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## Work Experience of Millennials Resigning Abruptly From Mental Health Positions

Melonie K. Bland  
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# Walden University

College of Psychology and Community Services

This is to certify that the doctoral dissertation by

Melonie Kerry-Ann Bland

has been found to be complete and satisfactory in all respects,  
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the review committee have been made.

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Walden University  
2025

Abstract

Work Experience of Millennials Resigning Abruptly From Mental Health Positions

by

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MA, University of New Haven, 2007

BA, Albertus Magnus College, 2005

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

May 2025

## Abstract

The phenomenon of millennials resigning from mental health positions with little or no notice remains understudied, yet understanding it is essential for improving the consistency and effectiveness of care for individuals receiving mental health services. This generic qualitative study explored the work experiences of millennial mental health workers. The Strauss-Howe generational theory served as the theoretical framework, offering insight into how millennials' work ethics, personal beliefs, and job expectations influenced their decisions to resign abruptly. Data were collected through semistructured interviews with nine participants, and thematic analysis was used to identify key themes and insights related to the research question. The study revealed five major themes that reflected the experiences of millennial mental health workers who resigned with little or no notice. Participants cited poor interpersonal dynamics with leadership, toxic organizational cultures, and overwhelming job stressors that often clashed with their personal values as key factors influencing their decisions to leave. Additional findings highlighted how the resignation process was shaped by self-preservation and ethical concerns, and how the COVID-19 pandemic further impacted working conditions and professional expectations in the mental health field. The study's results may inform policy, procedural, and cultural shifts that are more responsive to the needs of millennial workers, thereby fostering positive social change in the mental health field. Enhancing retention among this group may reduce disruptions in the therapeutic relationship, providing clients with more consistent and effective care.

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## Dedication

This dissertation is dedicated to my amazing and supportive husband, Daniel B. Bland. Thank you for doing and being everything I needed to complete this journey. You encouraged me to keep going on days I wanted to give up. Thank you for being patient with me and insisting that I take time to rest. Thank you for taking on additional responsibilities so I could focus on finishing my dissertation and raising our daughter. I am forever grateful for your sacrifices and unwavering support that allowed me to finish; thank you. I am proud of you and the man you are, and I'm honored to be your wife. I have loved you since our undergraduate days and I promise to love you for life!

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## Chapter 1: Introduction to the Study

The great resignation, in which employees abruptly leave positions, often with little or no notice, is a current phenomenon plaguing many organizations, including mental health organizations (Yuniasanti et al., 2019). Some individuals struggle to engage in mental health services for a variety of reasons, and it can be more difficult for individuals to maintain therapeutic engagement when they are forced to transition to a new mental health worker without advance notice (Yuniasanti et al., 2019). The development of a collaborative transition plan provides an opportunity for the mental health worker and their client to discuss the end of their relationship, develop a transition plan, and/or provide the client with resources for their current and future therapeutic needs (Clark et al., 2014). The plan does not require, however, that clients have advance notice of their mental health worker's departure. Providing clients with options prior to the resignation of their mental health worker may help to decrease clients' feelings of abandonment and inclination to terminate needed mental health services (Clark et al., 2014).

The purpose of this basic qualitative study was to understand the work experience of millennial mental health workers who had resigned from mental health positions and provided little or no notice. Millennials are the majority of workers currently in the workforce; therefore, it would be beneficial for organizations to begin to understand the perceived work experiences of millennial workers to increase retention rates (Yap & Zainal Badri, 2020). This information may help organizations to adjust the culture, policies, and procedures within the organization to increase the retention of millennial

workers, which may increase workplace productivity and help to provide more consistent mental health services to individuals (Gabrielova & Buchko, 2021; Otaye-Ebede et al., 2020).

This chapter includes the background of the study, which provides a brief summary of the recent research related to the study and a description of the gap in the literature and the need for the study. The chapter also identifies the problem the study addressed, the perceived work experience of millennial mental health workers who resign from mental health positions and provide little to no notice. The framework for this study was the Strauss-Howe generational theory, which was used to guide the semistructured interviews with millennial mental health workers to learn about their work experience in mental health positions they resigned from after providing little to no notice.

### **Background**

The great resignation, also known as the big quit, began in 2019 during the COVID-19 global pandemic and has caused concerns in many business sectors, including the mental health field, because the number of individuals working for organizations has drastically decreased (Dossa et al., 2023). Employees have left the mental health field providing little or no notice, causing a significant decrease of workers available to provide therapeutic care to clients in need of mental health services (Neely-Barnes et al., 2023). Resignations with little to no notice may also have a detrimental impact on the therapeutic needs of the mental health clients being served because individuals may disengage from services when their mental health worker resigns (Clark et al., 2014). Many studies have been completed to determine that this shift in the workplace with

increased resignation is a result of generational changes in the workplace (Yuniasanti et al., 2019).

The personality, characteristics, and work ethics of an individual are often significant to their generation, and an individual's values and beliefs are shaped by their experiences in a given historical era (Strauss & Howe, 1999). The Strauss-Howe generational theory states that each generation is labeled with unique characteristics, traits, values, and beliefs that describe many of the individuals born in that generation (Li et al., 2013). For example, the silent generation, spanning 1928 to 1945, is often described as being composed of individuals who were traditionalist, resilient, and fiscally prudent (Li et al., 2013). Baby boomers, those born from 1946 to 1964, are often described as hardworking, resourceful, disciplined, and team oriented (Costanza et al., 2021). Relevant to the current study, millennials are individuals born between 1981 and 1996 who are often pejoratively described as having a poor work ethic, being narcissistic, and demonstrating a lack of commitment and loyalty to the workplace (Costanza et al., 2021; Buskirk-Cohen et al., 2016; Li et al., 2013; Wood, 2019). In the workplace, millennials may also be viewed negatively due to a perceived need for affirmation, in contrast to individuals from other generations who are often described as being more self-reliant and internally motivated (Amayah & Gedro, 2014). A study completed by Yuniasanti et al. (2019) showed that millennials may be considered undesirable and difficult employees who enter organizations with the intention of resigning shortly after starting. Yuniasanti et al. also showed that many millennials plan to work at several different organizations throughout their lives, a major difference from previous

generations in which individuals often worked at one organization for several decades and retired from that organization.

However, recent studies, such as the one conducted by Costanza et al. (2021), highlighted the differences between generations and the differences in their work ethics, not how the work experience of millennial workers vary from other generations. Results from this study and similar studies have been used to inform organizations of what to expect from each generation based on the characteristics used to define the generation, emphasizing that the work ethic of millennials is vastly different from previous generations (Yuniasanti et al., 2019). For example, many employers have developed stereotypes and biases about millennial workers and have hired millennials, expecting them to work poorly, assuming that they will be unhappy in the work environment and will resign shortly after being hired (Yap & Zainal Badri, 2020).

The steady increase of millennials resigning from organizations often places a strain on those organizations, especially when the resignation occurs with little or no notice (Bayliss-Conway et al., 2021). High turnover rates can impact the success and growth of the organization and negatively impact the consumer/client (Yuniasanti et al., 2019). Over the last 10 years, there have been over 550 published studies about on-the-job generational differences, often highlighting the different work ethics exhibited between generations (Costanza et al., 2021). However, few researchers have sought to understand the work experience of millennials and their perceived work experience before deciding to resign. There are even fewer studies that explored the impact of the great resignation and millennials in the mental health field (Johansen & Sowa, 2019;

Lizano, 2021; Neely-Barnes et al., 2023). Most studies have explored the generational differences between millennials and previous generations through quantitative approaches that did not explore millennials' work experience. These studies analyzed other reasons besides millennials potentially having poor work ethics for constant resignations, and the results of their studies have shown that resignations may be a result of no compatibility with the organization (Dechawatanapaisal, 2019), lack of supervisory support (Nabawanuka & Ekmekcioglu, 2021), the influence of the COVID-19 pandemic (Nabawanuka & Ekmekcioglu, 2021), and psychological capital (Rachmawati et al., 2018; Yuniasanti et al., 2019).

Many of the previous studies were also quantitative studies that included hypothesized variables to predict the causes of millennial workers changing jobs frequently and abruptly. Many of these studies included incorrectly predicted variables such as compensation and benefits (AbouAssi et al., 2021; McGinnis Johnson & Ng, 2017; Wood, 2019) as factors for millennials leaving current positions. However, the results of many of these studies showed that millennials are less driven by extrinsic benefits, unlike previous generations who were driven by them (Magni & Manzoni, 2020; Rachmawati et al., 2018; Yuniasanti et al., 2019). Researchers have suggested that future research should include qualitative studies that allow millennials the freedom to identify the variables that are important to them, as opposed to choosing variables from a hypothesized list (Dechawatanapaisal, 2019; Neely-Barnes et al., 2023).

Decreasing the percentage of millennial mental health workers who resign from mental health positions with little or no notice may also help to provide more effective

mental health care for clients. Through provision of sufficient notice of a resignation, transition plans can be created for mental health clients that may help to decrease unplanned interruption of services and provide opportunities for a warm handoff between mental health workers. Millennials account for almost 75% of the current mental health workforce (Yap & Zainal Badri, 2020); therefore, many individuals receiving mental health services are working with millennial workers and can be greatly impacted when millennials resign with little or no notice. When mental health workers develop collaborative discharge or transfer plans with clients in advance, it often increases client satisfaction and positive mental health outcomes (Lampropoulos, 2010). However, when a mental health worker resigns and provides little or no notice, it impedes the opportunity to plan and collaborate, which may leave clients distressed, unhappy, or dissatisfied and may cause unplanned therapeutic termination (Neely-Barnes et al., 2023).

The current study provided millennials who had resigned from mental health positions the opportunity to share their perceived work experiences openly without being forced to choose previously identified variables to describe their work experience. Little emphasis had been placed on understanding the perceived work experience of millennials to make workplaces more conducive to their values, beliefs, and desires. Therefore, findings from the current study may be useful in helping organizations to develop effective sustainability plans to retain millennial workers by considering the components that led millennials to resign while providing little or no notice.

## **Problem Statement**

In 2021, the term “great resignation” was coined because many industries, including the mental health field, reported an astronomical increase of employees, mostly millennials, abruptly resigning from jobs, leaving numerous unfilled vacancies (Fuller & Kerr, 2022; Neely-Barnes et al., 2023; Sells, 2021). The problem that was addressed in the current study was the gap in the literature on the work experience of millennial mental health workers who resigned from mental health positions with little or no notice. Millennials account for almost 75% of the current workforce, causing the constant turnover to have significant impact on the services provided by mental health workers (Yap & Zainal Badri, 2020).

Most individuals enter the mental health field with a desire to help vulnerable populations and provide needed care and support (Costanza et al., 2021). However, resigning and providing little or no notice may cause an unplanned break in the therapeutic relationship and often leaves clients feeling abandoned and causes a disruption in their care (Bayliss-Conway et al., 2021). The current study may help to decrease a potential gap in therapeutic services for clients who experience an unplanned disruption in their mental health services due to their millennial mental health worker leaving and providing little or no notice. Millennials are not staying with organizations for long periods of time, but it is unclear what is causing millennials to resign, especially when they leave abruptly. The data obtained from the current study may be used to develop protocols and procedures that may strengthen the recruitment and retention of

millennial mental health workers and increase the mental health services provided to individuals (see Myers & Sadaghiani, 2010).

Numerous studies on generational differences have identified that the work ethic and work experience of millennial workers vary from those of previous generations, yet the work experience of millennials has not been widely studied (Malik & Shahid, 2024; Partin, 2023; Safi, 2019; Standifer & Lester, 2020; Yuniasanti et al., 2019).

Understanding the work experience of millennial mental health workers may increase the tenure of millennial mental health workers in their current organization.

### **Purpose of the Study**

The purpose of this qualitative study was to explore the perceived work experience of millennial mental health workers who resigned from mental health positions while providing little or no notice to current employers or clients. There have been many quantitative studies and opinion articles that have addressed the differences in the work ethic between generations (Nabawanuka & Ekmekcioglu, 2021; Dechawatanapaisal, 2019; Rachmawati et al., 2018; Yuniasanti et al., 2019), with millennials often being labeled as having a lack of dedication and commitment to jobs in comparison to previous generations (Nabawanuka & Ekmekcioglu, 2021). Based on previous research, the work ethic of millennial workers is often different from previous generations and millennials are constantly and sometimes abruptly changing jobs, often within the same sector (Watts & Dieffenderfer, 2021). However, the current study explored the perceived work experience of millennial mental health workers to identify

and describe how millennials perceived their work experience that led them to resign while providing little or no notice.

### **Research Question**

What is the work experience of millennial mental health workers who resign from mental health positions and provide little or no notice?

### **Theoretical Framework for the Study**

The theoretical foundation of this study was based on the Strauss-Howe (1991) generational theory. The Strauss-Howe generational theory states that the traits, expectations, beliefs, and values of individuals are distinct to their generation; therefore, the work ethics displayed by individuals may be rooted in the generation they were born into (Li et al., 2013). The Strauss-Howe generational theory states that the individuals are often impacted by major events in the world, and those within the same generation often experience those events the same because their phase in life is similar, causing similar responses (Strauss & Howe, 1997). These events often leave an impactful mark on individuals and influence further behaviors and values, sometimes altering social roles (Strauss & Howe, 1997). Where an individual exists on the spectrum of the generational cohort may also play a role in their perception and reaction, although their overall beliefs and behaviors will be in line with the generation and different from other generations (Howe, 2023; Howe & Strauss, 2000; Strauss & Howe, 1997). For example, millennials experienced the great recession, the worst economic decline since the great depression, when many were entering the workforce, a major event that has played a role in the work ethic and behaviors of millennials (Howe, 2023).

Millennials are often viewed through a negative lens because many criticize their strong desire to succeed, sense of entitlement, perceived laziness, and desire to be successful without working hard (Buskirk-Cohen, 2016). By using the Strauss-Howe generational theory, I identified how the differences in work ethics, personal beliefs, and on-the-job expectations of millennial mental health workers influence their perceived work experience in mental health positions. The Straus-Howe generational theory has been used in many studies discussing generational differences because the theory discusses how individuals born in the same generational cohort often perceive experiences similarly, which provided insight into my research question addressing millennials' individual work experience (see Strauss & Howe, 1997). Millennial mental health workers were given the opportunity to describe their work experience in mental health positions from which they resigned while providing little or no notice, which provided useful data of how millennials perceive their work experience. The collected data on the perceived perceptions and expectations of millennial mental health workers may inform organizations on how to develop or improve the best practices, procedures, and protocols to obtain quality millennial mental health workers and increase their retention rates in the workplace. The theoretical framework and its relevance to the current study is explained in more detail in Chapter 2.

### **Nature of the Study**

The nature of this study was qualitative to explore the perceived work experiences of millennial mental health workers who resigned from organizations while providing little or no notice (see Kahlke, 2014). The qualitative approach was best for this study

because it allowed me to explore the meaningful stories of participants by conducting semistructured interviews (see Kahlke, 2014; Patton, 2015). Because of the qualitative approach, participants had an opportunity to share their work experience freely without having to choose how to describe their work experience from an assumed checklist (see Patton, 2015). This approach also allowed me to explore similar themes between shared work experiences, as opposed to making assumptions about the work experience of millennial workers, which provided rich data that included unidentified variables for the great resignation among millennial mental health workers (see Kahlke, 2014; Patton 2015).

The results from this study may provide insight into ways to better recruit and retain millennial mental health workers and increase job longevity of millennial mental health workers, which may help to increase the consistency of mental health services provided to clients (see Myers & Sadaghiani, 2010). Results of the current study may also be used to develop standards and programming that human resource departments can implement to recruit, train, and retain millennial workers to increase longevity and productivity within organizations. As more care and emphasis is placed on retaining millennial mental health workers, organizations may experience less turnover, which may help to increase the utilization of mental health services. The need for effective and consistent mental health services is becoming more recognizable because individuals have recently experienced the effects of a global pandemic, increased televised police brutality, political distress, and blatant injustices against people of color. With most mental health workers being millennials, it is important to address how millennial mental

health workers are experiencing the great resignation. Analyzing the data of the perceived work experience of millennial mental health workers may encourage mental health organizations to provide work environments more conducive to the needs of millennial mental health workers to increase the effectiveness and consistency provided to mental health clients.

### **Definitions**

*Little notice:* Not providing enough time to resolve duties and ethically transition clients; typically 30 days when providing direct care (American Psychological Association [APA], 2017; Liu et al., 2022).

*Mental health worker:* An individual working in a private or public social services setting as a marriage and family therapist, professional counselor, psychologist, or social worker. Mental health clinicians are trained to assess and treat individuals experiencing an array of mental health concerns (Council of State Governments Justice Center, 2008).

*Millennials:* The group of individuals born between 1982 and 1996, also known as Generation Y or Gen Y (Dimrock, 2018).

*The great resignation:* A phenomenon that began in 2021 when more than 47 million American quit their jobs voluntarily by the end of 2021 (Formica & Sfodera, 2022).

### **Assumptions**

Qualitative research addresses a broad range of social phenomena and tends to be naturalistic and interpretive. In conducting the current study, I made several assumptions. As a senior staff member in the mental health field, I have witnessed the majority of

resignations from millennial workers. Therefore, I assumed that millennials comprised the majority of individuals resigning from mental health positions. Second, I assumed that millennials are resigning due to being unhappy in the work environment and that all participants would have similar experiences on what was making them unhappy. Third, I assumed that millennials are resigning due to not being adequately prepared for the field. Most millennials, especially those born in the later years of the generation, did not have an opportunity to complete in-person internships due to the COVID-19 pandemic. Due to the potential health risks of in-person exposure during the COVID-19 pandemic, most colleges and universities only approved internships and fieldwork that was conducted virtually. It was my assumption that the lack of in-person fieldwork caused millennial mental health workers who were new to the field to not have accurate expectations of working in the field. Lastly, as a millennial mental health worker myself, I assumed that organizations would want to address this problem to develop work environments that are more conducive to millennial mental health workers.

### **Scope and Delimitations**

The purpose of this study was to understand the work experience of participants to gain insight into the big quit as it pertains to millennial workers in the mental health field, which may help organizations retain millennial workers. I recruited a purposive sample of nine participants who met the established eligibility requirements: (a) born between 1982 and 1996, (b) resigned from a direct care position in the mental health field, (c) provided little or no notice prior to resigning, and (d) had at least a bachelor's degree prior to starting and resigning from position in the mental health field. Purposive

sampling ensured that participants met the established criteria to address the critical issues of nonprobability sampling logic and determined the delimitations set for the current study (see Burkholder et al., 2020). The sample size for a qualitative study varies from one participant to more, based on the research question, because there are strategies to employ instead of rules when deciding the sample size in qualitative studies (Patton, 2015). Exclusion criteria for the current study included individuals (a) born outside the millennial age range of 1982 to 1996, (b) not having resigned from a direct care mental health position, (c) who provided at least 30 days notice of resignation, and (d) who did not have at least a bachelor's degree.

