%), motorized two-wheeled vehicles (2.2%), e-scooters (3%), or skateboards/rollerblades (1.5%). Walking and public transport are the dominant commuting modes among students (see Table 48.).

Table 48. Student's perception about means of transport between home and the university (UAIC)

<i>Means of transport between home and the university:</i>	Yes (%)	No (%)
On foot (without using transport)	64	36
Car	30.8	69.2
Bicycle	2.4	97.6
Public transport	75.5	24.5
Motorised two-wheeled vehicle (E-bike, electric bike)	2.2	97.8
E-Scooter	3	97
Skateboard, rollerblades	1.5	98.5

Students have mixed feelings about whether commuting to university is tiring. About 34% of students rather agree or agree that the commute is tiring (18.6% rather agree, 15.2% agree), while 43%

rather disagree or disagree (12.7% rather disagree, 30.3% disagree). The remaining 23% are neutral. Students also show mixed experiences regarding time pressure during their commute to university. About 43% rather agree or agree that they feel time-pressured (24.6% rather agree, 18.5% agree), while 38.8% rather disagree or disagree (10.5% rather disagree, 28.3% disagree). The remaining 18.1% are neutral. Further, students report varying levels of distraction during their commute to university. About 44.6% rather agree or agree that they get distracted (26.4% rather agree, 18.2% agree), while 29.6% rather disagree or disagree (9.5% rather disagree, 20.1% disagree). The remaining 25.8% are neutral. While a substantial portion finds the commute tiring, experience some degree of time pressure when traveling to university, and nearly half of the students experience some level of distraction while traveling to university.

Ways between university buildings

Most students commute on foot (92.9%), making walking the predominant mode of transport. Public transport is used by nearly half of the students (47.3%), while far fewer use a car (15.3%), bicycles (1.7%), motorized two-wheeled vehicles (1.9%), e-scooters (2.2%), or skateboards/rollerblades (1.1%). Walking and public transport are the main commuting methods among students between university buildings (see Table 49).

Table 49. Student's perception about means of transport between university buildings (UAIC)

<i>Means of transport between university buildings:</i>	Yes (%)	No (%)
On foot (without using transport)	92.9	7.1
Car	15.3	84.7
Bicycle	1.7	98.3
Public transport	47.3	52.7
Motorised two-wheeled vehicle (E-bike, electric bike)	1.9	98.1
E-Scooter	2.2	97.8
Skateboard, rollerblades	1.1	98.9

Students report mixed experiences regarding moving between university buildings. About 30.5% rather agree or agree that it tires them (15.8% rather agree, 14.7% agree), while 46.1% rather disagree or disagree (11.5% rather disagree, 34.6% disagree). The remaining 23.4% are neutral. Students show mixed experiences regarding time pressure when moving between university buildings. About 39.9% rather agree or agree that they feel time-pressured (21.4% rather agree, 18.5% agree), while 38.8% rather disagree or disagree (9.6% rather disagree, 29.2% disagree). The remaining 21.3% are neutral. Students report varying levels of distraction while moving between university buildings. About 34.6% rather agree or agree that they get distracted (19.8% rather agree, 14.8% agree), while 38.4% rather disagree or disagree (10.9% rather disagree, 27.5% disagree). The remaining 27% are neutral. A significant part of students experiences some distraction while navigating between buildings. Moreover, a substantial portion of students experience some level of time pressure

between buildings, though nearly half do not perceive it as exhausting.

Ways within university buildings

Students report varying levels of difficulties on paths inside university buildings. Entrance areas, narrow corridors, and congestion cause occasional to frequent difficulties for a notable portion, with 22.1% experiencing them occasionally, 13.6% often, and 5.8% always. Uneven, dirty, or slippery floors and stairs are less commonly problematic, with around 49% reporting they never pose a difficulty. Unfavourable routing or lack of signage affects a smaller group occasionally to often (14.5% occasionally, 5.8% often, 2.9% always). Accessibility issues affecting students personally are rare, with 54.1% reporting never experiencing difficulties. Congestion is the most commonly reported challenges inside buildings, while floor and stair conditions are less problematic (see Table 50).

Table 50. Student’s perception about difficulties that occur on the paths inside buildings (UAIC)

<i>Difficulties occur on the paths inside buildings:</i>	never	rarely	occasionally	often	always	none
Unfavourable entrance areas, narrow corridors, congestion	26.7	26.8	22.1	13.6	5.8	4.9
Uneven, dirty or slippery floors	49	27.1	12.6	3.3	1.8	6.2

<i>Difficulties occur on the paths inside buildings:</i>	never	rarely	occasionally	often	always	none
Uneven, dirty or slippery stairs	49.4	23.3	15.2	3.3	2.4	6.4
Unfavourable routing or lack of signage	47.7	22.9	14.5	5.8	2.9	6.2
Lack of accessibility	54.1	21.6	11.6	3.5	1.8	7.5

Students generally do not feel very tired by moving inside university buildings. About 14.1% rather agree or agree that it tires them (9.6% rather agree, 4.5% agree), while 59.5% rather disagree or disagree (17.1% rather disagree, 42.4% disagree). The remaining 26.5% are neutral. Further, most students do not feel time-pressured when moving inside university buildings. About 16.8% rather agree or agree that they experience time pressure (10.4% rather agree, 6.4% agree), while 57.7% rather disagree or disagree (15.3% rather disagree, 42.4% disagree). The remaining 25.5% are neutral. Finally, students report varying levels of distraction while moving inside university buildings. About 21.9% rather agree or agree that they get distracted (13.8% rather agree, 8.1% agree), while 50.9% rather disagree or disagree (12.3% rather disagree, 38.6% disagree). The remaining 27.2% are neutral. As a conclusion, most students do not experience significant distraction on internal building routes, though a notable minority do. Most students do not perceive internal building routes as time-pressured or tiring.

Risk behaviour

Students report mixed experiences regarding attention in road traffic when under time pressure or distracted. About 30.5% rather agree or agree that they are less attentive (20.1% rather agree, 10.4% agree), while 46.3% rather disagree or disagree (13.1% rather disagree, 33.2% disagree). The remaining 23.2% are neutral. Students show varied opinions regarding prioritizing situational judgment over strict legal compliance in road traffic. About 19% rather agree or agree (11.3% rather agree, 7.7% agree), while 50.8% rather disagree or disagree (15.8% rather disagree, 35% disagree). The remaining 30.2% are neutral. As a conclusion, a notable portion of students recognize reduced attention in traffic under pressure or distraction, but nearly half do not. Most students prefer to follow traffic laws, though a minority consider situational judgment important.

