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BECOMING A PUBLIC HEALTH PROFESSIONAL: MILLENNIALS' PERSPECTIVE ON ORGANIZATIONAL ASSIMILATION AND PROFESSIONAL IDENTITY

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ABSTRACT

Public health must confront the ongoing challenge of workforce transitions and the impending exodus of existing employees. The millennial generation rises as an option to fill this workforce gap. Using the Socialization Resource Theory as a framework and qualitative data from in-depth interviews with 27 millennial professionals from federal, state, local, and non-governmental public health agencies, this study describes (a) the organizational assimilation (OA) process for millennial public health professionals, (b) explores the impact of OA on professional identity, and (c) describes how the OA process may impact the retention of public health professionals.

The results from this study revealed relatively homogenous collective socialization or organizational acculturation experiences among millennial public health professionals, characterized by a complex job-seeking process, and an overwhelming and relatively unsupportive onboarding experience. Participants indicated the OA process affirmed and further refined pre-existing professional identity. Organizational innovation and supportive organizational structures that promote career growth, including mentorship and networking, emerged as important facilitators of retention among millennials.

Recommendations for public health practice include revising the job-seeking process, developing onboarding structures that include mentorship and networking opportunities, institutionalizing opportunities for career growth and advancement, and fostering collaborations with universities and other organizations to recruit individuals who have a professional identity that aligns with public health.

INDEX WORDS: Millennials, Organizational socialization, Organizational assimilation, Socialization resources, Public health, Organizations

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TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1

INTRODUCTION

Rationale and Significance of Study

Public health is evolving, and the sector must confront the ongoing challenge of workforce transitions. In particular, the face of public health is changing as a vast majority of public health workers are aging and deciding to leave or consider doing so soon (Sellers et al., 2019). Moreover, those at the most risk of exiting the workforce are primary holders of pertinent institutional knowledge key to the success of public health's mission. These senior managers and executives across public health agencies that expect to retire by the year 2023 could account for 42% of managerial and executive-level years of experience (Sellers et al., 2019). These impending pre-planned exodus rates, coupled with the fact that public health has a high turnover rate, have led workforce development researchers to suggest ways to slow the exit of experienced personnel and, in parallel, increase the entrance and retention of new practitioners to take their place (Beitsch et al., 2019).

This leads to the question of who will take the place of exiting personnel. The millennial generation rises as a valid option with an age span of 25-40 (as of 2021). Compared to other generations, millennials have been described as being more educated, diverse, and technologically savvy (Dimock, 2019; Frey, 2018; Puybaraud et al., 2010). According to the report Generation Y and the Workplace Annual Report (2010), Puybaraud et al., 2010 describe the Millennial workforce as flexible, mobile, collaborative, and unconventional. In addition, Millennials bring characteristics to the workforce, unlike previous generations, such as agility, technological savviness, and transformational ideas and work habits (Puybaraud et al., 2010). Further, the authors of the report identified that the top three factors in Millennials' choice of companies to work for include opportunities for learning/ meaningful work, quality of life, and work colleagues (Puybaraud et al., 2010).

As of 2019, the Millennials made up 35 percent of the US labor workforce, compared to 33 percent for Generation X and 25 percent for Baby Boomers, making Millennials the largest generation in

the workforce (Fry, 2018). Millennials may be poised to assume the public health roles that are left behind by public health retirees, especially with the increase in the number of public health graduates. In 2016 alone, there were 13,000 undergraduate public health degrees conferred and 17,321 masters of public health degrees conferred, with at least half or more degrees conferred to millennials based on data released by the National Center for Education Statistics for the 2015-2016 data year (Erwin et al., 2019; Leider et al., 2018; National Center for Education Statistics; Statistics).

Yet, the next generation of would-be public health workers, the millennial population, is underrepresented in the current public health workforce, making up only 22% of the public workforce (vs. 35% in the US workforce). This might presumably be due to a myriad of reasons, such as public health's limits in the degree of innovation and creativity that is desired by millennials, lack of competitive salaries, barriers to entry into the profession, and public health's (especially governmental agencies) challenges in effectively recruit and retain junior talent.

Researchers and practitioners are emphasizing the need to address the demand to reinvigorate the public health workforce to ensure its sustainability. In addition, there is a growing understanding that millennials are the future of public health, and organizations will need to use effective approaches to recruit and retain a robust workforce to advance public health initiatives. Given that millennials grew up in an age of technological advancement and have unique workplace desires, such as flexibility and greater quality of life, public health organizations will need to re-assess how they attract and recruit millennials into the organization. The fact that millennials are graduating with public health degrees but are not attracted to work within public health organizations is concerning. Therefore, public health organizations must review how they integrate potential and new professionals to ensure the workforce is adequately supplied after the impending departures of professionals from the baby boomer generation.

How individuals are brought into organizations impacts how they view themselves within the organization, how they align with the organization's goals and objectives, their job satisfaction, and whether they would stay with the organization long term. Yet, for public health organizations, there is little literature on how the millennial generation navigates through the organizational entry process.

In organizational communication literature, organizational assimilation is the term used to define the process of organizational entry and integration. Organizational assimilation is a process where two major activities occur, formal and informal socialization and individualization (Miller, 2015). Socialization can be described as the stages of adaptation that an individual progresses through as they integrate into an organization, or in other words, all the formal and informal ways in which an organization influences and modifies an individual's behavior to meet the needs of the organization (Miller, 2015). Individualization refers to individual efforts to adjust, define, and negotiate their respective organizational roles (Miller, 2015). Understanding the organizational assimilation experiences of millennials as they enter and integrate into public health organizations will help shed light on how the field of public health can modify its organizations and processes to be more attractive to new workforce entrants. Therefore, this study seeks to fill this literature gap. This study's results would benefit public health leaders and policymakers as they work to enhance and strengthen the public health workforce.

Purpose of the Study

This study examines the millennial generation's assimilation (i.e., socialization and individualization) process into public health organizations at varying levels: federal, state, and non-governmental organizations/partners and companies that contract with public health agencies. This study also seeks to understand the impact of organizational assimilation on a millennial's professional identity.

Scope of the Study

This study takes a slightly different approach than other similar studies on the topic by focusing specifically on millennials. The scope will be constrained to millennials of age 25-40 (as of 2021) that have six months to seven years of full-time experience working at a public health organization after graduating from a respective public degree offering program. The study will describe the organizational socialization and individualization (i.e., organizational assimilation) experience of millennial participants. This study will also explore the impact of the organizational assimilation process on the millennial's public health professional identity.

Research Questions

The research questions for this study are:

- How do millennial public health employees experience the organizational assimilation process within public health organizations?
- How does the organizational assimilation process influence a millennial's public health professional identity?
- How does the organizational assimilation process hamper or facilitate retention?

Overview of Conceptual Framework

The literature shows that the socialization process is more effective and is positively impacted by the availability and use of relevant organizational resources as a newcomer integrates into an organization (Saks & Gruman, 2014; Saks & Gruman, 2011). The socialization resources theory–used in this study to conceptualize the link between organizational assimilation and employee outcomes–proposes that the use of organizational resources (formal and informal; relationships; and training, for example) have a direct impact on the successfulness of a newcomer's integration into the organization (Saks & Gruman, 2014). Therefore, this theoretical framework would prove to be a useful model in developing an understanding and explaining the millennial workforce entry experiences across public health organizations and learning more about specific resources that can be implemented by organizations to promote positive socialization outcomes.

Research Plan and Unit of Analysis

A qualitative research approach was used in the current study. Data was collected using semi-structured interviews. Thematic analysis was used to explore millennials' organizational socialization experiences and professional identity in public health organizations. Once the data were collected, the data were initially coded and organized into categories to identify unique concepts or themes. Inter-coder reliability testing was conducted to ensure the consistent application of codes. The analysis process was completed using a qualitative analysis software called Dedoose. A snowball sampling approach was used to gather participants for the study, with care taken to ensure there are participants from different areas of

public health, reflecting an accurate representation of millennials across the field of public health. Participants were recruited using the Georgia Southern Jiann-Ping Hsu College of Public Health's listserv, LinkedIn, and from references of study participants. Participants provided consent before participating in the study. Participants' age, years of experience working for a public health agency (either by classification as a full-time employee or contracted employee), and their perceived ability to recall their experience joining the organization were also obtained. Thematic analysis was used to capture each study participant's unique experience of organizational socialization and their perceived professional identity.

Outline of Remaining Chapters

Chapter 2 summarizes findings from the literature review on organizational assimilation in public health and other sectors. Chapter 3 outlines the research strategy and approach for the study. Chapter 4 presents the findings from the study. The practice, research, and policy implications of these findings are discussed in Chapter 5.

CHAPTER 2

LITERATURE REVIEW

Public Health

Public Health's Changing Landscape

Public health activities aim to create a society that provides the conditions and opportunities necessary for communities to be healthy (Remington & Health, 1988). Since the 19th century, public health has navigated at least two periods that have defined its role and contributions to creating healthy communities. Public Health 1.0 (late 19th century and early 20th century) saw the development of vaccines and antibiotics, an increased understanding of diseases, and a growth in the epidemiology and laboratory science (DeSalvo et al., 2016). Public Health 2.0, beginning in 1988 and extending to the present day, is characterized by efforts to standardize what is expected of public health, including the creation of a common set of goals and core functions of governmental public health agencies—assessment, policy development, and assurance (DeSalvo et al., 2016; Remington & Health, 1988). Now public health leaders and practitioners posit that public health practice is due for another seismic shift in its delivery of health protections (DeSalvo et al., 2016; DeSalvo et al., 2017; US Department of Health and Human Services, 2016).

During the periods of public health 1.0 and 2.0, the United States (U.S.) saw accomplishments such as an increase in life expectancy, decrease in smoking rates, increase in survival after age 75, increase in rates of cancer screening and survival, lower stroke mortality, and recently, via the Affordable Care Act, a reduction in the uninsured rate for the provision of medical services (US Department of Health and Human Services, 2016; Woolf & Aron, 2013). However, while public health has made strides in the past decades, the profession is recognizing that there are other adverse social and environmental behaviors related to health and longevity that need to be addressed to create conditions that promote a healthy community (DeSalvo et al., 2016; DeSalvo et al., 2017; US Department of Health and Human Services, 2016).

Despite $3.0 trillion annually in healthcare spending more than the U.S.'s global high-income counterparts, the nation has experienced a greater incidence of preventable diseases such as diabetes, heart disease, chronic lung disease, and obesity when compared to its peers (US Department of Health and Human Services, 2016; Woolf & Aron, 2013). The U.S. also fares worse than its peer countries in key health indicators such as drug-abuse-related mortality, vaccination rates, injuries, suicides, and homicides (For the public's health. [electronic resource], 2012; Woolf & Aron, 2013). Given these outcomes on key measures of health, Americans appear to be in poorer health when compared to other wealthy developed countries (Woolf & Aron, 2013).

The need for public health to tackle the social and environmental determinants of health, which lead to poor health outcomes, has been exacerbated by years of decreased funding, lack of appropriate allocation of essential resources, the transformation from episodic, siloed healthcare to more value-based integrated care and an increasing need for cross-sector collaboration to effectively address the causes of poor health outcomes across various communities within the nation (DeSalvo et al., 2016; DeSalvo et al., 2017; US Department of Health and Human Services, 2016). In the current environment, public health funding is fragmented, complex, and compartmentalized, leaving local public health departments under-resourced and unable to effectively coordinate and develop optimized programs to meet the needs of the communities they serve (For the public's health. [electronic resource], 2012).

Recent literature has established that over the past decade, public health funding has languished, with expenditures for health care services and medical research greatly exceeding the total amount of expenditures for public health, a trajectory expected to continue in the coming years (Himmelstein & Woolhandler, 2016; Kinner & Pellegrini, 2009). The latest significant decrease in public health funding activities began in 2008 due to the Great Recession (2007-2009), thereby challenging an already stressed system fraught with many years of consistent declines in public health funding from fiscal year (FY) 2001-2002 to FY 2008-2009 (DeSalvo et al., 2016; Kinner & Pellegrini, 2009; Mays & Hogg, 2015). It is believed that the recession-induced cuts were offset by the American Recovery and Investment Act of 2009 and the Patient Protection and Affordable Care Act (ACA) of 2010, which increased federal

spending on state and local public health activities. However, the Prevention and Public Health Fund created by the ACA to fund public health activities in the amount of $15 billion was significantly reduced via cuts to the ACA in 2012 and federal sequestration in 2013, reducing the absolute amount in how much federal spending would offset the recession-induced budget constraints experienced in state and local budgets (Himmelstein & Woolhandler, 2016; Mays & Hogg, 2015). Because the Prevention and Public Health Fund has been raided to support other priorities, as of FY 2020, the Prevention and Public Health Fund would only provide $892.95 million in grant assistance to the state and local public health governmental agencies, significantly less than the $2 billion per year allocated by the ACA (TFAH Report, 2020).

It should be noted that during the same time in which governmental public health agencies were reducing public health activities due to the recession and other budgetary constraints, the public health contributions made by hospitals, health insurers, and community health centers were not impacted to the same degree; making the contributions of public health activities via medical care systems more recession resistant (Mays & Hogg, 2015). This shift within the health care delivery system to integrate public health along with other mandates via the ACA, including conducting community health needs assessment, implementing community health improvement plans in partnership with public health stakeholders, and shifting from fee for services to value based care models has disrupted the way in which governmental public health agencies must deliver programs and other activities to meet the needs of the community (DeSalvo et al., 2016; Mays & Hogg, 2015). Public health officials must work with other stakeholders in the medical care system and other organizations to effectively and efficiently deliver services and program that meet the needs of the local community and prevent disease (Mays & Hogg, 2015). In fact, the National Association of County and City Health Officials ’2018 report that summarizes the forces for change across 966 local health departments (LHD) within the U.S., revealed that most LHDs collaborated, cooperated, or coordinated with community partners to address various population health issues in 2017.

In addition to the challenges faced by the public health delivery system discussed previously, the changing population healthcare needs, changing demographics across the country, greater need for and access to information and data, and the increased need to collaborate with non-health sectors in the promotion of conditions to optimize health, has resulted in a transition point to Public Health 3.0 — with emphasis on building on the past and present functions with a refined focus on cross-sector collaborations and systems-level actions to affect social determinants of health (DeSalvo et al., 2016; DeSalvo et al., 2017; Resolve, n.d.; US Department of Health and Human Services, 2016). Rather than attempting to do the work of public health alone, public health officials will assume the role of chief health strategists within their communities with an emphasis on leading or coordinating community efforts in health promotion and catalyzing action in collaboration with leaders from diverse sectors (Resolve, n.d.). In addition to moving into the role of chief health strategist for the community and developing strategic partnerships, the enhancement of public health also includes identifying additional sustainable yet flexible funding, locally relevant information systems and improved informatics workforce capacity, and a strengthened foundational infrastructure that can weather fluctuations in public health, community, and political leadership (DeSalvo et al., 2016; DeSalvo et al., 2017; US Department of Health and Human Services, 2016).

Public Health's Workforce

The public health workforce, an essential part of the nation's infrastructure, has largely been responsible for navigating the country through the impressive gains in improved health outcomes that are seen today because of successful programs targeting sanitation, water quality, vaccines, smoking policy, and seat belts. It should be expected that the public health workforce would be best suited to lead the country in addressing the social determinants of health that adversely impact many communities (DeSalvo & Levi, 2019). However, recent literature researching the current state, needs, and interests of the public health workforce across this country has identified a stark reality that the workforce is not equipped or prepared to guide the nation in this shift in community needs (DeSalvo & Levi, 2019; Hilliard & Boulton, 2012; Sellers et al., 2019)

With a majority of public health literature traditionally focused on describing disease, identifying physical, social, and environmental correlates of disease, evaluating programmatic interventions, and reporting study results, historically, little research has been published on the public health workforce infrastructure despite the demand over the past decades for better public health workforce data, which would help develop an enhanced understanding of the needs for this sector (Sellers et al., 2015). National reports from the 1980s and the Institute of Medicine's (now National Academy of Medicine, [NAM]) 2003 report entitled *Who Will Keep the Public Healthy* brought attention to the need for a public health workforce research agenda (Hilliard & Boulton, 2012). Literature before 2015 was focused on defining the size and composition of the workforce, competencies and training needs, and the need for recruitment and retention, but often lacking information on workforce characteristics (e.g., gender, age, education, ethnicity), and functional roles (Sellers et al., 2015). In addition, there was little national data on job satisfaction, staff perceptions, beliefs, attitudes, opinions, and experiences of individuals within the public health workforce (Sellers et al., 2015). Specifically, a 2012 systematic literature review for published public health workforce research spanning 25 years found that in the thematic areas of diversity; recruitment, retention, separation, and retirement; education training and credentialing; pay, promotion, and performance, and job satisfaction, the published literature was "limited" and "at times…. nonexistent in the body of public health workforce literature" (Hilliard & Boulton, 2012).