I conducted face-to-face interviews using Zoom Pro, which provided me the opportunity to record and transcribe all interviews. Participants were asked open-ended questions with subquestions, as needed, based on the work experience and perspective of the participant to fully understand their work experience. Each interview was scheduled to last approximately 1 hour, and participants were told that they could stop the interview at any time for any reason. Participants were assigned a pseudonym to maintain their confidentiality, and their previous or current place of employment was not used. Participants were also provided with two resources, [www.FindTreatment.gov](http://www.FindTreatment.gov) and 1-800-662-HELP (4357), to obtain therapeutic intervention, if needed, after sharing their work experience.

The theoretical framework for this study was the Strauss-Howe generational theory (Strauss & Howe, 1999), which states that individuals often act and interact based on the generations they were born into. Individuals born within the same generation often

have shared experiences that impact their morals and values and shape their attitudes, traits, and personality (Strauss & Howe, 1999). The Strauss-Howe generational theory was chosen to explore the behavior patterns of participants based on experiences and the environment because behaviors can change with a change of environment and relearning (see Otaye-Ebede, 2020).

The social cognitive theory was also considered for the current study. The social cognitive theory is an extension of the social learning theory developed by Bandura in 1986, which states that the behaviors displayed by individuals are a result of personal, behavioral, or environmental influences (Hosseini et al., 2024). In the current study, the social cognitive theory could have been used to determine whether the actions and behaviors of millennials in the workplace are due to the environment that they grew up in or whether the behaviors are learned and can be changed through reteaching and direction (see Otaye-Ebede, 2020). Many millennials grew up during a time when great emphasis was placed on fighting for equal rights and believing that everyone should succeed with great emphasis on developing self-esteem and self-awareness (Gabrielova & Buchko, 2021). Using the social cognitive theory, I could have analyzed the perceived work experience of millennial mental health workers and determined whether the behaviors exhibited by millennial mental health workers were driven by their environment and the way they were raised, their experiences with others, or the result of self-efficacy as opposed to the perceived constant need for positive affirmation and a sense of entitlement (see Gabrielova & Buchko, 2021). However, using this theory would have implied that millennials' behaviors in the workplace are maladaptive and would have lessened the

opportunity for millennials to share their work experience without judgment or expectations. The Strauss-Howe generational theory allowed me to identify the events and experiences that shaped the millennial participant without judging their behaviors.

Potential transference was addressed by creating a safe space for participants to be open and honest (see Patton, 2015). Participants were also in control of the interview process and were allowed to skip any questions they were uncomfortable or end the interview at any time. I listened objectively and took notes without becoming emotional about the experiences shared or allowing my personal experience or desired outcome to interfere with how the information obtained was being interpreted (see Berg, 2017; Patton, 2015).

### **Limitations**

Potential limitations for this study included locating participants willing to participate in the study. It was important that the study's description engage potential participants who were willing to share their work experience without fear of social rejection or judgment (see Patton, 2015). It was important that the interview questions and subquestions did not unintentionally include my personal values, beliefs, or bias and did not lead participants. Interviews were conducted virtually, causing another potential limitation of technological challenges. Another potential limitation was social desirability and ensuring that the study and interview questions allowed for openness and honesty because the study may have been viewed as looking negatively at millennials who leave mental health positions after providing short notice.

To address potential bias, I ensured that interview questions and subquestions were free of personal values and beliefs and did not lead participants. Interview questions were reviewed with my committee, and approval was granted prior to the interviews. Another potential limitation was researcher bias because I am a millennial who works in the mental health field and have witnessed millennials leave direct care positions after providing no notice of leave or a short notice. However, I had not left a position without providing required notice of leave, and I was looking forward to exploring the work experience of millennials who had provided little or no notice of leave.

### **Significance**

This study aimed to fill the gap in the literature regarding the work experience of millennials who leave mental health positions and provide little to no notice. The need for direct-care mental health workers continues to increase as individuals continue to deal with the effects of a global pandemic, the desensitization of violence portrayed in the media, and undiagnosed mental health concerns (Erekson et al., 2021). Over the last 10 years, there have been over 550 published studies about on-the-job generational differences between employees (Costanza et al., 2021). However, there were few studies that sought to understand the work experience of millennials that caused them to leave organizations with little to no notice. Most studies conducted had included the data obtained to inform organizations on what to expect from each generation based on the characteristics used to define the generation, emphasizing that the work ethic of millennials is vastly different from previous generations (Yuniasanti et al., 2019).

Due to the influx of these types of studies, many employers have developed stereotypes and biases about millennial workers and have hired millennials, expecting them to work poorly, assuming that they will be unhappy in the work environment and will resign shortly after being hired (Yap & Zainal Badri, 2020). However, little emphasis has been placed on understanding the experiences of millennials to make workplaces more conducive to their values, beliefs, and desires. Millennials account for most workers today, and the current study may help organizations to begin understanding the experiences of millennials so they can adjust their culture, policies, and procedures to increase the longevity of millennial worker, increase workplace productivity, and increase mental health support for those in need (see Gabrielova & Buchko, 2021; Otaye-Ebede et al., 2020).

### **Summary**

In Chapter 1, I identified the great resignation and its impact on mental health services. Millennials currently account for most of the workforce, causing this phenomenon to impact millennials and the organizations that hire them (Yap & Zainal Badri, 2020). The impact of the great resignation may be lessened if the work experience of millennial mental health workers were better understood. The results of the current study may help to decrease resignations by millennial workers and increase mental health services for those in need by allowing organizations to implement policies and strategies to hire and retain qualified millennial workers.

In chapter 2, I provide a literature review that details research that has been conducted on millennials in the workplace and the great resignation. I also address the

generational differences in the current workforce and studies that addressed the differences. Chapter 2 also highlights the gap in the literature to further support this study.

## Chapter 2: Literature Review

In 2021, the term great resignation was coined as many industries, including the mental health field, reported an astronomical increase in employees, primarily millennials, abruptly resigning from jobs, leaving numerous vacancies unfilled (Fuller & Kerr, 2022; Sells, 2021). Millennials make up nearly 75% of the current workforce, causing this constant turnover to have a significant impact on the services provided by mental health workers (Yap & Zainal Badri, 2020). Despite this trend, it remains unclear what is prompting millennials to resign, particularly when resigning abruptly. The problem addressed in the current study was the work experience of millennial mental health workers who have resigned from positions with little or no notice. The study's results may be used to create strategies to reduce gaps in therapeutic services for clients experiencing unplanned disruptions in their mental health care. Findings from this study could also be used to develop protocols and procedures aimed at strengthening the recruitment and retention of millennial mental health workers, thereby increasing the availability of mental health services (see Myers & Sadaghiani, 2010).

Numerous studies on generational differences have identified that the work ethic and experience of millennial workers vary from those of previous generations, yet the perceived work experiences of millennials have not been widely explored (Yuniasanti et al., 2019). Many quantitative studies and opinion pieces have addressed generational differences in work ethic, often portraying millennials as lacking dedication and commitment compared to prior generations (Nabawanuka & Ekmekcioglu, 2021). Most of the research on this topic consists of quantitative studies, with researchers

hypothesizing that factors such as the need for work–life balance, validation, and compensation are some of the primary reasons millennials resign (AbouAssi et al., 2021; Galdames & Guihen, 2020; McGinnis & Ng, 2017). Other studies have suggested that a sense of belonging within the organization, feeling aligned with its values and the organization’s prestige, may influence millennials’ decision to stay (Dechawatanapaisal, 2019; Magni & Manzoni, 2020). However, most of these studies have used secondary data or surveys, limiting participants’ ability to freely share their work experiences because they are often forced to select from predefined variables. Consequently, researchers have recommended qualitative studies to provide millennials an opportunity to express what they seek in an organization to increase their tenure (Rachmawati et al., 2018; Yuniasanti et al., 2019).

This chapter outlines the literature search strategy used to explore existing research on this topic and the theoretical foundation that guided this study. I then examine generational differences, provide a historical overview of millennials, and discuss the factors influencing their decisions to stay or leave organizations based on previous studies. The literature review highlights prior research on millennials’ resignations and identifies the gap in the literature, which was the need to better understand the work experiences of millennials who resign from mental health positions with little or no notice through a qualitative study.

### **Literature Search Strategy**

To explore the work experiences of millennials who resign from mental health positions with little to no notice, I determined that qualitative studies were needed. These

studies should address the gap in understanding beyond extrinsic benefits and help to better explain the increasing resignation rates among millennial mental health workers (Rachmawati et al., 2018). A thorough search on this topic was conducted using the Walden University Library's Thoreau, which included multiple databases including but not limited to APA PsycInfo, Emerald Insight, Regional Business News, ERIC, and Complimentary Index to find current peer-reviewed articles, books, and dissertations. Google Scholar was also used to search for relevant terms and concepts, and the identified articles were accessed through the Walden University Library. Search keywords included combinations of terms such as *millennials*, *Generation Y*, *work experience*, *Great Resignation*, *workplace*, *mental health*, *therapist*, *direct care*, *mental health worker*, *generations*, *generational differences*, *COVID-19*, *coronavirus*, and *pandemic*.

### **Theoretical Foundation**

In the current qualitative study, I sought to understand the work experience of millennial mental health workers who resign while providing little or no notice of their resignation. To address this phenomenon I used the Strauss-Howe generational theory (Strauss & Howe, 1991) as the framework for the study.

#### **Straus-Howe Generational Theory**

Strauss and Howe (1991) published their seminal work exploring how an individual's behaviors and outlook on life vary significantly based on their generation. The social world, activities, and experiences of justice and injustice shape the personality of each generation because significant life events often occur during the same phase of

life for its members (Strauss & Howe, 1991). Therefore, personalities and characteristics tend to be distinctive to each generation, and as individuals grow and develop, their values and beliefs are shaped by their life experiences and the messages they internalize from those experiences (Strauss & Howe, 1991).

The Strauss-Howe generational theory posits that the traits, expectations, beliefs, and values of individuals are unique to their generation, which may influence the work ethics they display (Calvo-Porrall et al., 2020; Li et al., 2003). A generation is defined by the time and location of a person's birth, and individuals in the same generation often share similar views and beliefs due to common life experiences (Strauss & Howe, 1991). Strauss and Howe (1997) described four turnings (phases) of life as a social mood, suggesting that the turning in which a generation was born often dictates the characteristics used to label that generation.

According to Strauss and Howe (1997), four turnings repeat throughout history, coinciding with different phases of life: childhood, young adulthood, midlife, and elderhood. For the current study, only the generations and corresponding turnings relevant to the current workforce were examined. The first turning is described as a joyful time of strengthening community and togetherness while diminishing individualism (Howe, 2023; Strauss & Howe, 1997). Baby boomers were born during a first turning, labeled as the American High, a time when authority was respected and church and state were unified. Generation Xers were born during a second turning, a period of upheaval known as the Consciousness Revolution, marked by riots related to feminism, Black power, and environmentalism (Howe, 2023; Strauss & Howe, 1997). Millennials were

born into a third turning, known as the Unraveling, characterized by culture wars, violence, inequality, distrust in institutions, and high self-confidence (Howe, 2023; Strauss & Howe, 1997). The United States are currently in the fourth turning, which has been labeled the Millennial Crisis (Howe, 2023).

Strauss and Howe (1997) argued that history follows a continuous cycle of these turnings. However, in their 2000 work, Howe and Strauss stated that the millennial generation is unlike any other because millennials are the largest generation in centuries and are more educated, ethnically diverse, optimistic, and affluent than previous generations. Successfully working and coexisting with millennials requires intentionality because they strive not to replicate previous generations but to forge a unique path and alter the course of history (Howe, 2023; Howe & Strauss, 2000).

### **Recent Studies Utilizing the Framework**

The Strauss-Howe generational theory has been used in many studies, mostly cross-sectional, to highlight generational differences within and outside the workplace. Social scientists have argued that the theory remains accurate and relevant, agreeing that the experiences of a generation tend to shape the overall beliefs and values of its members (Moss, 2010; Parry & Urwin, 2021). However, some social scientists argued that cross-sectional research comparing generations may not be entirely accurate because the results could be attributed to age and maturity levels rather than generational identity (Clements, 2023; Moss, 2010). Despite this critique, many researchers find the theory valid and continue to use it in their studies.

For example, AbouAssi et al. (2021) used data from a longitudinal study to examine why millennials stay at an organization and within a particular sector. AbouAssi et al. investigated job satisfaction, compensation, and volunteerism to determine the factors that influence millennials' decisions to remain at a workplace and within a sector. The study focused on millennials who voluntarily resigned, assessing whether their resignation was correlated with a need for higher wages, lack of job satisfaction, or their history of volunteer work. The results indicated that compensation was not a significant factor in millennials' decisions to resign. However, job satisfaction and volunteer history did appear to influence their desire to remain with a company. AbouAssi et al. cautioned that further research is needed to define what job satisfaction means for millennials because it differs from previous generations.

Dechawatanapaisal (2019) conducted a study to determine whether millennials' intention to stay with an organization is influenced by their sense of compatibility with the organization and whether the organization's external prestige plays a mediating role. Dechawatanapaisal tested four hypotheses, suggesting that when millennials felt more connected to prestigious organizations, they would experience an increased sense of belonging, loyalty, and oneness with the organization, leading to greater longevity. After gathering data from 2,649 millennials, Dechawatanapaisal found that the prestige of the organization did not have a statistically significant mediating effect on millennials' sense of compatibility. However, the findings showed that millennials felt more connected and loyal to organizations whose values aligned with their social identity. The study

highlighted the importance of hiring managers ensuring that the organization and position align with millennials' values to increase retention before hiring.

Yunisanti et al. (2019) emphasized the importance of identifying strategies to retain millennial workers, noting that millennials comprise nearly 35% of Indonesia's population. Yunisanti et al. also discussed the negative impact of frequent millennial resignations on company productivity and success. To address this concern, Yunisanti et al. designed a study to determine whether there is a relationship between workplace incivility, psychological well-being, and millennials' intention to resign. The study included a purposive sample of 46 millennials who had been employed for at least 3 months. Three different scales were used to measure turnover intention, psychological well-being, and experiences of workplace incivility. The results indicated that millennials' intention to resign increased when they experienced high levels of workplace incivility and had low psychological well-being. Yunisanti et al. suggested that organizations should strive to create nonabusive and respectful work environments because hostile environments contribute to negative work experiences and may lead to higher resignation rates among millennials.

Millennials are often viewed through a negative lens due to their strong desire for success, perceived sense of entitlement, and alleged laziness or desire to succeed without hard work (Buskirk & Cohen, 2016). However, like all generations, millennials have strengths and weaknesses that must be navigated (Strauss & Howe, 1991; Wood, 2019). I used the Strauss-Howe generational theory to guide the current study by illuminating the

unique traits of the millennial generation and the experiences and events that have shaped their morals, values, and work ethic (see Howe & Strauss, 2000).

### **Literature Review Related to Key Concepts**

#### **Generational Differences**

The birth range for generations can vary by 2 to 3 years on each end, depending on the scholarly work, which can sometimes cause confusion (Howe, 2023). For the purpose of the current study, the generational breakdown as defined by Strauss and Howe (1991) was used. The Silent Generation, also known as the Traditionalist Generation, spans from 1928 to 1945 and is often described as traditional, resilient, and fiscally prudent (Li et al., 2013; Strauss & Howe, 1991). Although this generation did not favor the name given to them, they acknowledged its accuracy because the generation was seen as lacking originality and was not fully aware of or utilizing their personal power (Strauss & Howe, 1991). Members of the Silent Generation survived wars and the Great Depression, a time of economic hardship when many had to stand in line to obtain bread (Howe, 2023; Neville & Brochu, 2020). This lack of resources and the economic decline from the Roaring 20s led this generation to have fewer children and tightly hold on to the things they acquired (Howe, 2023). Although members of the Silent Generation are often considered indecisive, they have become more stylish and affluent in their later years (Strauss & Howe, 1997). In the workplace, the Silent Generation is often resistant to change or risk-taking but will conform to please authority due to their respect for it, often putting the needs of their workplace before themselves (Howe, 2023). Most members of

the Silent Generation sought jobs that offered security, with only about 2% of the population being self-employed (Strauss & Howe, 1997).

Baby boomers, individuals born from 1946 to 1964, are often described as optimistic, hardworking, resourceful, disciplined, and team oriented (Costanza et al., 2021; Neville & Brochu, 2020). Baby boomers experienced monumental events that helped shape their worldviews, such as the launch of the Civil Rights Movement, the election and assassination of President John F. Kennedy, and the assassination of Dr. Martin Luther King, Jr. (Neville & Brochu, 2020; Strauss & Howe, 1991). In the workplace, baby boomers tend to work hard, with plans to stay with organizations, believing that their hard work will lead to favorable status, promotions, and bonuses (Li et al., 2013). Baby boomers were the first generation to experience technology in the workplace, though they often prefer more traditional work environments (Strauss & Howe, 1991). In 2020, many older baby boomers began to retire, contributing to a shortage in the workforce and playing a role in the great resignation (Fuller & Kerr, 2022; Howe, 2023).

Generation X encompasses those born between 1965 and 1980, often described as independent, adaptable, loyal, and self-sufficient (Li et al., 2013; Neville & Brochu, 2020). Generation Xers grew up in a time when more emphasis was placed on adults than children, as women entered the workforce in increasing numbers and the divorce rate skyrocketed (Strauss & Howe, 1993). Many in this generation were latchkey children, growing up in households where both parents worked or where divorce impacted the family, leaving children without a guardian at home after school (Howe & Strauss, 2000).

This change in family dynamics led to increased self-entertainment through MTV and video games (Howe, 2023). In the workplace, Generation Xers are often resilient, adaptable, and resourceful, though they are not as loyal to organizations as their parents (Hansen & Leuty, 2012). Many also label Generation Xers as slackers and credit them with introducing the concept and need for work–life balance (Costanza et al., 2021; Neville & Brochu, 2020).

Millennials, born between 1981 and 1996, are described as tech savvy, creative, adaptable, and independent (Howe, 2023). In the workplace, millennials tend to be highly intelligent, expecting to advance quickly within organizations, though most are earning less than their parents (Howe, 2023; Yap & Zainal Badri, 2020). Millennials are also criticized for having poor work ethics, being narcissistic, lacking commitment, and having a sense of entitlement (see Table 1; Buskirk-Cohen et al., 2016; Costanza et al., 2021; Wood, 2019). The millennial generation is further explored in the next sections of this chapter.

