Inclusion and Health Moderated by Demographic Status as Numerical Minority/Majority

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Background

- Inclusion has positive effects on outcomes such as intent to remain, job satisfaction, and psychological safety
- There has been only sparse attention to:
  - Health outcomes (see Mor Barak & Levin, 2002, for an exception)
  - Complex relationships with outcomes (e.g., moderation)
Conceptualizing Inclusion

- Belongingness: experiencing strong interpersonal relationships
- Uniqueness: experiencing a sense of being valued for distinctive aspects of the self
## Inclusion Framework

<table>
<thead>
<tr>
<th>Low Belongingness</th>
<th>High Belongingness</th>
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</thead>
<tbody>
<tr>
<td><strong>Exclusion</strong></td>
<td><strong>Assimilation</strong></td>
</tr>
<tr>
<td>Individual is not treated as an insider with unique value but there are other employees who are insiders</td>
<td>Individual is treated as an insider when they conform to dominant cultural norms and downplay uniqueness</td>
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<tr>
<td><strong>Differentiation</strong></td>
<td><strong>Inclusion</strong></td>
</tr>
<tr>
<td>Individual is not treated as an insider but their unique characteristics are seen as valuable and required for group/organization success</td>
<td>Individual is treated as an insider and also allowed/encouraged to retain uniqueness within the work group</td>
</tr>
</tbody>
</table>
Theoretical Background

- Relational demography theory
  - Similar demographics yield similar attitudes and behavior
- Social identity theory
  - Similar demographics yield social identification, which yields
    - Better cooperation, cohesion, altruism, health
    - Less stress, negative affect, relationship conflict
Our Study

- We predict the relationship between inclusion and health is stronger for individuals who are in the minority in their work group in terms of gender or race
Hypotheses

• H1: Minority gender status relative to the group moderates the relationship between belongingness (1a)/uniqueness (1b) and health such that the positive effect of belongingness/uniqueness perceptions on health is stronger when individuals are in the minority in their work group in terms of gender.

• H2: Minority race status relative to the group moderates the relationship between belongingness (2a)/uniqueness (2b) and health such that the positive effect of belongingness/uniqueness perceptions on health is stronger when individuals are in the minority in their work group in terms of race.
Sample

- 725 employees working 30+ hours/week
- 51% male, 48% female, 1% missing
- 50% Caucasian-American, 18% Asian-American, 16% Hispanic-American, 9% International, 6% Biracial or other, 1% missing
- Average age = 34.5 years (SD = 17.8)
- Average tenure = 7.2 years (SD = 8.2)
Measures

- Work group belongingness and uniqueness perceptions: 5 items each, alphas = .90 and .88
  - Example belongingness item: “I am connected to my work group”
  - Example uniqueness item: “People in my work group listen to me even when my views are dissimilar”
- Health: 12 items from Vieweg and Hedlund (1983), alpha = .83
Measures

• Relative gender in the work group: one item where
  1 = “I am the only person of my gender” and
  6 = “Everyone in my group is my gender”

• Relative race in the work group: one item where
  1 = “I am the only person in my race/ethnicity group” and
  6 = “My race/ethnicity is the same as everyone else in the group”
Notable Correlations

- Belongingness and uniqueness perceptions were correlated with each other ($r = .68, p < .01$)
- Belongingness and uniqueness perceptions were correlated with health ($r = .38, .34; p < .05$)
- Race was significantly correlated with health ($r = .09, p < .05$)
  - Caucasian-American = 0, Non-Caucasian-American = 1
Hypothesis 1: Relative Gender Supported Only for Belongingness
Hypothesis 2: Relative Race
Supported for Belongingness & Uniqueness
Conclusions

• In general, the positive relationship between inclusion perceptions and health was stronger when individuals were in the minority in their work group in terms of gender and race
• Implications of inclusion for health
• Shore et al. (2011)’s belongingness and uniqueness appeared to have unique relationships among outcomes of interest