Accident experience

Since the beginning of studies, participants reported between 0 and 7 accidents in road traffic, with a mean of 0.14 (SD = 0.64).

Survey Feedback

General perception:

The majority of students found the survey interesting, well-structured, and useful. It was seen as a positive initiative that reflects the university's concern for students' health, well-being, and academic experience. Many participants appreciated the opportunity

to express their opinion and felt that their feedback could potentially influence improvements.

Positive aspects highlighted:

- Ø *Structure*: The survey was widely evaluated as being well-structured, clear, and easy to follow. Questions were considered relevant, comprehensive, and thought-provoking.
- Ø *Coverage*: It addressed a broad range of topics, from physical and mental health to university facilities, academic life, and social wellbeing.
- Ø *Engagement*: Many students appreciated the opportunity to express their opinions, reflecting that the survey made them feel heard and valued.
- Ø *Awareness*: Completing the survey encouraged reflection on personal health, habits, and academic experiences.
- Ø *Practical Value*: Students highlighted its potential for identifying real needs and informing improvements in campus life.

Areas for improvement:

- Ø *Survey length*: many found it long and sometimes tiring to complete.
- Ø *Repetition*: some questions were repetitive, reducing engagement.
- Ø *More nuanced answer options*: e.g., “not applicable” or “I don’t consume this” were missing in some cases.

- Ø *University infrastructure and resources*: requests for better classroom distribution, modernized facilities, more psychological support, accessible parking, improved sanitation, enhancing internet connectivity, and improving campus accessibility.
- Ø *Mental health & wellbeing support*: Students recommended increased psychological support, mental health resources, and practical workshops on coping with stress.
- Ø *Follow-up actions*: Some expressed scepticism about whether survey results would lead to meaningful change and real improvements.

Additional observations:

- Ø Positive feedback on the initiative itself, demonstrating students' appreciation for being consulted.
- Ø Students highlighted the importance of mental health, physical well-being, and the impact of environment on performance.
- Ø Suggestions for more student-oriented activities, social events, and information dissemination.

III. 3. Conclusion and further challenges

From UAIC, the data indicate that most students perceive their general mental and physical health as good or very good, although persistent issues such as anxiety, mood swings, stress, fatigue, headaches, musculoskeletal pain, and digestive discomfort are common. While a majority prioritize their health over academic success and report awareness of study-related impacts on health,

actual engagement in intensive physical activity and active relaxation remains limited. Substance use is generally moderate, with alcohol and nicotine the most frequently used, primarily for social or relaxation purposes, while marijuana and other drugs are rare. Students demonstrate high reliance on social support and problem-focused coping strategies, although procrastination is common. Self-efficacy, resilience, and health literacy skills are interrelated and positively associated with perceived work-life balance, indicating that personal competencies support well-being. Regarding mobility, students predominantly live locally and use walking or public transport, with mixed experiences of time pressure, fatigue, and distraction both commuting to university and between buildings, though internal building routes are generally manageable. Risky behaviours in traffic are reported by a minority, while accident experience remains very low.

The findings indicate that students at Alexandru Ioan Cuza University are generally satisfied with their study programs, learning environment, and university culture, particularly regarding autonomy, teaching staff support, and peer relationships. Students appreciate the flexibility and content of their studies, though workload intensity, limited free time, exam-related stress, and fluctuations during peak periods remain key challenges. Personal study environments and technical resources are viewed positively, while university spaces and equipment could benefit from further improvements, especially regarding ergonomics and comfort.

Health promotion services and student support offerings are moderately recognized and used, suggesting a need for increased awareness and engagement. Digital and in-person communication

channels, particularly social media, teaching staff, and the university website, are preferred for disseminating information. Students feel largely respected and included, with minimal issues related to discrimination or migration background.

In summary, while the university provides a supportive and generally satisfactory academic and social environment, targeted interventions to manage workload, enhance the study environment, and improve awareness and use of support services could further strengthen student well-being and academic success.

Analysing the data from Jena University and those from the scientific literature, we may underline that, on an organizational level, universities can implement a range of strategies to support the mental health of their student population. This includes providing access to on-campus counselling services, mental health workshops and programs, peer support groups, and other resources that can help students manage their mental well-being. By creating a supportive and inclusive environment for students to seek help and support, universities can contribute to the overall mental health of their student body.

Research has shown that psychological counselling and support strategies on an organizational level can have a positive impact on the mental health of university students. Studies have indicated that students who have access to counselling services are more likely to seek help for their mental health issues and are better able to manage their stress and anxiety levels. In addition, universities that prioritize mental health support have been shown to have higher student retention rates and academic success rates.

Furthermore, universities are increasingly recognizing the importance of fostering a mentally healthy campus environment through policies and initiatives that promote mental health awareness, reduce barriers to mental health care, and create a culture of support and inclusivity. For example, universities may offer mental health literacy workshops, mental health screenings, and mental health first aid training to faculty, staff, and students to increase awareness and reduce stigma surrounding mental health issues.

Another effective support strategy for mental health in university students is the implementation of peer support programs. Peer support programs involve trained student volunteers providing emotional support, practical assistance, and social connections to their peers who may be struggling with mental health issues. Peer support programs create a sense of community and belonging among students, reduce feelings of isolation and stigma, and strengthen students' coping mechanisms through shared experiences and mutual understanding.

Despite the benefits of psychological counselling and support strategies on an organizational level, there are challenges that universities may face in implementing these initiatives. Barriers such as stigma surrounding mental health, limited resources, and lack of awareness about available services can hinder students from accessing the support they need. As such, universities must work towards breaking down these barriers and creating a culture of openness, acceptance, and support for mental health within their institution.

In conclusion, psychological counselling and support strategies play a vital role in promoting the mental health and well-being of university students. By providing students with evidence-

based interventions, access to professional counselling services or peer support, and a supportive campus environment, universities can empower students to thrive academically, socially, and emotionally during their time in higher education. Moving forward, it is essential for universities to continue to prioritize mental health and invest in resources and programs that support the mental health needs of their diverse student populations.

The Blended Intensive Programme Social health and Well-being in Campus, organised on March 19-20, 2026 -Virtual, and March 23–27, 2026 - onsite at UAIC demonstrates how universities actively organise multi-day, structured activities (workshops, fieldwork, cultural events) to promote social health and well-being in an integrated way.

