

Erasmus School of
Health Policy
& Management

The Well-being Multi- Instrument Comparison study

Erasmus University Rotterdam



Project background



Several well-being questionnaires have been developed to use in non-curative care to evaluate technology and services



These questionnaires are at different stages of development and have never been compared altogether in the same context/population



It is still unclear which instruments should be used to assess the effectiveness of an intervention targeting well-being in a specific context



This question led to the project named "The Well-being Multi-Instrument Comparison" (W-MIC) study

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W-MIC research questions



How do wellbeing scores vary across different health conditions and demographic subgroups?



What are the conceptual similarities and differences across the instruments?



Are the instruments able to distinguish individuals with different severity levels across clinical conditions?



Do the instruments provide reliable measurement of wellbeing over time?



How responsive are the well-being instruments to changes in health or well-being over time?

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W-MIC study design



Part 1 involves an **online survey** with participants from the general population and with specific disease conditions



Part 2 focuses on **three case studies** in non-curative care aimed at improving WB in people with dementia or in the elderly

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Collaborating partners



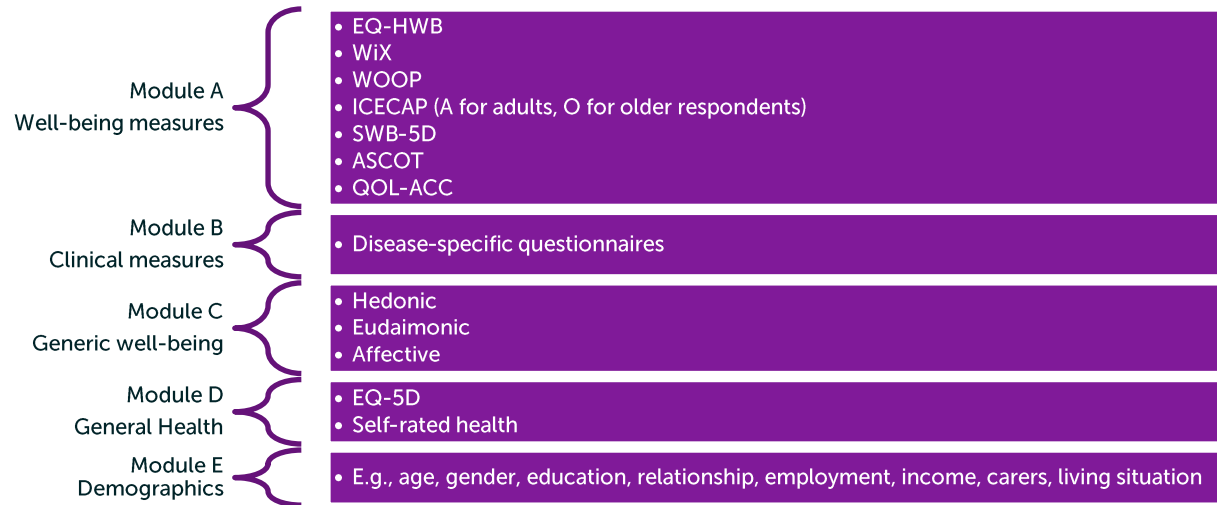
Online survey sample

- Sample size of 7,000 respondents from the Netherlands and the US:
 - General population
 - Elderly population (>70 years old)
 - Diabetes
 - Arthritis
 - Depression
 - Sleep-related disorders
 - Heart-related disorders
 - **List of disorders are under discussion**
- A 25% subgroup will complete a follow-up measurement

