Diversity, Inclusion and Organizational Citizenship Behaviours: A Study of Nurses in the Irish Healthcare Sector

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CORK INSTITUTE of TECHNOLOGY

DIVERSITY, INCLUSION AND ORGANIZATIONAL CITIZENSHIP BEHAVIOURS: A STUDY OF NURSES IN THE IRISH HEALTHCARE SECTOR

By

Deirdre O’Donovan, BBS (Hons), MBS

School of Humanities
Submission for the Award of Doctor of Philosophy

Research Supervisor: Dr Margaret Linehan

SUBMITTED TO CORK INSTITUTE of TECHNOLOGY
JANUARY 2015
The author hereby declares that, except where duly acknowledged, this thesis is entirely her own work and has not been submitted for any degree in any University or Institute of Technology.

_________________________________     ______________
Deirdre O’Donovan (Researcher)             Date

_________________________________     ______________
Dr Margaret Linehan (Supervisor)           Date
Dedication

This thesis is dedicated to the researchers who came before me, those engaging in the process now, and those yet to come. We have much work to do!
CORK INSTITUTE of TECHNOLOGY

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Abstract

This thesis focuses on inclusion, national culture and Organizational Citizenship Behaviour (OCB) in the Irish healthcare sector. Due to the high number of migrant nurses employed in the sector, the level of understaffing and subsequent requirement for effective performance and behaviours, the Irish healthcare sector was chosen as the primary focus for the research. In
particular, the study draws on in-depth interviews undertaken with 37 nurses and midwives, from four cultures, currently employed in hospitals in Cork.

Analysis of the interviews resulted in the identification of a number of findings. One significant finding concerns the identification of a set of behaviours, termed Profession Induced Organizational Citizenship Behaviours (PIOCBs). These behaviours refer to a set of OCBs stemming from a profession-orientation, with a particular focus on clients, in this case patients, as beneficiaries rather than on the organization.

A related finding extends an existing category of OCB. Specifically, the categorisation of Helping Behaviours has been extended, and termed Organizational Centric Helping Behaviours. These behaviours are helping in origin as per the original dimension, but carry an element of necessity. This element of necessity, however, does not automatically carry the same negative connotations of forced or compulsory OCBs.

A third salient finding from the interviews highlighted a culture of nursing. This suggests that a profession-oriented culture may take precedence over both national and organizational culture. In addition, a high degree of focus on the client/patient was evident, which is considered to partly contribute to the undertaking of the sets of behaviours identified in this study.

A fourth and significant finding demonstrates the relative unimportance of culture-of-origin culture, yet the importance of inclusion, for the undertaking of OCBs. Finally, and importantly, a culture of nursing and organizational culture generally are far more influential than country-of-origin culture.

**Acknowledgements**

Although in the final stages of the process I began to refer to my PhD as the “Three-lettered Demon”, it was always semi-affectionately, and I cannot pretend I am sorry to have done it. It has both stood me well, and served its purpose. Now that it has been completed, there are a number of individuals to whom I owe my thanks.
To begin, sincere thanks to a number of people who allowed me to continue on the research path. In particular, thank you Don Crowley and Brian McGrath for being supportive and understanding bosses during the process, particularly on the rare occasions in the final year where the PhD required me to say “next semester”. The continual support you have both shown me is, and will continue to be, much appreciated. Sincere thanks also to Dr Pio Fenton and Gerard O’Donovan for continually talking time to ask how the process was going.

Thank you, Peter Sommers, for having my back in ensuring that I always had “PhD day” blocks. I may not have ended up using those days for the PhD, but, at least the hope was there!

Thank you to all of my participants, both the hospitals in general and the individual nurses and midwives who gave so graciously of their precious and scarce time. Further thanks to the others on the ward who facilitated their colleague’s participation. This study would not have been possible without all of you.

I must thank my CIT friends and colleagues. D247 that was – lads, we had a good thing going there. Particular thanks to Moss for being a pretty reliable source of laughter and giggles, for the breaks (that probably went on longer than they should), for pretending to listen when I vented, for the drinks and pizza, and for just being an all-round great friend. Steve, six years of post-grad…who knew? Kate, Scott, Clodagh (honorary member), Mike and Brian; whole-hearted thanks for the pockets of laughter, heart-to-hearts and chit-chats. And all the D247 “detainees” of the recent or not-so-recent past, Eoin, Tim, Ruth etc., I didn’t expect to find friendship, but honestly believe I have friends for life in so many of you. Thanks to so many other friends and colleagues in CIT, who were never too busy to ask how it was going; Orla, Eileen, Louise, Angela, Elaine, Dave, Felix, Bert, Kieran, Sylvia and everyone else – you all know who you are!

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Margaret: I’m not sure where to begin. The process was tough and nothing went the way it was “supposed” to, but your attitude and your confidence in my ability made me feel supported enough to know that I could do it whenever, on a small number of occasions, I began to doubt
and question. I will be forever thankful for the continual support you have given me, both professionally and personally, and for the encouragement to “go for it!”. I could not imagine a better supervisor, and I am so genuinely grateful that you took me through this process.

Last but not least, thanks family! Thanks Mam and Dad for the lifts and for keeping coffee in the house in consistent supply! Finally, special thanks to Helen and Niamh for the fun (shoulder dance!!).

Glossary of Abbreviations

ADM: Assistant Director of Midwifery
ADN: Assistant Director of Nursing
An Bord: An Bord Altranais (The Irish Nursing Board)
CCB: Compulsory Citizenship Behaviour
COCB: Compulsory Organizational Citizenship Behaviour
CMM: Clinical Midwife Manager
CNM: Clinical Nurse Manager
DoHC: Department of Health and Children
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<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>DOM</td>
<td>Director of Midwifery</td>
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<td>DON</td>
<td>Director of Nursing</td>
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<tr>
<td>HCA</td>
<td>Health Care Assistant</td>
</tr>
<tr>
<td>HSE</td>
<td>Health Service Executive</td>
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<tr>
<td>IBEC</td>
<td>Irish Business and Employers Confederation</td>
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<tr>
<td>INO</td>
<td>Irish Nurses Organization</td>
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<tr>
<td>OCB</td>
<td>Organizational Citizenship Behaviour</td>
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<tr>
<td>PIOCB</td>
<td>Profession Induced Organizational Citizenship Behaviour</td>
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<tr>
<td>RGN</td>
<td>Registered General Nurse</td>
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<tr>
<td>RM</td>
<td>Registered Midwife</td>
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1.1 Introduction and Background to the Study

This chapter provides both an introduction and background to this research thesis. A number of concepts are presented in this chapter to contextualise the study. In particular, the potentially related areas of diversity, both general and culture-specific, inclusion and Organizational Citizenship Behaviour are overviewed.

This study was undertaken in the context of the Irish healthcare sector, with a particular focus on nurses and midwives. Labour intensity in the Irish healthcare sector is such that labour costs account for approximately two thirds of all health expenditure. Consequently, there is increasing pressure for the introduction of sector reforms that ensure that increased expenditure in the healthcare area will be accompanied by improvements in both the quality and the delivery of healthcare (Quinn, 2006). Consequently, managers in the sector should have an interest in understanding the reasoning behind why some individuals may undertake additional tasks that fall outside of their remit, and in creating an environment in which such behaviours are encouraged.

In 2001, nursing staff comprised over 36% of all public health service employees in Ireland (Department of Health and Children, 2001). Fourteen per cent of these nurses and midwives were non-Irish (Health Service Executive, 2008). By 2010, there were 67,415 actively registered nurses in Ireland (An Bord Altranais, 2011 [online]). Nurses constitute over a third of healthcare workers (Department of Health and Children, 2001). Ireland is, however, facing a challenge of ensuring an adequate supply of nurses in the face of a global shortage of nursing staff, and increased demands for healthcare services (Buchan, 2009). In the 1990s, Ireland began to encounter shortages of nurses. Consequently, employers began to look to other countries in order to source nursing staff, subsequently resulting in a rapid rate of overseas recruitment in recent years (Humphries et al., 2008a; Quinn, 2006). While in 1990 three out of every four new registrations with An Bord Altranais were Irish in origin, by 2006, three out of every four new registrations were from another country (Buchan, 2009). It is evident that Ireland is now heavily reliant on migrant nurses.
Nurses are often the first point of contact in the healthcare sector and are the primary service providers to the public. Indeed, in many parts of the world nursing staff are the main providers of primary health care (Kendall, 2008). In the Irish context, it has been suggested that the input of nurses in the provision of services will be of paramount importance to the delivery of an effective health service (McCarthy, 2003). In 1996, at the 49th World Health Assembly, member states were urged to involve nurses and midwives more closely in the development of national health policy and health care reforms (Kendall, 2008). Recent criticisms of the healthcare sector in Ireland, however, centre on its tendency to exhibit a command and control model in planning, implementation and management, with scant regard for engagement with health professionals and middle management, including nursing staff. The resultant planning system tends not to engage the hearts and minds of the operating core in the health services (Byers, 2010). Nurses are, as yet, under-involved in planning and policy development, creating a requirement for studies which allow them to express their opinions.

Finally, Treacy et al. (2010) warn that the public health system in Ireland is under threat. The sector is deemed to be lacking in terms of the physical infrastructure, staffing levels and overall capacity necessary to respond to care demands. This condemnation of the sector indicates that there should be interest in encouraging existing and future staff to engage in behaviours that improve the performance, efficiency and effectiveness of the sector, and the services it provides. Essentially, the sector should have an interest in understanding, and encouraging, Organizational Citizenship Behaviours, as addressed in this study.

1.1.1 Diversity

Diversity is not a new phenomenon, rather has always been present in societies. Having always been present in societies, it is arguable that diversity has also always existed in organizations. Workforces today are, however, becoming rapidly increasingly diverse (Bell and Kravitz, 2008; Monks, 2007). Increasing diversity may be attributable to a number of factors, for example, globalisation, anti-discrimination legislation or changing population demographics. Indeed, diversity can be considered a fact of organizational life (Kochan et al., 2003). Increased diversity in the workforce holds implications for management, particularly with regard to managing that diversity, and harnessing its potential (Jackson and Joshi, 2011). Diverse employees behave in different ways. Employees who may appear similar are still
different, and consequently individuals may respond differently to various styles of management (O’Donovan and Linehan, 2010). It has been argued that a crucial factor in an organization’s ability to effectively accomplish goals, indeed, perform, is its human resources. Understanding the behaviour of employees, therefore, is essential for managers for successfully achieving the goals of the organization. Managers must, therefore, recognize, and respond to differences in their employees, in a manner that allows for the maintenance of employee productivity and retention, while also avoiding discrimination. Doing so is argued to be one of the most important challenges facing organizations. Moreover, workforce diversity is increasingly being held as a strategic resource for competitive advantage. It has been recommended, therefore, that diversity is managed by organizations (Robbins, 2003).

Diversity management efforts stem from the premise that diversity can afford organizations a number of benefits, however, to fully realize those benefits, organizations must first learn to effectively manage diversity. Potential benefits associated with diversity in the workplace include cost savings with regard to lowering turnover, absenteeism and lawsuits (Robinson and Dechant, 1997). Further proposed benefits also include attracting, and retaining top talent, driving business growth, attracting, and being better able to serve, diverse customers, and enhancing creativity, innovation and decision making. It has been suggested, for example, that diverse talent and customers are more likely to be drawn to organizations with a demographic mirroring their own (Lockwood, 2005; Robinson and Dechant, 2007). Additionally, diversity shapes the manner in which individuals perceive their surroundings, life, and problems or opportunities, therefore, diverse individuals may be able to offer solutions to issues that may not have been conceived of in a more homogenous setting. Offering a variety of ideas is likely to enhance problem solving and opportunity capitalisation.

Although diversity is ever present, from an Irish organizational perspective, one of the most prevalent forms of diversity today is cultural diversity. While Ireland has traditionally experienced high rates of emigration, a sharp increase in immigration has seen the diversity of many cultures arrive in Ireland. In the context of the Irish healthcare sector, one aspect of which, nursing, was the source of interviewees for this study, active overseas recruitment to meet demand for staff indicates that Ireland is now heavily reliant on migrant nurses (Humphries et al., 2009; Quinn, 2006). Nursing staff constitute over a third of healthcare workers, fourteen percent of whom are non-Irish (Health Service Executive, 2008; Department of Health and Children, 2001). Indeed, partially as a result of active overseas recruitment since
the 1990s, in an effort to counteract the shortage of nursing staff in Ireland, by 2006, three out of every four new registrations (not renewals) with An Bord Altranais (The Nursing and Midwifery Board) were non-Irish. Furthermore, between 2000 and 2008, over 40% new registrations with An Board Altranais were non-EU migrant nurses (Humphries et al., 2009). Consequently, cultural diversity among nurses in the healthcare sector is sufficient to render the sector suitable for application of this thesis.

Cultural diversity incorporates many differences, for example, attitudes towards timekeeping and work ethic and is deemed to influence the behaviour of employees (Gardenswartz and Rowe, 2001). Indeed, a number of cultural theories have been developed to help distinguish differences among culture. Although there is no agreed, single definition of culture, a number have been proposed. Many of these definitions refer to culture as a unifying concept. One definition, for example, describes culture as collective programming of the minds of individuals (Hofstede, 1991), while others, including Kinicki and Kreitner (2006), essentially suggest that culture involves taken-for-granted assumptions and shared meanings. These meanings and assumptions, as shared, are proposed to exist in the subconscious minds of individuals, and dictate how individuals think and act. The underlying suggestion is that individuals from a particular country are in essentially constrained or unified in their thinking or behaviours as a result of national culture. It could then be expected that individuals from the same culture may behave in similar ways, perceive situations in similar ways, be motivated in similar ways, and exhibit similar preferences for rewards or similarities in values. If this unification via shared meanings and assumptions exists in societies, it is therefore translatable into the organizations context, as organizations comprise, and exist via, the individuals working in them. Consequently, culture is argued to carry significance for organizations. In the organizational context, culture results in different employees being motivated in different ways to perform. This is significant, as organizational performance is a function of individual performance. An organization as an entity cannot perform, rather, the individuals that comprise that organization perform. It is necessary, therefore, that organizations consider, and develop understanding, of factors, such as culture, which are argued to carry the potential to influence employee performance. Furthermore, culture also incorporates differences including diverse customs, pay expectations, work ethics and attitudes towards timekeeping, all of which have the potential to impact, whether positively or negatively, on organizational functioning.
In addition, the presence of multiple cultures in an organization, particularly those who rest at extremes of each other, carries the potential for cultural conflict, which may damage working relationships. It may be possible, for example, to have employees from a culture who have a relaxed approach to time-keeping, and also employees from a culture who value punctuality, working together. If one group of employees are typically late, while another are pressuring for tighter time-keeping, frustration may mount, disrupting operations. Cultural diversity cannot, or should not, however, be suppressed or ignored (Gardenswartz and Rowe, 2001). Attempting to suppress or minimise employee’s cultural diversity may be perceived in a negative light by employees, particularly as self-identity is important to many individuals. Organizations faced with this conundrum can build cultural understanding into diversity training under diversity management efforts. Additionally, organizations can create a culture of inclusion, by which employees are aware that they can leverage their differences, yet must also view the differences of others constructively.

1.1.2 Inclusion

As referenced earlier, cognisant of the potential benefits of diversity, and the implications of diversity and cultural diversity for an organization, it can be argued that diversity must be managed. Previous research has illustrated that there is a tendency to become overly simplistic, perhaps rigid, when considering differences (Ferdman and Davidson, 2002). Indeed, it has been further argued that cultural differences should not be the basis for invidious distinctions between individuals, rather should be used to the benefit of all, and held as a source of pride. Individuals essentially need to be, and feel, included in their workplaces. Indeed, when discussing the concept of inclusion, Holvino et al., (2004) contend that increasing emphasis is being placed on the need to both leverage multiculturalism and foster inclusion as a basis for organizations success.

Organizations arguably should begin diversity oriented efforts with diversity management, to develop understanding concerning diversity, its potential benefits and associated challenges. Organizations must, however, move beyond traditional diversity management towards inclusion. Indeed, it is recommended that organizations ultimately take an inclusionary approach to diversity (Davidson and Ferdman, 2001).
Under an inclusionary approach to diversity, differences in individuals are more than simply recognised or categorised, rather are integrated into the fabric of the organization, fostering enhanced employee integration, and activating latent diversity potential. Inclusion allows employees, regardless of differences, to feel they belong in an organization, removing pressure, whether real or perceived, to hide aspects of their identity. Essentially, employees can be themselves, and leverage their diverse perspectives and opinions. This is an important aspect of people management, as many individuals consider their individuality a significant part of their identity. Engaging in diversity management practices which focus perhaps on a small number of differences, thereby obscuring or ignoring others, may be perceived as an effort to compartmentalise or categorise employees, and consequently be resisted by some. Alternatively, diversity management may be viewed by some as a paper exercise, or no more than additional training. Inclusion, however, as indicated previously, requires integration of differences and similarities into the fabric of organizations. Inclusion, therefore, affects a cultural shift towards true valuing of differences and similarities, along with the realisation that such are to be leveraged rather than assimilated or hidden. In addition, inclusion affects an organization-wide acceptance that both similarities and differences have the potential to be advantageous to organizational operations.

Successful inclusion requires more than the encouragement of employees to express opinions and share experiences. Rather, formal participation in decision-making and informal participation in day to day decision-making must be employed as a tool to ensure individuals perceive both respect and inclusion. Moreover, inclusion is multifaceted, and contextual. In particular, while commonalities exist concerning what constitutes inclusion, for example, feeling respected or valued, individuals perceive these themes in different ways (Davidson and Ferdman, 2002a). Consequently, an event that results in some employees perceiving respect from their management may not result in all employees feeling the same way. Even if an organization is deemed to have an inclusive culture, not all employees, however, may perceive inclusion, or to the same degree. It is ultimately posited, therefore, that inclusion occurs at both the individual and organization level. An organization may have worked towards inclusion and be overarchingly perceived as inclusive, yet not all individuals will automatically perceive inclusion. Moreover, the contextual nature of perceived inclusion indicates that employees may perceive inclusion in one context, for example, while working in one department, but not necessarily in all other organizational contexts. This should signal to organizations that an employee, who perceives inclusion now, may not always perceive
inclusion. Creating an inclusive organization is, therefore, an ongoing process (Davidson and Ferdman, 2002a).