The participants can understand Social Health, to define the key components and to identify examples of social health in everyday campus life. The Welcome Session involving faculty, students, and international partners illustrates social connection and institutional inclusion. The Campus Sounds Workshop and choir activity promote belonging and group interaction through shared cultural expression. The Social event – Romanian culture and tastes (buffet) foster informal interaction and intercultural bonding.

Exploring Well-being – as physical, mental, social, environmental and emotional well-being evidence how these aspects interconnect with social health. For example, the mental well-being is addressed through workshops such as “Managing Stress Through Cognitive Skills”, focusing on coping strategies. Emotional and social well-being are supported by peer support workshops, enabling students to share experiences and support each other. Physical well-

being is integrated through group walks and outdoor activities in the Botanical Garden, connecting health with environment and movement.

Common obstacles faced by international students may evidence good strategies for overcoming barriers and fostering inclusion. Challenges such as stress and adaptation are explicitly addressed through cognitive skills workshops and discussions on well-being. Opportunities include participating in cultural workshops and city tours, supporting cultural integration but also on the team-based research projects, building collaboration and inclusion.

Some practical tips and resources help students to access support and to identify useful campus contacts and online resources. Students can access support through dedicated campus services sessions, such as presentations of social services and student support systems. Their participation in structured workshops and peer-support sessions provides direct engagement with support networks and tools such as the EC2U Mobile App help them to navigate services and resources.

By using this BIP approach the students may be encouraged to engage in campus well-being initiatives. Their team project presentations and SWOT-based strategies for promoting resilience, reinforcing the importance of active participation in shaping a healthy campus environment.

IV. Practical Activities for Social Health and Well-being in Campus

Activity 1. Assessment of academic stress

Activity 2. Stress responses

Activity 3. Stress experience and resource identification

Activity 4. Use your personal resources that can enhance your well-being!

Activity 5. Solve technique

Activity 6. Happiness is a choice

Activity 7. How to invest in Social Health and Wellbeing in Campus for a week: BIP Agenda

Activity 8. How to be prepared for a wonderful experience in UAIC Campus – BIP Virtual sessions

Activity 1. Assessment of academic stress

Objective:

- Identifying the sources of stress and the frequency of occurrence

Task:

- Based on a set of items, the participants evaluated the degree of agreement with each situation that reflects the presence of different sources of stress in their life. After completing the

scale, they computed the score (sum of scores/number of statements) for each domain. Next, they review the areas for which they have the highest scores, then they return to the questions and analyse the sources of stress, the reactions they have, the resources and strategies that can be used to manage these situations.

Instructions

1. Read each statement carefully.
2. Rate your level of agreement using the following scale:
 - 1 – Strongly Disagree
 - 2 – Disagree
 - 3 – Neutral
 - 4 – Agree
 - 5 – Strongly Agree
3. After completing each section, calculate the average score for the domain (Sum of scores / Number of items).

A. Academic workload

I feel overwhelmed by the volume of academic tasks. Score (1–5): ____

I struggle to meet assignment deadlines. Score (1–5): ____

I feel pressured during exam periods. Score (1–5): ____

I have difficulty balancing coursework demands. Score (1–5): ____

Sum of scores: ____

Number of items: ____

Average score: ____

B. Time management

I often feel I do not have enough time to complete my tasks. Score (1–5): _____

I procrastinate academic responsibilities. Score (1–5): _____

I have difficulty prioritizing tasks. Score (1–5): _____

Sum of scores: _____

Number of items: _____

Average score: _____

C. Academic performance pressure

I worry about my grades. Score (1–5): _____

I fear disappointing others (family, teachers, peers). Score (1–5): _____

I compare my academic performance with others. Score (1–5): _____

Sum of scores: _____

Number of items: _____

Average score: _____

D. Social and personal balance

Academic demands interfere with my personal life. Score (1–5): _____

I lack sufficient time for relaxation or hobbies. Score (1–5): _____

I feel socially isolated due to academic responsibilities. Score (1–5): _____

Sum of scores: _____

Number of items: _____

Average score: _____

Part II – Interpretation and reflection

1. Domain(s) with the highest average score:

2. Specific sources of stress identified:

3. Personal reactions (emotional, cognitive, behavioral):

4. Available resources (support systems, institutional services, tools):

5. Coping strategies to be implemented:

1. _____
2. _____
3. _____

Final action step (to be implemented this week):

Activity 2. Stress responses

Objective:

- To facilitate the identification, externalization, and cognitive–emotional processing of stress-related experiences,

as well as to promote awareness of coping resources and adaptive strategies.

Task:

Participants are provided with a worksheet. They are instructed to represent, through drawing or symbolic visualization, the following dimensions:

- *Part 1 – Stress representation*
Illustrate the subjective experience associated with a perceived stressful situation.
- *Part 2 – Emotional response*
Depict the dominant emotional state elicited by the identified stressor.
- *Part 3 – Available resources*
Represent the internal (e.g., personal strengths, coping skills) and external (e.g., social support, professional help) resources available for managing the stressor.
- *Part 4 – Coping strategies / solutions*
Illustrate potential strategies, actions, or solutions that could be implemented to regulate or resolve the stressful situation.
- At the end, look at the drawing, reflect on how you feel and try to answer some questions:
 - What is the value from 1 (very low level) to 10 (very high level) given to the stressor after completing the exercise?
 - How did you feel while drawing each part?
 - Which of the emotions felt are the most difficult to manage?

- What have you learned about the resources and solutions you have?
- How do you propose to address the situation?
- What are the advantages and disadvantages of problem-focused or emotion-focused strategies?

Reflection and analysis

After completing the drawing, look at the entire composition and reflect on the following questions:

1. On a scale from 1 (very low) to 10 (very high), what value do you now assign to the stressor after completing the exercise?

2. How did you feel while drawing each part?

3. Which of the emotions experienced are the most difficult to manage? Why?

4. What have you learned about the resources and solutions you possess?

5. How do you propose to address the stressful situation moving forward?

6. What are the advantages and disadvantages of problem-focused versus emotion-focused coping strategies?

This activity integrates emotional expression, cognitive restructuring, and strategic planning. By externalizing stress through visual representation, participants enhance emotional regulation, self-awareness, and adaptive coping capacity.

Activity 3. Stress experience and resource identification

Objective:

- To enhance participants' capacity to recognize and differentiate stress-related affective states, to identify situational triggers, and to increase awareness of personal coping patterns and support resources.