**Table 1***Generational Differences of Current Workforce*

Generation	Birth year range	Key characteristic	Significant life event	Workplace behavior
Silent generation	1928–1945	Traditional, resilient, fiscally prudent, resistant to change, respectful of authority	Survived wars, Great Depression, economic hardship	Seek job security, resistant to change, conform to authority
Baby boomers	1946–1964	Optimistic, hard-working, resourceful, disciplined, team-oriented	Civil rights movement, JFK assassination, MLK assassination	Work hard, stay with organizations, prefer traditional environments
Generation X	1965–1980	Independent, adaptable, loyal, self-sufficient, work-life balance	Women entering workforce, rise in divorce rates, latchkey children	Resilient, adaptable, not as loyal as parents, introduced work–life balance
Millennials	1981–1996	Tech-savvy, intelligent, creative, independent, criticized for poor work ethics	Grew up with technology and internet, lower earning than parents	Expect quick advancement, criticized for entitled behaviors

**Historical Overview of Millennials**

The term millennials was first used by Strauss and Howe in 1991, but social scientists did not immediately agree on this label, causing the start year of the millennial generation to vary by 1 to 2 years among scholars (Howe & Strauss, 2000). Other names considered included Don't Label Us, Generation Y (or Why), Generation Tech, and Generation Next, as it was believed that the millennial generation would mark the beginning of a new era in history (Howe & Strauss, 2000).

Millennials were raised during a time when more positive emphasis was placed on children; “Baby on Board” signs were developed, and the amount of unsupervised time

for teens decreased by 37% (Howe, 2023; Howe & Strauss, 2000; Yap & Zainal Badri, 2020). Millennials received more support from counselors, teachers, babysitters, coaches, and others and were taught the importance of social advocacy and change, with many having academic requirements to complete volunteer projects and service hours (Howe, 2023; Howe & Strauss, 2000; Yap & Zainal Badri, 2020). Raised by helicopter parents, millennials are often seen as a reflection of their parents, who played a very active role in their lives (Howe & Strauss, 2000). Millennials were raised to be busy and taught to multitask, often having schedules filled with academics and extracurricular activities that provided them with flexibility in choosing how and where they wanted to engage, often opting for activities where they could excel (Aryafar & Ezzedeen, 2011; Kim, 2018). These various tasks and activities were frequently rewarded with trophies and affirmations, whether the millennial won or merely participated, including rewards for average or common tasks and achievements (Aryafar & Ezzedeen, 2011). The introduction of participation trophies can lead to increased confidence and higher self-esteem in millennials, but can also lead to cockiness and anger outbursts (Howe & Strauss, 2000; Dechawatanapaisal, 2019).

Millennials received more attention than previous generations, were encouraged to express themselves more freely, and were more protected, with the number of youth advocacy groups multiplying with a significant decline in child mortality rates (Howe & Strauss, 2000; Wood, 2019). Children in previous generations were often overlooked, whereas, during the millennial generation, children were placed on political agendas, given recognition in the media market, provided with tailored social programming, and

asked for their opinions and encouraged to use their voices (Howe, 2023; Howe & Strauss, 2000; Wood, 2019). This marked shift from previous generations, where many teens were latchkey children left to entertain themselves for hours after school, has played a significant role in the behaviors exhibited by millennials both in and out of the workplace (Nabawanuka & Ekmekcioglu, 2021).

Millennials were also the first generation to grow up with the internet, with many being exposed to computers before they could even properly pronounce the word, leading to great familiarity and expertise with technology (Calvo-Porrall et al., 2019; Howe & Strauss, 2000; Moore & Krause, 2021). Millennials spend more time interacting with others through technology than in person, often finding it easier to build connections and communicate through text messages, video games, or social media, as they have never known a world without these luxuries (Howe & Strauss, 2000; Kim, 2018). Technology also serves as their main source of entertainment, with millennials spending more time watching videos via social media than through traditional television outlets, providing easy and often unlimited access to entertainment anytime and anywhere (Howe & Strauss, 2000; Nabawanuka & Ekmekcioglu, 2021). This comfort with high connectivity and unlimited access to technology significantly influences how millennials communicate and interact with others, as well as their levels of creativity and innovation (Calvo-Porrall et al., 2019; Dechawatanapaisal, 2019; Howe & Strauss, 2000; Wood, 2019).

The state of the world, and the justices and injustices experienced, are often of great interest to millennials, leading them to seek jobs that impact social justice and social reform (Dechawatanapaisal, 2019; Gray et al., 2019). Many millennials were in

their childhood or young adult years when they witnessed world-altering events that shaped their views, temperament, and ideals, such as the Columbine High School massacre, the Iraq and Afghanistan wars, the Oklahoma City bombing, Bill Clinton's impeachment, 9/11, and the Sandy Hook School shooting (Howe, 2023; Howe & Strauss, 2000; Nabawanuka & Ekmekcioglu, 2021). These events have also contributed to millennials preferring to work in groups rather than individually, valuing connectivity, citizenship, and social interactions, and often feeling safer and more productive in groups (Dechawatanapaisal, 2019). Many millennials were inundated with superhero stories throughout their lives, with one particularly popular show, *Power Rangers*, teaching the power of teamwork, cooperation, and confidence in the face of adversity—lessons millennials still believe in and practice, often refusing to remain silent in the face of injustices, confident that their voices and actions can make a difference (Howe, 2023; Nabawanuka & Ekmekcioglu, 2021).

Social media has also enabled millennials to stay connected and engaged with peers and events around the world, amplifying their sense of connection and impact (Howe, 2023; Magni & Manzoni, 2020). As mentioned earlier, millennials use social media to connect with others, but they also use it to police what they view as acceptable and unacceptable behaviors, especially among their peers (Howe, 2023). Millennials believe in holding others accountable for their actions and often scrutinize undesirable behaviors, rallying together to oppose individuals, institutions, and events that conflict with their morals and values (Howe, 2023). The power of social media and interconnected networks has grown exponentially, and millennials are using it to promote

their generation's beliefs unapologetically (Calvo-Porrall et al., 2019; Howe, 2023). From an early age, millennials were taught the importance and power of civic involvement, and as technology and social media continues to expand, they utilize these resources to advocate for justice and social change (Howe, 2023). The mobilization of social media have played a significant role in numerous civic movements, including the legalization of same-sex marriage, the Black Lives Matter movement, and the #MeToo movement, which addresses sexual abuse, harassment, and rape (Howe, 2023; Ghosh, 2021). Unlike previous generations who shied away from the scrutiny of others, millennials welcome the attention and use social media to monitor others in real time and keep tabs on global events, driven by a fear of missing out (FOMO) and a desire to have a voice in the events shaping the world (Howe, 2023; Howe & Strauss, 2000).

### **Millennials in the Workplace**

An individual's core values often dictates their behaviors, attitudes, and responses in many areas of their lives, including the workplace (Calvo-Porrall et al., 2019; Li et al., 2013). Millennials are frequently described as having low work values, with a perceived lack of commitment and loyalty to their workplace (Magni & Manzoni, 2020; Moore & Krause, 2021; Myers & Sadaghiani, 2020). They are also viewed negatively due to their perceived need for affirmation, in contrast to individuals from other generations, who are often described as being more self-reliant for motivation, praise, and affirmation (Amayah & Gedro, 2014; Howe & Strauss, 2000; McGinnis Johnson & Ng, 2017). Many studies have shown that millennials are considered undesirable and difficult employees who enter organizations with the intention of quitting shortly after starting, with plans of

working at several different organizations throughout their lives (Burawat, 2023; Moore & Krause, 2021; Wood, 2019; Yuniasanti et al., 2019).

Various studies, opinion articles, and YouTube videos have highlighted the differences in millennial workers compared to previous generations (Calvo-Porrall et al., 2019; Magni & Manzoni, 2020; Wood, 2019). Magni and Manzoni (2020) discussed the over one million results generated from a simple Google search about managing millennials. As a result of the numerous discussions on how millennials differ from other generations, workplaces tend to divide workers into perceived and actual generational in-groups, who often share similar values and expectations (Moore & Krause, 2021).

Individuals in an actual or perceived generational cohort are often stereotyped, with assumptions made about all members having the same work ethic and skills, which can lead to discrimination (Magni & Manzoni, 2020; Moore & Krause, 2021). Some studies have suggested that these perceptions may lead to psychological contracts, where the perceived work ethic of millennials is rooted in unspoken expectations rather than their true identity and work ethic (Magni & Manzoni, 2020; Yuniasanti et al., 2019).

Organizations may be more successful if they viewed the varying generations within the workforce as an opportunity for growth and development, as different generational ideas and viewpoints are shared, heard, and blended together for the benefit of the organization and its workers (see Burawat, 2023).

Unlike previous generations, millennials tend to value flexibility within a job, work-life balance, and workplace culture over compensation (Guptill, 2023; Magni & Manzoni, 2020; Neville & Brochu, 2020; Stiglbauer et al., 2022; Westover et al., 2020;

Wood, 2019; Yuniasanti et al., 2019). Pay is often not the primary motivation for millennials, as many have multiple streams of income or must stay financially connected to their parents to maintain the lifestyle they were provided, which often values material possessions (Thangavel et al., 2021; Wood, 2019). More recently, however, millennials have expressed increased economic concerns after living through the Great Recession of 2008 and the COVID-19 pandemic (Hampel & Hampel, 2023; Howe, 2023; Varshney, 2023). Although millennials are more likely to ask for pay increases, they still tend not to prioritize pay as the number one motivator for staying with a company (AbouAssi et al., 2021; Guptill, 2023; Wood, 2019). Millennials may also accept lower compensation if the organization is working toward a cause they strongly believe in (AbouAssi et al., 2021). The importance of volunteering and civic duty is another value many millennials were taught from an early age. Finding jobs that provide a salary coupled with intrinsic benefits, such as opportunities for volunteering and civic duty, is often appealing to millennials (Burawat, 2023; Howe, 2023; Neely-Barnes et al., 2023).

Millennials often challenge authority and systems, not necessarily to be disrespectful or combative, but because from an early age, they were taught to speak up for themselves and others; a message that often continues into the workplace (see Wood, 2019). Millennials tend to speak up more in the workplace than previous generations, particularly when addressing perceived unfairness and concerns, especially around social issues and causes, believing that their voice can make a difference (AbouAssi et al., 2021). Many workplace conflicts result from generational differences, as generations are often psychologically separated within organizations, with unspoken expectations from

and about each generation (Dechawatanapaisal, 2019; Nabawanuka & Ekmekcioglu, 2021; Thangavel, 2021). However, many millennials tend to shy away from confrontation, dislike being told they are wrong or disagreed with, and often lack interpersonal skills (Howe, 2023; Howe & Strauss, 2020). As a result, they tend to communicate via email or text messages to share concerns with peers and superiors (Howe, 2023; Howe & Strauss, 2020; Shrivastava, 2020; Wood, 2019).

Loyalty to the workplace among millennials often differs greatly from previous generations, as many millennials will likely not be eligible for pensions and lifelong fringe benefits, which were key motivators for earlier generations to stay with organizations (Howe, 2023; Wood, 2019). Millennials also appreciate the flexibility and convenience of moving from organization to organization, believing that they do not have to settle for positions that do not align with their values, make them happy, or feel fulfilling (Dechawatanapaisal, 2019; Wood, 2019; Yap & Zainal Badri, 2020). Being part of an organization that benefits from their work while helping to achieve identified goals is also important to millennials, as they have a desire to feel needed and want to make a difference through their work and the impact they leave behind (AbouAssi et al., 2021; Howe, 2020).

### **Impact of COVID-19**

A worldwide pandemic was declared in March 2020, as the Coronavirus (COVID-19) began to infect and impact billions of people worldwide (Grelle et al., 2023; Howe, 2020). COVID-19 affected the financial stability, mental health, and physical health of many, as fear and uncertainty gripped individuals (Grelle et al., 2023; Khalifa et

al., 2021). Mental health concerns increased as people dealt with depression, anxiety, grief, loss, and fear, often relying on maladaptive coping skills (Grelle et al., 2023). The impact of social distancing and isolating from loved ones took a toll on many, as children and adults went months without direct in-person contact with others outside of their immediate households (Khalifa et al., 2021; Schmid & Greenspan, 2024). Schools were also closed, forcing students from kindergarten to postgraduate candidates to complete schooling from home, raising concerns about educational and social development (Howe, 2023). During the COVID-19 pandemic, some millennials were completing degrees that would lead to job opportunities in the mental health field, but they also had to move their studies and internships online. This made in-person work in the field difficult for some, as they dealt with vicarious trauma and burnout when directly interacting with clients in person for the first time (Neely-Barnes et al., 2023).

This global pandemic also impacted the workforce, as it forced organizations that did not shut down completely to adopt new business models and adhere to social distancing mandates to protect workers and consumers (Ohu & Dosumu, 2021; Schmid & Greenspan, 2024). Organizations had to rely heavily on technology to maintain their businesses, as most workers were mandated to work remotely (Grelle et al., 2023; Tessema et al., 2022). Many mental health workers, including millennials, reported enjoying this work model as it provided flexibility while maintaining the safety of themselves and their loved ones (Neely-Barnes et al., 2023; Ohu & Dosumu, 2021; Tessema et al., 2022). However, the increased demand for mental health services caused many mental health workers to resign or retire as workloads increased along with the

severity of clients' needs, as many individuals did not address their mental health concerns during the pandemic and now required increased mental health support (Neely-Barnes et al., 2023; Schmid & Greenspan, 2024). As most mental health organizations strive to figure out a post-pandemic structure, the increase in millennials resigning, often without providing notice, continues to be a challenge for organizations to address (see Howe, 2023; Ohu & Dosumu, 2021; Schmid & Greenspan, 2024, Tessema et al., 2022).

### **Resignations Within the Mental Health Field**

Covid-19 has significantly impacted the mental health field, with an increase of workers resigning throughout various sectors (Schmid & Greenspan). Although the pandemic caused resignation numbers to triple in some instances, the increase in resignation numbers within the mental health field was prevalent prior to the Covid-19 pandemic (Tessema et al., 2022). Mental health workers, regardless of their age, often cite, burn out as a major factor for resigning, as great emphasis is often placed on the wellness of clients with minimum emphasis concerning the wellbeing of workers (Willis & Molina, 2019). The mental health field, is one that is often filled with fulfillment as mental health workers rely on emotional intelligence and empathy to connect with clients to build trust and provide help and support (Mack, 2022; Tessema et al., 2022). However, this often comes with mental health workers taking the pain and stress of their clients, without practicing consistent self-care for themselves as preventative measures instead of as an intervention (see Mack, 2022; Willis & Molina, 2019). Often, mental health workers, especially overachievers, will find themselves burned out as a result of the demands of the position and the mental health strain of working intimately with high

needs individuals, causing them to leave the field (Gray& Muramatsu, 2013; Mack, 2022; Schmid & Greenspan, 2024; Wermeling, 2013).

The perceived environment of the workplace tends to be significant for mental health workers, regardless of age, on whether they choose to resign from the mental health position or stay, as the environment often contributes to the overall wellbeing of workers (Gray& Muramatsu, 2013; Mack 2022). Mental health workers often report that environments that include supportive supervisors, caring coworkers, ongoing and relevant trainings, and resources to effectively complete jobs decreases their desire to resign, while increasing job satisfaction (Astvik et al., 2020; Gray & Muramatsu, 2013; Mack, 2022). Mental health workers are often looking for environments that are open, honest, ethical, communicative, and show consistent care for the clients and the workers, by ensuring that the environment is conducive for both and demonstrate efficacy to the work (Astvik et al., 2020; Mack 2022).

Another consistent reason for resignations within the mental health field, regardless of age, is compensation, as most individuals working in the mental health field make significantly less money than individuals in other fields (Astvik et al., 2020; Zhao & Zhang, 2023). The work expected by mental health workers can be demanding, stressful and difficult, and when coupled with low pay, it may cause individuals to disconnect from the work and eventually resign (Guan et al., 2023; Wang et al., 2021). The salary range within the field varies greatly, typically based on the sector (private, non-profit, for-profit, government), degree, race and gender (Koeske & Krowinski, 2004; Wermeling, 2013; Zhao & Zhang, 2023). Yet, many mental health workers reports

feeling underpaid for the requirements and demands of the position, making it difficult to maintain an average standard of living (George, 2022; Guan et al., 2023; Koeske & Krowinski, 2004; Murphy et al., 2024; Wang et al., 2021).

### **Generation Z**

Generation Z is comprised of individuals born between 1997 and 2012 (Howe, 2023). Most individuals in this generation is not yet in the workplace, however Generation Z will be briefly discussed to provide context to the other generations. Generation Z also known as Gen Z, Zoomers, Homelanders, Net Gen, and Digital Natives is the first generation who's world consisted of technology and social media from birth (Contrera, 2016; Howe, 2023; Shaikh et al., 2024; Vieira et al., 2024). This generation has spent a lot of time on social media and is even more advanced with technology than millennials (Howe, 2023; Shaikh et al., 2024; Vieira et al., 2024;). This increased comfort with technology and social media will greatly influence workplaces as they set to recruit individuals from Generation Z, as this generation will pursue jobs globally as many will seek remote positions that removes geographical barriers and limitations (Contrera, 2016; Iofgulescu, 2016; Lev, 2021). However, the instant and constant exposure to social media often provides unlimited and uncensored exposure to information that may negatively impacts the mental health of Generation Z (Howe, 2023; Shaikh et al., 2024). In 2020, suicide was the third leading causing of death for this generation, with many within the generation reporting poor mental health (Rue, 2018; Shaikh et al., 2024; Twenge, 2019). Although most individuals within the Generation Z cohort are too young to greatly influence the phenomenon this study discusses, this

generation will be impacted by the increased number of millennials resigning from mental health positions, as Generation Z openly discusses and seek help for their mental health concerns (Rue, 2018; Shaikh et al., 2024; Twenge, 2019).

### **Summary and Conclusions**

This chapter introduced the literature review, discussed the strategy used for the review, and established the theoretical foundation as the key concepts for the study were addressed. The literature review revealed that although resignations within the mental health field is a phenomenon that impacts all age groups, the workforce is shifting as millennials, now the largest generation in the workforce, increased resignation rates are profoundly impacting the field. The literature also highlights that millennials were well cared for throughout their lives and received a level of voice and attention different from previous generations, where children were often left on their own. Millennials were the first generation to have ready access to technology, contributing to many being intelligent, creative, innovative, and technologically savvy, qualities that many admire and esteem. However, the literature also shows that organizations are struggling to manage and retain millennial workers. With work ethics and values differing from previous generations, much research has been conducted to help managers effectively manage millennials. Despite these efforts, the literature shows that millennials continue to resign from organizations at high rates, contributing heavily to the Great Resignation. Although numerous quantitative studies have explored hypothesized variables to determine why millennials resign, many studies find that their assumptions often centered on extrinsic benefits, yet most millennials are not driven solely by such benefits.

