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REVIEW

# A Focused Review of Multidimensional Well-Being Assessments

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## ABSTRACT

**Introduction:** Interest in the topic of well-being continues to grow and has resulted in the creation of a variety of well-being assessments. However, each assessment often brings its own terminology, theories, definitions, and dimensions. This creates a muddled research base that produces inconsistencies in the field of well-being. Therefore, the aim of this review was to identify assessments that measure multiple dimensions of well-being, catalogue and group the dimensions into categories, and develop definitions for the categories based on the conceptualizations in the literature. In doing so, the dimensionality of well-being portrayed in the literature can be better understood.

**Methods:** Web of Science, MEDLINE, and PsycINFO were used to search for journal articles with the key words well-being, wellbeing, and wellness from 1990 to 2020. Two researchers independently reviewed the search results and obtained 30 articles that met the selection criteria for a total of 26 assessments of well-being. From these 26 well-being assessments, 205 dimensions were identified and cataloged. Two researchers sorted the dimensions into categories first based on similar labels, then by definition. Descriptions of the categories were created from the dimensions.

**Results:** The 205 well-being dimensions fit into 12 categories: physical, social, spiritual, emotional, environment, mental / intellectual, occupational, energy, achievement, engagement, purpose, and capability. Most assessments centered around 4 primary categories: social (present in 80% of assessments), emotional (77%), physical (69%), and capability (54%); no measure had dimensions in all 12 categories. The energy category provided a unique measure of well-being meriting further investigation.

**Conclusions:** The literature on the measurement of well-being continues to grow, creating a multitude of assessments from which to choose. There has yet to be a broad multidimensional measure that captures all 12 well-being categories utilized disjointly in the well-being literature. This review provides a better understanding of the dimensions currently in use in the measurement of well-being. Further research is warranted to corroborate these findings and investigate how well-being measurement can be improved.

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## INTRODUCTION

In addition to traditional allopathic methods for assessing health, attention to one's state of being provides information beyond physical diagnosis to include a variety of interconnected components thought to comprise the holistic individual. An increasing amount of evidence has been gathered related to the influence of an individual's well-being on physical and mental health, promoting well-being as a popular research topic [1, 2]. Research utilizing subjective well-being measures has shown higher levels of well-being to be associated with decreased mortality and a reduction in conditions as diverse as cardiovascular disease, stroke, depression, and arthritis [1, 3-5]. Indeed, many governmental bodies have recently instituted well-being initiatives including the European Union, Organisation for Economic Co-operation and Development, United Nations, and those of the United Kingdom, Australia, Bhutan, Ecuador, France, and Morocco [6]. The growing interest in well-being over the years has resulted in expansive options for the measurement of well-being.

Given the inherent complexity of interactions between the mind and various systems of the physical body, challenges related to assessing well-being have emerged. Many researchers have noted that no universal definition of well-being exists, creating a lack of consistency [8-11]. The diversity and lack of uniformity has generated the creation of a multitude of well-being assessments, with an average of 8 tools being designed every 5 years [12]. As this increase continues, the diversity among measures may compound, which could minimize the utility of well-being comparisons across studies, populations, and individuals. The importance of having valid measures of well-being cannot be understated. The benefits of high levels of well-being are likely to be seen throughout a variety of areas including health and

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longevity, income, productivity, organizational behavior, and individual and social behavior [13]. Research on the potential benefits of well-being and the ability to manipulate the construct depends largely on its measurement. Therefore, an important first step is to determine how well-being is currently being quantified across the literature.

One agreement that exists in the well-being literature is the consensus that well-being is multidimensional [11, 12]. However, which dimensions comprise well-being are not easily agreed upon [10, 12]. While great disparities regarding definitions and theories exist, consistency in the conceptualization and operationalization of well-being may be possible through the investigation of an aspect of the construct where one agreement exists — its multidimensionality. Thus, an analysis of well-being assessments and their dimensions is a warranted first step to determine the degree of variability in wellbeing measurement and potentially offer options to mitigate the issue of high variability if present. Doing so will better clarify the variability that may exist in the literature and provide the most common aspects of well-being assessment which may aid in the process of choosing an instrument or the creation of a new instrument.

Accordingly, this review was initiated to gather data on multidimensional measures of well-being to better understand the dimensions currently in use in the literature and discern any patterns that may exist. There have been other reviews that investigated the measurement of well-being and its dimensions; uniquely, this review focused solely on multidimensional well-being assessments. The aims of this literature review were:

(1) to identify measures that assess multiple dimensions of well-being in a general adult population;

(2) to catalogue each of the dimensions being assessed;

(3) to organize the dimensions into categories; and

(4) to create definitions for the categories according to the descriptions provided by the literature.

## METHODS

### Search Strategy

A literature search was initiated on June 11, 2020, guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines [14]. The search was conducted in Web of Science, MEDLINE, and PsycINFO databases. Records were limited to articles in English or translated to English from 1990 to 2020. The following search strategy was developed and used to find well-being assessments: (wellbeing OR well-being OR wellness) AND (measure* OR assessment OR inventory OR instrument OR scale$ OR index* OR psychometric$) NOT (child* OR youth OR cancer OR elderly OR employee). It is common to find the terms "wellness", "well-being", and "wellbeing" used interchangeably in the literature and therefore all three were included in the search strategy. However, to reduce confusion and maintain consistency throughout the review, the term "well-being" will be used. While the terms "quality of life", "happiness" and "life satisfaction" may be used as a proxy for well-being, they are not truly synonymous with well-being. A review of well-being delineated the difference between happiness, life satisfaction, and well-being, noting that happiness and life satisfaction are narrower, subcomponents of well-being [9]. Likewise, quality of life is rendered as a dimension of well-being, not an all-encompassing definition of well-being [11]. Therefore, these terms were excluded from the search. To reduce the chance of missing qualifying articles, a manual search of reference lists of relevant studies was also conducted to obtain additional studies. The reference management system RefWorks was utilized to import and contain all citations in one location.

### Inclusion / Exclusion Criteria

Studies that appeared in a peer-reviewed journal and involved the initial developmental study of a well-being assessment or a validation study were included. Books, theses or dissertations, editorials, opinion pieces, case reports, and validation studies for a specific population (i.e., diabetes or employees) were excluded. Assessments were included for the review if they were:

(a) designed for the adult population,
(b) could be used in any setting,
(c) measured individual well-being,
(d) were designed for general use,
(e) were in English, and
(f) assessed 3 or more dimensions of well-being.

Assessments were excluded if they did not meet the inclusion criteria. For example, assessments were excluded if they were:

(a) disease specific,
(b) context specific,
(c) designed for children or adolescents specifically, and
(d) short form versions of other assessments.

This criterion was developed to address the investigators' interest in the development and structural properties of established multidimensional well-being assessments designed for general use among adults. Additionally, as this study's purpose was to identify and examine the multidimensional well-being assessments from the literature that may be used to measure well-being, validity of the assessments was not considered. For any studies or assessments that did not clearly meet criteria, a consensus was reached among the investigators.