1.1.3 Organizational Citizenship Behaviours

While the concepts of diversity management and inclusion argue that differences should be embraced, Katz (1964) proposed a conundrum. The proposition is that organizations face a paradox. Variability must be reduced, contradicting the underlying assertions of diversity management and inclusion, in an effort to ensure predictable performance. Yet, spontaneous activity, which goes beyond the requirements of a particular role, must be encouraged. Behaviour which does so is often termed Organizational Citizenship Behaviour (OCB) (Jahangir et al., 2004).

The concept of OCB is not an entirely new concept, yet Vigoda-Gadot (2006) proposes the field has emerged as one of the most promising in organizational performance studies in recent decades. OCB essentially refers to discretionary behaviour that is neither enforceable nor rewardable, that, in aggregate, promotes effective organizational functioning. Essentially, OCBs are supra-role behaviours. OCBs carry great potential for organizational improvement. These behaviours have the potential to enhance the productivity of the individual, and also their colleagues and superiors. This is significant for organizations, as organizational performance is a function of combined individual performance. OCBs may also assist in coordinating the activities of an organization, and decrease the need for some formal control methods. OCBs may also assist in increasing organizational resources and the effectiveness and efficiency of their use. Not every instance of OCB, however, may contribute to organizational outcomes or effectiveness and efficiency. Rather, as mentioned earlier, a range of behaviours in aggregate combine to enhance the effectiveness, and subsequent performance, of an organization.

A complex medley of organizational, social and individual variables is suggested to determine OCBs (Griffin and Moorhead, 2006). Indeed, research has focussed on attempting to identify these variables, for example, that by Bateman and Organ (1983), Kataria et al. (2013) and Vigoda-Gadot (2006). A number of potential antecedents have been proffered, including, for example, job satisfaction, social exchange, disposition or personality. Moreover, in addition to having a number of potential antecedents, OCB is a multi-dimensional construct. As a
multidimensional construct, OCB concerns all manner of positive, organizationally relevant behaviour. Essentially, OCB does not refer to one variety of behaviours, rather any supra-role, positive, behaviours. Consequently, behaviours can be categorised into seven common dimensions, specifically: Helping Behaviour, Sportsmanship, Organizational Loyalty, Organizational Compliance, individual Initiative, Civic Virtue, and Self-Development (Podsakoff et al., 2000). It is evident, therefore, that OCB envelopes multiple behaviours. Some of those behaviours may be more readily identifiable as contributors to organizational success than others, yet all serve to enhance an organization in some manner.

Consequently, organizations should display an interest in understanding these behaviours, and exploring means by which they can be encouraged, in order to capitalise on the potential benefits of OCBs. As such, there are a number of arguments to be made for a study of OCBs, inclusion and culture. First, as diversity is proposed to have the potential to impact how individuals work and, subsequently, how they view their role, it is arguable that a link may exist between an individual’s diverse makeup and their likelihood of undertaking OCBs. Some individuals, for example, may have had an upbringing focussed on doing their best and “going the extra mile”. These individuals may therefore consider any activity related to their role, even if it falls outside of their remit or job description, part of their role, and therefore undertake OCBs. Conversely, other individuals may have a “look after number one” attitude towards work, and so focus purely on behaviours that allow them to complete their tasks, and therefore be less likely to engage in supra-role behaviours.

Second, it is particularly likely that cultural diversity may impact the likelihood of undertaking OCBs. As culture is considered to shape how an individual should act, thus potentially how they perform at work, links can be drawn between culture classifications and OCBs. Individuals from collectivist cultures may be more likely to engage in supra-role behaviours which benefit their team or organization, as collectivist cultures value group harmony and loyalty. Conversely, individuals from high uncertainty avoidance cultures, which carry an intolerance for breaking or bending rules and fear uncertainty may be less likely to undertake in behaviours that fall outside of the remit of their job description as they may fear doing so carries unknown consequences. It is worthwhile, therefore, to engage a study which aims to explore whether such links exist, or whether organizational culture can be used to unify individuals in the workforce towards engaging in OCBs, regardless of national culture.
A further argument concerns a potential relationship between inclusion and OCBs. Regardless of elements of diversity that may theoretically render some individuals more likely to engage in OCBs, it has been suggested that in order to realise the potential benefits of diversity, organizations should focus on an inclusive version of diversity management (Pless and Maak, 2004). Inclusion enables employees to leverage their differences in their workplace efforts which may enhance their abilities and confidence to the extent that they may be more likely to engage in OCBs, presenting a further argument for this study.

Furthermore, it has been proffered that organizations could not survive without their employees undertaking OCBs (Tambe and Shanker, 2014; Jahinger et al., 2004). In light of such a contention, studies that aim to develop further understanding of OCBs and uncover manners in which OCBs can be encouraged in an organization are arguably required, and hold the potential to be valuable to both practitioners and future researchers.

Questions have also been raised regarding definitions of the OCB construct (Morrison, 1994). In particular, there are difficulties in defining what constitutes discretionary behaviour (Organ, 1997). When studies have made efforts to measure the construct, OCBs have been found to encompass behaviours considered in-role rather than supra-role by the organizations and its employees, supra-role referring to behaviours that fall outside of the remit of the individuals prescribed job activities. OCBs are essentially considered to be part of the job requirements by some employees, even though the tasks are supra-role. The Irish healthcare sector is understaffed. It is arguable, therefore, that nurses in this context may engage in behaviours that, although supra-role, are now considered part of their role, whether by them, their management or the public to whom they provide a service. If true, this holds the potential to add to existing literature related to OCBs by adding to arguments that the definition of the construct requires reconsideration.

While arguments for this study can be drawn from a framework of existing literature, there are a number of objectives associated with this research. Although presented in more detail in Chapter Three, they are also outlined later in this chapter. The following section concerns the rationale for the study.
1.2 Rationale for the Study

A strong rationale, comprising a number of factors, was the driving force for this study. First, there appears to still be a significant gap in the extant literature concerning OCBs and culture. Indeed, little research exploring national culture as an antecedent of OCBs was found while conducting the literature review for this study, yet, culture is assumed to shape behaviours. If culture shapes behaviours, it is reasonable to expect it to shape an individual’s likelihood of undertaking OCBs. A previous study by the researcher, however, indicated that individuality may carry more weight than national culture categorisations (O’Donovan, 2010). As such, whether national culture is found to have a relationship to OCBs or not, the extant literature in the industrial/organizational psychology and culture arenas are being added to by the findings of this research.

In addition, although elements of diversity, such as disposition or personality have been considered as antecedents of OCBs, there is as yet a dearth of literature concerning diversity, or inclusion, and OCBs. Undertaking this study will again, therefore, assist in addressing this gap in the literature, by adding to both the industrial/organizational psychology and Human Resource Management fields of research. Although attention has been paid to diversity and cultural diversity of late, there is a distinct lack of research concerning inclusion and OCBs in the Irish context. A study such as this begins addressing that gap by contributing research undertaken in the Irish context, on an Irish sector, specifically, nurses in Ireland’s healthcare sector. Moreover, the study contributes more generally to people management, as an element concerns identifying how individuals perceive diversity and their own culture, in addition to reasons driving supra-role behaviours. Organizations can capitalise on this research by incorporating that personal-level knowledge into diversity and inclusion initiatives, and also into efforts geared towards encouraging OCBs. This research, therefore, carries significance for both researchers and practitioners.

Finally, nurses constitute over a third of the employees in the Irish healthcare sector, and often being the first point of contact for service users (Kendall, 2008). McCarthy (2003) contended that in the Irish context, the input of nurses in the provision of services is of paramount importance to the delivery of an effective health service. As highlighted in the objectives of this study, a criticism of the healthcare sector in Ireland centres on its tendency to exhibit a command and control model in planning, implementation and management, with scant regard for engagement with health professionals and middle management, including nursing staff,
thereby resulting in a lack of engagement. Indeed, nurses appear to be a significantly under-researched population in talent management and organization oriented disciplines. Given that nurses are such a formidable force in the healthcare sector, studies which involve nurses are worth undertaking. In particular, studies which explore the types of OCBs undertaken by nurses and their reasoning for them can be used to develop a culture of OCBs across the healthcare sector, which can be adapted and replicated by those in other sectors. This study, therefore, is useful not just in the Irish healthcare context, but also in the international healthcare sphere, and in general industry.

1.3 Research Question, Aims and Objectives of the Study

The main research question is: “Are national culture and inclusion antecedents or predictors of Organizational Citizenship Behaviours?” Stemming from this research question, sub-research questions concern:

- Is there a relationship between national culture and the undertaking of OCBs?
- Is there a relationship between inclusion and the undertaking of OCBs?
- Do interviewees perceive themselves to be included in their ward or in the organization, and, if so, why?
- What OCBs are undertaken by respondents, and why are these OCBs undertaken? How can organizations capitalise on this knowledge?

To address the research question, the overarching aim of this research, therefore is to explore whether links exist between perceived inclusion and, or, national culture and the undertaking of OCBs. The purpose of doing so is to add to existing literature concerning the areas of OCBs, inclusion and culture, and also to assist organizations in encouraging OCBs. Presented again in Chapter Three, the specific research aims and objectives of this thesis are the following:

- To examine potential links between cultural diversity, perceived inclusion and organizational citizenship behaviours. In particular, this research, aims to examine whether cultural diversity or perceived inclusion impacts on the possibility of nurses from different cultures displaying such behaviours.
• To explore the implications of diversity, particularly cultural diversity, among nurses of different cultures in the Irish Healthcare Sector. In particular, the study aims to uncover whether particular advantages or challenges associated with diversity are identifiable, and whether these support, contradict, or add to, those presented in existing literature.

• To explore inclusion from the perspective of employees. It is intended to ascertain whether the respondents perceive inclusion, and to highlight the factors that contribute to perceiving inclusion or uninclusion. The potential consequences of inclusion or uninclusion will also be examined.

• To provide nursing participants in this research a vehicle by which their opinions and experiences can be expressed. It can be argued that doing so will provide managerial levels in the healthcare sector a clear insight into the front-line operations of hospital wards. This will arguably enable stronger policy formation and implementation, while also highlighting issues faced by nursing staff which may negatively impact their performance.

In order to accumulate appropriate data to address the research objectives, both primary and secondary research was conducted for this study. Secondary research is presented in this thesis in the format of a literature review, while primary research is presented via the identification, and analysis of, a number of thematic areas. The following section sets out the content and structure of the thesis.

1.4 Structure of Thesis and Outline of Chapter Content

The structure and content of the remaining chapters of this thesis are outlined in this section. The study comprises five chapters, which are diagrammatically represented in Figure 1.1.

Chapter Two comprises a review of pertinent existing literature relating to the research question. Consequently, the chapter consists of three key areas, which are addressed in a number of sections. The first section addresses existing literature concerning diversity.
Following a brief introduction, the concept of diversity is defined, and diversity management as a process is discussed. In addition, reasons for, and challenges associated with, managing diversity, is discussed. This area ultimately concludes with a review of cultural diversity.

The second area of Chapter Two addresses inclusion. The primary focus of this section concerns defining and outlining an understanding of inclusion, in addition to reviewing the potential benefits associated with inclusion in the workforce.

The final area addressed in Chapter Two relates to Organizational Citizenship Behaviour (OCB). The concept of OCB is first defined, following which the construct is discussed, along with currently proposed antecedents.

Chapter Three outlines the research methodology engaged for this study. The chapter opens with defining both management research, and the objectives of this study. The chapter further outlines the scope of the study, and the research questions. Both secondary research and primary data collection are then discussed, with emphasis on qualitative research.

This study is rooted in both phenomenology and Grounded Theory. Phenomenology concerns objectively studying the subjective. Consequently, this study rests in phenomenology, as it explores concepts, for example, the meaning of diversity, inclusion or supra-role behaviours, which may be viewed differently by individuals. Phenomenological studies lend themselves well to qualitative data collection approaches, therefore, qualitative data collection in the form of in-depth interviews was employed for this study.

**Figure 1.1 Thesis Chapter Structure**

<table>
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<tr>
<th>Diversity, Inclusion and Organizational Citizenship Behaviours: A Study of Nurses in the Irish Healthcare Sector</th>
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Discussion concerning in-depth interviews, therefore, is also included in Chapter Three. This data collection tool was deemed most appropriate as it allows for consistency across the interview process, while also providing for flexibility to enable probing of interviewee responses. For this study, in-depth interviews were conducted with 37 nurses and midwives from four countries currently working in the Irish healthcare sector, in particular, Irish, Indian, UK and the Philippines. These countries were focussed on as they are the top four represented cultures among nurses in the Irish healthcare sector. Furthermore, this study reflects Grounded Theory, as rather than attempting to prove or disprove an initial hypothesis, data in this study was collected to facilitate the generation of new knowledge and theory.
The findings of the study are analysed in Chapter Four. Data resultant from the interviews among nurses was analysed, allowing for the development of a number of thematic areas. These themes are analysed and discussed in this chapter.

The final chapter of this thesis, Chapter Five, concludes the study. This chapter draws on key findings identified in Chapter Four to make a number of recommendations for both practice and future research. Additionally, limitations of the research are outlined. This chapter presents an overall conclusion, summatting the key points of the thesis.

1.5 Conclusion

This chapter provided an introductory overview of the background of the study, with regard to arguments drawn from a framework of existing literature, in addition to objectives underpinning the reasoning for the study. The following chapter, Chapter Two, contains a review of existing literature pertinent to the areas of research identified in this chapter.

Chapter Two:
Literature Review
Chapter 2: Literature Review

2.1 Introduction to the Literature Review

This chapter comprises a review of existing literature pertinent to the research question. The chapter is subdivided into three key areas, specifically exploring diversity, inclusion, and Organizational Citizenship Behaviours. Following a brief introduction, each topic is further discussed via an analysis of literature relevant to the specific area of investigation. The chapter
concludes with a brief theoretical underpinning regarding the potential implications of cultural diversity on people management, inclusion and organizational citizenship behaviours.

The first section explores diversity, with a specific focus in the latter part of this section on cultural diversity. Other aspects of diversity explored in this section include diversity management, diversity training and potential advantages and challenges associated with the employment of a diverse workforce.

Diversity

2.2 Introduction to Diversity

Diversity is not a new phenomenon. It has always been present in societies (Arredondo, 1996). Organizations, therefore, have always had small numbers of diverse employees in their workforce. Indeed van Knippenberg et al. (2004) and Kochan et al. (2003) deem diversity a fact of organizational life. Similarly, Jackson and Joshi (2011) propose that diversity exists in all work groups but in varying levels. High levels of diversity in work teams exist when team members are quite different to each other, termed heterogeneity, while low levels exist when work team members are relatively similar to each other, termed homogeneity. Even individuals in work teams that appear homogenous in nature, however, will be diverse in a number of areas. Indeed, Ferdman (1995) states that as no two persons are alike in every respect, they can, therefore, be regarded as diverse relative to each other, while Goldberg (1990:1216) simply proposes that:

The variety of individual differences is nearly boundless.

The majority of differences, however, are insignificant in relation to daily interpersonal interactions.

Workforces today are rapidly becoming increasingly diverse (White and Rice, 2010; Bell and Kravitz, 2008; Monks, 2007; Griffin and Moorhead, 2006; Hite and McDonald, 2006; Morley et al., 2004; IBEC, 2003; Robbins, 2003). This increase may be attributable to a number of factors, including changing demographics among populations, globalisation of organizations
services, employees, customers or suppliers, or anti-discrimination legislation (Jackson and Joshi, 2011; Monks, 2007; Griffin and Moorhead, 2006; Hite and McDonald, 2006; Morley et al., 2004; Gordon, 2002; Carnevale and Stone, 1994). A 2003 report on workforce diversity in the Irish context, compiled by IBEC (2003:5), outlines a comprehensive list of contributory factors specifically:

- Increased globalisation of business markets, resulting in an increase in the amount of business conducted on an international scale
- Information technology improvements, giving rise to increased interaction between Irish employees and international counterparts
- A presence of multinational companies in Ireland, thus a consequential increased presence of more diverse cultures
- Interaction of different nationalities and cultures in the workplace due to net immigration
- Globalisation of the market economy, resulting in a more diverse customer base.

Defining diversity is a complex and difficult process, as diversity concerns both visible and invisible characteristics (Morley et al., 2004; Moore, 1999). Diversity can also be considered a subjective concept, created by individuals who categorise other individuals as similar or dissimilar based on their own social identities (Bechtoldt et al., 2007). Additionally, Moore (1999) proposes that diversity, as a concept, is context specific, selective and relative. Diversity can be viewed as context dependant, as no individual can be defined as different in isolation, rather only in comparison to those in their environment. The selectivity of diversity stems from the proposition that some characteristics are deemed stronger indicators of diversity than others. Although culturally or organizationally dependant, such characteristics tend to include dimensions such as gender, age, skin colour, accent, physical abilities and cultural background. The relativity of diversity considers diversity indicators as ambiguous rather than clear cut, as, for example, while two individuals may be male, one may be more “masculine” than the other (Moore, 1999). At its most basic level, however, diversity can simply be defined as all the ways in which individuals differ from each other (IBEC, 2003; Joplin and Daus, 1997; Rowe, 1993). A more inclusive definition of diversity, albeit more specifically focussed on workforce diversity, has been offered by Griffin and Moorhead (2006:31), who define diversity as:
The similarities and differences in such characteristics as age, gender, ethnic heritage, physical abilities and disabilities, race and sexual orientation among the employees of organizations.

While diversity studies have traditionally focussed on diversity in terms of gender, culture and ethnic background, diversity does, however, encompass many other differences, perhaps an almost infinite number, including age, personality, physical ability or disability, political preference, task skills, background and work style (White and Rice, 2010; Garfield, 2005; Morley et al., 2004; van Knippenberg et al., 2004; Gordon, 2002; Ferdman, 1995). Indeed, Loden (1996) has identified two extensive dimensions to diversity, primary and secondary, which are represented diagrammatically in the form of a diversity wheel (Figure 2.1). The outer circle of the diversity wheel displays the primary dimensions of diversity, while the inner circle displays the secondary dimensions of diversity.

Jackson and Joshi (2011) develop the concept further by delving deeper into diversity, specifically workplace or work team diversity, discussing relations-oriented diversity, task oriented diversity, readily detected diversity and underlying diversity. Relations-oriented diversity concerns attributes that are instrumental in shaping interpersonal relationships, but have no ostensible implications for the performance of tasks. Such attributes include, gender, age and religion. In contrast, task-oriented diversity concerns attributes, such as education level, experience and cognitive abilities, which do appear to have an implication for the performance of work tasks. Readily detected diversity concerns differences among team members on a number of attributes which are easily discernible, such as age, gender and nationality, thus bears similarities to Loden’s (1996) secondary dimension of diversity. Underlying diversity, in contrast, concerns attributes which become evident through interaction, such as personality and attitudes (Jackson and Joshi, 2011).