There is a gap in the literature concerning millennials who resign without notice in the mental health field. Studies have identified shifts in the mental health field and the increased workload and pressure resulting from COVID-19, but millennials were resigning at high rates before the pandemic. Therefore, although the pandemic has impacted the trend of high resignation among millennial workers, it is not the sole cause of the trend. It is important to identify what is causing millennials to resign without notice in the mental health field, especially as the demand for workers continues to increase while the number of individuals needing mental health services also increase. By understanding the work experiences of millennial mental health workers who resign from direct care positions without providing notice, organizations will have the opportunity to change and develop procedures and protocols that will help recruit and retain quality millennial workers. The next chapter will cover the research design and rationale for the study.

### Chapter 3: Research Method

The purpose of this basic qualitative study was to understand the work experiences of millennial mental health workers who have resigned from their positions with little or no notice. Because millennials make up most of the current workforce, it is beneficial for organizations to understand their perceived work experiences to increase retention rates (Yap & Zainal Badri, 2020). Such insights may help organizations adjust policies and procedures, potentially impacting organizational culture, increasing retention rates among millennials, enhancing workplace productivity, and providing more consistent mental health services (Gabriellova & Buchko, 2021; Otaye-Ebede et al., 2020).

Previous research indicated that the work ethic of millennial workers often differs from that of earlier generations, with millennials frequently and sometimes abruptly changing jobs, even within the same sector (Watts & Dieffenderfer, 2021). Numerous quantitative studies and opinion articles have examined generational differences in work ethic (AbouAssi et al., 2021; McGinnis Johnson & Ng, 2017; Wood, 2019), often portraying millennials as lacking dedication and commitment compared to previous generations (Nabawanuka & Ekmekcioglu, 2021). The current study provided a qualitative exploration of the perceived work experiences of millennial mental health workers, identifying and describing factors that led to their resignation with little or no notice.

The purpose of this chapter is to discuss the study's methodology, including the identified population, instruments, threats to validity and reliability, ethical

considerations, and the data analysis plan. The first section presents the research design and rationale for selecting a basic qualitative approach. I also address my role as the researcher, including strategies for managing researcher bias. The methodology section explains the participant selection logic, sample size, instruments used, and procedures for recruitment, participation, and data collection, concluding with the data analysis plan. The final sections address trustworthiness, including credibility and ethical considerations, and the treatment of participants and data, concluding with a chapter summary.

### **Research Design and Rationale**

The research question guiding this study was the following: What are the work experiences of millennial mental health workers who resign from mental health positions and provide little or no notice? There has been an increase in millennials, currently accounting for about 75% of the workforce, resigning from mental health positions, often without notice (Bayliss-Conway et al., 2021; Yap & Zainal Badri, 2020). This phenomenon often leaves clients feeling abandoned and distressed, with many choosing not to continue their mental health treatment (Neely-Barnes et al., 2023). I sought to understand the work experiences of millennial mental health workers by listening to their stories, aiming to develop strategies that help reduce this trend and enhance continuity of care for clients.

A qualitative approach was used to address the research question because it allowed participants to share their experiences through interviews, providing firsthand insights (see Merriam, 2016). Interviews offered the opportunity to ask open-ended

questions and obtain in-depth understanding of participants' experiences, thoughts, and feelings on the topic (see Patton, 2015). A quantitative design was not chosen because quantitative research typically relies on preexisting data and hypotheses based on prior knowledge (Merriam, 2016). In contrast, the current study aimed to provide millennials the opportunity to share their experiences, identifying recurring themes that may lead to resignations in the mental health field.

A basic qualitative design was used to explore how millennials who resign from mental health positions, often without notice, perceive their work experiences. A basic qualitative study, also known as a generic qualitative inquiry, is appropriate when researchers want to understand how individuals interpret and make sense of their experiences and view their world in relation to those experiences (Merriam, 2016). Researchers using this design are typically interested in individuals' attitudes, opinions, beliefs, feelings, reflections, or personal experiences related to the topic of study (Percy et al., 2015). Additionally, a basic qualitative study can uncover strategies and processes to address the phenomenon under investigation (Merriam, 2016). In the current study, this approach allowed participants to share how they interpret their work experiences, how they construct their worldview, and what they attributed to the experiences discussed (see Merriam, 2016). Unlike a quantitative design that relies on statistical data analysis, I sought to hear directly from millennials about their work experiences (see Patton, 2015).

### **Role of the Researcher**

The researcher is often the primary instrument in qualitative studies, helping to produce rich data by understanding participants' stories through observations, data

collection, and analysis (Chenail, 2011; Merriam, 2016; Patton, 2015). As the researcher for this study, I took an active role in all interviews, ensuring full engagement and active listening to build rapport. This approach aimed to create a comfortable environment for participants, encouraging them to share their stories openly without fear of judgment (see Collins & Stockton, 2022; Merriam, 2016).

I conducted virtual semistructured interviews with all selected participants, using open-ended questions and follow-up subquestions, as needed, to collect data for this qualitative study (see Chenail, 2011). The interview guide included questions designed to elicit detailed responses about participants' on-the-job experiences, allowing me to gather comprehensive data for later interpretation and analysis (see Patton, 2015). I listened attentively and took notes without allowing emotions, personal experiences, or desired outcomes to influence how the information was interpreted (see Berg, 2017; Patton, 2015). To minimize bias, I did not select participants with whom I had personal or professional relationships (see Merriam, 2016; Patton, 2015).

Participants chose interview times from the options provided, ensuring convenience, and were informed that they could stop the interview at any time or decline to answer any question for any reason (see Patton, 2015). Each interview was recorded and transcribed, and the data were color-coded to identify patterns and themes, providing analytical interpretations that included direct quotes from participants to support my interpretations (see Merriam, 2016). Because qualitative research involves simultaneous data collection and interpretation, bias is a concern (Merriam, 2016). To manage this, I crafted interview questions thoughtfully to avoid leading questions that could have

influenced participants' responses (see Merriam, 2016). Additionally, I conducted a self-interview to review and critique the interview process, allowing for necessary modifications (see Chenail, 2011). Journaling was also employed throughout the study to record my thoughts and engage in reflexivity, helping me identify and address any emerging biases (see Chenail, 2011).

As the key instrument of the study, I assessed my potential biases before beginning. I am a millennial and have worked in the mental health field for over 15 years. In the last 3 years, I have observed a significant increase in millennials leaving direct care positions with little to no notice. However, I am no longer in direct care and have not left a position without giving the required notice. I was eager to understand the experiences of millennials who had resigned without providing notice because I am passionate about this topic.

## **Methodology**

The methodology section provides the rationale for participant selection, including the inclusion and exclusion criteria, sample size, and the recruitment procedure. I also address the instrument used and provide an overview of the interview guide. The section concludes with a discussion of the data analysis plan.

### **Participant Selection Logic**

I explored the work experiences of millennial mental health workers who had resigned from positions without providing adequate notice. To participate, individuals needed to satisfy the following inclusion criteria: (a) individuals born between 1982 and 1996, (b) those who had resigned from a direct care position in the mental health field, (c)

those who did not provide at least 30 days notice before resigning, and (d) those who had at least a bachelor's degree before starting and resigning from a position in the mental health field. A purposive sample of nine participants was selected to address nonprobability sampling logic and establish the study's delimitations (see Burkholder et al., 2020). Snowball sampling was also used, allowing participants to recommend other potential participants who may have offered additional insights (see Patton, 2015). The exclusion criteria were (a) individuals born outside the millennial age range (1982–1996), (b) those who had not resigned from a direct care mental health position, (c) those who provided at least 30 days notice of resignation, and (d) those who did not hold at least a bachelor's degree.

The sample size in qualitative studies varies depending on the research question and study design (Merriam, 2016). Instead of adhering to rigid rules, qualitative researchers employ strategies for determining sample size (Patton, 2015). I used a criterion-based sampling strategy to ensure participants met the inclusion criteria (see Patton, 2015). All selected participants satisfied all aspects of the inclusion criteria and none of the exclusion criteria, ensuring they would provide rich information to address the research question (see Patton, 2015). Snowball sampling was also used by asking participants to share a screening link with others they knew who may have met the inclusion criteria (see Patton, 2015). Participants were not asked to provide the names of potential participants to protect confidentiality (see Merriam, 2016).

To enhance validity, I conducted nine interviews (see Flick, 2009; Patton, 2015). The final number was dependent on the quality of the information gathered and when

saturation or redundancy was reached (DiCicco-Bloom & Crabtree, 2006; Merriam, 2016; Patton, 2015). Saturation occurred when similar responses were repeatedly heard and no new information emerged during data collection and analysis (see DiCicco-Bloom & Crabtree, 2006; Merriam, 2016; Patton, 2015).

### **Instrumentation**

To complete this study, I used several data collection methods and sources. Interviews are the most widely used qualitative instrument for gaining an understanding of participants' experience (DiCicco-Bloom & Crabtree, 2006; Merriam, 2016). In qualitative research, interviews are semistructured and conducted systematically to understand an individual's perspective when behaviors cannot be directly observed (Merriam, 2016). The main types of interviews include highly structured/standardized, semistructured, and unstructured/informal, with most qualitative researchers opting for semistructured or unstructured interviews (DiCicco-Bloom & Crabtree, 2006; Merriam, 2016).

For the current study, I conducted semistructured one-on-one interviews lasting up to 60 minutes via Zoom. All interviews were recorded using Zoom's recording feature, and the audio transcripts feature allowed each interview to be simultaneously transcribed, with the transcription retrieved afterward. An interview guide facilitated the interview process, ensuring necessary questions were asked without being too rigid, allowing participants to share their experiences freely and without interruption (see Merriam, 2016; Patton, 2015). Microsoft Word was used for e-journaling to maintain a record of thoughts, feelings, questions, and ideas throughout the study (see Merriam,

2016). I also used Microsoft Word to create forms such as the informed consent form and social media posts. Emails were used to correspond with participants to complete screening, obtain informed consent, and schedule interviews. All electronic data were stored on an encrypted, password-protected thumb drive kept in a secure, locked location to maintain participant confidentiality.

The interview guide was developed to ask participants open-ended questions, allowing for freedom in responses without being restrictive or leading (see Merriam, 2016). The guide contained questions that were carefully worded to ensure they were unbiased and nonleading while exploring the necessary topics for the study (see DiCicco-Bloom & Crabtree, 2006; Merriam, 2016; Patton, 2015). The guide also ensured that interviews were systematic and comprehensive, effectively using the allotted time frame (see Patton, 2015). The framework of the guide helped me to stay on task and ask only questions relevant to the study (see Patton, 2015). To ensure content validity, I asked a committee member to review and revise the interview guide until the questions accurately reflected the information required for the study (see Patton, 2015).

The semistructured interview guide began with demographic questions, providing an opportunity for participants to build rapport with me and for me to get to know each participant. The questions were developed based on related studies and relevant literature to explore the work experiences of millennials providing direct care in the mental health field and resigning with little or no notice. The developed questions and their relevance are outlined in Table 2.

**Table 2***Key Concepts, Associated Literature, and Interview Guide Questions*

Key concept	Resource	Example question
Work environment	Burawat, 2023; Howe, 2023; Moore & Krause, 2021; Magni & Manzoni, 2020; Myers & Sadaghiani, 2020; Wood, 2019; Yuniasanti et al., 2019; McGinnis Johnson & Ng, 2017	<ul style="list-style-type: none"> <li>• What initially attracted you to the organization?</li> <li>• What about the position was appealing to you?</li> <li>• When you initially started, how long did you think you would be with the organization?</li> <li>• Describe the culture of the organization</li> <li>• Describe any positive experiences with the organization.</li> <li>• Describe your relationship with your direct-supervisor and co-workers.</li> <li>• Describe what it was like for you from the time you decided to resign to the actual resignation</li> </ul>
Work experience	Howe, 2023; Nabawanuka & Ekmekcioglu, 2021; Calvo-Porrall et al., 2019; Dechawatanapaisal, 2019; Gray et al., 2019	<ul style="list-style-type: none"> <li>• What did you enjoy the most about the position?</li> <li>• Do you think you were making a difference? How?</li> <li>• How would you describe the amount of stress experienced?</li> <li>• Describe your relationship with your clients.</li> <li>• How do you think your resignation affected the organization?</li> </ul>
Compensation	Guptill, 2023; Hampel & Hampel, 2023; Howe, 2023; Varshney, 2023; Stiglbauer et al., 2022; Thangavel et al., 2021; Magni & Manzoni, 2020; Westover et al., 2020; Neville & Brochu, 2020; Wood, 2019; Yuniasanti et al., 2019	<ul style="list-style-type: none"> <li>• How would you describe the benefits package in relationship to your expectations?</li> <li>• Describe your onboarding experience.</li> <li>• What benefits would have been important to offer?</li> <li>• When did you start considering resignation?</li> <li>• What made you decide to resign?</li> <li>• Describe the resignation protocol for your organization.</li> <li>• How did you resign?</li> </ul>

## **Procedures for Recruitment, Participation, and Data Collection**

The target population for this research study was millennial mental health workers. The following steps were taken to identify and recruit participants:

- Institutional Review Board (IRB) approval: I gained permission from the IRB to conduct the study by completing the online application. The application included the methods for participant recruitment, the plan for data collection and analysis, and the ethical considerations that would protect participants and their data from harm. (IRB Approval # 12-09-24-1094181)
- Social media posting: An invitation post outlining the study, the need for participants, and the inclusion criteria was shared on social media platforms, including Facebook and Instagram.
- QR code and link: The post contained a QR code and a link for interested individuals to access a screening questionnaire to determine their eligibility for the study.
- Encouraged Sharing: The post encouraged others to share it within their networks to increase the pool of potential participants.
- Screening questionnaire: Individuals who clicked the link or scanned the QR code were directed to complete an online screening questionnaire, which asked the following: (a) year of birth, (b) position in the mental health field, (c) number of days notice given before resigning, and (d) highest degree achieved.

- Response to screening: All individuals who completed the screening questionnaire received a response from me indicating whether they were accepted into the study or not, along with a thank you for their time.
- Communication with eligible participants: Eligible participants received a thank you email with detailed procedures and expectations to participate in the study. An informed consent form was also sent, outlining the purpose of the study, procedures, voluntary nature, risks and benefits, privacy statement, and contact information for any questions or concerns.
- Notification of no compensation: Eligible participants were informed that there was no compensation for their participation.
- Informed Consent: Participants were asked to reply to the email with “I consent” to confirm their consent and participation in the study.
- Scheduling interviews: Once informed consent was obtained, another email was sent with available times for scheduling the Zoom interview. A password-protected Zoom link was sent to participants once an interview date was secured. To maintain the integrity of the interview process, interviews were staggered, with no more than two interviews conducted per day with a minimum of two hours between each interview.

Most millennials are technologically savvy and frequently use social media; therefore, most of the marketing for the study took place through these platforms (see Howe, 2022). A post was made on Facebook and Instagram inviting potential participants to complete a screening questionnaire. Social media friends and followers

were encouraged to share the post within their networks to increase its visibility. Snowball sampling was also employed, as participants were asked to suggest or notify other potential participants about the study (see Patton, 2015). Data was collected by conducting semi-structured virtual interviews with all participants. These interviews were expected to last 45-60 minutes, but the duration varied depending on the interviewee and the amount of information they chose to share.

Once an individual was invited into the study and provided electronic acknowledgment of the informed consent form, they were emailed a list of available times for the virtual interview, including both daytime and evening hours. If the options provided did not work for a participant, they were asked to email their availability so that a mutually agreed-upon time could be scheduled. Participants were asked to block off at least 60 minutes for the interview and to choose a private location with a strong internet connection and minimal distractions. They were encouraged to have their camera on but were notified that they could turn it off, if it made them more comfortable. No more than two interviews were conducted in one day, with a minimum two hour gap between interviews. This gap allowed time for reflection, journaling, and preparation for the next interview.

All interviews were conducted using Zoom Pro to avoid time restrictions associated with Zoom Basic, where meetings are limited to 45 minutes without interruption. Interviews were recorded and transcribed automatically in real-time. The recordings were removed from the Zoom cloud and stored on an encrypted, password-protected thumb drive, which also contained all research documentation, including my

personal journal. The thumb drive was only accessed via a password-protected laptop and stored securely in a locked location to which only I had access. Handwritten notes taken during interviews were transferred to a Microsoft Word document and saved on the encrypted thumb drive. Once the notes were securely uploaded, the original handwritten notes were destroyed. Each recording was reviewed immediately after the interview to verify that it was fully and clearly recorded. If a recording malfunction occurred, comprehensive notes would be written immediately after the interview. Once the recording was verified, the handwritten notes were reviewed to clarify any ambiguous details, and additional notes were added as needed. Reflexive journaling was also used to identify any biases that arose during the interview and to document any thoughts, feelings, or questions.

The goal for participant recruitment was to obtain the required number of participants through organic social media posts and shares. However, if additional participants were needed, paid social media ads were considered. These ads could extend the reach beyond familiar networks and algorithms, targeting a specific demographic. Permission would also be sought to post about the study on professional social media pages such as Social Workers, National Association of Social Workers, LPC Licensed Professional Counselor Resources, LPC Licensed Professional Counselor, and LMHC Licensed Mental Health Counselors, as needed.

After the interview, participants had a debriefing session with me, during which any questions they had were addressed. Participants had the opportunity to review their transcript via screen sharing before concluding the meeting, if they chose to. They were

also able to clarify or add any information during the debriefing. I asked participants for permission to contact them for data clarification, if needed, during the review or analysis phase. The interviews concluded with a thank you and the provision of two resources ([www.FindTreatment.gov](http://www.FindTreatment.gov) and 1-800-662-HELP (4357) for therapeutic support, if needed, following the discussion of their past work experiences.

### **Data Analysis Plan**

The purpose of this qualitative study was to explore the perceived work experiences of millennial mental health workers who resigned from mental health positions, providing little or no notice to their employers or clients. This study was guided by the following research question: What are the work experiences of millennial mental health workers who resign from mental health positions and provide little or no notice? In qualitative research, data collection and analysis often occur simultaneously, as analyzing the data guides the research process (DiCicco-Bloom & Crabtree, 2006; Merriam, 2016). Concurrent collection and analysis of data will support the identification of shortcomings and issues early, making adjustments to ensure the research question is effectively addressed (Merriam, 2016). This study used thematic analysis to analyze the data. Data was collected through semi-structured interviews, and themes were organized to identify and define significant and recurring patterns in the collective data shared by participants (Braun & Clarke, 2012). I familiarized myself with the data by listening to each interview recording multiple times, reading each transcript, and reviewing personal journal notes, taking additional notes to highlight important issues, themes, and patterns (Maguire & Delahunt, 2017; Merriam, 2016). Through thematic analysis, I identified not

only common themes but also meaningful information that directly addressed the research question (Braun & Clarke, 2012).

