

The Better Being

THE WELLBEING INDEX

The World Health Organisation (WHO) defined wellbeing as the absence of disease and reduced physical functioning, and the presence of positive physical, mental and psychosocial states of being (WHO, 2011). The Better Being Wellbeing Index (WI) was developed to assess the wellbeing of our clients, outlining 4 pillars of performance that are central to wellbeing; Mindset, Movement, Nutrition and Recovery. It is a quantitative measurement, developed by our exercise scientists, based on scalable questions. Our index is directed at the general adult population and is used as a measurement for both the initial subjective wellbeing of our clients and the improvement of this throughout their participation in our programs.

Subjective wellbeing measures such as life satisfaction are highly informed by the mood, context and memory of the individual at the time of assessment. By breaking it down into a set of scalable questions, we refine the parameters of subjective wellbeing and remove the obscurity of the measurement system (Kahneman & Krueger, 2006). To meet this, we have broken each of the 4 overarching pillars into 5 relevant sub-scale questions.

A Likert-type discrete scale was used for the WI due to the use of videoconferencing for data collection. Respondents state their agreeableness to the questions on a scale of 1 (strongly disagree) to 7 (strongly agree), with higher numbers equating to greater wellbeing, except for questions 9, 13, 15, 17 & 20. We developed the scoring system to highlight improvable areas within the wellbeing spectrum. Our coaches use it alongside health consults to determine areas of improvement and identify behavioural changes to improve index scores and overall wellbeing.

This paper assesses the validity of the Better Being WI by providing evidence of the importance of subjective wellbeing measurement to ensure we are providing the best possible assessment of wellbeing for our clients. Hypothesising that if performed through a scientifically viable method, direct reports of subjective wellbeing have a useful role in the measurement of social welfare (Kahneman & Krueger, 2006).

WELLBEING INDEX: QUESTIONS

MINDSET

- 1.I make an effort to connect with people outside of the workplace and make time to see friends and family.
- 2.I communicate my emotions constructively to both my family, friends, and work colleagues.
- 3.I effectively transition from work mode to home mode respectively, and am disciplined in 'switching off'.
- 4.I prioritise my health by consciously making an effort to put it first.
- 5.I can concentrate on demanding tasks and have adequate energy to take part in things I want to do.

MOVEMENT

- 1.I engage in at least 30-minutes of moderate exercise/movement every day (e.g. walking, social sport, activity class etc.)
- 2.I balance and prioritise exercise/movement alongside my other commitments, and do not put it on the backburner when things get busy.
- 3.I set goals for my fitness, strength and mobility, and put into motion plans to help me achieve them.
- 4.* I experience physical complaints such as muscle aches or joint pain, which compromise my ability to exercise for the remainder of the week.
- 5.I regularly take breaks to move/stretch after long periods of sitting.

NUTRITION

- 1.I consume at least 2L of water each day.
- 2.I feel confident on how to navigate eating in social situations.
- 3.*I have more than 4 coffees a day, or more than 2 glasses of alcohol each night.
- 4.I prioritise nutritious foods and consume at least 2 cups of vegetables each day.
- 5.*I snack without restraint on unhealthy snacks.

RECOVERY

- 1.I get a healthy amount of sleep per night (approximately 7-9 hours).
- 2.*I experience problems falling asleep or staying asleep.
- 3.I make time for activities that help me 'recharge', whether daily, or by utilising weekends and holidays. (Ex. yoga, spending time with friends, reading, long walks having some quiet time etc)
- 4.I use 'pauses' in my day to reset myself and give my brain a break from high energy tasks or situations.
- 5.*I will work until I'm burnt out rather than proactively taking steps to prevent this.

- Participants are asked to answer questions on a scale of 1-7, ranging from strongly disagree to strongly agree
- *Indicates questions where the points system is inverse

literature review

WHAT THE RESEARCH SAYS

MINDSET

The mindset assessment in the WI consists 4 dominant themes all of which were included based on their pre-identified importance within the assessment and improvement of wellbeing and workplace performance.

Social and Emotional Wellbeing: The importance of social connectedness was highlighted based on key connections drawn between social connection and mental health, and the role of social connectedness as a key diagnostic indicator of major mental health disorders such as anxiety and depression (Saeri et al., 2017). Emotional wellbeing was addressed through emotional intelligence and communication, outlining a required level of emotional intelligence to form interpersonal connections within a life and workplace setting (Petrovici & Dobrescu, 2014).

Work-life Balance: The importance of the ability to switch from work mode to home mode is highlighted by the connection between a balanced approach to work and increased work and life satisfaction (Haar et al., 2014). As well as the mental health benefits based on the reduced incidence of depression and anxiety within those with who strive for work life balance.

Health Prioritization: The prioritisation and promotion of health is essential on an organisational level to promote good wellbeing for employees. This is highlighted by the relationship between poor management, workplace stress and a lack of health prioritization on an individual level leading to increased incidence of physical and psychological illness (Bhui et al., 2016).

Energy Levels: Although there is a recognised natural fluctuation in energy during the day, feelings of being drained or having low vitality can be a sign of poor physical and psychological wellbeing (Ryan & Frederick, 1997), (Wood et al., 1990) .

