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Retaining Behavioral Healthcare Employees of the Millennial Generation

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Abstract

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by

David Gomel

MS, University of St. Francis, 1998

BA, Northern Illinois University, 1994

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

As a result of the passage of the Affordable Care Act, the behavioral healthcare field is

experiencing an increased demand for services. This increase is based on the availability

of healthcare coverage to an estimated 13.4 million previously uninsured individuals. To

meet this demand for treatment, the workforce of behavioral health therapists must grow.

The largest generation entering the workforce, the Millennial Generation—those born

after 1980—is believed to lack commitment to their employers, frequently vacating their

positions for the next best offer. The purpose of this case study was to determine factors

that both affect retention and contribute to employee turnover among Millennial

behavioral health therapists, in the hope of identifying approaches for retaining them in

not-for-profit organizations. This exploration used Rousseau's psychological contract

theory as the theoretical lens. Secondary data from academic literature, public media, and

published surveys were collected and analyzed using open coding to identify patterns and

trends. Key variables influencing retention were parity in compensation, organizational

culture, the opportunity to advance careers, and make a difference in the community. The

implications for social change include informing policy makers and organizational

leaders in behavioral healthcare about developing creative methods to increase retention.

Recommendations include employer evaluation and improvement in their organizational

culture and quality of relationships with their employees. The implementation of these

recommendations could result in improved client outcomes, fiscal integrity, and

organizational continuity.

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Dedication

I dedicate this dissertation to my best friend Jennifer and our wonderful children: Ashley, Kyle, and Seth. Additionally, I hope the research benefits, at least in some small part, the many men and women who commit their professional lives in the support of those seeking recovery.

Acknowledgments

I would like to thank Dr. George "Dick" Larkin for his guidance and leadership during this journey; Dr. Dana-Marie Thomas for her skill, gentle encouragement, and "spiritual direction"; Dr. Wendy Andberg who had the unenviable task of keeping my written work aligned. I am grateful to this committee.

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To Jennifer, Ashley, Kyle, and Seth, you all have made so many sacrifices to help me achieve this goal - I am grateful and truly blessed.

Thanks be to God for the skills to complete this project and gift of perseverance.

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Chapter 1: Introduction to the Study

Introduction

It is estimated that 32 to 38 million newly insured individuals will have access to healthcare coverage as a result of the Patient Protection and Affordable Care Act (ACA) (Ofosu, 2011). As of 2015, a net increase of 16.9 million people have already secured this recently accessible coverage (K. Carman, Eibner, & Paddock, 2015). In this group of newly insured persons, an estimated 11 million may require treatment for a behavioral health disorder (Substance Abuse and Mental Health Services Administration, [SAMHSA], 2013). A sufficient and competent workforce of behavioral healthcare therapist is required to provide these services (Ofosu, 2011).

The generation of workers called Baby Boomers, those born from 1945 to 1964, are retiring and the generation born after the Baby Boomers, known as Generation X, is insufficient in numbers to fill these positions, thus threatening an upcoming gap in the workforce. The emergent groups of workers, known as the Millennial Generation, are quickly entering the workforce to fill these openings. These groups of young workers tend to change jobs frequently (Meister, 2012b), are believed to sustain little fidelity to their employers, and pose a high risk for turnover (Ferri-Reed, 2012; Gilbert, 2011; Woodward, 2013).

Behavioral healthcare, specifically the treatment of substance abuse disorders and mental illness, commands an important role in public policy. Specific issues center around government obligations for the provision of care, financing behavioral healthcare, and client access to care (Khodyakov et al., 2011; Stiles, Boothroyd, Dhont, Beiler, &

Green, 2009). Both federal and state policies directly influence how behavioral healthcare is delivered and both will affect treatment availability (Rigby, 2012).

These public policy decisions ultimately trickle down to the providers of behavioral healthcare, influencing a variety of operational components, including both client access and the number of trained professionals required to provide care (Woodward, 2013). While these public policy decisions impact all of healthcare, they may have a greater impact in the nonprofit arena, in which the ability to retain skilled and experienced workers historically is difficult (Bilal, Zia-ur-Rehman, & Raza, 2010; Davis, 2013; Kim, 2012).

The management of human resources in nonprofit organizations, specifically the recruitment and retention of qualified behavioral healthcare workers, is an ongoing problem requiring attention (Swenson, 2008). As is the case with other healthcare disciplines, the high turnover of employees working in the nonprofit behavioral healthcare sector has a detrimental impact on clients. The overall operational efficiencies are diminished by employee turnover, which creates a significant encumbrance on the nonprofits' operational success (Bamford-Wade & Moss, 2010; Heavey, Holwerda, & Hausknecht, 2013; Knight, Broome, Edwards, & Flynn, 2011; Rothrauff, Abraham, Bride, & Roman, 2011; Taylor, Hiller, & Taylor, 2013).

With high turnover resulting in decreased organizational and client outcomes and reduced productivity, there is an immediate need to explore the factors contributing to the retention of Millennial workers employed in nonprofit behavioral healthcare. Current research literature addresses the issue of employee turnover and retention. This existing

research is deficient in addressing employee turnover and retention as it relates to the 2010 federal statute known as the Patient Protection and Affordable Care Act (ACA), often referred to as ObamaCare (Oberlander, 2012; Woodward, 2013). In 2014, all but three provisions of the ACA were enacted fully in the federal government. With its implementation, the ACA offers primary healthcare insurance coverage to individuals who may not previously have been insured (Oberlander, 2012; Substance Abuse and Mental Health Services Administration, 2013; Woodward, 2013).

Healthcare coverage in the ACA includes the treatment for substance abuse disorders and mental health conditions. Combined, these services are commonly known as behavioral health treatment (Fontenot, 2013; Grogan, 2011). As coverage for the general population increases, a proportionate increased demand for persons seeking behavioral health treatment also is expected.

The purpose of this qualitative study was to determine factors that affect the retention of young behavioral health therapists, members of the Millennial Generation, employed in a nonprofit workplace and to identify key factors that contribute to employee turnover. The knowledge gained will enable behavioral healthcare organizations to focus on employee engagement, improve patient care, and reduce the costs associated with employee turnover. Future research opportunities may concentrate on retention strategies, such as alternate employment models, incentive plans, and growth opportunities. Because of the amplified demand anticipated in behavioral healthcare treatment, emphasis on employee retention is a priority for study.

Overview

Nonprofit behavioral healthcare organizations demonstrate high employee turnover rates, ranging from 25% to 50% per year (Aarons, Sommerfeld, & Willging, 2011; Eby & Rothrauff-Laschober, 2012). The high rates of turnover are even more significant for those working in a community mental health operation, in which turnover rates can exceed 50% of the employees annually (Bliss, Gillespie, & Gongaware, 2010; Knight et al., 2011; Paris & Hoge, 2010). Direct behavioral healthcare supervisory positions also turn over relatively quickly: Between 19% and 25% of these leadership positions turn over each year (Knight et al., 2011). Financial costs to replace an individual in a vacated position include the costs of recruiting, interviewing, and training, as well as other, less obvious, expenses.

The cost of employee turnover goes well beyond a fiscal hardship to the organization (Aarons et al., 2011). Trained employees carry with them institutional knowledge, experience leading to increased skills, and the ability to mentor newer employees (Eby & Rothrauff-Laschober, 2012). In losing employees, this skill set is lost to future employees and clients receiving care (Eby & Rothrauff-Laschober, 2012; Knight et al., 2011). To generate new ideas, disseminate knowledge, and provide consistency to clients, the issues of employee turnover in the behavioral healthcare setting needs to be addressed (Bliss et al., 2010; Knight et al., 2011).

The Affordable Care Act

The infrastructure for treating persons with behavioral health conditions is inherently difficult (Atkins & Frazier, 2011). Insufficient funding, an inadequately

prepared workforce, and pressure from managed care organizations, all jeopardize client

outcomes (Atkins & Frazier, 2011; Mechanic, 2011; Ofosu, 2011). The Affordable Care

Act (ACA) calls for a more comprehensive delivery of healthcare, requiring

transformation from a single, autonomous entity to provider collaborations in the

treatment of illnesses, especially chronic illnesses, such as severe mental illness and

substance use disorders (Rivers & Rivers, 2012). Treatment for these conditions requires

an educated workforce that remains engaged with its employers.

Millennial Generation

  The high rate of turnover is occurring simultaneously with an increased demand

for behavioral healthcare services, generated by improved access to health insurance

through the ACA (Woodward, 2013), and an exodus of the Baby Boomer workforce as

this generation begins to reach retirement age. Young professionals within the Millennial

Generation, will supplant this workforce deficit but will require different strategies for

retention (Gilbert, 2011). These Millennial Generation professionals are often stereotyped

as self-centered, unmotivated, disrespectful, and disloyal, and regularly are seen as being

involved in workplace conflict with older generations of employees (Myers &

Sadaghiani, 2010; Zopiatis, Krambia-Kapardis, & Varnavas, 2012). This conflict between

generations may cause distrust and tension, increased turnover, poor communication, and

lost productivity in the workplace (Kaifi, Nafei, Khanfar, & Kaifi, 2012; Zopiatis et al.,

2012). Understanding the differences between the generations and the strengths of the

Millennial Generation may help break down these stereotypes and improve retention of

Millennials (Nishii & Mayer, 2009).

Gaps in Literature

Although a number of published studies on employee turnover have reported on individuals working in mental illness or substance abuse treatment (Belbin, Erwee, & Wiesner, 2012; Eby & Rothrauff-Laschober, 2012; Garner & Hunter, 2013), empirical data are limited on this topic with respect to the Millennial Generation (Nishii & Mayer, 2009). Further, I located no research or literature on the impact of employee morale, productivity, and employee burnout for this generation (Paris & Hoge, 2010), nor did I find reports on the impact of employee-supervisor relationships on retention (Nishii & Mayer, 2009). Finally, I was unable to locate information on how healthcare reform will influence the delivery of behavioral health treatment, and how this may influence the workforce providing the care (Aarons et al., 2011).

With the implementation of the ACA, there may be an increased demand for behavioral health services and a change in how services are rendered. A qualified workforce will help to navigate these changes in behavioral healthcare. Retaining this qualified group of employees will be vital in sustaining long-term successes. Employee turnover in behavioral healthcare organizations, especially among direct care providers and their supervisors, is detrimental to the nonprofit organization, those working in the organization and the clients receiving care (Rothrauff et al., 2011).

There is insufficient literature on the retention of the Millennial Generation working in behavioral healthcare, specifically related to the impact of employee morale, productivity, burnout, turnover, and relationships with the Millennials' employers. These

complicated factors combined with significant changes in policy as a result of the ACA (Sperry, 2013) provide reason for further exploration.

Problem Statement

A need exists to explore the factors contributing to the retention of Millennial workers employed in nonprofit behavioral healthcare (Belbin, Erwee, & Wiesner, 2012; Eby & Rothrauff-Laschober, 2012), as high turnover results in decreased organizational and client outcomes, and reduced employee productivity (Bamford-Wade & Moss, 2010; O'Connell & Mei-Chuan Kung, 2007). The Affordable Care Act is a recent public policy decision that may influence demand for services, underscoring the importance of understanding the factors of retaining Millennial professionals in the behavioral healthcare field.

As a result of the 2014 implementation of the Affordable Care Act (ACA), an estimated 32 million Americans previously without health insurance for behavioral healthcare services will now have coverage (Office of Management and Budget, 2014), to date, 22.8 million have gained coverage (K. Carman et al., 2015).

Twelve million (52%) of these previously uninsured individuals are believed to have a behavioral health condition requiring treatment. These individuals will now have access to treatment through insurance based on the ACA (Beronio, Po, Skopec, & Glied, 2013; SAMHSA, 2013).

To support this anticipated increase in demand as a result of increased eligibility for healthcare insurance, behavioral healthcare providers must address the workforce size by ensuring an adequate number of qualified employees (SAMHSA, 2013). Providers

need a way to attract and retain the largest generation of employees entering the field of

behavioral healthcare since the Baby Boomers (Hershatter & Epstein, 2010). While the

current literature addresses the generalized traits of the younger employees (Thompson &

Gregory, 2012), there are gaps in the literature on this generation working as therapists in

the behavioral healthcare field.

Purpose of the Study

The purpose of this qualitative study was to determine factors that affect both

retention and contribute to employee turnover among behavioral health therapists who

are part of the Millennial Generation, and who are employed in a nonprofit organization.

Retention is defined as the intention to maintain employment at a nonprofit behavioral

healthcare organization, with no plan of vacating a current position in the near future.

Research Question

Many factors might influence the rate of turnover among Millennials; some ideas

include employee morale, productivity expectations, and burnout. The relationship

between the Millennial Generation employee and their supervisor might also influence

turnover. To explore the potential factors affecting turnover, the following research

question was planned:

What factors influence the retention of employees who are a part of the Millennial

Generation, and who work in nonprofit behavioral healthcare?

Psychological Contract Theory

Denise Rousseau's psychological contract theory (Rousseau, 1989) provided the

theoretical framework for the study. This theory was used to explore the dynamics

between employee and employer as it relates to employee turnover and retention. Linked to the early works of Plato, Hobbes, and Rawls, the psychological contract theory is rooted in the social contract theory (Copp, 2011; Sacconi, Faillo, & Ottone, 2011).

The foundation of the psychological contract theory is a set of unrecorded beliefs between an individual employee and employer, constructed from the perspective of the employee (Rousseau, 1989). These beliefs define how an employee believes he or she should perform, as well as how the employer should interact with the employee. Situated in these expectations comes an expected degree of conformity to the employer's norms and regulation of the employee behavior, again with the understanding that the employer will reciprocate with loyalty for this conformity (Dabos & Rousseau, 2004).

From a public policy perspective, some may contend that this expectation of conformity may pose an encroachment on personal liberties (Copp, 2011). By acting in a regulated moral fashion, there may be an overall benefit to individual citizens, a concept known as contractarianism (Copp, 2011). The premise of contractarianism is that people will consent to adhering to institutional norms if they have confidence in an inherent personal benefit in following the expectations (Sacconi et al., 2011).

Emerging from the social contract theory and contractarianism, an expanded concept was developed in 1960 to help explore the reciprocal relationship between an employer and employee, focusing specifically on their expectations of one another (Argyris, 1960; Levinson et.al, 1962; Schein, 1965). The work and theory ultimately became known as the psychological contract theory (Rousseau, 1989). As explained later in Chapter 2, the psychological contract theory will be used to help study the workplace

expectations of young behavioral health professionals and will provide a solid foundation through which employee retention will be explored.