**Figure 2.1 Loden’s Diversity Wheel**
Evidently, therefore, diversity is a broad, complex phenomenon, concerning every individual. Consequently, diversity in the workforce has important implications for management. It is easier to create a diverse organization than it is to manage it effectively and achieve its full potential (Jackson and Joshi, 2004). Diverse employees, for example, behave in different ways (Lussier, 2008; Robbins, 2003). Indeed, employees who may appear similar, perhaps in terms of gender, culture, ethnicity or work experience, are still very different individuals, thus, may respond differently to various styles of management (O’Donovan and Linehan, 2010; Griffin and Moorhead, 2006). Arguably, a critical factor in an organizations ability to effectively accomplish its goals are the organizations human resources, thus, understanding the behaviour of employees is key to management that is successful in achieving organizational goals (van Knippenberg, 2007). In the organizational climate of today, therefore, rather than treating every employee in the same manner, managers must recognise, and respond to, differences in their employees in such a way that employee retention and productivity are maintained, while also
aiming to avoid discrimination. Adapting to this challenge, and indeed to diversity in general, is considered by Robbins (2003) to be one of the most important challenges facing organizations. Essentially, diversity must be managed. The concept of diversity management will be explored in the following section.

2.3 Diversity Management

Diversity management is more than simple acknowledgement of the differences between people (Kim, 2006; Farrer, 2004). The concept has been defined by Ivancevich and Gilbert (2000:75) as:

_The systematic and planned commitment by organizations to recruit, retain, reward, and promote a heterogeneous mix of employees._

Essentially, diversity management involves recognising and harnessing the value or potential benefits of the differences between individuals, while combating discrimination and promoting inclusiveness (Armstrong, 2009; Kim, 2006; IBEC, 2003). Friday and Friday (2003:865), however, draw a distinction between valuing diversity and managing diversity, proposing that:

_Valuing refers to the relative worth, importance, or significance of something, whereas managing refers to taking charge or coordinating and supervising situations._

Valuing diversity, therefore, may be considered a more passive phenomenon, whereas managing diversity can be viewed as an active phenomenon, which involves coordinating and directing the differences of individuals to ensure organizational strategic goals are being met (Friday and Friday, 2003). Liff (1997) also distinguishes between managing and valuing diversity, by referring to valuing diversity as a possible version of diversity management, although cautions that such an approach does not appear to follow a distinctive strategy for overcoming problems associated with equal opportunity policies. Winn and Taylor-Grover (2010) also make a distinction between valuing and managing diversity, yet evidently somewhat disagree with Friday and Friday’s (2003) contention that valuing diversity is passive. Rather, it is proposed that valuing diversity entails viewing differences as a source of value and therefore changing the culture of the organization from the bottom up, while diversity
management changes organizational culture from the top down (Popescu and Rosko, 2012; Winn and Taylor-Grover, 2010).

Diversity can provide organizations with significant benefits (Bagshaw, 2004; Maxwell et al., 2001). In order to fully realise these benefits, however, organizations must learn to manage diversity effectively (Bagshaw, 2004). Cox and Blake (1991) argue that the mere presence of diversity in an organization is not sufficient to generate benefits or competitive advantage, rather, it must be actually managed. Similarly, Joplin and Daus (1997) posit that diversity is not self-managing, thus, must be managed. Marina (2010) and Tripp (2004) also concur, cautioning that simply recruiting diverse employees is insufficient. Organizations, rather, must also focus on integrating and retaining diverse employees. It has been proposed by Jackson and Joshi (2011) that some types of diversity may have greater potential benefits for organizations than other types of diversity, and some aspects of diversity may necessitate more active management to avoid potentially disruptive organizational consequences. This proposition is borne out under the social identity perspective of individual self-classification, which proffers that individuals classify themselves and others based on overt demographic attributes, thus, it is the particular mix of individuals in a group, such as an organizations workforce, that determines which types of diversity carry the most significance (Jackson and Joshi, 2011).

Managing diversity does not mean controlling or containing it, nor does it involve the assimilation of employees to fit the organizations existing culture (IBEC, 2003; Thomas, 1990). Instead, diversity management refers to a concept of enabling each member of a workforce to perform to their potential (Thomas, 1990). Such enablement requires organizations to adopt a new way of thinking about differences among people, and a new approach to the manner in which employees are treated (Kinicki and Kreitner, 2006; IBEC, 2003). Additionally, in order to be truly successful, diversity management must receive support from the top levels of the organization (Popescu and Rusko, 2012; Kreitz, 2008; Espinoza, 2007; Lockwood, 2005; Daas and Parker, 1999; Flynn, 1995; Carnevale and Stone, 1994). It is essential that managers take a proactive approach to their involvement with employees (Joplin and Daus, 1997). One method by which top management commitment may be secured is to involve managers in the planning processes, giving them ownership of diversity goals (Carnevale and Stone, 1994). It is also arguable that developing a diverse organization necessitates the presence of diverse management (Jones et al., 1989). Furthermore, organizations are cautioned that it is ill-advised to make diversity management the responsibility of a single individual, as diversity
management initiatives may collapse, if and when, that individual leaves the company (Flynn, 1995). To offset this concern, diversity management should be made a company-wide issue to avoid such an occurrence. Organizations should also note that as everyone, regardless of superficial similarities, has a different background, some will emphatically embrace diversity, others will not be sure about it, and others will simply view it as a nuisance (Espinoza, 2007).

It is clear, therefore, that there is no single best way to create a model of diversity management, as each organization is different (Popescu and Rusko, 2012; IBEC, 2003). IBEC (2003) propose a four-phased cyclical diversity management model, which may be adapted to meet an organizations particular need. The model is outlined in Figure 2.2.

Stage one, analysis, involves constructing a profile of the level of diversity that exists among the organizations workforce and customer base, then examining existing or current employment processes to identify areas relating to diversity that require addressing (IBEC, 2003). Kochan et al. (2003) are also advocates of such analysis, arguing that regardless of the widespread use and availability of Human Resources information systems, they have found that HR data concerning groups and individuals could not be readily linked to performance. Consequently, HR practitioners, and therefore organizations, are limited in terms of learning how to effectively manage the diversity in their company, weakening their stance on the strategic importance of diversity.

The second stage, planning, requires organizations to take a comprehensive approach to establishing the key objectives behind the diversity strategy. Following the planning stage, the diversity management programme should be ready to implement, bringing the organization to stage three in the cycle. Successful implementation requires diversity strategies to not solely be seen as a human resources issue, rather, as vital to the achievement of the organizations goals. Additionally, while it may sometimes be appropriate to devise new policies, amendment of existing policies and procedures is also important. Once the programme has been implemented, it is critical that it is regularly assessed, and, if found to not be achieving the desired objectives, amended, requiring movement through the cycle again (IBEC, 2003).

Figure 2.2 IBEC’s Diversity Management Model
Many executives may be unsure of why they should want to learn how to manage diversity (Thomas, 1990). Indeed, Moore (1999) makes reference to a particular perspective of diversity in organizations termed Diversity Blindness. This perspective does not consider diversity an issue that must be addressed, resulting in diversity and diversity training being ignored. Consequently, organizations proposing to manage diversity should begin by clarifying their underlying motivation, as, given today’s competitive challenges, it is likely that only business reasons, specifically reasons that highlight potential improvements in the organizations bottom line, will result in the long term motivation critical to managing diversity (Thomas, 1990). Indeed, a report undertaken on behalf of the European Commission proposes that companies adopt policies for three types of reason, specifically, ethical, regulatory and economic, or a mix of the three (Centre for Strategy and Evaluation Service, 2003).
Similarly, Doke and Beagrie (2003) propose the starting point of any diversity management programme is to communicate to an organization’s workforce what diversity is, what the organization is aspiring to achieve by managing diversity, and the goals the organization has set in place to assist it in achieving its aim of effective diversity management. Indeed, Miller and Tucker (2013) highlight that creating awareness of benefits of diversity among management and employees is important, as doing so increases commitment to furthering the diversity goals of the organization. Kreitz (2008), in agreement, also suggests that human resources directors and senior managers should express the motives behind their interest in diversity, and identify the ways in which diversity will benefit the organization.

A number of steps may be taken by organizations to communicate the reasons for managing diversity to its employees, and to initiate the process of diversity management (Thomas, 1990). First, vision clarification is essential (Doke and Beagrie, 2003; Thomas, 1990). The ideal vision to be communicated to the organizations employees is an image of fully tapping the human resource potential of each individual in the workforce. Additionally, managers must attempt to expand their focus (Thomas, 1990). There is a tendency for equal employment opportunities to focus on women and minorities, offering little to white men, who are just as diverse in numerous ways, such as age, education and background. Indeed, white men may see a negative side to diversity programmes, as they are being grouped into one bundle by some (Flynn, 1999).

As the goal of diversity management is to create a heterogeneous culture, organizations should undertake a corporate culture audit. Corporate culture comprises a collection of unspoken and unexamined values, assumptions and mythologies, thus, a culture audit is impossible to conduct without external assistance (Thomas, 1990). Cox and Blake (1991) are advocates of this step, being of the opinion that a comprehensive analysis of organizational culture and organizational systems such as recruitment, performance appraisal, assessment of potential and promotion and compensation should be conducted. Organizations can use this audit to uncover sources of unfavourable potential bias towards, or against, certain groups, and to identify ways in which the organizations culture may inadvertently put some members of the organization at a disadvantage.

In a similar vein, organizations need to modify their underlying cultural assumptions. Thomas (1990) posits that a particular problem with corporate culture is when changes to it are
attempted, they are met by intense opposition. Regardless, organizations must still attempt to modify their cultural assumptions if they are to succeed in transforming their organization from homogenous to heterogeneous. The first purpose of modifying underlying cultural assumptions is the enablement of organizational systems reform. Organizations should identify not whether the system is at maximum efficiency, rather whether the system works for all employees. The second purpose of assumption modification is to modify models of managerial and employee behaviour, as managers seek subordinates who will do as they do, or subordinates who aspire to be like them (Thomas, 1990).

Thomas (1990) continues, proposing that organizations also need to assist their employees in becoming pioneers of diversity. Learning to manage diversity constitutes a change process, thus, the managers of the organization must become change agents. Top management articulate the organizations new diversity policy and their commitment to it, however, it falls to middle management to implement the policy, and deal with any new consequential problems. To help them do so, these managers should be appropriately trained, and reminded that they are pioneers for their organization.

The penultimate step requires organizations that aim to manage diversity to apply a special consideration test to diversity programmes. A number of questions are to be addressed, specifically:

- Does the programme/principle/policy give special consideration to one group?
- Will the programme/principle/policy contribute to everyone’s success, or just the success of one group?
- Is the programme/principle/policy designed for them as opposed to us? (Thomas, 1990:115)

If the answer to these questions is yes, the organization is not yet on the way to managing diversity (Thomas, 1990).

Finally, organizations who are trying to learn how to manage diversity can continue to use affirmative action. Organizations do need to move beyond affirmative action, however, as affirmative action, while increasing diversity, does not deal with the causes of prejudice and inequality, nor does it help to develop the potential of every individual in the organization.
Indeed, Carnevale and Stone (1994) posit that no single activity, used in isolation, will constitute an adequate strategy for diversity management. An alternative final step has been suggested by Cox and Blake (1991), termed “follow-up”. Follow-up consists of monitoring change, evaluating results and institutionalising the changes as part of the organizations continuing processes. Additionally, follow-up should include more training and repetition of the audit step. Organizations can also use focus groups to facilitate continuing discussions on diversity issues. Alternatively, organizations can, as part of their greater diversity management initiatives, engage in diversity training, which will be discussed in more detail in a later section.

2.4 Reasons for Managing Workforce Diversity

Workforce diversity is no longer solely concerned with anti-discrimination compliance, rather it has evolved from compliance to inclusion (Lockwood, 2005). Similarly, diversity is linked to equal opportunities and affirmative action, however, it is not the same as either equal opportunities or affirmative action (Lussier, 2008; Bagshaw, 2004; IBEC, 2003; Bergen et al., 2002, Maxwell et al., 2001; Liff, 1997). Gröschl and Doherty (1999) distinguish between equal opportunities, affirmative action and diversity by suggesting that equal opportunities and affirmative action focus on disadvantaged groups, and the characteristics shared by these groups, while the assumption underlying diversity is that all individuals are unique. Kandola and Fullerton (1994) also make a distinction, proposing that equal opportunities and affirmative action are legally driven, while diversity management is driven by a business-based case. Bailey (2010), while discussing the concept of a representative bureaucracy in an organization, proposes that a representative bureaucracy comprises a continuum ranging from equal opportunities to affirmative action to managing diversity, ultimately arriving at cultural competency. The notion that equal opportunities, affirmative action and diversity management exist as points on a continuum further reinforce that the concepts are related, but not interchangeable terms.

Leveraging workforce diversity is increasingly seen as a strategic resource for competitive advantage (Espinoza, 2007; Lockwood, 2005; Tipper, 2004). Indeed, it is argued that diversity is critical to the success of an organization’s bottom line (Gardenswartz and Rowe, 1998). Holvino et al. (2004) further propose that the presence of diversity in organizations is widely
regarded as vital for the attainment of organizational goals. Doke and Beagrie (2003) approach diversity from a different angle, stating that as diversity can affect how individuals interact and perform, there is a need for a diversity management programme.

A number of reasons have been advanced regarding why diversity should be managed. One argument centres on cost savings. Cost savings, in this instance, focuses on the negative impact the mismanagement of diversity has on an organization’s bottom line, specifically referring to higher staff turnover costs, higher absenteeism rates and lawsuits on sexual, age, and race discrimination. Regarding higher turnover costs, turnover among women and people of colour is a costly and significant problem for many organizations, as are the subsequent added recruiting, staffing and training costs per person. Additionally, a persistent flow of employees through an organization results in employees continually climbing the learning curve, rather than performing to their full potential (Espinoza, 2007; Robinson and Dechant, 1997). It is arguable, therefore, that managing diversity enables employees to perform to their potential (Knicki and Kreitner, 2006). Jackson and Joshi (2011), however, caution that diversity can be a double-edged sword, which can bring benefits, but also potentially result in interpersonal conflict, a loss of social cohesion and increased employee turnover. The suggestion that diversity can result in increased employee turnover contradicts Robinson and Dechant’s (1997) assertion that diversity can assist organizations in reducing their labour turnover.

The second aspect of the cost savings argument concerns absenteeism rates, which can amount to significant costs for an organization. Absenteeism can occur when individuals do not feel secure about their status, as such insecurity prevents employees from fully engaging at work. In relation to absenteeism of female employees, family responsibilities tend to be key underlying factors (Robinson and Dechant, 1997). Monks (2007) suggests that the introduction of diversity initiatives has a positive influence on absenteeism rates, tending to result in a reduction of both labour turnover and absenteeism levels.

The final area of the cost savings argument focuses on lawsuits on sexual, age, and race discrimination, or perhaps more specifically a strategic organizational effort to avoid their occurrence (Marchington and Wilkinson, 2005; Von Bergen et al., 2002; Robinson and Dechant, 1997). Diversity programmes should assist organizations in complying with laws regarding to discrimination, and ensure that policies and processes are in place in organizations to deter discrimination lawsuits, as organizations that are conscious of the diversity of their
workforce are more likely to anticipate problems, thus potentially reduce the risk of litigation (Espinoza, 2007; IBEC, 2003). Kim (2006) examines this argument from an alternative angle, discussing it in terms of company image, focussing on improving a company’s public image or enhancing its image by reducing the chance of discrimination law suits. It is noteworthy, however, that with the exception of costs relating to turnover, actual cost savings from improving diversity management are difficult to measure (Cox and Blake, 1991).

Winning the competition for talent, a further argument for managing diversity, refers to the attraction, retention and promotion of employees from different demographic groups (Lockwood, 2005; Kinicki and Kreitner, 2001; Robinson and Dechant, 1997). To sustain a competitive advantage, organizations must be able to optimise their human resources (Robinson and Dechant, 1997). Indeed, Carbery and Cross (2013) contend that for many organizations, one manner in which effectiveness of measured is via the achievement, and maintenance, of sustainable competitive advantage. It has been strongly suggested that an organization’s future is dependent on the quality of talent it attracts and retains (Gardenswartz and Rowe, 1998). Furthermore, Collings et al. (2009) state that organizations should focus on identifying, retaining and developing their key employees, to gain a competitive advantage over competitors. Organizations, therefore, that are able to recruit, develop, retain, and promote diverse employees have an edge over their competition, as talented employees will be attracted to organizations that value their capabilities. These employees will also be more willing to invest in productive activity should they believe they are treated fairly, and that career opportunities are available to them (Robinson and Dechant, 1997). Espinoza (2007) concurs with the preceding argument, advocating a belief that a diverse workforce allows diverse employees to identify with the company, making the company attractive to potential, diverse, employees. Further, diversity aids employee retention, as commitment to diversity indicates to employees that the organization cares for them as individuals (Espinoza, 2007; IBEC, 2003). Other authors are in agreement, warning organizations that if they do not effectively manage diversity issues, their diverse talent will leave in favour of a competitor who does (Bagshaw, 2004; Flynn, 1995). Schneider’s (1987) attraction-selection-attrition (ASA) model, however, indicates that the attraction and retention of diverse employees may not be a straight-forward process, arguing that organizations naturally evolve towards social homogeneity as individuals prefer to be with others who bear similarities to them. While candidates are more attracted to organizations that they believe are made up of individuals similar to themselves, once hired, if these employees do not seem to fit in with the rest of the organization, they are more likely to
experience dissatisfaction and, ultimately, leave. If such a condition repeats over a period of
time, the result is a gradual homogenisation of an organization (Bechtoldt *et al.*, 2007;
Schneider, 1987). To avoid this natural drift towards homogeneity, and subsequent increased
turnover costs, Jackson and Joshi (2011) indicate a proactive approach to increasing diversity
may be necessary. Arguably, this position would appear to support the assertion that diversity
must be actively managed.

