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In our own backyard: when a less inclusive community challenges organizational inclusion

Beth K. Humberd
Manning School of Business, University of Massachusetts, Lowell, Massachusetts, USA, and
Judith A. Clair and Stephanie J. Creary
Management & Organization Department, Boston College, Chestnut Hill, Massachusetts, USA

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Abstract

Purpose – The purpose of this paper is to build insight into how the local community impacts an organization's ability to develop an inclusive culture. The paper introduces the concept of inclusion disconnects as incongruent experiences of inclusion between an organization and its community. Then, using the case of teaching hospitals, the paper empirically demonstrates how individuals and organizations experience and deal with inclusion disconnects across the boundaries of organization and community.

Design/methodology/approach – A multi-method qualitative study was conducted in hospitals located in the same city. Focus groups were conducted with 11 medical trainees from underrepresented backgrounds and semi-structured interviews were conducted with ten leaders involved with diversity efforts at two hospitals. Data analysis followed an iterative approach built from Miles and Huberman (1994).

Findings – The findings demonstrate how boundary conflicts arise from disconnected experiences of organizational and community inclusiveness. Such disconnects create challenges for leaders in retaining and supporting minority individuals, and for trainees in feeling like they could build a life within, and outside of, their organizations. Based on findings from the data, the paper offers insights into how organizations can build their capacity to address these challenges by engaging in boundary work across organizational and community domains.

Research limitations/implications – Future research should build upon this work by further examining how inclusion disconnects between communities and organizations impact individuals and organizations.

Practical implications – The paper includes in-depth insight into how organizations can build their capacity to address such a deep-rooted challenge that comes from a less inclusive community.

Originality/value – This paper contributes to an understanding of how forces from the community outside an organization can shape internal efforts toward fostering inclusion and individuals' experiences of inclusion.

Keywords Community, Organizational inclusion, Organizational effectiveness

Paper type Research paper

With increasing demographic diversity in the USA and around the world, scholars and organizations alike are interested in understanding how organizations can foster inclusive organizational cultures. Inclusive organizational cultures are those in which employees from different backgrounds can individually and collectively contribute and reach their fullest potential (Pless and Maak, 2004) while feeling validated, accepted, and appreciated (Davidson and Ferdman, 2002). While there has been some progress,

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organizations continue to face challenges in creating and maintaining inclusive cultures that positively engage difference (Davidson, 2011; Holvino *et al.*, 2004). As such, much of the diversity management literature continues to focus on uncovering organizational processes and structures that can help individuals and organizations work more effectively across difference.

Over two decades of research findings demonstrate that a myriad of organizational factors influence an organization's capacity to develop an inclusive culture. Namely, organizational cultural assumptions and beliefs concerning diversity (e.g. Thomas, 1991; Pless and Maak, 2004), shared understanding of what is meant by inclusion (e.g. Ely and Thomas, 2001; Roberson, 2006), engaged leaders (e.g. Ainscow and Sandill, 2010; Nishii and Mayer, 2009), and HR systems, processes, and training that promote a climate of inclusion (e.g. Cox, 1994; Ferdman and Brody, 1996) are all necessary for creating inclusive cultures. However, only recently has work begun to attend to the role that the local context outside of the organization's walls plays in fostering inclusive organizational cultures. This oversight is striking given that organizational theorists have long been concerned with the relationship between organizations and their environments (e.g. Barnard, 1938; Katz and Kahn, 1978; Selznick, 1949), recognizing that organizations are deeply embedded in local social systems (Marquis *et al.*, 2011) that shape, and are shaped by, an organization's behavior (Freeman, 1984; Mitroff, 1983). Like organizations, these social systems have their own cultural assumptions and beliefs concerning diversity, demographic patterns of integration and segregation, and an institutional environment that can privilege or disadvantage individuals. Thus, as Brief *et al.* (2005, p. 839) stated: "It is time that researchers concerned with relationships among demographically different groups in organizations look outside the organizations they study to better understand what is happening within them."

In line with this, we propose that greater attention to the role of the local community is critical to advancing research and praxis on diversity and inclusion in organizations. Our work fits within a growing body of diversity scholarship which reveals important relationships between community-related variables and job-relevant outcomes for individuals in the context of diversity, such as how community racial/ethnic demographics impact reports of workplace discrimination (Avery *et al.*, 2008) or incivility displays (King *et al.*, 2011). However, scholars have under-considered employees' subjective experiences of the local community-organizational interface, which are the mechanisms through which these effects arise. In this paper, we delve into this individual experience of inclusion as it relates to organizations and local community through an inductive qualitative study in the context of three teaching hospitals seeking to recruit and retain ethnically and racially underrepresented residents to their residency programs, but that are situated in a community perceived by residents as "diversity unfriendly." Our findings shed light on the perspectives of these residents that face "inclusion disconnects," which we define as incongruences between the inclusiveness experienced in their employing hospitals and the inclusiveness experienced within the local community surrounding the hospitals. Our findings demonstrate that inclusion disconnects can have a critical effect on key performance measures for a diverse organization, such as the organization's ability to recruit and retain a diverse workforce. Drawing from boundary incongruence theory (Kreiner *et al.*, 2009), we assert that this occurs because inclusion disconnects create a subjective state of conflict and concern for employees. While employees enjoy inclusion in their organizations, they feel conflict when they are not extended or do not perceive inclusion in the surrounding communities in which they live and interact. This experience sets up barriers to recruitment and retention of diverse employees for the organizations.

The hospital context offers a rich case for considering such questions because the nature of the work done in hospitals is so intimately connected with the surrounding community, *vis-à-vis* the patients served by doctors and hospital staff. Further, the particular local community in which our research took place has a complicated history of racial and ethnic segregation and inter-group conflict, offering an appropriate location for considering the organizational-community interface in the context of diversity and inclusion issues. Finally, the issues we discuss concerning employees' choices to stay or leave a community are mostly relevant to professionals (in this setting, doctors, medical residents, etc.), who are likely to be more geographically mobile than workers in general. We approach our study from an interpretivist perspective, which assumes that individuals socially and symbolically construct and experience their own organizational realities (Gioia and Pitre, 1990). In doing so, we attempt to see and understand the phenomena of interest from the perspective of the individuals experiencing it. Rather than measuring objective or numeric variables within and outside of the organization, we put the individuals' experiences of perceived disconnects at the center of our inquiry. In other words, if individual employees and organizational leaders perceive disconnects between the organization's inclusion and the community's inclusion as a challenge, then we consider how this reality is experienced by these individuals and the ways in which it is addressed by the organization.

Our paper is organized as follows. First, we review recent literature that begins to explore the organizational-community interface in the context of diversity. Then, we develop the concept of inclusion disconnects employing a boundary theory perspective to consider how individuals may experience incongruence between the inclusion felt within their organizations and within their communities related to their racial/ethnic background. Building from this foundation, we present findings from our in-depth qualitative study on the dimensions and impacts of inclusion disconnects and on implications for how an organization can build their capacity to better address inclusion disconnects. We conclude with a discussion of contributions, limitations, and areas for future research.

Organizational-community interface in the context of diversity

While "community" can refer to a number of different collectives, scholars have noted a "recent revival of research into the effects of geographic communities on organizational behaviors" (Marquis *et al.*, 2011, p. viii). Accordingly, here, we use the term "community" to refer to the geographic, local community in which an organization exists. Existing work exploring the interface between an organization and its local community in the context of diversity tends to focus on three types of community factors that may influence diversity-relevant outcomes in organizations: representativeness, status/power, and attitudes/beliefs. We organize our following review of existing literature around these three areas.