### Data Extraction

Key findings were extracted from the full text of the included studies by one researcher. Data extracted included the name of the assessment and its acronym (if applicable), number of dimensions, name of the dimensions, and definition of the dimension if provided. All information was organized and stored using Microsoft Excel.

### Category Creation

An inductive process was used for category creation. A category was comprised of one or more dimensions. A dimension was a domain of well-being used in an existing well-being assessment. The dimensions and their definitions were catalogued and placed into categories initially based on their terminology, then by their definitions. One researcher first sorted the dimensions into categories by analyzing the dimension labels. If two or more assessments used the same label for a dimension (e.g., physical well-being), or something similar (e.g., physical, physical wellness, physical health), then a category was created and named based on the dimensions'

labels. The dimensions' definitions extracted from the literature were then examined and common terms were noted and used to create a definition for the category. For example, all definitions of the dimensions labeled with the term "physical" were analyzed and summarized to create a definition for the "physical" category. Dimensions not fitting directly into a category were independently reviewed by one researcher and an external graduate student. Each dimension was then assigned to an existing category or remained distinct, resulting in a new category. Appropriate definitions were derived from the respective dimension source articles.

Any differences or disagreements in assigning a dimension to a category were settled through consensus of all 3 researchers and the graduate research assistant. If the investigators concluded that two or more categories had similar definitions and the act of combining them did not minimize the integrity of the individual categories, then the categories were combined, and the definition of the new category was re-examined to account for all aspects of the component dimensions.

## RESULTS

### Assessment Selection

The search strategy produced 2,452 articles once duplicates were removed. Twelve articles from the references of identified studies were added. The 2,464 articles were screened through title and abstract review by one researcher, resulting in 43 articles for full text screening. The full texts of these articles were assessed independently by one researcher and a graduate research assistant for eligibility leaving 30 studies for inclusion in the current study. Among the 30 studies, 26 assessments were identified. The PRISMA diagram [14] details the process and reasons for exclusion (**Figure 1**). If any articles did not clearly meet the eligibility criteria, a consensus was reached by the investigators.

### Assessment Characteristics

All 26 assessments contained multiple items. One version of Ryff's Psychological Well-Being Scale had the largest number of items at 120 and the ICEpop CAPability measure for Adults (ICECAP-A) had the least number of items at 5. The average number of items between all 26 assessments was 40.73. All assessments used verbal questions except the Well-Being Picture Scale which was pictorial. The majority of the assessments used Likert-type response scales. Regarding terminology, 18 of the assessments used the term well-being, 6 used wellness, 1 used quality of life (WHOQOL-100), 1 used flourishing and well-being interchangeably (PERMA-Profiler), and 1 used health and well-being in tandem (Salutogenic Health Indicator Scale).

### Dimension Analysis

The 26 multidimensional well-being measures consisted of 205 dimensions in total and 143 different dimension labels. The Wellness Evaluation of Lifestyle (WEL) had the greatest number of dimensions (n=17), while the Mental, Physical, and Spiritual Well-Being Scale (MPS) and Physical, Mental, and Social

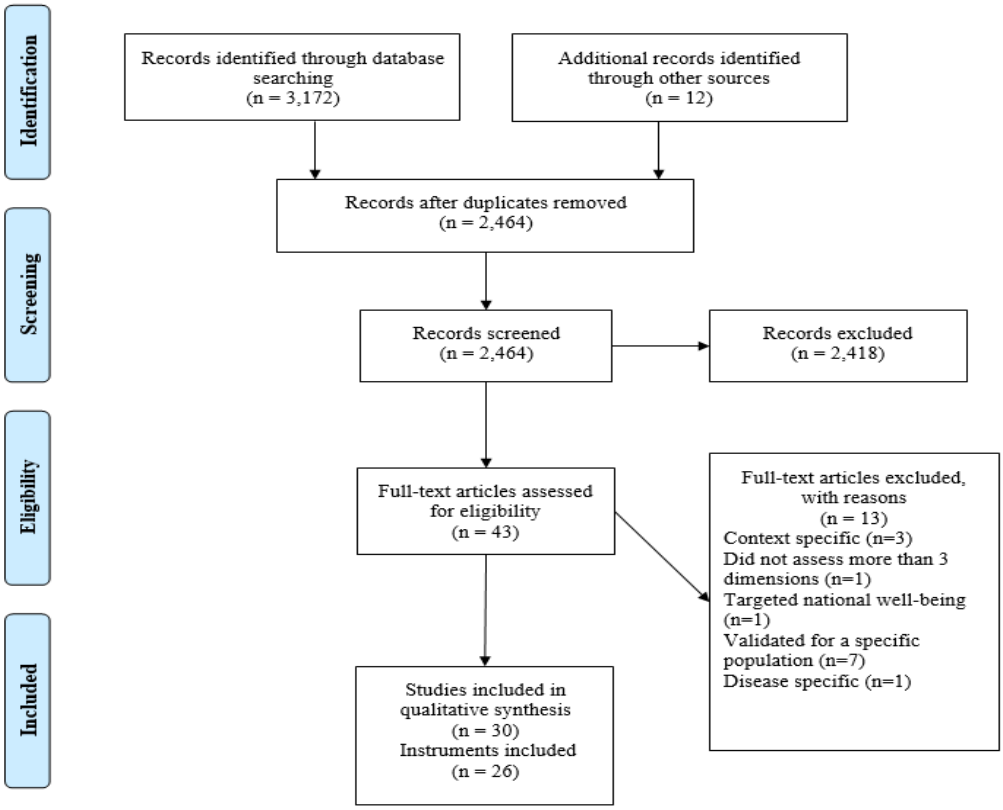


Figure 1: PRISMA Diagram

Well-Being Scale (PMSW-21) contained the smallest amount needed to be considered multidimensional for this study (n=3). Across the 26 assessments, the average number of dimensions was 7.8. The most common number of dimensions for an assessment was 6 (n=8).

Following the process of categorization, each of the 205 dimensions evolved to create 12 unique categories: physical, social, spiritual, emotional, environment, mental / intellectual, occupational, energy, achievement, engagement, purpose, and capability. The definitions created for the categories can be found in **Table 1**. These definitions were created from the descriptions of the dimensions provided by the original researchers. Some studies did not include descriptions for their dimensions, so, if available, other sources including websites and research studies utilizing the assessment were sourced for that information. In the event no definition of the dimension could be located, a list of assessment items was provided as a description, if available; otherwise, the dimensions were left without a definition. A glossary of dimensions can be found in **Appendix A**.