MOVEMENT

The movement pillar was assessed in the WI through questions relating to 3 dominant themes. Sedentary Behaviours, Structured Exercise and Musculoskeletal Pain. These themes were included in alignment with the Australian Physical Activity Guidelines to improve physical wellbeing and the cognitive benefits associated.

Sedentary Behaviour: This theme alone assessed 3 differing aspects; volume of movement, sedentary behaviours, and types of exercise. Research demonstrates the positive effects increased physical activity has on all-cause mortality (Department of Health, 2012). Furthermore, sedentary behaviour has been shown to offset some of these effects irrespective of total physical activity (Australian Physical Activity Guidelines, 2021). Finally, this theme also assessed the type of exercise being performed by individuals in accordance with the Australian Physical Activity guidelines, stating that individuals should perform resistance training on at least 2 days per week (Saiedifard et 2019).

Structured Exercise: This theme assesses the amount of each form of exercise being performed by individuals in a structured and consistent way. It also included the vital aspect of play. This refers to activities such as playing with their children and participating in social sport. Research demonstrates the importance of this smaller aspect of physical activity, finding that physical activity in a team environment/ social setting can increase motivation and improve social and psychosocial health (Anderson et al 2018), (Thorpe et al 2014).

Musculoskeletal Pain: This assesses individual physical pain and recovery methods. Research has highlighted the decreased likelihood of injury associated with these practices and how individuals are more likely to remain active without injuries hampering their progress (Lewis, 2014). Improved sleep quality, quality of life and reduced pain have all been associated with the implementation of these physical recovery practices (Gomez-Hernandez, 2019).

NUTRITION

The nutritional assessment in the WI consists of 4 dominant themes: fluid consumption, social influences on eating, vegetable consumption, and snacking. All themes were included based on best practice, focused on bringing all aspects of nutrition together to improve individual wellbeing and performance in the workplace.

Fluid Consumption: Fluid consumption is assessed by two questions. The first relates to daily water consumption and whether individuals are drinking enough water in accordance with the national recommendations (Ministry of Health, 2019). The second question relates to coffee and alcohol consumption and assesses whether these habits are putting the individual at risk of causing adverse health effects (Cornelius & El-Sohemy 2007), (Rehm & Imtiaz 2016). Fluid consumption is an everyday occurrence and can have a large impact on workplace performance and an individual's wellbeing through increased water consumption for cognitive function or decreased coffee and alcohol consumption.

Social influences on eating: This question assesses how much individuals feel they are influenced in making food choices in social settings. These settings can often be the downfall of many people in their nutritional journey, and the knowledge of how to navigate these situations can be extremely valuable (Vartanian et al 2015), (Garcia et al 2021).

Vegetable consumption: Vegetable consumption is assessed in accordance with national guidelines and ensures individuals are at lower risk of all-cause mortality (Australian Dietary Guidelines, 2020), (Wang et al, 2014). The psychosocial wellbeing of individuals is also being assessed through this question, as research demonstrates the positive impact vegetable consumption can have on this (Ocean et al, 2019), (Mujcic & Oswald, 2016).

Snacking: Snacking is assessed in accordance with research that states snacking and associated eating behaviours increases the likelihood of long-term weight gain (Heerman et al 2017), (Sanchez et al 2018).

RECOVERY

In the working world, prolonged wakefulness and working hours is common and engrained in the working culture. However, links between wellbeing and sleep and recovery have been established (Alhola and Polo-Kantola, 2007). There are 3 key aspects when including recovery in the WI.

Quantity of Sleep: Sufficient sleep, with the absence of disruption and in line with normal sleeping schedules is vital in maintaining an individual's cognitive and physical performance (Medic et al. 2017). Insufficient sleep of <7-9 hours correlates with impaired attention, memory, arithmetic mistakes and increased feelings of sleepiness (Holding et al. 2021) as well as an accelerated risk of chronic diseases such as CVD, diabetes, hypertension, and mental health concerns (Mukherjee et al. 2015).

Quality of Sleep: Sleep quality markers including ability to fall and stay asleep, play a vital role in brain function and systems including hormone regulation, cognition, metabolism, cardiovascular system and immunity (Medic et al. 2017). Short term effects include increased stress responsivity as well as somatic symptoms, reducing an individual's cognitive abilities and mood (Medic et al. 2017). In the longer term, individuals risk the development of chronic diseases including hypertension, Type 2 Diabetes, Cancer and CVD and risk of all-cause mortality, mental health concerns including depression and completed suicide (Medic et al. 2017), (Meerlo et al. 2015), (Goldstein et al. 2008).

Time away from work: Two questions included in the wellbeing consider an ability to remove themselves from the work environment, whether it be intermittent breaks or longer periods such as the weekend or holidays. These periods reduce the risk of burnout which is a common experience in individuals who work in conditions where there is potential pressure, repetitive activities, conflict and stressors (Bakker and de Vries, 2021). This increases risk of anxiety and depression (Weston et al. 2019), as well CVD, type 2 diabetes and possibly mortality (Heckenberg et al. 2018).

CONCLUSION

Wellbeing is a subjective measure that fluctuates depending on external and internal factors. As such, we have devised a Wellbeing Index in order to measure an individual's wellbeing that considers both physical and psychosocial states of being. Further to this, the phrasing of each question ensures an accurate reflection of key concepts and the intended purpose, and coupled with the Likert Scale style of answering allows for strong validity of the Index.