



HIGH PERFORMANCE
SPORT NEW ZEALAND

WELLBEING MEASUREMENT GUIDANCE: BEST PRACTICES

HIGH PERFORMANCE SPORT NEW ZEALAND

HOW TO USE THIS GUIDANCE DOCUMENT

This guidance document is designed to provide support for individuals who are considering using some form of assessment to investigate wellbeing within their respective high performance sport context.

Preparation and planning are vital when assessing wellbeing.

Please use this document as a tool alongside discussions with others who can provide additional support and guidance.

Contact the HPSNZ Knowledge Edge team, Psychology team, wellbeing leads/contacts, Coaching team and/or Performance Life team, and ensure final consultation includes Knowledge Edge, Psychology and/or the Wellbeing and Engagement Lead.

What you need to know to get the most out of this guidance document:

- This document is intended for formalised assessment rather than to provide specific guidance about informal check-ins with individuals.
- Sections are bookmarked and hyperlinks are embedded to allow for easy navigation.
- The 1-page overview at the beginning of this document provides key steps for determining when and how to measure wellbeing with respect to best practices.
- Each of the outlined steps include associated clarification via bookmarked pages.

WELLBEING MEASUREMENT GUIDANCE: BEST PRACTICES OVERVIEW

The purpose of this resource is to provide guidance about *when* and *how* to measure wellbeing with regard to best practices.

STEP 1: DETERMINE THE RATIONALE AND STEPS TO ASSESS WELLBEING

Key factors to consider:

- Reason for assessing wellbeing (Is there a clear rationale and purpose?)
- Expertise to administer, analyse and interpret findings (Who should we be collaborating with to ensure robust processes?)
- Context and readiness of the sport / individuals (What do we need to do to pave the road and strategically plan?)
- Assessment feedback loops to both (a) report back findings to participants and (b) establish an action plan based upon findings

STEP 2: ONCE THERE IS A SOUND RATIONALE FOR ASSESSING WELLBEING VIA MEASUREMENT TOOLS AND/OR INTERVIEWS, THEN ENSURE THAT THE MEASURE/ INTERVIEW GUIDE IS FIT FOR PURPOSE

Best practices checklist.

The selected assessment has:

- questionnaire/scaled survey tools interviews
 both interviews and questionnaire/scaled survey tools

Established validity and reliability via reputable peer-reviewed literature (journal articles)
Scale responses framed on a continuum (“not at all happy” to “moderately happy” to “completely happy”)
Appropriate scale length for measures (5-point or 10-point scales are generally recommended)
Clear scale labels for measures (written descriptors/anchors at both ends and the midpoint – see above example)
Questions based on and aligned with an established wellbeing theoretical framework/model
Relevance (the measure / interview questions align with the purpose – e.g., global or sub-component wellbeing focus, sport-specificity)
Appropriate wording (clarity and lack of bias in questions)
A clear reference period (“during the past 4 weeks”)
Questions arranged in a way that reduces ordering effects (from general WB to more specific affective questions)
An appropriate length (for quantitative tools, consider ‘short form’ versions of measures only if they have validity and reliability)

STEP 3: ENSURE THERE IS ALIGNMENT OF YOUR WELLBEING ASSESSMENT PLAN WITH RESPECT TO ALL 3 LEVELS OF HPSNZ, NSO AND INDIVIDUAL INDICES

<p>HPSNZ (Wellbeing Framework and Guidelines)</p>
<p>NSO (NSO Health Check questions)</p>
<p>INDIVIDUAL (HPSNZ definition)</p>

***STEP 1: KEY FACTORS
TO CONSIDER –
CLARIFICATION***

STEP 1: KEY FACTORS TO CONSIDER – CLARIFICATION



Step 1 includes multiple key factors to determine when and how to assess wellbeing, and they are further clarified below to make an informed decision about your next steps.

REASON(S) FOR ASSESSING WELLBEING

- Ask yourself, “what is our purpose for assessing wellbeing?” (see also “Data Sharing Guidance” bookmark in this resource)
- Whenever possible, this important first step should occur in discussion with others.
Consultation focuses your approach and resources.