First, it is possible that the demographic representativeness, which is defined as the numeric representation of particular racial or ethnic groups in a local community, may matter for organizational diversity. Much of the existing diversity work that reflects a concern with community context tends to focus on the key role of representativeness in organizational experiences of and success with creating a climate of diversity and inclusion. For instance, some research considers how demographic matching between employees within an organization and customers (within the community) may have important implications for organizational performance (e.g. Leonard *et al.*, 2004;

Sacco and Schmitt, 2005). Much of this work examines assumptions associated with the "access and legitimacy" paradigm of diversity management (Ely and Thomas, 2001), which suggests that the greater the match of an organization's demographic composition to the demographics of the community, the more likely an organization will be able to target a diverse customer base. For instance, an organization may be better able to garner insight into the concerns or interests of the Hispanic community if they employ Hispanic individuals. Additionally, affirmative action may also account for an organization's focus on representation (Kalev *et al.*, 2006; Oswick and Noon, 2014), because some organizations (e.g. government contractors) are required to report on their representation and put goals in place when deficiencies are identified.

Beyond pure matching, other research focussed on representativeness considers the influence of community demographic composition on diversity-relevant outcomes in organizations. For example, studies examine how racial composition of a community impacts workplace discrimination reports (Avery *et al.*, 2008), perceptions of an organization's diversity climate (Pugh *et al.*, 2008), and job acceptance decisions of minority and majority group applicants (McKay and Avery, 2006). While all of these studies consider direct effects of community demography on diversity-relevant organizational outcomes, a study by King *et al.* (2011) calculates a ratio of the demographic representation in terms of ethnic diversity within the organization as compared to the community. They find that this ratio of representativeness matters for the level of incivility displayed in organizations, such that an organization which demographically represents the community it serves was associated with more positive civility experiences.

Second, scholars also consider community influence in terms of the power and status afforded to individual employees based on their social identities, such as race or gender, within their local community. This consideration moves beyond mere representativeness to recognize the role of social stratification, such that when representation coalesces around particular levels of economic or professional hierarchy it creates systematic difference in the power and status of particular social groups (Lenski, 1966; Gordon *et al.*, 1982). For example, a black professional may work in an organization in which black employees are relatively well represented in higher-status and well-paid professional roles. However, in wealthy areas in the local community, there may be few black professionals represented. Recent work in the management domain has begun to consider community variables in line with this power and status category; for instance, in their conceptual paper, McKay and Avery (2006, p. 408) suggest that community diversity vertical integration (which refers to "the perceived proportional representation of a given racioethnic group in the firm's community, across various social classes"), is an important influence on minority and majority group applicants' job acceptance intentions. In an unpublished dissertation, Garnett (2012) examines differences in how minorities and women are segregated across occupational categories in the local communities in which firms are embedded and implications for workplace inequality and discrimination.

Finally, research considers community influences on organizational diversity in terms of community attitudes and beliefs concerning diversity. In comparison to the previous influences that capture numeric community variables, this influence accounts for the attitudes toward and approach to diversity that are indicative of a community's commitment to inclusiveness and valuing of difference. For instance, an employee may live in a community that stigmatizes members of particular identity groups and in which behaviors signal that different social identity groups should not integrate.

Recent work begins to reflect a concern with these more subjective perceptions of a community's inclusiveness. For example, Ragins *et al.* (2012) examines individuals' perceptions of a community's diversity climate and considers how these perceptions may have an impact on employees' moving intentions. Relatedly, McKay and Avery (2006) theorize that the quality of interactions an individual experiences in the community may have an influence on racially diverse applicants' intentions to join an organization.

Thus, while there can surely be internal resistance to diversity from within organizations (Thomas, 2008), this review demonstrates the growing body of work concerned with understanding how community-related factors may also have significant impacts on organizational inclusion. Importantly, however, most of this existing work considers how community-related variables influence diversity-relevant outcomes within organizations. The work does not generally consider the "black box" between the input and outcome variables; specifically, how employees themselves perceive and experience the potential differences in inclusion within their organizations as compared to within their communities. Such a focus is important because how employees perceive and experience inclusion at the intersection of their organizations and communities is the mechanism through which these effects arise.

Conceptualizing inclusion disconnects

While the above review illustrates community factors that may characterize any given context, it tells us less about how, given such a context, individuals may also experience disconnects across what they encounter within their organizations as compared to within the local community. Disconnect is defined as "[…] a discrepancy or lack of connection," as a break or an inconsistency between one thing and another (Merriam-Webster, 2014). Disconnects are common across a wide array of human experience, some occurring specifically within organizations – ranging from disconnects in group development processes as described in the classic punctuated equilibrium model of team progression (Gersick, 1988) to disconnects in the quality of work processes across different functional areas in an organization (e.g. discontinuity in care across in-patient and out-patient services in a hospital) (e.g. Moore *et al.*, 2003). In this paper, we additionally highlight that disconnects include breaks or incongruences between inclusiveness experienced within the boundaries of the organization and inclusiveness experienced within the local community in which the organization operates. We call these disconnected experiences "inclusion disconnects." While it is possible for the local community to be more inclusive than an organization, in this paper, we focus on instances in which an organization is experienced as more inclusive than the local community. In such a case, diverse employees may feel included at work, but they may experience greater marginalization and sense of injustice when they leave the organization. Such disconnect creates a complex and deep-rooted challenge for organizations seeking to foster an inclusive culture for its diverse employees.

We draw from Kreiner *et al.*'s (2009) theory of boundary incongruence as a basis for exploring these disconnects in individuals' experiences. Building from boundary theory (e.g. Ashforth *et al.*, 2000) and the person-environment fit concept (e.g. Kulka, 1979), boundary incongruence theory proposes that incongruence between work and non-work boundaries can generate boundary conflicts for individuals (Kreiner *et al.*, 2009). This proposition is based on the idea that individuals have a need for congruence; and therefore, congruence produces positive states such as satisfaction, whereas

incongruence generates conflict and concern for individuals who seek to align preferred experiences in one setting (e.g. their workplaces) with preferred experiences in another non-work setting (e.g. their communities). Yet, in the organization studies literature, boundary conflicts are most often framed in relation to work-family conflict; that is, research taking a boundary incongruence perspective largely considers individuals' conflicting experiences across work and home contexts (e.g. Kreiner *et al.*, 2009; Nippert-Eng, 1996; Rothbard *et al.*, 2005). Our research extends this work by considering how disconnected experiences of inclusion across organizational and community domains can also generate boundary conflicts for employees who feel valued in one setting, but marginalized and devalued in another. Through this lens, we develop the idea of inclusion disconnects. We focus on understanding what characterizes the experience of inclusion disconnects for individual employees; that is, what dimensions contribute to the experience of inclusion disconnects and how these experiences shape employees' willingness to join or stay with a particular organization. We also know consider what organizations can do to address such inclusion disconnects that individuals may be experiencing.

Thus, the research presented in this paper builds insight into inclusion disconnects between organizations and their communities by exploring two research questions:

RQ1. What experiences and perceptions contribute to inclusion disconnects for racially and ethnically underrepresented employees?

RQ2. How can organizations build their capacity to address gaps between their own greater inclusion efforts and the lessor inclusion afforded within the local community?

