

Summary: MayDay Pulse survey simulation

1. **Face validity:** what to measure, what not to measure (ISO 45003 list, CSA 1003 “13 Factors”, HSE 7(+) factors, COPSOQ CORE/Middle versions, ...
2. **Initiation & Participation:** top-down (command & control, or, support & direction, bureaucratic, ground swell lead by activists, “knight in shining armour”, ...
3. **Motivations:** curiosity, technological fascination, illusion of control (if you can’t measure it, ...), optimization, regulatory compliance, altruistic, ...
4. **Sampling issues:** sample size, response rate, lumping and splitting, levels of analysis, statistical methods, ...
5. **Theoretical framework (or lack of):** reverse causation, variable ambiguity, perspectives built into the tool used (hammer and nail saying), objective (biological) measures, ...
6. **Interpretation:** poor presentation of results, mis-interpretation
7. **Follow-up:** lack of response, confusion, mis-directed (“hobby horses”), limited imagination (stay “inside the box”), innovation/creativity, openness to new patterns of work organization, ...
8. **Ethical issues:** voluntary, confidentiality, tracking, responsibilities for individual follow-up if clinically warranted

Discussion questions

- What new demands are you encountering with your COPSOQ work
- Who is it that is asking?
- What is the optimal length for a survey (pollsters say 7 min)?
- Does COPSOQ have too many scales?
- Do we need a more prominent theoretical framework as a basis for COPSOQ?
- Should we explore more formal methods (item response theory, receiver operator curves, etc.) to streamline & combine scales?
- Should there be a standard international version?
- What about Tague's 6 golden nuggets and 3 diamonds?