Nature of the Study

Quantitative methodology is appropriate for studying variables that may contribute to employee retention in anticipation of concrete outcomes (Creswell, 2009). To explore the essence of employee retention, a more effective methodology is the qualitative approach, in which the researcher can broach the intimate experiences of participants and explore many aspects that may contribute to an employee's experiences, intentions to stay or leave the job, and retention. A case study design was selected for this qualitative research method (Baxter & Jack, 2008; Gillham, 2010; Lijewski, 2012; and Yin, 1984).

The literature review will include an exploration of this age group born after 1980, and of nonprofit retention efforts (Peck, Kendrick H. Kleiner, & Brian H. Kleiner, 2011). Academic literature provided secondary data sets, meaning previously published data gathered from sources outside of this study, from both quantitative and qualitative studies (Corti & Backhouse, 2005). For purposes of this study, a single Millennial worker was not the primary focus. Rather, the collective experiences of a group of Millennial workers who provide direct client care will be explored in the context of their work in the behavioral health field (Putney, 2010), making a case study design most appropriate (Baxter & Jack, 2008; Stake, 1995; Yin, 1984).

Assumption

One major assumption that cannot be verified is that the ACA will bring an increased demand for behavioral health services (Busch et al., 2014). The ways in which the law is enacted, the details of the health plans, and the response of the consumer will not be understood for some time. While this assumption plays an important role in establishing a need for the study, it is not paramount. As detailed in the second chapter, employee retention in behavioral healthcare services is already challenging and requires greater understanding, independent of any increase in services.

Definitions

Baby Boomers: Individuals who were born between 1945 and 1964, typically entering the workforce beginning in 1965 (Lewis & Yoon Jik Cho, 2011) and having common characteristics or traits among workers based on their generational experiences (Pendergast, 2009).

Behavioral Healthcare: Specialized care for medical conditions of the mind (Shim & Rust, 2013), focused primarily on the treatment of substance abuse and mental health disorders (Unützer et al., 2012).

Employee Retention: The practice of an employee maintaining a position with an employer, often correlated with regular attendance, without intentions of leaving his or her position (Kim, 2012).

Employee Turn Over: An employee's departure from their current position (Heavey et al., 2013). For the purposes of this study, I will focus on unintended turnover in which an employee leaves the organization despite the wish of the employer.

Generation X: Individuals born between the years 1965 and1980 (Zopiatis et al.,

2012), entering the workforce in the late 1980's through the early 2000's, and bound

together by common experiences (Thompson & Gregory, 2012).

Millennial Generation: Also known as Generation Y, these workforce

professionals were born between the years of 1980 and 1999, and share cultural

experiences (Cekada, 2012; Thompson & Gregory, 2012).

Patient Protection and Affordable Care Act of 2010: Commonly known as the

Affordable Care Act or ACA, it stemmed from Congressional action taken to address

disparities in healthcare coverage and improve overall health outcomes nationally, by

providing greater access to healthcare and reducing overall healthcare expense by

controlling cost (Nordal, 2012).

Psychological Contract: An unwritten employee expectation regarding what is

owed to the employer by the employee, and, conversely, from the employer to employee

(Ng, Feldman, & Lam, 2010).

Turnover Intention: The aim of an employee to search for a new job or vacate a

current position (Bilal et al., 2010). While external forces may not allow an employee to

vacate his or her position, that person might leave if provided the right opportunity.

Scope and Delimitations

The focus of this study was young professionals in the Millennial Generation,

who were providing direct patient care in a behavioral healthcare treatment setting (from

here on referred to as behavioral healthcare therapists, or simply therapists). The

Millennial Generation is a larger cohort than the preceding generations, but it may be less

understood (Hansen & Leuty, 2012a). While there may be value in studying the Baby

Boomer or Generation X age groups in the workplace, the greatest value will be to focus

on the largest number of workers entering in this field, in hopes of generating long-term

engagement and developing potential leaders (Stevens, 2010).

Regardless of whether the impact of the ACA demonstrates the anticipated

increase on the demand for services, there is already a deficiency in needed treatment

services (Lewis & Yoon Jik Cho, 2011), and a high rate of employee turnover in

behavioral healthcare compared with other disciplines (Unützer et al., 2012). To help

meet the current and anticipated increase in demand for services, individuals in the

Millennial Generation can enter and remain employed in the field. Understanding the

factors that help increase retention is essential for the future of behavioral healthcare and

the patients who require their care.

Theoretical Framework

Many theories and models frame research on the subject of employee retention.

The most common include Herzberg's (1959) two-factor theory, March and Simon's

(1958) inducement contribution model, Blau's (1964) social exchange theory, and Weiss

and Cropanzano's (1999) affective events theory. These theories, summarized below,

were explored prior to the selection of Rousseau's psychological contract theory, which

was ultimately selected as the best fit for the purpose of this dissertation.

Framing Theories and Models

Herzberg's two-factor theory, also known as the motivational hygiene theory

(Davis, 2013; Herzberg, Mausner, & Snyderman, 1959), explored many aspects of

employee turnover and retention. Herzberg explored whether a "worker's attitudes towards his job makes any difference… in his willingness to stick with it" (Herzberg et al., 1959, p. 7), meaning are there any intrinsic attitudinal impacts to retention. The two-factor theory addresses variables such as employee motivation, interactions with supervisors and colleagues, and overall satisfaction with positions in the organization (Davis, 2013).

March and Simon's inducement contribution model (March & Simon, 1958; Ng et al., 2010) explored the level of inducement offered to workers as a method of recruiting; the subsequent impact on overall retention; and the impact on performance, based on these inducements (Ng et al., 2010). Despite the influence of these theories and models, the most common theory identified in the literature review for this was Blau's social exchange theory (Blau, 1964; Colquitt, Baer, Long, & Halvorsen-Ganepola, 2014; Isaksson, DeCuyper, Berhnard Oettel, & DeWitte, 2010; Ng et al., 2010).

Blau's social exchange theory is based on a reciprocal benefit, "An individual who supplies rewarding services to another obligates him. To discharge this obligation, the second must furnish benefits to the first in turn" (Blau, 1964, p. 89). The social exchange theory posits that employees who believe they are appreciated by their respective organizations or employers are more likely to reciprocate this respect and conviction to their employers and will perform at this level of appreciation (Colquitt et al., 2014; Isaksson et al., 2010; Ng et al., 2010).

Weiss's affective events theory (Weiss, Suckow, & Cropanzano, 1999; Zhao, Wayne, Glibkowski, & Bravo, 2007), explored the ensuing thoughts and behaviors of

employees after an employee has experienced a significant workplace event, typically

eliciting an emotional response (Zhao et al., 2007). A belief of a negative experience due

to an adverse workplace event creates adverse feelings, substantiating the importance of

this employee-employer relationship in job retention (Zhao et al., 2007).

     Building upon these theories, Rousseau's psychological contract theory examines

further the interactions between employee and employer and their impact on retention

(Dabos & Rousseau, 2004; Rousseau, 1989). This theory most aptly and specifically

addresses the concerns of this study: it centers on a perceived contract from the

perspective of the employee; this contract entails a reciprocating obligation between the

employee and employer. How this obligation is maintained becomes a driving force of

the employee intention to leave his or her position (Orvis, Dudley, & Cortina, 2008).

Limitations

     An inherent limitation in qualitative methodology centers on the relatively limited

number of individuals who typically participate (Patton, 2002). Because of this, there is a

risk of spending time interviewing participants who may not provide relevant

information, limiting the validity, applicability, and transferability of the study (Creswell,

2013). A case study design can ameliorate this risk by including many sources of

information on employee turnover. This design is analogous to putting together many

pieces of a puzzle in order to gain a clear picture of the overall design (Baxter & Jack,

2008).

     One probable bias in conducting this research is that I have spent the past 20 years

working as a professional in the field of behavioral health treatment, in direct care,

supervision, administration, and oversight of behavioral health operations. It would be impossible to enter into this study without preconceived ideas and some level of bias. To counter this limitation, I focused the study on factors that may be generated through existing data. I identified preconceived ideas on retention prior to the study, and developed tools that addressed this issue. In addition, I maintained a journal to document ideas that may influence the outcome of the study.

Employee turnover in the field of behavioral health is a national problem (Bliss et al., 2010; Garner, Hunter, Modisette, Ihnes, & Godley, 2012; Knight et al., 2011; Knight, Landrum, Becan, & Flynn, 2012) and the organization where I am employed is no exception. I have addressed the issue of retention professionally, implementing some ideas that have been successful and others that have not. This research enabled the application of the scientific method, building on others' prior academic work (Corti & Bishop, 2005; Eby, Burk, & Maher, 2010).

Significance

As the federal government creates policy, driving states into expanded healthcare coverage, the behavioral healthcare field may experience an increase in demand for services, motivating the need for developing and retaining an expanded workforce. By understanding why Millennial-aged therapists remain in their behavioral healthcare positions, an employer may act to reduce turnover. Increased retention will strengthen client outcomes, leading to positive social change through improved healthcare (Garner et al., 2012). Exploring current research on employee retention, and concentrating on the Millennial Generation in behavioral healthcare, adds value and importance to this

research and may provide insight into factors that will influence the retention of these employees. The implications for social change will be the identification of methods to improve the workplace experience and decreases an employee's plans to leave his or her job.

This type of study is needed and has merit, as employee turnover in nonprofit organizations results in reduced productivity based on lost expertise, diversion of resources to areas other than the core mission, and fiscal hardship caused by repeated recruiting and training (Heavey et al., 2013). With the demand for behavioral healthcare services already exceeding the availability of treatment, and an anticipated increase in demand resulting from implementation of the ACA, there is a growing need to recruit and retain qualified behavioral healthcare professionals.

The next section, Chapter 2, the literature review, will expand on the concepts introduced here by exploring Rousseau's psychological contract theory. Additionally, a thorough investigation of the most current research will be identified, thus establishing a foundation for this research. The remaining chapters will demonstrate the outcome of this research.

Chapter 3 will explain the qualitative research methods used in the study. Chapter 4 will demonstrate the results, while Chapter 5 will summarize the conclusions and identify opportunities for future research.

Chapter 2: Literature Review

The purpose of this qualitative study was to identify influences on the retention of behavioral healthcare therapists in the Millennial Generation, employed in a nonprofit behavioral healthcare workplace. The following chapter includes a description of the most relevant identified topics based upon the literature review, including factors of turnover, details on the psychological contract theory, and generational influences. The Affordable Care Act is also reviewed. This chapter begins with describing the strategy and methodology in conducting the literature review.

Literature Search Strategy

The literature reviewed for this dissertation was accessed through the Walden online library. Once identified, applicable articles were saved into a PDF format, with the pertinent citation information stored in the Zotero Standalone bibliography software program. This information was saved onto a hard drive then saved in the Zotero website. The information was also maintained on a backup flash drive for purposes of redundancy and protection.

A reductive approach in searching for literature was employed, beginning with general keywords and phrases—such as *employee retention* or *Millennial Generation*—in portals such as ProQuest and EBSCOhost. Helpful databases that were used include: SocINDEX, PsycINFO, and PsycARTICLES. In each database, certain search terms, such as *employee retention,* would yield different results compared to using search terms, such as *employee turnover.* As each search strategy varied, the nuances identified within the databases were explored. The more specific the search, the more limited the

information ultimately became. The most difficult search involved identifying academic work on the ACA. To appropriately search for ACA background, I concentrated on reviewing academic sources and opinions on healthcare reform.

In most instances, the search was limited to peer-reviewed, scholarly journals published between the years 2008 and 2015. To understand current discussions on certain subject matter cited by multiple resources, further investigation was required. One example was the work of Zhao, Wayne, Glibkowski, and Bravo (2007), who provided an often cited meta-analysis of Rousseau's psychological contract theory, which is related to perceived breach of contracts between employee and employer.

Zhao's et.al (2007) review presents empirical research and a rich summarization on the psychological contract theory through the year 2006. I also searched for original or source documents where appropriate, mostly related to Rousseau's psychological contract theory. Even though the articles I found may have been older, they provided an important foundational perspective.

Also helpful were the databases that offered a tab to "find related articles". One final helpful tool was a tab in the Zotero software program, which identified tags or keywords that the authors provided. When pertinent information was becoming more difficult to locate, accessing these tag words, and inserting them into the various search engines provided additional information. The literature review was initiated with the goal of establishing a roadmap on which to conduct the research. I began by exploring related theories and concluded that Rousseau's psychological contract theory was most germane.

Literature Review Related to Key Variables and Concepts

Many researchers have explored the phenomenon of employee retention, as well as generational influences related to turnover. This prior work offers a variety of established tools and questions to use in new research.

Methods of Gathering Data

Often, researchers use existing surveys and then create a hybrid survey tool that will meet their needs. As an example, Pearson (2013) received permission from the respective authors to modify the "Big Five Inventory, Organization Obligations, and Repatriation Concerns Instrument" (p. 35) and created her own Web-based questionnaire called the "Personality, Repatriation Concerns, and Obligations Questionnaire" (Pearson, 2013, p. 12).

Qualitative Methods

In qualitative designs, researchers often gather their data through direct observations, transcript reviews and interviews with the survey questions, often generated by the researcher, to address their research questions. Such is the case of Flewellen (2013), who developed a questionnaire as well as a follow up survey to maximize the opportunity to generate complete responses from participants, or Maarleveld, Leentje Volker, and Theo J.M. van der Voordt, (2009) who used the WODI questionnaire.

In the literature, researchers traditionally identify the common and contemplative factors for employee retention, such as working conditions, recognition, leadership as examples and then create a questionnaire formatted into a Likert scale of 1-5 to measure

the participant's responses and analyze the results (Turkyilmaz, Akman, Ozkan, & Pastuszak, 2011).

Sometimes in a qualitative exploration, data is obtained from previously published research, offering the author existing data to analyze for the purposes of their own novel research (McGuire, 2007), called secondary data analysis. This is the case for this current research. I relied on the use of secondary data analysis, utilizing the data obtained from these studies, such as the published findings on community mental health workers (Bridges & Turnham, 2013), Millennial workers (RHI, 2008), and intrinsic rewards (Thomas, 2009b) for my own novel study.