Task:

Participants are instructed to reflect on a set of predefined affective states frequently associated with stress. For each state, they are asked

to identify and document specific real-life situations in which these experiences occurred:

- Anxiety
- Hopelessness
- Self-criticism
- Sadness

Reflective Component

Following the identification of situations, participants engage in a guided introspective process structured around the following prompts:

1. *Behavioural response patterns*
What do I typically do when I experience [specific emotional state or situation]?
2. *Affective awareness*
How did I feel during that situation?
(Encouraging differentiation between primary and secondary emotions)
3. *Perceived support needs*
What type of support would I need or prefer from others in such situations?
4. *Coping strategies*
What behaviours or strategies do I employ when I am under stress?
5. *Social resource identification*
Who are the individuals I turn to for support when experiencing stress?

Task instructions

For each emotional state listed below, reflect on and write down specific situations in which you experienced that state.

1. *Anxiety*

Specific situations:

2. *Hopelessness*

Specific situations:

3. *Self-criticism*

Specific situations:

4. *Sadness*

Specific situations:

Reflection questions

After completing the list above, answer the following questions:

1. *What do I do when I experience these states?*

Answer: _____

2. How did I feel when I experienced these situations?

Answer: _____

3. What help would I like from other people when I am in such moments?

Answer: _____

4. The things I usually do when I am stressed are:

Answer: _____

Personal action plan

Based on this reflection, one strategy I will apply starting today is:

Activity 4. Use your personal resources that can enhance your well-being!

Objective:

- Focusing on strengths and positive aspects, even in stressful situations

Task:

- Identify ways you can use the following resources every day, at least for short moments:
 - Gratitude: A tendency to appreciate the positive aspects of life, to feel grateful for the positive things

in life, to convey gratitude and to appreciate others. It is essential for creating and maintaining positive relationships with others.

- Savouring pleasant moments: Focusing on past, present and/or future positive events and appreciating them with joy; Anticipating, remembering and prolonging the pleasant moment. It can be increased through behavioural, social and cognitive strategies. It relates to higher subjective well-being.
- Optimistic thinking: a tendency to expect positive outcomes and emphasize the positive aspects of situations. It also refers to the interpretation of positive situations as being common and due to personal factors, while attributing the causes of negative events is done in the context of temporary and external factors.
- Hope and goal focus: A positive motivational state involving goal-directed thoughts and strategies and ways to achieve goals.

Task instructions

Identify practical ways in which you can intentionally use the following psychological resources every day, even for short moments.

1. Gratitude

A tendency to appreciate the positive aspects of life, to feel grateful for positive experiences, to express gratitude, and to value others.

Gratitude contributes to the development and maintenance of positive interpersonal relationships.

How I can apply this daily (even briefly):

2. Savoring pleasant moments

Focusing on past, present, and/or future positive events and appreciating them with joy. This includes anticipating, remembering, and prolonging pleasant experiences through behavioral, social, and cognitive strategies. It is associated with higher subjective well-being.

How I can apply this daily (even briefly):

3. Optimistic thinking

A tendency to expect positive outcomes and emphasize the positive aspects of situations. It involves interpreting positive events as stable and linked to personal factors, while viewing negative events as temporary and influenced by external factors.

How I can apply this daily (even briefly):

4. Hope and goal focus

A positive motivational state characterized by goal-directed thinking, the identification of pathways to achieve goals, and sustained motivation toward desired outcomes.

How I can apply this daily (even briefly):

Reflection

Answer the following questions:

1. Which of these resources do I already use frequently?

Answer:

2. Which resource needs more intentional development?

Answer:

3. How can focusing on strengths change my response to stress?

Answer:

4. One concrete action I will implement starting today:

Answer:

Cultivating strengths such as gratitude, savouring, optimism, and hope enhances resilience, supports emotional regulation, and promotes adaptive coping in stressful contexts.

Activity 5. Solve technique

Objective:

Developing effective stress management strategies

Identifying your own resources for managing stressful situations in your life

Task:

Select a problem:		
Identify possible solutions:		
Solution 1		
Solution 2		
Solution 3		
Solution 4		
Lists advantages and disadvantages to each solution possible		
<i>Solution 1- Position :</i>	Advantages	
	Disadvantage	
<i>Solution 2- Position :</i>	Advantages	
	Disadvantage	

<i>Solution 3- Position :</i>	Advantages	
	Disadvantage	
<i>Solution 4 - Position :</i>	Advantages	
	Disadvantage	

Activity 6. Happiness is a choice

I. Understanding the Concept

1. In your own words, explain what the phrase “Happiness is a choice” means.

2. Do you agree or disagree with this statement? Explain why.

II. Exploring the key components

Take care of yourself

Practice gratitude

Choose positivity

Cultivate relationships

Live in the moment

A. Self-reflection

1. Take care of yourself – List three self-care activities you can practice this week:

- _____
- _____
- _____

2. Practice gratitude – Write three things you are grateful for today:

- _____
- _____
- _____

3. Choose positivity – Describe a recent difficult situation and how you could reframe it positively:

Situation: _____

Positive perspective: _____

4. Nurture relationships – Who is someone you appreciate but haven't expressed it to recently? What will you say or do?

5. Live in the moment – What activity helps you feel present and mindful?

III. Critical thinking

1. Can happiness always be a choice? Explain possible limitations (external circumstances, health, environment).

2. How do habits influence long-term happiness?

IV. Personal action plan (7 Days)

Day	Action I will take	Reflection (How did I feel?)
Mon		
Tue		
Wed		
Thu		
Fri		
Sat		
Sun		

V. Creative task

Draw or design your own mini diagram that represents your personal formula for happiness.

Include at least four elements that matter most to you.

Reflection Statement:

“I choose happiness by _____.”

Activity 7. How to invest in Social Health and Wellbeing in Campus for a week: BIP Agenda

SOCIAL HEALTH AND WELL-BEING IN CAMPUS

BLENDED INTENSIVE PROGRAMME

Alexandru Ioan Cuza University of Iași

Onsite Activities: 23 March - 27 March, 2026



UAIC MAIN BUILDING A, *IAȘI*, Bd. Carol I no.11

(WELCOME SESSION)

UAIC MUSEUM, *IAȘI*, Titu Maiorescu no.12, www.muzeul.uaic.ro

AGENDA

10.30 A.M.  COFFEE
BREAK

1.00 P.M.  LUNCH
BREAK

Sunday – March 22nd, 2026 – Travelling day

Monday – March 23th, 2026 9.00 A.M. - 4.00 P.M.