Thematic analysis is flexible, allowing me to employ the best approach for identifying themes and patterns in the data (Braun & Clarke, 2012). It was crucial that I remained consistent in the analysis method and provided a rationale for the analytical decisions made, including how choices were determined (Braun & Clarke, 2006; Braun & Clarke, 2012). According to Braun and Clarke (2006), there are six phases of analysis that should be followed, regardless of the form of thematic analysis used: (1) familiarizing oneself with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing initial themes, (5) defining and naming themes, and (6) producing the report. After each interview, the data was read and re-read to increase familiarity, with notes taken to identify relevant information (Braun & Clarke, 2012). I then began open coding, a strategy used when no pre-set codes are in place (Maguire & Delahunt, 2017). Descriptive and interpretive codes were applied to help summarize and interpret the data (Braun & Clarke, 2012). Codes were entered into a Microsoft Word document and color-coded for easy identification (Maguire & Delahunt, 2017). Next, I categorized the codes, grouping similarities and patterns in the data to identify clusters that formed themes (Braun & Clarke, 2012; Maguire & Delahunt, 2017). A miscellaneous category was used for codes that did not fit elsewhere until a new theme emerged or they were deemed irrelevant to the study (Braun & Clarke, 2012). I reviewed the initial themes to ensure they were of quality and well-supported by the data, refining them as needed (Braun &

Clarke, 2012). Themes were then defined and named to focus each theme for the final analysis of the data (Braun & Clarke, 2012).

Discrepant cases provided alternative perspectives and an opportunity to refine the research question to ensure it aligns with the study's purpose (Whittemore et al., 2001). I would have reached out to participants involved in discrepant cases, if permission was given, to verify the accuracy of the information obtained. If confirmed as accurate, these findings would also be reported to demonstrate the study's integrity (Kostere & Kostere, 2022; Sujay et al., 2024).

### **Issues of Trustworthiness**

Qualitative research is often based on assumptions and the researcher's interpretation, necessitating rigor and integrity throughout the study, from research design to reporting findings (Merriam, 2016; Shenton, 2004). It is also essential that the study results are accurately described, and the methods used to analyze the data are transparently reported. This transparency ensures that the data, recordings, and notes can be checked if needed, while protecting confidential information (Rubin & Rubin, 2012). Trustworthiness in qualitative studies is established through credibility, transferability, dependability, confirmability, and sometimes intra- and inter-coder reliability. This section will explore four of these criteria relevant to this study, which will help establish its trustworthiness.

#### **Credibility**

Shenton (2004) states that credibility is one of the most critical components necessary to establish trustworthiness, as it ensures that a true representation of the study

is presented. A researcher should determine the criteria for evaluating their study and ensure steps are taken to uphold these criteria throughout the study (Sabnis & Wolgemuth, 2024). According to Shenton (2004), there are 14 strategies researchers can use to enhance credibility: (a) adoption of well-established research methods; (b) development of early familiarity with the culture of participating organizations; (c) random sampling; (d) triangulation; (e) tactics to ensure honesty in informants; (f) iterative questioning; (g) negative case analysis; (h) frequent debriefing sessions; (i) peer scrutiny of the research project; (j) reflective commentary by the researcher; (k) consideration of the background, qualifications, and experience of the investigator; (l) member checks; (m) thick description of the phenomenon under study; and (n) examination of previous research findings.

For this study, the following methods were utilized to enhance credibility: tactics to ensure honesty in informants, frequent debriefing sessions, reflective commentary, and member checks. Individuals approached to participate in the study had the opportunity to decline, and selected participants were informed that they could withdraw before, during, or after the interview for any reason, without explanation (Shenton, 2004). Rapport was built with each participant to create a comfortable environment that encouraged honesty (Patton, 2015; Shenton, 2004). Frequent debriefing sessions were held with a committee member through emails and video meetings to discuss progress, gather alternative perspectives, and make necessary revisions (Shenton, 2004). Self-evaluations also occurred by recording reflections to monitor personal ideals and identify potential biases (Shenton, 2004; Lincoln & Guba, 1985). Throughout each interview, member checks

were also used to confirm that information is accurately understood, giving participants the opportunity to clarify as needed (Shenton, 2004).

### **Transferability**

Transferability refers to the extent to which the study represents the population being studied and the ease with which it could be replicated in other contexts and settings to yield similar results (Lincoln & Guba, 1985; Shenton, 2004; Whitemore et al., 2001). To achieve transferability, rich, thick, and descriptive data about the participants, procedures, and research setting were documented and presented through an audit trail (Lincoln & Guba, 1985; Shenton, 2004; Slevin & Sines, 1999). Ultimately, the reader determines whether the data are transferable based on their relationship to the data; my role was to provide sufficient, detailed descriptions and transparency of the process (Shenton, 2004).

### **Dependability**

Dependability ensures the consistency and accuracy of the study, confirming that data are obtained, recorded, analyzed, and reported accurately (Rubin & Rubin, 2012). To achieve dependability, details about the research design and implementation, including how data was gathered was provided, along with a reflective appraisal of the project (Shenton, 2004). This was accomplished by maintaining a reflective journal that documented my thoughts, processes, and feelings throughout the study (Rubin & Rubin, 2012).

## **Confirmability**

Confirmability was achieved when the study findings addressed the research question without being influenced by the researcher's beliefs and biases (Slevin & Sines, 1999). In qualitative research, where the researcher is the instrument, managing bias is crucial to maintain the study's trustworthiness (Lincoln & Guba, 1985). Bias can be managed through audit trails that document the full study, including data reduction, to provide a comprehensive understanding and facilitate replication (Lincoln & Guba, 1985). Reflexive journaling also supports bias management by containing the researcher's thoughts and personal notes throughout the study (Lincoln & Guba, 1985). To establish confirmability, audio recordings, transcripts, and identified codes and themes were shared with a committee member for feedback and insight. An audit trail and reflexive journal was maintained for the duration of the study.

## **Ethical Procedures**

The trustworthiness of a study is heavily dependent on the integrity and credibility of the researcher and their ethical treatment of participants and data throughout the study (Merriam, 2016; Patton, 2015). Before recruiting participants, approval was obtained from the Institutional Review Board (IRB), as the study involves human subjects (APA, 2017). The IRB was responsible for reviewing the study to evaluate the potential for harm to individuals and to ensure the research adhered to institutional and federal ethical guidelines (Patton, 2016). Participants were recruited using purposeful and snowball sampling, and only individuals who met the study criteria were invited to participate (Merriam, 2016). Once an individual is confirmed as eligible and willing to participate,

they received an informed consent form via email, requiring them to respond with “I consent” before they scheduled the interview. At the beginning of the interview, the informed consent form was reviewed again, providing participants the opportunity to ask questions or withdraw from the study, if they chose.

Informed consent is crucial, especially in qualitative studies where participants often share personal details about their experiences (Patton, 2016). Informed consent ensured that participants understood the study’s purpose, the risks and benefits of participation, confidentiality, and any limits to confidentiality. The consent form also explained the voluntary nature of participation, affirming that participants can withdraw from the study at any time for any reason, and all their data would be destroyed (APA, 2017). Additionally, the consent form also included instructions on who to contact if participants had questions or concerns about the study (APA, 2017).

The privacy of each participant was maintained and data kept confidentially by conducting all interviews in a secure, confidential setting and ensuring that identifying information was omitted from reported data. All names were changed to an alias to further protect the privacy of each participant. Handwritten notes were transferred to a Microsoft Word document, and the original notes were destroyed immediately after being uploaded. All data was stored on an encrypted, password-protected thumb drive, which is kept in a locked and secure location accessible only by me. Participants had access to their personal transcripts if needed, and they were informed that the data would be securely stored for five years following the study’s completion. They were also notified

that raw data would be accessible only to me, the dissertation committee member, and for internal audit purposes.

### **Summary**

Alignment is essential in qualitative studies to ensure the study is cohesive and clear, from the problem statement and purpose to the chosen methodology and data collection methods (Patton, 2016). This chapter discussed the study's methodology, beginning with the selected research design and the rationale for its choice. The rationale for selecting a basic qualitative design instead of a quantitative one was explained, and the methodology and procedures for recruiting participants were outlined. My role as the researcher was also described, including how I conducted the interviews while ensuring confidentiality and privacy for all participants. The data analysis plan was presented, along with the importance of trustworthiness and the steps taken to maintain integrity throughout the study. The chapter concluded with a discussion of the safeguards that were implemented to uphold ethical standards throughout the research.

Chapter 4 will describe the results of the study to include the demographics of the participants, the number of participants and how data was collected and any deviations to the data collection plan than previously stated. The data analysis will also be included to report how codes, categories and themes were identified from collected data, detailing the process used to analyze the data. The chapter will conclude with evidence of trustworthiness, the results of the study, and a summary of the chapter.

## Chapter 4: Results

The purpose of this generic qualitative study was to understand the work experiences of millennial mental health workers who had resigned from their positions with little or no notice. There has been an increase in millennials, currently accounting for about 75% of the workforce, resigning from mental health positions, often without notice, which has significantly impacted the mental health field (Bayliss-Conway et al., 2021; Yap & Zainal Badri, 2020). Nine millennial mental health workers participated in this study to answer the research question: What are the work experiences of millennial mental health workers who resign from mental health positions with little or no notice?

This chapter presents information on the research setting, participants' demographics, and the data collection and analysis processes. Evidence of trustworthiness, including the study's credibility, transferability, dependability, and confirmability, is also presented. The chapter concludes with the results of the study and a summary.

### **Setting**

Participants were recruited using a flyer posted on my personal social media pages, including Facebook and Instagram, which was shared by friends and family through their personal social media networks. Additionally, the Walden University Research Participant Pool, managed by the Office of Research and Doctoral Services, was used to post the flyer and invite participants to the study. The flyer included a web link and a QR code directing participants to SurveyHero.com to complete the screening survey.

Every individual who completed the screening survey received one of two email responses. If an individual was deemed ineligible based on their survey responses, they were notified via email of their ineligibility, thanked for their interest in the study, and encouraged to share the survey link with others who might be eligible. If an individual was deemed eligible, they were invited to participate in the study and were provided with an informed consent form. After receiving the participant's consent, I scheduled an interview via Zoom Pro based on the participant's availability.

All participants were informed that the interviews would be conducted in a private and secure space to ensure privacy and confidentiality. Participants were encouraged to keep their cameras on, according to their comfort level, and to be in a safe environment where they could openly share their work experiences. All interviews were recorded using Zoom Pro, with interview durations ranging from 34 to 54 minutes ( $M = 50$  minutes). The interviews followed a semistructured format with open-ended questions, and participants were advised that they could skip any questions or discontinue the interview at any time for any reason. Despite this option, all participants answered all questions and completed the interviews.

### **Demographics**

All participants were millennial mental health workers born between 1986 and 1995. The participants' ethnicities included African American/Black ( $n = 8$ ) and Hispanic ( $n = 1$ ). All participants resided in the United States and had resigned from jobs within the United States. The regions represented were New England ( $n = 4$ ), Mid-Atlantic ( $n = 2$ ), South Atlantic ( $n = 2$ ), and East North Central ( $n = 1$ ). The participants' educational

levels varied, with one holding a bachelor's degree, seven holding master's degrees, and one holding a doctoral degree.

Participants had diverse professional licensure statuses within the field, including no professional license ( $n = 3$ ), licensed clinical social worker (LCSW;  $n = 5$ ), licensed independent social worker (LISW;  $n = 1$ ), licensed certified social worker-clinical (LCSWC;  $n = 1$ ), and perinatal mental health counselor (PMHC;  $n = 1$ ). All participants were providing direct care services to clients at the time of resignation. The number of jobs from which participants resigned with little or no notice included one job ( $n = 5$ ), two jobs ( $n = 2$ ), and three jobs ( $n = 2$ ). The duration participants spent in the positions before resigning with little or no notice ranged from 2.5 months to 2 years. Table 3 presents participants' demographics.

**Table 3***Participants' Demographics*

Participant	Age	Gender	Ethnicity	Highest degree	Type of license	State of residency	Number of resignations	Time on Job before resignation
Participant 1	31	Female	AA	Master's	None	NJ	3	10 months
Participant 2	37	Female	AA	Bachelor's	None	CT	1	6 years
Participant 3	35	Female	AA	Master's	LCSWC	MD	1	20 months
Participant 4	38	Female	AA	Master's	LCSW	NC	1	2.5 months
Participant 5	29	Female	AA	Master's	LCSW	IL	3	5 months
Participant 6	30	Female	AA	Master's	LCSW, LISW	NC	1	3 months
Participant 7	32	Female	AA	Master's	LCSW, PMHC	CT	1	4 months
Participant 8	38	Female	Hispanic	Doctorate	None	CT	2	2 years
Participant 9	37	Male	AA	Master's	LCSW	CT	2	2 years

*Note.* AA = African American; LCSWC = licensed certified social worker-clinical; LCSW = licensed clinical social worker; LISW = licensed independent social worker; PMHC = perinatal mental health counselor.

**Data Collection**

Data collection was conducted and recorded through semistructured interviews using Zoom Pro. After completing the screening survey via SurveyHero.com, all eligible participants received an email containing an informed consent form. The email included instructions to review the consent form and respond with “I consent” if they agreed to participate in the study and complete an interview. Each participant was informed that the interview would take no longer than 60 minutes.

All nine interviews were recorded and transcribed using the Zoom Pro platform. The accuracy of the transcripts was verified by replaying the recordings multiple times and cross-referencing them with personal journal notes taken during and immediately following the interviews. The interview guide (see Appendix) was used to structure each interview, with additional questions posed as needed to encourage participants to share their work experiences comprehensively and authentically.

## **Data Analysis**

The data collected through one-on-one interviews were analyzed using the descriptive thematic analysis method, which enabled the identification of themes, patterns, and meaningful information relevant to the research question (see Braun & Clarke, 2012). The data collection process involved reviewing and editing transcribed data after repeatedly listening to the recordings, examining personal journal notes taken during each interview, and developing a coding framework. Data were analyzed line by line to ensure a critical approach, leading to the development of latent coding, with codes grouped into families or categories (see Braun & Clarke, 2021).

Each interview was recorded and transcribed using the Zoom Pro platform. To initiate the data analysis process, I listened to the audio recordings multiple times and compared them against the generated transcripts to ensure accuracy. Necessary edits were made based on the recordings. The transcripts were then transferred into a Microsoft Word document formatted into three columns: The first column contained the raw data, the second column was designated for line-by-line coding associated with semantic coding, and the third column contained the latent coding. The document was further divided into sections corresponding to each of the main interview questions, each followed by the three-column format. After each question and data segment, a memo was written to reflect on the data, record personal impressions, and note any responses that stood out.

Latent coding facilitated an interpretive process of identifying recurring themes within the data by assigning a word or short phrase to each code (see Braun & Clarke,

2021). After identifying the latent codes, I grouped them into families or categories to detect patterns, trends, or data groupings. To implement this analytical step, I compiled the latent codes from each interview into a chart, resulting in nine charts (one for each interview). The charts were printed, and the individual codes were cut out to allow for easy movement and reorganization, enabling the emergence of categories and themes through physical manipulation of the codes. This tactile process facilitated the identification of connections and patterns among the data.

### **Evidence of Trustworthiness**

Qualitative research is often scrutinized due to the interpretive nature of data analysis (Saldana, 2021; Shenton, 2004). To ensure the trustworthiness of the data, I implemented a series of steps aimed at maintaining integrity and rigor throughout the study and analysis (Merriam, 2016; Shenton, 2004). The credibility, transferability, dependability, and confirmability of the study and data analysis are presented in the following sections to demonstrate the study's trustworthiness, following the framework outlined by Lincoln and Guba (1985) and Shenton (2004).

#### **Credibility**

The credibility of the study was established from the outset by ensuring that participants understood they could choose to participate or withdraw without penalty. After providing consent, participants were reminded that they could withdraw from the interview at any time or decline to answer specific questions (see Shenton, 2004). To build rapport, I demonstrated genuine interest in participants' experiences through facial cues, asked follow-up and clarifying questions, and created a comfortable environment

that encouraged honesty and facilitated the collection of accurate information (see Patton, 2015; Shenton, 2004). Throughout the research process, I maintained regular contact with my chair via email and video meetings to seek guidance, receive feedback, and gain an alternative perspective on the data (see Shenton, 2004). Additionally, I included data that fell outside the norm to ensure a comprehensive and accurate representation of the findings.

### **Transferability**

Transferability was established by providing rich, thick, and descriptive data, as well as maintaining transparency throughout the study via an audit trail and field notes (see Lincoln & Guba, 1985; Shenton, 2004; Slevin & Sines, 1999). Comprehensive details were presented regarding the participants, the study setting, and the procedures followed throughout the research process (see Lincoln & Guba, 1985; Shenton, 2004; Slevin & Sines, 1999). However, it is the responsibility of the reader and other researchers to assess the findings and determine whether the data are transferable within their specific contexts (see Shenton, 2004).

### **Dependability**

Dependability of the study was achieved by providing a comprehensive description of the research design, implementation, and data collection process (see Shenton, 2004). Data were obtained, recorded, analyzed, and documented accurately by thoroughly reviewing transcripts, field notes, and my reflective journal multiple times, ensuring reflection, accuracy, and consistency throughout the study (see Rubin & Rubin,

2012; Shenton, 2004). This systematic approach helped ensure that the study could be replicated under similar conditions and yield comparable results (see Shenton, 2004).

### **Confirmability**

Confirmability was established by maintaining an audit trail throughout the study, which documented the entire research process (see Lincoln & Guba, 1985). The audit trail included reflexive journaling to manage potential bias and uphold the study's trustworthiness (see Lincoln & Guba, 1985). Recording personal thoughts and reflections throughout the study helped ensure that personal bias did not influence the findings because all necessary measures were taken to enhance confirmability (see Lincoln & Guba, 1985). Additionally, all audio recordings, transcripts, identified codes, and themes were shared with committee members to receive feedback and guidance, further contributing to the study's confirmability.