Employee Turnover in Nonprofit Organizations

In any industry, the retention of competent employees is important to the overall success of an organization. The nonprofit arena is known for high demands on staff and historically low pay; which accelerates the issue of employee turnover (Parlalis, 2011; Rothrauff et al., 2011). Employee turnover in nonprofits results in decreased outcomes and a loss of productivity based, in part, on the time required to fill a vacated position and train a new employee (Bamford-Wade & Moss, 2010; O'Connell & Mei-Chuan Kung, 2007). The difficulty of retaining employees in nonprofit organizations is deliberated in current literature (Garner & Hunter, 2013; Knight et al., 2012; Landrum, Knight, & Flynn, 2012); there are noted shortages, which explore retention approaches for young therapists treating persons with behavioral health conditions (Belbin et al., 2012). The objective of this case study was to discover factors that may influence the retention of

young therapists, in the Millennial Generation, who are currently working in a nonprofit behavioral health organization.

There are four primary components to this literature review. The first section introduces Rousseau's psychological contract theory, which provides the framework for exploration. The second section provides an overall review of an employee's intentions to leave his or her position and established retention efforts within the field of behavioral healthcare.

The third section addresses the potential impact of federal parity laws and the ACA. If the demand for behavioral healthcare services increases as anticipated, the retention of qualified employees becomes even more important. A review of the ACA, which is expected to create a major transformation in the delivery of healthcare, also is included. This review focuses on the demand for and the delivery of behavioral healthcare treatment, to include individuals with severe mental illnesses and chronic addictions, who may be dually eligible for both Medicaid and Medicare (Grabowski, 2012). The fourth section of this chapter is a review of the unique intricacies of working with and retaining employees in the Millennial Generation.

Psychological Contract Theory

The origins of the psychological contract theory date back to 16th century theories of Hobbes and expanded in work such as that from Rawls in the 1970's, and his exploration of the social contract theory (Copp, 2011; Rawls, 1971; Sacconi et al., 2011). Rawls' social contract theory reasons citizens will voluntarily consent to enforceable principles, laws, and behavioral expectations (Rawls, 1971). This agreement, predicated

on an understanding of justice, is a voluntary arrangement to the negotiation of individual

rights and liberties. Members of this society voluntarily subject themselves to potential

infringement of liberties in exchange for the security provided to them through

governmental oversight (Sacconi et al., 2011).

An expansive principle of Rawls' social contract theory, called contractarianism,

posits people are inherently focused on their own personal interests and, by behaving in a

regulated moral fashion, will ultimately achieve a personal benefit (Copp, 2011; Rawls,

1971). Members of a given society will agree to follow established norms if there is a

belief of direct personal benefits from following these instructions (Sacconi et al., 2011).

This idea begins to offer further explanation on why an individual would

voluntarily consent to regulation and is applicable to business relationships such as the

discussion of societal expectations in the business and economic settings, explored in the

integrative social contractarianism theory (Strong & Ringer, 2000).

Emerging from these concepts in the early 1960s, a rising concept elucidating the

reciprocal relationship between employer and employee began to take precedence in

academic discussions, exploring the expectations between employees and their employers

(Argyris, 1960). This framework, connecting voluntary oversight in exchange for

increased personal interest in the workplace, became known as the psychological contract

theory and experienced a significant resurgence in academic literature in the late 20th

century (Rousseau, 1989).

Psychological Contract

According to Rousseau (1989), a psychological contract is the belief in a reciprocal commitment between a single employee and an organization. The premise of this theory involves an unwritten agreement between an employee and an employer. Critical to understanding this theory is that the expectations of this contract are from the vantage point of the employee (Orvis et al., 2008). This unwritten and unspoken contract defines a perceived obligation owed to an employee, from the employer, in exchange for the work they provide. This contract provides employees with feelings of confidence, and affords an employee a gauge by which to regulate their commitment to the employer, again predicated on a sense of mutual obligation (Dabos & Rousseau, 2004).

Two important aspects of Rousseau's psychological contract theory rest on the notion that this contract is unwritten, and based from the perspective of the employee. There is an important distinction between a formal written agreement; a verbal promise that may be implied or stated by a recruiter or supervisor; and an expectation based on the prior experiences of the employee (Montes & Zweig, 2009). The psychological contract is not a transactional or written contract; instead, this is a relationship built on expectations, trust and perceptions of the employee (Isaksson et al., 2010) based on prior work experiences. A greater uniformity in defining the relationship between an employee and employer results in increased positive feelings of the employee, as well as a reported increase in job satisfaction (Dabos & Rousseau, 2004; Isaksson et al., 2010).

Lambert (2011) further describes the psychological contract theory by establishing four components, promised inducements (pay) and contributions (work), and

the delivered inducements and contributions. This relationship is more than an exchange

of work for pay. Over the past decade, the academic discussion of the psychological

contract theory has focused on employee satisfaction and methods to measure these

feelings of job satisfaction (Rousseau & Aubé, 2010). One commonly cited method in

literature used to measure satisfaction and retention, centers around a perceived breach

from the perspective of the employee, of this unspoken contract.

Contract Breach

A contract breach is the failure of an employer to fulfill its side of an employment

agreement (Cassar, Buttigieg, & Briner, 2013), or an apparent difference between an

employee's expectations and the actual incentives delivered (Lambert, 2011). This breach

is a perceived violation from the perspective of the employee. When a breach is

perceived, it reduces trust in the employer, leading to adverse feelings such as anger,

disappointment and frustration (Ng et al., 2010). The contract breach reduces employee

productivity, and is positively associated with turnover intentions (Montes & Zweig,

2009). The perceived type of the contract breach is important.

Types of Breach

There are three types of breach: intentional on the part of the employer, disruption

of the contract based on situations outside of the employers control and third,

incongruence, meaning the employee and employer do not see the expectations similarly

(Cassar et al., 2013). If the employee perceives the contract breach as intentional, the

employer has seemingly reneged on their inducements, and has committed a violation of

trust and loyalty from the employee's perspective. This not only increases distrust of the

employer, it also disengages the emotional bond felt towards the employer. If this breach

continues over time, the employees' poor attitudes, emotions, and productivity will

continue to escalate. If the breach is outside of an employer's direct control however, an

employee is more apt to avoid the negative feelings and maintain a fidelity to the

employer (Cassar et al., 2013). As the goal of this study is to identify ways to retain

desirable employees, the type of breach may be pertinent.

Turnover Intentions

The issue of employee turnover, also researched in academic literature as turnover

intention, relates directly to the psychological contract theory. A perceived breach of

contract creates lack-luster feelings on the part of an employee (Cassar et al., 2013) and

influences the intentions of an employee to leave his or her position. Zhao, Wayne,

Glibkowski, & Bravo (2007) are widely cited in literature over the past five years. Their

meta-analysis exploring the psychological contract theory was the first project to analyze

the work on this subject. In their research, they explored this differentiating factor of

breach, defined as a cognitive belief that the employer has not fulfilled their obligation,

compared to violation, which describes the ensuing emotions following a breach.

If the breach is perceived as intentional, feelings of violation from the perception

of the employee ensue, leading to the negative work attitudes and behaviors. These

feelings of violation may lead to turnover, or turnover intentions, in part stemming from a

retaliatory response of the employee, subject to additional variables such as available jobs

outside the organization (Zhao et al., 2007). Understanding how the behavior of the

employer may influence the intentions of the employees should aid in identifying retentions efforts.

Turnover in Behavioral Healthcare

As previously addressed, employee turnover can result in detrimental consequences (Heavey et al., 2013). In the behavioral healthcare field, in which individuals are receiving care for substance abuse and/or mental health disorders, the outcome of employee turnover can be calamitous. Current literature cites turnover rates for behavioral health therapists ranging from 25% to 50% (Aarons et al., 2011; Eby & Rothrauff-Laschober, 2012) for all direct care behavioral healthcare workers, and rates exceeding 50% for individuals working in specifically within community mental health centers (Bliss et al., 2010; Knight et al., 2011; Paris & Hoge, 2010). Turnover rates for behavioral health supervisory staff range between 19% and 25% (Knight et al., 2011). The deleterious effects of losing up to half of the workforce and a quarter of the supervisory staff are obvious.

The cost of employee turnover goes well beyond a fiscal hardship to the organization (Aarons et al., 2011). Trained employees carry with them institutional understanding, leading to increased skills and an ability to mentor newer employees (Eby & Rothrauff-Laschober, 2012). In losing these experienced employees, this increased skill set is also lost to the future employees and clients receiving care (Eby & Rothrauff-Laschober, 2012; Knight et al., 2011).

To generate new ideas, disseminate knowledge, and provide consistency to clients, the issues of employee turnover within the behavioral healthcare setting is

imperative. Currently this type of research is insufficient and requires further exploration (Bliss et al., 2010; Knight et al., 2011).

Factors of Employee Turnover

To understand the impact of employee turnover and turnover intentions, one needs to look at the types of turnover and understand the factors of retention. Some turnover occurs at the hand of the employer, called involuntary turnover.

Not all turnover is negative, especially in the instance of involuntary turnover, as this could result in the removal of a poor-performing employee and provide an opportunity to bring in a new employee, perhaps one who is more productive, bringing novel care delivery ideas (Bliss et al., 2010).

Unlike the involuntary turnover, most is typically voluntary, determined by the employee, and contrary to the desire of the employer. Eby and Rothrauff-Laschober (2012) identify the overall rate of voluntary turnover for therapists at 75%, and the involuntary turnover rate at 25% (p. 268). Based on this information, therapists seem most often to leave under their own volition. This turnover creates a detriment to the organization and a lengthy process, up to six weeks to fill a position and 12 weeks of training, before a new employee is fully productive and treating clients (Bliss et al., 2010).

One predictor of turnover is a variable called turnover intention (Aarons et al., 2011). Turnover intention is defined and measured as the level of resolution an employee possesses while considering leaving his or her job (Aarons et al., 2011). This is an important indicator as an employee may have a desire and intent to leave his or her

position but have not secured an alternate employment opportunity and subsequently maintains the current position. While this employee remains employed, he or she may not be committed to the mission, as would an employee without intent of leaving his or her position.

A frequently reported cause for employee turnover was a new job or an additional job opportunity (27.3%) (Eby & Rothrauff-Laschober, 2012). Nineteen percent of therapists left an organization for personal reasons (Eby & Rothrauff-Laschober, 2012). The intention to leave a position can have an undesirable effect on the organization, as well as impact organizational culture (Belbin et al., 2012). Numerous factors may contribute to one's intention to vacate a position, a phenomenon called employee burnout (Belbin et al., 2012).

Employee Burnout

Employee burnout has also been defined as emotional exhaustion, depersonalization and a reduced fulfillment in the workplace (Knight et al., 2011; Metwally, 2013). Paris and Hoge (2010) measure the effect of burnout by exploring these three categories including emotional exhaustion, depersonalization in the workplace and a reduction in personal satisfaction or fulfillment with their work. Emotional exhaustion is associated with the number of hours, paperwork, and the emotional drain of the clients. Depersonalization is associated with the number or private pay clients, negative behavior of clients and a lack of control. Finally, reduced fulfillment is based on limited hours of therapy, depersonalization of the employer and managed care (Paris & Hoge, 2010).

Burnout afflicts up to 44% of behavioral health therapists (Paris & Hoge, 2010). The issue of emotional exhaustion is most commonly associated with job dissatisfaction and is heightened though additional work such as on-call responsibilities (Eby & Rothrauff-Laschober, 2012). Other means to measure burnout include job satisfaction, an employee's commitment to an organization, and emotional exhaustion. Additionally, higher caseload and workload sizes negatively affect retention (Knight et al., 2011). The issue of burnout and emotional exhaustion should be considered as a factor in turnover intention. How leadership responds to these indicators also becomes an important role in employee retention.

Leadership

There is a positive association between transformational leadership and positive work attitudes, seemingly affecting the workplace culture (Aarons et al., 2011). This begins with a relationship between executive leaders retaining front line supervisors, which transcends throughout the rest of the organization. The turnover of supervisors influences the turnover of direct line staff. Predicated upon the attitudes of the supervisor descending into the staff they supervise, satisfied and competent supervisors have better overall retention of staff (Knight et al., 2011, p. 82). One way to aid in the empowerment of the workforce is to increase the level of autonomy in the workforce. The role of leadership and relationships with supervisors is an important area to explore in this study.

A relatively new concept, predominately in the nursing discipline, focuses on a shared responsibility or shared governance. This model calls for a relatively flat hierarchal structure, allowing the direct care staff a degree of authority in decision-

making, staffing patterns and conflict resolution and is another tool in employee retention (Bamford-Wade & Moss, 2010; Lavoie-Tremblay et al., 2010; Scherb, Specht, & Loes, 2011). This structure may prove to empower direct care staff and improve retention.

Research on Reducing Turnover Intentions

The previously mentioned literature identifies burnout and emotional exhaustion as indicators for employees' turnover. Leadership and direct supervision, on the other hand were indicators for employees' retention enhancements. These thoughts lead to the need for addressing organizational culture. By establishing a positive organizational culture, employee attitudes improve, reports of emotional exhaustion decreases, as does a sense of depersonalization (Aarons et al., 2011). Those entities with stressful climates have an increase in turnover intentions. Organizations with strong leadership that demonstrate an empowering climate, can help to lower this stress (Aarons et al., 2011), and retain employees.

Creating a positive culture begins with an organization demonstrating a value for its employees and by creating a philosophy that provides balance between work expectations and an employee's personal life. An organizational cultural improvement is also shown to improve job satisfaction, morale, and the productivity of an employee (Bilal et al., 2010). Creating a workplace that reduces stress, gives greater autonomy and advancement opportunities, a balance in required amount of work hours, and family friendly policies may all also aid in retention (Bilal et al., 2010; Eby & Rothrauff-Laschober, 2012).

Supervision styles also help in reducing turnover intentions. Supervisors providing a formal orientation to new employees, a competitive pay structure, flexibility in scheduling, and ongoing communication improve the workplace culture (Eby & Rothrauff-Laschober, 2012; Knight et al., 2011; Metwally, 2013). All of these indicators could be important to include in this qualitative review, especially with the potential increase in a demand for services predicated on the implementation of the ACA.

Patient Protection and Affordable Care Act

In 2008, the Mental Health Parity and Addiction Equity Act (MHPAEA) was enacted as legislation to address the disparities between the financial coverage for behavioral healthcare services (mental illness and substance abuse treatment) and coverage for primary or acute care (Mechanic, 2011). Some of these inequities include increased copayments, limited coverage, aggressive management of services, and records of failed attempts before seeking more aggressive treatment, such as a requirement to fail outpatient prior to acute hospitalization (Mechanic, 2011; Nordal, 2012).

The detail surrounding the implementation of MHPAEA, and the enforcement of the act was not effectively disseminated, leaving confusion between insurers, providers and the insured. This ambiguity is improving (Busch et al., 2014), and the MHPAEA is now provided greater enforcement and clarity in the Patient Protection and Affordable Care Act of 2010 (ACA).