Methods

We induced the concept of inclusion disconnects from a larger empirical study in which we examined the experiences of racially and ethnically underrepresented medical residents (heretofore referred to as "trainees") who worked in three top teaching hospitals located in the same city. Specifically, we engaged in a multi-method inductive, qualitative study in which we first conducted a number of focus groups with trainees working at different teaching hospitals located in a city in the Northeast USA. Then, we subsequently partnered with two specific teaching hospitals located in the same city, also within the Northeast USA. Both hospitals have an established diversity office, and we were given access to interview hospital leaders (both administrators and faculty) involved with the diversity efforts and trainee development. The initial goal of our data collection were to build insight into the teaching hospital context, the particular approaches each organization takes to managing diversity in their residency programs, as well a sense of how trainees from underrepresented backgrounds experience their development in these hospitals. Our approach allowed us to generate understanding from the perspective of both the leadership and employees (trainees) as it relates to the challenges created by the broader community.

In inductive research, the researchers typically enter a field context with orienting questions and interests, sensitized by knowledge of existing research and theory; however, once in the field delving deeply into a phenomenon of interest, new and interesting questions and ideas often arise that researchers may follow to understand more deeply (Gioia *et al.*, 2013; Locke *et al.*, 2008). Such was the case in the present study, in which we did not initially set out to explore the community-organizational interface directly; however, as the theme continued to arise in our focus groups

and interviews, we found it intriguing, potentially important, and therefore worthy of exploration in its own right.

In recognizing the importance of community issues, we do not mean to suggest that these issues were more important to trainees and organizational leaders than any other inclusion-related challenges; but community issues did emerge as a significant point of discussion and concern in every focus group we conducted with medical trainees from underrepresented demographic backgrounds. Specifically, in each focus group, the comments about community issues were equally or more prevalent than comments about any one internal inclusion-related issue. Issues in the local community were discussed as particularly challenging for trainees because they saw the organization working to deal with internal issues but understood the community-related issues to be more deeply rooted and seemingly more difficult to address. Further, when we asked leaders of the diversity offices about the challenges they face in recruiting, retaining, and developing trainees from an underrepresented background, nine of ten leaders discussed the challenges arising from the community surrounding the hospital. Thus, it was mentioned approximately as many times as any one internal inclusion-related challenge. While it is possible that organizations may be inclined to use the local community as an excuse for explaining their lack of retention of trainees from underrepresented backgrounds, this did not appear to be the case in the current study, as the leaders discussion of community issues arose in concert with their overall discussion of challenges they face and work they do in their diversity offices to recruit and retain minority residents. Together, these community-based challenges were discussed as a particularly complex and significant challenge for trainees and the organizations. Therefore, in the spirit of inductive research, to understand this theme, we iterated back to existing literature and found much less research considering the local community surrounding an organization as a challenge to inclusion as compared to inclusion-related research focussed within the organization's boundaries. Thus, we chose to focus our subsequent analysis on the community issues discussed by participants, to complement existing research and to attend to and appreciate the complex nature of this challenge the individuals and organizations were facing.

Research setting

Our research settings consisted of three top teaching hospitals located in the northeast portion of the USA. Hospitals offered an interesting site for studying organizational-community intersections because they are uniquely connected to their local community. Specifically, the very nature of the work done in hospitals involves community members, as doctors, nurses, and staff serve community members' medical needs. Surely many other organizations are similarly connected to the community (e.g. retail stores), but hospitals are unique in that employees must connect with community members around deep medical and social issues, providing a much richer and complicated environment within which such interactions between the organization and the community occur.

For the first portion of our study, participants came from three different hospitals; then, for the second portion of our study, we partnered specifically with two of these hospitals for a larger study. The particular hospitals we studied are some of the top teaching hospitals in the USA; therefore, the doctors that come to work and train at these hospitals are among the best and brightest from their medical school graduating classes. Each of these hospitals had a dedicated diversity office, focussed on recruiting and developing racial and ethnic minority trainees who, after they graduate, will

practice as physicians (in the field of medicine, racially and ethnically underrepresented trainees are known as "URM," or those who are "underrepresented in medicine"). The percentage of URM trainees at each hospital ranged from 10 to 20 percent.

These hospitals in which our research took place are all located in one geographic community, and are within a three-mile radius from one another. This particular local community provided a useful case for considering the organizational-community interface in the context of diversity and inclusion because of the nature of its history around racial and ethnic relationships. In particular, this community has a history of segregation and inter-group conflict, particularly across racial and ethnic lines, which although is relatively improved today, still has lingering negative impacts on the quality of race and ethnic relations in the city. Relatedly, the city is known for its racial and ethnic enclaves, in which neighborhoods tend to be occupied by individuals of similar demographic backgrounds. Additionally, the city is also characterized by racial and ethnic stratification along social class lines, such that there is a relative dearth of racial and ethnic minorities in higher social classes. Thus, while the particular hospitals we studied enjoy a relatively inclusive political and social context that can benefit its efforts to attract a racially and ethnically diverse set of trainees, the community surrounding these hospitals offered a quite different context for individuals from minority racial and ethnic backgrounds.

Participants

There were two groups of participants in our research: trainees and diversity office leaders. The trainees in our sample ($n = 11$) were medical residents training at three different hospitals located in the same city. While their primary association was with one hospital, the residency programs at each hospital overlapped and shared programming in various ways. Importantly, all trainees in our sample were considered URM because they came from social identity backgrounds that are traditionally underrepresented in medicine. Of the URM trainees, 91 percent self-identified as "black, not of Hispanic origin" and 9 percent self-identified as "Asian or Pacific Islander." The trainee sample was comprised of 45 percent males and 55 percent females, and the age range of trainee participants was 27-35. We recruited these participants by posting fliers in the hospitals, as well as through an e-mail sent out by a local non-profit organization focussed on increasing diversity in the professional workforce in that city. The calls noted that "researchers were conducting a study focused on building critical insights into the experiences of medical residents of color," and asked interested participants to respond via e-mail.

After conducting these focus groups, we partnered with two specific hospitals located in the same city for the broader study. At these two hospitals, we sampled leaders from each of the organizations' diversity offices ($n = 10$). All of these leaders were involved with their organizations' diversity offices, some as non-physician administrators whose primary role was in the diversity office administration, and others as faculty-physicians who also held leadership roles in the diversity office. For the sample of leaders, 80 percent self-identified as "black, not of Hispanic origin" and 20 percent self-identified as "Hispanic." While we did not purposefully limit our focus to URM leaders, it so happens that all of the leaders associated with both diversity offices came from URM backgrounds. Additionally, 55 percent of the leaders were male and 45 percent female. Our sampling focussed on diversity office leaders because at the outset of our research, we were interested in understanding how the organizations approached the recruitment and retention of URM trainees.

Data collection

We conducted three trainee focus groups, with two to four participants in each group. Focus groups were conducted by a team of two to three researchers (authors on this paper), and lasted from 70-120 minutes. Focus group questions probed individuals' experiences as minority trainees in their hospitals, the challenges they faced in their development, and the support, if any, they received from their organizations. As suggested by Morgan (1988), we attempted to remain flexible with where each group's conversation headed, using follow-up and probing questions where appropriate. In particular, as we noticed the common theme emerging around challenges created by community issues, we probed with additional questions to understand this theme further. At the conclusion of each group, participants completed a small survey capturing relevant demographic information.

Additionally, we conducted semi-structured interviews with leaders in the two specific hospitals to build insight into their formal programs and informal efforts to build an inclusive environment for URM trainees. A team of two researchers (authors on this paper) conducted semi-structured interviews in person with each leader, which lasted approximately 60-90 minutes each. Interview questions explored each leader's role in the hospital and with the diversity office, the challenges they experience to recruiting, retaining, and supporting minority trainees and physicians, and the programming and approaches that each office engages in to support the building of an inclusive culture. Again, as community-based issues continued to arise in interviews with leaders, we followed-up with probe questions that allowed us to expand our understanding of this challenge. All interviews and focus groups were recorded and transcribed verbatim by a professional transcription service to facilitate analysis.

