Chapter X: Positive psychological assessment for the workplace.

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**Introduction**

The workplace is rapidly and dramatically changing. This change is underpinned by accelerating technological advancement such as the influence of social media, and the desire for better working experiences. Recent books such as *Reinventing Organizations* (Laloux, 2014) and case studies of positive organizational practices (e.g., David, Boniwell, & Ayers, 2012; Dutton & Spreitzer, 2014) further fuel the desire for a ‘good day at work’. Increasing public debate regarding National Accounts of Wellbeing (Diener, Oishi, & Lucas, 2015; Weijers & Jarden, 2013) also contribute on a broader level to the desire for a better way of living and working.

Against this backdrop of increasing demand for positive change sits the related fields of Positive Organizational Scholarship (Cameron, Dutton, & Quinn, 2003) and Positive Organizational Behavior (Luthans, 2002a; Nelson & Cooper, 2007). Research stemming from these fields, as well as from organizational (e.g., Luthans, 2002b) and positive psychologists (e.g., Steger, Dik, & Shim, in press) beginning to focus on wellbeing at work, has demonstrated that work wellbeing is good for the individual, the organization, and for society as a whole. Work wellbeing is also good fiscally, with every organizational dollar invested into organizational wellbeing providing a return of approximately three to five times the original investment (Goetzel & Ozminkowski, 2008; Rath & Harter, 2010).

Such findings, particularly at the organizational level, are driving organizations to investigate and then further invest in Workplace Wellbeing Programmes[[1]](#footnote-1) (henceforth WWP’s). With such activity it is important to know how organizations and organizational consultants implementing WWP’s assess the wellbeing of employees, and how they evaluate the WWP’s they implement in relation to their impacts on employee wellbeing and important organizational performance indicators.

This chapter firstly summarises the benefits of wellbeing at work and the case for wellbeing assessments and the use of positive psychological assessment measures is made. Following this, we appraise current workplace wellbeing assessment practices, drawing on various related literature. Then suggestions are provided as to both what should be assessed in organizations, and how this should be assessed. Lastly a new framework for conceptually evaluating organizational wellbeing research is briefly outlined, which is also a practically useful framework when obtaining commitment for WWP’s and implementing them within organizations. The chapter ends with some suggestions for further research and conclusions.

**The benefits of wellbeing at work**

Workplace stress is a chronic and pressing issue for organizations (Nixon, Mazzola, Bauer, Kruger, & Spector, 2011). Particularly in Western countries, there is a stark contrast between knowledge of the benefits of work wellbeing for both the employee and the organization (see Harter, Schmidt, & Keyes, 2002, or Lewis, 2011) and the high rates of unhappiness at work (e.g., 50%; Mercer, 2011). However, employees with high wellbeing provide many benefits. For example, happier employees are healthier (Waddell & Burton, 2006), have less sick days (Bertera, 1990), earn more (Koo & Suh, 2013) and get promoted sooner (Boehm & Lyubomirsky, 2008). They are more effective (George & Bettenhausen, 1990) and productive (Bockerman & Ilmakunnas, 2012; Page & Vella-Brodrick, 2009), display better organizational citizenship behaviors (Organ, 1988), inspire customer loyalty (Harter, Schmidt & Hayes, 2002), increase the wellbeing of other employees (Christakis & Fowler, 2009; Totterdell, Kellett, Teuchmann, & Briner, 1998), stay in their jobs longer (Rusbult & Farrell, 1983; Judge, 1993), and can even increase the organizations stock market value (Edmans, 2012). Of course happy employees have a place in society beyond their organizations as they spread their wellbeing influence; happy employees are good for societal wellbeing (Graham, 2010). The benefits of work wellbeing are thus relatively well established. On the whole it is better for employees to be happier and satisfied at work than not, and these benefits accrue from the individual, to the organization, and to society.

**The potential benefits of wellbeing assessment at work**

There are benefits beyond the results of the assessments themselves to conducting organizational wellbeing assessments; the wider context of these assessments matter also. These benefits include aspects such as 1) the organization being perceived as caring towards employees (improving recruitment), 2) the organization being seen as an attractive place to work (making retention easier), 3) that the information obtained can be used to make important management decisions (e.g., how and when to restructure a division), or 4) that wellbeing information can assist with managing both psychological and physical health more specifically and constructively (Lewis, 2011; Lopez, S. J., & Snyder, 2003; Nelson & Cooper, 2007). However, more research on the impact of these more contextual factors is needed.

**Current workplace wellbeing assessment practice**

Thus, there is growing evidence that work wellbeing is part of a bigger picture of better functioning individuals, organizations, and societies, and should be a priority target for organizations. How might organizations track progress toward wellbeing targets, though? That is, if work wellbeing and knowledge of wellbeing is a valued goal for employees and organizations, what do current workplace wellbeing assessment practices look like?

*Poor assessments in, and of, workplaces*

Unfortunately there is scant data available on current positive psychological assessment practices in workplaces. There is, as such, no critical review or study of wellbeing assessment practice presently available. In addition, as Spence (2015) notes, what data there are suggests that 1) very little assessment of organizational wellbeing happens in practice, and 2) when it does happen, this assessment is typically superficial.

Regarding Spence’s first point, anecdotal reports from organizational consultants suggest that wellbeing assessments usually happen in the context of an intended WWP. It does not seem to be the case that employee or organizational wellbeing assessments are untaken without any view towards increasing levels of employee or organizational wellbeing. This point is important because in countries such as Australia, as few as 1,500 organizations (3.6% of the total workforce) provide formal, structured workplace health and wellbeing programmes (HAPIA, 2009). So if very few workplace health and wellbeing programmes happen in the first instance, there is very little opportunity for wellbeing assessments to occur if they only exist in the context of these programmes. In addition, McCarthy, Almeida, and Ahrens (2011) reported that 46% of organizations implementing WWP’s (in a sample of 319 HR professionals) did not evaluate their WWP’s. Of the remainder that did evaluate their WWPs, these assessments were largely limited to the usage of the programme and overall satisfaction with the programme, rather than the impacts of the programme *per se*. Similar results have been reported elsewhere (e.g., in the UK: McGillivray, 2002). Such findings suggest that very little positive psychological assessment happens in workplaces.