The ACA

Unlike the MHPAEA, the ACA was not intended to solely address the inequities between behavioral and primary, acute healthcare (Pollack, 2011). The intention of the

ACA is to address the overall disparity in healthcare coverage, specifically focusing on the uninsured or difficult to insure groups and individuals (Rivers & Rivers, 2012). This group includes young people newly employed, part-time workers without coverage, and unemployed (or underemployed) individuals. The ACA should have also a significant advantage for minority groups. Socioeconomic determining factors such as opportunities for employment have an important role in an individual's ability to access healthcare. Without insurance there is an inherent barrier to effective care (Sperry, 2013). Chronically ill Americans from racial and ethnic minorities are sure to benefit (Ofosu, 2011) from the ACA, and will help increase the opportunity for social change.

There are rough estimates of 32 to 38 million newly insured individuals who will have access to healthcare coverage in 2014 as a result of the ACA (Ofosu, 2011; Substance Abuse and Mental Health Services Administration, 2013), with a net increase of 16.9 million new persons realized between 2013-2015 (K. Carman et al., 2015). In this group of newly insured persons, an estimated 11 million may require treatment for a behavioral health disorder. There needs to be a workforce ready to treat this increased population.

The focus of the ACA is on the prevention of major illness, and a reduction in healthcare expenses through a better care management plan. Increasing the insurance pool with healthier individuals (acquired through insurance mandates) and collaboration of care using medical homes will decrease expense. Accountable Care Organizations (ACO), increased Medicaid expansion (through decreased eligibility requirements), and

state sponsored health insurance exchange will also aid in sustainability efforts

(Mechanic, 2011; Nordal, 2012; SAMSHA, 2013).

The ACA continues to face controversy regarding its legitimacy (Busch et al.,

2014), despite the Supreme Court ruling that upheld the constitutionality of the ACA

(Atkins & Frazier, 2011). Concerns linger regarding an over involvement of government

in healthcare, and the expense and sustainability of covering over 30 million additional

lives persist (Weissert, 2012). There are also concerns if the MHPAEA will ultimately

create the positive shift towards increased utilization as hoped for (Busch et al., 2014).

Treatment of Behavioral Health

The overall fiscal impact of behavioral health on the ACA is minimal compared

to overall healthcare expenses. In 2014, less than 5.9% of the total healthcare

expenditures will be on the treatment of behavioral health conditions (Nordal, 2012). The

potential impact in allowing these conditions to go untreated could be significant.

Chronic and untreated medical conditions are interrelated with behavioral health

conditions. There is a noteworthy relationship between behavioral health conditions and

other health problems, as well as dangerous behaviors which contribute to premature

death (Held, Brown, Frost, Hickey, & Buck, 2012). Persons with a mental health

condition have an increased incidence of substance use disorders, almost three times the

rate of other adults, as well as increased homelessness and ongoing chronic health

disorders (Held et al., 2012).

The infrastructure for treating persons with behavioral health conditions is already

suspect (Atkins & Frazier, 2011). There is a lack of funding, an inadequately prepared

workforce, and an ongoing battle with managed care entities influencing the delivery of effective treatment (Atkins & Frazier, 2011; Mechanic, 2011; Ofosu, 2011). The ACA calls for a more comprehensive delivery of healthcare, requiring a transformation from a single, autonomous entity into collaborations of providers working together in the treatment of illnesses, especially chronic diseases such as severe mental illness and substance use disorders (Atkins & Frazier, 2011; Held et al., 2012; Nordal, 2012; Ofosu, 2011). There needs to be a re-tooling of the behavioral healthcare delivery system, an increased awareness of specific cultural issues, and effective management system of existing resources. Perhaps most important is an increased and educated workforce, who remains engaged with their employers and can deliver the needed behavioral health services. Perhaps the most important group to engage is the largest group currently entering the workplace.

Generational Influences in the Workplace

In today's workforce there is a unique phenomenon consisting of three distinct generations (Deyoe & Fox, 2011), defined by dates of birth and their cultural experiences, employed together in the same workplace (Joy & Haynes, 2011; Kapoor & Solomon, 2011; Pendergast, 2009). There are many unique experiences and advantages that each generation brings to this workplace experience, as well as many challenges. One major challenge involves the high turnover rates of the youngest generation, known as the Millennial Generation, or Generation Y (Kaifi et al., 2012).

A significant number of executives over the age of 55, most often associated as the Baby Boomer generation, have expressed an intention to vacate their positions over

the next five years (J. G. Carman, Leland, & Wilson, 2010). This departure will deplete

vital positions in the workforce (Von Hippel, Kalokerinos, & Henry, 2013).

Those in the subsequent generation, most often referred to as Generation X, are

15% less populous than their predecessors (Schullery, 2013). This decline in the number

of workers between generations creates a gap in the workforce, and a decreased number

of suitable leaders. This decline also adds an increased urgency to integrate the 40 million

Millennials currently entering the workforce who can begin to make up the disparity

between the Baby Boomer Generation and Generation X (Ferri-Reed, 2012). Exploring

the unique traits of the distinct generations is important for the improved assimilation of

these groups. A specific exploration of these youngest employees may contribute to

improved retention of the Millennial Generation.

Differences between Generations

There is no single indicator used to define a generation. There are general

guidelines, to which most researchers adhere. Typically, a generation consists of a

relative time period in which a person is born, spanning 20 to 25 years, along with

general traits associated with this group (Zopiatis et al., 2012). These generational traits

are acquired through shared life experiences and history such as economic influences,

issues of public policy, and technological influences (Gregoryk & Eighmy, 2009;

Schullery, 2013). Most influential are those experiences which occur during the more

formative childhood (Pendergast, 2009; Schullery, 2013).

Baby Boomers, born between 1945 and 1964, are known as the more stoic

workers, committing to paying dues before career advances, and enduring long work

hours. Sometimes branded as workaholics and called the "Prophet Generation" (Pendergast, 2009, p. 508), this group is most rapidly vacating the workforce, but still hold the majority of leadership positions (Carman et al., 2010; Ethics, 2011). Generation X, born between the years 1965-1980, has the fewest numbers in their group compared to the other two generations, and possesses some unique qualities. This group experienced a higher degree of divorce between their parents, single parent households, or intact families with both parents working outside of the home (Zopiatis et al., 2012). Generation X strives for an increased work-home life balance. This generation also hopes to be understood as individualistic, entrepreneurial, and self-reliant. As leaders, they tend to be impatient but straightforward in communicating their expectations and they adapt using situational leadership (Kaifi et al., 2012; Zopiatis et al., 2012).

The Millennial Generation

Those born after 1980 are most frequently known as Generation Y, or the Millennial Generation. These workers never experienced the cold war, have lived through the Gulf Wars, school shootings, the eruption of the Internet, social networking, and terrorist events such as those of September 11, 2001 (Gregoryk & Eighmy, 2009; Zopiatis et al., 2012). Other nomenclature for this generation utilized, such as the Me Generation, begin to explain some of the common traits believed associated with this group (Thompson & Gregory, 2012).

Based on their cultural experiences, parents of Millennials tended to raise this age group with the desire to protect and shield their children. Parents have rewarded this group for their participation in activities instead of achievements or accomplishments.

Parents also hover in and out of their lives of this generation, creating another label

known as the Helicopter Generation (Myers & Sadaghiani, 2010; Thompson & Gregory,

2012). Because of their immense exposure to technology (Mihalcea, Săvulescu, &

Viţelar, 2013), there may even be a difference in the formation of the brain and brain

functioning which could impact communication and processing of this generation

(Schullery, 2013).

Based on these labels and traits, the Millennial Generation are often negatively

branded as lacking commitment, being poor communicators, requiring constant

pampering, and demonstrating a feeling of entitlement. These generalizations require

more study and may or may not be a factor in workplace difficulties between generations

and may influence employee retention.

Workplace Factors

Forty percent "of human resources professionals observe conflict amongst

employees as a direct result of generational differences" (Zopiatis et al., 2012, p. 103).

Baby Boomers tend to stereotype Millennials as self-centered, unmotivated, disrespectful,

and disloyal (Myers & Sadaghiani, 2010). This conflict between generations may cause

distrust, tension between generations, increased turnover, poor communication, and lost

productivity (Kaifi et al., 2012; Zopiatis et al., 2012). Understanding the differences and

strengths of the Millennial Generation may help break-down these stereotypes and

improve retention (Nishii & Mayer, 2009). Further exploration may also highlight

desirable characteristics of this generation.

Millennials are more accustomed to immediate and frequent feedback and are more interested in their relationship with their supervisor, as well as engaging in meaningful work compared to their predecessors (Jamieson, 2008). This generation is motivated by mission and a desire to make a difference (J. G. Carman et al., 2010).

Millennials want to contribute, but only half of this generation feel they are included in important decisions in their organizations, and only half feel their creativity, innovation, and dedication are recognized and awarded (J. G. Carman et al., 2010). Sources of discouragement include feeling undervalued by older workers and the belief that promotions go to seniority before qualifications.

Another stereotype is that Millennials lack organizational commitment and leave positions easily for the next best opportunity. Millennials are "perceived as having a sense of entitlement out of proportion to their status" (Ferri-Reed, 2012, p. 18). This generation does not always understand chain of command and speak with executives as if they were peers, isolating them from potential organizational growth (Ferri-Reed, 2012). While the Millennials may be interested in money and prestige, they are not as motivated by money or stature compared to Baby Boomers or even Generation X, resulting in what may be perceived as a lack of respect or a sense of entitlement. To coexist, a better approach and understanding of this generation is needed (Solnet, Kralj, & Kandampully, 2012).

While workplace conflicts do exist with this generation, the Millennial Generation also has many positive traits to offer. This generation is open to feedback; they are accustomed to awards for recognition and participation that makes them accustomed to

positive reinforcement from supervisors. While some may frown on this need for feedback, a positive consequence of this cultural upbringing is the high affinity for collaboration and teamwork (Pendergast, 2009). The high technological attributes in this generation, and an ability to multi-task (Ferri-Reed, 2012; Zopiatis et al., 2012) are also a beneficial trait of this generation. This is an optimistic group and a confident generation that has a high technological comfort level and are able to aid the preceding generations with workplace improvements (Kaifi et al., 2012; Myers & Sadaghiani, 2010).

As for commonalities, all generations shared an aspiration for a fair workplace and competent supervision and feel misconduct should be addressed quickly. All generations prioritize family, health, and friendship (Kaifi et al., 2012), and this generation, like the generations before, have an affinity for civic service. According to Pendergast (2009), the Millennials could be considered the newest "Hero Generation" (p. 510) compared to those who matured during World War One.

The perceived traits of the Millennial Generation remain controversial. By further exploring and understanding this generation, there may be a subsequent improvement and in turnover and stability in the workplace.

Summary and Conclusions

Employee turnover in behavioral health organizations, especially amongst behavioral health therapists and their supervisors, is a significant problem in the delivery of client care (Aarons et al., 2011). There is an anticipation of an increased demand in behavioral health treatment as the ACA provides greater access to healthcare coverage

for a larger number of people (Fontenot, 2013). This increase creates a greater urgency in understanding the factors of employee turnover.

A variety of factors may contribute to an employee's intention to voluntarily leave his or her position. Emotional exhaustion and burnout seem to be of greatest concern (Knight et al., 2011). Fortunately, there are potential factors that may decrease the turnover intention, including reduced caseloads, a culture that supports the employees (Jones, 2011) and a decent wage to support the endeavors of the employees (Eby & Rothrauff-Laschober, 2012).

Many theories exist in current literature exploring the important issue of employee turnover. Some of these notable theories include the attribution theory, the affective events theory (Zhao et al., 2007), the social exchange theory (Isaksson et al., 2010; Ng et al., 2010), the generational theory (Pendergast, 2009) and the social contract theory (Sacconi et al., 2011). Rousseau's psychological contract theory provides a formidable lens with which to explore the phenomenon of employee retention. The notion of an unwritten contract, based in loyalty and expectations, affords a framework to understand the emotions and behaviors of employees in relationship to the actions of employers. Current literature is sparse on how this perceived contract is applicable for the youngest generation in the workforce, the Millennial Generation.

Compared to the prior generations, the Millennials demonstrate a shift in attitudes surrounding the time and purpose of work. Millennials demonstrate skillsets such as a tremendous comfort with technology, that affords new opportunities for efficiencies (J. G. Carman et al., 2010; Kaifi et al., 2012). While some believe this generation is

disrespectful and entitled, they also are known to work productively in teams and are thought to be effective communicators (Bright, 2010; Myers & Sadaghiani, 2010). How the tendencies of this generation relate to the idea of an unwritten contract with their employers, especially those working in the behavioral healthcare field, is mostly absent in current literature and the focus of this research.

With this qualitative case study, I have sought to understand the Millennial Generation working in the behavioral healthcare field, and the methods of retention for these employees. How the factor of age and the unique characteristics of behavioral healthcare treatment may influence turnover intentions is deficient in current literature. Using secondary data and general document review, this research will better influence policy and promulgate positive social change. Chapter 3 will review the research methodologies, the qualitative case study design as well as the rationale in the use of secondary data.

Chapter 3: Research Method

Introduction and Rationale for the Research Design

The purpose of this qualitative study was to identify influences on the retention of behavioral healthcare therapists in the Millennial Generation, employed in a nonprofit behavioral healthcare workplace. A number of scholarly articles have been produced regarding staff retention (Bilal et al., 2010; Kim, 2012); retention in the behavioral healthcare sector (Knight et al., 2012; Landrum et al., 2012; Scherb et al., 2011); and the Millennial Generation (Bright, 2010; Gilbert, 2011; Solnet et al., 2012). However, little research was located that combines these three variables of retaining members of the Millennial Generation working in a behavioral healthcare field. Based on the importance of this topic and this scarcity of academic research there is value in researching this topic.

Research Question

The central question for this research asked, "What factors influence the retention of employees who are a part of the Millennial Generation, and who work in nonprofit behavioral healthcare?"

Data Collection

Secondary data were the single source of information for content analysis (Krippendorff, 2013). The types of data, instrumentation, and method of analysis are described. This chapter ends with descriptions of the credibility trustworthiness, and ethical considerations for the study.

Central Concepts

The central concepts pertinent to this study are defined below:

Retention is defined as an employee's intention to maintain his or her position at a nonprofit, with no plan of vacating a current position in the near future, primarily based on job satisfaction (Metwally, 2013).

Unique generational characteristics are considered the defining features, values, attitudes and ideas created by shared life experiences of a specific age group (Gregoryk & Eighmy, 2009).