Social health

9.00	 UAIC MAIN BUILDING A, IAȘI, Bd. Carol I no.11, Lions' stairs
9.00-9.45	 Ferdinand Hall – UAIC Main Building, Second floor, Rectorate
	Registration
	WELCOME SESSION

9.45-10.15	Prof.dr. Nicoleta POPA, Vice-rector for International relations, Institutional Coordinator of EC2U in UAIC Prof. dr. Daniela ȘOITU, EC2U WP4 leader BIP Partners' representatives EC2U WP4 members EC2U Students Representatives EC2U Associated Partners' representatives Interventions: prof.dr. Daniela ȘOITU – <i>The integrative approach of Social Health and Well-being in Campus</i>
10.15-10.30	Photo session
	 UAIC Museum IASI, Titu Maiorescu no.12, www.muzeul.uaic.ro
10.30-11.00	Coffee break
11.00-11.45	Intervention: Prof.dr. Cornelia MĂIREAN , UAIC – <i>Studies on students well-being</i>
11.45-12.30	Intervention: drd. Lena SCHMITZ , U Jena – <i>Why the students' and university staff's well-being counts</i>
13.00-14.00	Lunch break - Titu Maiorescu Canteen (<i>self paid</i>)
14.00-16.00	- Intensive workshops and debates: <i>Health and well-being in Campus: Concepts, values, and decision-making processes</i> - Moderators: prof. dr. Cornelia MĂIREAN - UAIC, drd. Lena SCHMITZ, U Jena
	 CASA UNIVERSITARILOR, Iasi, Carol I, no. 9
17.00-18.00	Corală Universitas of UAIC - Representation and Campus Sounds Workshop Moderators: Florin DAVID – Conductor of Corală Universitas of UAIC Mrs. Gabriela ENĂȘESCU and Lect.dr.pr. Ionuț Gabriel NASTASĂ, coordinators of Corală Universitas of UAIC
18.00-19.30	Social event – Romanian culture and tastes (buffet)

Tuesday – March 24, 2026 9.00 A.M. - 4.00 P.M.

Cultural influences

	Intensive workshops and debates focusing on Cultural influences: The role of social norms and diversity on student well-being.
	 UAIC Museum
9.30-10.30	Workshop: <i>Don't Believe Everything You Think: Managing Stress Through Cognitive Skills</i> Moderator: Assoc.prof.dr. Irina CRUMPEI , UAIC
10.30-11.00	Coffee break
11.00-12.30	Workshop: <i>Social Services for students in the UAIC Campus and the EC2U Mobil App</i> Moderators: Mrs. Diana CHIHAIA , Head of Students and Alumni Support Service, UAIC
12.30-12.45	 Photo session UAIC MAIN BUILDING A, IAȘI, Bd. Carol I no.11
13.00-14.00	Lunch break - Titu Maiorescu Canteen (<i>self paid</i>)
14.00 – 16.00	Workshop: Assoc.prof.dr. Daniela MUNTELE , UAIC - <i>Peer support for students in Campus</i> Interventions: BIP Participants and Master students from LIFELINE JMP and Psychology
16.15	Iași Academic City Tour  Meeting point: UAIC MAIN BUILDING A, IAȘI, Bd. Carol I no.11
19.00	Dinner (self paid) Restaurant - tbc

Wednesday – March 25th, 2026

9.00 A.M. - 4.00 P.M.

Socio-cognitive models

UAIC Museum	Intensive workshops and debates focusing on Socio-cognitive models: Understanding behavioral change and health promotion in the campus community
9.00 - 9.45	Interventions: Prof.dr. Contiu ȘOITU , UAIC - <i>Mental Health in the Global Campus</i>
9.45-10.30;	Interventions: Assoc.prof.dr. Romeo ASIMINEI , UAIC – <i>How to collect and interpret quantitative data on well-being and health</i>
10.30-11.00	Coffee break
11.00-11.45	Assoc.prof.dr. Daniela MUNTELE – <i>Behavioral change for a Healthy Life. Socio-cognitive models/approaches</i>
11.45-12.15	Drd. Roxana BALĂCEANU – <i>Resilience of students. Protective and risk factors</i>
12.15-13.00	Lunch break - <i>Titu Maiorescu Canteen (self paid)</i>
13.15-14.00	 Group Foot walk to the “ <i>Anastasiu Fătu</i> ” Botanical Garden <i>Starting point: UAIC MAIN BUILDING A, LAȘI, Bd. Carol I no.11</i> Coordinator: Assoc.prof.dr. Iulian DUMITRU , UAIC
14.00-16.00	 Workshops in the “ANASTASIE FĂTU” BOTANICAL GARDEN (str. Dumbrava Roșie no.7) 1. <i>Thematic route for discovering urban biodiversity in the Botanical Garden</i> Coordinators: Prof.dr. Cătălin TĂNASE, Assoc.prof.dr. Carmen GACHE, Assoc. prof. dr. Corina FORĂSCU, dr. Adrian OPREA 2. <i>Oshibana and kokedama, the Japanese art of pressed flowers and gardening</i> Coordinators: dr. Ana COJOCARIU, dr. Maria IONESCU and dr. Lidia ADUMITRESEI

	3. <i>Photography exhibition with plant and bird species in the Botanical Garden</i> Coordinators: dr. Ana COJOCARIU, Assoc. prof. dr. Carmen GACHE, assoc.prof. dr. Corina FORĂSCU, ing. Cristina DASCĂLU Partners: ➤ Botanic Garden "Anastasiu Fătu" of "Alexandru Ioan Cuza" University of Iași ➤ Romanian Academy, Commission for the Protection of Natural Monuments ➤ Romanian Ornithological Society ➤ Iasi County Environment Directorate ➤ Iasi Photographers Club
17.00 – 19.00	Vegetables and floral tea - Romanian tastes (buffet)  Casa Universitarilor, Carol I Blvd. No. 9

Thursday – March 26th, 2026

9.00 A.M. - 4.00 P.M.

Interventions in Campus – methodology and collecting data

9.00-13.00	UAIC Museum <i>Campus field work – practical workshop and collaborative research-action – Place standard tools</i> Group coordinators – Assoc.prof. dr. Adrian URSU, UAIC Assoc.prof. dr. Ricardo ALMENDRA, Univ Coimbra Students volunteers from UAIC and from National College “G. Ibrăileanu” Iași
9.00-9.20	Interventions: Assoc.prof. dr. Adrian URSU, UAIC – <i>Mapping the campus</i> Assoc.prof. dr. Ricardo ALMENDRA – <i>Background for the</i>