The first Public Health Workforce Interests and Needs Survey (PH WINS) conducted in 2014 (survey findings published in 2015) sought to help close the gaps in public health workforce research by collecting national level data from state health agency (SHA) workers on different aspects of the public health workforce such as diversity, how to meet the difficult challenges ahead, perspectives on current national trends, and impacts to recruitment, retention, development, and performance as public health makes its transition to public health 3.0 (Sellers et al., 2015). The 2014 PH WINS results revealed some key issues that need to be addressed in the public health workforce. Of importance, the survey findings exposed the need to place more attention on succession planning and diversity, specifically recruiting young and mid-career professionals as well as Hispanic/Latino staff and maintaining institutional

knowledge by preparing for the exodus of retirement individuals and increasing efforts to retain high performing staff (Sellers et al., 2015). In particular, the 2014 survey highlighted that almost half of the public health workforce was greater than 50 years of age and those aged 30 years or younger only made up 8% of the workforce (Sellers et al., 2015). The survey findings also suggested that public health advance training in policy analysis and development, business and financial management, systems thinking and social determinants of health, evidence-based public health practice, and collaborating with and engaging diverse communities. Lastly, the 2014 survey showed that more education and training were needed in using the Health in All Policies approach to address health disparities and health inequities (Sellers et al., 2015).

A second PH WINS survey was conducted in 2017. Through this study, Sellers et al. brings to light five key issues that are currently impacting or will impact the capacity for public health professionals to protect and improve the country's health—workforce diversity, retirement and succession planning, salary implication in recruitment and retention, undergraduate public health education, and emerging concepts in public health practice (Sellers et al., 2019). Of importance to the current literature review, Sellers et al. suggest, based on the 2017 survey, that like the findings from the 2014 survey, there is still a great need to diversify the public health workforce to look more like the populations they serve, and to also create a working environment that is welcoming and satisfying to those other than non-Hispanic whites.

In addition, Sellers et al. (2019) note that one of the most significant issues that public health will need to address is retirement, succession planning, and staff retention, with 22% of staff planning to retire by 2023 and 24% of staff planning to leave the organization within the next year–41% higher than in the initial survey from 2014, creating the potential for what could be a large drain on institutional knowledge and workforce capacity. Many individuals that are planning to leave the workforce due to retirement are executive and management level officials at the state and local level with an average of 13 years of experience in public health, thus having great potential to destabilize public health leadership, decrease efficiency and effectiveness of public health actions, and greatly reduce the number of seasoned

employees needed to navigate the profession through the internal and external crises in an environment riddled with historical challenges such as budgetary and personnel setbacks due to the Great Recession, from which there was no complete recovery, and the immediate need to redefine the practice of public health to holistically address social determinants of health (Beitsch et al., 2019).

The 2017 PH WINS survey also showed an increase in state and local health department employees with an undergraduate public health degree who tended to be younger (aged 21-30). This trend could potentially shift the public health workforce to one with greater numbers of staff with formal public health training and a broader workforce that is more health informed. This is a welcomed change, given that those who hold formal public health education at the state and local health departments across the U.S. are approximately 17%, and only about 30% of the workforce that makes up the public health sciences have formal training. (Erwin et al., 2019; Leider et al., 2019; Sellers et al., 2019). Erwin et al. (2019) posits that this increase in undergraduate public health professionals could displace master-level professionals when competing for entry-level positions. Further, the undergraduate training needed before graduation (internships, work experience requirements) may overwhelm the public health agencies as they also continue to provide placement sites for other health professional students (Erwin et al., 2019). This increase in undergraduates with public health degrees still needs more assessment, as public health workforce researchers seek to understand the total impact of increased undergraduate education in public health (Erwin et al., 2019).

The role salaries play in the recruitment and retention of public health employees was brought to light in the PH WINS (2019) study as well as another national public health workforce development needs study (the Director Assessment of Workforce Needs Survey, DAWNS) completed to understand the training and development needs of public health staff from the perspective of managers and executives (Leider et al., 2019). Leider et al. (2019) reveal that among other barriers, low salaries and private sector competition are hurdles that the public health workforce will need to overcome to effectively recruit and retain high-quality staff. This obstacle is congruent with the PH WINS findings from Sellers et al. (2019), yet the authors go on to describe the barrier as a bit more complex, with many

staff at state public health agencies earning more than the staff at local public health agencies. It should be noted that the PH WINS findings also suggest that public health occupations such as informaticist, data analyst, nurses, and epidemiology will see increased private sector competition as perceived by managers and executives in the study conducted by Leider et al. (2019) (Yeager et al., 2019).

While salary is important in recruitment and retention, both the DAWNS (2019) and PH WINS (2019) studies acknowledge that there are other contributing factors. Specifically, the DAWNS (Leider et al. 2019) indicates that other factors could be the need for growth and advancement, supervisor satisfaction, and overall organizational support. In addition, the DAWNS (Leider et al., 2019) study suggests that the public health workforce needs broader skills and knowledge to meet the challenges and needs across public health. The PH WINS (Seller et al. 2019) expounds on the claims from the DAWNS (Leider et al., 2019) study, showing that there was moderate awareness of emerging public health concepts that are expected to, if implemented, be positively impactful on the public health practice. An even fewer proportion of respondents in the PH WINS study felt that the public health emerging concepts had an impact on their daily work activities (Sellers et al., 2019).

Millennials

Defining Millennials

The Pew Research Center defines the millennial age group as anyone born between the years 1981 and 1996 (Dimock, 2019). This would mean in the year 2021, a millennial would be an individual aged 25-40. Significant political, economic, and social factors such as the 9/11 terrorist attacks and the Iraq and Afghanistan wars have defined the formative years of millennials s and have shaped the current polarized political climate. In addition, the millennial generation is the most diverse in the nation's history (Frey, 2018).

Millennials gravitate toward group activities, are fascinated by new technologies, are more racially and ethnically diverse, and, in many cases, have at least one immigrant parent (Anderson, Buchko Aaron, et al., 2016). Millennials are also likely to marry later in life, are less religious in their views, are

less likely to view issues in terms of race or ethnicity, and do not necessarily expect to have the financial success their parents enjoyed (Anderson, Buchko Aaron, et al., 2016).

The millennial generation is the largest adult group in the United States, according to the Brookings Metropolitan Policy Program Report (Frey, 2018), and, with 44 percent minority, is the most diverse generation the US has ever seen. The millennial generation is poised to be the bridge from the more predominately white generation of Baby Boomers to the more racially diverse post-millennial generations (Frey, 2018). Millennials have achieved greater levels of education, making this group relatively more educated at the same time in young adult life compared to previous generations (Bannon et al., 2011; Frey, 2018). For example, the Pew Research Center reported that in 2016, 40 percent of millennial workers aged 25-29 had a bachelor's degree compared to only 32 percent from the previous generation, Generation X (Fry, 2018).

One key characteristic that separates millennials from previous generations is their technology adaptability (Puybaraud et al., 2010). Millennials grew up during a time of significant technological advances, and immersion in technology from childhood gave them an increased ability to adapt to the ever-changing digital world due to their early exposure to gadgets and smartphones. (Lily, n.d.; Puybaraud et al., 2010).

Millennials in the Workforce

As of 2019, millennials made up 35 percent of the US labor workforce, compared to 33 percent for Generation X and 25 percent of Baby Boomers, making millennials the largest generation in the workforce (Fry, 2018). The authors describe the millennial workforce as flexible, mobile, collaborative, and unconventional in a report published by Johnson Controls in its Generation Y and the Workplace Annual Report (2010). In addition, unlike previous generations, millennials bring characteristics to the workforce, such as agility, technological savviness, and transformational ideas and work habits (Puybaraud et al., 2010). Millennials prefer a casual work setting, whether they are working online or in an office involving informal meetings and a flexible work environment prompting organizations to provide informal collaborative and team workspaces (Bannon et al., 2011). Thompson and Gregory

(2012) discuss this common perception of millennials and suggest this desire for a less formal atmosphere is rooted in millennials' desire for less formal work environments stemming from societal shifts in work-life balance (which ultimately began with the preceding generation, Generation X) and exposure to great advances in technology. Technology and social networking have led millennials to be more connected across geographic barriers, increasing the ease of developing relationships, which tend to be more casual in nature (Lily, n.d.; Puybaraud et al., 2010). To this end, millennials expect organizations to maximize technology use as they prefer a mobile portable technology-advanced workplace (Bannon et al., 2011). Furthermore, the authors of the Generation Y and the Workplace Annual Report (2010) report identified that the top three factors in millennials' choice of companies to work for include opportunities for learning/ meaningful work, quality of life, and work colleagues (Puybaraud et al., 2010). In addition, unlike some of their workplace colleagues, millennials believe that productivity should be measured by the quality of the output preformed, not by the number of hours worked in the office each day (PricewaterhouseCoopers et al., 2013).

Millennials also have a strong desire of social responsibility and expect the organization that they work for to reflect their value of social responsibility (Bannon et al., 2011). Millennials expect benefits such as paid leave or sabbaticals to volunteer on behalf of the company or participating in or allowing them to participate in community service or charitable work, (Bannon et al., 2011; Cahill & Sedrak, 2012).

Generational Differences

Generational diversity exists in the workplace, and these different generational employees navigate the workplace with very different expectations regarding their career, work habits, life goals, and attitudes (Singh & Gupta, 2015). In particular, millennials are ambitious opportunity seekers regardless of whether the opportunity is within one organization or requires moving to another. This makes retention of millennials, especially for those with the highest achievement potential, more difficult if organizations do not adapt leadership styles to the desires of the millennial generation (Kosterlitz & Lewis, 2017). Millennials have the highest professional commitment of all generations, according to Singh and Gupta

(2015), but show less job involvement and organizational commitment. Thus while millennials may show high dedication to their work, they may still be more willing to leave the organization than other previous generations (Burton Cherise et al., 2019). In Thompson and Gregory's review of common perceptions of millennials, they suggest that millennials will not stay with organizations because it is the right thing to do in the same manner that previous generations have done to prove loyalty (Thompson & Gregory, 2012). AbouuAssi, Johnson, and Holt (2019), in their analysis of data taken from the National Longitudinal Survey of Youth 1997 cohort from 2008-2013, found that millennials change jobs frequently but within the same sector (Pew Research Center, 2010). Recent also support the notion that millennials demonstrate higher levels of professional commitment relative to organizational commitment: they choose a sector after graduating and change jobs within the sector (AbouAssi et al., 2019) (Singh & Gupta, 2015). This difference in commitment challenges organizations when recruiting and retaining top millennial talent (Singh & Gupta, 2015).

Thus, millennials have changed what employees expect from an organization—they want the organization to consistently re-engage them and remind them why they should stay (Thompson & Gregory, 2012). According to Thompson and Gregory, this perceived disloyalty may seem justified in the millennial view, given the job market millennials met after completing their education (Thompson & Gregory, 2012). The authors posit that millennials, having seen the results of the 2007 economic recession coupled with the fact that millennials entered the job market carrying large amounts of college debt with an inability to gain employment, explain this common characteristic of "disloyalty" to organizations (Thompson & Gregory, 2012).

Millennials are significantly more interested in extrinsic rewards than Baby Boomers but less interested than Generation Xers, and they value work that is meaningful and rewarding along with leisure rewards at work, indicating that they prefer less supervision and more time to attend to things in their personal lives such as increased vacation (Schullery, 2013). These differences in the importance that millennials place on specific aspects of the workplace tend to give the perception to older generations that

they are entitled since they are not doing things the way generations did before them. Millennials are also more like-minded than other generations (Schullery, 2013).

Millennials, in contrast to previous generations, want a better work-life balance, and Thompson and Georgy (2012) even suggest the millennials prefer work-like blending, where millennial workers seek an environment in which they can alternate between work and personal responsibilities throughout the day, and night, and even the weekend (Thompson & Gregory, 2012). Bannon, Ford, and Meltzer (2011) expound by suggesting that even though millennials have similar life values when compared to previous generations, such as the desire to be a good parent or the placing of more importance on the family over career goals, millennials desire to alter the current nine-to-five work structure to become more flexible for them to not repeat some of the same mistakes of their parents—working many hours for a company will little return on their time investment (Bannon et al., 2011). For this reason, Thompson and Georgy (2012) suggest that organizations could adopt an outcome and performance-based assessment rather than hours worked in the office, especially given that millennials feel quality of work, not the number of hours, is more important (Bannon et al., 2011). Researchers are suggesting more effective retention policies that meet the work-life balance interest of millennials, such as increased flextime, telecommuting, and other benefits that help to balance or even integrate an employee's work and personal life. Employer, on the other hand, are starting to understand and take heed that one's working life takes up a lot of an employee's time (Bannon et al., 2011; Cahill & Sedrak, 2012).

Entitlement

Thompson and Gregory (2012) suggest that when looking at the perceived perception of millennials being needy, the totality of their prior experiences should be taken into consideration, given that many millennials have been raised in an environment of hyper-feedback via the educational system and expect the same from their work environment. In reviewing the popular perception of millennials unreasonable sense of entitlement, the authors suggest that this entitlement that millennials are perceived to have is a result of the upbringing of the previous generations that have labeled millennials entitled (Thompson & Gregory, 2012). Thompson and Gregory suggest that millennials would view this

perception of entitlement not as expecting to obtain something for doing nothing but as strong ambition due to prolonged pressure and high expectations (Thompson & Gregory, 2012). Other literature suggests that millennials' attitudes and values are not necessarily one of desiring something for nothing but a phenomenon in which millennials place importance on beliefs that are different from previous generations, especially Baby Boomers (Schullery, 2013).

Alternatively, Jassawalla and Sashittal (2017) present the idea that millennials are initiating conflict with organizational leaders in part because of their perceived self-esteem-related sense of entitlement which stems from factors outside of an organization's control which could cloud the complex issues that managers face and the organizational problems that are key to retention and organizational survival and growth. Rather than feeling entitled, millennials suggest that they have first-hand experiences with supervisors and managers who are unfair or hurtful and that have led the need, conviction and confidence to often stand up for themselves and confront organizational leadership (Jassawalla & Sashittal, 2017).

Leadership and Feedback

With significant differences in how millennials rank the importance of certain values, the literature shows that there are differences in how common leadership theories are applied to successfully motivate millennials in the workplace. Organizations will need to tailor leadership approaches to meet the needs and values of millennials to promote their success and optimal job performance and organizational commitment (Kosterlitz & Lewis, 2017). Kosterlitz and Lewis (2017) suggest that servant leadership is a leadership style that adapts well to millennials' needs, given that it provides the encouragement, frequent feedback, and friendship style leadership that millennials desire.

Costello and Westover (2016) found that millennials value the quality of the individuals they associate with, leading to a greater desire for group work and team interaction. In contrast to a micromanager assigning numerous tasks, millennials desire a hands-off leadership style from their managers that allows them to do what they do best, are passionate about, and choose what tasks they work on (Costello & Westover, 2016). Millennials seek a team-based, a constantly evolving environment where

they can work together with others to solve a problem and be an active part of the solution (Burton Cherise et al., 2019; Kosterlitz & Lewis, 2017; Myers & Sadaghiani, 2010; Singh & Gupta, 2015).

Thompson and Gregory suggest that the relationship with the millennial's immediate manager could possibly be key in leveraging, motivating, and retaining Millennials. These relationships, if not cultivated properly lead to increased turnover in the millennial generation (Thompson & Gregory, 2012). According to the authors, millennial supervisors or managers who develop a more transformational leadership approach with a focus on individual consideration, including coaching, mentoring, developing, and providing frequent feedback, are expected to see increased success in attracting, motivating, and retention of millennial workers (Thompson & Gregory, 2012).

In addition, millennials desire a workplace that includes close interaction, communication with supervisors, and the opportunity to obtain work-related feedback as often as possible. This need for frequent feedback could find its roots in the No Child Left Behind Act of 2001, which changed the way the educational systems prepare students and ensure that they can master certain material leading to a constant feedback loop. In adulthood, millennials have also become more accustomed to a daily life of receiving constant and frequent feedback through social media platforms (Kosterlitz & Lewis, 2017; Thompson & Gregory, 2012). Millennials desire this transparent feedback on their job performance so that they can understand how to perform the their job optimally and understand where they can improve (Kosterlitz & Lewis, 2017). In a literature review on feedback to millennials in the workplace, Anderson, Buchko, and Buchkno (2016) summarize literature showing that millennials expect and at times even request and favor consistent and positive feedback. For millennials who seek instant gratification and see the feedback as a benefit to their future, quality feedback is important to their investment in work and development.

