# Testing job wellbeing indicators among community behavioral health workers: Community-based participatory research

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## Executive Summary

This study addresses the persistent problem of employee burnout and high turnover (reported at 25–60% annually) in community behavioral health organizations (CBHOs). The authors argue that standard, top-down job wellbeing assessments fail to capture the heterogeneity of employee experience within these organizations and that community-based participatory research (CBPR) offers a more contextually valid alternative. Using exit surveys, stay interviews, workgroup sessions, and roundtable meetings, the research team collaborated with employees of a single Midwestern CBHO (approximately 300 staff) to develop 11 job wellbeing indicators. These indicators were then tested through an initial survey (N=168) and a 6-month follow-up survey using latent change score models. Key findings include significant declines in communication clarity, job fairness, decision-making involvement, expectation alignment, supervisory support, and career advancement, alongside increased stress. Wellbeing outcomes varied meaningfully by race, educational degree, clinical versus non-clinical status, exempt status, marital status, and tenure. The authors conclude that organization-specific, employee-co-developed indicators can reveal subpopulation-level wellbeing heterogeneity typically obscured by standardised instruments, informing more targeted organisational interventions.

## Key Insights

1. Job wellbeing declined significantly across multiple indicators over a 6-month period, including communication clarity, job fairness, decision-making involvement, expectation alignment, supervisory support for work quality, and career advancement opportunities, while job stress increased — suggesting systemic rather than isolated deterioration.

2. Wellbeing experiences were heterogeneous across employee subpopulations: employees of color rated supervisory support for work quality lower than White employees, while White employees rated communication clarity and decision-making involvement lower — a pattern the authors interpret through a structural racism lens, with minoritised employees potentially holding lower expectations of upper management access.

3. Employees with longer organisational tenure showed smaller declines across several wellbeing indicators, and those who perceived the organisation was making visible wellbeing efforts reported less deterioration in job fairness, flexibility, and stress — suggesting that tenure-related resilience and perceived organisational responsiveness are moderating factors in wellbeing trajectories.

## Practical Takeaways

• Organisations that co-develop wellbeing indicators with employees through structured participatory processes — including exit surveys, stay interviews, and iterative workgroup validation — produce instruments with stronger face validity and contextual relevance than those adapted from generic scales.

• Periodic measurement of job wellbeing using brief single-item indicators stratified by employee characteristics (e.g., race, exempt status, clinical role, tenure) can reveal subgroup-level disparities that aggregate scores mask, enabling more targeted and differentiated organisational responses.

## Frameworks Mentioned

**Job Demands-Resources (JD-R) Model** — A theoretical model referenced in the literature review that frames employee wellbeing in terms of the balance between job demands and available job resources, applied in behavioral health workforce research.

**Community-Based Participatory Research (CBPR)** — A collaborative research methodology involving stakeholders and researchers as co-investigators throughout all stages of a study, from question formation to dissemination, used here to develop and test organisation-specific job wellbeing indicators.

## Critical Analysis

Strengths include a transparent multi-stage CBPR process with documented stakeholder involvement at every phase, a longitudinal design with latent change score modelling that accounts for measurement error and missing data, and attention to subpopulation heterogeneity rarely examined in single-organisation studies. The use of both exit surveys and stay interviews as complementary data sources is methodologically sound. Limitations are significant: the study is confined to a single CBHO in an urban Midwestern U.S. setting, severely restricting generalisability. The survey samples are demographically imbalanced — White employees were overrepresented in both the initial (70%) and paired (78%) survey completions relative to organisational composition (59% White), which biases findings on racial subgroup comparisons. The open observational setting prevents causal attribution of observed changes. Sample sizes within job-role subcategories were too small for role-level analysis. The study period coincided with COVID-19 pandemic disruptions, leadership transitions, and organisational change initiatives, making it impossible to isolate drivers of wellbeing change. The 11 indicators were developed as single-item measures, which, while reducing response burden, limits psychometric rigour and construct precision. The exploratory reporting of marginally significant effects ($p \leq .10$) alongside conventional significance thresholds increases the risk of false positives given the number of comparisons conducted.

## Organizational Practice

A single CBHO in urban Midwestern U.S. (approximately 300 employees, serving approximately 2,500 clients annually) implemented organisation-wide wellbeing surveys twice over six months using 11 co-developed single-item indicators. The organisation used exit surveys sent to employees resigning (61 distributed, 35 responses), Zoom-based stay interviews with long-tenure employees (23 invited, 13 participated), and multi-stage employee workgroup sessions (14 participants across two stages) to develop the indicators. Roundtable meetings were held with 48 employees to affirm indicator relevance. HR demographic data were integrated with survey data for analysis. The organisation concurrently pursued strategic initiatives including wage increases, burnout mitigation programmes, DEI&B efforts, communication improvements, and professional development — though employee perception of these efforts was mixed.

## Strategic Implications

The study's findings point toward growing interest in organisation-specific, participatory measurement of employee wellbeing as an alternative to standardised instruments, reflecting a broader trend toward context-sensitive and employee-centred performance and wellbeing monitoring in human services sectors. The documented differential wellbeing trajectories by race, clinical role, and exempt status suggest that aggregate wellbeing metrics in CBHOs may obscure inequities that are consequential for retention and care quality. The authors' articulation of a bottom-up, person-centred measurement philosophy represents a counter-current to traditional top-down performance management approaches. The planned integration of AI and machine learning tools to scale CBPR processes signals emerging interest in technology-assisted participatory research in under-resourced community organisations. The persistent gap between organisational wellbeing initiatives and employee-perceived improvement observed in this study reflects a broader tension in PMS between policy intent and lived workforce experience.

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**Validation Status:** passed

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