Table 1: Definitions of the Well-Being Categories

| Category | Definition |
|---|---|
| Physical | A reflection of one's overall health including amount of physical movement, physical condition, ability to complete daily activities, nutrition, diet, experience of pain or disease in the body, and ability to sleep and feel rested. |
| Social | A reflection of one's relationships with others, love, availability to give and receive support, and feelings that are associated with connection to others (i.e., one's family, friends, and community). |
| Spiritual | Beliefs regarding forces and / or higher powers that provide a purpose or meaning in life, regardless of alignment with a certain religion. |
| Emotional | The ability to acknowledge, manage, and express emotions and feelings lending to a positive outlook on life — related to experiencing both negative feelings (e.g., stress, anxiety, and depression) as well as positive feelings (e.g., joy, peacefulness, and comfort). |
| Environment | The systems and resources within one's life including the home environment, work environment, physical location, financial resources, and health and social care. |
| Mental / Intellectual | The ability to think, make decisions, and stimulate the mental faculties; it includes thoughts associated with poor mental health (e.g., anxiety, hopelessness, and sadness). |
| Occupational | Satisfaction with one's work, including one's perceived value of that work. |
| Energy | The changes in energy patterns within human and environmental energy fields. |
| Achievement | The ability to work toward and attain one's goals, and thus achieve success in areas that are meaningful to oneself. |
| Purpose | A reflection of one's goals and the ability to achieve them; feeling that one's actions and life are worthwhile and valuable; feeling that one's life and purpose extends beyond oneself to something larger; viewing oneself as capable of growth. |
| Engagement | A reflection of one's ability to become involved, absorbed, and interested in activities and may include entering a 'flow' state of complete focus. |
| Capability | A reflection of one's ability to think positively and nonjudgmentally about oneself, feel a sense of control over one's life, have the power to make one's decisions and create change, feel capable of achieving even in the face of adversity, and lead an authentic existence. |

The categories and assessments are provided in **Table 2 (next page)**, indicating which assessments contained dimensions in each category. The category of 'capability' demonstrated the greatest variety and largest number of dimensions at 45. This was followed closely by the category of 'emotional' with 36 dimensions. The 'energy' category had the least number of dimensions at 1 as based on the provided definition for that dimension, it would not have been appropriate to include it with any other category. The categories of 'achievement' and 'occupational' had 6 and 5 dimensions, respectively.

No assessment had dimensions in all 12 categories. The highest number of categories found in an assessment was 8, and that was discovered in the Wellness Evaluation of Lifestyle, Five Factor Wellness Inventory, and Four Factor Wellness Inventory. Following that, the 15 dimensions of the Well-Being Profile (WB-Pro) assessed 6 categories and the 14 dimensions of The Scales of General Well-Being (SGWB) assessed 5 categories.

The distribution of categories across the well-being assessments is displayed below in **Figure 2**. More than half of the 26 assessments included the categories of 'physical', 'social', 'emotional', and 'capability'. The 'social' category appeared in the most assessments (80%) followed closely by the 'emotional' category (79%) and the 'physical' category (69%). The 'energy' and 'achievement' categories were the least frequently assessed categories across the assessments appearing in 3% and 19% of assessments, respectively.

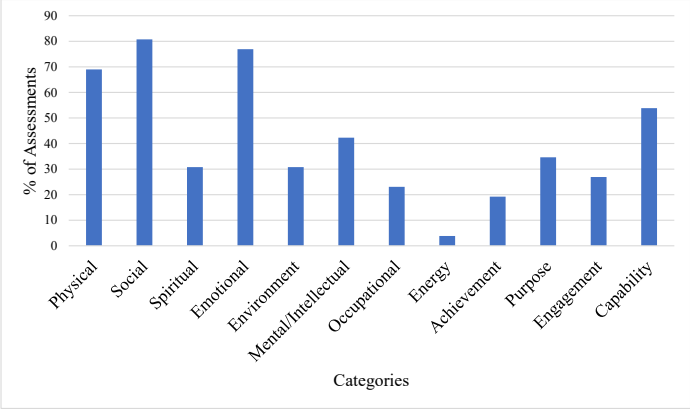


Figure 2: Percentage of Well-Being Assessments Measuring a Category

## DISCUSSION

This review demonstrated important insights in the measurement and conceptualization of well-being. Through a focused review process, this study investigated 26 multidimensional well-being assessments and analyzed 205 dimensions, leading to the identification of 12 categories of well-being currently being used in the measurement of well-being. The results of the present study suggest that there has yet to be a broad multidimensional well-being measure that captures all 12 well-being categories utilized in the well-being literature. Additionally, variability exists across each well-being assessment regarding definitions and dimensions creating problematic inconsistencies.

While each individual assessment varied in the amount and types of dimensions they included, an analysis of all 205 dimensions across the 26 well-being assessments demonstrated sufficient overlap for the creation of 12 well-being categories. For example, one category that resulted from the consolidation of 31 dimensions was 'social'. The creation of this category

Table 2: Well-Being Assessments and Their Categories

| Instrument | Number of dimensions | Categories | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Physical | Social | Spiritual | Emotional | Environment | Mental/ Intellectual | Occupational | Energy | Achievement | Purpose | Engagement | Capability |
| BBC Well-Being Scale [15] | 10 | ● | ● | | ● | ● | ● | | | | ● | | ● |
| COMPAS-W [16] | 6 | | | | ● | | | | | ● | | | ● |
| I COPPE Scale [17] | 6 | ● | ● | | ● | ● | | ● | | | | | |
| ICEpop CAPability measure for Adults (ICECAP-A) [18] | 5 | | ● | | ● | | | | | ● | | | ● |
| Individual level Well-Being Scores (IWBS) [19] | 6 | ● | | | ● | ● | | ● | | | | | |
| Mental, Physical, and Spiritual Well-Being Scale (MPS) [20] | 3 | ● | | ● | | | ● | | | | | | |
| Perceived Wellness Survey (PWS) [21,22] | 6 | ● | ● | ● | ● | | ● | | | | | | |
| PERMA-Profiler [23] | 5 | | ● | | ● | | | | | ● | ● | ● | |
| Personal Well-Being Index (PWI) [24] | 7 | ● | ● | | ● | ● | | | | ● | | | ● |
| Physical, Mental, and Social Well-Being Scale (PMSW-21) [25] | 3 | ● | ● | | ● | | | | | | | | |
| Questionnaire for Eudaimonic Well-Being (QEWB) [26,27] | 6 | | | | | | | | | | ● | ● | ● |
| Ryff's Psychological Well-Being Scale [28-30] | 6 | | ● | | | | | | | | ● | | ● |
| Salutogenic Health Indicator Scale (SHIS) [31] | 9 | ● | ● | | ● | | ● | | | | | | |
| Salutogenic Wellness Promotion Scale (SWPS) [32,33] | 7 | ● | ● | ● | ● | ● | ● | ● | | | | | |
| SPF-IL [34] | 5 | ● | ● | | | | ● | | | | | | ● |
| The Pemberton Happiness Index (PHI) [35] | 5 | | ● | | ● | | | | | | ● | | |
| The Scales of General Well-Being (SGWB) [36] | 14 | | ● | | ● | | | | | | ● | ● | ● |
| The Subjective Well-Being Inventory (SUBI) [37] | 11 | ● | ● | ● | ● | | ● | | | ● | | | ● |
| The Well-Being Picture Scale [38] | 4 | ● | | | | | | | ● | | | | ● |
| Well-Being 5 [39] | 5 | ● | ● | | | ● | | | | | ● | | |
| The Well-Being Scale (WeBS) [40] | 5 | ● | ● | | ● | ● | | | | | ● | | |
| Well-Being Profile (WB-Pro) [41] | 15 | | ● | | ● | | ● | | | | ● | ● | ● |
| Wellness Evaluation of Lifestyle (WEL) [42] | 17 | ● | ● | ● | ● | | ● | ● | | | | ● | ● |
| Four Factor Wellness Inventory (4F-WEL) [43] | 16 | ● | ● | ● | ● | | ● | ● | | | | ● | ● |
| Five Factor Wellness Inventory (5F-WEL) [43] | 17 | ● | ● | ● | ● | | ● | ● | | | | ● | ● |
| WHOQOL-100 [44] | 6 | ● | ● | ● | ● | ● | | | | | | | |
| | **205** | **29** | **31** | **8** | **36** | **9** | **12** | **6** | **1** | **5** | **14** | **9** | **45** |