Yet, providing negative feedback to millennials can be challenging for managers given the difference in values, beliefs, and expectations between millennials and other generations in the workforce (Anderson, Buchko Aaron, et al., 2016). Managers must consider the nature of the millennial when delivering feedback and adjust their approach from assertive to sensitive, depending on the development

of the millennials employee, to effectively deliver negative feedback without decreasing the potential of the employee or pushing them to leave the organization (Anderson, Buchko Aaron, et al., 2016). In addition, the manager must focus more on delivering negative feedback mixed with praise to reassure the millennial employee that their work is valuable (Anderson, Buchko, et al., 2016). The literature also showed that the feedback cycle should be ongoing, not annual or semi-annual, as the millennial worker seeks that feedback for self-validation and to develop attitudes of engagement with the organization (Anderson, Buchko Aaron, et al., 2016). Anderson, Buchko, and Buchko (2016) suggest that to help millennial workers satisfy their need for self-fulfillment, managers must provide frequent feedback establishing the expectations and the importance of the employee's role. This not only increases the millennial's self-fulfillment but decreases the potential of turnover (Anderson, Buchko Aaron, et al., 2016).

Millennials have also been shown to perform better when they understand the purposes behind the tasks they are assigned to complete, and prefer rewards that include more responsibility and decision making authority (Burton Cherise et al., 2019). Costello and Westover (2016) also found that flexibility in work/life balance that uses a task-based metric to determine the effectiveness of an employee compared to a metric based on the number-of-hours-worked is most desirable and effective in supervising millennials.

Conflict

The existing evidence suggest that millennials may have a different value system when it comes the workplace in comparison the previous generations, which causes conflict between millennials and those that manage them (Myers and Sadaghiana, 2010). Some of the workforce experiences and feelings that millennials navigate are not much different from those of previous generations. However, the current literature shows that the key predictor of the aggressiveness of conflict initiated by millennials with supervisors or managers is the hurt that they experience in the workplace due to unfairness, disrespect, and a view of others as unjustified in their actions or even untruthful (Jassawalla & Sashittal, 2017). Jassawalla and Sashittal suggest that millennials 'experience of hurt and aggression in the workplace mirror the documented literature that represents millennials as ones who want to feel appreciated and

acknowledged by people with higher status in the organization. Unfair situations produce anger. When hurt by those in the workplace, millennials want to defend themselves, and disregarding millennials ' views or actions without any explanation causes a reduction of trust, respect, and loyalty (Jassawalla & Sashittal, 2017). Unlike previous literature describing conflict for previous generations, Jassawalla and Sashittal (2017) suggest that millennials are not only seeking to clarify a stance when they initiate aggressive conflict with supervisors or managers, they seek a change in their superior's behavior. Millennials, according to Jassawalla and Sasittal (2017) are more assertive and confrontational, brining additional evidence to support their assertions as they hold steadfast in wanting managers and supervisors to acknowledge missteps and change behaviors.

Millennials are not unique in complaining of an unfair, opaque, and less transparent entry-level work environment (Jassawalla & Sashittal, 2017). Jssawalla and Sashittal (2017) point out an important paradigm they suggest could be at play in the workplace, hurting organizations, producing negative consequences, and thwarting the success of millennials. Specifically, they note that organizational actions may be resulting self-fulfilling prophecies, in that, managers and supervisors are findings millennials to be spoiled, entitled, and unreasonably demanding because they are expecting them to possess these traits given all of the literature and the current mainstream narrative that portrays millennials in a negative light (Jassawalla & Sashittal, 2017). Previous generations expect millennials to "pay dues" and do what they are told just like they may have since they had to "overcome great odds." Yet this expectation may not be beneficial to the organization's success, coupled with the generational values of millennials, which may be causing the dysfunctional cohort-related scripts perceived by managers and supervisors. These include the belief that millennials feel they "deserve support, acclamation, and rapid advancement because my parents, coaches, and teachers told me so" (Jassawalla & Sashittal, 2017).

Many negative stereotypes have been perpetuated about the millennial worker to characterize them as lazy, defensive, unwilling to commit fully to work, disrespectful to authority, lack of focus, indifferent, arrogant, impatient and self-absorbed (Lancaster & Stillman, 2010; Stewart et al., 2017). Stewart, et al. (2017) counter the arguments that characterize millennials negatively, suggesting that these

perceptions rather shed light on the workplace conflict during the current intergenerational shift and the disconnect between the values of millennials and organizational commitment and workplace culture.

Public and Non-profit Organizations

Regarding millennials' motivation to work in public and non-profit organizations, AbouAssi, Johnson, and Holt (2019) suggest that millennials who are attracted to public service self-select into these sectors because they are mission-driven. Such employees seem to get fulfillment and job satisfaction in serving others (Johnson & Ng, 2016). Millennials in the public sector do not exit for financial considerations, nor do they opt to remain with non-profit organizations as pay increases or opt to leave the non-profit sector when confronted with competitive pay; suggesting that pay alone is not a key factor in consideration of employment with non-profits (AbouAssi et al., 2019; Johnson & Ng, 2016). However, while sector-switching is relatively low among millennials (AbouAssi et al., 2019) (Singh & Gupta, 2015), there is evidence that the level of education influences sector switching—in particular, those with higher levels of education have been found to be much more likely to switch sectors to seek greater career progress and achievement (Johnson & Ng, 2016). It should also be noted that millennials managers do express desire to remain in the non-profit sector as their pay level increases (Johnson & Ng, 2016).

Organizational Assimilation

Organizational assimilation includes the set of interrelated processes by which new employees become integrated into an organization. During the assimilation process, two major activities occur, formal and informal socialization and individualization (Miller, 2015). It includes processes of organizational acculturation (i.e., socialization) and individual efforts to adjust, define, and negotiate their respective organizational roles (i.e., individualization) (Miller, 2015). Socialization can be described as the stages of adaptation that an individual progresses through as they integrate into an organization or in other words, all of the formal and informal ways in which an organization influences and modifies an individual's behavior to meet the needs of the organization (Miller, 2015). On the other hand, individualization is "the process by which individuals attempt to change the organizations to meet their needs" (Kramer, 2010).

Organizational Socialization

The set of behavioral and cognitive activities an individual experiences, where newcomers acquire the knowledge, skills, and values needed to align themselves with an organization, is defined as the organizational socialization process (Hatmaker, 2015; Jablin, 1987). The organizational socialization process consists of four phases: anticipatory, encounter, metamorphosis, and exit.

The anticipatory phase describes the activities or behaviors that occur before an individual joins an organization, such as learning about work in general, learning about a particular occupation, and absorbing key metrics about the organization. Encounter delineates the initial experience when an individual first starts with an organization. During this time the individual navigates through formal and informal communication and mentoring processes that orient the newcomer to the organization's goals, mission, and culture. In many cases the new individual relies on the predispositions, experience, and interpretations of others within the organization. Metamorphosis defines the transition from an outsider to an insider. Typically this phase is marked by the new employee transitioning from an outsider to an insider, becoming accepted by the organization and a participating member (Miller, 2015).

Nifadkar and Bauer (2016) suggest that modern organizations are rife with conflict and newcomers may be especially vulnerable to dysfunctional relationships with coworkers as they integrate into organizations. This relationship conflict with co-workers may influence newcomers 'information - seeking behavior causing social anxiety toward coworkers and impacting the capacity to build relationships with supervisors (Nifadkar & Bauer, 2016). To this end, Nifadkar and Bauer suggest that while much of the literature is focused on socialization of newcomers at organizational level, more focus should be given to the specific areas wherein newcomers socialize within the organization, given that there may be within-organization differences in the adjustment of newcomers (Nifadkar & Bauer, 2016). Ultimately, the new employee will spend majority of their time interacting with their supervisor and co-workers who will exert the more influence and thus, impact their adjustment the most. Thus organizations should ensure the supervisors in the socialization process ensure that the newcomer has the appropriate information to facilitate a successful adjustment (Nifadkar & Bauer, 2016). Since co-worker conflict is

negatively associated with information adequacy and is linked to decreased productivity in newcomers, it may be important for a newcomer's immediate supervisors or other leadership to shield and protect newcomers from certain environments that could promote relationship conflict(Nifadkar & Bauer, 2016).

Successful socialization of the newcomer increases their organizational commitment (Cranmer et al., 2019). Additionally, newcomers who experience effective organizational socialization experience low levels of work alienation and thus, less negative associations with organizational commitment, and job involvement (Madlock & Chory, 2014) In particular, Cranmer, Goldman, and Houghton (2019) show that self-leadership—the capability or skill to engage in a process aimed at facilitating self-direction and self-motivation needed to behave and perform effectively— on behalf of the new employee leads to proactivity, which in turn leads to the successful socialization into the organization, thereby making the new employee more functional members of their organization (Cranmer et al., 2019). Thus, not only is the emphasis placed on the organization's involvement in the socialization process, but organizations must also pay attention to the characteristics and tendencies of the individuals being socialized (Cranmer et al., 2019). Put differently, to predict and enable the successful socialization of an individual and increase their commitment to the organization, stakeholders must examine the individual self-leading tendencies and create environments that enhance the self-leadership abilities of new individuals (Cranmer et al., 2019).

With the increased use of social media, Gonzalez, Leidner, and Kock (2015), show that social media can help newcomers form virtual relationships in advance of the first day of work, which may speed up the socialization process. Internal socialization platforms can also increase the newcomer's understanding of the organization as well as their social acceptance and increase emotional attachment or commitment to the organization (Gonzalez et al., 2013). The use of social media in the socialization process also allows the new employee to reach a greater number of people that could be of assistance during the socialization process (Gonzalez et al., 2015).

Socialization is an interdependent process between newcomers and their social context (Ellis et al., 2017a, 2017b). Recent literature has begun to look more closely at the managers 'perceptions of newcomers during the socialization process and the relationships between newcomers and their managers

and co-workers to understand the impact these organization insiders might have on the socialization of new employees. Through supervisory socialization tactics mediated by the leader-member exchange (LMX), the supervisor serves as an essential relational source for newcomers during the socialization process in helping the newcomer develop occupational identification and fit within the organization (Sluss & Thompson, 2012). In addition, supervisory socialization tactics alone directly impact the job satisfaction of the newcomer. The supervisor is not only an important relational resource to the newcomer, but the influence of the supervisor is considered more important than other newcomer learning and socialization tactics (Sluss & Thompson, 2012). Sluss and Thompson (2012) suggest that as the supervisor provides advice, task instruction, and availability of resources via the LMX model, a relationship-based approach to leadership creates a mutuality between the supervisor and the newcomer that leads to an increase in the newcomer's occupational identification and perceived person-organization fit.

The degree to which socialization occurs depends on the experience of both the newcomer and those inside the organization (i.e., managers and co-workers) (Ellis et al., 2017a). Not only does the behavior and attitude of the newcomer matter during the socialization process, but the managers perceptions of and evaluation of the new employees behavior are of great importance for the managers behavior toward or in support of the newcomer during the socialization process (Ellis et al., 2017b). Ellis et al (2017a) reveal that managers seem to believe that those newcomers who exhibit more proactive behaviors such as information seeking are more committed to their socialization into the organization and therefore, managers and other co-workers are more willing to share more information with the newcomer as the adjust to the new organization. In other words, proactivity on the part of newcomers is viewed by managers as a sign of commitment to adjustment, thus prompting the managers to be more inclined to assist the newcomer in the socialization process (Ellis et al., 2017a).

While the supervisor-subordinate newcomer relationship is important for effective organizational socialization, there can be varying expectations for each actor in the socialization process. Korte,

Brunhaver, and Sheppard (2015) identified three areas where expectations between managers and newcomers were misaligned: the structure of newcomer learning, the amount of guidance from managers, and the level of initiative exhibited by the newcomer on the job. Managers expected newcomers to learn proactively, while the newcomers expected to learn in response to the managers 'instruction and direction (Korte et al., 2015). Korte, Brunhaver, and Sheppard (2015) point out that productive newcomers prefer frequent and high-quality interactions with managers and coworkers where managers provide direction and explicit instruction, while the managers preferred to act as a facilitator in the socialization process, allowing the newcomer to experience a trial-and-error process where the newcomer learned how things worked through self-directed experiences. These misaligned expectations left unresolved, have the potential to lead to less desirable experiences for the newcomer.

Professional Identity

Literature examining the professional identity of public health workers is lacking and relatively non-existent. In general, much of the literature elucidating key concepts of individuals professional identity falls under the teaching or health related professions (Cianciara et al., 2018). Professional identity has been used in the literature, but with many definitions that may often be unique to the profession being studied. For example, authors in health professional education trying to understand more about professional identify formation for students, define professional identity from a couple of different perspectives: professional identity as (a) an idealized view or presumed attributes, beliefs, values, motives, and experiences of the profession; (b) as a "self and other" view that encompasses the views held within the profession and the views of, in this case, other healthcare professionals; (c) as "an expression of status"; (d) as an understanding of how the professional is viewed and treated by others (Leedham-Green et al., 2020).

However, recently Fitzgerald (2020) has attempted to provide clarity and a common language to be used in defining professional identity. Through a concept analysis of the literature on professional identity, Fitzgerald (2020) has proposed five themes that define professional identity: (1) the professionals internalization of the values, beliefs, and ethics of the profession, (2) the behaviors and activities of the

profession – what members of the profession do, (3) the knowledge and skills one possesses via avenues such as formal education or certification, (4) the context and socialization or where the professional identity is formed and (5) how well the professional identifies with the group, and group and personal identity in which the profession is recognized by society and how the professional can find their own identity within the group.

Goldie suggests that the development of a medical student's professional identity is a fundamental tenant of medical education and that the development of professional identity should start during the educational process with opportunities for interaction with older professionals, feedback, and integration into social networks (Goldie, 2012). To expound further, Fitzgerald (2020), in their concept analysis, suggests that the knowledge to perform the work of a profession via an educational degree, certification, or both is an antecedent to professional identity and must occur before the formulation of a professional's professional identity.

Extrapolating this to public health would mean that professional identity development for public health workers should begin during the public health education experience at the baccalaureate or master's level. Yet, the literature shows that in state health agencies, only a small proportion (17%) of workers have a public health-related degree of any kind (bachelor's or master's) (Leider et al., 2015). Therefore, for local and state-level public health departments, the idea of developing a professional identity within the public health education process may not necessarily cross over to the organizations and professionals where majority of public health work is practiced. This raises the idea that organizations could possibly have more influence over the formulation of professional identity for public health workers. Yet additional research is need on this as the literature among nursing professional has shown that factors within organizations can sometimes be at odds with the principals and activities (interaction with their peers, consumers, and allied health colleagues) that helped mental health nurses develop and form their professional identity (Hercelinskyj et al., 2014) .

Specifically, Hercelinskyj and others suggest that when nurses' role expectations are ambiguous, or there is constant change due to government policy or organizational demands, mental health nurses feel

less certain of their professional identity, given that the organizational changes and demands did not align with their perception of their professional identity (Hercelinskyj et al., 2014). This shows that multiple factors influence an individual's professional identity, one of them being the professional's employment organization. This is significant given that Rasmussen and others suggest that self, role, and context influence the professional identity of nurses, with the context being the practice setting (Rasmussen et al., 2018). In addition, it has been argued that poor alignment of the influencers of professional identity leading to a decrease in professional identity would also negatively impact workforce retention—an area that is currently problematic for the public health profession (Rasmussen et al., 2018).

Conceptual Framework: Socialization Resource Theory

Socialization resource theory is a relative new approach to the organizational socialization process, which posit that there are resources (categorized by orientation and training, task characteristics, social support, and leadership) that can be implemented by an organization. These resources are thought to be linked to certain newcomer adjustment outcomes (Saks & Gruman, 2014; Saks & Gruman, 2011). To understand socialization resources, organizations should know that there are newcomer adjustment outcomes (proximal outcomes) such as task mastery, learning, person organization fit, and optimism as well as traditional socialization outcomes (distal outcomes) such as retention or reduced organizational turnover, job performance, and job satisfaction (Saks & Gruman, 2014; Saks & Gruman, 2011). The general framework suggested by Saks and Gruman (2014) indicates that socialization resources lead to newcomer adjustment outcomes; newcomer adjustment outcomes lead to socialization outcomes; socialization outcomes lead to organizational operational outcomes, which lead to organizational financial outcomes.