Social Health and Well-being in the Campus

	<i>study field</i>
9.20-9.40	Interventions: Ms. Lucile BIROT , EC2U - Poitiers University, dr. Alexandru GRIGORAȘ , UAIC <i>Interviews with students in Campus on their social health and well-being</i>
9.40-11.00	Campus Field work - <i>Interventions in Campus</i> 3 teams of 7-8 students each, one for each of the small campuses: T. Maiorescu, Codrescu, Târgușor Copou
11.00-11.30	Coffee break
11.30- 13.00	UAIC Museum Team project: <i>Interventions in Campus</i>: Collaborative research-action activity where teams propose strategies for promoting physical, social, and mental resilience in the university campus.
13.00-14.00	Lunch break - Titu Maiorescu Canteen (<i>self paid</i>)
14.00-16.00	Workshop with BIP students and partial report : <i>Observe and interact with people from the campus on Health and Well-being</i> Coordinators: Ms. Lucile BIROT , Univ Poitiers & dr. Alexandru GRIGORAȘ , UAIC
19.00	Dinner (self paid) Restaurant - tbc

Friday – March 27th, 2026 9.00 A.M. - 4.00 P.M.	
Interventions in Campus - results	
9.00-10.00	Visit of “Mihai Eminescu” Central University-Library Guide:  Meeting point: UAIC MAIN BUILDING A, IAȘI, Bd. Carol I no.11
10.30-11.00	Coffee break
11.00-12.30	Team projects presentations: <i>Interventions in Campus</i> (20 min presentation and 10 min Q&A, 3 teams) <i>SWOT Strategies for promoting physical, social and mental resilience in the University Campus</i> Coordinator: prof. dr. Daniela ȘOITU
12.30-12.45	<i>Credits award</i> BIP Coordinator: prof. dr. Daniela ȘOITU Program coordinator: dr. Anca IONESCU
13.00-14.00	Lunch break - Titu Maiorescu Canteen (<i>self paid</i>)
14.00-16.00	<i>Social Health Lessons from UAIC, Iași, and the European Campus of City-Universities</i> – feedback survey and posts
Saturday – March 28th, 2026 - Travelling day	

Activity 8. How to be prepared for a wonderful experience in UAIC Campus – BIP Virtual sessions

SOCIAL HEALTH AND WELL-BEING IN CAMPUS

BLENDED INTENSIVE PROGRAMME

Alexandru Ioan Cuza University of Iași

Online Activities: 19 March - 20 March, 2026



MEETING LINK: [BIP SOCIAL HEALTH AND WELL-BEING IN CAMPUS](#)

[| MICROSOFT TEAMS | MEET-UP-JOIN](#)

AGENDA

Thursday – March 19th, 2026 10.00 A.M. - 4.00 P.M. (CET)

Research Toolkit and Comparative analysis

10.00-11.30 (FR, AT, IT, G)	Online Welcome session Prof. dr. Daniela ȘOITU , Social Health and Well-being in Campus BIP Coordinator
11.00-13.00 (RO, FI, UKR)	BIP Partners' representatives and participants UAIC (RO), U Linz (AT), U Pavia (IT), U Poitiers (FR), U Turku (FI), U Lviv (UKR), U Coimbra (PT), U Jena (GE)
9.00-11.00 (PT)	Interventions: Prof. dr. Daniela ȘOITU – Social Health and Well-being on Campus. Methodological Approaches for Studying and Research Toolkit
11.30-12.00	Healthy break
12.00-13.00	Virtual World Coffee: Participants presentation in Breakout rooms
13.00-16.00	Group work on the university and Country particularities of the Social Health and Well-being in Campus Services, Needs and Proposals

Friday – March 20, 2026 10.00 A.M. - 4.00 P.M. (CET)

Comparative analysis and tools for research

Morning session	Moderator: Prof. dr. Daniela ȘOITU
10.00- 10.45	Interventions: Assoc.prof.dr. Daniela MUNTELE – Socio-cognitive models for understanding behavioural change
10.45-11.30	Interventions: Prof. dr. Conțiu ȘOITU – Comparative analysis of Campus communities
11.30-12.00	Healthy break
Afternoon session	Coordinator: Prof. dr. Daniela ȘOITU
12.00-16.00	Group work and debates focusing on Tools for Research and Comparative analysis of the Social Health and Well-being in Campus

References

- Adarlo, G. M., Wang, Y., & King, R. B. (2025). Exploring the role of supervisors in supporting graduate students' psychological needs and well-being. *Journal of Further and Higher Education*, 49(7), 831-852.
- Antonovsky, A (1979). *Health, Stress and Coping*. San Francisco: Jossey-Bass Publishers.
- Auerbach, R. P., Alonso, J., Axinn, W. G., Cuijpers, P., Ebert, D. D., Green, J. G., ... & Bruffaerts, R. (2016). Mental disorders among college students in the World Health Organization world mental health surveys. *Psychological medicine*, 46(14), 2955-2970.
- Auerbach, R. P., Mortier, P., Bruffaerts, R., Alonso, J., Benjet, C., Cuijpers, P., ... & Kessler, R. C. (2018). WHO world mental health surveys international college student project: Prevalence and distribution of mental disorders. *Journal of abnormal psychology*, 127(7), 623.
- Campbell, F., Blank, L., Cantrell, A., Baxter, S., Blackmore, C., Dixon, J., & Goyder, E. (2022). Factors that influence mental health of university and college students in the UK: a systematic review. *BMC public health*, 22(1), 1778.
- CASEL. (2020, October 1). *CASEL's SEL framework*. CASEL. <<https://casel.org/casel-sel-framework-11-2020/>>
- Chandler, L., Patel, C., Lovecka, L., Gardani, M., Walasek, L., Ellis, J., ... & Tang, N. K. (2022). Improving university students' mental health using multi-component and single-component sleep interventions: A systematic review and meta-analysis. *Sleep medicine*, 100, 354-363.
- Chu, P. S., Saucier, D. A., & Hafner, E. (2010). Meta-analysis of the relationships between social support and well-being in children and adolescents. *Journal of Social and Clinical Psychology*, 29(6), 624-645. <https://doi.org/10.1521/jscp.2010.29.6.624>