followed a set procedure used in the creation of all 12 categories. In reviewing the 205 dimensions, 10 dimensions were found that used the label 'social', for instance 'social relationships', 'social wellness', 'social well-being', and so on. In reviewing each dimension's definition provided by the source authors, shared keywords appeared. These keywords included sociability, relationship, love, support, connectedness, belonging, and network. The remaining 195 dimensions were searched for similar keywords and concepts to determine if they fit into the 'social' category leading to the grouping of 31 similar dimensions classified under the 'social' well-being category.

Identification of these 12 well-being categories from the well-being assessments allowed for a clearer understanding of the current state of well-being measurement. Similarities were discovered in the investigation of all 205 dimensions; however, the similarities greatly declined when investigating the dimensions within each assessment. The 26 well-being assessments had a varying number of dimensions, and each measured a different amount and combination of the 12 well-being categories. For example, the Pemberton Happiness Index (PHI) had 5 dimensions that fit into 3 categories of well-being: 'social', 'emotional' and 'purpose'. The Well-Being Scale (WeBS) had 5 dimensions as well, but each dimension fit into separate categories of well-being: 'physical', 'social', 'emotional', 'environment', and 'purpose'. On the opposing end, the WB-Pro had 15 dimensions that fit into 6 categories: 'social', 'emotional', 'mental / intellectual', 'purpose', 'engagement', and 'capability'. Thus, the varying amounts and types of dimensions within each of the categories measured by each assessment suggests that the battery of well-being assessments may be measuring different constructs.

Additionally, no assessment accounted for all 12 categories of well-being. Assessments measured a range of dimensions from 3 to 17, with 4 assessments measuring at least 12 dimensions: SGWB, Wb-Pro, WEL, 5F-WEL, and 4F-WEL. Yet, the greatest number of categories measured by these assessments was 8, as seen in the WEL, 5F-WEL, and 4F-WEL. Therefore, there has yet to be a broad multidimensional well-being assessment that captured all identified well-being categories utilized in the well-being literature as defined by the present search.

The results of the present review also illustrated gaps in the category of 'energy'. One assessment included an energy field measure describing humans and the environment while other assessments described energy as it relates to one's physical health and energy levels. Similar reviews investigated and analyzed well-being assessments and their dimensions [8, 12]. However, neither review created an 'energy' category nor referenced a similar energy category to the one discovered in this review. Charlemagne-Badal and colleagues in their review of well-being instruments had a category labeled 'vitality' that explained energy in the physical aspect, defined as the energy levels needed to complete activities [8]. Linton and colleagues referenced energy as it relates to the energy levels necessary for living well in their review of well-being measures [12]. This review's discovery of one energy dimension described as an energy field connecting individuals and their environments highlights the uniqueness of this category.

Although the measurement of energy in this regard is scarce in well-being assessments, the concept of energy fields is not absent from the literature. A 2015 article by Rubik and colleagues describes energy in terms of the biofield: a massless, complex energy field involved in the generation, maintenance, and regulation of biological homeodynamics [45]. Living organisms generate and respond to energy fields producing a continuous exchange of information. It has been suggested that these energetic interactions regulate activity and information flow across living systems [45]. Clinically, modalities such as Reiki, acupuncture, homeopathy, magnetic therapy, and applied kinesiology may focus on manipulation of an individual's energy field.

As the practice of holistic and complementary medicine continues to grow, the concept of energy and its measurement becomes increasingly important. The use of integrative and complementary medicine has increased since 1990 in multiple countries including the United States, Australia, Great Britain, and Germany [46]. In the United States, the National Center for Complementary and Integrative Health (NCCIH) has established 5 domains of complementary and integrative therapy, one being energy medicine [47]. While other domains are more prevalent, utilization of energy medicine appears to be growing. In one systematic review on complementary medicine among the general population and medical personnel, almost half (44%) of the research included energy medicine indicating a notable interest in these services [46]. Including and developing measurement of the energy field in well-being assessment as described in this review may benefit practitioners and patients seeking to increase well-being.

Furthermore, the present review identified similarities and gaps between the conceptualization of well-being and its measurement in the literature. The 'social' category's definition as a reflection of one's relationships with others, love, availability to give and receive support, and feelings that are associated with connection to others reflects Keyes five-component model of social well-being: social integration, social contribution, social coherence, social actualization, and social acceptance [48]. Additionally, the 'emotional' category was defined as the ability to acknowledge, manage, and express emotions and feelings lending to a positive outlook on life — related to experiencing both negative feelings (e.g., stress, anxiety, and depression) as well as positive feelings (e.g., joy, peacefulness, and comfort). This definition is reflected in the well-being literature's description of positive and negative affect as individual components that are both necessary in the determination of well-being [49 , 50]. Conversely, while financial well-being is frequently considered a separate component of well-being in the literature [51, 52], well-being measures will combine financial well-being with other environmental resources and systems as seen in the WHOQOL-100, BBC Well-Being Scale, and Individual level Well-Being Scores (IWBS). This pattern is logical when one considers the connection between financial resources and a person's environment. Cost of living, income, and labor markets frequently correlate to a person's location [53-55]. Accordingly, financial well-being was integrated into the definition of the 'environment' category in the present review.