Some of the socialization resources include formal orientation, training, feedback, assignments, social events, supervisor support, personal planning, and job resources (Saks & Gruman, 2014). While this may be a defined list, Saks and Gruman (2014) suggest that anything that helps newcomers positively align with adjustment outcomes can be viewed as a socialization resource. To use these socialization resources effectively, organizations must first determine which socialization outcomes they perceive to be

most important to the organization and the newcomer and then tailor their use of socialization resources providing newcomers with realistic information about their potential organizational experiences and how to navigate them to ensure newcomers achieve the socialization outcomes (Saks & Gruman, 2014; Saks & Gruman, 2011)

Cranmer's work in applying the socialization resources theory to collegiate student-athletes' team socialization supports the socialization approach developed by Saks and Gruman (Cranmer, 2018). Cranmer suggest that there are additional socialization resources outside of the head coach instructional relationship that help facilitate team member adjustment such as the team's playbook, practice attendance, general observation, or organizational osmosis (Cranmer, 2018). Applied in this study, the socialization resource theory informs the conceptualization of the link between organizational socialization processes and socialization outcomes, and sheds light on elements needed for effective socialization.

Figure 1. Socialization Resource Theory.

Summary

This chapter presented an overview of the literature review on organizational assimilation, professional identity, and millennials' characteristics and workplace experiences. The review revealed gaps in the literature, including (a) an absence in the understanding of millennials' experiences in the public health workforce; (b) a lack of evidence describing organizational socialization into public health organizations; (c) a dearth in our understanding of how public health can effectively recruit, socialize, and retain millennials into its organizations; and (d) a lack of evidence on the perceived professional identity of public health professionals. This study seeks to address some of these gaps. In Chapter 3, the study's objectives and methodology are outlined.

CHAPTER 3

METHODS

Overview

In general, qualitative research seeks to study things in their natural setting or environment to understand phenomena through participants' experiences and how they make sense of and interpret those experiences (Creswell & Poth, 2018). Qualitative research uses different tools to collect data from participants and uses data analytical approaches to deduce and extract patterns and themes from each participant and sample. These representations via participant interviews, field notes, conversations, photographs recordings, and memos, when analyzed, make clear the experiences, stories, and explanations of phenomena from the participants' perspective, which in turn invokes calls for appropriate change and contribution to the scientific literature on a topic. Given that little is known about the organizational socialization of millennials into public health organizations, a qualitative approach seemed appropriate to elucidate the lived experiences of millennials who are in or recently completed the socialization process. To better understand the changes that are needed in public health organizations to attract, socialize, and retain top talent from the millennial generation and bolster the dwindling public health workforce, it was most effective to document actual experiences from the current millennial public health workforce to inform recruitment and retention strategies. The adoption of a phenomenological qualitative approach to inquiry allowed for the participant to provide an account of and describe their own lived experiences of socialization within their organization. This approach created the space to gather data on the participants' stories and experiences and how the participant perceived the organizational or institutional societal and cultural narratives.

Combining a phenomenological orientation with thematic analysis, an analytical approach used in qualitative research, has been proven useful in gaining a deeper understanding of the experiences from millennials' socialization into public health organizations. In thematic analysis, for instance, its flexibility

as a research tool with the ability to generate rich, detailed data of which similarities and differences across a data set can be compared and key features or themes within the data can be identified (Braun & Clarke, 2006) can be useful in interpreting the socialization experiences of study participants. While this study did not seek to recommend or establish any policies, results from this study and others like it in the future may be used to refine and design organizational entry programs that target the recruitment and retention of millennials in public health organizations.

Research Questions

The current study sought to answer the following research questions related to public health organizational assimilation and how the organizational assimilation process impacts professional identity formation.

- How do millennial public health employees experience the organizational assimilation process within public health organizations?
- How does the organizational assimilation process impact a millennial's public health professional identity?
- How does the organizational assimilation process hamper or facilitate retention?

Sampling Strategy

This research used a combination of purposeful and snowballing sampling approaches. Since the study recruited public health employees, my access to a representation of current public health employees in the state of Georgia and beyond via the listserv of current and former Georgia Southern Jiann-Ping Hsu College of Public Health doctoral students provided an appropriate pool of candidates for this study. To extend my reach, study participants were asked to provide referrals to other prospective participants that meet the study inclusion criteria. In addition, a LinkedIn search of public health employees was also conducted to recruit individuals meeting the study criteria to participate in the study. Of note, this study occurred during a pandemic and known public health emergency. Thus, the recruitment of public health employees to participate in the study was challenging.

The sample included individuals working for a public health organization or an organization that significantly supports public health work at the federal, state, and local levels. The study's sampling strategy initially made use of the Georgia Southern Jiann-Ping Hsu College of Public Health's listserv of doctoral students and alumni. Given that the Jiann-Ping Hsu College of Public Health's doctoral programs attract many students that are already in the public health workforce, use of the listserv provided direct access to a diverse pool of potential research participants that met the inclusion criteria of this study. Participants were only included in the study if they met the below criteria. All other participants were excluded (non-millennials, advanced professionals, millennials that do not work for a public health organization or contracting company at which the subject does not work directly with a public health organization):

- Age 25-40 years (at the time of recruitment)
- Joined a public health organization or an organization that significantly supports public health work at the federal, state, and local level
- Working in public health organization for at least six months and maximum of 7 years (changes to different divisions within a large organization would restart the years of experience requirement)

Of importance, this study excluded those who have been with an organization longer than seven years. This helped reduce recall bias in asking those with greater than 7 years of experience and who are significantly removed from their socialization experience to accurately reflect on their early organizational entry experience.

Data Collection

Data collection procedures were developed to consider the current ongoing Coronavirus disease – 2019 pandemic. This was especially important given that all expected research participants worked in public health and may have been engaged in active emergency response operations. Data was collected using semi-structured interviews via Zoom. For efficient and accurate note taking during the interview, all

sessions were recorded using Zoom recording services. Signed consent to participate in research (Appendix A: Consent to Participate in Research) was obtained from each participant before interviews were conducted, and notes were structured based on the interview protocol (Appendix B: Individual Interview Protocol). All recordings were saved on a password protected computer for later transcription.

Interviews were between 60-90 minutes. Each participant was interviewed for the purpose of eliciting preliminary information and to uncover meanings from participants' experiences in socialization. The beginning portion of the interview sought to understand how the participants' viewed themselves in the public health profession. The rest of the interview asked questions of the interviewee according to each phase of the assimilation process. The last question solicited input on recruiting and retaining individuals in the field of public health. The interview process allowed each participant to have time to draw deeply into their thought processes and appropriately recollect their experiences. The semi-structured interviews were guided by the pre-set questions covering each subject area. However, if dialogue arose that was germane to the topics of this study those ideas were explored to elucidate a complete picture of the participant's assimilation experience and perceived professional identity. The questions used in the interview protocol were taken from previous research studies seeking to understand the organizational and professional socialization process and perceived identity among millennials and public health professionals (Freiheit, 2017; Kingsford, 2017). Interview questions centered on the following topic areas: demographics, the anticipatory, encounter, metamorphosis, and individualization phases the organizational assimilation process as well as the socialization resources used and perceived professional identity.

This study received approval from the Georgia Southern Institutional Review Board. Emails were sent out via the listserv of Georgia Southern Jiann-Ping Hsu College of Public Health master's and doctoral students and alumni to seek participants who are employed within public health organizations with 6 months to seven years of experience. Ethical concerns were minimized by protecting the privacy and confidentiality of participants. All participants' information was kept confidential and not released in any way. Institutional Review Board (IRB) consent forms (Appendix A) were signed and collected from

each study participant, and pseudonyms were assigned. The informed consent informed the participants of the study procedures and their rights. Research questions, intentions, and confidentiality issues were explained to all participating in the study. All study participants were made aware of why they were invited to participate as well as the purpose of the study. Voluntary participation was emphasized.

Data Analysis

Once data was collected, it was transcribed. The transcripts and the original voice recordings were stored in a secure password-protected location. The transcribed recordings were organized for analysis, including creating a file naming convention. Significant statements and repeated patterns were coded based on notes and the transcription of the individual interviews. Pseudonym name codes were used for each interviewee in tandem with using color codes for various conceptual patterns. Once the data was coded, a board was created in the Miro collaboration platform to organize the codes into themes. The data analysis process is detailed next.

Clarke and Braun's six-phased approach to thematic analysis was used to the guide the thematic analysis of the data—Familiarizing with the Data or Data Immersion, Initial Coding, Searching for or Generating Themes, Reviewing Themes, Defining and Naming Themes, and Producing a Report (Braun & Clarke, 2006). To get familiar with the data, initially, techniques such as memoing, scanning text, multiple reads of interview transcripts, or rapid reading were used to gain a better sense of the overall data and to begin stepping into the new data to gain organizing ideas (Creswell & Poth, 2018).

The next step in the analysis of the data was to extract detailed descriptions and summary statements that reflect the data (Creswell & Poth, 2018) A lean coding approach was used, where initial codes were developed, and then the number of codes was expanded as additional review of the data was completed (Creswell & Poth, 2018). The expanded codes were then reduced or combined with other like codes and grouped into parent codes, where appropriate, to create a final set of codes from which themes would be derived (Creswell & Poth, 2018). The Miro board was used to arrange codes by phases of the socialization process, which were then grouped by similarity. This organization provided a more visual representation of the codes and potential themes.

After completing this step, themes and sub-themes were developed to answer the study research questions. Once the themes sub-themes were derived, they were refined, checking for internal homogeneity and external heterogeneity, testing that all aggregated extracts within a theme or sub-theme showed a clear and coherent pattern (Braun & Clarke, 2006). If not, the extracts within the theme were re-examined and moved to a more appropriate thematic category. Once satisfied with the themes, the dataset was reviewed to ensure the extracted themes work with and represent the data as a whole and to ensure no significant themes were overlooked during the initial coding process that support the research questions (Braun & Clarke, 2006). After the themes were reviewed the results and discussion was constructed to show the story of socialization experiences with narrative segments, themes, and interpretation of the data's story.

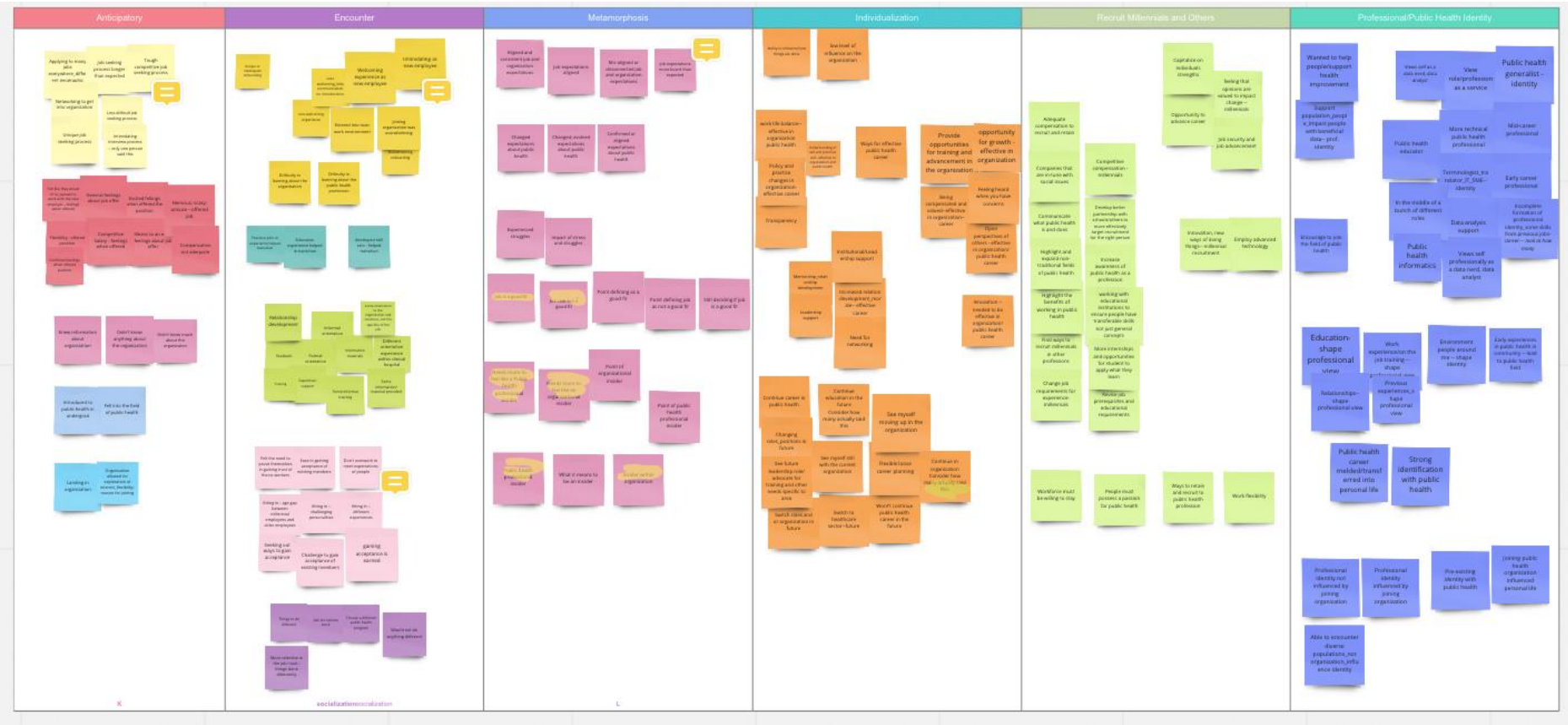
Validity and Reliability

Early during the data analysis process, during the coding process, intra-coder reliability methods were perform to ensure the validity and consistency of the codes being represented (Castleberry & Nolen, 2018). Specifically intra-coder reliability was use as a coding consistency check, a portion of the data was coded by two coders independently, code applications were discussed and agreed upon. Later in the data analysis process, another portion of the data was coded independently by two coders later to determine consistency and agreement between the coders (Castleberry & Nolen, 2018). An overall consistency of 73% (kappa score) was achieved, showing good agreement and application of codes between the two coders. These methods, show that the findings are consistent, representative of data, and support a defense of the subsequent interpretations and conclusions (Castleberry & Nolen, 2018).

The results from the study are presented next in Chapter 4.

Figure 2

Millennial Organization Assimilation Miro Themes Board



CHAPTER 4

RESULTS

Overview of Study Population

The current study included 27 participants aged 26 – 40 at the time of recruitment, with a median of six years in the field of public health and a median of two years at their organization. There were four (14.8%) males, 22 (81.5%) females, and one person that identified as non-binary. The study population was diverse in race and ethnicity with 10 (37%) individuals identifying as White, 15 (55.6%) identifying as Black or African American, one (4%) Asian, and one (4%) person identifying as Hispanic. A majority (55.56%) of participants had at minimum a master's in public, seven percent had an undergraduate in public health in addition to a master's in public health, and one participant had a master's in public health as well as a doctorate in public health. The study population comprised individuals working at a federal government organization (44%), a state government organization (15%), a local government (city, county) (15%), a non-governmental organization (15%), or a private sector organization (11%).

Among the study participants, three (11%) indicated that they would leave their job in the next six to twelve months. These participants currently work at a local government or a non-governmental organization. Of the participants, only seven (26%) were extremely satisfied with their current job, of which the majority (3; 43%) were federal workers. A total of 52 percent of participants were somewhat satisfied with their job, and 15 percent were either neither satisfied nor dissatisfied or somewhat dissatisfied with their job. It should also be noted that two participants (7%) were extremely dissatisfied with their job.

When examining satisfaction with their current salary, approximately 30 percent of the study population were extremely satisfied with their salary, with federal workers being the most satisfied. There were 22 percent of participants who were somewhat satisfied, 11 percent of participants were either neither satisfied nor dissatisfied, and 30 percent were somewhat dissatisfied with their current salary. It should be noted that two participants (7%) were extremely dissatisfied with their current salary.

The findings in the rest of this chapter highlight the themes extracted to answer the research questions posed by the current study.