Employee confidence is defined as a perception of workplace equitability and fairness in an employer's procedures, decision making, and outcomes (Robbins, Ford, & Tetrick, 2012), as well as the ability to uphold their obligations to the employee (Cassar et al., 2013).

Commitment and loyalty are defined as reciprocal assurances and actions between employees and employers based on a common understanding of supporting goals (Dabos & Rousseau, 2004).

Case Study Design

Many methodological approaches may be used to explore the factors contributing to the retention and turnover of Millennial behavioral healthcare therapists. Reviews of academic literature produced substantial amounts of secondary quantitative data sets, as well as many qualitative reports (Corti & Backhouse, 2005). The lived experiences of Millennial workers are presented in archived documents. All of these may be used to explore this subject in detail. A challenge was to find a way to incorporate the prior research into a meaningful study.

One effective method to encompass the multiple sources of information (Baxter & Jack, 2008; Gillham, 2010) and enhance the credibility of the data (Yin, 1984) was achieved by conducting a qualitative case study design. Baxter and Jack (2008) posit that the advantages of a case study are that they provide "a variety of lenses which allows for multiple facets of the phenomenon to be revealed and understood" (p. 544). This is akin to putting together the pieces of a puzzle in order to present a holistic representation of this issue (Baxter & Jack, 2008).

A traditional case study design typically explores a single person and that person's experience of a single occurrence. For the purposes of this study, a single Millennial therapist is not the primary focus for research; rather how Millennial therapists as a group, interacts within a particular environment, the behavioral healthcare field, was most relevant for this research (Putney, 2010). This design created an ideal opportunity to explore this group in the framework of this environment (Stake, 1995).

In this research, the phenomena of employee turnover, turnover intentions, and retention strategies cannot be differentiated as an issue exclusively of the worker, from the context of their workplace. The lived experiences of the employees are affected by the culture of the employer. The experience of the workers, in the context of the workplace, offers a more complete picture (Baxter & Jack, 2008; Yin, 1984) compared to studying a single person or small group. This case study design moved the focus of exploration beyond the single worker, bringing a deeper understanding of the phenomenon (Putney, 2010).

Most often used to "understand a specific issue, problem or concern" (Creswell, 2013, p. 98), this case study design will allow for the accumulation of the many aspects that exist within a complex system. This aggregation facilitated the presentation of comprehensive data in a rich, but concise manner (Putney, 2010), while still embracing the qualitative, constructivist spirit of demonstrating the information from the perspective of the employee's experience (Baxter & Jack, 2008; Putney, 2010).

Role of the Researcher

My professional career, spanning over 20 years, has been working in the behavioral healthcare field. I have worked in many roles, from entry-level therapist to direct-care staff supervisor, facility administrator, and currently as the head of operations of a large nonprofit behavioral healthcare entity. I entered this research with many years spent reading about this subject, attending trainings and generating ideas and approaches to improve employee retention. I have also participated in multiple conversations directly with employees soliciting information on factors to improve retention of behavioral healthcare workers.

While this issue of retaining the Millennial therapists in the behavioral healthcare field is novel and important, especially in light of the current public policy changes brought forth through the ACA, I used caution in conducting this research, as I brought into this research pre-conceived ideas on leadership traits that I deem effective in creating an employee friendly culture. What has been lacking in my prior approaches to better understanding retention efforts are the application of the scientific model and the use of empirical research in forming these opinions.

This study used the lens of the Rousseau's (1989) psychological contract theory to help guide the exploration from the therapist perspective, employ the use of peer-reviewed data, and use empirical methods in the review. I detailed the process of collecting data, journaled my personal thoughts against the emerging information, and used a neutral party to review the data to help expose any unintentional biases.

Data for this research was gathered from the exploration of existing published research (Thomas, 2009b), data sets and other archival documentation (Bridges & Turnham, 2013; RHI, 2008). As the researcher, I coded pertinent features and identifying thematic elements. As there were no observations of current employees, there was not a risk of misaligned data based on relationships of power.

Additional data sets in the form of governmental documents, including census and income information are readily available and demonstrate aspects of the Millennial Generation. Also available are governmental white papers and legislative reviews/reports (Jupp, 2006). Finally, there are published academic journals, memoirs, research reports and data sets in the public domain, statistical information and even newspaper articles that are available for analysis (Creswell, 2013; Finnegan, 2006; Jupp, 2006). Ultimately new sources of data were incorporated to provide a more robust study (Coombs, 2012; Deloitte, 2014; Meister, 2012a).

Methodology

Certain conflicts and challenges surfaced while contemplating the most effective methodology for this particular research. The first challenge came from dissertation committee members who suggested I find a way to incorporate into my research the vast

amount of secondary data previously produced on the topics of the Millennial

Generation, as well as information on employee retention. Many data sets exist and are

available for use, as are governmental documents, published research, and even

applicable information in more general media, such as newsprint. I attempted to keep the

review to topics specific to Millennials and behavioral healthcare therapists (Bridges &

Turnham, 2013; RHI, 2008). In the spirit of the qualitative research, I allowed the data to

lead the research into varying sources. There are data available via electronic text, such as

journal articles, newsprint, video, pictures, and blogs, in which the content was analyzed

for productive information (Krippendorff, 2013).

A Qualitative Approach

Initially, it appeared that the most straightforward methodology was a traditional

quantitative inquiry, utilizing a single existing data set; however, there was a concern in

missing the complete picture of this problem in using a quantitative approach. This

research question called for a deeper exploration of the essence of turnover, necessitating

a multitude of perspectives and a more open qualitative methodology. The next challenge

was how to gather reliable data using a qualitative approach.

Direct observation and interviewing of employees is the most customary method

to gather data in qualitative research (Maxwell, 2013; Miles & Huberman, 1994; Patton,

2002). With my extensive professional experience in this field, as well as my comfort

level in this healthcare setting, a concern arose that it might prove too difficult to separate

my personal perspectives, opinions, and biases while collecting the data. A reliance on

data previously gathered, but then re-analyzed, or "re-searched" (Krippendorff, 2013, p.

126) with the context of this novel research question, might produce information that is more reliable with less potential bias.

With this thought it was determined that a qualitative case study, with the utilization of content analysis of text (Krippendorff, 2013), secondary data sets (Heaton, 2008) and a critical analysis of existing documents, would prove the most functional methodology (Baxter & Jack, 2008).

Using Secondary Data

The critical analysis of documents "involves an examination of the assumptions that underpin any account (say, in a document) and a consideration of what other possible aspects are concealed or ruled out" (Jupp, 2006, p. 272). Jupp (2006) continues to provide support of text analysis, taking into account the unique circumstances described above by relating an opportunity for improved internal validity by removing "the researcher from the interactions" (p. 273), reducing personal biases from interfering with the collection of data.

In the use of secondary data, in exchange for a typical sample size of participants to interview, it is important to identify a sufficient amount of written material to achieve a saturation of information. Unlike a quantitative review, which requires a definitive sample size sufficient to make an accurate generalization of the outcomes and adding confidence to the study, a qualitative review requires only a sample size sufficient to answer the posed questions and provide a certain degree of credibility (Patton, 2002).

This study began with the content analysis of the Robert Half International report (RHI, 2008), and the report summarizing the community mental health worker survey

(Bridges & Turnham, 2013). To suggest a definitive set of data used in this study, prior to conducting the study, would be impossible. I was open to the possibility of new sets of data when appropriate, which were required and incorporated to enable a more vigorous study (Coombs, 2012; Deloitte, 2014; Meister, 2012a).

Considering the boundaries of time and resources, a purposeful review of existing data helped identify the number of sources and information required to achieve a "point of redundancy" (Patton, 2002, p. 246) in which it was determined that there is no new information to be gleaned (Creswell, 2013; Miles & Huberman, 1994). A holistic approach was used while reviewing the data, looking for particular themes that resonate or frequently occur, specifically, the Millennial workers in the context of the behavioral health setting or what Creswell (2013) refers to as a "within-case analysis" (p. 101).

<center>**Instrumentation**</center>

Identifying what forms of secondary data to use was important (Stake, 1995). Perhaps even more important was to create a plan of analysis so time was not wasted by following trends that lead to nowhere. To counteract this, a clear definition of the Millennial therapist, employed with the behavioral healthcare environment, followed by maintaining a fidelity to the research questions, a plan to analyze the data, documentation of the analysis, and proper storage were all factors that helped contribute to a successful investigation (Stake, 1995).

<center>**Data Collection**</center>

The quality of the data source and an ability to reproduce or at least explain the collection of data for this research was achieved by demonstrating the validity and

reliability of the original research. The form of the content—such as written, audio or video material—was also explained, to add detail to the process.

It was important to qualify the source material as primary or secondary. Primary data refers to the original data, source, statistics, or accounting of an event. Secondary material most often refers to the analysis of source material (Frankfort-Nachmias & Nachmias, 2008). The procedures for documentation, analysis, and the selection of the information used in the study are included. There is a clear explanation of the coding procedures, which will also include the scrutiny of an external source to crosscheck coding for consistency in collection, and definition to enhance the credibility of the project.

Also included is a justification for the use of secondary data. Finnegan (2006) provides a strong foundation for justifying the secondary documents used in analysis through the careful evaluation and written explanation of why the document was selected, and how the original author came about his or her material. Specifically, the ability to analyze the identified documents and my articulation of the original authors' use of primary sources helps strengthen the study.

One potential pitfall in secondary data is the seemingly conscious or unconscious decision by the original researchers to demonstrate influence by the funders of their studies. This was scrutinized using a helpful line of questioning to analyze data brought forth by Finnegan (2006), "by whom, under what circumstances and constraints, with what motives and assumptions" (p. 146) which helped to aid in this analysis.

There are many advantages in using secondary data as the principal source of information. These advantages include the opportunity to use data already deemed credible for the purposes of a novel study and the use of data that incorporates a larger base of participants through the inclusion of a variety of studies. This increases the validity of the data for this case study (Frankfort-Nachmias & Nachmias, 2008).

Possible problems included the utilization of data collected for a purpose outside of this scope, accessing the data sets for meaningful use, and finding information that was deficient in detailing how the data was collected, hence reducing the credibility of my research (Frankfort-Nachmias & Nachmias, 2008). It was important to demonstrate validity.

Sources of Data

As identified in many sources (Creswell, 2013; Maxwell, 2013; Miles & Huberman, 1994; Patton, 2002), while collecting data, one critical function was to ensure the utilization of a journal to note impressions, ideas, potential themes, and commonalities collected while exploring the data sets (Creswell, 2013). This journaling was an effective instrumentation tool.

Creswell (2013) offers a suggestion on creating a log that contains two columns, one for documenting descriptions of what it obtained and the second column for the documentation of personal reflections (p. 170). The next challenge was to identify applicable studies, documents, and data sets to fully explore the case and then justify the reputability of the sources and the methodology and instrumentation they used in the collection of the primary data collection.

Written Material as Data Source

The exclusive use of written material is a common mechanism. "Social researchers have, in fact, built extensively on the existence of such sources as government reports, official and unofficial records, private papers, and statistical collections" (Finnegan, 2006, p. 138). Prior Walden qualitative dissertations use the written document as primary data, and some as an exclusive source in data collection (Walters, 2013). Now acceptable in the most progressive research, the term document is expanded to mediums such as film, audio, and graphs to fully capture the essence of the research question (Finnegan, 2006), which will offer an even greater breadth of information. Paramount to the success of this data collection is the method in which the documentation is evaluated.

I had identified three general sources to initiate the data collection. These were published studies produced through reputable entities focusing on the retention of young employees (Bridges & Turnham, 2013; RHI, 2008; Thomas, 2009b). Public media, newsprint, magazines, and the internet, as well as accessible secondary data sets and academic research driven by the research question and secondary questions were also be explored, during this process it was found additional sources of data were required to increase the trustworthiness of the data (Deloitte, 2014; Meister, 2012a, 2012b; Schawbel, 2013).

Data Analysis Plan

To improve the validity of the study, journal entries were included as data for analysis. As described earlier in this chapter, all of the sources were chosen based on the applicability to the research question.

Vitally important in the analysis of data in a qualitative project is to create a system to review the collected information and begin to categorize the data for commonalities or themes. While the qualitative content analysis (Krippendorff, 2013) of secondary data is unique, the process of analysis is the same as for other qualitative projects. For this project, a process called open coding, essentially the process of identifying and isolating segments of information into meaningful categories that can be used in evaluation for any potential trends in these groupings (Maxwell, 2013) was used. All codes were named logically and defined clearly.

These themes were broken down into sub-categories such as those described by Miles and Huberman (1994), with the overarching "descriptive codes" (p. 57) or into a more analytic sub-category called an "interpretive code" or even a third category called a "pattern code" (p. 57), and then displayed in some form of matrices. What is important to ascertain while coding the information into "chunks" (Miles & Huberman, 1994, p. 56) of data, is to focus on the meaning of the words in the context of the presentation and then categorize or sub-categorize based on these meanings (Miles & Huberman, 1994). Computer assisted qualitative data analysis software (CAQDAS), specifically the QSR International software, NVivo, was used to aggregate and organize the data and collected materials in one specific secured location and help to aid in the analysis of this data.

Issues of Trustworthiness

For this research to be considered credible, the validity and accuracy of the data

gathered, as well as establish reliable procedures for obtaining the data (Creswell, 2009)

needed to be demonstrated. Creswell (2013) recommends the selection of "unusual cases

in collective case studies and employ maximum variation as a sampling strategy to

represent diverse cases and to fully describe multiple perspectives about the cases" (p.

156). The difficulty is to sort through all of the available information and identify what is

most relevant and reliable. It is critical to justify the use of secondary data by displaying

the procedural strength of the chosen information as well as the reliability of my

procedures. One inherent difficulty in conducting a document review as the primary

method in collecting data is verifying the credibility of the materials selected.

Validity

To help demonstrate the validity of this study, I incorporated multiple sources of

data to converge upon common themes, a strategy called triangulation (Creswell, 2009;

Miles & Huberman, 1994). This is a significant advantage for using secondary data,

specifically the availability and subsequent provision of a broader range of information.

Utilizing personal journals and the secondary data provide different perspectives and

strengthen the conclusions of the study (Maxwell, 2013). I continued to gather data

through the diversity of these sources up to the point of data saturation. The multiple

sources of information offered an increase in internal generalizability.

Auditing

As previously explained, my plan was to explore many mediums and sources of information, triangulating the emergent themes. Employing the use of "rich, thick descriptions to convey the findings" (Creswell, 2009, p. 191) will aid colleagues who may scrutinize the work and perhaps even in attempt to replicate the findings. The plan was to conduct an internal audit through the utilization of a personal journal, which will aid in the future use, as well as document reflectivity or the objectivity of data collection.