Moreover, inconsistencies arose in the labeling and conceptualization of individual well-being dimensions. It was not uncommon for authors to use the same label for a dimension but create different conceptualizations for that dimension. For example, in the present review the dimension of 'community' from the I COPPE Scale was placed in the 'social' category while the dimension of 'community' from the Well-Being 5 was placed in the 'environment' category. These classifications were appropriate due to the nature of their respective definitions. The 'community' dimension from the I COPPE Scale highlighted one's sense of belonging and connectedness to one's community. The 'community' dimension from the Well-Being 5 highlighted one's satisfaction with the physical location of where one lives and feelings of safety in the environment. An important distinction appears between these two conceptualizations: connections with people and connections with the environment. The differing conceptualizations of the similarly labeled dimensions may limit the applicability of the dimension across assessments and lead to the evaluation of differing constructs.

Overall, the results of the present review corroborated previous studies' findings that the assessment of well-being is diverse and can be problematic in consistency of measurement across studies, populations, or persons [8-12]. Multidimensional well-being assessments may be measuring different constructs as evidenced by the varying amounts and types of well-being categories each assessed. While there is unlikely to be one gold-standard assessment due to the assortment of well-being theories, greater consistency may be achievable to improve the comparison of well-being across all areas. This study provided an initial step in this process by investigating the current dimensional construct of multidimensional well-being assessments and highlighting 12 categories that were found throughout the assessments. However, given the depth and variation within the well-being literature, additional research is needed to determine whether or not the categories and definitions provide a reasonable representation of the concept of well-being.

The subjective nature of this review would benefit from follow-up using a Delphi process  refine the suggested categories of well-being as demonstrated in **Figure 3**. While the present study sought consensus among the investigators, a Delphi process could leverage the expertise of individuals specifically engaged in well-being related fields to develop a more informed consensus. In the health sciences, Delphi panels are often used when there is uncertainty or gaps within an area of study [56, 57]. Based on the considerable variation and lack of consistency within the present well-being literature, a Delphi panel provides a reasonable next step. While extensive in scope, the effort to provide a consistent foundation for evaluation and research in the field of well-being could help limit ambiguity going forward.

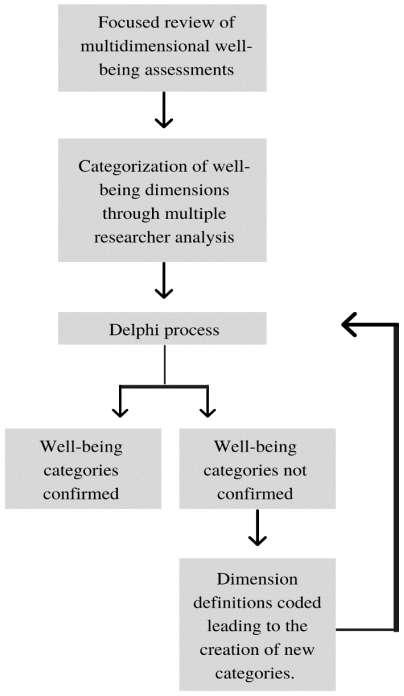


Figure 3: Research Process for the Creation of Well-Being Categories

## LIMITATIONS

There were some challenges to this review. First, as many other reviews regarding well-being observed, the well-being literature is expansive, and it is possible that some multidimensional well-being assessments were missed. Although Web of Science, MEDLINE, and PsycINFO were searched, it is possible articles outside of these databases were missed. Additionally, the concept of well-being may be represented using several different words and this review chose to focus on the terms wellbeing, well-being, or wellness.

Another challenge — highlighting the need for the present research — was the inconsistent use of terminology. These inconsistencies made it difficult to determine if assessments were specifically measuring well-being and what dimensions were being measured. The terms well-being, wellness, quality of life, happiness, and life satisfaction were commonly used interchangeably in the literature. However, these constructs are not truly synonymous. Furthermore, terminology regarding dimensions is also variable. While attempting to identify which dimensions were being measured in each assessment, the words dimension, domain, factor, component, and subscale were used inconsistently throughout the articles—denoting the multifaceted nature of well-being assessment. To be able to compare assessment instruments, the researchers were tasked with reviewing the data and determining the number of dimensions for each assessment.

Defining and categorizing some dimensions was a challenge. Authors of some scales provided limited, nonspecific, or no definitions for the represented dimensions. A few dimensions were only described through their assessment items. The limited or lack of definitions for the dimensions resulted in ambiguity in relation to the dimensions, and some dimensions could have been classified in multiple categories. In these cases, consensus was reached among the researchers and the dimension was placed in the best fitting category.

## CONCLUSION

The increasing interest in well-being and its relationship to health has resulted in an extensive array of well-being assessments. Through review of the literature, this study attempted to generate a better understanding of the measurement of well-being, specifically its dimensions. The review process resulted in 205 dimensions. Using an inductive organizational process, 12 well-being categories emerged from the 205 dimensions: physical, social, spiritual, emotional, environment, mental / intellectual, occupational, energy, achievement, purpose, and capability. Although many differences still exist between individual well-being measures, the 12 emergent categories and proposed definitions for each category may provide a foundation for future research and improved consistency within the well-being field.

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**4F-WEL & 5F-WEL**

*Control*- Beliefs about your competence, confidence, and personal mastery; beliefs that you can usually achieve the goals you set out for yourself [59].

*Cultural identity*- Satisfaction with and feeling supported in one's cultural identity [59].

*Emotions*- Being aware of or in touch with one's feelings' ability to express appropriately positive and negative feelings [59].

*Exercise*- Engaging in sufficient physical activity through exercise or in one's work to keep in good physical condition [59].

*Friendship*- Social relationships that involve a connection with others individually or in community, but which do not have a marital, sexual, or familial commitment; having capacity to trust others; having empathy for others; feeling understood by others [59].

*Gender identity*- Satisfaction with and feeling supported in one's gender; ability to be androgynous [59].

*Leisure*- Satisfaction with one's time spent in leisure; feeling that one's skills are used appropriately [59].

*Love*- The ability to be intimate, trusting, self-disclosing with another; the ability to give as well as express affection with significant others and to accept others without conditions [59].

*Nutrition*- Eating a nutritionally balanced diet; maintaining a normal weight, within 15% of the ideal [59].

*Positive humor*- Being able to laugh at one's own mistakes; the ability to use humor to accomplish even serious tasks. Having the capacity to see the contradictions and predicaments of life in an objective manner such that one can gain new perspective; enjoying the idiosyncrasies and inconsistencies of life [59].

*Realistic beliefs*- Ability to process information and perceive reality accurately; absence of persistent irrational beliefs and thoughts and need for perfection [59]. *5F-WEL only

*Self-care*- Taking responsibility for one's wellness through self-care and safety habits that are preventive in nature. Includes obtaining timely medical care, wearing a seat belt, limiting the use of prescribed drugs and avoiding the use of illegal drugs, avoiding the use of tobacco, abstaining from or very moderately using alcohol, getting adequate sleep, minimizing the harmful effects of pollution in your environment [59].

