



# ASSESSMENT AND IMPLEMENTATION TOOLS FOR WELL-BEING

## VALIDATED MEASURES FOR WELL-BEING ASSESSMENT

- Different levels of well-being metrics are included since there is a growing awareness that **systems-level issues** (e.g., work environment) affect burnout. This is by no means an exhaustive list.
- Individual level
  - **Flourishing Scale:** Measures self-perceived success in areas such as relationships, self-esteem, purpose, and optimism<sup>1</sup>
- Systems level: Burnout
  - **Maslach Burnout Inventory (MBI):** Measures burnout through 3 domains (Emotional Exhaustion, Depersonalization, Low sense of Personal Accomplishment)<sup>2</sup>
    - **Proprietary:** Cost may be a barrier
  - **Single Item Burnout Measure (embedded in Mini-Z):** Provides a rapid self-assessment of burnout using a single question correlated with emotional exhaustion<sup>3</sup>
  - **Copenhagen Burnout Inventory (CBI):** Measures burnout across personal, work-related, and client/patient-related domains<sup>4</sup>
- Systems level: Composite well-being
  - **Copenhagen Psychosocial Questionnaire (COPSOQ):** Assesses psychosocial working conditions and organizational factors that influence employee health, well-being, and job satisfaction<sup>5</sup>
    - Can consider using sub-scales of COPSOQ III to reduce survey length
- Systems level: Work environment
  - **Areas of Worklife Survey:** Evaluates the fit between individuals and their work environment across 6 areas of worklife (workload, control, reward, community, fairness, and values)<sup>6</sup>
    - **Proprietary:** Cost may be a barrier
  - **Well-Being Influencers Survey for Healthcare (WISH):** Assesses 8 organizational and workplace factors that influence clinician and healthcare team well-being (psychological safety, perceived social support, leadership support, work meaning, inclusion and belonging, justice, work life integration, work conditions)<sup>7,8</sup>
    - Can assess individual WISH influencers for targeted insights



TRAINING TO ENHANCE RESEARCHER RESILIENCE AND ADAPTABILITY

• **Summary table of well-being assessment measures**

Metric	Category	Cost	Number of Items	Validation
Flourishing Scale	Individual	Free	8	<ul style="list-style-type: none"> <li>General adult populations, students, mental health populations</li> <li>International, multiple languages</li> </ul>
Maslach Burnout Inventory (MBI)	Burnout	Proprietary	16-22	<ul style="list-style-type: none"> <li>Human services, helping professionals, healthcare professionals</li> <li>International, multiple languages</li> </ul>
Single Item Burnout Measure	Burnout	Free	1	<ul style="list-style-type: none"> <li>Healthcare professionals</li> <li>International, multiple languages</li> </ul>
Copenhagen Burnout Inventory	Burnout	Free	19	<ul style="list-style-type: none"> <li>Helping professionals, healthcare professionals</li> <li>International, multiple languages</li> </ul>
Copenhagen Psychosocial Questionnaire (COPSOQ)	Composite Well-Being	Free	40-46 (short form)	<ul style="list-style-type: none"> <li>Broad workforce across industries, including healthcare professionals</li> <li>International, multiple languages</li> </ul>
Areas of Worklife Survey	Work Environment	Proprietary	28	<ul style="list-style-type: none"> <li>Employees across occupational settings, healthcare professionals, educational settings</li> <li>International, multiple languages</li> </ul>
Well-Being Influencers Survey for Healthcare (WISH)	Work Environment	Free	32	<ul style="list-style-type: none"> <li>Healthcare professionals</li> <li>U.S., English</li> </ul>

**BEST PRACTICES FOR WELL-BEING ASSESSMENT**

- Minimize survey fatigue
  - **Align with/build onto existing organization surveys:** Can use organizational surveys to establish which groups need additional support and should be further surveyed
  - **Keep completion times as short as possible:** Communicate survey length upfront
  - Prioritize measures that **directly inform interventions** (e.g., work environment metrics)
  - **Share results and actions taken** to increase participation in future surveys
    - A **“You Said, We Did” slide** can be an effective way to share survey results
- Consider a **qualitative assessment** for more depth: Quantitative data reveals the "what," while qualitative data uncovers the "why"
  - Qualitative assessment tips
    - **Choose the right format:** Interviews, focus groups, open-ended surveys
    - **Keep focus groups small:** Up to 6 participants
    - Prioritize **psychological safety**
    - Choose a **skilled interviewer** who values participant input

**TAKING ACTION: IMPLEMENTING WELL-BEING INITIATIVES**

- **The Quality of Life Improvement** approach, or QOLI, incorporates elements of **human-centered design, quality improvement, and implementation science**. It presents an iterative, systemic strategy to **bridge the gap between measurement and action**.<sup>9</sup>
  - QOLI provides a **clear, step-by-step approach** to operationalizing well-being by asking three fundamental questions
    - **Why** is this problem important?
    - **What** are we going to do about it?
    - **How** do we keep improving?