An additional argument in favour of managing diversity is that of driving business growth
(Robinson and Dechant, 1997). Driving business growth centres on organizations managing
diversity to leverage a number of opportunities. The first of these opportunities is based on
organizations, through diversity management, gaining an increased understanding of the
marketplace in which they operate (Bagshaw, 2004; Centre for Strategy and Evaluation
undertaken by the European Commission also cited improved access to new market segments
and improving performance in existing markets as benefits of diversity (Centre for Strategy
and Evaluation Service, 2003; European Commission, 2003). Furthermore, customers and
suppliers are becoming increasingly diverse, as indeed is the marketplace as a whole (Farrer,
2004; Gardenswartz and Rowe, 1998; Robinson and Dechant, 1997; Cox and Blake, 1991).
The understanding needed to market to diverse demographics, and to respond to their needs,
naturally resides in marketers with the same background (Lowther, 2006; Robinson and
Dechant, 1997). Individuals from a minority culture are sometimes more likely to give
patronage to a sales representative from their own culture (Cox and Blake, 1991). Similarly, in
addition to gaining market penetration, organizations can benefit from the goodwill of diverse
consumers who prefer to buy products produced by a diverse workforce, or who prefer to do
business with organizations that have a diverse sales force (Robinson and Dechant, 1997). Cox
and Blake (1991) believe that just as people may wish to work for an organization that values
diversity, they may also prefer to buy from such organizations. Espinoza (2007) has more
recently advocated this line of reasoning, believing that an organization’s sales force should
match its customer base, adding that diversity provides a good image to an organization’s
customer base, and enhances branding. Indeed, organizations who have adopted a diversity
management programme may be perceived as more progressive and attuned to their workforce,
customers and suppliers than those who have not, enhancing their public image (Monks, 2007;
IBEC, 2003).
A further resultant opportunity arising from diversity management in an organization is that of greater employee creativity and innovation (Monks, 2007; Bagshaw, 2004; European Commission, 2003; Robinson and Dechant, 1997; Anderson, 1993; Waters, 1992; Cox, 1991). Attitudes, cognitive functioning, and beliefs tend to vary with demographic variables such as age, race, and gender. One consequence of diversity in an organization’s workforce, therefore, is the presence of different perspectives or views on the performance of tasks (Gardenswartz and Rowe, 1998; Robinson and Dechant, 1997; Anderson, 1993). If the varying approaches, views or opinions are considered, the likely result is the enablement of management to make better and more informed decisions (Espinoza, 2007). Additionally, managing diversity can make employees feel valued and supported, which tends to result in employees becoming more innovative (Eisenberger et al., 1990). It is also suggested that diversity can increase the quality of team problem-solving, as diversity among team members enables employees to see problems from an array of perspectives, based on their wide range of experiences, potentially producing better decisions (van Knippenberg, 2007; IBEC, 2003; Kinicki and Kreitner, 2001; Robinson and Dechant, 1997; Cox and Blake, 1991; Cox, 1991). Van Knippenberg (2007) does, however, caution that in reality, groups in organizations often struggle in harnessing the potential advantages of diversity. Additionally, organizations must now also attempt to not solely source the best individual for a position, but also consider the best combination of individuals in terms of their characteristics (De Bechtoldt et al., 2007). In addition to enhancing group and individual performance, less emphasis on employee conformity to past norms should also improve creativity (Cox and Blake, 1991). It can also be argued that diversity enables both employers and employees to take risks, without the fears that are associated with breaking traditions (Anderson, 1993).

The notion that innovation is a positive consequence of the presence of a diverse organization or team is grounded on two propositions (Bechtoldt et al., 2007). First, as previously outlined, it is assumed that diverse individuals have diverse, and consequently more novel, ideas. The second proposition is that if individuals approach the same task from diverse points of view, task-related conflicts are more likely to occur. Dealing with these conflicts should result in a more thorough consideration of all aspects and approaches, culminating in more innovative solutions (Bechtoldt et al., 2007; Justesen, 2001). A related advantage of, or argument for, managing diversity relates to the concept of group-think, or, more specifically, avoiding it. Conflicts due to diverse perspectives result in questioning, and moving beyond, prior practices, thus require questioning of current ideas or practices and the overcoming of group-think (Bechtoldt et al., 2007; Kochan et al., 2003).
A further potential advantage presented by diversity in organizations lies in improving effectiveness in higher levels in the organization. Heterogeneity of top management can prevent a myopic perspective at senior levels, thus, leveraging diversity in higher levels of the organization can provide the organization with an opportunity to improve leadership effectiveness. Furthermore, the increased awareness developed by organizations that manage or adapt to diversity can help them become more effective in cross-cultural business situations (Kim, 2006; Bagshaw, 2004; IBEC, 2003; Robinson and Dechant, 1997). In a different vein, good diversity skills are compatible with good people management skills, thus, focusing on management’s ability to supervise a diverse workforce can result in improvement of their overall people management skills (IBEC, 2003).

A more recent, argument for managing diversity is that of improving the organizations bottom line (Espinoza, 2007; Lockwood, 2005; Doke and Beagrie, 2003; Crockett, 1999; Ferguson and Johnston, 1995; Carnevale and Stone, 1994). Employees who believe their employer supports them have a tendency to be more productive. This increase in productivity positively impacts the organization’s bottom line (Espinoza, 2007; Carnevale and Stone, 1994). A commitment to diversity enables every employee to contribute their individual ideas, talents, and skills to the organization, which again ultimately drives the organizations bottom line (Crockett, 1999). In contrast however, Moore (1999) states that the link between diversity and performance is not automatic or straightforward, while van Knippenberg (2007) asserts that diversity can have both positive and negative effects on performance. Negative effects may stem from the evolution of “them and us” distinctions, and inter-group biases (van Knippenberg, 2007). Kochan et al. (2003), however, argue that, particularly in terms of racial and gender diversity, organizational context is key to determining the impact of diversity on performance. A highly competitive work environment, for example, in a study conducted by Kochan et al. (2003), was found to exacerbate racial diversity’s negative effects. Conversely, when an environment promoting learning from diversity was fostered, racial diversity enhanced performance.

In addition to potentially improving organizational performance, diversity can also impact an organization’s flexibility. Through managing diversity, organizations should become less standardised, and more fluid. This fluidity should create greater flexibility, enabling organizations to react to environmental changes with greater speed, and at less cost (Cox and
Blake, 1991). Alternatively, organizations used to offering flexible arrangements such as family friendly/work-life balance opportunities may be better placed to overcome skills shortages or provide alternatives to redundancies in difficult times through career breaks or job-sharing initiatives, thus retaining their employees (IBEC, 2003). The culture of presenteeism in many organizations, however, can result in limited uptake of flexible working arrangements by employees due to fears that using such arrangements may result in reduced career opportunities, thus nullifying the potential benefits (Monks, 2007).

While a number of arguments, grounded in potential benefits, have been presented for diversity management, there are a number of challenges associated with the presence of diversity that organizations may encounter when attempting to increase diversity in their workforce, or when attempting to engage in diversity management initiatives. A number of such challenges will be put forward in the following section.

2.5 Challenges to Managing Diversity

There are many potential challenges associated with diversity in organizations (Espinoza, 2007). These challenges may have been previously considered unimportant, but are now emerging as significant for companies that have experienced increased levels of diversity in their workforce. Managers may find themselves with a new and pressing, or perhaps sensitive, set of challenges that were not as dominating, or perhaps were irrelevant, in a homogenous workforce (Joplin and Daus, 1997; Waters, 1992). Moreover, although managers are being increasingly called upon to deliver diversity strategies, Monks (2007) asserts that there is little evidence that managers are receiving the training or support necessary to do so. Consequently, managers may be more likely to view diversity as marginal activities, and be reactive, concentrating on minimal compliance, rather than proactive, concentrating on possible positive outcomes.

The support and genuine commitment of top management to diversity is crucial (Miller and Tucker, 2013; Monks, 2007; Flynn, 1995; Cox and Blake, 1991). A lack of commitment on the part of top management may pose a challenge, because if top management do not talk about diversity, and embrace its values, diversity will not work (Espinoza, 2007). Furthermore,
resources, such as human, financial and technical, must be committed, and provided to the organization’s diversity initiatives (Kreitz, 2008; Cox and Blake, 1991). Indeed, commitment from the organizations top leadership is seen as a component of a best practice approach to diversity management by the U.S government’s Accountability Office (U.S Government Accountability Office, 2005). While crucial, however, top management support alone is not sufficient, therefore, the use of champions for diversity at lower levels in the organization, and employee involvement in driving diversity, is also advocated (Miller and Tucker, 2013; Flynn, 1995; Cox and Blake, 1991).

A significant challenge to diversity arises if various groups believe diversity is only important to their group. If these groups have their own separate agendas, rather than working together to improve diversity throughout the organization, top management may not believe in the merits or benefits of diversity (Espinoza, 2007). A further issue concerning groups relates to grouping individuals based on generalisations. Organizations have, for example, a tendency to treat female employees and ethnic minorities as homogeneous groups. Doing so results in neglecting individuals in those groups who do not fit the profile of the stereotypical member of that organizationally formed group (Liff, 1997).

Diversity management requires organisational change as fully accepting diversity means accepting change about how business is done. This forms another challenge, as many individuals are uncomfortable with change, and therefore resist it (Kreitz, 2008; Espinoza, 2007; Kinicki and Kreitner, 2006; Miller, 1994). Diversity management should bring about a change in recruiting and retention policies, as well as a change in how people view and accept differences (Espinoza, 2007). A challenge is also posed by cosmetic changes, which disguise what really happens in the organization.

The fear of reverse discrimination has also been highlighted as a challenge to managing diversity. Some employees may believe that managing diversity is a smokescreen for reverse discrimination. Consequently, these employees may resist diversity management initiatives (Kinicki and Kreitner, 2006; Von Bergen et al., 2002). Carnevale and Stone (1994) and Flynn (1999) also highlight reverse discrimination as a challenge, proposing men, specifically white men, are being forgotten about by organizations. Such fears are reflected in the resistance paradigm for managing diversity. This paradigm develops through concerns by a majority that they may be displaced by minorities. Under this paradigm, all visible differences, and
increasing pressure for diversity, are considered threats (Daas and Parker, 1999). Consequently, it is important that white males are included in the organizations future vision, and their role in achieving such is clearly outlined (Carnevale and Stone, 1994). Indeed, referring to men more generally, Muzio and Tomlinson (2012) and Smithson and Stokoe (2005) note that work-life balance policies are often seen as policies for women’s problems, even though such policies are gender neutral.

Diversity in opinions and ideas is considered a positive reason for managing diversity (Gardenswartz and Rowe, 1998; Robinson and Dechant, 1997; Cox and Blake, 1991). Joplin and Daus (1997) in contrast, identify it as a challenge, especially for managers. One reason for this negative view centres on organizations attempting to set agreement on important matters which previously may have been quickly achieved. Managers in diverse organizations now have to sift through, and decipher, a number of different perspectives on the same problem or issue, which can be a rather time-consuming process. Additionally, the task of management becomes more complex (Waters, 1992).

Increasing interaction among diverse members in the organization also increases diversity’s potential for creating friction in the organization (Marina, 2010; Carnevale and Stone, 1994). Friction and resulting tension can reverberate throughout the organization, causing a reduction in productivity, an increase in costs and reduced quality goods and services. Moreover, tensions may arise as a result of culture clashes. Such culture clashes can be a drain on the performance of individuals involved. Consequently, work relationships and output may suffer (Carnevale and Stone, 1994). Indeed, there is on occasion, an overall pessimistic view of diversity which suggests that diversity creates social divisions which results in negative outcomes for the organization (Mannix and Neale, 2005).

Tokenism, whether real or perceived, can present a further challenge for organizations attempting to manage diversity (Joplin and Daus, 1997). Tokenism occurs when an individual is hired over more qualified candidates, either in an effort to address the concerns of stakeholders, or to fulfil quota numbers. Quota systems are rarely in an organization’s best interests, however, in an organization that has little tolerance for diversity, quotas may be the only way to ensure that diverse candidates are included in recruitment and selection processes (Joplin and Daus, 1997). The use of quota systems, through which organizations focus their recruitment and selection activities at particular diverse groups, is advised against by a number.
of authors, albeit for different reasons. Joplin and Daus (1997) and Von Bergen et al. (2002) believe quotas automatically result in a perception of tokenism, while Flynn (1999) warns that quotas can lead to discrimination towards white men. Perceived tokenism often occurs when the diversity of an organization is increased, as growing diversity often carries the perception that less qualified candidates are being hired. In addition to the perceptions of existing employees, new employees who believe they were hired for anything other than their merit may become defensive, feel vulnerable, and ultimately begin to question their capabilities (Joplin and Daus, 1997). The use of quotas may result in organizations attempting to manage diversity through the discrimination and fairness paradigm, although perhaps not consciously. This paradigm is based primarily on equal opportunities, fair treatment, recruitment, and compliance with legislation (Kim, 2006; Thomas and Ely, 1996). The potential difficulty with this paradigm is that it tends to focus too much on achieving what is perceived as the “right number” of diverse employees (Kim, 2006). Thomas and Ely (1996) are of a different opinion however, observing that while organizations operating under this paradigm do measure progress in diversity by how well they achieve their recruitment and retention goals, it does actually move beyond being solely concerned with numbers.

Finally, while cost savings was previously discussed as an advantage associated with diversity, in contrast, it has also been proposed that companies investing in diversity policies face four additional costs, specifically, costs associated with legal compliance, cash costs of diversity, opportunity costs and business risks (Centre for Strategy and Evaluation Services, 2003). Potential costs associated with legal compliance may include employee training, record-keeping processes and the cost of communication of new policies. The extent of these costs for different companies will be influenced by the nature of existing internal processes and legislative requirements. Cash costs associated with diversity may be short term, “one-off” costs, but are often long-term and recurring. Potential cash costs include, for example, those associated with the necessity for specialist staff and the provision of training, the provision of support and facilities, communication costs, the development of employment policies and monitoring and reporting processes. In addition to cash costs, however, opportunity costs associated with diversity may include managers’ time and productivity shortfalls. The business risks of diversity centre on the tendency for many programmes which have been designed to change organizational culture taking longer than intended, or failing. This phenomenon is referred to as execution risk (Centre for Strategy and Evaluation Services, 2003).
As previously mentioned, organizations can use diversity training to assist with diversity management initiatives. This concept is explored more fully in the proceeding section.

2.6 Diversity Training (as a Component of Diversity Management)

According to Moore (1999), effective integration of diverse group members necessitates high quality diversity training. Similarly, Lai and Kleiner (2001) simply state that as workforces are becoming increasingly diverse, diversity training is a must. The term diversity training does not refer to one specific activity, rather can be used to describe many workplace diversity management interventions (Ferdman and Brody, 1996). Carnevale and Stone (1994) refer to diversity training as one of the most widely used activities under the umbrella of diversity management. Hite and McDonald (2006) concur, deeming it to be one of the most visible features of many diversity programmes, while Miller and Tucker (2013) refer to diversity training as a leading diversity management initiative. As such, diversity training and diversity management are not interchangeable terms. Diversity training, rather, is a component or one aspect of diversity management (Pendry et al., 2007). Diversity training in organizations:

*Implies a concern for the impact of differences among people on their interactions and on the organization, including issues related to working in and with a heterogeneous workforce* (Ferdman and Brody, 19996: 284).

Arredondo (1996:125) highlights the value of diversity training to diversity initiatives, stating that:

*Education and training have often been considered the essence of a diversity initiative. In some organizations, they are viewed as key to changing attitudes and behaviour; others view them as a way to build awareness about valuing differences.*

The primary role of diversity training is essentially to promote workplace harmony, assist individuals in learning about the values of others, improve cross-cultural communication and develop leadership skills, while aiding in employee retention (Lockwood, 2005). Since the 1980s, diversity training has become common practice as a myriad of individual differences in workforces has gained increasing attention (Anand and Winters, 2008). Carnevale and Stone (1994) identify two primary diversity training approaches, which may be used to reinforce each
other, specifically, awareness based training and skills based training. Moore (1999) considers developing a heightened awareness of challenges faced by different individuals in the organization, which awareness based training can help to address, an important starting point for diversity training initiatives. Moore’s (1999) proposition is reflected in Carnevale and Stone’s (1994) discussion of the aim of awareness based training, as they deem the aim of awareness training as being both to heighten awareness of diversity issues and reveal employees assumptions and tendencies to stereotype. Skills based diversity training aims to provide employees with a skills set to enable them to effectively deal with diversity in the workplace. Figure 2.3 outlines Carnevale and Stones (1994) diagrammatic representation of an awareness based diversity training model.

Individuals required to interact with others operating from diverse contexts may experience discomfort. In an attempt to alleviate this discomfort, individuals may unintentionally oversimplify, or stereotype, their images of others, resulting in misunderstandings which may lead to a reduction in performance or impair relationships. According to Carnevale and Stone (1994:30) awareness based training is:

*Designed to increase employee knowledge, awareness, and sensitivity to diversity issue. It is the starting point for the development of diversity programs.*

**Figure 2.3 Awareness Based Diversity Training Model**

- More Effective Multicultural Interaction
- Increase Knowledge, Awareness and Sensitivity
- Informational Diversity-Training Programmes
- Foster Appropriate Attitudes and Assumptions
- Eliminate Stereotyping
- Improved Employee Morale
- Greater Productivity
- Increased Creativity
- Improved Organizational Competitive Position

Source: Carnevale and Stone (1994:30)
Objectives of such training include providing members of the organizations with information about diversity, heightening awareness of, and sensitivity to, diversity, by uncovering assumptions and biases, assessing current attitudes and values while correcting stereotypes and myths, and fostering group and individual sharing. Diversity programmes under this training approach differ in emphasis. Some programmes focus on heightening awareness by providing information on various groups, while others aim to uncover individuals’ unconscious cultural biases and assumptions (Carnevale and Stone, 1994). Moore (1999), however, argues that while there is a strong case for the implementation of awareness based diversity training, it must be accompanied by other forms of organizational support mechanisms, along with skills-based interventions. Specific competencies and skills are required if individuals are to successfully work as members of a diverse group. Skills based diversity training initiatives can assist employees in developing the skills and competencies required (Moore, 1999). Indeed, Carnevale and Stone (1994) propose that skills based training is primarily focussed on behaviour, and providing tools to promote effective interaction in a heterogeneous organization.

Figure 2.4 provides a diagrammatic outline of a skills based diversity training model, the core objectives of which concerns building diversity interaction skills, reinforcement of existing skills and development of an inventory on skill building methodologies. The long range organizational goals of diversity training, according to Carnevale and Stone (1994), include the improvement of morale, productivity and creativity, resulting in improvements of the organizations competitive edge.

**Figure 2.4 Skills Based Diversity Training Model**

- More Effective Multicultural Interaction
- Improved Employee Morale
- Greater Productivity
- Increased Creativity
- Improved Organizational Competitive Position
- Increase Knowledge, Awareness and Sensitivity; Foster Appropriate Attitudes
- Build New Diversity-Related Skills
- Reinforce Existing Diversity-Related Skills
- Inventory Skill-Building Methodologies
In addition to different approaches to diversity training, Ferdman and Brody (1996) propose three primary categories of motivators which drive diversity training initiatives in organizations, discussed briefly in the following section, although it is likely that combinations of these motivators will drive initiatives.