We chose to conduct focus groups with trainees and interviews with leaders for a number of reasons. First, pragmatically, we knew that medical residents were very busy and have limited free time. Therefore, offering multiple focus group dates/locations gave them flexibility in attending at a time that worked best for them. Second, focus groups offer a setting in which small groups of individuals can interact in a safe environment and in their own vocabulary, allowing researchers to see what topics create agreement and disagreement (Brewerton and Millward, 2001; Krueger, 1994; Morgan, 1988). We followed all of the standard informed consent procedures to ensure that participants understood the research was confidential, and that the environment was a safe space. We started each focus group session with an icebreaker so all individuals could get to know a bit more about each participant as well as the researchers. While it is possible that focus group participants may not feel comfortable sharing in such a setting with unfamiliar others, participants in our focus groups seemed very open and candid in discussing their experiences as URMs. In fact, many of them remarked that it was helpful to have a structured and comfortable setting in which to discuss their common challenges with residents from various local hospitals.

After the focus groups, we gained access to two of the hospitals in particular, and as part of this partnership, it was agreed that individuals within the leadership of the diversity offices would be willing to spend more time with us. Therefore, we were able to conduct in-depth interviews with the leaders of each diversity office. Since each leader held a different role in the diversity office and in the hospital more generally, conducting individual interviews allowed us to understand their particular situations and interactions with URM trainees. Throughout data collection, we kept detailed field notes to capture our reflections and commentary on issues and themes that emerged during the interviews and focus groups (Miles and Huberman, 1994). Our team of

researchers met frequently throughout the process to discuss these ongoing reflections and emerging findings. In doing so, we adjusted our protocol questions along the way to gain further clarity on emerging themes (Spradley, 1979), such as the emergent focus on the community-organizational interface.

Data analysis

We used an iterative approach built from basic guidelines for qualitative research in Miles and Huberman (1994) to analyze these data. Such an approach involves moving iteratively among our data, the literature, and our own emergent ideas in order to elicit common themes that allowed for a deeper, thematic understanding of the organization and community intersection. Through our field notes and team meetings, it became clear that we had a strong story in our data, from both trainees and leaders, concerning discrepancies in experiences of inclusion in the organization and the broader community. At this stage, we revisited existing literature and found some evidence of community considerations in organizational research on diversity, with many open questions concerning how organizations and individual employees experience and make sense of this intersection. Therefore, we began to develop our ideas about inclusion disconnects, and then entered our systematic coding of the data with these themes and questions in mind.

From this stage, we moved into a systematic process of coding the transcribed interview and focus group data to understand how community issues are integrated into the organizations' inclusion efforts, and how individual trainees discuss their community-based experiences in relation to their work lives. In doing so, we followed three steps adapted from a broader method commonly used in inductive qualitative research (e.g. Gioia *et al.*, 2013). First, we engaged in first-order coding, looking for instances in which leaders or trainees mentioned the local community in which their organization is situated. We then pared down these instances to capture only instances when the community was mentioned as relevant in some way to diversity and inclusion. Then, we moved onto the next level of coding, which compared across data fragments from the first round, looking for similarities and differences that clarified if/how leaders and trainees made sense of the community as a challenge to inclusion. In so doing, we moved to "experience-distant" coding, which is more conceptual in nature than in the first round of open coding (Locke, 2001) and allowed us to develop a sense of common themes. Finally, we looked for relationships among the conceptual themes, which allowed us to distinguish themes speaking to challenges or problems created by the community intersection (for leaders and for trainees) from themes that spoke to how the organizations attempted to deal with these challenges.

Findings: individual experience of inclusion disconnects

> I think we have several pros and several cons [in attracting and retaining URM trainees]. The pros are certainly, you know I mentioned, our CEO who supports these issues not just with word but with deed and resources […] I think we're very fortunate in that regard. We're very fortunate to have this diversity office; we're very fortunate to have the resources, we're very fortunate to have a CEO who cares. I think those are the pros. Then I think there are cons; some things we can't control. OldTown[1]. That always seems unfavorable (Diversity Office Leader).

> […] you know, [my husband and I] can't say we love the city. We can't say that we love the cultural aspects of the city. We feel like that's lacking a little bit more than what we had

> growing up. We do sometimes feel that like all the brown people live in one section, and all the Hispanic people live in one section, and that's a little bit foreign to how we grew up as well […]. But, there is not a hospital piece. And that's always been the biggest problem is that people always ask me, "in your ideal world, what would you do?" And I would say, "I'd move this [hospital name] to [another city]." You know? (URM trainee).

The story that emerged from our data collection revealed how the local community in which an organization is situated can challenge an organization's internal efforts to foster an inclusive culture. As illustrated by the first quote above from one organizational leader, even with important internal levers functioning (e.g. leadership support, a dedicated diversity office, etc.), the city in which the organization is situated creates an intractable problem that is difficult for the hospital to address as it aims to recruit and retain a diverse workforce. The second quote, from a URM trainee, echoes the sense of inclusion disconnect arising from this challenge as she contrasts her more negative perceptions of the community outside the hospital to her more positive and desirable experiences within the hospital. In this section, we delve into these experiences to better understand what dimensions characterize individuals' experiences of such boundary conflict across work and non-work domains. More specifically, our analysis reveals three primary dimensions contributing to individuals experience of inclusion disconnects – historical perceptions, cross-boundary interactions, and cultural and relational concerns. Further, drawing on quotes from trainees and leaders, we illustrate how these forces constrain the extent to which the organization can truly foster an inclusive environment in which minority individuals desire to stay over the longer term. In particular, while trainees are coming into some of the top teaching hospitals in the country and experience themselves as high-status professionals within their work domain, they experience that other parts of themselves – namely their racial and ethnic group memberships – are underrepresented and undervalued within the broader community they are joining, creating boundary conflicts across work and non-work domains. We consider the complex nature of this challenge, both in terms of trainees' experiences and leaders' sensemaking about the challenge.

Historical perceptions of the community

The first theme that emerged as core to individuals' experiences of inclusion disconnect was related to historical perceptions of the community, particularly with respect to race and ethnicity. Specifically, when asked what challenges they face in their diversity effort, leaders consistently mentioned the history of the surrounding city as a major struggle for them in terms of attracting and retaining URM trainees. One leader explained:

> OldTown is a huge challenge for us, because [trainees] don't want to come here. OldTown is a huge detractor for us in the work that we do in the diversity office. Most people are dying to come to OldTown. Most. But not URMs […]. We call it more of a myth than a reality, but the OldTown's kind of history. It's not such a diversity-friendly history, with the whole busing and the segregation, etcetera. OldTown does not have a pretty history when it comes to, especially African Americans. So I think that people are a little skittish, to say, especially if they've never been here before.

Further, perceptions of the city rooted in history often shaped potential trainees' perspectives before they even experienced the community themselves. In the face of such negative perceptions, leaders were challenged in recruiting trainees to their hospital initially and also in convincing individuals to stay with the hospital after their

training is completed (which is often a goal in top teaching hospitals like the ones we studied, particularly for URM trainees). Therefore, leaders had to convince trainees not only that an inclusive culture exists within the hospital, but also that these individuals could stay with the hospital and build a life in the surrounding community, even if it is characterized by this history. The following quote from one leader aptly reflects this struggle and its foundation in historical perceptions:

> The biggest challenge is OldTown. No one wants to stay in OldTown unless they were born here or their family lives here now. And we don't quite understand why. I think some of it is historic […]. I've heard applicants use the words "segregated city." And sometimes you can convince applicants that that's not going to matter during residency. So come for three years and get the best training of your life. And they'll buy that. But it's really hard to convince people, "Come stay here for the rest of your life and start your career here," if they already think that way.