- Cohen, S., & Hoberman, H. M. (1983). Positive events and social supports as buffers of life change stress. *Journal of Applied Social Psychology*, 13, 99–125. <https://doi.org/10.1111/j.1559-1816.1983.tb02325.x>
- Duffy, A., Keown-Stoneman, C., Goodday, S., Horrocks, J., Lowe, M., King, N., ... & Saunders, K. E. (2020). Predictors of mental health and academic outcomes in first-year university students: Identifying prevention and early-intervention targets. *BJPsych open*, 6(3), e46.
- Hyseni Duraku, Z., Davis, H., Arënlju, A., Uka, F., & Behluli, V. (2024). Overcoming mental health challenges in higher education: a narrative review. *Frontiers in psychology*, 15, 1466060.
- Egger, J. W. (2005). Das biopsychosoziale Krankheitsmodell – Grundzüge eines wissenschaftlich begründeten ganzheitlichen Verständnisses von Krankheit. *Psychologische Medizin*, 16, 2, 3–12.
- Emmerton, R. W., Camilleri, C., & Sammut, S. (2024). Continued deterioration in university student mental health: Inevitable decline or skirting around the deeper problems? *Journal of Affective Disorders Reports*, 15, 100691.
- Engel, G.L. (1977). The need for a new medical model: a challenge for biomedicine. *Science*, 196(4286). 129–36. doi:10.1126/science.847460
- Feeney, D. M., Holbrook, A. M., & Bonfield, A. (2025). Social and emotional Swiss cheese: A model for supporting student mental health and wellbeing in higher education. *Social and Emotional Learning: Research, Practice, and Policy*, 5, 100106. Gustavson et al., 2018
- Hoppe, J., Schmitz, L., Kampe, J., & Trimpop, R. (2024). Psychische Gefährdungsbeurteilung an der Universität Jena. In: Dettmers, J., Tisch, A., Trimpop, R., (editors). *Psychologie der Arbeitssicherheit und Gesundheit*: 23. Workshop. Heidelberg: Asanger Kröning.
- Hughes, G. & Spanner, L. (2024). The University Mental Health Charter. (2nd ed.) Leeds: Student Minds
- Kampe, J., Schmitz, L., Kersten, L., Storch, J., Hoppe, J., & Trimpop, R. (2022). Studentische Gesundheitsförderung: Partizipation und Kooperation bei der Gesundheitsbefragung. S. 255-259- In: Rehmer, S., Eickholt, C. (editors). *Psychologie der Arbeitssicherheit und Gesundheit*: 22. Workshop Heidelberg: Asanger Kröning.

- Kessler, R. C., Angermeyer, M., Anthony, J. C., De Graaf, R. O. N., Demyttenaere, K., Gasquet, I., ... & Üstün, T. B. (2007). Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World psychiatry*, 6(3), 168.
- Keyes, C. L. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology*, 73 (3), 539. <https://doi.org/10.1037/0022-006x.73.3.539>
- Keyes, C. L. M. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist*, 62, 95–108.
- Keyes, C. L., Shmotkin, D., & Ryff, C. D. (2002). Optimizing well-being: the empirical encounter of two traditions. *Journal of personality and social psychology*, 82(6), 1007.
- Keyes, C. L. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of health and social behavior*, 207-222.
- Keyes, C. L., Wissing, M., Potgieter, J. P., Temane, M., Kruger, A., & Van Rooy, S. (2008). Evaluation of the mental health continuum–short form (MHC–SF) in setswana-speaking South Africans. *Clinical psychology & psychotherapy*, 15(3), 181-192.
- Keyes CLM. Promoting and Protecting positive Mental health: early and often throughout the lifespan. In: Keyes CLM, editor. Mental well-being: international contributions to the study of positive mental health. Dordrecht: Springer; 2013. p. 3–28
- King, R. B., Haw, J. Y., & Wang, Y. (2024). Need-support facilitates well-being across cultural, economic, and political contexts: A self-determination theory perspective. *Learning and Instruction*, 93, 101978.
- Lakey, B., & Orehek, E. (2011). Relational regulation theory: a new approach to explain the link between perceived social support and mental health. *Psychological Review*, 118(3), 482. doi: 10.1037/a0023477
- Lazarus, R. S., & Folkman, S. (1984). *Stress, Appraisal and Coping*. New York: Springer.
- Lesener, T., Pleiss, L.S., Gusy, B., & Wolter, C. (2020). The Study Demands-Resources Framework: An Empirical Introduction. *International Journal of*

- Environmental Research and Public Health*, 17(5183). doi:10.3390/ijerph17145183
- Li, H., Du, J., & Chow, D. (2024). Perceived environmental factors and students' mental wellbeing in outdoor public spaces of university campuses: A systematic scoping review. *Building and Environment*, 265, 112023.
- Linton, M. J., Shields, R., Biddle, L., & Kidger, J. (2023). Notifying university students' emergency contacts in mental health emergencies: multi-year analysis of student consent policy preferences. *Preventive medicine*, 169, 107438.
- Măirean, C., Punei, M.-O., Șoitu, D., Trimpop, R., Schmitz, L. (2022) Physical and mental health in a sample of romanian students. *Analele Științifice ale Universității „Alexandru Ioan Cuza” din Iași (serie nouă). Sociologie și asistență socială*, tom XV no.1, Editura Universității „Alexandru Ioan Cuza”, Iași, ISSN print 2065-3131, pp. 65-76; <https://doi.org/10.47743/asas-2022-1-683>
- Makaremi, N., Yildirim, S., Morgan, G. T., Touchie, M. F., Jakubiec, J. A., & Robinson, J. B. (2024). Impact of classroom environment on student wellbeing in higher education: Review and future directions. *Building and Environment*, 265, 111958.
- Malagodi, F., Findon, J. L., Gardner, B., & Dommett, E. J. (2025). A Systematic Review of the Effectiveness of Physical Activity Interventions for Improving Mental Health and Wellbeing in University Students. *Journal of college student mental health*, 1-37.
- Mjøsund, N. H. (2021). A salutogenic mental health model: Flourishing as a metaphor for good mental health. *Health promotion in health care–Vital theories and research*, 47-59.
- Mojtabai, R., Olfson, M., & Han, B. (2016). National trends in the prevalence and treatment of depression in adolescents and young adults. *Pediatrics*, 138(6), e20161878.
- Parkhouse, A. R., House, P., Tsegah, D., & Ghosh, C. (2026). Graduate student voices on stress and mental health: Narrative survey results from a Midsouth University in the United States. *Preventive Medicine Reports*, 103424.