Regarding Spence’s second point, when wellbeing assessments do happen, they are not as psychometrically sound, rigorous or as appropriately focused as they should be, according to standard psychological assessment processes (see Shum, O'Gorman, Myors, & Creed, 2013). Instead wellbeing assessments are more commonly limited by their small scale, with few questions asked (e.g., overall job satisfaction), and they fail to measure the multidimensional nature of wellbeing (Diener, Oishi, & Lucas, 2015; Hone, Jarden, Schofield, & Duncan, 2014). So when they do happen, they seem to lack appropriate and rigorous evaluation.

These points concerning the lack of wellbeing assessment, and lack of rigor in assessments, add to the finding that WWP’s themselves vary in quality. As a report by Price-Waterhouse-Coopers mentions, WWP’s when delivered are usually “a patchwork of uncoordinated programmes, often delivered by multiple vendors, with limited consistency or integration” (PWC, 2010, p. 21) which makes high quality, sound psychometric assessment even more challenging. Such diversity in programmes delivered may then lead to insufficient or inappropriate measurement, as Mills, Fleck, and Kozikowski recently mentioned:

the operationalization of positive constructs has lurched forward so rapidly that their measurement in the workplace has proceeded without a proper foundation and with an insufficient assessment as to the appropriateness of the various measurement instruments used to assess such constructs (2013, p. 160).

In other words, the choice of construct measure used may not be fit for purpose on all occasions, and this may be related to the quality of the WWP being delivered and then evaluated. More research, including a study and review of workplace wellbeing assessment practice, is needed in order to fully understand the scale and scope of current wellbeing assessments in organizations[[2]](#footnote-2). At this point it is hard to draw any firm conclusions about current wellbeing assessment practices in workplaces beyond the above points. Given that scant assessment practice data is available, and it seems that very little sound, rigorous, or multidimensional assessment of psychological wellbeing happens in organizations when assessments do happen, it is beneficial then to investigate what positive psychological and wellbeing assessment measures are used in wellbeing promotion research, what measures are used in workplace wellbeing research, and what measures are suggested by positive psychological assessment experts.

*Assessment measures in applied research*

Currently, it is difficult to identify, or even categorize what measures are used in workplaces to assess employee and organizational wellbeing and the impacts of WWP’s, or the extent to which they are used at all. It is possible that organizations are using myriad idiosyncratic and proprietary measures, severely limiting what can be learned from organizationally-embedded measures. We can more easily investigate research using published positive psychological assessment measures by focusing on research that tests interventions that aim to increase wellbeing (similarly to the aims of WWP’s), and with research on work wellbeing in particular.

*Wellbeing promotion research*

In 2015, Hone, Jarden and Schofield identified 40 positive psychological intervention effectiveness trials targeting adults in real-world settings involving a total of 10,664 participants. These 40 articles reported which assessment measures (including positive psychological assessment measures) they used to assess the effectiveness of their positive psychological intervention programmes. All studies needed to meet eight selection criteria (see Hone, Jarden, & Schofield, 2015, p. 3), one of which was that the study include: “Pre-intervention and post-intervention assessment using psychometrically sound measures of positive variables must be reported (such as positive emotions, subjective well-being, psychological, optimism and/or resilience)”. For the purpose of this chapter we explored the assessment measures used in these 40 effectiveness trials further[[3]](#footnote-3), and this highlighted both which assessment measures, and to what extent the measures, are used in positive psychology intervention effectiveness trials. These results are displayed in Table 1, and sorted by most frequent use.

Table 1

*Assessment Measures Used in 40 Positive Psychological Intervention Effectiveness Trials*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Num Measure Measure authors Construct/s Times used