Another leader similarly echoes this struggle:

> So I think when we approach recruiting, we think about getting them to apply in the first place, which is a big step, because a lot of people don't even want to look at OldTown, just because what they have heard about the history here […] And then if you finally get that small percentage of people to come and train for a while, it's convincing them they can stay here for the rest of their lives. If there aren't family draws or cultural draws, it's kind of hard to do that.

Clearly, these leaders have come to understand the complexity created by historical perceptions of the city as an influence on individuals' decisions to join and stay with their hospital over the long term. As reflected in these quotes, disconnected experience arises for URM trainees who experience being valued as a professional within the work context, as they face the prospect of joining one of the top teaching hospitals in the country; yet, they become concerned about joining a community in which their racial group is at the heart of a negative history in this city. Such disconnects driven by historical perceptions seem to become a foundation for boundary conflicts for individuals, as they consider how their racial and ethnic background may be connected to a lingering conflict of race relations within this particular community. Even if they experience a relatively inclusive culture as higher status professionals within their work setting, as they think about joining a hospital, they begin to consider: how can I come to this community in which I may not be welcomed or valued based on the history attached to my racial background here? Although leaders discuss such perceptions as rooted in the city's history which may have improved somewhat in present day, the below themes illustrate that a lack of inclusiveness in the community is still sufficiently strong in trainees' experiences. Thus, from these foundational perceptions, we explore below two additional themes that arose as core to individuals' experiences of inclusion disconnect, and subsequent feelings about joining and staying with a particular hospital.

Cross-boundary interactions between the hospital and the community

Beyond the community's problematic history, trainees and leaders also discussed how patients' and their family members' negative attitudes toward minority residents became reflective of how the broader community may respond in diverse interactions. One leader explains how this plays out:

> I think on the front lines there have been some issues […] where patients haven't felt comfortable being cared for by minority residents […] We've heard several times here: a black [resident] walked into a room and the patient thinking that they're coming to take their food

> tray […] that takes a toll. There might be, throughout the course of your training, some micro incidents that happen, that might impact you. You may feel more socially isolated because you're not in a city like [city name] where there's more diversity. I think OldTown is diverse, but OldTown's diversity is very much drawn along SES lines; the amount of minority professionals I think is still pretty thin.

In such interactions, patients become "representative community members" signaling to minority trainees the attitudes and behaviors that characterize the community more broadly. This experience is echoed as one trainee participant recalled a particular negative interaction he had with an elderly patient and his wife:

> [I remember] this super, super, super sick guy […]. and his wife […]. When she met me, she was like, "Oh my god, you're black and you work here?" She's like, "Aren't there other cities in America that you'd apply better? Why would you come up here?" […] And I had one of those out-of-body experiences because I'm like your husband is like dying right here. All I want to do is help with this and yet you're so worried and concerned about whether or not I'm having a good experience in this city.

This spillover effect, in which community members bring representative attitudes and behaviors into the organization, is echoed by Brief *et al.* (2013) in their discussion of the "attitudinal baggage" (negative racial attitudes) that employees bring with them into their workplaces. Yet here, the baggage entered via patients, who were the very individuals that the doctors must treat in their work. Such cross-boundary interactions created another complex layer to the story, particularly as the hospital is focussed on patient-centered care, but also seeks to create an inclusive culture for trainees and employees.

In turn, such interactions signaled to the URM trainees how the community responds to and approaches diversity more generally. Not only are trainees dealing with such interactions within the organization, such interactions also raise concerns about the connections they would be able to foster in the community outside of work. Such experiences contribute to a conflicted experience in terms of the connections trainees make within the hospital as doctors working together with other organizational members to serve patients, and the connections they are able to build with these community members both inside the hospital (as patients) and outside of the hospital in their non-work lives. Thus, boundary conflicts arise for URM trainees across work and non-work domains, as they consider the interactions they will experience and connections they will be able to make in the broader community, based on their racial and ethnic background. Even if they can join this hospital where they feel relatively valued and welcome by other trainees and doctors, they question how much they want to stay in such an environment if the interactions they experience with patients and community members are negatively connected to their underrepresented backgrounds.

Cultural and relational considerations: can I make a life here?

Finally, cultural and relational considerations become core to trainees experiences of inclusion disconnects and their longer-term commitment to the hospitals. In other words, trainees confirmed that community considerations are not only drivers of their decision to join an organization in first place, but also in their decision to stay with the organization over the longer term. In discussing their experiences as URM trainees, many reflected on the extent to which they felt they could build a social and cultural life outside of the organization's walls. Often times, such considerations were discussed as

central to their views of their organizational lives, as well as to their career choices going forward. As one participant describes:

> I'm actually at a crossroads right now [as I think about my next career steps.] So that was a big question, you know, would I stay in the area. I wouldn't say it was specific to the [hospital name] because, to be honest with you, I think that my institution does a pretty good job in comparison to all the places that I interviewed at or places that my friends are at in terms of diversity and trying to be sensitive about those issues […]. And so it's mostly more of an OldTown thing that really has me thinking very hard about where I'm going to go […].

This same participant elaborated further to discuss how cultural aspects of the community are less reflective of her background, a key theme echoed by many other trainees as well:

> […] in terms of the professional scene and things to do […] like finding a place that can play jazz music, for instance, you can't find that. That's popular in African American culture […] Most of the places like nightclubs and lounges are predominantly Caucasian, they play top 40 predominantly, you know, music that caters to a more Caucasian population. And so do the concerts as well. You don't see too many R&B people coming to perform in OldTown. The entertainment is all targeted towards the population in OldTown.

Experiencing this segregation in the city's entertainment became indicative of the community's broader commitment to inclusiveness of diverse individuals, and also of the struggles they may have in accessing their own culture here. Like most individuals, URM trainees desire to be connected to their communities culturally, yet they experience those needs not being met in the community contributing to a conflicted feeling across work and non-work boundaries. For some, this was enough to make them decide to leave the organization, such as the participant quoted at the outset of this section, who had just made the decision to leave the hospital. She cites that her choice was not driven by inclusion within the organization ("there is not a hospital piece" and "in an ideal world I would move this hospital to another city"), but rather her choice to leave was driven by her perception of the cultural and segregated aspects of the city that she and her husband were experiencing.

Relatedly, in addition to these perceptions of city culture, other individuals also expressed concerns about their ability to build a social network of friends and relationships in their personal lives. Similar to the desire for cultural connection, individuals also desire to connect socially to others in the community. As echoed by one of the leaders:

> I've interviewed people who I would identify as Black, Latino or Native American. I think the biggest non-professional question that I am asked comes from – yes, non-professional in the sense of not specifically career-related – is by Black women who are really asking, how can you survive on the social scene in OldTown? That's one of their concerns, as they approach considering working here for anywhere from two to three, or more, years […] like women being concerned, am I going to have a social life here? Am I going to be able to date here? Just knowing how difficult OldTown can be for that kind of thing.