- Porru, F., Robroek, S. J., Bültmann, U., Portoghese, I., Campagna, M., & Burdorf, A. (2021). Mental health among university students: The associations of effort-reward imbalance and overcommitment with psychological distress. *Journal of Affective Disorders*, 282, 953-961.
- Porru, F. (2024). Addressing the challenge of mental health problems among students in higher education: insights and suggestions for future research. *Causes and consequences of mental health problems among university students and workers*, 151.
- Rueger, S. Y., Malecki, C. K., Pyun, Y., Ayccock, C., & Coyle, S. (2016). A meta-analytic review of the association between perceived social support and depression in childhood and adolescence. *Psychological Bulletin*, 142(10), 1017. doi: 10.1037/bul0000058
- Ryan, R. M., & Deci, E. L. (2024). Self-determination theory. In *Encyclopedia of quality of life and well-being research* (pp. 6229-6235). Cham: Springer International Publishing.
- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of personality and social psychology*, 69(4), 719.
- Santini, Z. I., Jose, P. E., Cornwell, E. Y., Koyanagi, A., Nielsen, L., Hinrichsen, C., ... & Koushede, V. (2020). Social disconnectedness, perceived isolation, and symptoms of depression and anxiety among older Americans (NSHAP): a longitudinal mediation analysis. *The Lancet Public Health*, 5(1), e62-e70.
- Schmitz, L., Wenzel, J., Hoppe, J., & Trimpop, R. (2022). Gefährdungsbeurteilung psychischer Belastungen und Interventionsmaßnahmen zur Gesundheitsförderung von Studierenden. Studentische Gesundheitsförderung: Partizipation und Kooperation bei der Gesundheitsbefragung. In: Rehmer, S., Eickholt, C. (editors). *Psychologie der Arbeitssicherheit und Gesundheit*: 22. Workshop Heidelberg: Asanger Kröning.
- Schmitz, L., Mairean, C., & Trimpop, R. (2024). Health and Safety in European Universities. In: Dettmers, J., Tisch, A., Trimpop, R. (editors). *Psychologie der Arbeitssicherheit und Gesundheit*: 23. Workshop. Heidelberg: Asanger Kröning.
- Seligman, M. (2018). PERMA and the building blocks of well-being. *The journal of positive psychology*, 13(4), 333-335.

- Sheldon, E., Simmonds-Buckley, M., Bone, C., Mascarenhas, T., Chan, N., Wincott, M., ... & Barkham, M. (2021). Prevalence and risk factors for mental health problems in university undergraduate students: A systematic review with meta-analysis. *Journal of affective disorders*, 287, 282-292.
- Slemp, G. R., Field, J. G., Ryan, R. M., Forner, V. W., Van den Broeck, A., & Lewis, K. J. (2024). Interpersonal supports for basic psychological needs and their relations with motivation, well-being, and performance: A meta-analysis. *Journal of Personality and Social Psychology*.
- Sprang, G., & Silman, M. (2013). Posttraumatic stress disorder in parents and youth after health-related disasters. *Disaster medicine and public health preparedness*, 7(1), 105-110.
- Tabor, E., Patalay, P., & Bann, D. (2021). Mental health in higher education students and non-students: evidence from a nationally representative panel study. *Social psychiatry and psychiatric epidemiology*, 56(5), 879-882.
- Trimpop, R. (2014). Die gesunde Organisation: Konzeption des empiriebasierten Modell HOPEs (Health-Organization-Person-Environment-System). In: Eigenstetter, M., Kunz, T., Portune, R., Trimpop, R. (editors). *Psychologie der Arbeitssicherheit und Gesundheit*: 18. Workshop. Heidelberg: Asanger.
- Trimpop, R., Hoppe, J., & Hillinger, C. (2022). Projekt Gesunde Universität Jena zur Integration von Forschung, Lehre, Verwaltung und Studierender und internationaler Universitäten. In: Rehmer, S., Eickholt, C. (editors). *Psychologie der Arbeitssicherheit und Gesundheit*: 22. Workshop Heidelberg: Asanger Kröning.
- Upsher, R., Prabhakar, S., Damjanovic, T., Conner, S., Ward, J., Rakow, K., ... & Byrom, N. (2025). Aligning interventions with the University Mental Health Charter: A stratified review of reviews of mental health and wellbeing interventions for higher education students. *Educational Research Review*, 100716.
- Upsher, R., Nobili, A., Hughes, G., & Byrom, N. (2022). A systematic review of interventions embedded in curriculum to improve university student wellbeing. *Educational Research Review*, 37, 100464.
- Waterman, A. S. (1993). Two conceptions of happiness: Contrasts of personal expressiveness (eudaimonia) and hedonic enjoyment. *Journal of personality and social psychology*, 64(4), 678.

- Westerhof, G. J., & Keyes, C. L. (2010). Mental illness and mental health: The two continua model across the lifespan. *Journal of adult development*, 17(2), 110-119.
- Wills, T. A., & DePaulo, B. M. (1991). Interpersonal analysis of the help-seeking process. In C. R. Snyder & D. R. Forsyth (Eds.), *Handbook of Social and Clinical Psychology: The Health Perspective* (pp. 350–375). Pergamon Press.
- World Health Organization (1986). *Ottawa Charter for Health Promotion: First International Conference on Health Promotion Ottawa, 21 November 1986*.
- World Health Organization. (2005). *Promoting mental health: Concepts, emerging evidence, practice*. Geneva: WHO.
- Zhang, X., & Zhou, M. (2023). Adolescents' perceived ICT autonomy, relatedness, and competence: Examining relationships to intercultural competence in Great China Region. *Education and Information Technologies*, 28(6), 6801-6824.
- Zhang, X., Lin, X., & Wang, Y. (2026). Emotional intelligence profiles and well-being among Chinese university students: The mediating role of basic psychological needs. *Intelligence*, 114, 101991.

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The volume provides a comprehensive analysis of student health and well-being in higher education, combining theoretical perspectives with large-scale empirical data collected from Friedrich Schiller University Jena (Germany) and Alexandru Ioan Cuza University of Iași (Romania).

The main findings show that the students are more likely to thrive when they feel connected, valued, and included within the university community. Social connectedness should therefore be treated as a strategic component of student success, supported through peer relationships, inclusive practices, collaborative learning, supportive environments, and active participation in campus life. Student health and well-being should be viewed as a shared responsibility of individuals and institutions. Effective promotion of social health requires integrated interventions that address academic, psychological, social, organizational, and environmental factors simultaneously. The Healthy Campus model emerges as a promising framework for creating sustainable, supportive, and resilient university communities



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