### 2.6.1 Motivations Driving Diversity Training

A number of motivators have been proposed in regard to organizational diversity training components of diversity management, specifically, The Moral Imperative, Legal Pressures, and Business Success and Competitiveness (Nancherla, 2008; Ferdman and Brody, 1996; Carnevale and Stone, 1994).

Diversity training initiatives founded on the moral imperative are generally based on the premise that pluralism and multiculturalism are the best options for individuals, groups and society. Multiculturalism entails viewing the differences between individuals as providers of essential contributions to society, while pluralism involves the coexistence in organizations or society of groups that differ along cultural dimensions, who maintain distinct cultural identities (Ferdman and Brody, 1996).
Carnevale and Stone (1994) propose that the moral imperative for diversity initiatives concerns managing diversity because it is the right thing to do. Advocates of the moral imperative for diversity training argue that it is necessary to “level the playing field” in a manner consistent with the values of liberty, equality and justice, partly via increasing awareness of inequalities. Ferdman and Brody (1996) suggest that this desire to contribute to the development of a better society can be an important driving motivator behind diversity training. Businesses that recognise the important role they play in society acknowledge their responsibilities towards their members, and indeed the larger community in which they operate. This includes realising an obligation to increase opportunities for all individuals and to help all stakeholders, including employees, to have an improved quality of life. Constructively addressing diversity can be one aspect of this aim (Ferdman and Brody, 1996). Similarly, it has been suggested by Cox (1993) that it is prudent for organizations to include goals relating to social responsibility objectives including the promotion of fairness and the improvement of economic opportunities for underachieving members of society.

Under the moral imperative argument for diversity training, emphasis must be placed on both individual and social change. Ferdman and Brody (1996:286), for example, have argued that:

At the individual level, successful diversity initiatives should result in greater personal fulfilment and growth and in more interpersonal effectiveness. At the societal level, successful diversity initiatives should promote more social integration and participation and result in more open communities and workplaces where prejudice, discrimination and systematic oppression are eliminated as barriers to individual and group advancement.

In addition to the moral imperative behind diversity training, it has been proposed that legal pressures may also drive diversity training measures. Indeed, Nancherla (2008) proposes that diversity training efforts are often tied to legal and equal opportunity requirements. Regardless of whether organizations consider addressing diversity as the right thing to do, organizations are under increasing legal pressure to do so. Organizations motivated by legal pressures to address diversity tend to focus their diversity efforts on particular, targeted groups, specifically, groups covered by legal mandates. Such interventions tend to be somewhat superficial and limited in nature (Ferdman and Brody, 1996). Organizations whose diversity concerns are rooted in legal pressures can initiate diversity training to respond to diversity related concerns of groups internal and external to the organization, and also to reduce the potential of lawsuits.
Diversity training driven by legal and social pressures can be characterised as reactive in nature, rather than proactive, particularly if diversity training has been ordered as part settlement following a legal issue (Ferdman and Brody, 1996). Frequently, however, organizations that begin diversity training in response to legal and social pressures gravitate towards other motivations, including business reasons for attending to diversity. The aim for diversity training when viewed from the perspective of reaction to legal and social pressures concerns legal compliance, conflict avoidance and relationship maintenance between various relevant constituencies. When seeking this aim, the goal of diversity training initiatives becomes ensuring employees are aware of permissible and impermissible behaviours, rather than changing the culture of the organization. Issues less likely to be addressed, according to Ferdman and Brody (1996) include systematic oppression, cultural diversity and its workplace implications and potential benefits for the organization. Should these issues be raised, it is generally in a superficial manner.

Under this approach, that is, diversity training driven by legal and social pressures, therefore, success is defined in terms of avoiding problems and representation of target groups across the organization at a level agreeable to relevant internal and external publics. The effectiveness of the diversity training will be evaluated in reference to the prevention of legal cases and complaints. Consequently, diversity training initiatives motivated by legal and social pressures tend to be limited to briefings or short courses (Ferdman and Brody, 1996).

Diversity training may also be driven by a desire for business success and competitiveness. Ferdman and Brody (1996:288) propose that diversity training initiatives:

\begin{quote}
Focussed on organizational effectiveness are more likely to be viewed as essential to the organization, to involve more human and financial resources, and to be strategically focussed.
\end{quote}

Such a view is reflective of the previously discussed business case for managing organizational diversity. Approaching diversity training from this perspective involves considering diversity a means to an end; the goal being to make the organization the best that it can be. Ferdman and Brody (1996) argue that the business success motivation is the most likely motivator to result in a strategic approach to diversity training. In this context, diversity training is simply one component of a long-term organizational change intervention, the primary goal of which is a more effective organization. Regardless of the motivations behind an organizations diversity
training initiatives, there are a number of guidelines organizations can follow to assist in successful implementation. There are also, however, a number of potential challenges organizations should consider. These guidelines and challenges will be discussed in the following subsection.

2.6.2 Successful Diversity Training and Challenges

A number of criticisms or challenges associated with diversity training have been identified, and are explored in the following two subsections.

2.6.2.1 Challenges Associated With, and Criticisms of, Diversity Training

A number of criticisms of diversity training have been proposed. Indeed, Anand and Winters (2008) speak of diversity training as having a checkered history along with a plethora of critics. Criticisms may focus on the training itself, the context of the training, the delivery of the training, or all component aspects of diversity training. Shortcomings of diversity training include limited understanding on the part of organizations of the scope of the diversity issue, coverage of legal and compliance issues only, and a lack of senior leadership buy-in (Nancherla, 2008). Hite and McDonald (2006:373) also cite a lack of leadership support as an issue, deeming leadership support:

*Vital to lend power to the initiative and to create a culture that is committed to diversity.*

Nancherla (2008) proposes that diversity training may create bias, in contrast to the intended result. This argument stems from the concern that rather than paying less attention to the differences among employees, diversity training results in employees becoming more aware of their differences and perhaps consequently acting on them subconsciously. Awareness based training in particular may, if not handled well, result in negatively reinforcing differences, biases, and feelings of separation among employees (Hite and McDonald, 2006). In a similar vein, it is recommend that training focussed on similarities rather than differences is superior, and tends to result in lower levels of backlash. A training programme focussed on both similarities and differences may be useful in terms of enabling individuals to leverage similarities and differences to enhance creativity (Hollady and Quiñones, 2008).
Furthermore, should diversity training only emphasise expected constituencies such as gender, sexual orientation, race and ethnicity, other employees may be of the opinion that their interests are not being represented, diminishing the effectiveness of the training initiative. It is also possible that stereotypes and prejudices may be so entrenched that they cannot be trained away in a short workshop (Nancherla, 2008). Similarly, Moore (1999) proposes that the political and demographic drive behind facilitating diversity in the workplace may be challenged by an unspoken, unconscious drive to maintain traditional demographics, and to accept diversity purely in shallow, tokenistic terms. If a preference for sameness or relative homogeneity continues, associated concerns such as a lack of appropriate role models or mentors will continue to work against employees who do not conform to stereotypical characteristics of the organizations employees.

A further potential challenge to the effectiveness of diversity training lies in the lack of support data and a clear understanding of what diversity training is intended to achieve (Anand and Winters, 2008; Hite and McDonald, 2006). Without prior assessment to guide the focus and content of diversity training, and to gauge commitment to the process, training is less likely to be effective. In addition, without adequate post-training assessment and follow-up, organizations will be unable to determine whether the goals of diversity training were met (Hite and McDonald, 2006; Carnevale and Stone, 1994). Anand and Winters (2008) concur, deeming the absence of effective measurement tools designed to gauge the effectiveness of training initiatives a key issue.

The environment in which the training is delivered, rather than the training itself, may present a further challenge. Delivering diversity training in an environment that does not put the training into practice may diminish its effects (Nancherla, 2008). Moreover, poor implementation of training and a lack of follow up to training may result in a backlash against diversity (Hite and McDonald, 2006).

2.6.2.2 Steps that may Ensure Successful Diversity Training

Lai and Kleiner (2001) strongly recommend that organizations, in the absence of skilled trainers in-house, consult with an external agency prior to commencing diversity training planning. A number of steps or best practice guidelines, however, may be used by organizations
in an attempt to ensure the success of diversity training initiatives. Organizations should attempt to engage employees not solely during the training process, but also before and after the training. Nancherla (2008) recommends that employees are asked for feedback while training initiatives are being formulated and evaluated. It is also recommended that organizations promote an environment of open communication, which requires the development of inclusiveness. The expression of diversity-related concerns should be encouraged across organizational levels, while trainers should acknowledge tensions that exist in the organization. Henneman (2011) also refers to communication as a best practice guideline for diversity training initiatives, but from a slightly different perspective, suggesting that organizations should communicate an individual business case for diversity training. An individual case for diversity training involves outlining to individual employees what possible advantages diversity training may result in for them in specific, as opposed to overall organizational benefits.

Organizations should also set expectations in terms of the training initiatives, and adopt clear metrics, which may include setting recruitment goals, and providing equal opportunities (Henneman, 2011; Nancherla, 2008). Further, it is advisable that organizations aim to prepare for challenging situations which may arise during training initiatives. An attempt should be made to help training participants understand that change is a process that takes both time and patience, and to remind them that individuals are coming to the training sessions with different perspectives and experiences. Indeed, Henneman (2011) cautions organizations to avoid assuming training is a panacea automatically resulting in organizational change. Nancherla (2008) further recommends there should be a form of follow-up on training initiatives centred on controversial topics, while Cox (2001) argues that follow-up should take place, regardless of the topic addressed in the training initiative. Moreover, individuals should be encouraged to put what they have learned into practice (Henneman, 2011).

The use of a variety of activities in order to appeal to different learners is also recommended, by Henneman (2011), as an important aspect of diversity training concerns encouraging individuals to share their own experiences. Sharing can, however, if deemed necessary, be done anonymously or via pre-prepared examples gleaned from the organizations workforce. In a similar vein, the use of experiential training, focussed on behaviours, is advocated to develop skills (Henneman, 2011). It is important that training be approached in a positive manner by the organization. Diversity training initiatives have the potential to result in complex situations,
and it is likely that the training audience will mirror the training facilitator, thus it is important that the trainer maintain a positive, informative tone (Nancherla, 2008).

Finally, the support and investment of executive leadership in the diversity training process is critical to the success of diversity training initiatives (Nancherla, 2008; Hite and McDonald, 2006; Cox, 2001). Senior leaders should also attend training initiatives, to symbolically signify their support (Nancherla, 2008). Consequently, it is argued that diversity training strategies need to be linked to the vision and business goals of the organization (Nancherla, 2008; Cox, 2001). Henneman (2011) further advocates the communication of a business case for individuals, as opposed to a wider organizational business case. Essentially, it should be articulated to individuals how diversity training can directly benefit them.

This section has explored specific motivators driving diversity training, a component of diversity management. The following section explores a specific aspect of diversity, namely, cultural diversity.

2.7 National Culture

Ireland has traditionally been a country categorised by high rates of emigration. This pattern began to change dramatically in the 1990s, moving towards significant increases in the level of immigration in the face of rapid economic growth. While immigration rates began to reduce from 2007, in 2010 Ireland was still experiencing net immigration (Quinn, 2010; Ruhs, 2009).

From an Irish organizational perspective, therefore, recent years have seen a sharp increase in immigration (SIPTU, 2006). This increase in immigration has brought the diversity of many cultures to Ireland (Connolly and McGing, 2006). As a result, one of the most prevalent forms of diversity in Irish workplaces today is cultural diversity. Approximately 544,000 migrants from over 160 countries live in Ireland, of whom approximately 447,000 individuals are of an age to work (Central Statistics Office, 2011; SIPTU, 2006).

There is no agreed, single definition of the term culture as it relates to national culture. A number of definitions, however, have been proposed (Kokt, 2003). Ferdman (1995), for
example, considers culture as a concept used to describe a social collective. Hofstede (1991:5) defines the concept of culture as:

*The collective programming of the mind which distinguishes the members of one group or category of people from another.*

Kinicki and Kreitner (2006) take a similar view of culture, although refer to it as societal culture, and suggest that culture involves shared meanings and taken-for-granted assumptions that exist in the subconscious of individuals, and dictate how individuals should think and act. Kokt (2003) also refers to society when discussing culture, and proposes that the making of a society implies that common meanings are found amongst the members of a society. Trompenaars and Hampden-Turner (1997) approach the concept of culture from a slightly different perspective, perhaps more relatable to the workforce, referring to it as the way in which people solve problems and resolve dilemmas, while Cox (1993:6) simply defines cultural diversity as:

*The representation, in one social system, of people with distinctly different group affiliations of cultural significance.*

Culture influences the behaviour of employees in the workplace, thus, carries great significance for organizations (Gardenswartz and Rowe, 2001). As a result of increased globalisation, the need for better understanding of cultural influences on organizations, and the development of cross-cultural understanding, has never been greater (Frauenheim, 2005; Kokt, 2003; House et al., 2001). Indeed, while discussing the concept of International Human Resource Management, Scullion et al. (2007) remind organizations that the distance between different countries varies not just spatially, but also culturally. In the context of a workforce, attempting to suppress, or ignoring, cultural differences between employees, has the potential to result in negative outcomes for individuals, groups and organizations. Indeed, Gardenswartz and Rowe (2001) warn that by failing to understand how culture affects individuals, organizations may often misinterpret the behaviour of employees. Additionally, Shieh et al. (2009) caution that one of the most difficult issues in managing multiple cultures is cultural conflict which can occur in the course of mutual contact. Communication, for example, can be difficult between employees with the same language and similar backgrounds, but even more so when culture is not shared (Rowe, 1993). In addition, while discussion HRM in an international context, Li and Scullion (2006) contend that knowledge transmission between companies located in
cultural contexts that are dissimilar is more difficult than between companies in culturally similar countries. In general, cultural diversity incorporates many differences, such as diversity in customs, attitudes towards time-keeping, work ethics, pay expectations and styles of management (Lussier, 2008). An employee, for example, whose culture dictates deference to authority may avoid making suggestions in meetings, as they may feel to do so would be openly challenging the authority of their superior (Gardenswartz and Rowe, 2001).

While national culture is suggested to influence employee behaviour, Johnson *et al.*, (2009) note that occupational culture is a powerful force that drives organizational members. In addition, Johnson *et al.* (2009) further note that while culture can be thought of as the values shared by members of a group, groups can also refer to subgroups, therefore, can be associated with professions or occupations. Indeed, Guzman and Stanton (2009) propose that there is agreement in literature that subcultures exist in organizations. Occupations form the basis for some subcultures (Trice, 1993). Consequently, members of the same profession or occupation are likely to have similar interests, values and attitudes. These similarities may also mould perceptions of employees. Occupational culture is proposed to develop through:

> Social Interaction, shared experience, common training and affiliation, mutual support, associated values and norms, and similar personal characteristics of members of a particular occupational group (Johnson *et al.*, 2009: 320).

Significantly, Dellana and Hauser (1999) contend that occupational culture may exert greater influence over work styles and perspectives than an organizational culture. Moreover, Figiel (2003) indicates that occupational culture may carry more significance than national culture.

A number of studies have been conducted on culture, including pioneering work by Hofstede, House *et al.* (Project GLOBE) Trompenaars and Hampden-Turner, Kluckhohn-Strodtbeck, and Laurent. Some of the seminal studies in the area of national culture will be examined in the following section.

2.7.1 Cultural Studies
This section provides a brief background to four cultural studies, specifically those of Hofstede, House et al., Trompenaars and Hampden-Turner, and Kluckhohn-Strodtbeck. Particular attention is paid to Hofstede’s study, as it widely held as the main frame of reference for cultural studies (Orr and Hauser, 2008; Triandis, 2004; Kolman et al., 2003).

Hofstede’s landmark study of 50 countries and three regions, conducted in 1969, has become the main frame of reference for attempting to assess the impact of differences between national cultures on the management of employees in organizational workforce (Orr and Hauser, 2008; Kolman et al., 2003). Indeed, Triandis (2004) deems this study as the standard by which new work on cultural differences is validated.

Hofstede initially identified four cultural dimensions, specifically Individualism-Collectivism, Masculinity-Femininity, Power Distance, and Uncertainty Avoidance, and later a fifth through a study conducted with Michael Bond, specifically, Long Term Versus Short Term Orientation. Despite being held as a seminal study, there are a number of criticisms of Hofstede’s findings (Orr and Hauser, 2008; Draguns, 2007; Bing, 2004; Kolman et al., 2003; Snape et al., 1998; Brown and Humphreys, 1995; Smith, 1992; Adler et al., 1986). Indeed, Hofstede (1993:90) has stated of his own work:

The different dimension scores do not “explain” all the differences in management. To understand management in a country, one should have both the knowledge of and empathy with the entire local scene.

Two of the most significant criticisms stem from the data being derived from employees of one global organization, and scores for whole countries obscure substantial cultural variations within those countries (Chiang, 2005; Smith, 1992). Bing (2004) adds to this argument, advising against assuming or attempting to predict individual cultural preferences by inference from Hofstede’s scores. Most populations are normal curves, and, as such, an individual may be found at one extreme or in the centre, whereas Hofstede’s scores are derived from a snapshot of a group tendency towards a specific direction, thus do not take into account anomalies (Bing, 2004). An individual, for example, in a feminine culture, such as Austria, may exist at the lower end of the extreme, thus exhibiting relatively masculine behaviour in comparison to others. As a result, a number of other factors need to be taken into account when examining individual members of a cultural group, such as age, education, occupation, and exposure to other cultures, leading Bing (2004) to also make reference to the existence of subcultures within cultures.
Indeed, Irish research conducted by O’Donovan and Linehan (2011) concerning national culture, suggests that individuals may not be culturally constrained, rather, their individual make-up shapes their thoughts, perceptions and behaviours.