*Self-worth*- Accepting who and what one is, positive qualities along with imperfections; a sense of being genuine within oneself and with others [59].

*Spirituality*- Personal beliefs and behaviors practiced as part of the recognition that we are more than the material aspects of mind and body; belief in a higher power; hope and optimism; practice of worship, prayer, and/or meditation; purpose in life; compassion for others; moral values; and transcendence, a sense of oneness with the universe [59].

*Stress management*- On-going self-assessment of one's coping resources; ability to organize/manage resources such as time, energy, setting limits [59].

*Thinking*- Being mentally active, open-minded; the ability to be creative and experimental; having a sense of curiosity, ability to apply problem-solving strategies to social conflicts [59].

*Work*- Satisfaction with one's work; feeling that one's skills are used appropriately; feeling one can manage one's workload; feeling a sense of job security; feeling appreciated in the work one does [59].

**BBC Well-Being Scale**

*Autonomy*- The individual's ability to function free from the influence and control of others, to regulate emotions and behaviors from within [28].

*Environment*- Freedom; physical safety and security; home environment; work satisfaction; financial resources; health and social care: accessibility and quality; opportunities for acquiring new information and skills; participation in and opportunities for recreation/leisure activities; physical environment: pollution / noise / traffic / climate; transport [60].

*Environmental mastery*- A person's capacity to design environments appropriate for their own propensities; the ability to manipulate and control complex environments [28].

*Negative cognitive triad*- Thoughts about self, world, and future believed to be characteristic of low mood.

*Personal growth*- Our capacity to realize our potentials, to perceive life as a process of continuous change, challenges, and opportunities, thought which we continuously grow [28].

*Physical health*- Pain and discomfort; sleep and rest; energy and fatigue; mobility; activities of daily living; dependence on medicinal substances and medical aids; work capacity [60].

*Psychological health*- Positive feelings; thinking, learning, memory, and concentration; self-esteem; bodily image and appearance; negative feelings; spirituality / religion / personal beliefs [60].

*Purpose in life*- The capacity to determine and (re)construct meaning in life [28].

*Self-acceptance*- An indispensable aspect of mental health, being both characteristic and a necessary element of self-actualization and optimal human functioning [28].

*Social relationships*- Personal relationships, social support, and sexual activity [60].

**COMPAS-W**

*Achievement*- Goal orientation and striving.

*Composure*- Competency and adaptability in stressful situations.

*Mastery*- Self-confidence and perceived control over one's environment.

*Own-worth*- Autonomy and independent self-worth.

*Positivity*- Optimism and positive outlook.

*Satisfaction*- Satisfaction with life, health, work, personal relationships, and emotions.

**I COPPE Scale**

*Community*- The level of satisfaction with one's community.

*Economic*- The level of satisfaction with one's financial situation.

*Interpersonal*- Satisfaction with the quality of relationships with important people such as family, friends, and colleagues.

*Occupational*- The state of satisfaction with one's job, vocation, or avocation, as determined by the individuals themselves.

*Physical*- A state of satisfaction with one's overall health and wellness.

*Psychological*- The level of satisfaction with one's emotional life.

**ICECAP-A**

*Achievement*- The degree to which an individual is able to move forward in their life and attain their goals. Ability to experience progress and success.

*Attachment*- A combination of love, support, social contact, affection, being close to people and belonging. Support, affection, love, friendship, companionship, sharing.

*Autonomy*- An ability to be independent. Independent, control, making own decisions.

*Enjoyment*- Ranges from the quiet pleasures in life to things that are perceived to be fun or exciting. An ability to experience pleasure, fun, excitement, variety.

*Stability*- The desire for a sense of continuity in life in terms of friends, work, and location. Stable, settled, secure, not worried, relaxed, comfortable.

**IWBS**

*Basic access*- Financial resources, community quality, and health care access encompassing impressions of community quality, access to necessities such as clean water, medicine, places to exercise, and money for food, shelter, and health care.

*Emotional health*- The experience of both positive and negative emotions, stress, depression, and happiness.

*Healthy behaviors*- Individual's behaviors that promote their physical health including eating healthy by consuming fruits and vegetables and exercising.

*Life evaluation*- Also referred to as life satisfaction, the evaluation of one's present life situation with one's anticipated life situation five years from now.

*Physical health*- Perceptions and understanding of one's health including but not limited to overall health, chronic condition diagnoses, health problems that get in the way pf daily functioning, experience of pain, and feeling tired.

*Work environment*- A subjective assessment of individual's job satisfaction, ability to use one's strengths at work, relationship with one's supervisor, and openness and trust within the work environment.

**MPS**

*Mental well-being*- Items: think before you act, watch quiz programs, watch documentaries, read novels, visit cultural places (museum, art gallery, art theatre), collect information before making judgement, write stories or letters, engage in games designed for mental stimulation, watch the news, and take action to better manage your environment.

*Physical well-being*- Items: fresh and rested in the morning, nausea and vomiting, warm hands and feet, aches and pain, headaches, constipation, lethargy and tiredness, stomachaches and indigestion, body weight, diarrhea.

*Spiritual well-being*- Items: reach out for spiritual intervention, duration of meditation or prayer for inner peace, engage in meditation or yoga or prayer, read about religion, frequency of meditation or prayer for inner peace, discuss / read about ethical or moral issues, share insights into life with close people, engage in self-analysis for improved moral functioning, believe in life after death, and frequency of discussion about matters of the spirit.

**PERMA-Profiler**

*Accomplishment*- Subjective feelings of accomplishment and staying on top of daily responsibilities. It involves working toward and reaching goals and feeling able to complete tasks and daily responsibilities.

*Engagement*- Being absorbed, interested, and involved in an activity or the world itself.

*Meaning*- Having a sense of purpose in life, a direction where life is going, feeling that life is valuable and worth living, or connecting to something greater than ourselves, such as religious faith, a charity, or a personally meaningful goal.

*Positive emotion*- Tendencies toward feeling contentment and joy.

*Relationships*- Feeling loved, supported, and valued by others.

**PHI**

*Eudaimonic well-being*- Optimal psychological functioning addressing life meaning, self-acceptance, personal growth, relatedness, perceived control, and autonomy.

*Experienced well-being*- Satisfaction with the previous day based on positive and negative experiences.

*General well-being*- Related to global satisfaction with life.

*Hedonic well-being*- Affective state, the frequency of positive and negative affect in daily life.

*Social well-being*- The global feeling of living in a society that promotes optimal psychological functioning.

**PMSW-21**

*Mental*- Anxiety, guiltiness, helplessness, hopelessness, sadness, self-dissatisfaction, hostility.

*Physical*- Headache, tiredness, abdominal pain, palpitation, joint pain, backache, sleep.

*Social*- Security, communicability, protection, loneliness, rejection, sociability, and appreciation.

**PWI**

*Achieving in life*- No definition; dimension intended to be interpreted by the individual.

*Community connectedness*- No definition; dimension intended to be interpreted by the individual.