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Online survey design

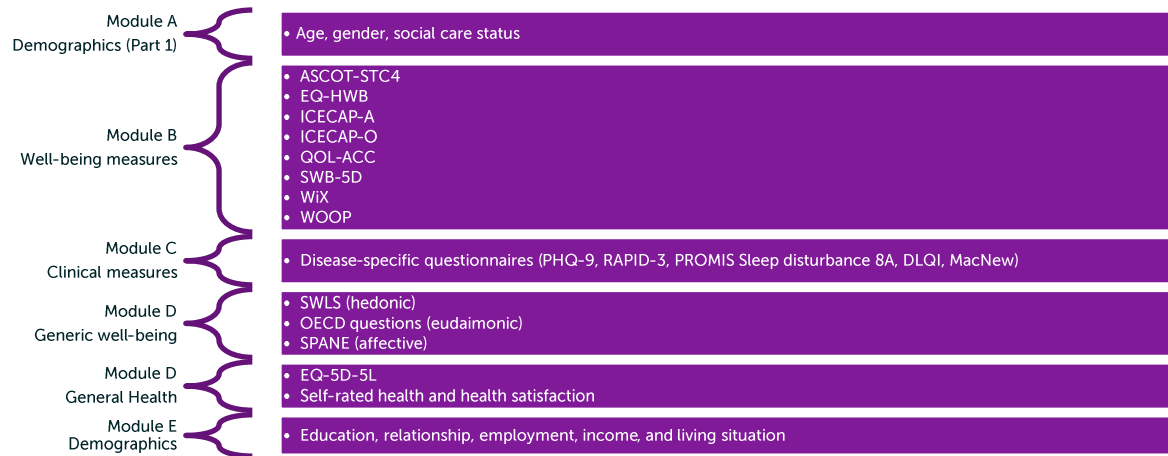
- The survey content will consist of five main modules (presented from A-E)
- Within modules A, C and D, the order of the questionnaires will be randomized



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Online survey design

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Online survey routing

Population	D e m o g r a p h i c s	Well-being measures					Generic health		Generic well-being			Subgroup-specific			Disease-specific				Total items
		EQ-HWB	WiX	SWB-5D	ASCOT	ICEC AP-A	EQ-5D	Self-rated health	SWLS	OECD questions	SPAN E	WOP	QOL-ACC	ICEC AP-O	PHQ-9	RAPID -3	Short PSQI	TBD	
General											-	-	-	-	-	-	-	-	69
Older people											9	6	5	-	-	-	-	-	89
Depression	8	9	10	5	9	5	6	2	5	6	4	-	-	9	-	-	-	-	78
Arthritis														-	12	-	-	-	81
Sleep														-	-	13	-	-	82
Diabetes														-	-	-	TBD	-	TBD
Heart														-	-	-	-	TBD	TBD

- Inclusion of ASCOT / QOL-ACC is under discussion
- Considering the inclusion of a general symptom checklist



Conceptual Coverage

Instrument	Mental health	Physical health	Cognitive health	Relationships	Support	Living environment	Safety	Finance	Relaxation and leisure	Activities	Acceptance and resilience	Independence	Self-worth	Personal hygiene	Life enjoyment / satisfaction	Quality of care	Thinking of future	Sleep issues
EQ-HWB	x	x	x	x						x		x						
WiX	x	x		x	~	x	x	x	x	x	~	x	x					
WOOP	x	x	~	x	x	x		x		~	x	x	x					
SWB-5D	x	~		x						~	~	x						
ASCOT				x		x	x		~	x		x	x	x		~		
QOL-ACC	x	x		x					x			x						
ICECAP-A				x	x		x					x	~		x			
EQ-5D	x	x								x				x				
ICECAP-O				x					x	~		x	x				x	
PHQ-9	x	x	x															x
RAPID-3		x								x				x				
Short PSQI	x	x								x								x
SWLS															x			
OECD	x											x	x		x			
SPANE	x																	

x indicates full coverage

~ indicates partial coverage



Case studies overview



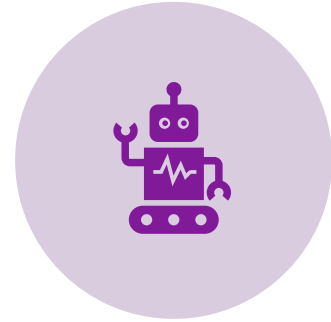
Case study 1

Short-stay, emergency clinic for people with dementia, aimed at de-escalation and regaining control



Case study 2

Motion sensors to promote physical activity in patients undergoing rehabilitation for hip fractures



Case study 3

Tessa Tinybots to increase independence through verbal guidance in clients living in long-term care facilities

Case study design



Population: A total of 170 participants will be recruited across the three case studies



Design: Clients will complete well-being measures at least at enrollment and at discharge with the help of a Dutch interviewer



Caregivers/family members can respond on behalf of the client or together

Information on Psychometric Assessment

- For the seven well-being measures, we will look at the following psychometric properties:
 - Ceiling / Floor effects
 - Test-retest reliability
 - Structural validity
 - Convergent and discriminate validity
 - Known-group validity
 - Responsiveness
- Additional analyses may be explored based on other interests/research ideas

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Project timeline