EXPERTISE TO ADMINISTER, ANALYSE AND INTERPRET FINDINGS

Our duty of care requires that any staff member working with high performance sport athletes, coaches and staff must have sufficient expertise in their respective role, and this principle applies to the use of health and wellbeing measurement. We are responsible for enlisting support to administer, analyse and interpret data. As a guide:

	Administration	Analysis	Interpretation
Questionnaires⁴ (see also Step 2A: Questionnaires / Scaled survey tools)	Requires some expertise and training¹ to select and properly administer the most appropriate measure	Many widely used tools include scoring rubrics and require some expertise and training – please seek consultation to clarify	Requires some expertise and training to interpret findings and critically evaluate results
Screening tools⁵ (e.g., Beck Depression Inventory, Insomnia Severity Index)	Requires a good deal of expertise and training² to select and properly administer the most appropriate measure	Requires a good deal of expertise and training to score and appropriately refer	Requires a good deal of expertise and training to interpret findings and critically evaluate results
Psychological tests (aka, psychometrics, psychological testing instruments)	Requires extensive expertise and training³ to select and properly administer the most appropriate measure	Requires extensive expertise and training to score, typically for prescribed treatment planning	Requires extensive expertise and training to interpret findings and critically evaluate results
Interviews/focus groups⁴ (see also Step 2B: Interviews / Focus Groups)	Requires a good deal of expertise and training to select and properly develop the interview guide (questions/prompts)	Requires extensive expertise and training to conduct and analyse interviews/focus groups	Requires a good deal of expertise and training to interpret findings and critically evaluate results

Notes:

- 1 "Some" expertise or training = can be implemented with oversight by someone with relevant education and training.
- 2 "A good deal of" expertise or training = can be implemented with considerable oversight and with training to a minimum standard.
- 3. "Extensive" expertise or training = can only be implemented by an individual who has completed substantial and requisite education and training as a licensed mental health professional.
- 4. NSOs will normally be using questionnaires, interviews and focus groups for wellbeing assessment.
- 5. PLEASE SEEK CONSULTATION re: mobile apps advertised as screening tools – most apps are not validated and/or reliable and/or appropriate for high performance sport individuals despite claims as such.

CONTEXT AND READINESS OF THE SPORT / INDIVIDUALS

The ongoing promotion and assessment of health and wellbeing directly relates to [HPSNZ's strategy](#) and [its vision, mission, role and values](#).

As there is likely no 'perfect time' to engage in the assessment process, planning and preparation is paramount. It is good practice to take a step back and plan around any known activities (e.g., pinnacle events). In contrast, it is not good practice to delay assessment because it is perceived that results might be unfavourable.

Example:

If there is a scheduled pinnacle event in the beginning or end of the year, inform your staff and athletes at the start of the year that you will be asking them to participate in a forthcoming mid-year assessment.

Share some relevant details and lay the groundwork for the process – and let individuals know that you will be appropriately sharing back and acting on the findings at the end while maintaining confidentiality (see "Data Sharing Guidance" bookmark in this resource).

ASSESSMENT FEEDBACK LOOPS TO BOTH (A) REPORT BACK FINDINGS TO PARTICIPANTS AND (B) ESTABLISH AN ACTION PLAN BASED UPON FINDINGS

Feedback loops are essential for ensuring *both* the meaningful engagement of participants (particularly if you are asking them to participate in future processes) and that meaningful follow up occurs.

The value of a well-designed and executed feedback loop cannot be underestimated. We only need to think about the difference it makes for each of us when we feel that we have been heard and receive constructive feedback that will be acted upon by us and/or others.

Step 1 is a key piece of the assessment puzzle that will provide the foundation for how you proceed. The frame that you provide will form the basis for a series of successive steps and actions, so the initial groundwork is critical to a productive and constructive process. Please ensure that you are consulting with relevant individuals who have sufficient expertise, education and training (e.g., the Knowledge Edge team, the Psychology team, and wellbeing leads/contacts) who can provide support throughout.



***STEP 2A:
QUESTIONNAIRES /
SCALED SURVEY TOOLS***

STEP 2A: QUESTIONNAIRES / SCALED SURVEY TOOLS

① ② ③

Step 2A includes a best practice checklist for questionnaires/scaled survey tools.