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Satisfaction with Life Scale (SWLS) | Diener, Emmons, Larsen, & Griffin, 1985 | Life Satisfaction | 11 |
| 2 | Scales of Psychological Wellbeing (SPW) | Ryff & Singer, 1998 | Wellbeing | 9 |
| 3 | Positive Affect and Negative Affect Schedule (PANAS) | Watson, Clark, & Tellegan, 1988 | Positive affect and Negative affect | 8 |
| 4 | Centre for Epidemiological Studies Depression Scale (CES-D) | Radloff, 1977 | Depressed mood | 6 |
| 5 | Depression Anxiety Stress Scale (DAS-21) | Lovibond & Lovibond, 1995 | Depress / Stress / Anxiety | 5 |
| 6 | Quality of Life Inventory (QoLI) | Frisch, 2004 | Life satisfaction, life domains | 4 |
| 7 | Profile of Mood States (POMS) | McNair, Lorr, & Droppelman, 1981 | Emotions | 3 |
| 8 | Workplace Well-being Index (WWI) | Page, 2005 | Workplace wellbeing | 3 |
| 9 | Cognitive Hardiness Scale (CHS) | Nowack, 1990 | Cognitive Hardiness | 2 |
| 10 | Warwick-Edinburgh Mental Well-being Scale (WEMWBS) | Tennant, Fishwick, Platt, Joseph, & Stewart-Brown, 2006 | Wellbeing | 2 |
| 11 | Clinical Interview for Depression (CID) | Paykel, 1985 | Depression | 2 |
| 12 | SPF-Index Level Scale (SPF-IL) | Nieboer, Lindenberg, Boomsma, Van Bruggen, & Bruggen, 2005 | Wellbeing | 2 |
| 13 | Steen Happiness Index (SHI) | Seligman, Steen, Park, & Peterson, 2005. | Happiness | 2 |
| 14 | Mental Health Continuum – Short Form (MHC-SF) | Keyes, 2005 | Wellbeing | 1 |
| 15 | Authentic Happiness Inventory (AHI) | Peterson, ND | Happiness | 1 |
| 16 | Subjective Happiness Scale (SHS) | Lyubomirsky & Lepper, 1999 | Happiness | 1 |
| 17 | Life Orientation Test-Revised (LOT-R) | Scheier, Carver, & Bridges, 1994 | Optimism | 1 |
| 18 | Short Happiness and Affect Research Protocol (SHARP) | Stones, Kozma, Hirdes, Gold, Arbukle, Kolopack, 1996 | Happiness | 1 |
| 19 | Job-related Affective Well-being S scale (JAWS) | Van Katwyk, Fox, Spector, & Kelloway, 2000 | Work affect | 1 |
| 20 | Self-developed self-efficacy scale based on Bandurra (2012) | Ouweneel, Le Blanc, & Schaufeli, 2013 | Self-efficacy | 1 |
| 21 | Utrecht Work Engagement Scale (UWES) | Schaufeli, Bakker, & Salanova, 2006 | Work engagement | 1 |
| 22 | EuroQol Group 5-Dimension Self-Report Questionnaire (EQ-5D) | The EuroQol Group, 1990 | Health Outcome | 1 |
| 23 | Generalized Anxiety Disorder 7-item scale (GAD-7) | Spitzer, Kroenke, Williams, Löwe, 2006 | Anxiety | 1 |
| 24 | SF-36 Health Survey (SF-36) | Ware & Sherbourne, 1992 | Health Status | 1 |
| 25 | Hopkins Symptom Checklist-25 (HSCL-25) | Derogatis, Lipman, & Rickels, 1974 | Anxiety / Depression | 1 |
| 26 | Self-Management Ability-Scale (SMAS-30) | Schuurmans, Steverink, Frieswijk, Buunk, Slaets, & Lindenberg, Unpublished | Self-Management Ability | 1 |
| 27 | PsyCap Questionnaire (PCQ) | Luthans, Avolio, Avey, & Norman, 2007 | Psychological capital | 1 |
| 28 | World Health Organization Quality of Life Inventory – Brief (WHOQOL-BREF) | The WHOQOL Group, 1998 | Quality of Life | 1 |
| 29 | Flourishing Scale (FS) | Diener, Wirtz, Tov, Kim-Prieto, Choi, Oishi, & Biswas-Diener, 2009 | Flourishing | 1 |
| 30 | WHO-5 Wellbeing Index (WHO-5) | Primack, 2003 | Quality of life / Wellbeing |  |
| 31 | Personal Wellbeing Index (PWI-A) | International Wellbeing Group Deacon University, 2006 | Wellbeing | 1 |
| 32 | Assessing Emotions Scale (AES) | Schutte, Malouff, Hall, Haggerty, Cooper, Golden, et al., 1998 | Emotions | 1 |
| 33 | Affective Well-being Scale (AWS) | Daniels, 2000 | Emotions | 1 |
| 34 | Orientations to Happiness Questionnaire (OTHQ) | Peterson, Park, Seligman, 2005 | Wellbeing | 1 |

Across these 40 trials 34 measures (e.g., Satisfaction with Life Scale, Scales of Psychological Wellbeing) were used to capture 17 constructs (e.g., Positive affect and negative affect, wellbeing). This review of measures used in positive psychological intervention research highlights that:

1. there are only a few relatively frequently used measures (e.g., only six measures were used four or more times), and that 20 of the 34 measures were only used once
2. many of the measures used are not traditional ‘positive measures’, or assess ‘positive variables’, but rather measure more clinical type variables (e.g., depression, anxiety, stress)
3. only one specific workplace wellbeing measure was used
4. many hedonic measures of emotions and affect were used.

*Workplace wellbeing research*

Next, for the purpose of this chapter we conducted a systematic review to investigate which positive psychological measures are used to evaluate the effectiveness of a workplace wellbeing intervention. Electronic databases (OVID: psych INFO, psych TESTS, Cochrane library, AMED, Health and psychosocial instruments, MEDLINE; EBSCO Health Databases: MEDLINE, CINHAL Plus with Full Text; Scopus; Proquest) were searched without date limiters up to December 2015 to identify primary research studies that investigated which positive psychological measures are used to evaluate the effectiveness of a workplace intervention. Database search terms included “positive psych\*” OR wellbeing OR “well being" AND assessment OR measure\* AND worker OR workplace OR organi\* AND intervention AND effect\* OR effic\* OR outcome\* OR evaluat\*. Forward and backward citation searches were carried out on any studies included following the electronic database searches. Studies were eligible if they measured the efficacy[[4]](#footnote-4) of a workplace positive psychological intervention using an assessment measure. The two chapter authors independently screened the reports for inclusion looking first at title and abstracts. Full text articles were obtained for studies that appeared to meet the inclusion criteria, or studies where a definite decision could not be made. Studies were then individually reviewed and each assessment tool used to measure efficacy of a workplace positive psychological intervention was identified. Database searches identified 350 articles, with five additional records from citation searches. Following removal of duplicates and title and abstract screening, 56 full text articles were assessed and met the selection criteria: see the PRISMA diagram in Figure 1.



Figure 1. PRISMA diagram

This process identified 56 articles that utilised 111 measures in total (or selected a subset of questions from an established measure). Seventeen of these 111 measures were used in two or more of the 56 studies and are displayed in Table 2, and sorted by most frequent use.