Table 1: *Participants by Age, Education, Years in Public Health, and Type of Organization*

Age	Sex	Race	Ethnicity	Education	Years in Public Health	Type of Organization
26	Male	Black or African American		Masters in public health	5	Federal government
26	Female	White	Non-Hispanic or Latino	Undergraduate (BA/BS) in public health, Masters in public health	1	State government
27	Non-binary / third gender	Black or African American	Non-Hispanic or Latino	Masters in public health, Doctorate in public health, BS in Molecular Biology	1	State government
27	Female	Asian	Non-Hispanic or Latino	Undergraduate (BA/BS) in public health, Masters in public health	6	Federal government
28	Female	White	Non-Hispanic or Latino	Master of Social Work	3	Federal government
28	Female	Black or African American	Non-Hispanic or Latino	Masters in public health	2	Federal government
28	Female	White	Non-Hispanic or Latino	Masters in public health, BS Biology	4	State government
28	Female	White	Non-Hispanic or Latino	B.S. in Nutrition and Dietetics, Masters in Masters in Healthcare Administration	4	Local government (city, county, etc.)
30	Female	Other	Hispanic or Latino	Masters in public health	6	Local government (city, county, etc.)
31	Female	Black or African American	Non-Hispanic or Latino	Doctorate in public health	6	Federal government
31	Female	White	Non-Hispanic or Latino	Masters in public health	5	Non-governmental organization
32	Female	White	Non-Hispanic or Latino	Masters in public health	5	Federal government
32	Female	White	Non-Hispanic or Latino	Masters in public health	7	Private sector
32	Female	White	Non-Hispanic or Latino	MA in Sociology	> 1	Federal government
32	Female	Black or African American	Non-Hispanic or Latino	Masters in public health	5	Federal government
31	Male	Black or African American	Non-Hispanic or Latino	Masters in public health, BA in Anthropology	6	Federal government
34	Male	Black or African American	Non-Hispanic or Latino	Masters in public health	13	Federal government

Age	Sex	Race	Ethnicity	Education	Years in Public Health	Type of Organization
34	Male	White	Non-Hispanic or Latino	Masters in public health	4	Non-governmental organization
34	Female	White	Non-Hispanic or Latino	Masters in public health	8	Non-governmental organization
36	Female	Black or African American	Non-Hispanic or Latino	Doctorate in public health	11	Non-governmental organization
36	Female	Black or African American	Other	Masters in public health	7	Private sector
36	Female	Black or African American	Non-Hispanic or Latino	Undergraduate (BA/BS) in public health	4	Local government (city, county, etc.)
36	Female	Black or African American	Non-Hispanic or Latino	Masters in public health	6	Local government (city, county, etc.)
37	Female	Black or African American	Non-Hispanic or Latino	Masters in public health	11	State government
38	Female	Black or African American	Non-Hispanic or Latino	Doctorate in public health	14	Federal government
39	Female	Black or African American	Non-Hispanic or Latino	Masters in public health	18	Private sector
40	Female	Black or African American	Non-Hispanic or Latino	Masters in public health	7	Federal government

Table 2: *Participants by Age, Job Title, Organization Type, Satisfaction with Job, and Salary, and Expecting to Leave Current Position in 6-12 Months*

Age	Sex	Professional Background	Job Title	Type of Organization	Satisfaction with Job	Satisfactions with Salary	Leaving Job in 6-12 months
26	Male	Recent graduate	Public Health Advisory	Federal government	Somewhat satisfied	Somewhat dissatisfied	No
26	Female	Public health professional	Surveillance Epidemiologist	State government	Somewhat satisfied	Somewhat satisfied	No
27	Non-binary / third gender	Public health professional	Epidemiologist	State government	Somewhat satisfied	Neither satisfied nor dissatisfied (neutral)	No
27	Female	Public health professional	ORISE Fellow	Federal government	Somewhat satisfied	Neither satisfied nor dissatisfied (neutral)	No
28	Female	Social work (MSW)	Public Health Advisor	Federal government	Extremely dissatisfied	Somewhat dissatisfied	No
28	Female	Recent graduate	ORISE Fellow/CDC	Federal government	Extremely satisfied	Somewhat satisfied	No
28	Female	Public health professional	Public Health Epidemiologist	State government	Somewhat satisfied	Somewhat satisfied	No
28	Female	Public health professional	Regional Health Connector	Local government (city, county, etc.)	Extremely satisfied	Somewhat satisfied	No
30	Female	Public health professional	Emergency Preparedness Deputy Director	Local government (city, county, etc.)	Somewhat dissatisfied	Somewhat dissatisfied	Yes
31	Female	Public health professional	Performance improvement coordinator	Federal government	Somewhat satisfied	Extremely satisfied	No
31	Female	Public health professional	Programs Coordinator	Non-governmental organization	Somewhat satisfied	Somewhat dissatisfied	No
32	Female	Public health professional	Epidemiologist	Federal government	Somewhat satisfied	Neither satisfied nor dissatisfied (neutral)	No
32	Female	Public health professional	Electronic data exchange consultant	Private sector	Extremely satisfied	Extremely satisfied	No

Age	Sex	Professional Background	Job Title	Type of Organization	Satisfaction with Job	Satisfactions with Salary	Leaving Job in 6-12 months
32	Female	Recent graduate	CDC Public Health Associate Program (PHAP) Health Equity Fellow	Federal government	Somewhat satisfied	Extremely dissatisfied	No
32	Female	Public health professional	Health Communications Specialist	Federal government	Extremely satisfied	Extremely satisfied	No
31	Male	Public health professional	Public Health Analyst	Federal government	Somewhat satisfied	Somewhat satisfied	No
34	Male	Public health professional	Public Health Associate Program Associate Supervisor	Federal government	Somewhat satisfied	Extremely satisfied	No
34	Male	Health care research		Non-governmental organization	Somewhat satisfied	Extremely satisfied	No
34	Female	Public health professional	Senior project manager	Non-governmental organization	Somewhat satisfied	Somewhat satisfied	No
36	Female	Public health professional	Program Coordinator	Non-governmental organization	Extremely dissatisfied	Extremely dissatisfied	Yes
36	Female	Public health professional	Policy Program Manager	Private sector	Somewhat satisfied	Extremely satisfied	No
36	Female	Public health professional	Operational Analyst	Local government (city, county, etc.)	Neither satisfied nor dissatisfied (neutral)	Somewhat dissatisfied	Yes
36	Female	Public health professional	Deputy Child Health Coordinator	Local government (city, county, etc.)	Somewhat dissatisfied	Somewhat dissatisfied	No
37	Female	Public health professional	Director, Office of Legislative Services	State government	Extremely satisfied	Extremely satisfied	No
38	Female	Public health professional	Epidemiologist	Federal government	Extremely satisfied	Extremely satisfied	No
39	Female	Quality improvement organization for healthcare organizations and state governments	Senior Data Analyst	Private sector	Extremely satisfied	Somewhat dissatisfied	No
40	Female	Public health professional	Manager	Federal government	Neither satisfied nor dissatisfied (neutral)	Somewhat dissatisfied	No

Table 3: *Participants by sex, age group, race, and ethnicity (N=27)*

Sex	Age Group		Race or Ethnicity	
Male		N= 4		
	25-29	1 (3.7%)	White	1 (3.7%)
	30-34	3 (11.11%)	Black or African American	3 (11.11%)
Female		N=22		
	25-29	6 (22.22%)	White	9 (33.33%)
	30-34	8 (29.63%)	Black or African American	11 (40.74)
	35-40	8 (29.63%)	Asian	1 (3.7%)
			Hispanic	1 (3.7%)
Non-binary				
	25-29	1 (3.7%)	Black or African American	1 (3.7%)

Note: Percentages may not add up to 100 due to rounding.

Table 4: *Educational distribution of participants (N=27)*

Education Type		
Undergraduate in public health, master's in public health	2	7.41%
Undergraduate in public health	1	3.70%
Other degree	3	11.11%
Master's in public health	15	55.56%
Master's in public health, Other degree	2	7.41%
Master's in public health, doctorate in public health, Other degree	1	3.70%
Doctorate in public health	3	11.11%

Note: Percentages may not add up to 100 due to rounding.

Table 5: *Participants expecting to leave organization in 6-12 months (N=27)*

Type of Organization	Leaving Job in 6-12 months		
Federal government	No	12	44.44%
State government	No	4	14.81%
Non-governmental organization	No	3	11.11%
Private sector	No	3	11.11%
Local government (city, county, etc.)	No	2	7.41%
Local government (city, county, etc.)	Yes	2	7.41%
Non-governmental organization	Yes	1	3.70%

Note: Percentages may not add up to 100 due to rounding.

Table 6: *Satisfaction with current job by type of organization (N=27)*

Satisfaction with Current Job	Type of Organization		
Somewhat satisfied	Federal government	7	25.93%
	State government	3	11.11%
	Non-governmental organization	3	11.11%
	Private sector	1	3.70%
	Total	**14**	**51.85%**
Somewhat dissatisfied	Local government (city, county, etc.)	2	7.41%
	Total	**2**	**7.41%**
Neither satisfied nor dissatisfied (neutral)	Federal government	1	3.70%
	Local government (city, county, etc.)	1	3.70%
	Total	**2**	**7.41%**
Extremely satisfied	Federal government	3	11.11%
	State government	1	3.70%
	Local government (city, county, etc.)	1	3.70%
	Private sector	2	7.41%
	Total	**7**	**25.93%**
Extremely dissatisfied	Federal government	1	3.70%
	Non-governmental organization	1	3.70%
	Total	**2**	**7.41%**

Note: Percentages may not add up to 100 due to rounding.

Table 7: *Satisfaction with current salary by type of organization (N=27).*

Satisfactions with Current Salary	Type of Organization		
Somewhat satisfied	Federal government	2	7.41%
	State government	2	7.41%
	Local government (city, county, etc.)	1	3.70%
	Non-governmental organization	1	3.70%
	Total	**6**	**27.22%**
Somewhat dissatisfied	Federal government	3	11.11%
	Local government (city, county, etc.)	3	11.11%
	Non-governmental organization	1	3.70%
	Private sector	1	3.70%
	Total	**8**	**29.63%**
Neither satisfied nor dissatisfied (neutral)	Federal government	2	7.41%
	State government	1	3.70%
	Total	**3**	**11.11%**
Extremely satisfied	Federal government	4	14.81%
	State government	1	3.70%
	Non-governmental organization	1	3.70%
	Private sector	2	7.41%
	Total	**8**	**29.63%**
Extremely dissatisfied	Federal government	1	3.70%
	Non-governmental organization	1	3.70%
	Total	**2**	**7.41%**

Note: Percentages may not add up to 100 due to rounding.

Research question 1: How do millennial public health employees experience the organizational assimilation process within public health organizations?

Theme 1: *The collective organization assimilation experiences of millennials were nuanced and for some, complicated by the COVID-19 pandemic, but largely similar.*

Despite joining different organizations, in different departments, within different disciplines, at different levels, and at different times, there were several commonalities in the socialization process for

millennials in this study. In general, study participants recall a socialization process where certain aspects may have been well executed while others were not – yet to the participants credit, they could navigate a less-than-perfect socialization process even during an emerging and ongoing pandemic and public health emergency. While the specific socialization process experiences varied from organization to organization and from person to person, the general described experiences were similar for the participants. The rest of this section describes some of the common experiences and emerging sub-themes by the phases of organizational assimilation.

Anticipatory socialization phase

Challenging job seeking process. Even before actually joining the organization, participants described a frustrating and lengthy job seeking process, including having to apply to many different jobs, filling out "over 100 applications" and waiting many months, "six, seven months" as noted by one participant, to hear back on the application status. The application process was online, but once the application was submitted it "seemed like a black hole sometimes" one participant indicated. Some of the participants indicated that the process was more competitive than expected for certain organizations and for some participants the COVID-19 pandemic did impact their application process making it more challenging and lengthier. These sentiments are illustrated in the following participant quotes:

> "It would take a long time, like a few months to really, to know, if they were going with a different candidate, then you know, you wouldn't hear for a month, either way"

One participant put it succinctly: "The job market was competitive"

In contrast, a few others indicated that their job seeking process was not difficult, with one participant noting that it was in fact easier than expected. This participant evaluated their experience relative to their general expectation of challenging job market :

> "Um, but I think it was on par with what I was expecting, because I think anybody that's in our age group has experience such a difficult time with the job market in years past that. If things are really easy, you're shocked by being easy. So, like, this wasn't hard, what's happening, it should be hard. So, the timeline was a month or two. I maybe applied to 10 or so jobs. But it was because

> I was being very particular about what I was applying to. And it went much faster than I was expecting. I expected it to be upwards of six months. And I think I ended up finding this job within the first two weeks of looking and was hired within, you know, the next two weeks and then had my period of time where I was finishing out my previous job and then started again. So, it was shockingly fast for this one position. Everything else I think has been on par."

Those who said their process was not as difficult as described a pleasant interviewing experience, noting that they were "surprised because the interview process… wasn't scary" and was "the most welcoming, encouraging, interview, was very casual." Adding that "they were really just trying to get at values and motivations and how I came to public health and what my interests were." Others indicated that their job-seeking process was made easier by those who knew them and recommended a role for them or invited them to apply for a particular position because they already knew them and their interest in public health.

Millennials in public health chose public health. Several participants indicated that they already had a public health identity before joining the organization. Many participants expressed excitement when they received their job offer. They indicated that they felt lucky or honored. Others recalled that they thought the position or organization was going to be a good fit for them, "a dream come true", "something that they wanted to do", thrilled to get to work in the field, get an opportunity to get into the door of public health, and a way to do something meaningful and make a difference. Others were encouraged to be joining the organization and to have the ability to learn and grow around other bright and talented individuals.

Mixed in with the excitement, participants also expressed that they had some unsure and nervous feelings. While enthusiastic about the opportunity, for some it meant they would need to pack up and move to a new state they did not know, the job would be "uncharted territory for them" or something they did not necessarily want to do. Others were unsure or nervous about joining a large organization, they had to decide to accept their offer very quickly or they were going from governmental work to consultant work. Of importance some still some did have concerns about the compensation and salary level. Of

note, some did see the new as simply opportunity as a "means to an end" – they wanted to work in the field, so they took the opportunity.

Encounter socialization phase

Disjointed onboarding experience. Participants described a less-organized onboarding experience that was compounded by the COVID-19 pandemic. While participants said that the general human resources-related information was straightforward and, in some cases, well organized, many participants indicated that there were challenges from the human resources departments in providing needed onboarding and orientation as well as challenges during orientation and onboarding to their specific job and department that they would be working in. Participants indicated that they had a unique onboarding experience that was completely virtual, included a different process than what may have been completed in person, and orientations and needed training that came well after they had started working. One individual said, "I think they did the best they could with orientation because everything was virtual because of COVID-19," Another noted that they were:

> "provided an orientation, but it was late…like a month and a half later because they do it on cycles…every couple of months…so I was already working and doing things already by the time of the next orientation".

Another individual said:

> "[M]y experience is kind of unique because this was all during the pandemic. So, I think it's, a different onboarding process than I think it would have been in person. Because everyone's been fully remote since I started".

Difficulty learning about the organization and organizational role, but reliance on personal, interpersonal, and informational socialization resources helped navigate this problem. As participants tried to integrate themselves into the organization, some had difficulty learning about it and navigating its culture, policies, and organizational structure – who did what, who was where, or how everything fit together. They described not knowing what everyone's titles were and having no updated

organizational chart to use to contact co-workers. Others expressed difficulty in understanding the organizational structure, including acronyms, its bureaucracy, what departments and centers specific programs or departments fall under, and the type of work the agency or organization. This was especially the case in larger organizations.

Many began to learn that so many things fall under public health, and communication between departments can be strained, making it challenging to know what other teams are doing and who is even representing the health department in the community. Individuals expressed challenges in understanding the politics of different agencies or organizations, working with people from various agencies, and understanding when to speak up in certain situations or present oneself in organizational interactions. They had to learn to navigate the system and the organizational policies and use proper "chains of command." Understanding how all the pieces connect and where they fit in the larger organization to support the greater mission was another challenge for some –as one person put it, understanding the "whole of it." Others even recall feeling that there was much confusion in the organization and felt information was hoarded or just not shared due to perceived intimidation. Still, another individual described the experience by saying that "nothing was well organized--paperwork and other things that were needed to continue to initiate changes and updates in processes became challenging...previous work was not well documented for continuity".

As participants described their experiences learning about the organization and their role in the early days of joining the organization, the tools, and information they recalled could be mapped to the standardized socialization resources highlighted in recent literature for organizational socialization and supported by the socialization resources theory. Participants indicated that socialization resources – such as relationship development via mentoring or a "buddy," formal and informal orientation, formal and informal training, supervisor support, information materials, and feedback – helped them navigate difficulties in learning about the organization.

> "[T]hey signed me a buddy in the health unit, that kind of walk me through, like what they do and best practices and things like that."