### **Results**

This study explored the work experiences of millennial mental health workers. The research question guiding the study was the following: What are the work experiences of millennial mental health workers who resign from mental health positions with little or no notice? The study results aligned with the research question and revealed five major themes that emerged from the data. The first theme focused on the interpersonal dynamics with leadership, addressing participants' relationships with their supervisors and organizational leadership. The second theme addressed the organizational culture, highlighting how participants perceived the culture and norms within their workplaces. The third theme identified on-the-job challenges and stressors, describing

how participants viewed their work experiences concerning the roles they were hired to fulfill and how these challenges and stressors contributed to their resignation. The theme also highlighted the clash between participants' values and those of the organization. The fourth theme addressed the process of resigning, indicating that participants justified resigning without notice as a necessary act of self-preservation in response to toxic work environments, burnout, and value conflicts, often prioritizing their well-being over organizational policies. Although some participants were deeply concerned about the impact on clients and took steps to ease transitions, others believed their departure had little effect, reflecting mixed levels of awareness and responsibility toward client care. The fifth and final theme addressed the impact of the COVID-19 pandemic on the mental health field, detailing how the pandemic influenced participants' work environments and decision-making processes. Table 4 presents the themes and subthemes.

**Table 4**

*Themes and Subthemes*

Theme	Subtheme
Theme 1: Interpersonal dynamic with leadership	Inadequate support Boundaries and respect Ineffective communication
Theme 2: Culture of the organization	Toxic work environment Unethical and immoral conduct
Theme 3: Challenges and stressors	Work expectations vs work experience When values clash: Personal integrity and the decision to resign
Theme 4: The Process of resigning	Justification for resigning without notice Perceived client impact in the resignation process: A mixed perspective
Theme 5: Impact of COVID-19	

### **Theme 1: Interpersonal Dynamic With Leadership**

A central theme across all participant narratives was the interpersonal dynamic with leadership, specifically the relationships participants had with their direct supervisors and other organizational leaders. This theme consistently emerged as a primary driver of dissatisfaction and eventual resignation, even among participants who initially felt positive about their roles. This theme presents how participants viewed and described their relationship with their direct supervisor(s) and other leaders in the organization. Each participant discussed this topic in detail, with all participants describing areas of discomfort from interactions with direct supervisors or other leaders in the organization. Based on the data, interpersonal dynamics with leadership was a common challenge for all participants and was discussed at length in all interviews. The interpersonal dynamic with leadership was described as a primary reason many participants resigned. Participants expressed a lack of support, concerns with boundaries, and ineffective communication as some of the problems with leadership.

#### ***Inadequate Support***

The participants in this study worked in various sectors within the mental health field, including government agencies, private organizations, and non-profit organizations, including schools and hospitals. All the participants had a direct supervisor responsible for providing direction, guidance, and support in their roles within the organization. For some participants, that meant formal supervision with their supervisor; for others, it meant informal check-ins with their supervisor. Some participants also had regularly scheduled contact with their supervisor's supervisor, who provided oversight of the

department. Yet, many participants reported not having the best relationship with their direct supervisor, which often caused distress for the participant. Participant 1 labeled her relationship with her supervisor as “not really pleasant.” Participant 2 reported that her supervisor made her “very uncomfortable.” Participant 3 shared that her supervisor “was in his own little world.” Participant 4 stated, “We did not have a good relationship at all.” Participant 5 expressed, “I wouldn’t say I was always fond of them.” Participant 6 stated that she initially had a “good” relationship with her supervisor, but then her supervisor “started acting kind of weird.” Participant 7 described her direct supervisor as “amazing” but presented the overall leadership as rigid and inflexible. Participant 8 commented that her supervisor “made me feel uncomfortable in many ways.” Participant 9 shared, “we never had a positive relationship.”

Participants also shared that they rarely felt supported, even when they had a positive relationship with their direct supervisor. Their supervisor was often afraid to advocate for them to upper management. Participant 9 described his supervisor as “too anxious to make moves,” similar to Participant 7, who felt her direct supervisor was “limited in her ability to advocate for me.” Participants also shared the lack of direct formal and informal contact with leadership to help them feel supported and provide guidance for their positions. Participant 6 stated, “Honestly, I think she forgot about me.” Participant 1 reported that her supervisor “showed up twice a week and would be home the other days, unreachable,” causing the participants to feel unsupported in navigating their role. Several participants shared that the lack of contact with their supervisors and the lack of support caused them to feel neglected and resentful, with some participants

reflecting that they initially were excited about the opportunity for development and growth but did not receive the level of supervision they were seeking. As Participant 4 reflected on her relationship with her supervisor, she stated, “It was disappointing because I just felt like I didn’t have the experience at the time to really be with that population, and I didn’t really have clinical support from my supervisors.” Participant 4 later shared how a client “constantly called me the ‘N’ word,” and not receiving support or guidance from her supervisor took a toll on her, reflecting during the interview that “being called that every day was a lot.”

### ***Boundaries and Respect***

A prominent topic was the violation of professional boundaries. Participants reported feeling disrespected, micromanaged, or subjected to inappropriate and even humiliating comments. Boundaries within the workplace involve having clear limits on accepted behaviors and treating one another with the necessary respect to create a safe work environment. In some cases, when participants felt disrespected by supervisors, they internalized the disrespect; in other cases, the participants began to consider resigning, and some participants pushed back on the disrespect and reciprocated the disrespect. In all cases, it was evident that the participants were frustrated with the lack of boundaries displayed by supervisors, which played a significant role in their final decision to resign. Participant 3 shared how her frustration with her supervisor triggered her:

One day, I was working, and [my supervisor] called me, and he just irritated me so bad. To the point, I cussed him out, and I told him, don’t call me again. It was

him just lying and saying, hey, I've been trying to call you all week, and you're not answering. And he sent me an email, and I knew that he had blind-copied somebody else on it, just from how it was written, so that already kind of had ticked me off, so when he called me, I was already frustrated.

Participant 8 shared how she felt her supervisor crossed a boundary as she reflected on feeling hurt and disrespected as her supervisor made fun of her clothing in private and in front of a coworker:

What are you wearing? Where did you get that outfit because you look like you belong on \_\_\_\_\_ Street? Why did you come to work looking like this? Who told you that it was okay to come to work looking like this? You look ridiculous; tell this girl them pants look a little clowning.

Participant 1 also shared several instances where boundaries were crossed, particularly on her days off, where she was still expected to answer her work phone and be available to handle things within the organization:

I took off one day, and even on my day off, my work phone was going off. And I will never forget it, I literally was in tears. And I remember I said to myself, I can't do this much longer, I can't do this much longer, something has to give.

### ***Ineffective Communication***

Ineffective communication was another concern participants shared about the interpersonal dynamic with leadership. Some participants shared that they did not fully understand their roles due to the ineffective communication: Participant 3 stated, "I don't know what exactly I was supposed to be doing, but they hired me." While other

participants described the communication between leadership as being “horrible, unclear, very demeaning to us, and pretty nasty.” Participant 4 shared how the lack of communication and support caused her additional stress and was the main reason she decided to resign:

If I would voice concerns, they weren’t listened to, or they were minimized. I was also mad at the lack of support I received from my supervisors in regards to transferring the case; they wouldn’t even tell me why the previous clinician was transferred. We basically switched; she ended up working in my group home for another youth, and I worked in that other group home; I don’t know why. It was not clear for us and I just felt like I couldn’t do this anymore. It was bad.

Participant 6 shared that it was not clearly communicated to her that she had to build her own caseload, which significantly impacted her salary:

I didn’t realize that the expectation was that I was supposed to be finding my own clients. I think that was a communication error; I didn’t really know that I needed to put in the work to find my own clients.

The adverse interpersonal dynamic with leadership often made participants feel that supervisors were unsupportive, crossed boundaries, displayed immoral behaviors, and had ineffective communication. Collectively, these accounts reveal that adverse interpersonal dynamics with leadership, marked by lack of support, poor communication, and boundary violations, were central to participants’ decisions to resign. Even when participants entered their roles with enthusiasm and a desire to grow, these experiences undermined their trust in the organization, diminished their emotional well-being, and

often left them with no choice but to leave, sometimes abruptly. Results of this study show how these dynamics illustrate the critical importance of effective, respectful, and supportive leadership in retaining millennial mental health workers in emotionally demanding roles.

## **Theme 2: Culture of the Organization**

The second theme generated from the data highlights the influence and impact of organizational culture on participants' work experiences. Organizational culture encompasses how participants perceived the norms, values, attitudes, and shared beliefs within their workplaces. This aspect is significant because the work environment often shapes how individuals interact with colleagues and the target population, influencing how they perceive their overall work experience. While participants' perceptions of the organization's culture varied, most reported that certain aspects of the culture conflicted with their personal values or that the organization lacked the qualities they expected in an ideal work environment. The participants' dissatisfaction with the organization's culture contributed to their resignations. Two major trends were identified in this section: the toxic work environment, which led to high turnover; and unethical and immoral conduct observed on administration. These components collectively explained why participants expressed dissatisfaction with the organizational culture and ultimately chose to resign from their positions.

An exception to the general dissatisfaction experienced in the organizations from which participants resigned was their interactions with peers and staff. All participants shared at least one positive experience related to staff dynamics and relationships.

Participant 1 stated that her “coworkers became like family.” Participant 5 shared, “I really enjoyed collaborating with other clinicians, getting to know them, and building friendships.” Participant 7 reflected on her relationship with coworkers, highlighting the care they had for each other and the clients they served:

I enjoyed our team, the camaraderie; there was a genuine sense of care for all of our kiddos. And many of the people on that immediate team were eager to support in any way. We valued effective communication, and even when conversations were hard, we were team players, and we leaned into that. Understanding my position, they checked in several times like, hey, how are you holding up? If they lived closer, they would ask is there something that I could do to support you, they were just great.

However, some participants still reported negative interactions with coworkers that impacted their work experience and shaped their perception of the organization’s culture. Participant 3 stated “there was only one person that was wonderful; everyone else I didn’t care for.” Participant 4 reflected “as for clinical staff, we weren’t really cohesive, which was kind of disappointing.” Participant 9 stated, “I always felt pretty isolated working there.”

### ***Toxic Work Environment***

Some prominent words participants used to describe the culture of the organizations included the following: “toxic, stagnant, unethical, stressful, competitive, dishonest, and racist,” with several participants using the same terms, such as racist, stressful, and toxic. When describing what a toxic environment looked like, Participant 8

shared, “it was a very toxic environment; people were not valued, and there was a lot of mistreatment.” Similarly, Participant 1 explained, “when I say toxic, I mean lack of support; there was also a lack of empathy for staff.”

The mistreatment of staff, lack of value, and insufficient support appeared to significantly impact staffing, as each participant discussed challenges related to staff retention and burnout. Organizations with high turnover rates often become trapped in a cycle that is difficult to break, as employees become overworked due to vacancies and eventually resign as well. Participant 6 noted “when I started, a lot of the people I did the orientation with had already left the organization, which was the red flag.” Participant 1 also shared her experience with staff retention as a supervisor, stating the following:

Staff are overworked in these organizations. We work long hours. The retention rate is low, so someone’s always quitting. People quit, so you have to fill in for them. So you’re working more hours than you are at home. And that sort of became the norm to where, you know, they’ll question overtime, but the reality is, you gotta pay overtime because who else you gonna have work. So there was a lack of support, and then there was a lack of empathy as it came to staff.

Participant 3 had a similar experience as a supervisor, reporting that the organization experienced such high turnover that her workload and responsibilities significantly increased:

In the beginning, I was responsible for only four people. Then people started quitting, and that should have been a red flag; my antennas went up a little bit.

And I started seeing more people quitting, and I was like is there something I need

to know? And the next thing I know, I was assigned to 12 people; it was like out the blue, because there was no one else there.

When Participant 5 worked for a government agency, she did not observe as much staff turnover compared to other organizations she had resigned from, as government positions were perceived as the place “where you want to be, where the most growth is, where the most opportunities are. These are places that you want to retire from.” However, she noted that government organizations tend to have a competitive culture that fosters laziness across all generations.

It’s kind of like the lazy culture because it doesn’t matter how hard you work; you’re not gonna get X role because you haven’t been here long enough. And it’s like, I would never be here long enough because this person is way older than me, or they started in the nineties. So it kind of introduces laziness in the people that have higher seniority, but also laziness between the younger people, because it’s like why would I work hard if I’m not going to get any incentives, I’m never going to be older than them. I see a lot of people who are younger who are lazy and kind of not really thinking about staying at jobs long. But you also have the older people that have been there a long time, so they’re kind of like burnt out, but refuse to take a break or take their leave, so it’s like it’s on both ends.

Participants also noted feeling and/or witnessing overt and covert racism within the culture of the organization that caused them to be uncomfortable in their work environments. Participant 9 shared his feedback about racism within the organization and the feedback he provided upper management upon his resignation:

This woman had a tendency to target a lot of her Black and Hispanic employees, and it was a known pattern over the last couple of years, so I pointed that out. I'm like, it's always somebody or a few people every year, and you guys need to explore why we all tend to be minorities. We've been making these complaints, and no one's cared. Now, you have the director of DEI coming to talk to me. I was like, where were these conversations a month ago, 2 months ago? I said it shouldn't take your newly hired DEI coordinator, a Black woman, to have this conversation with me. I should be able to have this conversation with anyone, and something should be done.

Participant 8 shared how the racist culture of the organization caused staff to feel intimidated and fearful of leadership, which led to increased burnout and turnover:

He would always make what he thought were funny jokes, which were not funny jokes; they were actually very inappropriate racist jokes. They were really disrespectful jokes; he thought he was really funny, but he wasn't funny at all. So, a lot of people were very intimidated and terrified of him. They did everything he did or everything he said because they were just so terrified, and it was because of his demeanor. And then you had those folks that just left because they were just so burnt out they just couldn't keep up with their mental health; he would break them down.

### ***Unethical Practices and Immoral Conduct***

Participants also discussed the unethical happenings within the organizations, including falsifying documentation, manipulating clients, not providing agreed-

upon/contracted services to clients, not following the regulations of governing entities, and hiring staff under false pretenses. Participant 2 shared that clients were not getting better, "I feel like in this particular program, it was very stagnant, and I feel like the company was comfortable with the stagnant status and clients weren't progressing, they weren't moving on". Participant 3 reported that in the beginning, she tried to "block out" the culture of the organization, but:

It was just unethical, honestly; that was the culture, just being very unethical. Some of the things I realized that was very unethical of them saying that they were seeing clients, that they really were not servicing at all. They weren't providing them any of the services. But will have them on the list, saying that they were present clients. Based on regulations, you have 40 hours to get the notes in, there would be times people would turn those notes in a month later, and it would be okay. I would say something, but it was like whatever I said, it didn't matter. They were still allowing the same culture to continue on.

The character of leadership was also an important component when reviewing the interpersonal dynamic with leadership, Participants' shared concerns with the character of leadership due to immoral behaviors exhibited by leadership. Some concerns included "manipulation, gas lighting, unethical behaviors, and lying. Participant 9 reported feeling targeted by his supervisor and treated differently from his coworkers:

Unfortunately, me and that manager never vibed and I realized that I was a target. She would make certain comments, and then I would check her on it, and she's like, oh, I didn't mean it that way, you know, the microaggressions. She would

make certain comments, and I would, get not accused, but she would hold me to a different standard than other people, and it got to a point that it was just really toxic.

Participant 8 expressed feeling uncomfortable as her supervisor exhibited immoral behavior by lying:

We would sit in meetings and he would be lying about things. I was like, I can't work for this organization; this is so illegal. My name is the one on that signature line, and I cannot do this. I cannot do this illegal work; I don't want anything to do with this. I'm like, no, I'm not going to jail for nobody.

Participant 7 ultimately resigned after realizing that the organization's culture was characterized by dishonesty and unethical practices. She recounted a conversation with her direct supervisor, during which she discovered that she had been falsely promised various incentives, such as a sign-on bonus and a flexible schedule during the interview to persuade her to accept the position. The supervisor admitted "we were really desperate to hire someone because we needed a body, and so I'm thinking that maybe she said that to you because she needed you to come on board."

### **Theme 3: Challenges and Stressors**

The third theme explores the on-the-job challenges and stressors participants experienced. The data revealed various difficulties participants endured while employed by the organizations. While such challenges are common across industries, when paired with other negative experiences, they became overwhelming. Participants reported working excessive hours, taking on added responsibilities, facing unrealistic expectations,

experiencing a lack of power, and encountering little regard for work-life balance. In addition to these stressors, many participants also faced a deep conflict between their personal values and the organization's culture. Their values, rooted in identity and integrity, often clashed with the work environment, making it difficult to stay. This misalignment contributed significantly to their thoughts of resignation and, ultimately, to their decision to leave, sometimes without notice.

Participant 2 stated "the stress was definitely at a significant level there."

Participant 8 reported "it was more mental stress; I went home definitely more mentally exhausted from dealing with my boss, so I tried avoiding him." The stress was so significant for Participant 4 that she began to second-guess her decision to work in the mental health field, stating the following:

It was very stressful, very stressful, and I've worked in some challenging roles and challenging environments, but this...At one point, I was even second-guessing why am I a social worker if this is what it is; I don't want to do it.

Work-life balance is typically the worker's responsibility, requiring them to set boundaries with employers and manage their time, including taking regular time off. However, when work-life balance is neither discussed, promoted, nor valued within the organization, individuals may struggle to maintain it. The data revealed that when participants noticed their work-life balance being compromised, they began considering resignation. Participant 1 shared the following,

It was the lack of work balance. It was always work, work, work, work, work, to the point where I was scheduling my personal life around my job and technically

my Monday through Friday 8-hour shift. When I showed up at 9, I was to leave at 5. If I showed up at 8, I was to leave at 4. It was never like that. And that was when I knew that something needed to change.

Similar to what Participant 1 discussed, Participant 9 shared, “I didn’t really have set hours, so there would be times where, you know, I might be expecting to leave at 5 o’clock, and I don’t leave until 8.”

The study’s data showed that many of the participants experienced an adverse emotional response to the challenges and stressors of their work environment. Participant 4 shared, “it was extremely high stress, to the point that thinking back, I’m getting chills. I would cry going to work and leaving.” Participant 3 stated “I used to find myself just so angry during that timeframe; I think that was the angriest I have been in my life during that timeframe, working there.” Participant 8 stated, “I remember crying.” Participant 9 stated,

I remember my anxiety kind of going up a lot just from working there, and once I finally left, I realized how toxic it was. I was also having nightmares about the job and I would get so anxious dealing with her, and not in like a fear way, but I was sick of it.

### ***Work Expectations Versus Work Experience***

When an organization posts a vacant position, the job duties, responsibilities, expectations, work hours, and incentives are typically outlined in the job posting, discussed during the interview, and reviewed upon hire. However, many participants

reported significant discrepancies between their initial expectations and their actual experiences after being hired. Participant 4 shared the following:

Before I left, I actually had to go to another group home because they were short-staffed, so I was in 2 group homes. The number of the residents that I worked with wasn't high; each home had about 6 to 8 residents. And I was excited about it, because I worked in other positions where I had higher numbers. But with the responsibilities, we should have less clients because you really couldn't give your full attention to that one child if they're acting out, or if they're exposed to a trigger, or if there's any other issues, and it could be overwhelming.