Table 2

*Assessment Measures Used Two or More Times in 56 Workplace Wellbeing Research Articles*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Num Measure Authors Construct/s Times used

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | General Health Questionnaire (GHQ-12) | Goldberg & Hillier, 1979 | Health | 10 |
| 2 | Perceived Stress Scale (PSS) | Cohen & Williamson, 1988 | Stress | 8 |
| 3 | Job Satisfaction Scale (JSS) | Warr, Cook, & Wall, 1979 | Job satisfaction | 7 |
| 4 | Malach Burnout Scale (MBS) | Malach-Pines, 2005 | Burnout | 6 |
| 5 | Utrecht Work Engagement Scale (UWES) | Schaufeli, Baker, & Salanova, 2006 | Work engagement | 5 |
| 6 | Satisfaction with Life Scale (SWLS) | Diener, Emmons, Larsen, & Griffin, 1985 | Life Satisfaction | 4 |
| 7 | Positive Affect and Negative Affect Schedule (PANAS) | Watson, Clark, & Tellegan, 1988 | Positive affect and Negative affect | 4 |
| 8 | Centre for Epidemiological Studies Depression Scale (CES-D) | Radloff, 1977 | Depressed mood | 4 |
| 9 | Pittsburgh Sleep Quality Index (PSQI) | Buysse, Reynolds III, Monk, Berman, & Kupfer, 1989 | Sleep | 3 |
| 10 | Mindfulness Attention Awareness Scale (MAAS) | Brown & Ryan, 2003 | Mindfulness | 3 |
| 11 | Copenhagen Psychosocial Questionnaire (CPQ) | Kristensen, Hannerz, Hogh, Borg, 2005 | Psychosocial work environment | 3 |
| 12 | Vitality Scale (VS) | Ryan & Frederick, 1997 | Vitality | 3 |
| 13 | Job Demands (JD) | Wall, Jackson, & Mullarkey, 1995 | Job demands | 2 |
| 14 | Organizational Commitment Scale (OCS) | Cook & Wall, 1980 | Organizational commitment | 2 |
| 15 | State / Trait Anxiety Inventory (STAI) | Spielberger, 1972, 1983 | Anxiety | 2 |
| 16 | SF-12 Health Survey (SF-12) | Ware, Kosinski, & Keller, 1996 | Health | 2 |
| 17 | Work Ability Index (WAI) | Ilmarinen, 2007 | Work ability | 2 |

This review of measures used in workplace wellbeing research highlights that:

1. there are only a few relatively frequently used measures (e.g., only eight of the 111 measures were used four or more times) with most (*n* = 94) of the 111 measures only used once
2. many of the measures used are not traditional ‘positive measures’, nor assess ‘positive variables’, but rather measure clinical type variables (e.g., depression, anxiety, stress), or health variables
3. that the Satisfaction with Life Scale, the most used measure in the review of effectiveness trials above, was only used in four of the 56 studies.

*Measures suggested by positive psychological assessment experts*

In their 2015 paper Owens, Magyer-Moe, and Lopez suggested a list of 23 areas of positive psychological assessment (e.g., emotions, gratitude, strengths, well-being, optimism, mindfulness, etc.) and 58 specific measures (e.g., Flourishing Scale, Mindfulness Attention Awareness Scale) capturing constructs in these areas of positive psychological assessment. These authors are experts in practice and in positive psychological assessment. For example, Lopez is one of the editors of the key text on positive psychological assessment (Lopez & Snyder, 2003), and Owens and Magyer-Moe have both published on positive assessment in particular (e.g., Keyes & Magyar-Moe, 2003). These 58 measures are presented as ‘standardised positive psychological measures’ for children, adolescents and adults which are “an extensive, but not exhaustive, list of measures available, largely from the 1990’s to the present” (Owens, Magyer-Moe, Lopez, 2015, p. 649). The measures which overlap with Owens, Magyer-Moe, and Lopez’s recommended list of 58 and with either the above 34 that have been used in wellbeing promotion research (Table 1), *or* with the 17 measures used two or more times in workplace wellbeing research (Table 2) include the following nine:

1. Satisfaction with Life Scale (SWLS)
2. Positive Affect and Negative Affect Schedule (PANAS)
3. Steen Happiness Index (SHI)
4. Subjective Happiness Scale (SHS)
5. Life Orientation Test-Revised (LOT-R)
6. Flourishing Scale (FS)
7. Scales of Psychological Wellbeing (SPW)
8. Quality of Life Inventory (QoLI)
9. Mindfulness Attention Awareness Scale (MAAS)

In other words, these nine include one of the measures suggested by Owens, Magyer-Moe, and Lopez that was also relatively popular in wellbeing promotion research *or* workplace wellbeing research. Taking this one step further, including measures that we popular in both wellbeing promotion research (Table 1) *and* with the 17 measures used two or more times in workplace wellbeing research (Table 2), this list would then include two more:

1. Centre for Epidemiological Studies, Depression Scale (CES-D)
2. Utrecht Work Engagement Scale (UWES)

For further detail of how these were identified, see Appendix A, Table 3. Psychometric properties aside[[5]](#footnote-5), these 11 measures, because of their popularity across two of the three data sources, are likely good candidates for potential use in positive psychological assessment practices in workplaces.

**Ideal organizational wellbeing assessments**

The case that wellbeing should be assessed in the workplace relies on employees and organizations first realising the benefits and value of high wellbeing in a work context. If this is the case, that wellbeing is a goal for employees and organizations (i.e., it is seen as a commodity that should be developed and increased as the research suggests), then wellbeing should be assessed soundly. The management adage that ‘you can only manage what you measure’ applies equally well to psychological wellbeing in organizations. As Nobel Prize winning economist Joseph Stiglitz mentioned, “What we measure affects what we do; and if our measurements are flawed, decisions may be distorted” (Stiglitz, Sen, & Fitoussi, 2009, p. 7). If organizations do not assess wellbeing rigorously, it is difficult for both employees, organizational consultants, and organizations to then determine the need, appropriate type, scale, and effectiveness over time of WWP’s. Assuming that sound wellbeing assessments are the first step towards considering WWP’s, the important questions then become, ‘*what* should be assessed?’, and ‘*how* should it be assessed?’. In addressing these two questions it is of foremost importance to be mindful of the goals of assessment (at least from the perspective of management), which usually includes the obtainment of high quality information that directly leads to actionable decisions. For example, a finding that employees are highly stressed may lead to the investment in a stress reduction programme or workload changes, or the finding that employees are not utilising their strengths may lead to investment in a strengths programme or team reconfigurations.