This concern illustrates the intertwined connection between career choices and perceptions of the community's social fit for the individual. Another participant's reflection on her future career plans beyond her training echoes this concern with finding a place to fit in in socially that connects her background as a professional and

her racial identity. That is, while there may be racial diversity in the city at large, it is rare for her to find other black professionals to socialize with. She explains:

> I think even the black professionals that we know, we feel like we know all of them. You know, wherever you go, the same kind of 50 to 100 people. So I think for me […] I would definitely not pick OldTown after my training because it's not a city where I feel I can totally set up a social network easily and can totally feel comfortable and feel at home right away. […] even in a place like [another city], for example, or [another city], or [another city], all those kinds of places, I feel like […] as a Black professional, I could go there, very easily find a community, very, very easily integrate into that city. But in OldTown, I would probably be very, very lonely.

These findings reveal how retention of diverse professional URM trainees depends in part on whether they perceive that they will feel comfortable, included, and perhaps find a partner, in the community outside the organization. That is, in discussing how they experience inclusion within the organization, many participants inevitably discussed the inclusiveness experienced in their lives outside of work, in cultural and relational terms. Their discussion of these disconnected experiences across their work and non-work lives suggests that boundaries between the organization and its community make it difficult for them to feel "whole" across who they are as professionals and who they feel they can be as community members from their particular racial and ethnic backgrounds. Even if they are joining a top teaching hospital which affords them professional status; even if they experience inclusiveness in their organizations; they still have needs to be connected to their communities, socially and culturally, and to their racial identities, that are not being met.

Together, these themes reveal the complex set of issues that combine to create disconnected inclusion experiences across the boundaries of organization and community. Historical perceptions, cross-boundary interactions between the hospital and the local community, and individuals' perceived social and cultural fit contribute to boundary conflicts for URM trainees and ultimately constrain the extent to which an inclusive culture inside the boundaries of the organization is "enough" for the talented professional minority employees to want to join and stay. Now, drawing from our case, we focus on our second research question, to consider how organizations can build their capacity to address this difficult challenge.

Building organizational capacity to address this challenge

While challenges to fostering inclusive organizations are never easily overcome, it is even harder to address a challenge that is deeply rooted in historical perceptions of and relational experiences in the local community. There is certainly no perfect answer to this imperfect challenge; yet, organizations like the ones we studied can and must build their capacity to work more effectively across difference within and outside of their own walls by engaging in work across the boundary that addresses inclusion disconnects experienced by their employees. At a foundation, "systems thinking" must be mobilized throughout the organization in order to acknowledge, appreciate, and discuss the influence the broader community has on the organization's inclusion efforts as well as on employees' experiences. The hospital leaders in our study clearly acknowledged the powerful influence the community can have. Until an organization recognizes that building an inclusive culture requires more than just an individual-level focus, or even an organizational-level focus, it will be difficult to address the challenges created by its intersection with the broader community. Mobilizing systems

thinking – appreciating and recognizing that community embeddedness matters to diversity efforts – allows the organization to move into implementation: that is, to consider, what capacities can we build to address this problem created by the open system in which we operate? Building upon data from the hospitals we studied that were working on addressing this challenge, we explore next the types of boundary work organizations can engage in across the organizational-community interface.

Build capacity for coalition building

From a foundation of systems thinking, organizations can focus on building their capacity for coalition building with other organizations within the community. In other words, organizations can consider bridging cross-boundary connections (Zietsma and Lawrence, 2010) in an effort to spread inclusion beyond their own borders. Such coalition building can take two forms: first, partnering with a local organization that convenes minority professionals from across the city and second, partnering with other organizations in community-based efforts.

One of the hospitals we studied engaged with a non-profit organization that focussed specifically on developing minority professionals as leaders in their organizations in this city. The hospital was able to sponsor their minority employees' participation in the non-profit's leadership training programs. In so doing, individual employees were able to build connections with and garner support from other minority professionals in the city, creating a network of support outside of their organizations. On their web site, this particular non-profit organization writes: "At a time when our region is losing professionals of color, three-quarters of our program graduates credit [our organization] with influencing their decision to stay in OldTown" (organization's web site). Thus, partnering with an external organization that reaches a wider array of minority professionals in the community can help to build capacity at both the organizational- and individual-level, and have tangible results for retention. Of course, as with any approach, coalition building in this form can have potential drawbacks. For example, in engaging with an external party that provides such support, an organization must take care not to fully relinquish the responsibility for managing the community-based challenges that affect it. Thus, the hospital we studied partnered with this external organization while also pursuing other strategies.

In addition to engaging with external organizations, coalition building can also take place among organizations themselves. In the case of the hospitals we studied, leaders in the different diversity offices had informal discussions on the common community-based challenges they face. While initial efforts were made to build coalitions between these organizations, there was considerable room for improvement. In this case, relationships were built with organizations in a similar industry (other hospitals); but, there are also likely powerful coalitions to be built among like-minded organizations from different industries. For example, in some cities, we have seen examples of organizations from various sectors working together with the city leadership to create resource guides for diverse professionals in their transition to the city. Such relationships among a wide array of organizations and industries could broker significant power for change within the local community. Further, organizations could potentially partner with other organizing bodies, such as a local chamber of commerce, to investigate the community context for inclusion, perhaps working to construct multi-industry task forces to develop strategies that address the community's sense of inclusiveness. Doing so, would conceivably help facilitate the community embracing the vision of the organizations within it, who seek to be more inclusive.

Organizational theory not only suggests that environments are important influences on organizations, but also that organizations have the power to shape environments (Freeman, 1984; Mitroff, 1983). While long-standing community perceptions and relations are certainly not changed easily, organizations working together across boundaries arguably have more power to shift the communities when resources are invested collaboratively. As Brief *et al.* (2013) states, "If we are right about the importance of environments, organizational leaders need to recognize that the resources they expend on improving race relations at work should be coupled with like expenditures within the communities where their employees live." Thus, building a capacity for coalition building and cross-boundary inclusion work with other organizations in the community is an important piece of the process, and organizations that successfully do so may realize the opportunities of becoming leaders in the community through the sponsoring of such communications, seminars and programs, and investigations on the importance of inclusion.

Build capacity for open and honest dialogue

In addition to the focus of coalition building, organizations must also focus internally on building a capacity for real and honest dialogue about the challenges created by the community. In our cases, this took two forms: first, real and open dialogue in the recruitment process and second, head-on discussion of issues that arise from cross-boundary interactions with patients.

One primary issue we heard organizational leaders struggling with was how to attend to the questions they get from URM applicants about the culture and perception of the city. One leader (who is African-American himself), discussed his approach with potential employees when they mention their concerns about the city's history of racism:

> When I hear "OldTown has a history of racism; this is not like comfortable for me […]" […] Or really any other Southerner who might say "Well I hear they are racist." […] So having that conversation that those are things that concern them. You know of course I'll tell them if I can make it up here if I can adjust then I'm sure you can. But I think that's a key thing: me engaging them and I think when I go to these recruitment conferences and I look at [organizations doing recruiting], I see the successful ones engage the students better, so they are able to identify with them.

This approach echoes a simple sense of honest and open dialogue, as well as identification with a successful leader who is similar to them and has found a way to be comfortable in the community. A focus on open and honest dialogue in recruitment is supported by literature on realistic job previews, which suggests that future retention can be increased by creating realistic expectations of the challenges of the job during recruitment (e.g. Breaugh and Billings, 1988; Buckley *et al.*, 2002). In the present scenario, a realistic job preview can include a discussion of the community-based challenges URM trainees may face. This should benefit the individual who has the opportunity to think about and discuss concerns early on, and could also benefit the organization because realistic job previews are shown to reduce turnover later on (Earnest *et al.*, 2011).