A further criticism of Hofstede’s work relates to the survey respondents, who were predominantly male and middle class (Kidd, 1982; Merker, 1982). Additionally, it is highly plausible that there are other dimensions of cultural diversity which did not emerge as they were not represented by the questionnaire used (Smith, 1992). It could also be argued that the study is out-dated, having taken place over fifty years ago (Chiang, 2005). Indeed, Fernandez et al. (1997) addressed this issue by re-examining Hofstede’s classification of countries through the collection and analysis of data from nine countries, across four continents. The results showed a significant shift in value classifications in some of the countries, resulting in Fernandez et al. (1997) urging managers to exercise caution before attempting to use Hofstede’s findings to understand employee behaviour. Indeed, as previously mentioned, Bing (2004) contends that populations are normal curves, and as such an individual may be found at one extreme of the cultural continuum, or in the centre. Similarly, O’Donovan and Linehan (2010) propose that individuals may be capable of deviating from their cultural norm. Additionally, following a re-inquiry of Hofstede’s study, Orr and Hauser (2008) conclude that the original dimensions may now be inaccurate in defining contemporary cultural differences, in light of the globalisation of economies and markets, and the decaying of political and economic systems.

Interestingly, Trompenaars and Hampden-Turner propose that it is not possible to understand another culture (Trompenaars and Hampden-Turner, 1997). Regardless, Trompenaars and Hampden-Turner conducted a cultural study across thirty companies with departments spanning fifty countries across fifteen years, resulting in the identification of seven cultural dimensions (Trompenaars and Hampden-Turner, 1997). Valentine (2000) proposes that this approach reflects Kluckhohn and Strodtbeck’s (1961) value orientation approach. Kluckhohn-Strodtbeck’s (1961) theory concerns patterns of behaviour and thinking in different cultures (Padala and Suryanarayanna, 2010). Through Kluckhohn and Strodtbeck’s study, six cultural constructs or orientations were identified (Padala and Suryanarayanna, 2010; Valentine, 2000). Although deeming the model useful for cultural comparisons, Padala and Suryanarayanna (2010) propose a number of criticisms. One criticism stems from the focus of the research, as the research was not conducted with a focus on implications for management. In addition, the
orientations and variations identified are not precisely defined, and interpretations of the model are subjective.

Project GLOBE (Global Leadership and Organizational Behaviour Effectiveness) constitutes another major study in the area of national culture. Conceived in 1991, Project GLOBE is a world-wide, on-going project, in which 150 social scientists and management scholars across 61 countries examine the interrelationships between societal culture, organizational culture, and organizational leadership (House et al., 2002; 2001). The main aim of project GLOBE was to develop an empirically based theory, the purpose of which being to describe, understand, and predict the impact of specific cultural variables on both leadership and organizational processes, and on the effectiveness of these processes (House et al., 2001).

The studies identified above represent a selection of studies on cultural work. While there are other studies, these four were chosen for inclusion due to their popular usage in the literature, and relevance to organisations. Each of the aforementioned studies identified a number of cultural dimensions. These dimensions are outlined, with particular emphasis on work-related implications, in the following section.

### 2.7.2 Cultural Dimensions Explained

Each of the aforementioned studies identified a number of cultural dimensions by which country cultures can be distinguished. Each of these studies identified dimensions which bear similarities to those identified in the other studies, and also additional dimensions not identified in the other studies. The dimensions identified by each study are listed in Table 2.1 (adapted from a table originally produced by O’Donovan, 2010).

Both Hofstede (1983) and House et al. (2001) make reference to a dimension termed Power Distance. Power distance refers to the extent to which individuals believe there should be an unequal distribution of power in organizations and society, and, indeed, the extent to which they expect there to be an unequal distribution of power (Orr and Houser, 2008; House et al., 2001; Hofstede, 1983).
Bearing similarities to Power Distance with regard to authority, Kluckhohn-Strodbeck (1961) proposed a cultural dimension termed Nature of People (Good, Evil, Mixed). In cultures where the orientation to people, and organizations, is good, building teams, democracy and delegation of authority are more common, bearing similarities to the concept of low power distance. In contrast, evil oriented cultures assume that employees need to be controlled at work. Where orientation is mixed, business contracts are more specific, and middlemen are used (Padala and Suryanarayana, 2010). Again bearing similarities to power distance with regard to hierarchies, Kluckhohn-Strodbeck’s (1961) advanced a dimension termed A Persons Relationship to Others (Hierarchical, Collectivist, Individualist). The hierarchical aspect of this dimension concerns the importance of hierarchy, or respect for seniority based on age, gender, official or familial position.
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<td>Power Distance</td>
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<td>The Nature of People (Good, Evil, Mixed)</td>
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<td>Uncertainty Avoidance</td>
<td>Uncertainty Avoidance</td>
<td>Specific v Diffuse</td>
<td>The Conception of Space (Private, Public, Mixed)</td>
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<td>Individualism v Collectivism</td>
<td>Societal Collectivism</td>
<td>Individualism v Collectivism</td>
<td>A Person’s Relationship to Others (Hierarchical, Collectivist, Individualistic)</td>
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<td>Masculinity v Femininity</td>
<td>In-Group Collectivism</td>
<td>Ascription v Achievement</td>
<td>The Modality of Human Activity (Doing, Being, Containing)</td>
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<td>Long Term v Short Term Orientation</td>
<td>Future Orientation</td>
<td>Affective v Neutral</td>
<td>The Temporal Focus of Human Activity (Future, Past, Present)</td>
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<td>Indulgence v Restraint</td>
<td>Gender Egalitarianism</td>
<td>Past, Present or Future Orientation (Sequential versus Synchronic)</td>
<td>A Person’s Relationship to Nature (Dominant, Harmony, Subjugation)</td>
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(Source: Adapted and taken from O’Donovan (2010: 56))
Similar to Individualism versus Collectivism, as discussed later in this section, the individualist element of the person’s relationship to others dimension contends that individuals in cultures with an individual orientation strive for individual success, which is valued by society. In countries with an orientation towards collectivism, consensus is valued, while the needs of the group outweigh the needs of the individual.

In addition, Hofstede (1983) and House et al. (2001) both also identify a dimension termed Uncertainty Avoidance, which concerns the extent to which individuals should rely on norms and rules to avoid risk and the unknown. A similar dimension of culture is proposed by Trompenaars (1996), but termed Universalism versus Particularism. The similarity between Uncertainty Avoidance and Universalism versus Particularism lies in a concern for rules. In particular, universalistic cultures consider general rules and obligations a strong source of moral reference. In contrast, particularist cultures deem particular circumstances more important than the rules, essentially meaning that the rules may change for certain individuals. Relationship bonds are important, translating into relationships being more important than the rules. Also concerned with the use of rules, or norms, is the dimension Indulgence versus Restraint, as proposed by Hofstede (2014). Indulgence cultures allow relatively free gratification of basic, natural human drives, related to enjoying life and having fun. Restraint cultures, however, suppress gratification of needs and regulate such via strict social norms (Hofstede, 2014).

A further dimension somewhat concerned with relationships, more particularly in the context of groups, is Individualism versus Collectivism. This dimension, advanced by Hofstede (1999, 1990) and Trompenaars (1996), concerns the extent to which individuals are integrated into groups. In individualistic cultures, tasks take precedence over relationships, with emphasis placed on individual achievement. In contrast, relationships prevail over tasks in collectivist cultures, similar to particularist cultures. Management in such cultures exhibit a tendency to be more concerned with interpersonal relationships than performance (Triandis, 2004; Hofstede, 1999; Hofstede, 1983). Trompenaars (1996) summarises this dimension as:

*The conflict between what each of us wants as an individual, and the interests of the group we belong to.*
Dimensions further concerned with a focus on groups are also proposed by House et al. (2001), termed Societal Collectivism and In-group Collectivism. Societal collectivism addresses the degree to which loyalty to the group should be rewarded and encouraged, as opposed to the pursuit of individual goals. In-group collectivism concerns how much pride and loyalty individuals should have for their family or organization.

Masculinity versus Femininity constitutes a further cultural dimension identified in Hofstede’s original 1969 study. This dimension examines the importance placed on job aspects such as pay, recognition, challenge and advancement. Masculine cultures value achievement, heroism, assertiveness and exhibit preference for material rewards for success. As such, masculine societies are typically more competitive. In contrast, feminine cultures display a preference for cooperation, modesty, caring for the weak and quality of life (valuing work-life balance). Feminine cultures are more consensus-oriented than their masculine opposite (Hofstede, 2014).

Bearing similarities to Masculinity versus Femininity, the cultural dimension of Neutral versus Affective, identified by Trompenaars (1996), addresses displays of emotion. Individuals from neutral cultures tend towards suppressing their emotions, while individuals from affective cultures are more open to displays of emotion. Arguably intertwined with this dimension, is the dimension termed Specific versus Diffuse. Specific cultures are proposed by Trompenaars (1996) to be those in which the roles an individual plays in life are compartmentalised. In contrast, it is suggested that in diffuse cultures, the roles an individual has in life are merged. An individual’s job, for example, can affect the way in which the individual is treated by others in many other aspects of life.

Additional dimensions which again bear similarities to the dimension of masculinity versus femininity are Gender Egalitarianism and Assertiveness. Gender egalitarianism is presented as concerning how much effort societies feel should be put into minimising gender and role inequalities. Assertiveness concerns how dominant and confrontational societies believe individuals should be in relationships. Also somewhat similar to masculinity versus femininity, House et al. (2001) advance the dimensions termed Performance Orientation and Humane Orientation. Performance orientation is concerned with how much individuals should be rewarded for their own improvement and excellence, while humane orientation addresses the extent to which society believes it should encourage and reward individuals for being kind, fair, friendly and generous also bear similarities to the dimension of masculinity versus
femininity (House et al., 2010; Kinicki and Kreitner, 2006; House et al., 2002). Furthermore, the dimension termed The Modality of Human Activity, proposed by Kluckhohn-Strodbeck (1961) comprises a dimension which also somewhat reflects aspects of masculinity, as it is suggested by Kluckhohn-Strodbeck (1961) that individuals in cultures with a doing orientation value action and performance. Additionally, achievements should be visible and measurable in order to receive recognition from society. In cultures oriented towards being, individuals have a tendency to be more philosophical and spend more time in abstract thinking. Status is derived from age, gender, family and social connections rather than achievements. Planning is usually short-term, and spontaneity is held in esteem. Containing oriented cultures focus on self-control, and aim for a balance between action and feelings.

A number of cultural dimensions have been proposed which each concern time, specifically, Long versus Short-Term Orientation (Hofstede, 1999), Future Orientation (House et al., 2002), Past, Present or Future Orientation Trompenaars) and Temporal Focus of Human Activity (Kluckhohn-Strodbeck (1961). Long versus short-term orientation, initially termed Confucian Dynanism, refers to focussing on the future (Orr and Hauser, 2008). Long term orientation cultures value thrift and perseverance, while short-term orientation cultures focus on the past and the present. These cultures value respect for tradition, fulfilling social obligations, and saving face (Hofstede 1999). Similarly, the cultural dimension future orientation focuses on the extent to which individuals should delay gratification by planning and saving for the future (Liddell, 2005; House et al., 2002). A further dimension concerning time is that of past, present or future orientation, proposed by Trompenaars (1996), which focuses on the manner in which different cultures approach time. Most significant is whether individuals are sequential, viewing time as a series of passing events, or synchronic, meaning the past, present and future are considered interrelated, thus, memories of the past and ideas about the future shape actions of the present (Trompenaars, 1996). This dimension predominantly concerns the construct of business strategy in regarding whether strategies should focus on the future, or, revisit the past. Concerning the dimension of temporal focus of human activity, future oriented cultures place emphasis on career planning and training, and change is valued. Past oriented cultures base decisions on past events, and lessons learned.

Achievement versus Ascription, proposed by Trompenaars (1996) is similar in parts to the dimension of individualism versus collectivism advanced by Hofstede (1969). Achievement cultures award status to individuals based on how well they perform their goals, valuing high
achievers and individuals who strive to do their best. Ascription cultures place value on age, social connections, class, or gender. In ascription cultures, an individual’s connections may impact whether they are hired for a job, similar to collectivist cultures. In achievement cultures, in contrast, recruitment or advancement tend to be dependent on employee merit and accomplishment, similar to individualism. Moreover, in ascription cultures, individuals are ascribed status based on factors such as their age, class and education, as opposed to their achievements.

A further cultural dimension is that of Internal versus External control (Trompenaars, 1996). Individuals from cultures displaying external control focus on their environment rather than themselves. In contrast, individuals displaying internal control focus on themselves rather than their environment.

The Relationship to Nature dimension resultant from Kluckhohn-Strodbeck’s (1961) work relates to locus of control, specifically, whether it is deemed to be internal or external. In dominant cultures, differences in views are encouraged, and conflicts are acceptable. Additionally, organizational changes tend to be easier to implement. Cultures with an orientation towards harmony display a preference for avoiding conflict, while cultures with a subjugation orientation have a tendency to resist change.

A sixth dimension proposed by Kluckhohn and Strodbeck refers to the concept of space in individual’s minds, that is, how much individuals value their privacy. Individuals with a public orientation believe space belongs to all, and privacy is not important, meaning that in the work context, individuals may enter and leave the space of others as they please, and all may attend meetings. Individuals with a private orientation deem the opposite to be true, holding privacy and space in high regard. A third option is that of a mixed, contextual view of space.

Regardless of the original focus of the respective studies, the cultural dimensions outlined in this section may be of use to organizations. In particular, the dimensions may be used to explain different ways of structuring organizations, different motivations of individuals in organizations, and different issues individuals and organizations face in society (Hofstede, 1983). Organizational structure is influenced by the dimensions of power distance and uncertainty avoidance. It has been argued that in order to organise, organizations must address two questions, specifically, who should have the power to decide what, and, what rules or
procedures will be followed to achieve desired ends? The answer to the first question is influenced by power distance, while the answer to the second question is influenced by uncertainty avoidance (Hofstede, 1999).

Hofstede (1999) further argues that the dimensions of cultural diversity have implications for motivation, believing that motivation theories are culturally constrained, also proposing that motivational and management theories reflect the culture in which its author grew up in and did research. Hofstede (1999), for example, makes reference to Maslow’s Hierarchy of Needs Theory (1943), in which self-actualisation is seen as the supreme need. This however assumes an individualist culture in which the individual prevails over the group. In a collectivist culture, in contrast, group harmony would be the supreme need.

In addition, culture has implications for leadership (House et al., 2001). Similarly, culture has implications for leadership theories, such as McGregor’s Theory X versus Theory Y (1960), or Blake and Mouton’s Managerial Grid (1964), which advocate employee participation in management decisions. The initiative towards employee participation is supposed to be taken by the manager. This, however, is culturally dependant. In low power distance cultures, employees expect superiors to consult them when making decisions. High power distance cultures however do not expect, or indeed want, to be consulted by their superiors, but rather expect autocratic leadership. Moreover, cultures with a medium power distance expect to be consulted, but will also accept autocratic leadership (Hofstede, 1980). Bing (2004) is an advocate of Hofstede’s findings, believing that culture can have implications for leadership, stating that the proposed dimensions of culture can provide organizations with an understanding of how leadership expectations and practices may differ across nations. Bing (2004) further suggests that an understanding of the dimensions of cultural diversity can aid in the development of global competencies.

Culture also has a number of other implications for organizational structure. High power distance cultures exhibit preference for centralised decisions, while low power distance cultures prefer decisions to be decentralised. Furthermore, cultures with high levels of uncertainty avoidance desire formal structures, and formal, written rules and regulations. In contrast, low uncertainty avoidance cultures believe that there should be as few rules as possible (Hofstede, 1980). Organizations, therefore, need to adapt their management practices for local cultures (Kinicki and Kreitner, 2006, Hofstede, 1980). Indeed, Morden (1995)
considers knowledge and understanding of international culture and management a prerequisite to the successful entry of organizations into new markets and countries. Kinicki and Kreitner (2006:73) take a stronger view, stating that:

*Cultural arrogance is a luxury individuals, companies, and nations can no longer afford in a global economy.*

Gerhart and Fang (2005) approach the issue a little differently however, stating that while cultural differences are important and need to be understood by organizations, they need to be put in the context of other important factors including organizational culture. Moreover, while a number of authors, such as those mentioned above, speak of the effect of national culture on organizational culture, O’Donovan (2010) and Shieh *et al.* (2009) argue that organizational culture can affect national culture.

On a practical level, the dimensions of culture presented by the work of Hofstede and GLOBE could help individuals work more effectively in more than one culture (Bing, 2004). The dimensions and country comparisons should make organizations aware that individuals in, or from, different countries may think, feel, and act differently from others in various situations (Hofstede, 1993).

Managers are increasingly expected to boost customer satisfaction, quality and productivity, while also reducing costs. Doing so is possible only with the cooperation of, and effort from, all employees. Kinicki and Krietner (2001) propose that creating a work environment where employees feel valued and appreciated is more likely to foster the employee commitment and performance required for success. Inclusion, which is closely linked to the concept of diversity management in organizations, and the realisation of the potential advantages of diversity, focuses on doing so. The following number of sections explore this concept more fully.

**Inclusion**

**2.8 Introduction to Inclusion**
There is a tendency to become simplistic or rigid when considering differences (Ferdman and Davidson, 2002). Ferdman and Brody (1996) argue that cultural differences should not be the basis for invidious distinctions between individuals, rather should be a source of pride, and used to the benefit of all. It is necessary that diversity management go further than complying with existing legal rules or attempting to react to shift in workforce demographics (Pless and Maak, 2004). Organizations need to move beyond diversity management towards creating an organizational environment that is inclusive for all employees (Sabharwal, 2014). Individuals need to feel, and be, included in their professional workplace environments (Davidson and Ferdman, 2002a). Indeed, Lockwood (2005) suggests that diversity, as a concept, is evolving from compliance towards inclusion, while Anderson (1993) proposes that any diversity initiative will be more successful if managers engage and use processes that foster equity, consensus and empowerment among, and of, employees. Moreover, Sabharwal (2014) notes that many authors have articulated that inclusion is the crux of organizational diversity efforts.

Many individuals, particularly in individualistic societies, consider their individuality a significant aspect of themselves, an aspect which they would not like to be overlooked (Ferdman, 1995). Moreover, to realise the potential benefits of diversity, it is insufficient to simply hire and retain diverse employees, rather, these diverse employees must be more fully integrated into the social fabric of the organization (Nishii et al., 2006). In a similar vein, Holvino et al. (2004) note that increasing emphasis is being placed on the need to leverage multiculturalism and foster inclusion as a basis for the success of an organization. Pless and Maak (2004) propose that organizations who take an assimilation approach to diversity, which largely ignores differences, rather than an approach of integration and inclusion, will struggle to achieve the potential benefits afforded by a diverse workforce. Essentially, diversity and inclusion, although related, are not interchangeable terms for the same concept, rather are separate (Andresen, 2007).