This document specifically provides clarification about questionnaires/surveys. Factors that are relevant to this type of assessment are identified on the 1-page overview as follows (colour-coding in the below table parallels the *Overview* document – see relevant bookmarked page):

- questionnaire/scaled survey tools
- both interviews and questionnaire/ scaled survey tools)

Best practice item for questionnaires / scaled survey tools	Example / further description
Established validity and reliability via reputable peer-reviewed literature (journal articles) ¹	Measures that have undergone the important rigorous process of validity and reliability testing will typically indicate this in the title of the published article where this was established – e.g., “Evaluating the Psychometric Properties of...” or “Establishing Validity and Reliability for...” If this has been adequately established, then it follows on that most of the subsequent items in this checklist will be addressed.
Scale responses framed on a continuum (“not at all happy” to “moderately happy” to “completely happy”)	
Appropriate scale length for measures (5-point or 10-point scales are generally recommended)	There may be scales of different lengths in a single measure – this may be purposeful and by design, as long as the validity and reliability have been established. However, in some cases this is not purposeful (e.g., when different measures are combined, which is not recommended unless there is a sound theoretical rationale – see notes in the section following this table). Use caution and consultation before proceeding.
Clear scale labels for measures (written descriptors/anchors at both ends and the midpoint – such as the “not all” to “completely happy” example above)	
Relevance (the measure / interview questions align with the purpose – e.g., global or sub-component wellbeing focus, sport-specificity)	Ensure that your measure will assess what you are trying to assess – e.g., global wellbeing (environmental and/or individual) or sub-components of wellbeing that have been designed for sport-specific contexts.
Appropriate wording (clarity and lack of bias in questions)	
A clear reference period (“during the past 4 weeks”)	
Questions arranged in a way that reduces ordering effects (from general WB to more specific affective questions)	
An appropriate length (consider ‘short form’ versions of measures only if they have validity and reliability)	Whilst there is not an exact number of questions that can be recommended, it is important to consider the context and environment. Typically, long form scales range from 25-50 questions, with short form scales ranging from 10-25 questions. There are some longer scales with >100 questions and these may be administered with care and explanation if deemed to provide meaningful data.

1. As of writing this document:

Bespoke validated and reliable measures for athlete wellbeing are not yet available (assessment has not yet caught up to this need in sport). Wellbeing in high performance is generally assessed via measures that examine only *some* related aspects or factors *nearest* to it (proxy measures). Provided recommendations reflect prevailing best practices and available measurement tools for this area.

Please note the following current questionnaire recommendations to assess health and wellbeing which have shown validity and reliability. Provided options may be combined in accordance with guidance – these and other options should be confirmed via consultation (see also **Step 1**).

THIS

Measure:

[Mental Health Continuum – Short Form \(MHC-SF\)](#)

Key details:

This 14-item measure provides an overall assessment of wellbeing that measures psychological and social wellbeing as well as emotional wellbeing. Although not specifically designed for sport, this measure provides an integrated measure of wellbeing that provides a useful complement in conjunction with other sport-specific measures, such as the Psychological Need States in Sport-Scale (PNSS-S).

Reference:

Lamers, S. M., Westerhof, G. J., Bohlmeijer, E. T., ten Klooster, P. M., & Keyes, C. L. (2011). Evaluating the psychometric properties of the mental health continuum-short form (MHC-SF). *Journal of Clinical Psychology, 67*(1), 99-110.

OR

Measure:

[The well-being profile \(WB-Pro\): Creating a theoretically based multidimensional measure of well-being to advance theory, research, policy, and practice](#)

Key details:

This 48- (full professional), 15- **or** 5-item (short form versions) measure is a multidimensional and comprehensive measure of subjective wellbeing (SWB) and **would be an alternative to the MHC-SF**, as a complement to other sport-specific measures such as the PNSS-S.

Reference:

Marsh, H. W., Huppert, F. A., Donald, J. N., Horwood, M. S., & Sahdra, B. K. (2020). The well-being profile (WB-Pro): Creating a theoretically based multidimensional measure of well-being to advance theory, research, policy, and practice. *Psychological Assessment, 32*(3), 294-313.