<div align="center">

Ethical Procedures

</div>

The primary source of data for this project is document analysis, as approved by the Walden Internal Review Board (IRB). Paramount to this study was the maintenance of the information retrieved as well as the coding, thematic elements, personal journals/memoirs used to track the ongoing analysis. Paper data is held in a fireproof lock box. All electronic data are stored in an internal hard drive, on site external memory drive as well as an off-site secured software system. All data will be maintained for a period of five years, and then destroyed.

One inherent problem with all qualitative research is that "words are fatter than numbers and usually have multiple meanings" (Miles & Huberman, 1994, p. 56), meaning there is ample opportunity to misinterpret the essence of a point or theme. The data used is selective by nature and the amount of material available is seemingly insurmountable, securing the most meaningful information becomes a challenge.

To enhance credibility, the documentation in this research demonstrated the analysis portion of the data in detail, to reduce any potential biases amalgamated into this

exploration, and incorporates a more grounded approach to coding, allowing the data to determine how the categories unfold.

Summary

As the Affordable Care Act and enhanced parity laws increase the means with which individuals can receive treatment for substance abuse and mental health disorders (Busch et al., 2014; Mechanic, 2011; Oberlander, 2012), the treatment provider infrastructure needs to keep pace. Perhaps the most critical component to this infrastructure are the individuals employed to provide the treatment (Substance Abuse and Mental Health Services Administration, 2013). Understanding the factors that may aid in the increase of the retention of these employees is paramount to the alterations in public policy. This all comes at a time when the largest generation of workers, known as the Baby Boomers, are vacating the behavioral healthcare environment, replaced by those in the Millennial Generation (Swenson, 2008). This accumulation of a greater demand for treatment and a declining workforce sets the stage for this qualitative research.

A qualitative case study methodology provides an encompassing model to study the Millennial therapist in the full context of the behavioral healthcare environment (Baxter & Jack, 2008). To incorporate all of this work, exclusively utilizing secondary data analysis, removes the potential power differentials unique to this particular research project as well as reduces researcher bias.

To increase the credibility of the research, information is coded into themes. These themes were categorized and analyzed for potential trends. To demonstrate the validity and reliability of this work, the use of rich, thick descriptions, triangulation of

data sources, detailed memos, descriptive coding, and clear documentation all help to

justify the results of this research. Chapter 4 will provide the details and results of the

research.

Chapter 4: Results

Introduction

The purpose of this qualitative study was to determine factors that both affect

retention and contribute to employee turnover among behavioral health therapists who

are part of the Millennial Generation, and who are employed in a nonprofit organization.

Retention is defined as the intention to maintain employment at a nonprofit behavioral

healthcare organization, with no plan of vacating a current position in the near future. The

central research question was as follows: What factors influence the retention of

employees who are a part of the Millennial Generation, and who work in nonprofit

behavioral healthcare?

This chapter will begin with a review explaining the use of secondary data as the

exclusive source of information, followed by a review of the source material, specifically

the material used for data analysis. Next will be a description of the data collection

process. A description of the inductive process, specifically the process of reducing a

large amount of information or data into the concluding themes is reviewed. The final

sections of Chapter 4 will describe the trustworthiness of the data and the results of the

source material used in my research.

Data Source

This project makes use of secondary data as the exclusive source of information.

One advantage of using secondary data is the ability to gather increased information

compared to a traditional project, ideally improving the credibility of the project (Patton,

2002), the revised information becomes more inclusive by incorporating a larger base of participants (Frankfort-Nachmias & Nachmias, 2008), adding validity to the study.

There are also pitfalls that need to be avoided while using secondary data. Perhaps most important is to conduct a careful analysis of the original document for any bias, to develop an understanding of the essence of the data (Jupp, 2006), as well as to resist the inclination to insert my own biases while interpreting the data.

Setting and Demographics of Secondary Data Sets

As described within Chapter 3, data mining began with the three identified sources, initially thought sufficient to provide comprehensive information to address the research question. Information on these data sets are as follows:

Findings from the community mental health self-directed workers survey (Bridges & Turnham, 2013) was created for a company named PHI PolicyWorks, in Lansing, MI. PHI is a public policy firm/strategy center focusing on the care of the elderly and persons with disabilities. This particular survey is a portion of a larger study funded by the state of Michigan, focusing on worker compensation, demographics, satisfaction, and training.

This survey utilized a preexisting tool, the CMH-SD Workers Survey tool. In early 2012, PHI coordinated with the Michigan Bureau of Community Mental Health Services to request mailing lists of direct support workers from all 46 community mental health service providers in Michigan. The survey responses eliminated duplicate respondents. Individuals were sent a postcard informing them that they would be receiving a survey, and to complete the survey. Over 570 people completed the survey (Bridges & Turnham, 2013).

Generation Y, what millennial workers want: how to attract and retain Gen Y

employees (RHI, 2008). This is a survey completed in conjunction with Robert Half

International and Yahoo! HotJobs, to explore the characteristics of the Millennial

Generation. Robert Half International (RHI) is a large staffing firm with more than 350

locations worldwide. Yahoo! HotJobs, now owned by Monster Inc., is a job posting web

board.

This survey encompassed over 1,000 Millennials, administered through an

external, independent research firm. The survey was conducted on the internet. Surveyed

were 505 were males, and 502 were females (RHI, 2008).

The four intrinsic rewards that drive employee engagement (Thomas, 2009b).

This article, published in the Ivy Business Journal, offers a focus on employee intrinsic

rewards, including a sense of meaningfulness, sense of choice, sense of competence, and

a sense of progress. Thomas's motivation with the survey was to establish a tool to

measure employee engagement and created a tool call The Work Engagement Profile

(WEP) (Thomas, 2009a).

The WEP is a questionnaire measuring intrinsic rewards, presented in a 7-point

Likert format. This is a self-scoring instrument with an interpretation manual for the

individual taking the questionnaire. Thomas (2009a) offers the reliability and validity of

the tool within the brief.

After reviewing the information and sorting into chunks of information, it became

clear that the initial data sets were not going to provide the breadth of information needed

to understand the essence of the Millennial worker. I then started a search for additional,

relevant data sets, through surveys conducted by human resource and management

organizations. This search continued until I felt I had reached a point of saturation where

the information became redundant. The following sources were added to the project:

Additional Data Utilized

Big demands and high expectations the Deloitte millennial survey (Deloitte,

2014). Deloitte Touche Tohmatsu Limited (DTTL) Global Brand & Communications

generated this survey. Deloitte is a worldwide consulting firm for a variety of companies.

This was the third study conducted by Deloitte, exploring what the Millennial Generation

expects from the workplace.

This survey included almost 7,800 Millennial participants, in over 28 countries.

The questionnaire inquired about the Millennial's beliefs of an organizations role in

society, corporate culture, and leadership. The survey covered Millennials' working in

organizations of 100 to 1000 employees, publically and privately owned companies, as

well as non-profit organizations (Deloitte, 2014).

Multiple generations at work infographic (Meister, 2012a). A survey conducted

by a company named Future Workplace (FWP), an executive coaching firm and

corporate strategy company. The online survey was comprised of 1,189 employees and

150 supervisors to explore workplace expectations of four generations employed in the

same office (Coombs, 2012).

*Job hopping is the "new normal" for Millennials: three ways to prevent a human

resource nightmare* (Meister, 2012b). Meister is a partner with the executive

development firm, Future Workplace, which aids in branding, recruitment. Meister is an author focusing on multiple generations within the same workplace.

The sampling for the information on this survey was from three generations of alumni from a small, Midwest, private liberal arts college. Participants were randomly selected out of a larger list of alumni. The survey was conducted electronically. Just under 500 people participated, of the Millennial generation, 20% of the respondents were male, 80% female (Friedell, Puskala, Smith, & Villa, 2012; Meister, 2012b).

The cost of Millennial retention study (Schawbel, 2013). A study created/published on behalf of Millennial Branding, a research and consulting firm focusing on the Millennial Generation, and Beyond.com, a professional coaching firm. "The Cost of Millennial Retention" Study was created for human resource professionals, predicated by research demonstrating a Millennial attrition rate of more than 60% in less than three years. "The survey… included responses from hundreds of HR professionals in various industries" (Schawbel, 2013, p. 1).

Talent report: what workers want in 2012 (Zukin & Szeltner, 2012). Zukin and Szeltner, working for Rutgers University, John J. Heldrich Center for Workforce Development, created and published this study with a grant from the MacArthur Foundation. The purpose was to conduct a survey on the career priorities of four generations in the workplace, focusing on sustainability and making a positive impact at work. Seventeen thousand people participated in this study. The study split the participants into groups based on age, educational level (undergraduate students or graduate students), and current Millennials who have graduated and are employed (807

people) and members of the Generation X and Baby Boomer generations (488 people).

The survey was conducted online by an independent entity (Zukin & Szeltner, 2012).

Data Collection

The data collected from the sources listed above provided enough information to

collect the essence of the professional experiences and discern expectations of both the

Millennial Generation worker, and the behavioral healthcare worker. Considering the

limitations of time and resources, a purposeful review of this data helped to achieve a

"point of redundancy" (Patton, 2002, p. 246), at which point it did not appear any new

information would be gained or required (Creswell, 2013; Miles & Huberman, 1994). A

holistic approach was used while reviewing the data, looking for particular themes that

resonated or frequently occur. Specifically, the Millennial workers, in the context of the

behavioral health setting or what Creswell (2013) refers to as a "within-case analysis" (p.

101).

All of the data sources were initially reviewed for any apparent bias or slant based

on the funder of the study or motive by an author. The surveys were also reviewed for

credibility. Each source was read three times, the first for a general review to understand

the original intent of the survey and a review of the data. The second reading was

conducted while using a journal, as suggested by Creswell (2009), taking notes on the

initial thoughts. During the third reading, I began pulling chunks of data and relevant

information.

Twenty pages of data were gathered and sorted, with accompanying notes about

the information and the research, including my own thoughts and feelings about the

information written in the journal (Miles & Huberman, 1994). Of great difficulty was the next step, breaking the data down into manageable pieces of information and forming some semblance of analysis.

Data Analysis

Data analysis proved to be very challenging. I initially feared that I may have overshot the amount of data accumulated and was left with an enormous amount of information. Looking for relationships of the data, and placing the information into meaningful chunks, took an inordinate amount of time. The raw data was placed into NVivo to aid with pulling the information together and begin the process of coding. This software program was an aid in categorizing the data. The following word cloud (Figure 1), produced in NVivo, and visually demonstrates the mass amount of information.

Figure 1. Word cloud of raw data.

Coding Description

Creswell (2013), describes Huberman and Miles' (1994) data analysis strategy as a dynamic process, in which the researcher is learning about the data and collection process - often while conducting the research. The description of the data analysis spiral (p. 183), is that "data collection, data analysis and report writing" (Creswell, 2013, p. 182) are not separate functions, instead are interconnected tasks, occurring at the same time. The process for this research followed a similar format, from classifications, categories, coding, back to classifications, more coding until themes began to emerge. The process is akin to putting all of the data into a funnel and churning it around until the final product of summary statements was produced, displayed in Figure 2.

Figure 2. Formation of summary statements.

Categorizing Summary Statements

While exploring the data from my journal, it was necessary to read the broken

down data multiple times then place into meaningful chunks, until I was able to identify a

level of similarity and trends in how the data could be categorized. This process was

necessary before the pieces could be effectively coded. The following eight categories

ultimately emerged from the data:

- Motivation to work – why people generally work

- Tenure of employment – how long people remain in positions

- Turnover intentions – if/why people plan to leave or leave an employer

- Satisfaction with job – what people like about working within their current position

- Understanding role/communication – specifically, how Millennials feel about the level of communication of their current positions and how well the employer has explained their duties.

- Behavioral Health specific – how the current employees of behavioral health organizations report on their positions, regardless of age/generation

- Millennial Generation generalized traits – traits unique to the MG that may lend insight into their retention efforts

- Millennial Generation expectations – what the Millennial Generation expects from an employer

After this step, the individual data pieces were sorted into the categories listed above. It was at this point that the initial data set sources became irrelevant. The data was sorted and coded independent of the original source, into the categories, a process Miles and Huberman (1994) call descriptive coding. What also began to emerge were classifications within the categories, meaning another level of detail to more effectively manage the material. This information was broken down further into interpretive codes, within each category, leading the project closer to understanding and identifying the contributing factors of retention/turnover. Important to note, as I worked through the data, there were ultimately minor alterations, deletions, and additions of codes and categories. The newly formed sub-classifications were as follows:

- Intrinsic considerations – internal values or motivating factors

- Compensation – including benefits and other fiscal incentives

- External factors – how the job fits within the personal lives of the employees

- Organizational factors – leadership styles, organizational values, communication

- Opportunity – professional or personal opportunities as a result of the employer

After working through the journals, notes, categories and classifications, I found that the first three categories seemed to be factors that are generally universal between the Millennials and the Behavioral Healthcare workers. These three categories were placed into a table, sorted into sub-categories, and then evaluated for themes. This process was repeated four times, combining and condensing the related information, until the essence of the data was achieved as demonstrated in Table 1.