For many of those in the study, developing relationships with others in the department or organization—whether through formal mentorships or more informally with spontaneous mentorship alignment, and tenured or less tenured peers— helped to increase their ability to navigate the onboarding process, learn and excel in the specifics of their job or help shape the position to align with their skill set. Some individuals could even use previously developed relationships outside of the organization to assist them in the orientation period.

Some of the participants did go through formal orientation into the organization. Given that many study participants entered their organization during the COVID-19 pandemic, some formal orientations were conducted via virtual collaboration platforms such as Zoom. Some organizations also made use of learning portals and "toolkits" to provide orientation to new employees. The level depth of this formal orientation varied among the participants, from general and standard overviews provided by the organization's Human Resources department to orientations that included overviews of the field of public health, meeting organizational leadership, meeting the employee's departmental and team leadership, and information to help the new employee better understand specific aspects related to their job. Others had informal orientation processes where they were provided some information about the specifics of their job and then jumped into working on projects via "trial by fire" (as one participant described), meeting with teams and team leads, and "kind of learning as you go."

Supervisor support was a positive experience, with many of the participants indicating that they knew their supervisor early on and were encouraged to meet with them regularly. This experience helped the new employees get answers to their questions, understand how to navigate their role better, learn where to find specific job-related information, and have someone in the organization whom they can turn to for guidance.

Some participants described their supervisor as "very interested in their overall development," "focused on career growth and areas of focus" for the employee, helpful in connecting them to others who could help them in their role, "[having] an open-door policy," approachable, acted as an advocate, and "very open and transparent."

The information or materials provided to new employees also helped the participants in the orientation process. Information and materials provided included instructional manuals, functional statements, documentation of overall processes and how projects and activities had been completed previously, team files, informational packets, organized documentation from colleagues on where to find information, and toolkits. The degree of completeness and thoroughness of these resources varied. Some individuals had great, streamlined orientation to the organization itself but needed more resources (if any were provided) to orient them to their specific job roles. Others were provided multiple socialization resources, while some were only provided a few or none.

Previous jobs and education helped with the transition into the organization and job roles. Some participants felt that their education either prepared them well to "hit the ground running" or the work they ended up being hired to do directly related to some of the topics they studied during their academic careers. One participant recalled:

> "So, my job, for the most part, has to do with research, protocol development, statistical planning, and then carrying out those analyses. And you know, that's, that's what I went. That's what I focused on when I got my MPH. So, you know, all that. No, statistical tests, independent dependent variables, all that training, t-tests and chi-squares, and regressions, all that stuff directly relates to my current work. It's been a few years since I've taken those classes. So, it's dusting off those skill sets as I go, but that gave me the groundwork".

In addition to education, individuals also indicated that their previous jobs helped them in their new position. Past experiences in various capacities at local or state health departments or other public health organizations full-time or as a contractor gave the participants opportunities to begin to understand different aspects of public health, such as working with the community on public health initiatives, conducting research, working in federal agencies and non-governmental organizations that support public health work, working with reportable conditions, or supporting public health emergencies. Even beyond practical knowledge, they also understood how some of the organizations functioned, increasing the ease of their transition into their new organizations.

Need to prove one's self. According to the study participants, gaining the trust and acceptance of existing co-workers takes time. New employees must have time and opportunities to "prove yourself in action" to show that they are competent and can "deliver results."

> "Acceptance is results-based. If you can come in and someone tells you how to do something, and then you replicate it, or if you can come in and fix a problem, give results [so] that people can see that you are competent and that you understand that you bring value."

Some individuals had to navigate the hurdle of working with or managing employees and co-workers who are part of older generations. Participants noted that some older employees may sometimes question the new employee's knowledge level and what younger individuals can contribute to the team or the organization. Thus, gaining acceptance wasn't easy but "manageable" – in the words of one participant – as they navigated how to show their value effectively. Some of the participants noted that when they joined their respective organizations, there were co-workers with whom they had previous working relationships. This helped those individuals easily gain acceptance. For others, the organization or team had a culture of being welcoming, social, and supportive of work-life balance, which helped gain acceptance with others in the organization more quickly.

Metamorphosis socialization phase

Negotiating organizational roles can be stressful. Stress may come from different sources, and the impact of the stress can be expressed in different ways. Joining an organization can be stressful. Several of the participants acknowledged experiencing stress in their jobs. One participant described their own stress experience:

> "I think stress or struggles at my job is one with the position that I was in…. a lot of managing up. Managing a lot of senior staff is very stressful because these people have advanced degrees from these super prestigious organizations. But I have to tell them what to do on certain things."

The stress or struggle stemmed from different sources, including (a) difficulty in developing proper work-life balance, (b) managing social and professional relationships at work, (c) juggling increasing workloads, in many cases due to the COVID-19 pandemic, and (d) not becoming overextended but

voicing concern when complex requests were made to work quickly and turn around deliverables. Some struggled with finding interest in the subject matter they were assigned—some reported that the organization even had specific skill sets that they wanted to use, so they had to figure out where and how they fit into the department and organization. Others recalled choosing when to challenge leadership to conduct research or effectively approach other activities with standard practices. Still, others struggled as they learned the political aspects of public health and how partisan it could become.

The stress on the study participants left them feeling undervalued and underutilized, less confident in making decisions, impacted their relationship with key stakeholders of influence, and caused moments of frustration. In some cases, this led to feeling disconnected and having a lack of certainty of their purpose in the organization. In addition, the stress experienced prevented individuals from fully settling into their role.

Interestingly, some of the participants recounted a more positive impact of increased stress saying that the stressors helped them become more intentional about demonstrating balance in professional obligations and professional responsibilities. For some, stressful situations helped make them a better employee, forced them to understand different personalities, and navigate conversations and projects with different people. One participant recalled their experience as described below:

> "I think as annoying as those struggles were, I think it helped me to be a better employee because it helped me understand different personalities, and how to navigate conversations with different people, how to navigate projects with different people and different clients. And understanding how that translates into work. I'm understanding what people need to see a project that successful what clients want to see-- how you want to interact with clients things like that."

Valued contributions, opportunity for development, and alignment of interest lead to increased job fit. New employees consider their position a good fit if the organization values their contributions, provides opportunities for their development, and the organization seeks to align job duties with their interests. Many participants stated that their job was a good fit. Across these individuals, the ability to feel engaged in the organization and the work, have a sense of ownership and autonomy of their

work and activities and be given the opportunity for professional development and growth helped them conclude that their job was a good fit for them.

One participant said:

> "Yeah, currently, this is a good [job]. This position is a good fit for me because, one, I like my team. I communicate with my team a lot. I do have a lot of independence to get my assignments done. But at the same time, there is that open door of communication, where I can ask questions, or I can have open discussions to get feedback."

In addition, having a job role and tasks that align with the new employee's interests and desires, leading to their increased enjoyment of the work, was considered an indicator that the job was a good fit. Lastly, feeling valued and supported and having the opportunity to provide value to the work and the team led to participants feeling that the job was a good fit. According to one participant, their job was a good fit "when I was reassured and like I was a valued member of the team" and "I was able to produce things within my work that really added value to the team."

Another individual saw their position as a good fit through direct in their engagement work:

> "When I was genuinely interested in the webinars, the Zooms. I tried to find a book or two here and there, trying to research documentaries that explore topics more. I knew that this is the role and I genuinely enjoyed the data, the operations, fixing stuff…This gives me a glimpse into what fulfills me."

Another appreciated the opportunity to grow in their roles:

> "Within the first year of me working there, and just the support that I received, the different types of projects that I was on, it just really aligned with my interests, and just the growth, the different growth opportunities, like I felt like I was constantly growing, as felt like I was constantly getting stretch roles, and that, and I felt like that was a sign that this is a good fit for me."

Still, others explained that the experience in the new role was misaligned with their expectations. One participant summarized these sentiments as follows:

> "[It] was not what I expected…. But it was a foot in the door. And so, I took it. The position was advertised as an epidemiologist role, but it was more in alignment with health informatics."

Another recalled:

> "[I] guess my initial expectations, I really expected to be more hands-on with the people that we serve. Whereas in the position that I'm in now, and really, even when I first started, because I've always been in some form of management or supervisory or upper-level leadership position, I'm not really with the people that we serve as much. I'm more so on the other end, kind of overseeing compliance with policies and making sure that things are intact so that they get the services that we're trying to get to them. So, it doesn't match my expectations. And that part, I really thought I would be more hands-on on a day-to-day basis, whereas now, it's like, I'm kind of fighting to do things to get out of the office so that I am more hands-on".

Another echoed this experience of misaligned expectations:

> "You know, half of it was probably what I expected, the other half, more administrative stuff was not [what I] expected to do. But, you know, that went away over time, as I, you know, personalized the job to what I do".

For some participants, there was a distinction between job or role fit and organizational fit. As described by one participant:

> "I feel like in certain aspects, that's a yes and [in] certain aspects yes and no……. I definitely wanted this to be a stepping-stone for my career. And I feel like, in this first year, I've learned so much. There're so many things I need to update on [my] resume. Just because I've been able to do so many different things, which has been great... I have learned a lot in terms of what I'm able to do, and [I] like the skills that I've gained. My expectations were either met or exceeded. But in terms of how the organization operates, it was completely different from what I was expecting".

Transitioning into an organizational insider requires role clarity, the opportunity to prove one's self, and trust. In general, among the participants who expressed that they felt like they were an insider in their organization. the length of time it took to become an insider, was one to two years— a

gradual process. A few felt that they were an insider with their supervisor or immediate team but still an outsider regarding the larger organization. Of note, one respondent who worked in a hospital setting described their thoughts of being an insider in the organization as “two doors” or two levels. They go on to say:

> “I have gone through one door, there's two, and there's one I don't know if I'll ever be able to go through. And I have been here long enough. And I have been on enough projects now where I've had exposure to multiple stakeholder groups within the hospital multiple times as well. And so, I have been able to show my competency. And so, because of that, I feel like I have been accepted into kind of the fold of the organization. But the other door, that I don't know if I will ever get a pass to come through [because] I'm not clinical”.

Three key components emerged as essential for establishing a new employee as an insider in an organization – (a) an understanding of their job role and activities, (b) the opportunity to prove themselves, and (c) the trust of their colleagues.

Part of feeling like an insider in the organization included understanding the job role within the team and the organization. By extension, gaining confidence in the role, “being comfortable with the position itself,” and doing the work the new individual was hired to do, helped to feel more like an insider. Others felt that once they began to understand the content and topics talked about, were able to contribute to discussions, and developed a better understanding of “the inner workings of [the organization],” they began to transition to an insider.

One individual describes it as:

> “When I got to the point where I knew what was realistic about my work, and in terms of timing, and what was likely to be approved, what ideas were going to be well received.”

Another participant described their experience as follows:

> “The point in which I was in my team meetings, and I was really understanding what we were talking about, like outside of just what I was supposed to do. That was when I felt like I [was] really becoming an insider, in this team and in the center…And at the point at which I was able to

> understand those conversations and then be able to contribute, I felt like I was really switching over to that next phase... The point where people would ask questions, and I was able to answer them without feeling like I needed to rely on a co-worker, I felt like I was an insider in what we did with our program".

Another participant recalls her experience when she started doing the work they brought her in to do:

> "What I think it was once I moved out of the COVID response, and into some of my more healthy health equity-oriented work. When I was the COVID response was not actually part of my assignments. It was just where I was needed. And so, it was always kind of like, understood that I am helping out right now because that is absolutely where I'm needed. But I will be doing this. Once I left the COVID response, I think that's when people were like, Oh, she's doing the job that she was assigned to, and this is where she's going to be for quite some time. And you know, we are, you know, we are gracious that you like, we are very grateful that you're here. And so, we're going to be very gracious to you. Because you are here to help us."

Given the opportunity to work with and collaborate with others outside the team or the department, exposing the new employee to other organizational members and projects gave some of the participants a chance to show colleagues and their supervisor that the newly integrated employee was able to deliver results and is capable of the job the organization hired them for. This ability for the organization or supervisors to give the new employee the opportunity to prove themselves with new loosely supervised projects or invitations to decision meetings comes with the ability for colleagues and others in the organization to develop trust in the new employee. Some participants express their experiences in this regard in the excepts:

> "Um, I think it's probably when I started taking the lead on more projects. I feel like, at that point, my colleagues trusted me to be able to do that. And, yeah, that really helped me to feel like I was one of the insiders, I guess."

> "I think it's just like occurring right now. Because I've noticed just in the last few weeks, I've been called into, like, more meetings than probably last year. Probably even six months ago, I would

have never really been a part of making those decisions. So, I think just now, I am finally getting into this Insider [position]. 'We're valuing your wisdom and what you can bring status as well."

"So, I've been in my department since I started in December. So, by December the following year, I think I was [an] insider in my department, because people come to me for everything. [People] in my department asked me all kinds of great stuff."

"I also started to feel more like an insider once people started coming to me to ask questions about, you know, our tribal work, which is specifically what I'm working on, you know, for different, like policy information requests."

"For me, it was when people stopped emailing my supervisor and just started directly emailing me…So having that having the ability to freely communicate without another team member present, supervising, or shadowing me is one thing – unless they need to be brought in because it impacts their work as well. So having that sense, having that, that freedom to navigate, and that comfort level where people directly email me, rather than my supervisor for me to do activities for them is when I felt that [I was an insider]."

Individualization

After the newcomers have moved through the assimilation phase of organizational socialization, they enter the individualization phase where they try to change the organization to meet their needs. Participants of the current study were in various stages of this phase, but in general, acknowledged limitations in their organizational influence.

Limited organizational influence. Participants' ability to influence the organization's decisions was limited to the newcomer's immediate team or department. Those who indicated that they influenced the organization expressed the ability to influence their immediate peers, supervisor, or team. Some even expressed the ability to influence the department they work in. However, while they influenced the team, the same individuals were uncomfortable agreeing that they influenced their broader organization.

While in the minority, it is still important to note that there were individuals who revealed that they had no influence, even describing it as a barrier, "there's only so much you can do at a [certain]

level. Some described a small degree of influence, saying, “I would say maybe 30 percent, I would say a third of my job I can”. Others indicated that they did not know how much influence they had and would like to explore this more.

Research question 2: How does the organizational assimilation process influence a millennial’s public health professional identity?

Theme 2: *Millennials expressed a strong pre-existing professional identity that was reaffirmed through their work experiences and organizational opportunities and further refined as they evolved in their organizational roles.*

Many of the professionals in the study joined their organizations with pre-existing public health professional identities. So, moving through the organizational socialization processes wasn’t the key driving factor in initiating the participants’ professional identity. However, for some, the socialization process allowed them “to work it out, to actually live it”.

> “I feel like it, I had this identity before I joined here, I think that being here at my organization allows me to like to work it out to actually live it, because I'm, I'm overseeing so many different divisions, and so much different work, and trying to bring them together. But, um, but I feel like the basis of that has been ongoing even before I came”.

In other words, they were able to experience the work of public health, see the work of public health up close and have an opportunity to practice it, see it in action, contribute to those areas that align with their values, and continue to clarify what their professional identity looks like. Joining the organization allowed participants to continue training and gain exposure to a variety of public health activities.

One individual recalled having the “opportunity for some global health exposure” to see how other people in other parts of the world are “working incredibly hard to improve public health in that area.” Another participant shed light on their ability “to continue to develop relationships across the public health spectrum,” thus, allowing them to “see the public health challenges in a different way”. One other person put the impact of their organizational socialization experience this way:

> "there's, one thing to, kind of think of what...public health is and what it needs, and there's another to actually see the data and to work with the stakeholders that are implementing these policies and pushing public health forward".

One participant described the impact of organizational socialization processes on their professional identity as "sharpening the detail" – cementing and further refining their existing public health identity. They go on to add:

> "[I]t's been a bit of a circuitous professional journey for me, and I'm finding that, particularly with being part of the CDC, the desire that I have to help people is deepening. But I think that being part of the CDC also is shaping this professional identity that I have, in a way that is, how do I put this? It's not changing my passion, it's allowing me to communicate that passion in a way that's, that's more professionally tailored.

Strong pre-existing public health professional identity is shaped by personal values, intrinsic motivation, education, and previous work experiences. All the participants strongly expressed how their values and beliefs aligned with what they believed to be the value system and purpose of public health. As one participant stated: "I think public health really goes neck and neck with everything that I believe in, everything that I stand" Another individual stated it this way, "I really feel like I fit with public health…I absolutely identify with the moral beliefs and values that align with public health". Others talked about their desire to help people – "I like helping people with resources… It [public health] aligned with what I wanted to do, for I was looking at the common goals of helping others". Many interviewed individuals affirmed the common value of public health and the desire to help people.