Beyond recruitment, real dialogue extends into patient interactions and the attitudinal baggage they may bring with them into the hospital. The organization can choose to ignore it, or they can openly acknowledge and do something about it. On the one hand, hospitals are patient-centered organizations and their mission is to

serve patients; yet, focussing solely on patient care, at the expense of examining and openly attending to issues that disrupt inclusion, becomes problematic.

For example, a leader in one of the organizations spoke to us about procedures they put in place to address a patient's explicit request not to be treated by a minority physician. She discussed the difficult conversations that had to take place, particularly in an organization so focussed on patient care. ("Our Medical Policy Committee did not allow it to become a policy, because it can't be a policy on how our patients behave. We can't have policy; but, we can have procedures on how to respond.") So, they did just that: a leader from the diversity office worked with each department to create procedures that worked within their context. While every interaction and situation has unique properties, the procedures offer guidelines on what steps to take to respond to this specific, yet fairly common, incident in which a patient requests not to be treated by a minority doctor. The leader explained the discussions she had in this process:

> [We told the departments] these are the guidelines that everybody who is taking care of patients needs to know about, if a patient asks for another physician because of their race, sex, religion, etc […]. I explained to [department leaders] how it was very important to first of all, agree what your procedure was going to be within your own department; and then, to make sure that everybody was informed of it.

Importantly, these procedures were communicated to all individuals, including doctors, nurses, and other staff. This illustrates that an important element in fostering real dialogue and treatment of these issues is that it must reach beyond minority employees to majority group members as well. Individuals throughout all levels of the organization and from all backgrounds must be part of the open and honest dialogue about these community intersections, and the organization must be mindful of the potential for diversity fatigue and burnout among these individuals, who have likely been hearing about and focussing on diversity-related issues for some time. In other words, the procedures must be communicated via trainings and discussions that underscore the importance of these processes, not only for the individuals involved, but also for the patients and the functioning of the hospital. From these more specific examples, we highlight how simply approaching these issues openly moves closer to creating an inclusive experience for employees at the intersection of their organizations and communities.

Build capacity for buffering: creating a community within

Finally, our analysis revealed the great importance of building a "community within" the organization in which employees can find and build social and support networks that extend outside of the organization into their personal lives. Literature on boundary work tactics generally discusses "boundary closure" as a way of protecting autonomy, prestige, and resources (Zietsma and Lawrence, 2010). In this case, we are suggesting a form of boundary closure that strengthens the community within the boundaries of the organization, so that it may then extend beyond the organization to buffer trainees from some of the challenges they face in the community. In our data, many participants referred to the importance of finding their community within the organization, with fellow residents and doctors who they felt were more "like me" than anyone they could find in the community. As one participant explains:

> As residents it kind of creates community automatically, and it's like all people you work with, get to know very well, they're all very accepting, so that's great; but if it weren't for them, I don't know what I would do with my evenings.

We heard similar reflections from many participants, who discussed how in a community where they feel out of place culturally and relationally, their work colleagues have become an important, and often the only, social network outside of the hospital as well. Given this, we suggest the organization facilitate this internal community building that extends beyond the organization. In the organizations we studied, they created avenues – formal and informal – for professionals to support and be social with one another both in and outside of the organization. One participant discussed how an informal social event that was initially created for URM trainees and doctors extended out to everyone and provided a community for minority and majority individuals to come together:

> And [the majority individuals] were like, "It's actually kind of great that you guys have this thing called Social Thursdays the last Thursday in every month, you know, because that just sounds like fun. It's like free bar food and drinks and everyone hanging around. I thought that was huge during residency. Sometimes you just wanted to go somewhere and hang out." So I think that makes it – it's kind of like having another family within to identify with.

While formalized affinity groups and networking events designed for underrepresented employees are a useful start, this example echoes the importance of creating the space for community to form among majority and minority employees, in a way that fulfills their identity and relational needs in more of a social sense.

The importance of accountability

While building these capacities is a step toward addressing the organizational-community interface, broader accountability for such efforts are necessary, particularly if the ultimate goal is breaching boundaries toward social change (e.g. Zietsma and Lawrence, 2010). Research in diversity management has long stressed the importance of accountability (Cox and Blake, 1991; Kalev *et al.*, 2006), and such accountability must extend in particular to the community interface. Organizations must build systems thinking – which acknowledges and appreciates community considerations – into its formalized procedures and policies at the organizational level. For example, when making site selections for new facilities or a headquarters move, organizations could include community inclusiveness considerations as a dimension in their due diligence review. Such formalized action not only mobilizes "systems thinking" among employees and leaders, but also engrains it within the organization's formal processes and policies, which should conceivably be longstanding.

Beyond accountability within the organization itself, accountability can extend at a broader level within the community, as well. For example, many companies participate in surveys which rate the best places to work within a particular community. Such processes could include considerations of an organization's community engagement and support as part of their selection processes. In other words, if a company is going to be rated as a top place to work within that community, being engaged in that community specifically around building inclusiveness, could be an important measure. There are also similar surveys considering the best communities in which to live. Another layer of accountability would include inclusiveness measures in ratings of each community. In other words, measures such as the community's climate for inclusion could be part of such ratings systems. Beyond these specific examples, the point is that just like other diversity-related considerations, organizations and their communities should be held accountable for embedding systems thinking into their procedures, practices, and measures.

Surely, an organization's efforts toward fostering an inclusive culture do not come easily. Wasserman *et al.* (2008) discuss the "dance of resistance" that organizations must engage in as they move and negotiate to create and sustain inclusive organizational cultures. The implications of the present research suggest that organizations must also extend their "dance" into the external environment, as they work to navigate and manage the boundaries between their own internal sense of inclusion and the inclusion experienced beyond their walls.

Discussion

In this paper, we conceptualize and empirically illustrate how inclusion disconnects can create a complex challenge for employees from underrepresented backgrounds and for organizational diversity management efforts because of the underlying conflict generated via incongruent experiences across organizational and community domains. We also illustrate what organizations can do to help build their capacity to address these concerns. In doing so, we make several contributions of interest to both scholars and organizations.

First, we introduce the concept of inclusion disconnect as incongruences between inclusion experienced within an organization and within the local community. To be sure, existing work has considered particular community measures (some demographic, some power/status, some attitudes) that impact diversity-relevant outcomes in organization. In our paper, we extend on this work by focussing directly on how employees themselves perceive and experience inclusion in their organizations and in their local communities in a way that may create a disconnected experience for individual employees. In other words, beyond the direct impact of community variables on organizational outcomes, the actual gap that individuals experience between the organization and its community on diversity-relevant dimensions may create boundary conflicts that have important impacts above and beyond the objective relationship between community factors and organizational inclusion. In doing so, our work also contributes to the discussion of boundary conflicts in the organizational literature, by considering conflicts arising from disconnected experiences of inclusion across work and community domains, as opposed to the more typical focus on conflicts across work and family domains. Second, through our study in the context of hospitals, we offer insight into what factors might contribute to these experiences of inclusion disconnect and ultimately hamper an organization's inclusion efforts. Specifically, we illustrate how historical perceptions, cross-boundary interactions, and employees' cultural and relational concerns combine to create a complex and deep-rooted challenge for individual trainees and the organizations seeking to recruit, support, and retain them. Finally, through our case study of organizations grappling with inclusion disconnect with the community, we offer insight into how organizations can engage in boundary work to build their capacity to address this difficult challenge.

