



# Measuring psychological wellbeing - summary of evidence

## Summary

Psychological wellbeing is multifaceted and has been conceptualised in many different ways. A recent review defined psychological wellbeing as “the subjective experience of positively valenced feelings or cognitive appraisals including lower activation affects such as calm or satisfied, as well as higher activation affects such as excited or thrilled” (Hernandez et al., 2018, p. 19). Psychological wellbeing is important because research has shown it is associated with numerous positive physical health outcomes (Pressman, Jenkins & Moskowitz, 2018) and organisational outcomes such as productivity and work performance (Donald et al., 2005; Ford et al., 2011).

When using measures to assess psychological wellbeing, it is important to be aware of two key concepts, reliability and validity. A test is reliable if it is consistent over time in terms of its measurement and it is valid if it measures what it is supposed to measure.

There are a variety of tools that can be used to measure psychological wellbeing within organisations and examples are described below. We include them in this review if they satisfy three key criteria: firstly that they have been designed to measure psychological wellbeing; secondly that they have been used in a variety of occupational contexts and finally, that they have been empirically tested.

To explore these studies in more detail, please click on [[Explore the Evidence](#)].

## **Defining psychological wellbeing**

Psychological wellbeing is multifaceted and has been conceptualised in many different ways. Broadly speaking, wellbeing can be categorised as either hedonic or eudaimonic. Hedonic wellbeing tends to focus on subjective happiness and in this context wellbeing is defined in terms of achieving pleasure and avoiding pain (Kahneman et al., 1999). In contrast, eudaimonic wellbeing is defined in terms of having meaning and purpose and achieving happiness through self-actualisation (Ryan & Deci, 2001). Ryff and Singer (2006) propose that there are six core dimensions to eudaimonic wellbeing – self acceptance, purpose in life, environmental mastery, positive relationship, personal growth and autonomy. More recently, Seligman (2011) proposed that flourishing arises from five wellbeing pillars which are positive emotion, engagement, relationships, meaning and accomplishment (PERMA) and

these are central to wellbeing. In a recent review psychological wellbeing was defined as “the subjective experience of positively valenced feelings or cognitive appraisals including lower activation affects such as calm or satisfied, as well as higher activation affects such as excited or thrilled” (Hernandez et al., 2018, p. 19).

### **Why is psychological wellbeing important?**

Psychological wellbeing is important for a number of reasons. Research shows that positive psychological wellbeing is associated with numerous positive physical health outcomes e.g. mortality risk and cardiovascular health (Pressman, Jenkins & Moskowitz, 2018). In their meta-analysis, Zhang and Han (2016, p. 125) found that positive affect defined as “joy, happiness, and energy, and positive characteristics, such as life satisfaction, hopefulness, and optimism” was associated with lower mortality risk. Boehm and Kubzansky (2012) found that positive psychological wellbeing may be a protective factor against cardiovascular disease and specifically optimism may play an important role. Interestingly the results suggest that optimism and hedonic wellbeing are most consistently related to cardiovascular health however this may be a result of the lack of evidence that has researched links between cardiovascular health and eudaimonic well-being.

Specifically in the context of the workplace, research suggests that psychological wellbeing is associated with specific organisational outcomes (e.g. productivity and work performance). Donald et al. (2005) found that the strongest predictor of productivity was psychological wellbeing. Similarly, a review and meta-analysis showed an association between psychological wellbeing and performance (Ford et al., 2011).

Overall, the findings suggest that positive psychological wellbeing is associated with numerous positive outcomes that would benefit both individual employees and organisational outcomes. However, when examining research it is important to ensure there is clarity about how psychological wellbeing is defined and measured because as described above it can be operationalised in a range of ways.

### **Defining reliability and validity**

Psychological wellbeing is often measured using psychometric measures which are tests that assess knowledge, abilities, attitudes or personality traits. Within psychometrics two key concepts are reliability and validity. When using a psychometric test it is important to know that the test is reliable – i.e. it is consistent over time in terms of its measurement and valid i.e. it measures what it is supposed to measure. Within these concepts there are a variety of different types of validity and reliability. For example, test-retest reliability where individuals take the same test twice at different time points and the consistency of the results is measured. Within validity, construct validity is a way of exploring whether the psychometric test measures what it aims to measure. When using psychometric tests within organisations it is important to be aware of their associated reliability and validity.