AND

Measure:

[Psychological Need States in Sport-Scale \(PNSS-S\)](#)

Key details:

This 29-item multidimensional measure is a sport-specific assessment based upon the three core tenets of Self-Determination Theory (SDT; Deci & Ryan, 1985; Ryan & Deci, 2017), i.e., perceived competence, autonomy and relatedness.

Reference:

Bhavsar, N., Bartholomew, K. J., Quested, E., Gucciardi, D. F., Thøgersen-Ntoumani, C., Reeve, J., ... & Ntoumanis, N. (2020). Measuring psychological need states in sport: Theoretical considerations and a new measure. *Psychology of Sport and Exercise, 47*, 101617.

ALSO SEE

the [Center for Self-Determination Theory > Metrics & Methods: Questionnaires](#) website

Note: Measures are typically embedded within journal articles and require appropriate formatting and permissions. **PLEASE SEEK CONSULTATION.** Currently under development, the Subjective Wellbeing Scales for Elite Sport Performers (SWBS-ESP), is a sport-specific measure of wellbeing designed to advance our understanding and more effectively support athlete health and performance. More information will be provided as it is available. See for reference: Giles, S., Fletcher, D., Arnold, R., Ashfield, A., & Harrison, J. (2020). Measuring well-being in sport performers: Where are we now and how do we progress? *Sports Medicine, 50*, 1255-1270.

***STEP 2B:
INTERVIEWS /
FOCUS GROUPS***

STEP 2B: INTERVIEWS / FOCUS GROUPS

① ② ③

Step 2B includes a best practice checklist for interviews/focus groups.

- interviews
- both interviews and questionnaire/ scaled survey tools)

This document specifically provides clarification about interviews/focus groups. Factors that are specific to this type of assessment are identified on the 1-page overview as follows (colour-coding in the below table parallels the *Overview* document – see relevant bookmarked page):

Best practice item for interview / focus groups	Example / further description
Questions based on and aligned with an established wellbeing theoretical framework / model ¹	Individual interview guides should be tailored to and directly based upon an identified wellbeing theoretical framework/model that aligns with the research purpose and questions. PLEASE SEEK CONSULTATION.
Relevance (the measure / interview questions align with the purpose – e.g., global or sub-component wellbeing focus, sport-specificity)	Ensure that your measure will assess what you are trying to assess – e.g., global wellbeing (environmental and/or individual) or components/ dimensions of wellbeing (autonomy, personal growth, competence) that have been designed for sport-specific contexts.
Appropriate wording (clarity and lack of bias in questions)	
A clear reference period (“during the past 4 weeks”)	
Questions arranged in a way that reduces ordering effects (from general WB to more specific affective questions)	
An appropriate length	While there is not an exact number of questions that can be recommended, it is important to consider the context and environment. Typically, interview guides range from 10-15 questions, with prompts as appropriate; however, this can vary considerably depending on the research purpose and questions.

1. Examples of established wellbeing theoretical frameworks/models include but are not limited to [Purcell et al.'s \(2022\) Elite sport mental health promotion framework](#) and [Lundqvist's \(2011\) Integrated model of global wellbeing and context-specific wellbeing related to sport](#).



***STEP 3: ALIGNMENT
OF YOUR WELLBEING
ASSESSMENT PLAN***

STEP 3: ENSURE THERE IS ALIGNMENT OF YOUR WELLBEING ASSESSMENT PLAN WITH HPSNZ, NSO AND INDIVIDUAL INDICES

Step 3 refers to the need to align your wellbeing (WB) assessment plan across HPSNZ, NSO and Individual indices. The objective is to effectively target efforts and ensure that what you are measuring will meet your needs and map onto HPSNZ's defined indicators of wellbeing in high performance sport.

KEY GUIDANCE NOTES:

1. The below table is designed to be a template / checklist that you can use to cross-reference the extent to which your selected measure(s) align with HPSNZ indices (e.g., consider: does the assessment address the metric in some way?).
2. Whilst noting that there is overlap across these indicators (because they were designed to align), it is likely the case that you would not be assessing all below items at once.
3. This appraisal should normally be done in discussion with others as appropriate.
Please seek consultation and guidance to support you in this process.