Participant 1 explained the following:

I was left with a lot of responsibilities from higher-ups, because they didn't know how to do it. So, it was the additional workload while trying to manage mine. And then, if you have a vacancy, so, for example, for months I did not have a clinical director. I had to do the work of a clinical director on top of my work. So, it was just the workload.

Participant 7 shared that one of the reasons she accepted the position was the promise of a sign-on bonus:

Ultimately, the decision to resign was that I signed the contract to start at the organization with the promise of a sign-on bonus. When I got to the date of the sign-on bonus... I think that the organization was kind of aware that I was trying to work something out, but that ultimately, I was gonna be leaving if things didn't change; that was common knowledge. And so, when I reached the date of my

sign-on bonus, where I should have received it, I was told that my probation was being extended and that I wasn't gonna get that bonus.

After a few months on the job, Participant 3 was promoted to a supervisory role but described one of the stressors as the lack of power and autonomy given to her to lead her team effectively. "I would say something, but it was like whatever I said, it didn't matter. Leadership was still allowing the same culture to continue on."

As direct care workers in the mental health field, the primary job responsibilities include caring for the mental health of others. Still, the participants also valued their personal mental health and well-being. When the work environments began to take a toll on their personal mental health, participants often chose to resign, even if it meant taking an undesired work schedule or a pay cut to get out of the environment. Participant 1 stated, "my mental health wasn't good, and I did not have the patience to serve in an organization that did not respect me; they couldn't pay me more to do it. At that point, it was just about my sanity." Participant 4 reported "the next job I elected to work an overnight role, and I was scared because I never worked nights full time in an emergency room." Participant 8 shared,

I definitely took a huge pay cut. But then I had to think that I really have to put myself first and decide what's most important for me. I don't regret it; you have to take care of yourself, and so I'm happy that I left.

### ***When Values Clash: Personal Integrity and the Decision to Resign***

This subtheme centered on the participants' personal values and how these influenced their decisions to resign from their organizations. Participants described their

values as reflections of their self-identity and integrity, which played a central role in guiding their behavior and decision-making. Many experienced a deep conflict between their personal values and the organization's culture, contributing significantly to their resignation. This disconnect left them feeling misaligned with the work environment and ultimately led them to leave, sometimes without notice. Some participants shared that their personal values often conflicted with their work experiences, making it difficult for them to remain with the organization. They also discussed how the mismatch between their values and the organization's culture contributed to their decision to resign, as the work environment felt inconsistent with their identities and contrary to their core beliefs.

Participants shared that they were surprised that the values showcased by organizations differed so drastically from their personal values, despite having done research beforehand. Participant 4 shared that she was initially attracted to the organization due to its mission: "What was most appealing was the mission of the organization." Participant 5 said she was initially drawn to the organization because of "the history and reputation." However, participants explained that their on-the-job experiences often differed from their expectations and frequently conflicted with their personal values. Participant 2 shared that she ultimately resigned due to a threat to her personal value of caring for clients, as they were not receiving adequate services while with the organization:

Upper management asked if it was a pay issue or a pay reason why I was resigning. And I'm like, I'm not leaving over the pay; I'm leaving because I want

a job where I can benefit the clients. I let her know that I felt like the company was very stagnant, as clients have been here for like 10 years with no progress.

Participants shared specific personal values that conflicted with those of the organizations, leading them to resign. Participant 1 explained that respect was a significant personal value for her, but it was not reciprocated within the organization, ultimately leading to her resignation.

I've always been able to have respect. I feel like you get respect when you give it, so I always say that's how I received it with no issue. Now, with my supervisors it was not the case because I always challenged their direction when it was not legal. They sent me an email, and the language of the email triggered something in me. It came off very disrespectful, and at that point I did not have the patience to serve in any organization that did not respect me. I wanted to be somewhere where I was appreciated and respected.

Participant 5 values communication and needed her voice to be heard, with her suggestions and opinions taken into consideration. She often resigned from positions when she felt her voice was no longer valued.

I'm a type of person I'm very big on change and wanting to implement things if I see things that aren't working. I like providing advice and suggestions. I don't think enough people are speaking up. You know, some people are very desperate for a job, so they come in just very happy to be there versus me. I'm like I don't have to be here, so I'm the only one speaking up. When I feel like employees are no longer being heard, like things are not going to change, like they don't care

how their decisions are affecting the clients and their progress, I don't like that. I get to a point where I feel like I've paid my dues, I've done my part, and it's time for me to leave.

Participant 8 values pro-social behaviors, including kindness, respect, compassion, and care toward others. She reported being unable to function effectively in an environment where employees and clients were mistreated.

The way he would act with people, or how he treated people, I didn't agree with it, and it made me feel uncomfortable in many ways, or like comments he would make was really uncomfortable. If something doesn't feel right to me, like if it doesn't morally feel right to me, I can't stay there. If I don't feel like something is ethical or that you're doing right by my clients. I can't stick by the organization. I care about people way too much. I can't work for an environment where you're going to be embarrassing them, or you're going to be lying. Once it's morally unethical, I can't get my name away from it; I run from it fast.

Participant 9 values equity and discussed the various forms of inequity he faced and witnessed in his work experience. These included racial discrimination, gender discrimination, and unequal pay, all of which eventually took a toll on him and led to his resignation.

We were having a lot of those DEI conversations, and I remember there was an incident that happened with some of my other coworkers, and I stood up for them. I said in that meeting to the guy conducting it, you know, more than likely, this is probably going to be the last time that you see me. And he asked why. I said,

because they're going to retaliate against me; they're not going to let this stand. At one point, I was not only the only male clinician, but the only Black clinician, and it definitely weighed on me at times, and come to find out later that I was getting underpaid and I just didn't feel heard. I felt like I put a lot of time and effort into both organizations and all my positions, and to be treated like I didn't mean anything hurt because I thought that I mattered in some way, shape, or form.

#### **Theme 4. The Process of Resigning**

Previous themes provided background information on the factors that led participants to the decision to resign. This theme represents the culmination of those challenges, focusing on how participants navigated the emotional and ethical considerations of resigning, particularly in relation to their clients and the decision to leave without notice. All participants held direct care roles and were aware that their departure would impact the continuity and quality of client care. Two subthemes were generated in this theme, justification for resigning without notice and a mixed perspective on perceived client impact in the resignation process.

##### ***Justification for Resigning Without Notice***

All participants resigned without adhering to their organizations' 30 days notice policy, offering between no notice and two weeks' notice. The amount of notice given varied among participants, with four providing no notice at all and five giving between three days to two weeks notice. Their decisions were shaped by cumulative negative experiences, including toxic work environments, personal value conflicts, and emotional

exhaustion. While abrupt, most participants took care to complete tasks or prepare transition materials, which they saw as fulfilling their ethical duty. Many emphasized that protecting their own mental health and dignity justified leaving without extended notice. Their narratives revealed a clear prioritization of self-preservation and integrity in the face of persistent workplace challenges.

Most participants argued that they worked to complete necessary tasks before leaving the building, which, for many, further validated their decision to resign without notice. Participant 7 stated,

I don't believe in sloppy ends, and I don't think you should leave with anything undone. You want to leave it better than you found it, and you want to leave as peacefully as possible, but that doesn't always mean you have to stay longer than you need to. I just had to understand that the organization was not my client; my clients were my clients, and the way that I felt about them was great, which is why I made sure that I was doing no harm, as the oath I took states. But I didn't have to carry the burden of wondering how they would find another person to fill the role; that was not my part, and it was not for me to hold, and I had to be okay with that.

Participant 1 gave no notice but had been planning her resignation for several weeks. She felt justified in her decision, knowing she had prepared behind the scenes for her departure and had chosen to no longer tolerate disrespect:

I knew I was quitting. I just didn't know when. But I started organizing and making transition documents and all that. They sent me an email, and the

language of the email triggered something in me; it came off very disrespectful.

This email came at about noon, and at 2:30, I sent the email to HR. I had already typed a letter and saved it in my documents, emailed it to myself, and forwarded the email with the subject line, effective immediately.

Participant 4 shared that she was no longer able to manage the stress of the position and felt validated in her decision to resign when she received an email from a supervisor listing tasks to be completed, rather than expressing concern or inquiring about her resignation:

There were times I called out because I couldn't handle it. I resigned by email; I sent a short email. The supervisor gave a laundry list of what needed to be done. It really helped me be comfortable with the decision I was making.

Participant 9 became overwhelmed by feelings of being unvalued and decided he no longer wanted to work for an organization that did not care about him:

I decided I don't want to deal with this. I could drop dead right now. Is this literally how I want to spend the rest of my life? I came back, I called out one extra day to sit and think about it, and the day I went back to work, I went in early, packed up my office, and sent an email saying I'm done, effective immediately. At the time when I did make those decisions, I was a little concerned. I'm not really an impulsive person, and I think in the past those would have been decisions that I would have been thinking about for a while, and I don't know if I would have executed it, but I am glad that I did it.

*Perceived Client Impact in the Resignation Process: A Mixed Perspective*

Participants expressed varying levels of awareness regarding the impact their resignation had on clients. For some, leaving was emotionally difficult because they deeply considered how their departure might disrupt client care. These participants described feelings of guilt, a sense of responsibility, and intentional efforts to minimize the disruption, such as staying on per diem to finish transitions, timing their resignation during breaks, or ensuring documentation was completed.

In contrast, other participants focused more on the organizational impact or believed their resignation had little to no effect on clients. While a few acknowledged that their departure might have been difficult to manage due to their unique roles, they did not emphasize client outcomes. Some participants felt easily replaceable, while others believed the organization would carry on without much concern, reflecting a more detached or pragmatic perspective. This range of responses highlights the diverse ways direct care workers perceive their roles and responsibilities during the resignation process.

Participant 4 showed awareness and reflected on this, “the youth, it wasn’t their fault what was going on; I even felt guilty when I resigned that I had to leave them. I felt guilty, and I wanted to reassure them that it wasn’t them.” Participant 7 also considered the clients and found solace in the fact that her role did not include ongoing care for clients, only to complete initial assessments:

The first area of difficulty was that I didn’t want to leave my families hanging, and I felt like this was a little bit easier because my relationship with them is

different than when I was a weekly therapist. I think that would have been more damaging to my clients, and then I delivered their written documents, so as long as I made sure their written documents were delivered, that kind of remedied that part for me.

Participant 2 notified her clients that she was resigning and decided to stay on per diem to complete the work she started with a client:

I let my clients know that I was leaving. They were very disappointed. I ended up staying on as per diem for a little bit because I wanted to help see that one client through her entire move because I knew that they wouldn't handle it like I did. I was her case manager from the first time I went there, so I wanted to see her through the entire moving process.

Participant 8 felt she was very conscious of her clients and resigned over the summer when she knew they would not personally witness the resignation, "I was very strategic. I did care about the clients, so I waited until they left, and it was summer break."

On a different perspective, participant 1 did not seem to show the type of awareness previously describe "it's been hard to replace me." Participant 3 reported, "I was the only rehab specialist there; I know that it [resignation] probably tremendously affected them." Participant 9 said, "I know for a fact that it took them quite some time to replace me."

Other participants did not think their resignation greatly impacted the organization or acknowledged the impact on clients. Participant 6 stated, “I don’t think my resignation had an impact.” Participant 5 shared the following:

I think that a lot of these places feel like the show must go on; we’re just one body, and they have to fill the role. So I know they would prefer me to stay, but I don’t really think it went any more than that.

### **Theme 5: The Impact of COVID-19 on the Mental Health Field**

The final theme emerged from unsolicited participant reflections on COVID-19 and its influence on the mental health field. Although the topic was not explicitly included in the interview protocol, several participants introduced it during the course of the discussion. Participants reflected on the ways COVID-19 reshaped the mental health field, noting both positive and negative consequences. A major shift was the widespread adoption of telehealth services, which some participants embraced as a flexible, convenient alternative that supported both client access and provider well-being. Others, however, expressed concern that telehealth reduced service quality and weakened client engagement. Participant 3 shared that prior to COVID-19, “you had to see your clients in person; everyone was at the office. After COVID, people are either on Zoom, or Google Meet, and all these other sources.” Participant 6 viewed telehealth as a positive change and the preference for herself and most clients: “I’m seeing more people wanting telehealth services. I never really did in person, just for a little bit, and that just won’t it. I do see a lot of people wanting telehealth, and I prefer that myself, too.” Participant 9 also

viewed telehealth services as a positive way for workers to take better care of their personal mental health while providing services to others:

The ability to do things via telehealth has also helped big time in terms of managing mental health. If I'm working from home, I don't have to deal with the micro-aggressions at work. I can be flexible around my schedule, deal with my kids, or do my laundry when I have a break. I can have lunch at home. I can go for a walk. I think those types of things are helpful, especially for those of us who might be a little bit more introverted than others.

On the contrary, participant 5 did not see telehealth as a positive change, fearing that clients were not getting the full benefits from virtual mental health services. "In some places, people can now work from home, which I'm not a super advocate for working from home because for some people it makes them lazier." Participant 3 also shared some concerns about telehealth, stating, "I don't feel people conduct the whole timeframe that they're supposed to spend with their clients; I feel like clients are not receiving the services they need."

Another key theme participants identified was increased awareness and appreciation of mental health workers. Participants noted a cultural shift in how mental health is viewed, including more openness to taking mental health days, increased respect for the profession, and greater self-advocacy among workers, who are now more likely to leave jobs that don't meet their ethical or financial standards. Participant 9 reflected "those who are working in the field are more aware of their own mental health and how much these jobs can be draining." Participant 5 stated "the culture has changed about

mental health; people are taking it more seriously and jobs are giving people mental health days and understanding that people went through a lot.”

Participants also noted the value that is now placed on the mental health field and the increased appreciation placed on mental health workers. Participants indicated that workers also value themselves more and no longer settle in positions that do not meet their standards financially or morally. Participant 5 shared her experience, stating:

People are finally looking up, and we were considered essential workers for the first time, and I think people took our roles a little more seriously. You can't function in a lot of places without us, so I think when it came to pay, some places started to raise things and say, we missed the mark; we do need them. So I think that we were appreciated a little more. It's also more friendly and welcoming; organizations are talking more about work-life balance.”

At the same time, participants highlighted significant challenges, including staff burnout, workforce shortages, and decreased service quality due to the overwhelming demand for care. The instability caused by high turnover negatively impacted clients, who often had to repeat their stories to multiple new providers. Overall, participants described a transformed landscape, one that has opened up new possibilities while also exposing systemic strains. Participant 5 shared her concern about there not being enough workers in the field and the effect on clients:

People got laid off, companies were closing due to not having enough money to sustain. Then the market changed as far as people not wanting to work no more

and job hopping. It affects clients; clients hate starting over and have to tell their life story to you, somebody else, then somebody else; I know that happens a lot.

Participant 7 stated, “I’m seeing so much more burnout because the need is so high. I’m also noticing there tends to be a difference in the quality of service delivered, which is heartbreaking to me.”

### **Summary**

The results of the study provided data to answer the research question: What are the work experiences of millennial mental health workers who resign from mental health positions and provide little or no notice? The chapter described the study’s setting, each participant’s demographics, and how data was collected and analyzed in detail. Evidence of trustworthiness was discussed, highlighting the steps taken to ensure that quality, integrity, and credibility were maintained throughout the study.

The data from the study highlighted five themes that worked together to describe the work experience of millennial mental health workers who resigned from mental health positions and provided little or no notice. The findings revealed that interpersonal dynamics with leadership played a central role in participants’ dissatisfaction and ultimate decision to resign. Participants described strained relationships with supervisors, marked by inadequate support, poor communication, and a lack of professional boundaries. These experiences left workers feeling unsupported, disrespected, and emotionally exhausted, which contributed to their decision to leave their positions, often abruptly. Similarly, organizational culture emerged as another powerful influence, with many participants describing their workplaces as toxic, unethical, and lacking in

empathy. Although peer relationships were often positive, the broader organizational environment—characterized by high turnover, racism, and unethical practices, eroded trust and further deepened participants’ disconnection from their work.

In addition to leadership and culture, participants highlighted intense workplace challenges and stressors, including excessive workloads, unrealistic expectations, and blurred work-life boundaries. These demands, when coupled with moral misalignment and emotional strain, created environments that were incompatible with participants’ personal values and mental wellbeing. Many participants reported that the actual work experience failed to match the expectations set during hiring, and as their values around respect, equity, care, and integrity were repeatedly violated, they felt compelled to leave. Choosing to prioritize their mental health, some even accepted lower-paying or less ideal positions to escape environments that had become emotionally harmful.

The process of resigning was deeply shaped by emotional and ethical considerations. Most participants resigned without providing the standard 30 day notice, citing a need to protect their mental health and personal integrity. While some felt guilt over the impact on clients, others believed their absence would not have a major effect, reflecting a range of perspectives on their role in the system. Finally, the impact of COVID-19 brought both challenges and positive shifts in the field. The rise of telehealth, increased flexibility, and a growing appreciation for mental health workers were viewed as beneficial by many. However, others raised concerns about reduced service quality and heightened burnout as the demand for care surged. Collectively, these themes underscore

the systemic and interpersonal conditions that influenced worker retention in the mental health field.

The next chapter, chapter 5, includes the interpretation of the findings and discusses the limitations and recommendations of the study. Implications of the study will also be presented, including a description of positive social change. The chapter will end with a conclusion of the study.

## Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this study was to explore the perceived work experiences of millennial mental health workers who resigned from their positions with little or no notice. This qualitative study allowed participants to freely share the experiences that contributed to their decision to resign abruptly. Millennials comprise approximately 75% of the current workforce and are leaving positions at higher rates than previous generations (Bayliss-Conway et al., 2021; Yap & Zainal Badri, 2020). Research indicated that millennials differ from earlier generations in terms of work ethic and values (Yuniasanti et al., 2019). By gathering narratives from millennial mental health workers, the current study offered insights into the factors influencing participants' decision to resign with minimal or no notice.

This study included nine millennial mental health workers who were deemed eligible based on their responses to the screening survey. Data were collected through semistructured interviews and analyzed to identify five main themes. The first theme focused on interpersonal dynamics with leadership and how those relationships influenced participants' work experiences. The second theme addressed organizational culture, highlighting participants' perceptions of their work environment, staff interactions, and the accepted norms and behaviors. The third theme addressed on-the-job challenges and stressors, including personal values that conflicted with those of the organization, often leading participants to contemplate resignation. The fourth theme addressed the resignation process, including participants' awareness of how their departure might impact clients and their justification for resigning. The fifth and final

theme reflected participants' views on the impact of the COVID-19 pandemic on the mental health field. Chapter 5 provides an interpretation and discussion of the study's findings, outlines its limitations, offers recommendations for future research, discusses implications for positive social change, and presents a conclusion.