*Future security*- No definition; dimension intended to be interpreted by the individual.

*Health*- No definition; dimension intended to be interpreted by the individual.

*Relationships*- No definition; dimension intended to be interpreted by the individual.

*Safety*- No definition; dimension intended to be interpreted by the individual.

*Standard of living*- No definition; dimension intended to be interpreted by the individual.

**PWS**

*Emotional wellness*- Possession of a secure self-identity and a positive sense of self-regard, both of which are facets of self-esteem.

*Intellectual wellness*- The perception of being internally energized by an optimal amount of intellectual simulating activity.

*Physical wellness*- A positive perception and expectation of physical health.

*Psychological wellness*- A general perception that one will experience positive outcomes to the events and circumstances of life.

*Social wellness*- The perception of having support available from family or friends in times of need and the perception of being a valued support provider.

*Spiritual wellness*- A belief in a unifying force, and integrative force between the mind and body, or as a positive perception of meaning and purpose in life.

**QEWB**

*A sense of purpose and meaning in life*- Individuals must find ways for putting their skills and talents to use in the pursuit of personally meaningful objectives.

*Enjoyment of activities as personally expressive*- Direct experiences of happiness in the form of eudaimonia by doing things in life that are personally expressive.

*Intense involvement in activities*- Intense involvement is labeled 'flow' and is associated both with the balance of challenges and skills during the performance of activities and with a distinctive set of subjective experiences.

*Investment of significant pursuit of excellence*- The level of effort invested in personally meaningful activities.

*Perceived development of one's best potential*- Identifying and actively striving to act upon one's potentials so that they can become fully developed.

*Self-discovery*- Recognizing and deciding what type of person one already is.

**Ryff's Psychological Well-Being Scale**

*Autonomy*- The individual's ability to function free from the influence and control of others, to regulate emotions and behavior from within.

*Environmental mastery*- A person's capacity to design environments appropriate for their own propensities, the ability to manipulate and control complex environments.

*Personal growth*- Our capacity to realize our potentials, to perceive life as a process of continuous change, challenges, and opportunities, through which we continuously grow.

*Positive relations with others*- The capacity to develop and maintain warm, affectionate, and trusting human relationships.

*Purpose in life*- The capacity to determine and (re)construct meaning in life.

*Self-acceptance*- An indispensable aspect of mental health, being both characteristic and a necessary element of self-actualization and optimal human functioning.

**SGWB**

*Calmness*- Low-arousal pleasant feelings, like serenity and peacefulness.

*Competence*- Feeling and perceiving oneself as effective and able to overcome challenges and achieve desired outcomes.

*Connection*- A feeling of belonging, mutual caring, love, and closeness.

*Development*- Experiencing continuous growth and improvement.

*Happiness*- Moderate-arousal pleasant feelings, such as feeling happy, cheerful, and pleased.

*Involvement*- The flow state: an absorbing experiencing in which the individual is completely focused on the task at hand.

*Optimism*- A positive outlook on and expectations about the future.

*Purpose*- Having clear goals, a sense of direction and a larger aim in life.

*Self-acceptance*- Experiencing different aspects of oneself (e.g., one's past, personality, thoughts, and feelings) in a tolerant, receptive, and non-judgmental way.

*Self-awareness*- Knowing oneself and experiencing a state of mindful awareness.

*Self-congruence*- The perception that our actions are compatible with our interests, values, and beliefs.

*Self-worth*- Positive evaluation and feelings about oneself.

*Significance*- The feeling that what we do it worthwhile, rewarding, and valuable.

*Vitality*- High-arousal pleasant feelings, such as feeling energetic and lively.

**SHIS**

*Cognitive ability*- Concentration, creativity, resolution. Positive wording: found it easy to concentrate; been imaginative and creative; been resolute. Negative wording: had concentration difficulties; lacked imagination and creativity; been irresolute; hesitate.

*Energy*- Energy experience, energy level. Positive wording: felt brisk, had a lot of energy. Negative wording: felt tired, exhausted, had little energy.

*Expression of feelings*- Positive wording: found it easy to show feelings. Negative wording: had difficulties in showing feelings.

*Illness*- Positive wording: felt well. Negative wording: felt ill.

*Perceived stress*- Tension. Positive wording: felt calm, relaxed. Negative wording: felt uneasy, tense.

*Physical function*- Positive wording: felt that my body has been functioning well in relation to my way of living. Negative wording: felt that my body has been functioning poorly in relation to my way of living.

*Psychosomatic functioning*- Sleep, appetite. Positive wording: slept well, had good appetite. Negative wording: had problems sleeping, had poor appetite.

*Social capacity*- Positive wording: been functioning well when in contact with other people. Negative wording: been functioning poorly when in contact with other people.

*State of morale*- Positive wording: felt merry. Negative wording: felt low-spirited, gloomy.

SPF-IL

*Affection*- The love one gets for who one is as a person,

regardless of one's assets or actions.

*Behavioral confirmation*- The feeling to have done "the right thing" in the eyes of relevant others. Conceptualized by feeling that you: do good things, do things well, are a good person, are useful, are part of a functional group, and contribute to a common goal.

*Comfort*- The absence of deleterious stimuli (i.e., physiological discomforts such as pain, thirst, hunger, or cold). Conceptualized as the absence of feelings of discomfort, such as pain or stress.

*Status*- Social approval given on the basis of the command over scarce resources relative to others (e.g., money and education). Conceptualized by 6 aspects: the feeling of being treated with respect, being independent, self-realization, achievement as compared to others, influence, and reputation.

*Stimulation*- Activation which produces arousal, including mental and sensory stimulation and physical effort.

**SUBI**

*Confidence in coping*- Relates to a perceived personality strength, the ability to master critical or unexpected situations. It reflects the ability to adapt to change and to face adversities without breakdown [61].

*Deficiency in social contacts*- Worries about being disliked and feelings of missing friends [61].

*Expectation achievement congruence*- Refer to feelings of well-being generated by achieving success and the standard of living as per one's expectation, or what may be called satisfaction [61].

*Family group support*- Reflects positive feelings derived from the perception of the wider family (beyond the primary group of spouse and children) as supportive, cohesive, and emotionally attached [61].

*Negative affect*- Reflects a generally depressed outlook on life. Represents the overall perception of life, not specific worries [61].

*Positive affect*- Reflects feelings of well-being arising out of an overall perception of life as functioning smoothly and joyfully [61 ].

*Inadequate mental mastery*- A sense of insufficient control over, or inability to deal efficiently with, certain aspects of everyday life that are capable of disturbing the mental equilibrium [61 ].

*Perceived ill-health*- Worries and complaints over health and physical fitness [61].

*Primary group concern*- Feelings about the primary family including spouses and children [61].

*Social support*- Describing the social environment beyond the family as supportive in general and in times of crisis [61].