At a more general level, this research has implications for broader discussions of diversity and inclusion in terms of what is typically recognized and focussed on in our diversity efforts. The findings presented here, which underscore that both individual trainees as well as organizational diversity leaders face a complex challenge rooted in community inclusiveness, suggest that we must recognize that the community itself can have a significant impact on experiences of inclusion for employees from underrepresented backgrounds. As organizational scholars, much of our focus is often on how organizations can foster inclusive cultures in which employees from all backgrounds are valued and can thrive. Our focus, then, tends to be on employees only once they have

walked through the doors of their respective organizations, with the presumption that the diversity to be managed is within the walls of the institution. And yet, at the level of policy and planning, it cannot be assumed that diversity and inclusion can be managed only within the walls of organizations. Societally and culturally speaking, there is often an implicit assumption that when individuals obtain a college degree, become professionals, and work in organizations, they are on the path to success. Yet in fact, as our research suggests, these same individuals can still be stuck in boundary conflicts – like in the hospitals that are situated within the particular community studied here – in which it is quite difficult to ever have a non-problematic career experience, even if they work in an organization that effectively "manages diversity." That is, even in some of the top teaching hospitals in the country, with degrees from top medical schools and well on their way to being successful doctors, the individuals we studied faced complex and deep-rooted challenges to inclusion arising from the boundary conflicts generated within the broader community in which their organizations reside.

In recognizing these issues, we encourage scholars to engage in more discussions related to diversity-based boundary incongruence across work and non-work domains as we have begun here; as well as considerations of individuals' experiences of their "whole" selves in the context of work and non-work life (e.g. Ferdman and Roberts, 2014). By focussing our current narrative of diversity management primarily within organizations, individuals from underrepresented racial and ethnic backgrounds are left feeling disconnected across domains of work and non-work because of incongruous inclusion experiences. The reflections of diversity leaders in our study suggest that these experiences have real impacts on an organization's ability to recruit, develop, and retain URM trainees, underscoring how imperative it is for community issues to be engaged with and considered in organizational inclusion efforts. Yet, as research unfortunately suggests, even though some progress has been made, discrimination of underrepresented racial and ethnic groups continues to have impacts across domains of employment, housing, credit markets, and consumer markets (Pager and Shepherd, 2008), raising questions of how impactful such boundary work, even by coalitions of organizations, can truly be. Nonetheless, we must at least consider whether and how organizations, and even professions, can play a larger role in shifting such trends.

Limitations and directions for future research

As with any empirical work, our study is not without its limitations. First, as we note throughout the paper, our focus on inclusion disconnects and the community-organizational interface was emergent. In other words, we did not begin this study with a plan to look directly at these questions; however, in the course of our focus groups and interviews, inclusion challenges created by the community became an important theme that we explored further. All methodological choices involve some benefits and some drawbacks, and such an emergent approach focusses more on depth of inquiry and thick descriptions of phenomena, arguably at the expense of causality and control. Nonetheless, an important advantage of such an inductive approach is that we went into our data collection open to the experiences of our participants; that is, we did not prime them with narrow questions about the community right away. Therefore, the fact that community emerged as a common theme, arising from both trainees and leaders, told us that this was an important part of their experience, which was deserving of attention.

Relatedly, there are some limitations to our small sample size. It is certainly possible that trainees who self-selected into our focus groups did so because of the particular

diversity-related challenges only they were facing. However, we had participants from across three different hospitals echoing similar community-based concerns; and perhaps more importantly, we heard the same responses from the leaders at two different hospitals as they reflected on the general URM trainee experience, which gave us good reassurance that these issues are real and fairly widespread across trainees.

Finally, our study was situated in a particular context – top teaching hospitals located in a specific local community – which may not be a common case. However, in qualitative research, researchers purposefully choose a setting that provides the opportunity to understand the key phenomenon of interest (Creswell, 1998; Marshall and Rossman, 1989) and as we explain above, this context provided us a rich case for understanding the organizational-community interface in the context of diversity. Because of the purposeful, and often extreme, selection of context, qualitative research in general is intended to generalize to theory, rather than to other populations (Yin, 2009). Nonetheless, we believe our findings can be applicable to other settings, which is often referred to as analytic generalizability (Lincoln and Guba, 1985). In particular, the concept of inclusion disconnects driven by perceptions of history in a community, interactions with community members, and social and relational concerns could apply to the experiences of underrepresented professionals across many contexts. As we discuss next, future research should explore these ideas in other similar and different settings.

The foundation provided here opens doors for future research to deepen our understanding of inclusion disconnects with the community and their impact on organizational inclusion efforts. While our study took place in hospitals within a particular local community, we believe the findings have important implications that extend beyond this particular industry and geography. In particular, the concept of inclusion disconnects is relevant to many contexts, and gives a foundation from which to consider inconsistencies in the experience of inclusion across various domains and various levels. For example, professionals in other client-facing roles (e.g. consultants working in professional services firms) may experience inclusion disconnects between interactions with various constituencies, such as the inclusiveness they experience within their own organizations as compared to the inclusiveness they feel when visiting client sites. At a broader level, the concept of inclusion disconnects can provide a relevant frame for the bodies of research that consider global contexts in which employees interact not only across organizational and community boundaries, but also across the boundaries of various cultures and countries.

Further, in this paper, we focussed on disconnects in one direction: when an organization puts forth effort to create inclusion, yet is situated in a community that is less inclusive. In the future, research might consider a comparative case – examining the similarities and differences in individuals' experiences of the opposite direction: that is when communities in which inclusion is high, and the organizational experience is less inclusive. To be sure, much research focusses on building more inclusion within organizations; but, there is room to consider this in conjunction with the community. Perhaps spillover can occur in a positive direction, in which an organization can learn and build from a foundation of inclusion demonstrated in the community.

Finally, in our paper, we offer areas in which organizations can build their capacity to address the complex challenge created by inclusion disconnect with the community. In the future, it may be possible to conduct an interventional study, in which outcomes are captured longitudinally within an organization to see if/how such efforts can create even small shifts in perceptions of and impacts derived from inconsistencies with the

community. Additionally, a comparative study across multiple communities could offer promise in understanding how inclusive cultures in organizations may be built in communities that are more aligned in terms of their approach to and valuing of diversity and difference. Future research could explore the issues from the perspective of community leaders, to understand better those who may support or may resist such efforts within the communities in intersection with organizations. In other words, how do community leaders perceive these issues from an economic development perspective? In what ways can community leaders be mobilized for such social change that would conceivably better the community and its organizations? Relatedly, future research may consider ways in which service providers within the community could be reached. For example, research examining ethnic enclaves illustrates how newcomers to a city are often only shown prospective homes by realtors in neighborhoods that they believe are appropriate, given the individuals' ethnic and racial background (e.g. Alba and Logan, 1991; Charles, 2003). How can community members providing services to prospective employees – such as realtors and other service providers – be trained to understand the impact of such assumptions about where particular individuals want to live or be served based on their racial background? Some of the above suggestions around organizational coalition building may consider ways in which they can work together to impact the community in these less conventional ways. While existing research in urban studies and community sociology addresses related issues (e.g. Gotham, 2002; Squires, 2003; Van Kempen and Bolt, 2012), our study emphasizes the importance of considering these issues in intersection with organizational life, so that inclusion disconnects can be understood and addressed in the context of individuals' work and home lives.

In sum, in this paper we shed light on the impacts of inclusion disconnects on an organization's ability to build an inclusive organizational culture and we demonstrate several ways that organizations can address these concerns. Our study demonstrates that it is not enough for organizations to focus internally on working across difference; rather recognizing that employees also interact with communities with a history, attitudes, and practices toward diversity is vital for fostering inclusion both within and outside of their own walls.

Note

1. Pseudonym for the city's name.

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Corresponding author

Dr Beth K. Humberd can be contacted at: beth_humberd@uml.edu