*What should be assessed? Putting together a dream list of measures.*

Although the nature and conceptualization of psychological wellbeing itself is contentious (Diener, 2009; Warr, 2013), the field of Positive Psychological Assessment (see Lopez & Snyder, 2003) is reaching consensus that a dashboard of metrics are needed to capture the multidimensional nature of wellbeing (Diener, Oishi, & Lucas, 2015; Hone, Jarden, Schofield, & Duncan, 2014). As such, this chapter proposes 11 measures that have been identified by a review of research and by experts, and in addition we propose an additional 16 measures below. Together these 27 assessment measures provide both global and evaluative wellbeing information (i.e., they largely address the question ‘what is the level of wellbeing in our organization?’) as well as information on more specific drivers and enablers of work wellbeing (i.e., they largely address the question ‘what are the contributing factors to our organization’s level of wellbeing?’)[[6]](#footnote-6). These additional 16 measures suggested by us are to fill exactly this balance gap between global wellbeing and wellbeing drivers. Nonetheless, the correct battery of assessment measures for each specific organization will depend on each organization’s situation and requirements, and in addition organizations are likely to want to assess relevant indicators related to employee wellbeing (e.g., turnover, sick days, performance). The 16 measures below were chosen according to the following eight criteria[[7]](#footnote-7):

* They are not included in the above identified 11 measures.
* They provide information that is actionable.
* They provide a mixture of assessing what is going right (e.g., hope, self-efficacy) and what is going wrong (e.g., resilience), at both global and wellbeing driver levels.
* They are relatively short and quick to administer.
* Some are work specific (e.g., the Work and Meaning Inventory) and some global (e.g., the Meaning in life Questionnaire).
* Some are free to use, and for the rest permission is relatively affordable and accessible.
* They all have acceptable and validated psychometric properties (some slightly better than others) and are well utilised in practice and/or research[[8]](#footnote-8).
* They align well with likely WWP’s (e.g., a hope programme is aptly assessed with the Adult Hope Scale, a meaning programme is aptly assessed with the Work and Meaning Inventory).

Thus the below two wellbeing outcome and fourteen wellbeing driver measures are proposed as potentially valuable components of an organizational wellbeing assessment, although they are by no means definitive or exhaustive, and in conjunction with consideration of the above 11 represent a ‘good first step’ in the direction of better organizational wellbeing assessment and at capturing the multidimensional nature of organizational wellbeing:

Global outcome measures:

1. Warwick-Edinburgh Mental Well-being Scale (Tennant, Hiller, Fishwick, Platt, Joseph, Weich, Parkinson, Secker, & Stewart-Brown, 2007).
2. Workplace Well-being Index (Page, 2005).

Measures of drivers of wellbeing:

1. Adult Hope Scale (Snyder, Harris, Anderson, Holleran, Irving, Sigmon, et al., 1991).
2. Work and Meaning Inventory (Steger, Dik, & Duffy, 2012).
3. Meaning in Life Questionnaire (Steger, Frazier, Oishi, & Kaler, 2006).
4. Subjective Vitality Scale (Ryan & Frederick, 1997).
5. Strengths Use and Knowledge Scale (Govindji & Linley, 2007).
6. Gratitude Scale (McCullough, Emmons & Tsang, 2002).
7. Curiosity and Exploration Inventory – II (Kashdan, Gallagher, Silvia, Breen, Terhar, & Steger, 2009).
8. General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995).
9. Brief Resilience Scale (Smith, Dalen, Wiggins, Tooley, Christopher, & Bernard, 2008).
10. General Health Questionnaire (Goldberg & Hillier, 1979).
11. Perceived Stress Scale (Cohen & Williamson, 1988).
12. Job Satisfaction Scale (Warr, Cook, & Wall, 1979).
13. Malach Burnout Scale (Malach-Pines, 2005).
14. VIA Strengths (Peterson & Park, 2009; Peterson & Seligman, 2004).

It should also be pointed out that some drivers are more apt to drive global wellbeing, and some drivers more apt to drive work wellbeing. For example, Hamling, Jarden and Schofield (in press) found that different occupational groups (e.g., manager’s vs sales workers vs labours etc.) had different drivers for global wellbeing (i.e., flourishing) than for aspects of work wellbeing (e.g., job satisfaction). Here aspects such as ‘work life balance’ and ‘engagement’ were large drivers of work wellbeing, whereas aspects such as a sense of ‘meaning and purpose’ and ‘self-esteem’ were larger drivers of global wellbeing.

In summary, measuring global wellbeing outcomes provides valuable information to decision makers, especially if they are sensitive enough to be tracked over time (although some constructs, such as cognitive judgements of life satisfaction, are relatively stable over time, other constructs, such as emotions, are much less stable over time: e.g., see Sheldon, Jose, Kashdan, & Jarden, 2015). In addition, measuring drivers and enablers of wellbeing also provides valuable information towards decisions if they are sensitive enough to be tracked over time. The research literature indicates that increasing aspects of any of these drivers is good not only for organizational performance, but also for employees’ wellbeing. For example, the strength of curiosity is not only beneficial for goal obtainment (e.g., reaching key performance indicators at work), but also provides increased wellbeing benefits from goal obtainment *per se* (Sheldon, Jose, Kashdan, & Jarden, 2015).