When addressing the question of how diversity should be “done” in organizations, Davidson and Ferdman (2001) proffer that the answer rests in an inclusive version of diversity. An inclusionary approach to diversity management is one in which:

Differences are recognized, valued and engaged. Different voices are understood as being legitimate and as opening up new vistas; they are heard and integrated in decision making and problem solving processes; they have an active role in shaping
and fostering creativity and innovation; and eventually in adding value to the company’s performance (Pless and Maak, 2004:130).

Under this approach, the differences of all individuals in the workplace are not just identified, rather are integrated into the fabric of the organizations culture. Pless and Maak (2004) consequently propose the argument that to fully realise the potential of diversity a culture of inclusion must be developed and established by the organization. Such a culture fosters enhanced integration amongst employees, and activates latent diversity potentials. A culture of inclusion, built on clarified normative foundations, honour both the differences of employees, and their similarities (Pless and Maak, 2004). Full inclusion, and true valuing of differences, requires the implementation of organizational processes that involve all members of the community, or organization (Ferdman and Davidson, 2002; Davidson and Ferdman, 2001). Inclusion is a multidimensional concept, also comprising a number of dimensions and levels, as discussed in the following section.

2.9 Inclusion: Dimensions and Levels

Nishi et al. (2006) propose three dimensions of organizational inclusion, specifically Foundation of Fairness in Employment Practices, Organizational Culture of Inclusion, and Inclusion through Participation. The Foundation of Fairness in Employment Practices dimension relates to the extent to which an organizations HR policies ensure a level playing field for all employees. To create a wholly inclusive environment, organizations must design and implement practices without bias to ensure both diversity throughout the organization, and goodwill on the part of employees. Sabharwal (2014) notes, however, that the presence of employee friendly policies are important, yet the presence of such policies do not necessarily translate into the development of an inclusive organization.

The second dimension, Organizational Culture of Inclusion, refers to the extent to which the organizations basic assumptions, values and norms are inclusive of all employees. If they are truly inclusive, employees do not feel a pressure to conform to an ideal employee profile. Consequently, employees do not feel a pressure to hide or face a conflict with their identity (Nishi et al., 2006). Truly inclusive organizations help those employees who feel they do not belong to the mainstream feel part of the organization as a whole, while also helping those who
do feel they belong to continue to feel so (Davidson and Ferdman, 2001). Moreover, it is suggested that in inclusive environments, all individuals, not just those who are members of historically strong identity groups, are fairly treated, valued, and included in decisions making (Nishii, 2013). Under the dimension Organizational Culture of Inclusion, organizations devote resources to equipping their employees with the skills necessary for cooperation with other diverse individuals, recognise different perspectives and create a culture of openness through which employees can learn from each other’s views (Nishi et al., 2006).

Dimension three, Inclusion through Participation, concerns the extent to which an organization successfully capitalises on, and leverages, the diversity of its workforce, to apply learning from diverse perspectives to decision-making. This dimension is grounded in the premise that diversity only benefits an organization when employees are encouraged to manifest their diversity on idea generation and decision making. Successful operation of this dimension necessitates both formal and informal participation. Formal participation includes, for example, representation on key decision-making bodies, while informal participation concerns participating in every-day, on-the-job decision making. In addition to encouraging the expression of diverse opinions and experiences, they must also be incorporated into decision making to ensure employees feel respected and included (Nishi et al., 2006). Indeed, Sabharwal (2014) posits that individuals feel accepted and secure in the organization when they are part of the decision making process.

Nishi et al. (2006) also posit the assumption that if an organization falls short on any of the three dimensions of inclusion identified, then obstacles to the full utilisation of diversity remain. Essentially, Nishi et al. (2006:2) expect that:

\[\text{The relationship between diversity and performance...will be moderated by these three dimensions: in units/organizations that score high on these dimensions, there will be a stronger, positive relationship between diversity and performance than in units/organizations that score low on these dimensions.}\]

In a similar vein to the multi-dimensional view of inclusion proffered by Nishi et al., (2006), Gasorek (2000;27), while describing inclusion at the multinational firm Dun & Bradstreet, also takes a multi-faceted view of inclusion, deeming it to concern the degree to which:

- Employees are valued, and their ideas are both taken into account and used
• Employees partner successfully both in and across departments
• Current employees feel they belong in the organization, and prospective employees are attracted to the organization
• Employees feel committed to each other, the organization, and the organization's goals and
• The organization continues to foster flexibility and choice, and attends to diversity.

Davidson and Ferdman (2002a) caution, however, that although there are commonalities concerning what constitutes inclusion, for example feeling valued or respected, individuals perceive these themes in different ways, therefore, even if an organization is deemed to have an inclusive culture, some employees may still not feel included. The core proposition is that inclusion occurs at two levels: the individual and the organizational level. Furthermore, an individual's diverse make-up may impact their perceptions, or whether they experience feelings of inclusion. Individuals, for example, who are introverts, may experience inclusion via the establishment of one or two social connections, while more extroverted individuals may have to interact with a larger portion of the community to feel fully part of it. Consequently, individuals are cautioned to consider that treating others as they would like to be treated may not serve to make others feel included, rather may appear to be an imposition of their own values on to others. It is important, therefore, that organizations attempt to uncover the needs of their employees with regard to what will result in feeling of inclusion, and subsequently aim to address those needs (Davidson and Ferdman, 2002a). One simple method for uncovering what inclusion looks and feels like for different employees is to simply ask them (Ferdman, 2003).

Addressing individual inclusion at the individual level is not, however, a sufficient strategy for the nurturing of an inclusive organization. Nurturing organization-wide inclusiveness instead requires systematic and proactive efforts at the organizational level (Davidson and Ferdman, 2002a, Daas and Parker, 1999). Indeed, Thomas and Ely (1996, adapted by Davidson and Ferdman, 2002:83) propose that to fully utilise, and learn from, workforce diversity, organizations must satisfy a number of preconditions, specifically:

• The organizations leaders must understand that diversity includes different opinions, insights and approaches to work
Leaders must also understand that diversity presents both opportunities for new learning, but also challenges in the form of a need for unlearning and relearning.

Each individual should be held to high performance standards, and the organizational culture must encourage employee development through training and education. Employees must also feel valued to ensure they contribute high levels of performance.

Constructive conflict, open communication and tolerance for dialogue must be encouraged.

A non-bureaucratic process must be in place to enable employees to constructively challenge current operating methods, and reshape past policies and practices, to be a more inclusive, empowering organization.

Regardless of these proposed preconditions, it is also insufficient to solely focus on inclusion at an organizational level. Instead, both the individual and organizational levels should be viewed as independently vital for inclusion, but also interactive. Additionally, although there are a number of things organizations can do to foster an inclusive work environment, inclusion is, in many ways, a momentary creation, dependent on the particular individuals and situations. Creating an inclusive culture, therefore, is a continuous process (Davidson and Ferdman, 2002a).

In addition to considering inclusion at the individual and organizational level, organizations may also need to consider the concept of subordinant and dominant groups. While people, or employees in the organizational context, are unique individuals, they also share group membership with others as part of their identity, which has an impact on the way individuals treat, and are treated by, others (Davidson and Ferdman, 2002b; Ferdman, 1995). Groups do not hold equal status. Some groups are typically systematically privileged while others are typically disadvantaged. Subordinant groups are those in lower power positions, while dominant groups are those typically in a higher power position. When an individual from a subordinant group occupies a position of assigned power in an organization, they may have significant power as an individual, however, would still be a member of a subordinant group. Conversely, an individual from a dominant group operating in a position of relatively little power in the organization may have little power as an individual, but, as a member of a dominant identity group, still likely experience benefits in both subtle and overt ways (Davidson and Ferdman, 2002b).
The primary implication of the distinction between, and presence of, these groups, both in societies and in the organization, is that well intended efforts to create an environment of inclusion may be hindered if the dynamics of the group power relationships are not considered (Davidson and Ferdman, 2002b). Wishick and Davidson (2002), however, propose that organizations may, by looking through the lens of subordinant and dominant groups, enhance their understanding of what is required to create and participate in an inclusive organization. In particular, employees, having been made aware of the presence of such distinctive groups, may be enlightened as to how members of these groups can support organizational efforts to create a culture of inclusion. Regarding dominant groups, Davidson and Ferdman (2002b) advance a number of prerequisites for supporting inclusion, specifically:

- Dominants should assume a position of inquisitive probability, which requires them to accept that they are a member of a dominant group, which has implications for the manner in which they engage with individuals in subordinant groups.
- Individuals from dominant groups should be encouraged to develop skills enabling them to distinguish impact from intent, in that a dominant’s behaviour towards a subordinant group member may be benevolent in intention, but injurious in its perception.
- An effort should be made to learn about the experiences of subordinants, which will assist in increasing the overall sense of organizational inclusion.
- Finally, dominants should aim to use their positions of privilege and power to change the organizational structures and systems that exclude or discriminate against subordinants.

Similarly, subordinants have a role in the fostering of an organizational culture of inclusion, albeit rather different, as subordinants are usually the individuals who are not included, but are seeking to be so. It is recommended that subordinants:

- Assume a position of cautious openness, by engaging in dialogue and mutual learning
- Give effective feedback regarding which dominant behaviours should be reinforced or eliminated
- Invite dominants to be guests in the subordinants group culture
- Push for constructive change (Davidson and Ferdman, 2002b).
Both members of subordinant and dominant groups have roles to play in shaping an organizational culture of inclusion. Individuals, however, possess multiple identities, and as such may be members of both dominant and subordinant groups. To assist, therefore, in creating a culture of inclusion in the organization, individuals will likely need to attempt to reconcile their multiple roles and group memberships (Davidson and Ferdman, 2002b). In a similar manner to workforce diversity, inclusion presents a number of benefits an organisation can capitalise upon. Potential advantages associated with inclusion are discussed in the following section.

2.10 Potential Advantages Presented by Inclusiveness

A report examining global diversity and inclusion published by Forbes in (2011) proposes that both a diverse workforce and an inclusive culture are necessary for global success. Indeed, Sabharwal (2014) contends that inclusive management holds greater potential for improved productivity and workplace harmony than diversity management alone. The report by Forbes (2011) similarly further suggests that diversity, when it exists in an inclusive environment, is a key driver of innovation and creativity and can guide business strategies. In addition, it is contended that rather than the mere presence of diversity in a workforce, an inclusive organizational environment is crucial to the attraction and retention of the best candidates.

Similar to the business case for managing diversity, diversity coupled with an inclusive culture is purported to enhance idea generation relating to products and practices, due to the wide range of employee experiences and perspectives (Forbes, 2011; Ferdman and Davidson, 2002a). Indeed, Davidson and Ferdman (2002a) have previously asserted that inclusion serves to open a pathway by which individuals can organise and use their personal resources to do what they do best. Moreover, 85% of executive respondents in the aforementioned global Forbes report agreed with the assertion that a diverse, inclusive workforce is critical to encouraging the varied ideas and perspectives that drive innovation. Indeed, increased focus may be given by companies to the impact of diversity and inclusion on innovation, as organizations increasingly attempt to use the power of innovation to drive business goals (Forbes, 2011).
The existence of a diverse and inclusive workforce can also assist in ensuring that the products and services offered by the organization are respectful and mindful of their customers’ clients, and consequently result in increased customer satisfaction (Forbes, 2011; Ferdman, 2003). Inclusive organizations may also benefit from assistance from their employees on global challenges, including varying laws and regulations, language barriers and cultural barriers (Forbes, 2011). The business case for diversity proposes that the employment of diverse employees, and diversity management policies, will aid in the attraction, and retention, of the best talent (Lockwood, 2005; Robinson and Dechant, 1997). Forbes (2011) suggest that organizations can go further, and design diversity and inclusion policies to be used as specific recruiting and retention policies, broadening the talent pool from which they can recruit, while developing an employment brand that is seen to be fully inclusive. Success in recruiting diverse talent does often, however, depend on the organizations ability to provide job advancement opportunities equally.

A workshop on the topic of inclusion undertaken by Ferdman (2003:86), in which participants were asked to discuss outcomes of inclusion, that they had experienced, resulted in identification of the following positive outcomes:

- Improved productivity and fewer errors, resulting in products of a higher quality
- Enhanced self-confidence, coupled with more commitment to the organization and more work satisfaction
- Increased knowledge transfer
- Increased group cohesion and a more positive group climate, thus, a better work environment
- Enhanced customer satisfaction
- Improved ability to accomplish organizational goals.

Lockwood (2005) simply summates the above arguments in favour of inclusion by proposing that it serves to generate opportunities for growth, flexibility, and adaption in the marketplace. Sabharwal (2014) additionally, more generally than above, highlights that inclusion can result in improved organizational performance.

Organizations are cautioned, however, that in order to achieve enhanced performance via inclusion, leadership which is both dedicated to fostering inclusion and willing to empower
employees in a manner by which they can influence work decisions is necessary. Indeed, Shore et al. (2011) also contend that organizations must have leadership dedicated to fostering inclusion at all organizational levels. Furthermore, Davidson and Ferdman (2002a) deem the development of an organizational culture of inclusion the responsibility of every organizational member, also proposing that if individuals expect inclusion, they must also learn how to provide it. In addition, organizations are cautioned that inclusion efforts are hampered when employees perceive other employees through the lens of oversimplified, negative stereotypes, and when interpersonal interactions are perverted by status dynamics (DiTomaso et al., 2007). Consequently, introducing diversity management practices which are specifically targeted at improving the situation of historically disadvantaged groups will likely fail to foster true inclusion (Nishii, 2013). One reason for such an argument is that diversity management initiatives which focus on disadvantaged groups causes resentment on the part of those who do not benefit from the diversity practices, and potentially also exacerbates existing stereotypes (Fiol et al., 2009). Ultimately, Nishii (2013) posits that as organizations increasingly look to innovation to foster long-term success and growth, it is of critical importance that the downside of diversity is addressed. In particular, Nishii (2013) suggests that solutions that make productive debate possible, while also enhancing cooperation and learning are required. An important starting point for such solutions is presented by inclusive climates, which minimise divisive conflict by minimising structural inequalities, assimilation and exclusionary decision making. Nishii’s (2013) argument, indeed much of the proceeding section, is supported by Sabharwal (2014), who states that Organizational Inclusive Behaviours (that is, behaviours which create inclusion) can be summated under three concepts. Those three concepts are suggested to be commitment from top leadership to foster inclusion, the ability to influence organizational decisions, and fair treatment.

As discussed in Chapter One, a tenet of this study is that an inclusionary approach to diversity management may result in employees being more willing, and able, to contribute to enhanced organizational effectiveness and performance via engagement in supra-role role behaviours. Such behaviours, termed Organizational Citizenship Behaviours, are discussed in the following, final number of sections in this chapter.

**Organizational Citizenship Behaviour**
2.11 Introduction to Organizational Citizenship Behaviour

According to Katz (1964) social organization faces a paradox. Human variability must be reduced to ensure predictable performance, while simultaneously, spontaneous and innovative activity, that goes beyond role requirements, must be encouraged. Behaviour that goes beyond the “call of duty”, or role requirements, is often referred to as organizational citizenship behaviour (Tambe and Shanker, 2014; Jahangir et al., 2004). According to Vigoda-Gadot (2006:77), good citizenship behaviour refers to:

The willingness of individuals to invest effort and energy in their social environment beyond any formal requirement and with no expectation of formal rewards.

The field of Organizational Citizenship Behaviour (OCB) has emerged as one of the most promising, and critical issues, in organizational performance studies in recent decades (Lv et al., 2012; Vigoda-Gadot, 2006). It is not, however, a new concept. Barnard (1938) first alluded to the notion of organizational behaviour via his concept of willingness to cooperate. Katz (1964) later made reference to the importance of going beyond the requirements of a role for effective organizational functioning, while shortly after, Katz and Kahn (1966) made note of occasions where organizational functioning is dependent on supra-role behaviour. Supra-role behaviour is that which cannot prescribed in advance for a job, for example, actions that are often taken for granted, which ease the social machinery of the organization, but that do not directly fall under the notion of task performance (Bateman and Organ, 1983). According to Katz and Kahn (1966), such behaviour includes:

- Assisting colleagues with job-related problems
- Accepting orders without complaint
- Accepting temporary impositions without complaint
- Promoting a tolerable work climate
- Minimizing distractions caused by interpersonal conflict
- Conserving organizational resources

Bateman and Organ (1983) termed such behaviours “citizenship” behaviours, following which, in the 1980s, the construct of Organizational Citizenship Behaviour (OCB) was explicitly developed (Markóczy et al., 2009; Becton et al., 2008; Borman, 2004; Bateman and Organ,
1983; Smith et al., 1983; Organ, 1988). As such, although a relatively new concept in management literature, OCB represents an old, enduring phenomenon of altruistic human behaviour (Vigoda-Gadot, 2006).

Organ (1988:4) defines OCB as:

*Individual behaviour that is discretionary, not directly or explicitly recognised by the formal reward system, and that in the aggregate promotes effective functioning of the organization* (Organ, 1988:4).

Similarly, Becton et al. (2008:494) proffer that OCB is:

*Behaviour characterized by individuals voluntarily making prosocial contributions to the organization that are above and beyond their job duties.*

Organ (1988:4) attempted to further clarify the concept of OCB, by specifying the meaning behind a number of terms used in the author’s own definition of OCB, stating that:

*By discretionary, we mean that the behaviour is not an enforceable requirement of the role or the job description, that it is the clearly specifiable terms of the person’s employment contact with the organization; the behaviour is rather a matter of personal choice, such that its omission is not generally understood as punishable.*

Essentially, therefore, OCB refers to contributory behaviours undertaken by individuals of their own volition, which are not required as part of their role or task fulfilment, thus, not practicably enforceable by superiors, but often helps the organization the individual works for in some manner (Tambe and Shanker, 2014; Markóczy et al., 2009; Vigoda-Gadot, 2006; Borman, 2004; Jahangir et al., 2004; Konovsky and Organ, 1996). Although a similar construct to organizational commitment, Jahangir et al. (2004) highlight a key difference between the two concepts, specifically, OCB is behaviourally-based, whereas organizational commitment in attitude-based. Additionally, there are significant distinctions between task and citizenship performance. While task activities are usually dissimilar for different jobs, citizenship behaviours or activities, such as, for example, volunteering or helping colleagues, are usually similar across jobs. Furthermore, an employee’s task performance is predicted by factors such as skills, abilities, and knowledge, while citizenship behaviour predictors are likely to be predispositional and volitional (Borman, 2004).
OCBs are deemed discretionary in nature. It has been suggested that decisions with long term effects, such as those concerning promotions or down-sizing, will likely be largely determined by superiors’ universal judgements concerning the performance and effectiveness of subordinates (Borman, 2004). These judgements also have short term importance, as superiors’ judgements and perceptions have a significant effect on decision making and their subordinates organizational lives, thus, although OCBs are discretionary in nature, it has been proposed that supervisors do take such behaviours into account when conducing appraisals, assigning promotions, and in terms of preferential treatment (Borman, 2004; Organ, 1997). Organ (1997) cautions, however, that although OCB may result in future recompense, rewards that accrue to OCB are at best uncertain. It has been further proposed that superiors:

*Presumably value such behaviour, in part because they make their own jobs easier and free their own time and energy for more substantive tasks* (Bateman and Organ, 1983:588).