TRAINING TO ENHANCE RESEARCHER RESILIENCE AND ADAPTABILITY

- 3 phases
  - Phase 1: (1) build team, (2) assess landscape, (3) define problem
    - A **problem statement** is a tool from human-centered design that brings us closer to identifying solutions to the problem
      - Starts with the phrase "**How might we...?**"
      - Example: "How might we enhance transparency in organizational decision-making?"
    - Phase 2: (1) generate ideas, (2) prioritize ideas, (3) prototype idea
      - It is critical to **prioritize** which initiatives to implement, especially when resources are limited
      - 2 methods of prioritization
        - **Sweet Spot:** Does the initiative meet the 3 criteria?
          1. **Desirable** to stakeholders (i.e., faculty and trainees)
          2. **Viable** from a financial standpoint
          3. **Feasible** to implement
        - **PICK chart:** A 2x2 matrix that categorizes initiatives by **difficulty** and **payoff**
          1. **Possible:** Low payoff, easy to implement
            - Represents easy wins to gain momentum
          2. **Implement:** High payoff, easy to implement
            - **Should be prioritized first**
          3. **Challenge:** High payoff, difficult to implement
          4. **Kill:** Low payoff, difficult to implement
      - Phase 3: (1) test idea, (2) evaluate metrics, (3) iterate
    - Please refer to reference #9 in the reference list and the QOLI worksheet for more information about how to implement QOLI.



## REFERENCES

1. Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S., & Biswas-Diener, R. (2009). New measures of well-being: Flourishing and positive and negative feelings. *Social Indicators Research*, 39, 247-266. <https://doi.org/10.1007/s11205-009-9493-y>
2. Maslach, C., Jackson, S. E., & Leiter, M. P. (1997). Maslach Burnout Inventory: Third edition. In C. P. Zalaquett & R. J. Wood (Eds.), *Evaluating stress: A book of resources* (pp. 191–218). Scarecrow Education.
3. Dolan ED, Mohr D, Lempa M, et al. Using a single item to measure burnout in primary care staff: a psychometric evaluation. *J Gen Intern Med*. 2015;30(5):582-587. doi:10.1007/s11606-014-3112-6
4. Kristensen, T. S., Borritz, M., Villadsen, E., & Christensen, K. B. (2005). The Copenhagen Burnout Inventory: A new tool for the assessment of burnout. *Work & Stress*, 19(3), 192-207. <https://doi.org/10.1080/02678370500297720>
5. Burr H, Berthelsen H, Moncada S, et al. The Third Version of the Copenhagen Psychosocial Questionnaire. *Saf Health Work*. 2019;10(4):482-503. <https://doi.org/10.1016/j.shaw.2019.10.002>
6. Leiter MP, Maslach C. Six areas of worklife: a model of the organizational context of burnout. *J Health Hum Serv Adm*. 1999 Spring;21(4):472-89.
7. Higgins KE 3rd, Wingert T, Duggan EW, Mansolf M, Hernandez Carcamo J, Park C. Measuring Well-being Influencers: Development and Validation of the Well-Being Influencers Survey for Healthcare (WISH) Inventory. *Anesthesiology*. 2025;142(6):1025-1037. <https://doi.org/10.1097/ALN.0000000000005401>
8. <https://wishwellbeing.com/wish>
9. Sinskey JL, Chang JM, Nicholau D, Gropper MA. Quality of Life Improvement: A Novel Framework and Approach to Well-Being. *Anesthesiol Clin*. 2022;40(2):415-432. <https://doi.org/10.1016/j.anclin.2022.01.013>

This module is part of the Training to Enhance Researcher Resilience and Adaptability program funded by the National Institute of General Medical Sciences of the National Institutes of Health under grant R25GM153811. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

Co-PIs: Rachel Schwartz, PhD; Jina L. Sinskey, MD