> "It's [identity with public health] a very strong I think…. most people in public health, get into public health because they want to help people. And I know, that's why I did, and I think a lot of us, you know, share that vision of healthier and safer populations, and want to work towards that".

In addition to aligned personal values and intrinsic motivation, many of the participants agreed that their previous educational experience at the undergraduate or graduate level influenced or played a

role in helping them shape their professional identity by providing them the knowledge—in particular, in understanding what public health is. They recalled that their educational experience helped them understand the myriad of concepts used in practice across the wide spectrum of public health. These included understanding the different areas of public health, research in mental health and destructive behaviors, health policy, understanding how to address the public health needs of marginalized groups, understanding how to do community-based work, skills in qualitative, quantitative, evaluation methods, biostatics, ethics, and how to put public health research into practice, how to approach the research process and conduct data analysis. These educational experiences also included understanding how all these topics related to public health policy—some even made extensions into healthcare delivery. Below are two excerpts from participants' educational experiences.

> "Having the tools to think critically in that respect, and to kind of be able to break down theory and you know, just use all that different knowledge from looking at underserved groups or like marginalized groups, and how things could be outside of the norm. I think that's been really helpful [in] public health and [in]a space where lots of people have, you know, large needs. But to really be able to think deeply about why that's happening. Is there something else that we can do? Should we be providing it [in] a different way? All those thoughts and factors, you know, go into public health work, and I think that my training and my education have been a big help for me [in] being able to think about how to answer some of those questions in more unique and innovative ways".

Another individual recalled:

> "My formal education, my MPH program, you know, taught me how to approach a research question from a particular viewpoint……. I learned biostatistics, ethics, how that intersects with policy, and, you know, structures. So, when I did my MPH, I never intended to go [the] pure public health route working for like a [public health department] or anything like that. But I was able to take the pieces that were important to me professionally and apply them, you know, in this like amorphous zone between public health and typical health care delivery. So primarily that,

> you know, developing research, and following the research process, and then the data analysis, part of that, in particular, is where I was always had had most interest professionally".

Similarly, most participants noted that their previous work and lived experiences influenced their public health professional identity. These previous work experiences came from other jobs or fellowships within and outside the field of public health. For some, these included working in both private and public organizations, governmental public health institutions, and non-governmental institutions. Through these work-related experiences, they learned about public health (before they went back to school) and get experience in certain areas of public health, which helped them determine where they wanted to focus their career or develop additional skill sets to support work in public health.

The organization affirms and redefines professional identity through the socialization process. Most of the study participants did not indicate that the socialization process impacted their professional identity directly, but rather that the opportunities and experiences gained through joining the organization helped shape their identity within the profession and helped them view the profession from a different perspective. For instance, one individual noted that:

> "As far as my organization, you know, consulting firms are very client focused, obviously. So, I think that that has helped me to develop relationships across the public health spectrum. You know, we work with people, laboratories, and agencies all across the country and even in other countries. So, I feel like that has helped me to kind of see the public health challenges in a different way. Because I get to hear about all these other people's experiences".

Another individual who was steered toward the field of public health after joining the organization recalled:

> "I never thought about pursuing a career in public health. I just landed in a situation where the research that the group that I was a part of sort of like skewed that way. I came in and, you know, the first project I worked on was trying to increase colorectal cancer screening for Hispanic patients in our organization. So, I sort of just landed in with a group of people that were working

> on things that I ended up being interested in, and then it sort of just like, steered me to, if this public health route".

Even though their professional identity has already been formed, participants felt that being in the organization has allowed them to continue to explore that identity. One participant highlighted how their organization encouraged them to work beyond their silos, which helped them better understand their whole in the field of public health:

> "One thing that I really appreciate about my organization is that from the beginning, there was opportunity, should you seek it out, to have participation like outside of your little program. There's like silos, the big word, and that was a big thing. When I came in five years ago, the organization didn't want to have these silos of like, nursing, nutrition, executive, [and] environmental health. And so, there was a lot of like, cross-program alignment. There's still a lot of work to do. But I think that really helped me because I came in as a dietitian, but then I ended up getting a really like interdisciplinary lens on public health and where, you know, where's my scope of work in line with someone else's, and how can we align those scopes of work to reach a shared goal or serving the same population. And I think that had to do with organizational culture".

In contrast to most participants in this study, a few individuals felt that the previous organization influenced their identity.

For example, one participant noted that:

> "Past organization actually geared me towards this whole idea of where see myself in public health. My current organization has not really, I guess, it hasn't really shaped like, how I view myself in public health that much, but it has shaped the way maybe I do see myself as an individual in a certain profession.

Another participant had this to share:

> "Probably not this current organization, I think it happened before. Um, but I have not only worked in, you know, state and federal public health organizations, but I've also had the

> opportunity for some global health exposure, and have worked in Africa, with two different organizations to really be exposed in, you know, two cultures into two, honestly, parts of the world.".

A few also felt that joining the organization did not influence their professional identity at all. While they felt that their organization supported their professional identity, they didn't think it influenced it. They noted that they already "this [identity] prior to entering into the [organization]", or they "developed their identity in their other work".

In addition, for study participants, the socialization process either confirmed or evolved public health professional expectations. While participants had varying areas in which their expectations of public health were affirmed or evolved, On the one hand, some individuals expressed that their expectations evolved to understand that there "is a lot of flexibility in public health" and public health can be a broad field encompassing work and programs that some did not know were part of the profession. Yet others indicated that this idea of "different programs" or "many different pockets in public health" confirmed their expectations. Similarly, participants began to understand how public health actually works— seeing it up close confirmed what some thought public health was, and for others, it changed their expectations of a field that has funding challenges, is evolving and ever-changing, has much work to do, and is not fast-paced – may be slow to implement changes. Others also began realizing that the textbook description of public health learned in formal education may be a lot different than the practice of public health in the field. Their expectations also changed when they learned that many public health workers might not be in the field, and great emphasis is placed on building relationships and partnering with other governmental agencies to support public health responses.

Those who expressed that they felt like an insider in the public health profession often described this as a point in time when their identity was amplified, and they felt they were doing the work of public health or were in the know of information related to public health activities. Some used COVID-19-related experiences as an illustration of this sentiment, such as getting the opportunity to "take a look at data and relate that to what my educational background was and see how data is actually taken in and

what information is provided to public health" or assisting in the intense work with the COVID-19 response from the "inside" and being able to share information about COVID-19 resources with external partners and individuals. For some, this transition point became apparent in their comfort level in collaborating, developing, and initiating relationships with stakeholders to get things done. For others, the insider point was reached when they became more involved in the technical aspects of public health work or when they started to engage and be in their community and began working on projects related to "trying to prevent, educate, promote, or empower" the community.

Research question 3: How does the organizational assimilation process hamper or facilitate recruitment and retention?

Theme 3*: To influence recruitment and retention, public health organizations need to communicate to new and existing professionals the attractiveness of the profession, supportive working environments, and promote career growth, advancement, and competitive compensation.*

This study did not specifically focus on how each participant's socialization process affected their feelings around wanting to stay with the organization or not stay with the organization. Rather, it inquired from participants their perspectives on how the organizational integration process can be leveraged to enhance recruitment and retention. Table 2 shows that only two participants indicated that they plan to leave their current job in the next 6-12 months. These results were taken from the initial survey completed by each participant. This moderately aligns with the responses received from each respondent when asked during the interview where they see themselves in five years as it relates to their organization. More than half of the respondents indicated that they plan to or would like to be with their current organization in some capacity.

However, while this study cannot extract the exact way in which each participant's organizational commitment has been hampered or facilitated by their organizational socialization process, this study can derive the key activities that may hinder or promote organizational retention among millennials based on the perspectives shared by participants who are themselves millennials. Several key points arose when

participants were asked what support was needed to be effective in the organization and continue their public health careers. Similar thoughts were expressed when individuals were asked to describe what was needed to recruit and retain talent in public health organizations. The sub-themes emerging from these discussions are described next.

Make public health attractive. Individuals voiced the need for public health organizations to develop better partnerships with schools and other training organizations to increase the awareness of public health as a profession and provide opportunities for students to gain experience in internships and apply concepts learned. Others also expressed the need to highlight the benefits of working in public health and expand non-traditional disciplines of public health. Still, individuals stated that job prerequisites and educational requirements that organizations set for specific roles should be revisited as they create barriers to entry. Also, organizations need to develop adequate and competitive salary and compensation packages.

> "I would say the first is money... our entry-level public health positions... sometimes don't pay a lot. I think that by increasing that, it will attract more candidates".
>
> "[Increasing] awareness [of] public health and what it is... I think people now have a general understanding of why public health is important… because the COVID but, then again, I don't think we do"

Create supportive work environments. Study participants identified mentorship as a key consideration for effectiveness in the organization and public health. Participants expressed the importance of having a mentor to be able to "talk to about things" and provide "clarity and give you a neutral perspective." Others viewed good mentorship as essential for new public health professionals. This was viewed as more helpful than sending people to training. One person viewed it this way:

> "I just feel that it's a benefit, like to always have mentorship and a willingness to educate people on how to navigate as a public health professional instead of just sending them to trainings – just throwing money at them– [but] actually giving them the play by play on how to navigate as a public health professional.

In addition to mentors, many participants also viewed peer-to-peer engagement, other relationship development opportunities, and networking inside and outside the organization as needed for them to be effective in the organization and continue in their public health careers. Participants viewed these opportunities as ways to have someone "help [them] navigate public health" and the organization. Others viewed it essential to be able to network across the organization, outside of the myopic team, departments or sub-discipline, and across sectors, given that, as one person said, "public health really relies on networking."

Lastly, participants identified leadership and management support at the organization. One person referred to the top-down approach, where leaders and managers ensure that there are sufficient resources to meet the needs of the employees.

In addition, participants, stated that they needed the organization to encourage a culture where "open perspectives of others are welcomed", they "feel that their opinions are valued", and their individual strengths are capitalized on. One respondent leaned into the different specific preferences of millennials and highlighted the need for organizations to meet those needs:

> "As millennials, we like diversity, we like new and exciting things. We like advanced technology, we like growth. And so, to retain the millennial, you're going to have to create a space that respects their opinions [and] that allow them a seat at the table, and that makes them feel like they're a part of the team and not just the doers of the work. [A]lso give them a position to lead and to really feel incorporated into the work in which you're doing".

Another person emphasized the importance of being valued in the organization in this way:

> "There's going have to be some show of your opinion matters. Your opinion matters and some show of what you say matters to the point to where this is how your opinion or your suggestion, we're actually going to implement it, or this is how I mean to show that actual change is happening and that it's occurring".

Demonstrate commitment to professional development. Advancement and growth opportunities in the organization were identified by participants as necessary for organizational effectiveness and retention.

These key concepts span across the metamorphosis and individualization stages of organizational integration process. Individuals expressed the need for training and professional development:

> "For me to continue my career, I just see opportunity for growth, and to be able to learn new skills on the job and to get exposure to new areas".

Another person added:

> "getting the opportunity to actually cross train across the organization and seeing what other people are doing, I feel is one way within the organization to get to keep resources and talents".

Participants emphasized the importance of career growth and innovation, especially for millennials: "The thing with millennials is, we are very driven. We are very career and goal oriented. And if you create an environment in which we cannot grow, we will not stay. And so, it is very important to create new opportunities for millennials to create upward growth to support them in their career. You know, in their career, support them in moving upward. If there's not opportunity for growth. We're not staying. We're not the type to sit in roles for 2030 years and work the same position forever".Another added:

> "A lot of times when you onboard a person, you kind of put them into a sink or swim situation. And you're hopefully allowing, you're hoping that they swim. And once they swim, you're like, great, don't do anything else. But you're trying to keep them in that position because you want to fulfill that need. And while that's good, and it's needed, giving them the training to fulfill a need at a higher level, while incoming newer people to fulfill that lower need is missing. So, I feel it's a such a cyclical pattern, where you're trying to put too much on your existing staff at their current level without giving them the opportunities to grow, or let new people come in". Another individual more bluntly state that millennials do not want to stay in the same role for 20 to 30 years, putting it this way:

Similarly, a culture of innovation is needed to support millennials in staying in organizations. The innovation that millennials desire is not only technology related but also innovation in how things are done in organization. One individual said:

> "…having agencies not be outdated and support, sort of new ways to do things, is what's [going to] keep Millennials; so you know, if it's, even if it's something that, you know, that hasn't been done a certain way, or is a new way of looking at something that's embraced, I do see that keeping people engaged and retaining. If not, then you'll lose people".

Summary

This chapter presented the findings from the study. Three key findings emerged from the study. First, millennials' collective organization assimilation experiences were nuanced but largely similar. Second, millennials expressed a strong pre-existing professional identity that was reaffirmed through their work experiences and organizational opportunities and further refined as they evolved in their organizational roles. Third, public health organizations must communicate the profession's attractiveness, create supportive working environments, and promote career growth and advancement to influence recruitment and retention. In Chapter 5, the implications of these findings are discussed within the context of practice, research and policy.

CHAPTER 5

DISCUSSION AND CONCLUSION

This study examined the organizational socialization process of public health professionals from the millennial generation and found that when entering public health organizations in recent years, despite some nuances, the collective socialization experiences were common across millennial public health professionals. In addition, while millennials may be unique, the experiences revealed during the assimilation process are not unique to public health and its organizations. Common socialization resources used by the study participants such as formal orientation, mentorship, supervisor support are common experiences expressed by other individuals from other socialization studies across sectors including K-12 education, non-profit, for profit, and higher education (Cooper-Thomas et al., 2012; LaGree & Olsen, 2022; Mazerolle et al., 2019; Roth, 2017). This study also interestingly highlights that many public health professionals come to public health organizations with a strong pre-existing public health identity that is affirmed and strengthened by joining the organization. This strong pre-existing identity for the values and beliefs of public health lead millennials to choose the public health profession in a deliberate fashion (Feldmann et al., 2019; Miller, 2019, October 9). However, the some aspects of the organizational assimilation process in public health, may act as barriers to entry and retention in public health organizations. This finding is supported by earlier evidence reported by the de Beaumont on the challenges experienced by millennials in joining and staying in public health organizations (Feldmann et al., 2019; Miller, 2019, October 9). The specific barriers to entry experienced by millennials that were identified in this study included application processes that may long or obscure, and job prerequisites that that may be difficult to meet.

The findings also tell us that despite a less-than-perfect onboarding experience and, at times, complicated by organizational issues or situational capacity, such as a pandemic, socialization resources identified by the study participants may help offset the difficulty in learning about the organization and the newcomers' role. Socialization resources such as relationship development via mentorships or

assistance from co-workers or other peers, supervisor support, feedback, and formal or informal training and orientations potentially played a significant role in facilitating the onboarding process, given that 77% and 88% of the study participants indicated positive job satisfaction and commitmen to staying in their organizations, respectively. These findings align with the expectations of the socialization resources theory, which suggests that providing these socialization resources would influence job satisfaction and organizational commitment (Saks & Gruman, 2011). Positive socialization outcomes could potentially have been mediated or assisted by the increase in psychological capital as indicated by the socialization resources theory, so its mediating role in the millennial socialization process is an area for future research.

Millennials from this study also tell us that one of their strategies during the assimilation process to gain the acceptance of others was to take on task or projects to demonstrate their competence to other existing organizational members. This is a newcomer tactic identified by other socialization studies (Cooper-Thomas et al., 2012). One study in a large professional organization even found that newcomers will seek out these opportunities if not given the opportunity to do so (Cooper-Thomas et al., 2012).

This study also revealed that millennial newcomers experience stress as they integrate into the organization. The socialization process is known to be stressful, therefore, as newcomers learn about the new organization and their role, the organization must provide resources to minimize and mitigate this stress and increase role clarity (Chapman, 2009; Frögéli et al., 2022). Millennials in the current study primarily indicated stress as they settled into their role in the organization, including, negotiating the misalignment between job expectations (i.e., as they were trying to understand the organization's expectations for their role vs. the expectations that they had for their role before joining the organization). Some indicated that they felt there was a disconnect or lack of clarity. Additionally, some had challenges ensuring work-life balance and a proper workload that was not overwhelming and overextended, producing stress that may not have been expected. So, the stress experienced by many millennials may warrant a discussion about role and workload negotiations, role expectations, and work-life balance. Previous studies have shown that when organizational newcomers have a high level of role clarity, among other adjustment outcomes, they also report lower stress levels in the short term and in general (Frögéli et

al., 2022). A part of developing role clarity is role negotiation. The literature tells us that these types of discussions are fluid in nature, often employing informal understandings that could be renegotiated and involve multiple colleagues, including supervisors, peers, and subordinates (Robertson et al., 2019). However, studies also show that newcomers or organizational members with lower levels of status in the organization will perceive their ability to negotiate their roles and expectations to be limited (Robertson et al., 2019). Because of this, such organizational newcomers have less confidence in using work overload and misalignment of interest mitigation strategies, such as delegation and prioritization, and accept the workload given to them. This leads to work imbalance and may lead to some of the stress experienced by some of the millennials in the current study (Frögéli et al., 2022; Robertson et al., 2019). So as part of the assimilation process, organizations should proactively provide opportunities to millennial newcomers to demonstrate their knowledge, skills, and abilities to promote acceptance in the organization.