Table 1

Universal Factors of Millennial and Behavioral Healthcare Therapists

	Motivation to Work	Turnover Intentions	Job Satisfaction
Intrinsic	Personal satisfaction/fulfillment from helping/contributing to community/society Interesting work Opportunity to express creativity	Low career satisfaction, career opportunity More interesting work, diversity, learning new skills Not making an impact	Rewarding work Chance to use skills, creativity and contribute to the company
Compensation	Salary & Benefits Assistance in paying off student loans/tuition reimbursement	Financial security Increased benefits Unfair pay can be a strong de-motivator	Parity in compensation
External	Flexible schedule/hours/tele-commute Work in their related field Career longevity/job security Location Work/Life balance Career progression	Shorter commute Concerned about work/life balance Inflexible hours	Flexibility with schedule, work from home, tele-commute and some office work
Organizational	Reputation/brand recognition Working in a positive environment/ culture Values employee opinion and seeks input High organizational values/similar values & charitable efforts Diversity of staff	Job stability Poor work environment, values, culture, and managerial attitude. Discourages creativity Lacks innovation, reluctance to take risks Operational structures and procedures	Assists in balancing personal/professional obligations Values ideas/input
Opportunity	Internal training Career growth & leadership opportunities/advancement Ability to learn new skills	Lack of career opportunities /professional advancement	Opportunities for career progression

After reviewing and summarizing the information, this process revealed 12

universal themes that may influence a Millennial's decision to remain in (any) workplace,

including behavioral healthcare:

Universal Themes Influencing Job Retention/Turnover of Millennial Generation

These themes, listed below, are identified as most germane in the influence of job retention and turnover for those workers of the Millennial Generation, in all venues not specifically for behavioral health. Based on the completed research, the themes reveal what this generation finds important in a job, workplace and what the Millennials expect from an employer:

- Purpose driven work, contributing to community and organization

- Interesting and dynamic work

- An opportunity to use skills and creativity

- Competitive pay and benefits in parity with similar people/positions

- Tuition assistance

- Flexibility in location and hours

- Work/life balance

- Career advancement and leadership opportunities

- Open, positive, supportive work environment/culture – encourages creativity

- An organization that values employees' time and input

- Strong, ethical organizations – community and purpose driven

- Ongoing training for employees

The next stage of analysis involved the remaining data/categories, which were related more specifically to the behavioral healthcare therapist and the Millennial Generation employee in a helping field, and followed a similar process of sorting, condensing, and eliminating data until themes became apparent. It was necessary to add

two additional classifications to help interpret the data, opportunity, and manager

communication, both of which rose consistently in the data sets. This process was

conducted in the same fashion as the analysis on the first categories, resulting in the

information displayed in Table 2.

Table 2

Factors Specific to Millennial Generation and Behavioral Healthcare Therapist

	BH worker specific summary theme	MG/BH specific summary theme
Intrinsic	Purpose driven, valuable work Sense of pride, accomplishment	Fun and challenging work Positive impact on local, national and international community
Compensation	Dissatisfied with pay Value high benefits, including retirement and bonuses	Hard work leads to financial security Focus on savings Tuition reimbursement
External	Vital role in company Flexibility in hours	Value on education Work/life balance Career advancement opportunities Close and constant parental involvement
Organizational	Sense of personal satisfaction/pride	Expect/accustomed to technology Strong, ethical organization – community/purpose driven Millennial generation value a reciprocal, mutually beneficial relationship.
Opportunity	Opportunity to accomplish something of real value	Rapid advancement Expect to change positions (1-3 years)
Manager & Communication	Understand and feel prepared for job	Heavy emphasis on relationship and constant communication with direct supervisor

The data above was compared against the themes from the first analysis,

searching for commonalities to emerge between the two tables. The data was summarized

into three columns without sub-categories, and then moved into summary statements.

Finally, in the true spirit of the "data analysis spiral" (Creswell, 2013, p. 182), the

information was sorted back into meaningful sub-categories, identifying traits that the

Millennial Generation behavioral healthcare therapist finds important within the

workplace, in effort to better understand retention/turnover of this unique and important

employee.

Evidence of Trustworthiness

In comparison to a quantitative project, there are some inherent difficulties with

demonstrating the validity of outcomes within qualitative research. Instead of offering a

statistically significant outcome, a qualitative researcher must constantly ask him or

herself "did we get it right" (Creswell, 2013, p. 243), when it comes to articulating the

essence of the data gathered.

One important method available to demonstrate the reliability and validity of a

qualitative study, also known as demonstrating the trustworthiness of the qualitative

work, is to effectively articulate the methods in which the data was gathered, coded and

categorized (Krippendorff, 2013).

Also important is to provide a thick, rich description of the data used, so those

scrutinizing the research are able to easily understand the information and

methodological processes utilized. To improve the overall quality of the research, I also

conferred with an unrelated professor at the local university seeking consensual

validation (Creswell, 2013, p. 246) on the methodology and analytical process.

Credibility and Dependability

As discussed in Chapter 3, one of the important aspects in utilizing secondary data

as the sole source of information for this study is to ascertain the dependability of the

source documents. Earlier in this chapter, the source documents were described along

with the authors and, when applicable, the organization who sponsored the study, survey or research. While a number of the sources offered the primary data within the content of information, all included secondary data or an analysis of the primary information as well. To demonstrate the credibility of this research, the integrity of the source documents were scrutinized.

The Bridges and Turnham (2013) survey was conducted on behalf of a state sponsored initiative to identify traits for behavioral healthcare workers in Michigan, utilizing a pre-existing evidenced based tool surveying over 570 people. The Robert Half International survey included over 1000 people within the Millennial generation (RHI, 2008), and Thomas's (2009b) survey was academically scrutinized in effort of creating an instrument to measure employee engagement.

The data sets, which were added, were all generated at a corporate level, compared to an academic institution, seemingly to stand out from other staffing and executive firms, by offering valuable information on the Millennial Generation. While the intent may introduce bias, some utilized external surveying entities and offered a large sample size to increase validity. For example, the Deloitte survey (2014), conducted by a well-respected international organization included almost 8000 participants, from a variety of disciplines, representing international viewpoints.

Meister has two contributions to this research, one in conjunction with an academic study for her executive firm, surveying over 1300 people (Coombs, 2012; Meister, 2012a) and the second included a quantitative study from a 500 person sample (Friedell et al., 2012; Meister, 2012b). Similarly to the RHI study, the "Cost of Millennial

Retention Study" (Schawbel, 2013), was a collaborative effort with the research conducted by an outside entity in effort of removing bias. Finally, Zukin and Szeltner (2012) offer an academically scrutinized data set, funded through the MacArthur Foundation, at Rutgers University consisting of 1700 individuals.

To improve the validity of the study, journal entries were included as data for analysis. As the researcher, I was able to capture the intent of the data while offering my own ideas and interpretation to the data, as well as document reflectivity or the objectivity of the data collection process. By utilizing the variety of sources, as well as my own internal journaling, themes emerged from the corroboration of evidence (Creswell, 2013), this process is called triangulating information and adds credibility to the outcomes.

Confirmability and Transferability

To assess the confirmability and the ability to transfer the outcomes/themes from this research, a rich, thick detail of data was provided, the methodology, procedures for documentation, analysis, and the selection of the information used in the study was offered. Additionally, earlier in this chapter the coding process and procedures were detailed, beginning with the open coding process (Maxwell, 2013), through the ultimate themes garnered (Patton, 2002).

Miles and Huberman (1994) identify an inherent problem with qualitative research, "words are fatter than numbers and usually have multiple meanings" (Miles & Huberman, 1994, p. 56), the presentation of the data sources used and the detailed process of analysis should aid in the confirmability of this research. To aid in

transferability, the variety of data sets used a variation of samples, representing multiple, applicable perspectives (Creswell, 2013). From the beginning of the dissertation, described in detail within the methodology section, and throughout the research, an attention on researcher bias has been highlighted and addressed by utilizing triangulation, rich descriptions, and a journal for referential adequacy.

Results

The intention of this research is to discern what factors influence the retention of employees who are a part of the Millennial Generation, and who work in nonprofit behavioral healthcare. Aforementioned in this chapter is a detailed description of the data used for research and the methodology applied in effort to identify these factors.

A number of the studies utilized demonstrated common variables, which lead to the formation of the summary statements. Compensation is a driving factor for the Millennials working in behavioral healthcare and most employees clearly feel it could improve, "Only 46 percent of workers agree or strongly agree with the statement, "I am satisfied with my wages." (Bridges & Turnham, 2013, p. 6); "about 40 percent (of behavioral health workers) each picked financial compensation and job security as most important" (Zukin & Szeltner, 2012, p. 11); "compensation is top concern" (RHI, 2008, p. 3). Once compensation is accounted for, the data demonstrated additional variables that seemingly contribute to retention, as Thomas (2009b) pronounces:

> Extrinsic rewards remain significant for workers, of course. Pay is an important
> consideration for most workers in accepting a job, and unfair pay can be a strong
> de-motivator. However, after people have taken a job and issues of unfairness

have been settled, we find that extrinsic rewards are now less important, as day-to-day motivation is more strongly driven by intrinsic rewards (p. 1).

Thomas (2009b) describes intrinsic rewards as a satisfaction from doing "meaningful work and performing it well" (Thomas, 2009a, p. 3). In fact, Thomas (2009) demonstrated that "once pay is equalized for fairness, the intrinsic rewards become the most important factors in job satisfaction" (p. 4).

Additional driving factors for this generation are the culture of an organization, how the behavioral health company values, communicates with, and trains their employees. "88 percent of workers considered "positive culture" important or essential to their dream job" (Meister, 2012b, p. 2). Also important to this generation is, how creative and flexible the organization is, and how a company utilizes technology.

This generation "takes for granted the pervasiveness of technology in daily life" (RHI, 2008, p. 2) and "spends a significant portion of their time online" (p. 2). The Millennials expect the organization they work for to follow suit in regards to technology. "Younger employees also value the opportunity to express their creativity, corporate values that match their own" (Zukin & Szeltner, 2012, p. 38).

Regarding communication, the Millennials are "accustomed to timely critiques" (RHI, 2008, p. 10) and "accustomed to close and constant parental involvement" (RHI, 2008, p. 10). Understanding that they are known for having helicopter parents and are known as the tethered generation (Von Hippel et al., 2013), behavioral health organizations need to incorporate the value and expectations of communication quickly,

as "only 10% think weekly communication is sufficient, majority want daily communication" (RHI, 2008, p. 10).

Also germane to the Millennial behavioral healthcare worker is how the employees are able to continue to learn and advance their careers, while balancing the apparently important work/life balance. Seventy-three percent "worry about balancing personal and professional obligations and expect companies to help them find this balance" (RHI, 2008, p. 13) and expect to continue their education, and they expect the organization to help them with tuition (Meister, 2012b).

Summary Statements

Because of this research, the following factors influencing the retention of the Millennial Generation behavioral healthcare therapists have been induced, presented in summary statements, broken into categories.

Intrinsic Factors

- This employee has a strong desire to accomplish something of value.

- This employee desires purposeful work, which positively influences the local community, preferably even a greater reach nationally or internationally.

- A job offering the employee personal satisfaction and pride in their work is important.

Position Factors

- The work must be challenging, fun, interesting, and dynamic.

- A position that offers an opportunity for creativity and the ability to use skills the employee trained for is important.

- This employee desires to have an important role in the company; however, titles and offices have lower value.

- This employee is looking for ongoing training.

- This employee is looking for flexibility in their hours, including tele-commuting opportunities.

Compensation Factors

- Compensation in pay and benefits (including PTO, retirement and health insurance) must be competitive and in parity with similar people and positions.

- Tuition assistance or reimbursement is of high value. This generation expects to continue their education throughout their career.

Advancement Factors

- This generation expects rapid advancement within the organization.

- This employee expects to change positions every 1-3 years.

- This employee values career advancement and leadership opportunities within an organization. They will not hesitate to move to another organization to achieve this.

Organizational Factors

- There is a heavy emphasis on work/life balance within this employee. Family, especially parents, plays an important role in their lives. This generation expects the organization to understand this importance and aid in realizing this balance.

- This employee is accustomed to and expects a heavy utilization and reliance on technology.

- There is a substantial importance on the relationship with their direct supervisor. This employee expects constant (daily) communication with a direct supervisor.

- This employee desires an open, positive, and supportive work environment/culture. A culture that encourages creativity and values employees' time and input.

- The organization should be a sustainable and an ethical organization. The organization should be community and purpose driven.

- This employee values a reciprocal, mutually beneficial relationship. This employee believes in hard work to advance their careers, expecting the organization should reward them for this hard work.

Summary

Outside of compensation, there is not one dominant factor that seemingly leads to influencing the retention of employees who are a part of the Millennial Generation, and who work in nonprofit behavioral healthcare. Rather specific themes regarding parity in compensation, organizational culture, the opportunity to advance and really make a difference in the community, are key among influencing variables. What might be the most unexpected outcome of this research is a unique frame of reference, or a new definition of what retention actually means within this generation.

The Millennial Generation may not be interested in staying in a position for a pre-determined amount of time. Many plan to, and do leave organizations regularly (Schawbel, 2013). In fact this generation "expect to rise through ranks quickly" (Schawbel, 2013) and they believe "1-3 years is sufficient" (p. 2) in paying their dues (Meister, 2012b). According to Meister (2012b), an "economic instability has erased, especially for younger workers, the stigma that has accompanied leaving a job early" (p. 1). The Millennial Generation believes that moving positions generates learning and provides a sound mechanism to continue to grow fiscally and professionally. They "essentially consider themselves free agents" (Meister, 2012b, p. 1).

Millennials want to work for a creative organization, that will help them balance work and life obligations and provide them opportunities to grow and advance (Schawbel, 2013). Organizations should support technology and innovation; breaking past self-imposed, arbitrary barriers put in place by management (Deloitte, 2014). And very much in line with Rousseau's (1989) psychological contract theory, the "Millennial Generation value a reciprocal, mutually beneficial relationship. They want to make a contribution to their employers, and in return, they want their employers to help them achieve their professional goals" (RHI, 2008, p. 7). These concepts are further explored in Chapter 5.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative study was to determine factors that affect retention and contribute to employee turnover among behavioral health therapists who are part of the Millennial Generation and employed in a nonprofit organization.

Through reflection on the central research question—the factors that influence the retention of employees who are a part of the Millennial Generation and who work in nonprofit behavioral healthcare—the research identified 19 key elements, categorized into 5 primary factors or themes: intrinsic, position, compensation, advancement, and organizational. These factors and elements are now understood as determinants that affect the retention of the Millennial Generation behavioral health therapist. The factors and elements are as follows:

Table 3

Determinants in Retaining the Millennial Behavioral Health Therapist

Intrinsic Factors
• This employee has a strong desire to accomplish something of value.
• This employee desires purposeful work, which positively influences the local community, preferably even a greater reach nationally or internationally.
• A job offering the employee personal satisfaction and pride in their work is important.
Position Factors
• The work must be challenging, fun, interesting, and dynamic.
• A position that offers an opportunity for creativity and the ability to use skills the employee trained for is important.
• This employee desires to have an important role in the company; however, titles and offices have lower value.
• This employee is looking for ongoing training.
• This employee is looking for flexibility in their hours, including tele-commuting opportunities.
Compensation Factors
• Compensation in pay and benefits (including PTO, retirement and health insurance) must be competitive and in parity with similar people and positions.
• Tuition assistance or reimbursement is of high value. This generation expects to continue their education throughout their career.
Advancement Factors
• This generation expects rapid advancement within the organization.
• This employee expects to change positions every 1-3 years.
• This employee values career advancement and leadership opportunities within an organization. They will not hesitate to move to another organization to achieve this.
Organizational Factors
• There is a heavy emphasis on work/life balance within this employee. Family, especially parents, plays an important role in their lives. This generation expects the organization to understand this importance and aid in realizing this balance.
• This employee is accustomed to and expects a heavy utilization and reliance on technology.
• There is a substantial importance on the relationship with their direct supervisor. This employee expects constant (daily) communication with a direct supervisor.
• This employee desires an open, positive, and supportive work environment/culture. A culture that encourages creativity and values employees' time and input.
• The organization should be a sustainable and an ethical organization. The organization should be community and purpose driven.
• This employee values a reciprocal, mutually beneficial relationship. This employee believes in hard work to advance their careers, expecting the organization should reward them for this hard work.