*Transcendence*- Life experiences that are beyond the ordinary day-to-day material and rational existence. Reflects feelings of subjective well-being derived from values of a spiritual quality. Includes the construct of rootedness and belongingness [61].

**SWPS**

*Emotional*- Ability to manage own emotions [62].

*Environmental*- Actions to support and promote a healthy environment [62].

*Intellectual*- Efforts improve verbal and writing skills [62].

*Physical*- Physical activity and nutrition choices [62].

*Social*- Network and relationship building interpersonal actions [62].

*Spiritual*- Actions to develop spirituality through meaning and religion [62].

*Vocational*- Perception of vocational value and importance [62 ].

**WB-Pro**

*Autonomy*- Perceived control over one's life. Making decisions not out of shame, guilt, or avoidance but rather one's longer-term values and aspirations.

*Clear thinking*- The ability to think, concentrate, and make decisions.

*Competence*- Feeling that one is a capable person.

*Emotional stability*- Balanced emotional responses; feeling calm or relaxed, even-tempered.

*Empathy*- The tendency to vicariously experience other individuals' emotional states.

*Engagement*- Being actively involved or taking an interest in most activities.

*Meaning*- The sense that one's activities serve a wider purpose than self-interest.

*Optimism*- Having a positive attitude about the future; feeling hopeful.

*Positive emotions*- Tendency to experience positive feelings (e.g., happy, cheerful, contented).

*Positive relationships*- Experiencing good connections with people; having meaningful relationships.

*Prosocial behavior*- Voluntary behavior intended to benefit another.

*Resilience*- Ability to manage or recover from setbacks or from anxiety and worry.

*Self-acceptance*- One's internal states are acknowledged and not suppressed.

*Self-esteem*- Positive evaluation of oneself as a person (e.g., feelings of worth).

*Vitality*- Having sustained energy, particularly in relation to mental energy.

**WeBS**

*Eudaimonic well-being*- A sense of meaningful life and potential to reach one's goals.

*Financial well-being*- Satisfaction with financial and material resources.

*Hedonic well-being*- Individuals' subjective evaluation of life circumstances and balance of positive and negative emotions. Subjective feelings of balanced affect and evaluation of life.

*Physical well-being*- A person's subjective evaluation of personal physical health status. Subjective experience of physical health and fulfillment of physiological needs.

*Social well-being*- Social cohesion, belongingness, and support.

**WEL**

*Cultural identity*- A concept that incorporates racial identity, acculturation, and an appreciation for the unique aspects of one's culture [63].

*Emotional awareness and coping*- To experience and positively manage one's emotions. Reflected in rich, varied, and frequent expression and responses to people and events within one's daily experiences [63].

*Exercise*- Physical activity [63].

*Friendship*- Incorporates all of one's social relationships that involve a connection with others, either individually or in community, but do not have a marital, sexual, or familial commitment [63].

*Gender identity*- A basic, existential conviction that one is male or female. Satisfaction with being a male or a female and a sense of confidence or comfort in being male or female [63].

*Leisure*- Includes physical, social, intellectual, volunteer, and creative activities. Also includes leisure congruence, defined as the selection of leisure activities consistent with one's personality type [63].

*Love*- Relationships that are formed on the basis of a sustained, long-term, mutual commitment and involved intimacy constitute the life task of love. Characteristics of healthy love relationships include the ability to be intimate, trusting, and self-disclosing with another person; the ability to receive as well as express affection with significant others; the capacity to experience or convey nonpossessive caring that respects the uniqueness of another; the presence of enduring, stable intimate relationships in one's life; concern for the nurturance and growth of others; and satisfaction with one's sexual life or the perception that one's needs for physical touch and closeness are being met, or both [63].

*Problem solving and creativity*- Intellectual stimulation [63].

*Realistic beliefs*- Being able to process information accurately and perceive reality as it is rather than as they wish it to be. People who have realistic beliefs are able to accept themselves as imperfect [63].

*Self-care*- Preventive behavior as well as remedial treatment. Includes safety habits that we learn to protect ourselves from injury or death; periodic physical, medical, and dental checkups; and avoiding harmful substances, both those that we might ingest and toxic substances in the environment [63].

*Sense of control*- Perceiving that one has an impact on what happens on them [63].

*Sense of humor*- A cognitive and emotional process that includes both recognition and appreciation of humorous stimuli and creation of humorous stimuli [63].

*Sense of worth*- Variously referred to as "self-concept", "self-esteem", and "self-worth" [63].

*Spirituality*- An awareness of being or force that transcends the material aspects of life and gives a deep sense of wholeness or connectedness to the universe [63].

*Stress management*- The ability to identify stressors in one's life and to reduce or minimize stress by using strategies of stress reduction [63].

*Work*- An activity that is useful to the community (others), whether for monetary gain or otherwise. Includes work satisfaction- composed of challenge, financial reward, coworker relations, and working conditions; recognition from others in the work environment; and feelings of competence in work

tasks [63].

*Nutrition*- Eating and drinking habits [63].

**Well-Being 5**

*Community*- Liking where you live, feeling safe and having pride in your community [51].

*Financial*- Managing your economic life to reduce stress and increase security [51].

*Physical*- Having good health and enough energy to get things done daily [51].

*Purpose*- Liking what you do each day and being motivated to achieve your goals [51].

*Social*- Having supportive relationships and love in your life [51].

**Well-Being Picture Scale**

*Action*- The concept of action is derived by the authors from the principle of integrality as an emergent of the continuous mutual human field and environmental field process but is also postulated to reflect the frequency of the human energy field. Examples of action include activities associated with daily living, such as preparing food, eating, personal grooming, participating in social events, exercising, or doing chores, as well as actively engaging in innovative thinking or the creation of artforms.

*Awareness*- The sense an individual has of his or her potential and / or readiness for moving toward one's potential.

*Frequency*- Changes in energy pattern from lower to higher frequency, denoting the intensity of motion within the energy field.

*Power*- The capacity of an individual to engage knowingly in change. The degree to which an individual is able to express energy as power to create desired change within their human-environmental energy field process.

**WHOQOL-100**

*Environment*- Freedom; physical safety and security; home environment; work satisfaction; financial resources; health and social care: accessibility and quality; opportunities for acquiring new information and skills; participation in and opportunities for recreation/leisure activities; physical environment: pollution / noise / traffic / climate; transport.

*Level of independence*- Mobility, activities of daily living, dependence on medicinal substances and medical aids, dependence on nonmedicinal substances (alcohol, tobaccos, drugs), communication capacity, and work capacity.

*Physical*- Pain and discomfort, energy and fatigue, sexual activity, sleep and rest, sensory functions.

*Psychological*- Positive feelings: thinking, learning, memory, and concentration; self-esteem; bodily image and appearance; negative feelings.

*Social relationships*- Personal relationships, practical social supports, activities as provider / supporter.

*Spirituality*- Religion / personal beliefs.