Another finding gleaned from the participants in this study is that millennial's perceived influence on the organization is limited. In general, this is not surprising, especially in medium to large bureaucratic organizational systems. However, one of the expected outcomes of the socialization process is that as newcomers move into the later phases of the socialization process, they would feel more confident in being able to influence the organization. The literature refers to this as voice behavior, defined as expressions of concern to improve the way things are done in the organization and lead the organization to solve critical issues related to existing practices (Um e & Naqvi, 2020). Yet an employee's engagement in voice behavior can be influenced by factors such as their job role, organizational leadership. whether they perceive their supervisors to be receptive to their opinions and concerns, , the climate of the organization as well as the degree of authority they have over their own tasks (Um e & Naqvi, 2020). So, what millennials may be suggesting through this study is that if public health organizations want newcomers to speak up within the organization, voice their opinion, concerns, and desire to improve the organization, they must create the climate and environment for them to do so. This study also revealed that for millennials to become insiders in the organization, they need role clarity, opportunity to prove themselves, and trust among existing members of the organization. When looking at

the socialization process and its impact on socialization outcomes, we would expect that the socialization process via the socialization resources provided by the organization, as well as any characteristics and behaviors of the newcomer, would lead to the proximal outcome of newcomer adjustment seen through millennials being clear about their role or role clarity, millennials having an opportunity to prove themselves, or task mastery, and millennials gaining trust from existing members of the organization, or acceptance by organizational insiders (Saks & Gruman, 2014). The experience of millennials who have become insiders aligns with the expected socialization process and continually fostered would lead to the distal socialization outcomes of organizational commitment or retention, increased job satisfaction, increased job performance, and decreased organization turnover. This gives more evidence for public health organizations to employ socialization efforts and resources that support the development of these favorable proximal outcomes.

Study Implications

The organizational socialization process as recalled by the current study participants was varied in the specific way each individual experienced the onboarding and integration period, however the collective experiences pointed to common issues that could be improved or other positive ideas that could be continued and further developed. There are some key hurdles experienced during organizational socialization including a challenging job seeking process, onboarding that did not meet newcomer expectations, difficulty in learning about the organization, trouble gaining acceptance, alignment of newcomer job expectations, and stress – all of which public health will need to swiftly address in the coming years given the organizational shifts that are occurring now and, in the years, to come. With 27% of the governmental public health workforce (including state and other local agencies) considering leaving their job in the next year and an additional need of 80,000 full-time staff members for agencies across the US to provide the core functions of public health, there is a very present need to quickly recruit qualified candidates and effectively move them through the socialization process . Effective socialization is not only necessary to support the daily public health operations but also maintain the organizational knowledge essential to the provisions of public health services by the organization (de Beamont 2022).

While much attention is focused on the socialization of individuals into organizations. It is just as equally important to focus on the professional identity of public health professional, as research has shown that professional identity has a positive impact on retention (Rasmussen et al., 2018). Governmental public health currently has a retention problem, so determining how socialization might impact the professional identity of newcomers in an organization was one of the key questions of this study (Hare Bork et al., 2022). Before conducting this study, it could be conjectured that joining the public health organization would have a large impact on the professional identity of public health professionals. However, this study's findings suggests that only a small impact on the professional identity of public health professionals can be attributed to the socialization process. The impact of public health organizations was found to be largely limited to affirming or evolving the pre-formed professional identities of the professionals studied. In other words, the organizational socialization process itself did not directly impact professional identity, but the opportunities and experiences gained as a result of joining the organization aided in influencing professional identity. Participants in this study came to their organizations with professional identities pre-shaped through formal education, previous jobs, or personal lived experiences. This highlights the importance of public health educational and training programs in helping socialize individuals into the discipline. Consequently, academic-practice partnerships may be key to effectively defining and communicating the public health identity, and consequently, enhancing recruitment and retention in public health.

Once public health organizations have addressed efforts to quickly recruit potential candidates and effectively move them through the socialization process, organizations must explore strategies to retain existing and newcomer staff. The current study revealed that there isn't just one or two cross-sectional activities that organizations must focus on to increase and develop millennial retention in an organization. There are strategies and activities across the organizational socialization process that can be employed to increase retention. The study participants' experiences show that impactful retention strategies could start in the anticipatory phase well before an individual joins the organization. This phase might be one of the most crucial steps to a retention strategy, highlighted by the literature saying that job

fit, and organizational fit are especially important during the early stages of adjustment within the organization (Mitchell et al., 2001).

Blount (2022) as well as Bhattachary and Elsbach (2022) more recently confirm individuals that identify with the organization are more likely to move into action to become more assimilated with the organization (Bhattacharya & Elsbach, 2002; Blount, 2022). Therefore, targeting recruitment efforts to find those individuals who closely identify with the organization and field of public health would greatly increase probability of retention. This would include activities that the organization (or even the field of public health) does to introduce people to the organization and the public health profession. The field of public health and its supporting organizations should do more to let potential employees know about the benefits of working in public health. This could include including working closely with various levels of the education system to make students in different levels of their educational journey aware of public health as a career. As seen with individuals in the current study, many people are coming to organizations with a pre-existing identity or set of core values that align with the mission, goals, and values of public health. Hence, public health organizations could increase their effort to seek out those individuals early in their educational and professional career journeys and make them aware of the field of public health. This would increase the organization's ability to bring in employees whose identity closely aligns with the organization and the field of public health.

Like the findings from Yeager and Leider (2019), competitive compensation emerged in this study as an important factor for recruitment and retention, although it was only part of the list of issues to consider. Compensation packages are often negotiated during the anticipatory phase. The results from the 2021 PH WINS study suggest that one predominant reason for leaving the governmental public health organization is salary (Hare Bork et al., 2022). So, it is important the salary and competitive compensation be part of an organization strategies to recruit and retain millennial employees.

Mentorship, relationship development, support, and networking are other areas that the current study participants identified as potential factors for retention. These are activities that are normally completed or initiated during the encounter phase of the socialization process. Looking for ways to start

and increase engagement around these types of activities could be part of a broader retention strategy. Public health organizations should institute policies and practices that increase the propensity for newcomers and others in the organization to view their current job and organization as a good fit. These may include strategies that allow for the inclusion of work and tasks in the newcomers' workload that may align with their own personal and professional interest. In addition, providing newcomers with a continuum of opportunities for professional development and growth and the space to feel ownership in their work may facilitate employee-organization fit and enhance retention. Overall, the use of informational, interpersonal and personal socialization resources as identified in this study can enhance job and organization fit and improve retention. Another retention strategy that organizations may want to consider includes implementing intentional efforts to ensure that the newcomer 1) is valued as a member of the organization and team, and 2) has the opportunity to contribute to the team and organization work products. These opportunities increase the newcomer's sense of value to the team by contributing to or producing assignments that are accepted by other members of the organization.

One of the results of effectively moving through the socialization process is becoming an organizational "insider". Organizational insiders would ideally have less intent to leave the organization because they have greater identity with and fidelity to the organization. The participants of this study provided insight into the key factors that lead to them feeling like an insider in their organization, including autonomy, opportunity and trust. Organizations looking to increase the effectiveness of their integration process should consider providing clarity of the job role of the new individual and ensuring role descriptions and duties are clear in how the activities are fit into the context of the larger team and organization. For example clarifying what type of ideas are feasible and what are not? Also participants noted that being clear about assumptions made, project discussions, acronyms used, and a controlled entrance into the doing the work allows the newcomer to develop the understanding needed to gain the qualities of the organizational insider. Being provided autonomy in their roles to do their work independently, take responsibility for their projects, or lead projects was identified as a way to help newcomers become insiders. Accordingly, organizations should foster a climate that promotes employee

autonomy that allows for the employee to take ownership of certain activities, tasks, and projects, where applicable and without overwhelming the newcomer. . The other two insights that study participants shed light on were opportunity and trust. These two factors are linked. Organizations that allow opportunity for the newcomer to show that they are competent and can deliver expected results give the newcomer ways to prove themselves and allows others in the organization to gain trust in them as a member of the organization..

Lastly, organizations can explore retention strategies that incorporate space for development of new skills, advancement, and career growth within the organization. Of note, millennials grew up is an age of technological advancement, therefore they are attracted to innovate organizations. Organizations that create advancement in technology and innovation would be more desirable to millennials. Similarly, those organizations that allow millennials to use their technology savvy skills to drive innovation as they influence change in the organization will have better success in retaining millennials.

Study Limitations and Strengths

This study only conducted interviews among 27 millennials that work in the field of public health. Therefore, the result of the study cannot be expected to be generalizable to the larger millennial public health population that totals at least 10,000 according to the most recent PHWINS survey results released (Hare Bork et al., 2022). Of note, the qualitative approach does not seek to generalize but rather provide context and an in-depth process for exploring less-characterized issues or phenomenon. In addition, data for the study was collected during the COVID-19 pandemic, an evolving time for public health and its professionals. Everything from working location, job duties, and normal organizational policies and procedures were being modified to address the many complexities of the pandemic. These changes in the public health professional environment could have led to abnormal experiences for study participants that joined that organization during the pandemic period.

The characteristics of the study's participants, including their educational level could have limited the diversity of experiences and responses. More than half of the study participants had some combination of a master's level education, which is relatively higher than the larger public health workforce (Hare

Bork et al., 2022). While participants with a graduate degree most likely have similar experiences to those without a master's degree, there may be a difference in the type of work completed by those with master's degrees versus those without a master's degree which could impact their work-related expectations and negotiations. Therefore, future studies should seek to incorporate those without master's degree into the study. Because, the study participants were recruited using the Georgia Southern Jiann-Ping Hsu College of Public Health listserv, its is likely that respondents from this pool of potential participants were more educated. A master's degree is a requirement for a doctoral degree in the Jiann-Ping Hsu College of Public Health, It should be noted, however, that additional efforts were used to recruit individuals that were not on the listserv distribution to increase the diversity of the sample pool. Also, because the Georgia Southern Jiann-Ping Hsu College of Public Health listserv was used for initial requirement efforts and those participants were then asked to invite other that they may know, this initial sampling frame could have led to the increase in minority representation in the study as well as more practitioners rather than professionals in academia. Georgia Southern University serves a relatively higher proportion of minorities and those who attend the school of public health are primarily public health practitioners, and not academics. While the study may have recruited more minorities in comparison to the ratio of minorities represented in the national public health workforce, its findings are still beneficial to the literature given that many study often underrepresent minorities, thus limiting the impact of their voice. To the contrary this study has increased the voice of minority professional in public health that may be often over looked.

Despite these limitations, the study adds to the existing evidence-base in public health practice, It is one of the first studies to specifically characterize the organizational assimilation experiences of the millennials professional in the public health profession. In addition, the study adopted rigorous qualitative research methodology that followed best practices for reporting qualitative findings, including the use of participant quotes, and recruiting a diverse sample of public health professionals in terms of demographics and organizational sector, which helped ensure that the study's findings are credible,

dependable, and confirmable. The study adds to the ongoing dialogue on effective strategies for enhancing public health workforce recruitment and retention.

Recommendations for Practice and Policy

Given the current transition of the public health workforce as shown through employee's intent to leave public health organizations and an increasingly younger professional population, organizations must make steps to use the organizational assimilation process and other retention strategies to recruit and retain millennial public health staff. These strategies may also prove beneficial and important for not only recruiting millennials, but the generations after them also.

Specifically:

1. Public health organizations should revise the job application process to make it less cumbersome and shorter. Position prerequisites should be revisited and revised to allow more flexibility, and internships and other programs should be developed for all new professionals to obtain the necessary skills.
2. Public health organizations should seek to include social inclusion tactics such as relationship development, mentorship, and networking in onboarding practices and other assimilation processes.
3. Later in the assimilation process, organization should institutionalize opportunities for career growth, advancement, and professional development, allowing employees to grow with the organization and continue their careers rather than seeking other career advancement opportunities outside of the organization.
4. Organizations should be more intentional throughout the assimilation process to employ tactics and resources that directly impact socialization outcomes.
5. Finally, public health organizations must take deliberate action to develop supportive work environments that increase organization acceptance, value the newcomer, and create a space for the newcomer to influence the organization.

Recommendations for Future Research

Future quantitative studies should seek to develop metrics that can be used to measure, monitor, and evaluate the effectiveness of the organizational assimilation process on organization recruitment and retention among millennial public health professionals and future generations including, GenZ. Additional studies are also needed to explore the role of psychological capital in enhancing positive socialization outcomes. Similarly, more qualitative studies should be developed that identify key factors that lead to or hinder effective recruitment or retention in millennial public health professionals and future generations.

Conclusion

This study revealed that the largely similar, yet, nuanced millennial organizational assimilation process could be improved to increase recruitment and retention within public health organizations by (a) communicating to new and existing professionals the attractiveness of the profession, (b) creating supportive working environments, and (c) promoting career growth, advancement, and competitive compensation. In addition, organizations should consider the organizational assimilation process as a way to help affirm and refine the professional identity of newcomers.

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APPENDICES

APPENDIX A

INDIVIDUAL INTERVIEW PROTOCOL

Interview Questions

Ice breaker

1. Briefly describe your organization and your role within the organization.

Thinking broadly about the public health profession

2. How would you describe yourself professionally? How do you view and define your role as a public health professional?
3. What factors have shaped how you view yourself professionally?
    a. Your training in public health?
    b. Your organization?
    c. Your past experiences?
4. How strongly do you identify with public health? Its culture?
    a. To what degree do your moral beliefs and values align with public health?
    b. Did joining your current organization influence this identity in any way?
    c. How has your public health career melded into/transferred into your personal life? (e.g. sense of self, belief, values?) Did becoming part of your current organization influence this at all?

Anticipatory: Job Search, Pre-Onboarding, Pre-Organizational Entry

5. Tell me about why you chose or how you landed in the public health field and working in your current public health organization.
    a. What was the job seeking process like?
    b. What, if anything, did you know about your current organization before you were hired?
    c. Could you tell me about your thoughts and feelings when you were offered your current position?

Encounter: Onboarding New Employee Experience/ Additional Social Support (Socialization Resources)
Going back to when you first started, I would like us to talk about what was it like to be a new employee at your organization.

6. Tell me what was it like to be a new employee at your organization.
    a. What did the organization do to help prepare you for this position and provide orientation into the organization?
    b. Were there any other experiences you had that helped (training, previous jobs, education) to make your transition into the organization simpler?
7. Tell me about any difficulties in learning the organizational and public health profession, such as rules, common practices, etc. (Professional Socialization)
8. What was it like trying to fit in and gain the acceptance by existing members of the organization/ department?
9. If you could do it over, what do you wish you would've known then that you know now? Done differently?

Metamorphosis:

10. As a result of the integration process, do you think you have passed from being an outsider to an inside participating member of the organization? Public health Profession?
    a. If so, at what point did this occur for you (for both concepts)?
    b. If so, what does it mean now to be "an insider" or established organizational member in your organization?
    c. If not, what will it take for this transition from a "newcomer" to "insider" to happen?
11. Thinking back to your initial expectations of your job and the organization. Do you feel that your expectations of your job and the organization match what you are actually doing and experiencing within the organization?
12. In what ways were your prior expectations about the public health profession confirmed or changed after joining your current organization?
13. Did/Do you experience any stress or struggles at your job?
    a. If you experienced stress or struggles related to your job, how did that impact your ability to settle into your job/role within the organization
14. At what point did you know this position was a good fit for you? Not a good fit?
    a. How did you know?

Individualization

15. How much opportunity do you have to influence the way things are done around your organization/ department?

16. Aside from money and time resources (even if these are issues), what support do you feel is ideally needed to be effective within the organization and begin/continue a public health career? (not just training needs)
17. Where do you see yourself 5 years from now when it comes to the current organization? Public health?

RETENTION STRATEGIES

18. Based on your experiences as a young professional working within public health, what do you think it is going to take to recruit and retain talent to the public health field? Millennials?