Interpretation of the Findings

The results of these findings concur with the literature review finding that the Millennial Generation is well suited to work within a not-for-profit, behavioral healthcare organization. The Millennials are an intrinsically driven generation, they want to do work that positively influences the community (J. G. Carman et al., 2010), and they want to be proud of their work (Pendergast, 2009; Zukin & Szeltner, 2012).

While the Millennial generation may be suited to work within the behavioral healthcare field, the question predicating this research is how to retain this group, which based on the literature review, historically vacates positions quickly (Bilal et al., 2010; Davis, 2013; Kim, 2012). This finding of rapid turnover was corroborated in the results of this data analysis (Meister, 2012b; RHI, 2008). Many issues have raised that could help address this problem, perhaps the first step in reducing turnover is to create an organizational culture that will support the nuances specific to this generation.

Consistent with the findings of the literature review, this research substantiates that the Millennial Generation puts significant merit into the culture of an organization (Aarons et al., 2011; Meister, 2012b). The Millennials want to work for an organization that matches their values, that is committed to behaving in an ethical fashion, and that makes a contribution extending beyond the benefit of the organization.

While it would seem at face value that these cited organizational criteria match most not-for-profit behavioral health organizations, the data shows that many Millennials are dissatisfied with the current culture of their organization (Deloitte, 2014). Additionally, as demonstrated trough the results of this research, meeting this criteria of

organizational altruism is not fully sufficient in retaining these employees. If an organization expects the Millennial to maintain their position, the employer needs a willingness to evaluate their organizational culture and develop a plan to address this culture and the other key findings, beginning with the quality of the relationship.

Psychological Contract

As described in the factors leading to retention, this employee values a reciprocal, mutually beneficial relationship (RHI, 2008). The Millennial Generation employee believes in hard work as a means to advance their careers, and also expects the organization should reward them for this hard work (Thomas, 2009b). This finding is in line with Rousseau's (1989) psychological contract theory. This contract is an unwritten agreement that creates an obligation from the employer to the employee in exchange for the provided work (Rousseau, 1989). The psychological contract theory is interwoven throughout most of the factors and elements identified in the research, beginning with reimbursement for the work provided.

Retention efforts

As important as it is for the Millennials to work in a humanitarian position, compensation, specifically pay, benefits, and tuition assistance must be fair and competitive, or the employee will not stay (Bridges & Turnham, 2013; RHI, 2008; Thomas, 2009b; Zukin & Szeltner, 2012). Related to Rousseau's (1989) Psychological Contract Theory, the inducement of pay for work is a critical aspect of the perceived contractual obligation (Dabos & Rousseau, 2004; Lambert, 2011), and parallels the finding that it is imperative for compensation to be equitable. Non-profit behavioral

health organizations must identify a way to invest into the employee through a competitive compensation package, or risk losing the employee and subsequent revenue, based on the documented cost of employee turnover (Heavey et al., 2013).

Interesting to note, a portion of the literature reviewed focused on employee burnout; items such as emotional exhaustion and depersonalization in the workplace (Paris & Hoge, 2010). This did not emerge as a significant factor based on the findings in the research. The data did not focus heavily on burnout as a consideration for turnover. Rather, the research seems to display that an employee tends to leave for an opportunity, versus a feeling of being burnt out (Schawbel, 2013). One method in developing this fulfillment is achieved through the leadership efforts of the organization.

Leadership

The Millennial workers expects ongoing feedback, critiques and communication from their direct supervisor (Deloitte, 2014). This feedback is not unlike what the Millennial Generation is accustomed to from their parents, delivered throughout their formative years of development (Solnet et al., 2012), and is consistent with information gained during the literature review (J. G. Carman et al., 2010; Jamieson, 2008).

Similar to their interactions with their parents, this generation expects the organizational culture and their direct supervisor to be friendly, supportive, and encouraging. The Millennial employee expect to be heard sincerely and have their feedback included in organizational decisions, regardless of the employee's tenure with the organization (Meister, 2012a). As discovered within the review of literature, the attitude and competence of a supervisor heavily determines the retention intention of the

employee (Eby et al., 2010; Eby & Rothrauff-Laschober, 2012; Knight et al., 2011). To aid in the job preservation of this generation, an organization needs to understand and adapt to more of the unique personality traits of the Millennial Generation, and their subsequent expectations.

Millennial generation traits

The findings of the research show this generation is highly committed to family. While this may not be unique compared to other generations (Stevens, 2010), the Millennials uniquely expect that an organization will aid them in achieving a work/life balance to prioritize these important relationships (RHI, 2008). A crucial aspect seems to be an expected flexibility within the employee's schedule, including the opportunity to work from home and use technology when necessary to help achieve this balance (Meister, 2012b). In addition to balancing work and family priorities, this generation also desires advancement opportunities.

Perhaps the most often discussed stereotype of the Millennial Generation is that they are a group of young people who feel they are entitled and don't have to pay their dues before advancement (Kaifi et al., 2012; Zopiatis et al., 2012). While the interpretation may seem a bit unfair, it is actually supported in literature (Ferri-Reed, 2012) and also supported based on the results of this research (Coombs, 2012; Meister, 2012b). If an organization hopes to retain the Millennial Generation therapists, the entity must acknowledge and come to terms with this trait and adjust accordingly. An employer should offer ongoing training, provide opportunities for creativity, and equally important, offer the Millennial worker the prospect for advancement and leadership opportunities

(Deloitte, 2014; Schawbel, 2013; Zukin & Szeltner, 2012). All of these accommodations for a generation who may or may not reciprocate the same degree of organization commitment.

This generation does not seem to have the inherent loyalty to an organization demonstrated by preceding generations (Cassar et al., 2013; Montes & Zweig, 2009). Influenced by growing up in a fiscally uncertain period, the Millennials do not feel there is anything wrong with leaving a position to achieve the next level of security (Meister, 2012b). In fact, a large portion of this generation expects to leave their current employer (Coombs, 2012), especially if they believe their opportunities for advancement are low in their current job.

Rather than approach this generation as one that refuses to pay its dues, it would better serve employers to understand that Millennials' efforts need to be acknowledged in shorter intervals of time in order to retain them (Schawbel, 2013). The amount of time the Millennials consider sufficient to have paid their dues is shorter compared to prior generations, a successful organization needs to adjust accordingly (Bridges & Turnham, 2013). While this may seem at face value in contrast with Rousseau's, (1989) Psychological Contract Theory, in actuality it lines up well, as discussed under the recommendations section of this chapter.

Limitations of the Study

The study had several limitations. As described earlier in this dissertation, the inherent design of the qualitative methodology can potentially limit the amount of data garnered, in large part based on the relatively limited number of individuals who typically

participate in the inquiry (Patton, 2002). The process of identifying the individuals who can add the most value is difficult, time becomes a considering factor. Limited data potentially limits the validity, applicability, and transferability of the study (Creswell, 2013). This issue of limited data was resolved by creating a case study design utilizing secondary data as the primary source of information (Baxter & Jack, 2008).

As described in Chapter 4, the unexpected issue was the vast amount of data that was available. A close review of the data, methodology, and potential biases of the originating documents aided in paring down the information. Following an intensive inductive process, trustworthy information emerged. Another important issue to monitor was personal bias.

One probable issue in conducting this research is researcher bias, as I have worked as professional in the field of behavioral health treatment for over 20 years. Separating my professional history and assumptions from the data is important in keeping from skewing the original intent of the information. To counter this limitation, I spoke openly with my advisors about my pre-conceived notions, spent time journaling my personal thoughts while reviewing data, and discussed these and the methodology with an external source. Again, the use of secondary data made it difficult to incorporate my own biases. Using the data collected by others enabled a clean application of the scientific method, building upon what others began (Corti & Bishop, 2005; Eby, Burk, & Maher, 2010).

Recommendations for Further Study

This research generated several unanswered questions that open the opportunity for further study. As demonstrated in this research and building upon prior work demonstrated in the literature review, there are unique traits within this generation. Understanding and working with these traits could provide a creative organization the opportunity for improved retention and overall client outcomes. Based on this work, the opportunities for future research should be encouraged to further explore and understand these traits. Examples of this work should center on creativity in the workplace to create a reciprocally beneficial relationship. Workplace creativity can begin with establishing a culture that supports dynamic learning, understanding of generational differences, support, and even humor (Robert, 2014). A deeper look into contract breech (Trybou, Pourcq, Paeshuyse, & Gemmel, 2014) and burnout related to turnover is another important opportunity for future research. Finally exploration into technology as a catalyst for retention (Llywelyn Strachan et al., 2015).

Future research – technology

To imply that the Millennials are technologically savvy is an understatement; instead, they are technologically dependent (Ferri-Reed, 2012; RHI, 2008). This group was raised on technology, spend a majority of their time online, and communicate heavily using technology (Myers & Sadaghiani, 2010). To achieve a desired work/life balance, the Millennials require the opportunity to have flexibility in their schedule (RHI, 2008), future work should be explored on how the use of technological advancements may be used to achieve this flexibility. The use of technology, along with a creative

approach to organizational experiences, may be a factor in improving the organizational relationship with the employee.

Future research – creativity

It is understood that turnover is costly (Aarons et al., 2011) and negatively impacts client care (Heavey et al., 2013; Taylor et al., 2013). Unfortunately, the consistent theme emerging from prior work and this research on retention efforts is that the Millennial Generation do not anticipate spending more than a few years within a position and are comfortable leaving an organization to secure a new opportunity (Bridges & Turnham, 2013; Coombs, 2012; Schawbel, 2013).

Leaving the organization is not necessary if the Millennial Generation behavioral healthcare therapist is in a challenging role, feels valued, and has the opportunity for advancement and leadership (Meister, 2012b; Schawbel, 2013). Future research and exploration should focus on how a behavioral healthcare organization can arrange an environment that will allow this generation a variety of experiences and proportionate growth opportunities without having to move to a new workplace. This concept fits well with Rousseau's (1989) psychological contract theory by offering motivated, hard-working employees the chance to grow and learn without having to leave the organization. Another opportunity for future study, based on Rousseau's theory, is to expand the focus on contract breach and burnout.

Future research – contract breech

As written earlier in this chapter, the data sets ultimately utilized for this research made few, if any, references to employee burnout or a perceived breach of contract by the

employee as a reason to leave an employer. This is not consistent with the literature

review, where these factors were consistently cited as impacting a Millennial's decision

to retain their current positions (Cassar et al., 2013; Eby et al., 2010; Lambert, 2011).

Perhaps it is my own bias, but working in the behavioral healthcare field for 23 years has

provided the personal experience to confirm that employee burnout in the workplace

contributes to employee turnover (Knight et al., 2011; Metwally, 2013) and is worth

further exploration.

Implications for Social Change

The Affordable Care Act (ACA) is "expanding avenues for obtaining affordable

healthcare coverage" (Golden & Vail, 2014, p. 96), and should provide a significant

advantage for the fiscally disadvantaged and some minority groups. An individual's

ability to access healthcare is imperative to socioeconomic equality and advancement

(Sperry, 2013).

Based on the ACA, chronically ill Americans from racial and ethnic minorities

will benefit (Ofosu, 2011) by gaining access to care which was previously out of reach

and help increase the opportunity for social change. This healthcare coverage extends

into the treatment for behavioral healthcare disorders, allowing more people the

opportunity for treatment of these related diseases. This increased demand will

necessitate a well-trained group of professionals, and Millennials comprise the largest

portion of this group.

The implications of this research help gain insight into why Millennial Generation

therapists remain in their behavioral healthcare positions. Through this understanding,

behavioral healthcare employers may alter their approach to increase retention. This retention will strengthen client outcomes, improve the fiscal bottom line and organizational continuity (Bamford-Wade & Moss, 2010; Heavey, Holwerda, & Hausknecht, 2013; Knight, Broome, Edwards, & Flynn, 2011; Rothrauff, Abraham, Bride, & Roman, 2011; Taylor, Hiller, & Taylor, 2013), all leading to positive social change through improved healthcare (Garner & Hunter, 2013). Using secondary data and general document review, this research will better influence policy and promulgate positive social change. The implications for social change will help the overall infrastructure in the delivery of behavioral healthcare services.

Conclusion

This study examined factors contributing to the retention of Millennial Generation workers employed as nonprofit behavioral healthcare therapists. High turnover in this field results in decreased organizational and client outcomes, and reduced employee productivity (SAMHSA, 2013). The Affordable Care Act has increased access to service and increased demand for behavioral healthcare treatment (US Department of Health and Human Services, 2014), highlighting the need to identify factors of retention of the Millennial Generation behavioral healthcare therapists.

The circumstances, environment and culture in which a generation is raised creates distinctions in their attitudes, expectations and behaviors (Hansen & Leuty, 2012b), separating and distinguishing themselves from prior generations (Gregoryk & Eighmy, 2009; Pendergast, 2009; Schullery, 2013). The Millennial Generation is no exception.

Fundamentally, the Millennial Generation's "brains, stimulated by digital technology, may differ in both physical structure and function" (Schullery, 2013, p. 254) compared to other generations. This generation has been raised by parents who protected and supervised them at an intense level, perhaps from witnessing tragedies such as Columbine and sensationalized kidnappings (Schullery, 2013). Their unique upbringing, with consistent feedback, praise and immersion in technology (Dupont, 2014) necessitates a shift in managing the retention of this generation.

The Millennial Generation as employees are "creative, highly motivated workers" (Ferri-Reed, 2015, p. 1) who have a strong sense of community spirit (Gose, 2015), and are well equipped to work as behavioral healthcare therapists, but keeping them retained in these positions is a more formidable task.

Behavioral health organizations must provide fair compensation and demonstrate support and creativity in order to keep the Millennial Generation within their organization. To retain these workers, an employer needs to bend to the nuances of this generation to help them achieve a healthy balance between work and home, meet their unique communication needs, and offer an opportunity for growth and leadership. The overall outcome will create an attractive environment for the employee, meet the growing demand for services, and improve the overall outcome of the client seeking treatment.

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