Given these 16 assessment measures covering a range of constructs, what is missing from this battery of suggested measures? What else might an organization wish to measure in a wellbeing assessment? Firstly, there is no good measure (according to the above eight criteria) of positive leadership[[9]](#footnote-9)[[10]](#footnote-10). Secondly, given the emerging and important relationship between physical health and subjective wellbeing (Seligman, 2008), a more detailed measure of employee health indicators than the GHQ-12 may be beneficial (e.g., such as health conditions)[[11]](#footnote-11). These, positive leadership and health, are two areas organizations are likely to want to assess.

In summary, a variety of methods (i.e., review of wellbeing promotion research, review of workplace wellbeing research, expert opinion) has been used to identify possible assessment measures for use in wellbeing assessment in organizations. In addition, we have suggested additional measures based on rational criteria and that fill the balance gap between global wellbeing and wellbeing driver measures. In making such suggestions we believe this above dream list of 27 measures is a good battery to drawn from in the first instance, depending on each organizations particular context.

Once ‘what should be assessed?’ has been addressed, the question then becomes ‘how should wellbeing be assessed?’, i.e., what is the best way to conduct an organizational wellbeing assessment?

*Implementing wellbeing assessment in organizations.*

There are many methods one can use in work wellbeing assessment (e.g., Juniper, White, & Bellamy, 2009) and psychological assessment (see Shum, O'Gorman, Myors, & Creed, 2013) including both paper based and online psychometric tests, self-monitoring, direct observation, physiological measures (e.g., heart rate, skin conductivity), interviews, and using existing records. In regard to wellbeing specifically, there is also the Experience Sampling Method (ESM: Larson & Csikszentmihalyi, 1983) and the Day Reconstruction Method (DRM: Kahneman, Krueger, Schkade, Schwarz, & Stone, 2004). However, by far the most popular are psychometric tests, mostly due to the increased cost, level of experience, specialist equipment, and time associated with other methods. When comparing paper based and online tests, research indicates that there are no significant differences in the psychometric properties of measures completed online compared to paper-based versions (Lewis, Watson, & White, 2009; Riva, Teruzzi, & Anolli, 2003), which is one reason why the use of web-based research methods is increasing (Reips, 2006). Online testing is also quicker, provides greater confidentiality, and scoring is automated (Shum, O'Gorman, Myors, & Creed, 2013). For all of the above reasons we advocate the use of online assessment methods.

Although a selection of the above 27 measures can be self-administered by organizations via standard web based survey software (e.g., survey monkey, survey gizmo, survey pro), two currently available online wellbeing assessment tools are now briefly highlighted, both capturing a combination of outcome and driver level wellbeing indicators:

Work on Wellbeing[[12]](#footnote-12): www.workonwellbeing.com

* Work on Wellbeing is an online assessment tool specifically developed to assess and track employee wellbeing over time in organizations. The assessment comprises 50 questions and takes on average nine minutes to complete. Consisting of a collection of validated psychometric measures from the psychology literature, the assessment has four main modules: an assessment of Global Wellbeing (e.g., life satisfaction); an assessment of Domain Wellbeing (e.g., satisfaction with intimate relationships); an assessment of Workplace Wellbeing (e.g., autonomy at work); and an assessment of Component Wellbeing factors underpinning wellbeing that are related to a workplace context (e.g., physical health indicators, resilience). In addition, organizations can add their own specific questions to the assessment, and select to add further construct measures from a list of 50 additional validated measures (such as work engagement, burnout, stress, hope, meaning, mindfulness). At the end of the assessment, employees are presented with real-time, benchmarked and contextualised wellbeing reports. Both organizational account holders and employees are provided with aggregate, anonymous organizational level wellbeing reports at the end of the organizations assessment period. These reports can also be tailored for sub-group level reporting (i.e., teams).

Happiness at Work Survey: www.happinessatworksurvey.com

* Happiness at Work Survey is an online work wellbeing assessment tool comprised of 48 questions which takes on average 10 minutes to complete. The survey measures four dynamic and interrelated categories that impact happiness at work: 1) personal resources, 2) the organization itself, 3) the work itself, and 4) thoughts and emotions at work. Employees receive real-time reports, and results identify highlights and lowlights in a dynamic model that encourages discovery. Organizational level results are aggregated and anonymous, and available at subgroup levels (i.e., teams). Questions are benchmarked against national samples, and presented so that participants can take action to increase their happiness at work.

In addition to these two wellbeing assessment tools, other options may include Moodscope ([www.moodscope.com](http://www.moodscope.com)), Tiny Pulse ([www.tinypulse.com](http://www.tinypulse.com)), or Gallup ([www.gallup.com](http://www.gallup.com)), and there are many others (although very few that easily allow the tracking of wellbeing over time). Regardless of survey tool, it is important to note that 1) assessments should use multiple methods (e.g., survey plus observation) rather than just one piece of information, 2) assessments should be undertaken regularly (e.g., pre, during, and post WWP’s), and 3) regular conversations regarding wellbeing are one key pathway to increasing workplace wellbeing, and frequent assessment points provide the opportunity to instigate these conversations (Dutton & Spreitzer, 2014).

So given this outline of both what should be assessed and how, we now briefly outline a new framework – the Me, We, Us framework - for conceptually evaluating organizational wellbeing which is, importantly, also a practically useful framework when obtaining commitment for WWP’s and implementing them within organizations. This model provides organizations with a rationale and reminder that multiple levels of assessment and intervention may be needed to maximise performance and wellbeing across an organization, and thus a focus on assessing constructs at an individual level may not be sufficient. The previously suggested measures that provide a ‘good first step’ are almost exclusively at the individual level.

**The ‘Me, We, Us’ Framework**

Although the benefits of high psychological wellbeing impact individuals, organizations, and the whole of society, WWP’s largely target the organization (i.e., individuals at work), and to a lesser extent the individual (i.e., individuals outside of work). When focusing specifically on organizational wellbeing, wellbeing assessments and WWP’s can happen at three distinct levels regardless of organizational structure or size. These three levels include the individual level (me), group level (we), and the organizational level (us), as depicted in Figure 2.