### **Interpretation of the Findings**

The findings confirm and extend the existing literature regarding millennial mental health workers who have resigned from their positions with little to no notice. Participants shared experiences in mental health roles that contributed to their decision to resign. The themes identified in this study align with the Strauss-Howe generational theory (Strauss & Howe, 1991) and are supported by current peer-reviewed literature. These findings offer a deeper understanding of how millennial mental health workers perceive their work experiences and how those experiences influenced their decisions to resign without providing sufficient notice, while still feeling justified in doing so.

#### **Theme 1: Interpersonal Dynamic With Leadership**

The first theme highlighted how participants described their interpersonal dynamics with leadership, including their perceptions of communication, relationships, boundaries, and mutual respect. The findings revealed that the quality of the relationship, support, and respect between participants and leadership, particularly direct supervisors, strongly influenced how participants perceived their overall work experience. In the mental health field, feeling supported and comfortable with a supervisor is often essential because it can significantly enhance job satisfaction (Arras et al., 2024; Mack, 2022). The presence of an engaged and accessible supervisor may help direct-care workers avoid

feeling overwhelmed or isolated, providing encouragement, guidance, and oversight (Mack, 2022). Conversely, when participants did not experience such support, they expressed dissatisfaction with the organization and began to consider resignation, findings that are consistent with existing literature (Arras et al., 2024; Mack, 2022; Nabawanuka & Ekmekcioglu, 2021).

Participants also echoed findings from previous studies in their emphasis on the importance of clear and effective communication, which helped them carry out their job responsibilities successfully (see Lee, 2022). Additionally, participants underscored the need for respect in the workplace, noting that feeling valued and appreciated contributed to a more positive work experience (see Elenov et al., 2024; Yuniasanti et al., 2019).

## **Theme 2: Culture of the Organization**

The second theme, organizational culture, reinforces recent research highlighting the importance of workplace culture in retaining millennial workers, often outweighing extrinsic benefits (see Guptill et al., 2023; Lee, 2022; Magni & Manzoni, 2020; Stiglbauer et al., 2022; Westover et al., 2020; Wood, 2019; Yuniasanti et al., 2019). Participants described the cultures of the organizations they left as stressful, citing experiences with overt and covert racism, unethical practices, and immoral conduct. Millennials often prioritize social justice, equitable treatment, and opportunities to make a meaningful impact on others and the broader world (Dechawatanapaisal, 2019; S. G. Gray et al., 2019). When an organization's culture undermines these values by perpetuating toxic work environments, mistreating staff, or delivering ineffective services

to clients, it significantly affects millennials' overall work experiences and contributes to their decisions to resign.

Participants also expressed concerns about how the unethical behaviors of their organizations could negatively impact their professional careers and their clients. Mental health workers invest significant effort in obtaining professional licensure, which is typically governed by strict ethical standards that demand high levels of moral conduct and responsibility in both professional behavior and client care (APA, 2017). Participants reported feeling uncomfortable and described addressing situations that could jeopardize their licensure and compromise client care. These situations included document falsification, failure to provide contracted mental health services, and the manipulation of clients. This theme aligns with the literature review, which emphasized millennials' desire to make a positive impact by delivering ethical and necessary services, speaking out against injustices, and challenging authority when needed (AbouAssi et al., 2021; Costanza et al., 2021; Howe, 2020).

Participants also identified staff interactions as a key component of organizational culture. Consistent with existing literature, millennials tend to prefer working in groups, valuing social interaction and a sense of connection in collaborative environments (Dechawatanapaisal, 2019). Participants reported that strong workplace relationships often prolonged their tenure, even when they were considering resignation. In contrast, those who lacked supportive bonds or held negative perceptions of coworkers were more likely to resign. These interpersonal connections also empowered participants to confront

workplace adversity because millennials are often raised to value their voices and believe in the power of collective action (Howe, 2023; Nabawanuka & Ekmekcioglu, 2021).

### **Theme 3: Challenges and Stressors**

The theme of challenges and stressors in the workplace highlighted the significant difficulties participants encountered within their organizations, as well as the disparity between their expectations and experiences. This theme also reflected the participants' personal values and how those values conflicted with the way the organizations operated, conflicts that contributed to their decisions to resign. Existing research highlighted that millennials' expectations differ from those of previous generations, who were more likely to remain loyal to organizations despite challenges and stressors. In contrast, millennials are more inclined to resign when their expectations are not met because organizational loyalty is not a defining value for this generation (Calvo-Porrall et al., 2019; Guptill et al., 2023; Magni & Manzoni, 2020; Wood, 2019).

Consistent with prior research, participants demonstrated millennial tendencies to be proactive information seekers, often accepting positions based on the information they gathered about the organization (see Howe, 2023; Yap & Zainal Badri, 2020). However, when their experiences diverged from these expectations, participants began to consider resignation. Millennials were raised with the flexibility to choose how and where they wanted to work, with the expectation of engaging with multiple organizations throughout their careers (Aryafar & Ezzedeen, 2011; Burawat, 2023; Howe, 2023; Kim, 2018).

Participants also identified the lack of concern for their well-being, including inadequate work–life balance, as a major challenge within their organizations. Work–life

balance is a high priority for millennials, many of whom structure their work around personalments rather than adapting their personal lives to fit around work. Millennials believe work should be limited to designated hours and that organizations should actively support a healthy work–life balance (Neville & Brochu, 2020).

The values exhibited by a generation are typically shaped by life experiences and internalized messages developed over time. Millennials, in particular, tend to seek out organizations whose values align with their personal beliefs and social identity (Calvo-Porrall et al., 2019; Dechawatanapaisal, 2019; Li et al., 2003; Strauss & Howe, 1991). Current participants consistently prioritized their personal values over job retention when employed by organizations that did not uphold principles such as respect, effective communication, prosocial behavior, and equity. Existing research indicated that, unlike previous generations, millennials were often raised in environments that encouraged self-expression, the use of their voice, and advocacy against inequality (Neville & Brochu, 2020; Wood, 2019). These characteristics have carried over into the workplace, where millennials are likely to address perceived problems, particularly those that negatively affect themselves or others. When millennials feel their voices are not contributing to meaningful change, they are more inclined to resign because they have been socialized to believe in the power and impact of their voice (AbouAssi et al., 2021).

#### **Theme 4: The Process of Resigning**

The fourth theme described the process of resigning. A subtheme within this fourth theme was participants' justification for resigning with little or no notice. All participants felt justified in their decision, believing they had endured enough challenges

and, in many cases, had taken steps to ease the transition. These steps included notifying clients, completing necessary paperwork, or creating transition documents. Existing research suggested that mental health organizations often prioritize client well-being while showing little concern for the well-being of workers. In contrast, participants in my study chose to prioritize their own well-being by resigning, with many already experiencing burnout at the time of their departure (see Mack, 2022; Schmid & Greenspan, 2024; Willis & Molina, 2019).

A subtheme within this fourth theme was the impact of participants' resignations on clients. Participants were divided in their awareness of how their departure affected those they served. Although most individuals enter the mental health field with the intention of helping and supporting others, an unplanned resignation can have adverse effects on clients (Clark et al., 2014; Johnson-Kwochka, 2020; Yanchus et al., 2017). The variation in participants' awareness highlighted a potential area for further research to better understand generational differences, specifically how millennials perceive and consider the client impact of their resignation decisions.

#### **Theme 5: Impact of COVID-19**

The final theme identified in this study was the impact of COVID-19. Existing research indicated that the pandemic exacerbated workplace challenges, particularly as the boundaries between work and home became blurred due to the increase in telehealth services among mental health professionals (Nabawanuka & Ekmekcioglu, 2021). For some current participants, this shift was seen as a positive change because it often promoted greater work–life balance. However, others expressed concerns that telehealth

contributed to decreased accountability among workers and questioned the fidelity of services provided to clients. These mixed perceptions are consistent with existing research, which also highlighted both the benefits and limitations of telehealth (Carmine, 2024; Hatami et al., 2022). Although telehealth has expanded access to care by allowing clients to receive services regardless of location, concerns remain about the quality of care and the ability to build strong therapeutic relationships through virtual platforms (Hatami et al., 2022; La Valle et al., 2022).

Participants also noted an increase in appreciation and support for mental health workers following the onset of COVID-19, representing an expansion of prior research as the field continues to navigate postpandemic work structures (Howe, 2023; Schmid & Greenspan, 2024). Although the demand for mental health services has grown, the number of professionals in the field has declined (Neely-Barnes et al., 2023; Schmid & Greenspan, 2024). Findings from the current study suggested that organizations are beginning to adapt by implementing more appreciative and accommodating practices and by prioritizing workers' mental health and well-being in efforts to improve retention and reduce burnout and resignations.

### **Theoretical Framework**

Findings from this study align with the Howe-Strauss generational theory (Strauss & Howe, 1991), which asserts that the traits, expectations, beliefs, and values of individuals are shaped by the generation into which they were born and their unique life experiences; thus, work ethic may be deeply rooted in generational identity (Li et al., 2003). Millennials exhibit work ethics that differ from those of previous generations,

shaped by their formative experiences, early expectations, and personal values that guide their behavior (Howe, 2003). A key observation from the current study was the recognition of millennial mental health workers' strong opinions and high expectations regarding their work environments. Numerous studies have documented generational differences in the workplace, with many portraying millennials as having problematic work ethics (Buskirk-Cohen et al., 2016; Costanza et al., 2021; Wood, 2019). However, the results of the current study offer a more nuanced perspective by providing millennials the opportunity to share their own perceptions of their work experiences, offering insight into the traits they are often criticized for displaying in professional settings.

These findings suggested that organizations must take some responsibility for the rising resignation rates among millennial mental health workers. This generation is not likely to passively comply with organizational directives that conflict with their personal values and expectations, particularly when such directives negatively affect their well-being (Howe, 2023; Howe & Strauss, 2000). Rather than simply expressing frustration over generational differences, organizations can take proactive steps by reviewing existing practices and protocols and offering training to help leadership more effectively engage, retain, and support millennial employees. This is especially important given that participants in the current study identified interpersonal relationships with leadership as a key factor in their decision to resign (see Calvo-Porrall et al., 2019; Li et al., 2003).

Another important finding, grounded in the current study's theoretical framework, was that millennial mental health workers are willing to leave positions that negatively impact their mental health. Millennials face unique mental health challenges, having been

raised in an era dominated by technology and heightened societal pressures, often accompanied by frequent yet superficial validation (Aryafar & Ezzedeen, 2011; Howe & Strauss, 2000; Lucero et al., 2021). Unlike previous generations, millennials are more open to seeking mental health support and are not hesitant to remove themselves from harmful environments, including workplaces that contribute to mental health concerns (Botha et al., 2023).

These results underscore the need for workplace programs that actively address and support the mental health of millennial workers. Participants in the current study noted an increase in acknowledgment of worker well-being following the COVID-19 pandemic. Turning this acknowledgment into sustainable practices, programming, and protocols may help improve retention rates among millennial mental health professionals.

### **Limitations of the Study**

Safeguards were implemented throughout this study to ensure that the data obtained and presented were accurate and trustworthy. One limitation of the study is the sample size. While the original plan proposed ten participants, nine completed the interview process. The screening survey was viewed 146 times, fully completed by 32 individuals, and of those, 22 were eligible for participation. Data saturation was achieved during the data collection process, as no new themes or insights emerged, confirming that the sample size was sufficient to draw meaningful conclusions.

A second limitation is the diversity of the participants. Eight participants identified as female and one participant identified as male. Eight participants identified as Black/African-American and one participant identified as Hispanic. The goal was to have

a more diverse sample, however the participants for the study was based solely on freewill and eligibility based on the responses to the screening survey. The flyer for the study was distributed widely through various channels and did not target a specific race or gender and produced the participants who consented for the study.

A third limitation involved the use of technology. All nine interviews were conducted via Zoom Pro. Participants were asked in advance to ensure they were in a private and secure location where they could share their experiences freely. They were also given the option to have their cameras on or off, depending on their comfort level. All participants chose to have their cameras on, allowing for the observation of facial expressions and nonverbal communication during the interviews. In one instance, I forgot to start the recording while the participant was responding to the first question; however, the participant willingly repeated her response, and the entire interview was also automatically transcribed from the beginning. In another case, a participant experienced temporary internet connectivity issues, during which audio and video were lost for a few minutes. Once the participant regained a stable connection, the interview continued and was completed without further disruption.

### **Recommendations**

The current study explored the work experience of millennials providing direct care in the mental health field. Participants were employed across various sectors, including non-profit, for-profit, and government organizations. Future research should examine millennial work experiences within specific mental health sectors to determine whether different themes and experiences emerge based on organizational context.

Additionally, research should explore specific job roles to assess whether millennial work experiences vary according to job title and level of responsibility. For example, does the experience of a millennial case manager differ from that of a millennial clinician? Job title and organizational sector often influence compensation, which, although not typically a primary motivator for millennials, can still affect job satisfaction and retention (Thangavel et al., 2021; Wood, 2019).

Findings from the current study suggest that millennials are often dissatisfied with organizational environments, leading them to resign in order to preserve their well-being. This underscores the role of workplace environment in influencing job satisfaction (Gray & Muramatsu, 2013; Mack, 2022). Further research is needed to identify concrete, millennial informed strategies for improving job satisfaction and retention in the mental health field. The study also reveals dissatisfaction with interpersonal relationships with organizational leadership, particularly when those interactions conflicted with participants' personal values. As core values often shape individuals' behaviors, attitudes, and responses, including in the workplace, understanding this dynamic is critical (Calvo-Porrá et al., 2019; Li et al., 2013).

Future research should also explore if the work experience of millennial mental health workers vary based on gender or race. It would be important to understand if the gender or race of an individual impacts how they perceive their work experience. Individuals may feel they are treated differently in the workplace based primarily on their gender or race, which may impact how they perceive their work experience. This

information may help organizations increase intentionality in fair and unbiased treatment of all workers.

Future research should also explore leadership perspectives in the mental health field, particularly how leaders are trained to engage with and manage millennial employees. Insights from such studies may help foster stronger interpersonal relationships, enhance the work experiences of both leadership and staff, and better equip leaders to navigate the diverse work ethics and expectations of millennial mental health professionals.

### **Implications**

The results of this study offer significant insight into the work experiences of millennials in the mental health field and present numerous opportunities for positive social change. The Great Resignation, which began in 2019, left the mental health sector with a critical shortage of workers needed to provide therapeutic services to individuals seeking care (Neely-Barnes et al., 2023). Gaining a deeper understanding of the experiences of millennial workers creates an opportunity for organizations to develop policies, procedures, protocols, and programs that address their needs and improve retention rates within the field. By addressing the sources of dissatisfaction reported by millennial mental health workers, organizations can foster environments in which employees feel more valued and supported, factors that may lead to increased retention.

As millennials represent the largest generation in today's workforce, improving retention among this group will enable organizations to provide more consistent mental health services, especially as demand continues to rise (Neely-Barnes et al., 2023;

Schmid & Greenspan, 2024). When direct care workers resign, client care is often disrupted, with some clients choosing to terminate services altogether. By applying the insights gained from the current study, organizations may be able to reduce the number of clients discontinuing necessary services and, ultimately, decrease the number of individuals in the community with untreated mental health concerns.

The findings also offer a valuable opportunity to better understand the values of millennial mental health workers. Many organizations enter the hiring process with negative preconceived notions about millennials. The current study challenges some of those perceptions by highlighting participants' workplace stressors and challenges, including experiences of racism, unethical practices such as falsifying documentation, and a lack of professional boundaries. Implementing organizational changes based on these findings can help increase job satisfaction and retention among millennial workers. Overall, the current study contributes to the growing body of research on millennials in the workforce by offering deeper insight into the work experiences that shape their behaviors and decisions in the mental health field.

### **Conclusion**

This basic qualitative study explored the work experiences of millennial mental health workers who resigned from their positions with little to no notice. The findings provided valuable insight into the factors that influenced their decisions to leave their roles abruptly. The study revealed that negative interpersonal dynamics with leadership often left millennial workers feeling unsupported and lacking trust in their supervisors' ability to lead effectively or maintain appropriate professional boundaries. Organizational

culture also played a critical role in shaping participants' perceptions of their work environments, particularly when the accepted norms conflicted with their values or created discomfort in the workplace. Participants described various challenges and stressors that disrupted their work-life balance, including high workloads and unrealistic expectations, which led to an unexpected and overwhelming work experience. The most significant factor influencing their decision to resign was the perceived threat to their personal values and mental health, a consequence often compounded by other organizational stressors. These circumstances collectively justified participants' decisions to resign with little or no notice. Additionally, participants reflected on how the COVID-19 pandemic impacted the mental health field, both directly and indirectly.

The findings underscore the urgent need for systemic adjustments in the mental health field to better support millennial workers and reduce high resignation rates. Although participants expressed a strong desire to remain in the field, they were unwilling to sacrifice their mental health or compromise their core values for organizations that failed to provide adequate training, professional support, or value alignment. As the world continues to face economic, racial, and political challenges, the demand for mental health services is expected to rise. To meet this growing need, it is essential that the mental health field retain enough qualified professionals. Without the active presence of millennial mental health workers, communities may face increasing unmet mental health needs and a heightened risk of social and emotional crises.

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## Appendix: Interview Guide

**Research and Interview Questions**

Demographics:

Date of Birth:

Ethnicity:

Gender:

Highest educational degree:

Type of professional license (if any):

State Reside In:

How many positions in the field have you left without notice?

How long were you in the position prior to resigning?

**Research Question**

What is the work experience of millennial mental health workers who resign from mental health positions and provide little or no notice?

Main Questions:

- a) What initially attracted you to the organization and the position?
- b) Describe the culture of the organization.
- c) What did you enjoy the most about the position?
- d) What made you decide to resign?
- e) How did you resign?

- f) Describe what it was like for you from the time you decided to resign to the actual resignation.
- g) Is there any other relevant information that you would like to share?

Supplemental questions to be used as needed:

- a. What about the position was appealing to you?
- b. How would you describe the benefits package in relation to your expectations?
- c. When you initially started, how long did you think you would be with the organization?
- d. How would you describe your onboarding experience?
- e. How would you describe the amount of stress experienced with the organization?
- f. Describe your relationship with your direct supervisor and co-workers.
- g. Describe any positive experiences with the organization.
- h. When did you start considering resigning?
- i. Describe the resignation protocol for the organization.
- j. Did a specific individual or situation influence your decision to resign?
- k. How do you think your resignation affected the organization?
- l. Could the organization have done anything to influence you not to resign?