HPSNZ – WB Framework and Guidelines	Alignment	NSO – WB Health Check Questions	Alignment	Individual – WB Definition	Alignment
A HP strategy is implemented that has a purpose and vision that clearly values trust, respect and transparency		The NSO consistently empowers individuals to thrive within their HP programme		Sport and life satisfaction	
Policies and a code of conduct are established and enacted that are aligned with your culture, behaviours, and values		The NSO consistently supports individuals when they are struggling within their HP programme		Thriving in sport and life	
Recruitment intentions, selection processes, and resource support are openly shared		The NSO has a performance culture that strives for performance excellence while supporting wellbeing		Self-acceptance as an athlete and individual	
In/formal mechanisms are in place, shared, and used to address concerns		The NSO consistently engages athletes to seek their views and to understand their needs		Positive relationships with your coach, teammates, others	
There is appropriate, consistent and continuous communication with relevant parties		The NSO consistently engages HP coach, staff and contractors' views and ideas		Autonomy in sport practice and life	
Input from athletes, coaches, and relevant stakeholders is used to develop HP strategy, engage in HP committees/groups and contribute to key decision-making items		The NSO has transparent, clear, and well understood formal mechanisms in place to escalate issues and/or concerns		Sport and life environmental mastery	
Policies, strategies and activities are implemented that are inclusive, accessible and reflect input of coaches, athletes, staff, and whānau as appropriate		The NSO's Health and Safety systems and reporting processes are effective in identifying and formally managing athlete, staff, contractor, and other HP individuals' wellbeing		Purpose in sport and life	
Inclusive induction processes are conducted, incl. whānau as appropriate		All current cycle campaigns and identified future cycle athletes have fit-for-purpose daily training environments that enable them to perform, progress and transition		Personal growth as an athlete and individual	
Opportunities for athletes, coaches, and staff are provided and promoted to engage with and influence others in decision-making forums				Social wellbeing in sport and life, including social acceptance, actualisation, contribution, coherence and integration	
Development opportunities are promoted for all parties, including for athletes into, through and beyond the performance pathway					
Identification and achievement of intra-individual milestones is prioritised (e.g., through support and monitoring mechanisms such as development plans)					

Note. Please seek consultation and guidance to support you in this process.

DATA SHARING GUIDANCE

This document is designed to provide guidance in relation to best practices for data sharing. Please note that while these practices are outlined for high performance sport contexts, this guidance may apply more broadly as well.

Key principles are presented along the continuum of the data collection process (prior to, during and after data collection).¹

PRIOR TO DATA COLLECTION:

- As noted in “Step 1: Key factors to consider – Clarification”;
 - ensure that you are clear about your PURPOSE and that you have transparently shared that with participants (e.g., data will be used to inform a wellbeing action plan for the NSO).
 - individuals should be advised before completing any form of assessment that you will be presenting findings according to group/cohort results which are NOT IDENTIFIABLE (i.e., individuals cannot be connected to the result/finding).

DURING DATA COLLECTION:

- Remind participants that you will be presenting findings according to group/cohort results and individual results will NOT BE IDENTIFIABLE.
- Be explicit about the fact that you will be maintaining confidentiality of results as part of written and / or verbal communication with others.
- Confidentiality refers to protecting personal information, which might include details of an individual’s lifestyle, family, health or care needs which they want to be kept private.

AFTER DATA COLLECTION (ANALYSES AND PRESENTING FINDINGS):

- Ensure that analyses and findings are presented as group/cohort data and NOT IDENTIFIABLE.
- Participant results and data should NOT be discussed with individuals unless explicit permission has been granted by the participant in writing (i.e., release of information). In the rare event when this is appropriate to do (e.g., to include one’s data as part of a national database for related information), extreme care and diligence should be utilised to maintain participant privacy and confidentiality.
- Note that privacy is slightly different to confidentiality. Privacy refers to the right to have some control over how your personal information is collected and used, whereas confidentiality refers to ensuring significant control over how your personal information is collected and used.

1. As noted in the “How to Use This Guidance Document” section, this document is intended for formalised assessment rather than to provide specific guidance about informal check-ins with individuals. However, care and ethical considerations should also be considered in relation to information shared during informal discussions. **If in doubt, please consult relevant professionals.**



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