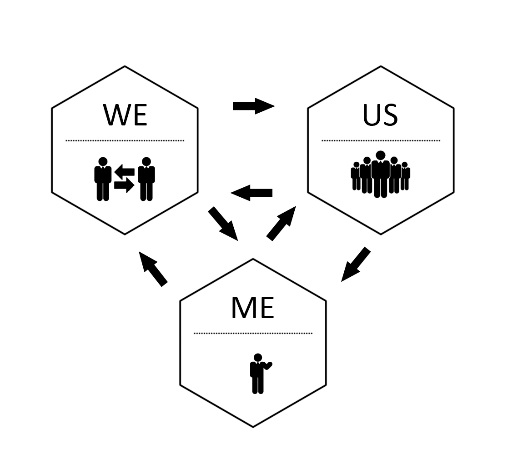


Figure 2. Me, We, and Us levels of wellbeing intervention.

Individual level wellbeing initiatives include strategies and tasks that employees can do by themselves, such as learning about and utilising their strengths mindfully (Niemiec, 2013), or undertaking a mindfulness programme (Kabat-Zinn, 2005). Such ‘me’ initiatives do not require the involvement of others within the organization. Group level wellbeing initiatives include strategies and tasks that involve an employee working on their wellbeing with either their manager, their direct team, or other employees who they are in frequent contact within the work setting. These activities either have influence on a small group or are undertaken in a group format, and cannot be undertaken by employees themselves as they require the cooperation and input from others, for example the employee’s manager or team members. Examples of ‘we’ initiatives include strategies and tasks such as job crafting (Wrzesniewski, 2014) or building high quality connections (Dutton & Heaphy, 2003). Organizational level wellbeing initiatives include strategies and tasks that aim to have an impact over the whole of the organization, or are designed to trickle down from the top of the organization (ideally to all employees). Examples of ‘us’ initiatives include strategies and tasks such as creating an organizational wellbeing policy (HAPIA, 2009), directing resources towards one-off or smaller scale wellbeing initiatives, or whole of organization wellbeing assessments or WWP’s such as Appreciative Inquiry summits (Cooperrider & Whitney, 2005). Additionally, these levels of me, we, and us can also be integrated. For example, an employee (me) can choose to work on their strengths, a team (we) can choose can focus on team members’ strengths in the deployment of team projects, and the organization (us) can choose to invest in a strengths programme for all employees.

On the whole, at all levels of me, we and us, high wellbeing from a positive psychology perspective is about employees and organizations shifting their perspective from predominately focusing on what is wrong, to building on what is going right and working, to capitalising on the good and building and seeding the enabling conditions for high wellbeing (Jarden & Jarden, 2015; Lewis, 2011). Workplace wellbeing programmes across these three levels are about helping employees to use their strengths, enhance their relationships, and find more meaning and engagement at work so that both employees and the organization as a whole can achieve their, and its, true potential[[13]](#footnote-13).

To date, arguably, wellbeing assessments and WWP’s have focused on the Individual (me) level. However, wellbeing activities at the group (we) level (e.g., soft relationship and communication skills for managers) are a prime target for WWP’s, and wellbeing assessment metrics at the ‘we’ level are largely non-existent. Whilst there is no measure, scale or tool which holistically accounts adequately for all three ‘me, we, and us’ levels at present (including tools like Work on Wellbeing, Happiness at Work Survey, and others), further consideration of the ‘we’ and ‘us’ levels is needed – both in practice, and from a research intervention and assessment perspective. This recommendation is based on the realization that the vast majority of work wellbeing research to date has been on the benefits at the individual level. Obviously research and validation of the me, we, us framework *per se*, and its integrated levels, is needed.

**Future research**

To maximize the potential of positive psychological assessment for workplace wellbeing and health promotion, various avenues of research are now suggested including:

* The need for expanded reporting on current assessment practice. A study and review of current workplace wellbeing assessment practice and reporting across countries is needed which isolates what specific assessment measures are used, when, why, by whom, and how they are used. This will also highlight aspects such as if the current choice of measures are fit for purpose, or if wellbeing assessments are commonly aligned with yearly engagement surveys, with specific health and wellness initiatives, or with a particular additional organizational objective (e.g., restructure) rather than as a primary objective in itself. More research is needed in order to fully understand the scale and scope of current wellbeing assessments in organizations and to establish firmer baseline usage and characteristics as a basis for change.
* The potential barriers and challenges to undertaking wellbeing assessment at work. For example, from the chapter authors perspective these can include aspects such as 1) employees feeling burnout from many and various types of assessments or surveys within the organization, 2) previous bad experiences of engagement surveys where information is embargoed or results withheld, or lack of subsequent commitment or change associated with the results, 3) fear that sensitive and personal wellbeing data will not be anonymous or secure, or 4) practicalities of implementing the assessments (e.g., obtaining experts in positive psychological assessment, or with the technology or research expertise to deliver them appropriately). These challenges span and apply to the employee, the organization, and to society, and are likely different in every context. However, we currently do not know the magnitude to which these barriers and challenges impact wellbeing assessments. More research is needed in order to substantiate such contextual aspects which may limit positive psychological assessment practices.
* The potential benefits, beyond the results of the assessments themselves, to conducting organizational wellbeing assessments. These wider contextual benefits can include aspects such as the beneficial impacts of the organization being perceived as caring towards employees, the organization being seen as a great place to work, that wellbeing assessment information can be used to make important management decisions, or that wellbeing information can assist with managing both psychological and physical health more constructively. We simply do not know the full extent of the influence of these more contextual aspects that are related to wellbeing assessments. More research is needed in order to substantiate such contextual aspects.
* Further investigation of the Me, We, Us framework and its utility, and in particular the ‘We’ and ‘Us’ levels is needed – from a research intervention and assessment perspective. This recommendation is based on the realization that the vast majority of work wellbeing research to date has been on the benefits at the individual level.