## **Examples of questionnaires that can be used to measure psychological wellbeing**

There are a number of rigorous tools that can be used to measure psychological wellbeing within organisations and examples are provided below which meet our criteria (measure psychological wellbeing, used in occupational contexts and empirically tested). To read more about the research behind each of these measures please click [here](#).

- **The Health and Safety Executive (HSE) indicator tool** is a 35-item questionnaire containing seven subscales. The subscales are demands, control, managers' support and peer support, relationships, role and change
- **The General Health Questionnaire-12**. The 12 questionnaire items measure feelings of strain, depression, inability to cope, anxiety based insomnia and lack of confidence
- **The Hospital Anxiety and Depression Scale (HADS)** is a 14 item questionnaire. The 14 items assess the presence and severity of anxiety and depression
- **The Depression, Anxiety, Stress Scale** consists of three subscales - depression scale, anxiety scale and stress scale - each of which is comprised of 14 items.
- **The Short Warwick-Edinburgh Mental Well-Being** scale is a seven item measure based on the 14 item Warwick-Edinburgh Mental Well-Being scale
- **The Copenhagen Psychosocial Questionnaire (COPSOQ) III** is comprised of 60 items which reflect a variety of domains - demands at work, work organisation and job contents, interpersonal relations and leadership, work-individual interface, social capital, conflicts and offensive behaviours, health and well-being and personality
- **ASSET pulse** is comprised of 10 items and there are seven ASSET Pulse indicators - resources and communication, control, balanced workload, work relationships, job security, aspects of job and pay and benefits.
- **The PERMA-Profiler** which contains 23 items measures the five PERMA domains in addition to overall wellbeing, negative emotion, loneliness and physical health
- **The Job Demands-Resources Scale** is a 40 item measure which is comprised of five factors - overload, job insecurity, growth opportunities, advancement and organisational support
- **The Flourishing at Work Scale Short Form** measures workplace emotional, psychological and social wellbeing over the past month.
- **The Eudaimonic workplace well-being scale** is an 8 item measure - four items measure intrapersonal elements and four measure interpersonal elements
- **The Work Well index** is a 10 item stress index which measures five dimensions of psychosocial work characteristics.
- **The Occupational Fatigue Exhaustion Recovery scale** consists of 15 items and three subscales which are chronic fatigue, acute fatigue and intershift recovery

## References

- Boehm, J. K., & Kubzansky, L. D. (2012). The heart's content: The association between positive psychological well-being and cardiovascular health. *Psychological Bulletin*, *138*(4), 655-691. <https://doi.org/10.1037/a0027448>
- Donald, I., Taylor, P., Johnson, S., Cooper, C., Cartwright, S., & Robertson, S. (2005). Work environments, stress, and productivity: An examination using ASSET. *International Journal of Stress Management*, *12*(4), 409-423. <https://doi.org/10.1037/1072-5245.12.4.409>
- Ford, M. T., Cerasoli, C. P., Higgins, J. A., & Decesare, A. L. (2011). Relationships between psychological, physical, and behavioural health and work performance: A review and meta-analysis. *Work & Stress*, *25*(3), 185-204. <https://doi.org/10.1080/02678373.2011.609035>
- Hernandez, R., Bassett, S. M., Boughton, S. W., Schuette, S. A., Shiu, E. W., & Moskowitz, J. T. (2018). Psychological well-being and physical health: Associations, mechanisms, and future directions. *Emotion Review*, *10*(1), 18-29. <https://doi.org/10.1177/1754073917697824>
- Kahneman, D., Diener, E., & Schwarz, N. (Eds.) (1999). *Well-being: The foundations of hedonic psychology*. New York: Russell Sage Foundation.
- Pressman, S. D., Jenkins, B. N., & Moskowitz, J. T. (2019). Positive affect and health: What do we know and where next should we go? *Annual Review of Psychology*, *70*, 627-650. <https://doi.org/10.1146/annurev-psych-010418-102955>
- Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, *52*, 141-166. <https://doi.org/10.1146/annurev.psych.52.1.141>
- Ryff, C. D., & Singer, B. H. (2008). Know thyself and become what you are: A eudaimonic approach to psychological well-being. *Journal of Happiness Studies*, *9*(1), 13-39. <https://doi.org/10.1007/s10902-006-9019-0>
- Seligman, M. (2011). *Flourish*. New York: Free Press.

Zhang, Y., & Han, B. (2016). Positive affect and mortality risk in older adults: A meta-analysis. *Psych Journal*, 5(2), 125-138. <https://doi.org/10.1002/pchj.129>