**Conclusions**

The business case for organizational wellbeing is accruing, both academically and fiscally. As such, it is only a matter of time before knowledge of the benefits of high work wellbeing become widespread, and WWP’s and positive psychological assessments become common. Although it seems as if very little positive psychological assessment happens in workplaces at present, now is the opportunity to gather more information on current organizational wellbeing practices, particularly of the positive psychological assessment measures used and how they are used, to take a ‘good first step’ towards improving organizational wellbeing assessments, and think more conceptually about levels of wellbeing intervention and assessment. It is also the time to establish firmer guidelines and recommendations regarding what these assessments should include, what they should accomplish, and how they should happen if they are to be the basis for change, consistency, and comparability. Further research is needed to inform such recommendations.

It is our view that high quality psychological wellbeing information can be used to create positive workplaces where employees are able to do meaningful and enjoyable work that taps into their greatest strengths and their most important goals. With such assessment information organizations can capitalise on the unique intellectual and personal strengths of each employee. It is possible to focus less on getting employees to do their work, but rather on how to enable them to do good work; their best work. Organizations can go beyond fixing problems and into promoting excellence. Advances such as these are underway, and will start addressing employee’s desires for better working experiences, helping to create a ‘good day at work’, and moving society towards a better way of living.

**Appendix A: Eleven positive psychological measures used in two or more data sources**

We have identified 11 measures that are popular in research and that are recommended by positive psychology assessment experts. These are displayed in Table 3.

Table 3

*Assessment Measures Used in Two or More Data Sources*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Num | Measure | Measure authors | Construct/s | Welling promotion research (Table 1)\* | Work Wellbeing research (Table 2)\*\* | Expert recommends \*\*\* |
| 1 | Satisfaction with Life Scale (SWLS) | Diener, Emmons, Larsen, & Griffin, 1985 | Life Satisfaction | X | X | X |
| 2 | Scales of Psychological Wellbeing (SPW) | Ryff & Singer, 1998 | Wellbeing | X |  | X |
| 3 | Positive Affect and Negative Affect Schedule (PANAS) | Watson, Clark, & Tellegan, 1988 | Positive affect and Negative affect | X | X | X |
| 4 | Centre for Epidemiological Studies Depression Scale (CES-D) | Radloff, 1977 | Depressed mood | X | X |  |
| 5 | Quality of Life Inventory (QoLI) | Frisch, 2004 | Life satisfaction, life domains | X |  | X |
| 6 | Steen Happiness Index (SHI) | Seligman, Steen, Park, & Peterson, 2005. | Happiness | X |  | X |
| 7 | Subjective Happiness Scale (SHS) | Lyubomirsky & Lepper, 1999 | Happiness | X |  | X |
| 8 | Life Orientation Test-Revised (LOT-R) | Scheier, Carver, & Bridges, 1994 | Optimism | X |  | X |
| 9 | Flourishing Scale (FS) | Diener, Wirtz, Tov, Kim-Prieto, Choi, Oishi, & Biswas-Diener, 2009 | Flourishing | X |  | X |
| 10 | Utrecht Work Engagement Scale (UWES) | Schaufeli, Baker, & Salanova, 2006 | Work engagement | X | X |  |
| 11 | Mindfulness Attention Awareness Scale (MAAS) | Brown & Ryan, 2003 | Mindfulness |  | X | X |

\* used one or more times

\*\* used two or more times

\*\*\* Owens, Magyer-Moe, Lopez, 2015

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1. The term ‘wellbeing’ is the most populous identifiable subfield within the field of positive psychology, and is also the term most often used in a business context. As such there is no positive workplace assessment programme per se, the more widely used term is workplace wellbeing programme. [↑](#footnote-ref-1)
2. A similar point could equally be made about the scale and scope of wellbeing assessments in academic research, especially across disciplines. [↑](#footnote-ref-2)
3. With the assistance of the co-author Lucy Hone. [↑](#footnote-ref-3)
4. Note the difference between the focus on efficacy here and the previous focus on effectiveness trials. [↑](#footnote-ref-4)
5. We note that the psychometric quality of some of these scales has been well identified in the literature. Just because they are popular does not necessarily mean they are psychometrically sound. For example, that the 18-item version of the Scales of Psychological Wellbeing has particularly low alphas, or that Mindfulness Attention Awareness Scale has issues related to construct validity, or that the PANAS has inferior psychometric properties compared to more contemporary measures such as the SPANE. [↑](#footnote-ref-5)
6. We note that it is also subjective and arguable as to what may be considered an outcome or input variable, and many may be easily conceived of as both (e.g., burnout may be both an outcome of interest to an organisation, and an input of wellbeing). The purpose of this chapter is not to debate this specific point, so this list represents the author’s perspective. [↑](#footnote-ref-6)
7. Criteria for selection is also debatable; these eight criteria were deemed important to the current authors for both practical and theoretical reasons. [↑](#footnote-ref-7)
8. As noted in footnote 4 above, this is not the case for all of the previously identified 11 measures. [↑](#footnote-ref-8)
9. Although it is acknowledged that there are good measures of aspects of positive leadership, such as measures of Authentic Leadership (see the Authentic Leadership Inventory: Neider & Schriesheim, 2011). [↑](#footnote-ref-9)
10. See also, Mackie, this volume. [↑](#footnote-ref-10)
11. There are many other constructs such as virtuousness, mindsets, psychological capital, positive identity, etc. that would also be beneficial to assess. [↑](#footnote-ref-11)
12. We note that one chapter author is a Director of Work on Wellbeing Ltd, and the other the chapter author is a senior scientist for Work on Wellbeing Ltd. [↑](#footnote-ref-12)
13. We are not suggesting an exclusive focus on happiness and wellbeing (which can be bad - see Caza & Camerson, 2008), just a more inclusive approach to both what is going right and what is going wrong. [↑](#footnote-ref-13)