Indeed, Tambe and Shanker (2014) and Jahangir et al. (2004) contend that organizations could not survive without employees undertaking in OCBs. Becton et al. (2008) concur, further proposing that, based on existing research, organizations should have an interest in encouraging OCBs, while Graham (1995) considers the inducement of constructive contributions from individuals in collective entities a long term concern of both political philosophers and organizational scholars. There are multiple reasons to expect high levels of citizenship performance or behaviour to contribute to the effectiveness of the organization. OCBs have the potential to enhance the productivity of both colleagues and superiors, help coordinate organizational activities, increase performance stability, and assist in the attraction and retention of employees (Borman, 2004). OCBs are also thought to increase available organizational resources, and decrease the need for more formal and expensive control methods (Organ, 1998; Podsakoff and MacKenzie, 1997). Not every instance of OCB by an individual employee contributes to organizational outcomes, however, rather, multiple displays of OCB across the range of behaviours in aggregate contributes to the effectiveness, thus performance, of the organization (Organ, 1997).

Concerns have been expressed with the concept of discretionary behaviour, relating to OCB (Organ, 1997). Specifically, it has been proposed that when attempts are made to measure the construct, OCB encompasses behaviours that are often considered in-role behaviours, that is, part of the individual’s job, by both the organization and employees (Castro et al., 2004;
Morrison, 1994). This difficulty in defining what constitutes discretionary behaviour led Morrison (1994) to conclude that OCB varies both between employees and between employees and superiors, rendering it potentially difficult to measure and clarify. The difficulties presented by the varying views on in-role, extra-role, and organizational citizenship behaviours, and their construct and definition, have resulted in the suggestion of a number of future research areas by Vey and Campbell (2004). One area stems from OCB being considered by some employees to part of their job requirements.

In summary, organizational citizenship behaviour has been defined as a multidimensional concept, which includes all manner of positive, organizationally relevant, behaviour, undertaken by employees of the organization (Markóczy et al., 2009; Jahangir et al., 2004). The following section explores different conceptualisations of OCB as a multidimensional construct.

2.12 Organizational Citizenship Behaviour as a Multidimensional Construct

Organizational citizenship behaviour can be viewed as a multi-dimensional construct (Markóczy et al., 2009; Vigoda-Gadot, 2006; Podsakoff et al., 2000; Van Dyne et al., 1994). One multi-dimensional conceptualisation of OCB comprises the components altruism and compliance. Relative to OCB, altruism refers to helping another individual through face-to-face interaction in the workplace (Konovsky and Organ, 1996; Smith et al., 1983). When individuals in the organization need assistance, altruistic individuals go to their aid. Although usually aimed towards individuals, altruistic behaviour contributes to overall group efficiency and performance, by enhancing the performance of individuals (Jahangir et al., 2004). Compliance refers to helping the organization (Smith et al., 1983). Jahangir et al. (2004:79) consider this a more impersonal facet of OCB, referring to it as:

*Doing things “right and proper” for their own sake rather than for any specific person.*
Another conceptualisation of OCB, in addition to altruism, includes the dimensions conscientiousness, courtesy, sportsmanship and civic virtue (Organ, 1988). Conscientiousness, which is efficient use of time, and the surpassing of minimum expectations, enhances both individual and group efficiency (Jahangir et al., 2004). Courtesy concerns taking actions to prevent problems for colleagues. Behaviours which fall under this category include reminders, communicating information and providing colleagues with advance notice of meetings. Sportsmanship deals with displaying a willingness to put up with minor inconveniences without protest. The concept of civic virtue, which includes behaviours such as voluntarily attending functions or serving on organizational committees, refers to being responsible and constructively involved in the governing of the organization (Jahangir et al., 2004: Organ, 1988).

It warrants noting that Farh et al. (2004) also identified six extended dimensions of OCB, specifically Self-Training, Social Welfare Participation, Protecting and Saving Company Resources, Keeping the Workplace Clean and Interpersonal Harmony and Compliance with Social Norms. These dimensions appear, however, according to Farh et al. (2004), to be unique to the context under which they were studied, specifically the Peoples Republic of China, and not reflective of dimensions of OCB identified in Western studies. Consequently, although their identification indicates that OCB is a broader concept, the dimensions of which may differ in some cultural contexts, they are not engaged further in this study. A number of the original dimensions of OCB, for example conscientiousness, although studied and identified in the Western context, did translate either wholly, or in part, into the Chinese study, thus some elements of OCB do appear transferable across cultures. As such, regardless of the involvement of Organ in the study, the extended dimensions of the Farh et al., (2004) study are contextual to the extent that they highlight the need for further study on cultural contexts and OCBs, but are, based on the remarks of Farh et al. (2004), arguably unlikely to be found in another context. Of interest to this current study, however, is the reflection of Farh et al. (2004) that certain OCBs originate from different foci of action. In particular, it is suggested that some instances of OCBs may be self-focused, and include behaviours made purely of an employee’s own volition (Tambe and Shanker, 2014; Farh et al., 2004). A group focus is proposed, in which behaviours cannot be executed in isolation, rather require interactions with peers or an element of team work. An organizational focus is also suggested, which refers to activities not directly related to specific individuals, rather are such that contribute to overall organizational effectiveness. An example of such behaviour consists of saving company resources, perhaps
by aiming to operate efficiently. Finally, it is proposed that a societal focus exists, which transcends the organization and concerns behaviours such as complying with social norms or protecting the organizations public image (Tambe and Shanker, 2014; Farh *et al.*, 2004).

A wider conceptualisation of OCBs has been articulated by Podsakoff *et al.* (2000:516), who propose that although, based on their research, 30 potential forms of citizenship behaviour can be identified, they can be categorised into seven common dimensions, specifically:

- Helping Behaviour
- Sportsmanship
- Organizational Loyalty
- Organizational Compliance
- Individual Initiative
- Civic Virtue
- Self-Development

Table 2.2 outlines the seven categories proposed by Podsakoff *et al.* (2000) and indicates the dimensions which fit into each category. Helping behaviour concerns voluntarily helping others in the organization with work related problems, or helping them to avoid such problems (Podsakoff *et al.*, 2000). Sportsmanship has been referred to by Organ (1990) as an individual’s willingness to accept work-related inconveniences without complaining. Podsakoff *et al.* (2000:517), however, argue that sportsmanship extends beyond accepting inconveniences, instead suggesting that:

*Good sports are people who not only do not complain when inconvenienced by others, but also maintain a positive attitude even when things do not go their way, are not offended when others do not follow their suggestions, are willing to sacrifice their personal interest for the good of the work group, and do not take rejection of their ideas personally.*

The organizational loyalty categorisation refers to the practice of promoting the organization to outsiders, and protecting and defending the organization from threats in the external environment. Employees displaying organizational loyalty behaviours also remain committed to the organization when it is operating under adverse conditions.
Organizational compliance concerns an employee’s acceptance of organizational rules, regulations and procedures, resulting in meticulous adherence, even when adherence is not monitored or observed. Although all employees are expected to always adhere to the organizations rules, many do not, therefore, employees who do, even when they are not being monitored, are considered to be displaying good citizen behaviours.

The individual initiative dimension of OCB can be categorised as extra-role behaviour as it involves engaging in behaviours that are task-related, but at a level that is so far beyond what is expected that it begins to take on voluntary characteristics. Employees displaying civic virtue possess a macro-level interest in, or commitment to the organization. Such commitment is indicated by an employee’s willingness to actively participate in the organizations governance, monitor the organizations environment for both threats and opportunities, and to look out for the organizations best interests, even if at personal cost. Civic virtue also reflects an employee’s recognition of being one part of a larger whole.
Table 2.2 Podsakoff et al. OCB Categorisation (1990: 518-524)

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<td>Helping Behaviour</td>
<td>Altruism</td>
<td>- Altruism, - Courtesy, - Peacemaking, - Cheerleading</td>
<td>Interpersonal Helping</td>
<td>OCB-I</td>
<td>Helping Coworkers</td>
<td>Helping and Cooperating with Others</td>
<td>Interpersonal Facilitation</td>
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<td>Sportsmanship</td>
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<td>Organizational Loyalty</td>
<td>Loyalty Boosterism</td>
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<td>Organizational Loyalty</td>
<td>Spreading Goodwill</td>
<td>Endorsing, Supporting, and Defending Organizational Objectives</td>
<td>Following Organizational Rules and Procedures</td>
<td>Job Dedication</td>
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<tr>
<td>Organizational Compliance</td>
<td>Generalised Compliance</td>
<td>Generalised Compliance</td>
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<tr>
<td>Individual Initiative</td>
<td>Conscientiousness</td>
<td>Personal Industry, Individual Initiative</td>
<td>Making Constructive Suggestions</td>
<td>- Persisting with Enthusiasm and Extra Effort, - Volunteering to Carry out Task Activities</td>
<td>Job Dedication</td>
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<tr>
<td>Civic Virtue</td>
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<td>Organization</td>
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<td>Self-Development</td>
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The final OCB grouping put forward by Podsakoff et al. (2000), termed self-development, comprises voluntary behaviours undertaken by employees to improve their knowledge, skills and abilities.

In addition to being a multidimensional concept, a number of influencers, antecedents or determinants of OCBs have been proposed. These potential influencers are discussed in the following section.

2.13 Organizational Citizenship Behaviour Influencers and Determinants

Moorhead and Griffin (1998) propose that a complex medley of organizational, social and individual variables determines organizational citizenship behaviours. A common research question in the past has focussed on the relationship, whether real or apparent, between job satisfaction and performance. Indeed to many, it is logical that a satisfied employee will perform better (Moorman, 1993). There is a distinct lack of agreement, however, on this proposed link between satisfaction and performance amongst both academics and practitioners (Moorman, 1993; Organ, 1997). Organ (1997) contends that the link between satisfaction and performance may be difficult to empirically measure not because no such relationship exists, rather because researchers have focussed their efforts on the wrong type of performance. In particular, Organ (1997) asserts that increased productivity or performance as a reciprocal offering for satisfaction may not be a viable option for all individuals, nor is it the only avenue for reciprocation, indicating that employees may “perform” in some way other than increased productivity as a result of satisfaction. Regardless, research indicates that individuals are most likely to exceed their formal job requirements when they are given intrinsically satisfying tasks, have supportive or inspirational leaders, are committed to the organization, or satisfied with their job (Bolino et al., 2002).

Indeed, Bateman and Organ (1983) propose that a causal relationship may exist between overall job satisfaction and the display of OCBs. Two conceptual bases underpin this proposition, the first of which concerns social exchange theory. Social exchange theory suggests that individuals seek to reciprocate those who benefit them. Social exchange is considered to have occurred when an individual voluntarily engages in acts or behaviours that
are beneficial to another or others, motivated by anticipated returns resulting from those acts or behaviours (Blau, 1986). To the extent that an individuals’ job satisfaction is dependent on the efforts of organizational superiors, and those efforts are interpreted as non-manipulative, the individual will seek to reciprocate those efforts. As it may not be possible for the individual to reciprocate with greater output levels, citizenship behaviours are more likely to be an appropriate method of reciprocation (Bateman and Organ, 1983). A second conceptual base stems from the contention that prosocial gestures are most likely to occur when an individual experiences a mood state characterised by positive affect (Kataria et al., 2013; Bateman and Organ, 1983). Taking job satisfaction as a reflection of positive affect, it is likely that satisfied employees display more prosocial, or citizenship, behaviours. It is noteworthy, however, that when testing the proposed causal link between job satisfaction and OCBs, Bateman and Organ (1983) were unable to fully confirm the link, although attributed this in part to the short time frame of the research. It is further noteworthy that Lee et al. (2013) contend that while considered an antecedent, job satisfaction may also be an outcome of OCBs. Indeed it is suggested that those who engage in supra-role, behaviours are proud of their organization and enjoy their work, thus leading to job satisfaction (Koh, 2008).

In addition to positive affect potentially resulting in job satisfaction as described above, Kataria et al. (2013) suggest that positive affect may result from engagement, and in turn, engagement can result in the undertaking of OCBs. In particular, it is proposed that the level of emotional attachment engaged employees have for their work and for the organization increases the occurrence of instances of behaviour which promote effective and efficient organizational functioning (Kataria et al., 2013; Organ, 1988). Essentially, Bakker et al. (2004) proffer that engaged employees behave in a manner that is more virtuous and courteous than non-engaged employees, and are more vigorous towards achieving goals.

The concept of social exchange has been proposed as a potential driving force for OCB. Social exchange theory holds that given certain conditions, people seek to reciprocate those who benefit them. To the extent, therefore, that an employee’s satisfaction results from the efforts of others in the organization, and such efforts are interpreted as non-manipulative in intent, employees will seek to reciprocate those efforts, thus resulting in OCB (Vigoda-Gadot, 2006). In an arguably similar vein to the concept of reciprocating non-manipulative organizational intent, Zehir et al. (2014) highlight that an ethical organizational climate is positively related to OCB, and tends, when coupled with appropriate leadership, to encourage employees to
follow ethical policies. Concurring, but focussing on ethics as a result of ethical leadership, Kamcar et al. (2011) also propose that an ethical environment is a predictor or influencer of OCBs.

It has also been proposed that an individual’s disposition may determine OCB (Lv et al., 2012; Borman, 2004; Konovsky and Organ, 1996). Proposing that dispositional variables are predictors of OCB suggests that dimensions of personality should determine some forms or types of OCB. The term personality makes reference to an individual’s unique and stable pattern of feeling, acting, thinking and reacting to their social environment (Pervin, 1980). According to Konovsky and Organ (1996), the five-factor model of personality, termed the Big Five may add some weight to the argument, particularly the elements agreeableness and conscientiousness. Agreeableness concerns friendliness, a person’s likeability, and the ability to have pleasant, harmonious relationships with others. Consequently, agreeableness arguably relates well to three forms of OCB, specifically, altruism, courtesy and sportsmanship. The personality factor termed conscientiousness centres on qualities including dependability, perseverence and planfulness. Conscientiousness, which Borman (2004) deems the most consistent personality predictor of OCB, may be a predictor for more impersonal forms of OCB, specifically, those behaviours that are not directed towards specific individuals, rather, constitute constructive forms of supporting the larger context of organised efforts. Consequently, the personality dimension conscientiousness is arguably a predictor for the OCB dimension termed generalised compliance, which concerns contributions to the organization including attendance, punctuality and effective use of time while at work. Additionally, conscientiousness may have links to the OCB factor of civic virtue, which concerns practical and constructive activities including attendance at meetings, keeping informed of relevant developments, or answering mail (Konovsky and Organ, 1996). Hough (1992), however, is in disagreement with the proposition that the Big Five personality traits may predict contributions to the organization, proposing instead that they are too incomplete to capture important criteria.

Equity sensitivity, developed by Huseman et al. (1985) is a further dispositional variable that relates to OCB (Konovsky and Organ, 1996). The concept of equity sensitivity has been developed as a method of explaining the dynamics of equity perceptions (Foote and Harmon, 2006). Individuals may have a high, intermediate or low ranking on the scale of this dimension. High ranking individuals, termed benevolent, have a high threshold for perceptions of under-reward (Konovsky and Organ, 1996). Indeed, Foote and Harmon (2006) propose that such
individuals prefer situations of under-reward, and experience feeling of guilt should they perceive equitable or over-reward. King et al. (1993), however, propose that benevolents do not prefer to be under-rewarded, rather, are simply more tolerant of under-reward. Such individuals should be less vulnerable to feelings of unfairness and dissatisfaction in the organization, and be more concerned with maximising their outputs, therefore, arguably more likely to go beyond job or role specifications, and contribute to the organization via OCB (Konovsky and Organ, 1996). Intermediate scoring individuals, termed equity sensitives, search for equity on input-output ratios. Equity sensitives tend to experience guilt if over-rewarded, but distress when under-rewarded thus, would be expected to restrain incidents of OCBs if under-rewarded (Foote and Harmon, 2006; Konovsky and Organ, 1996). Those who score low on the equity sensitivity dispositional dimension are referred to as entitleds. Entitleds tend to focus on output maximisation, therefore are quick to respond to any perceived fall in treatment or outcome. Consequently, such individuals may experience dissatisfaction more often, resulting in a corresponding lack of interest in contributing more than is required (Konovsky and Organ, 1996).

Closely linked to the concept of equity sensitivity is the concept of perceptions of organizational justice, which, based on social exchange, concerns employees opinions on whether they are being treated fairly (Lee et al., 2013; Blakely et al., 2005; Moorman, 1991; Greenberg, 1987). Moorman (1991) proposes that these employee perceptions of fair treatment subsequently determine or influence other work related variables, while Lv et al. (2012) contend that organizational justice mediates the relationship between the personality dimension of conscientiousness and the undertaking of OCBs. Organizational justice comprises a number of components, including distributive, procedural, interactional, and informational justice. Distributive justice concerns perceived fairness in the allocation of organizational resources, and has roots in equity theory, in which employees make judgements about whether outcomes are fair based on their inputs (Blakely et al., 2005; Cropanzano and Greenberg, 1997). Procedural justice relates to the perceived fairness of processes used to make decisions regarding the allocation of resources, such as promotions (Korsgaard et al., 1995). Perceptions of fairness in dealings with superiors falls under interactional justice, while informational justice refers to fairness in the communication process of the organizations procedures (Colquitt, 2001). When employees perceive unfair treatment, it may result in a reduction of OCB (Blakely et al., 2005; Konovsky and Pugh, 1994). Additionally, Zoghbi-Manrique-de-Lara and Suárez-Acosta (2014) perceive that peers are not in receipt of organizational justice,
the likelihood of POCBs is decreased, while the likelihood of undertaking deviant behaviours is increased. Blakely et al. (2005) therefore hypothesise that when employees perceive organizational justice or fairness, performance of OCBs will, in accordance with social exchange, increase. Indeed, research conducted by Blakely et al. (2005) indicates that as perceptions of organization justice increase, so too do the levels of OCBs, consistent with previous research. The extent to which OCBs decreased and increased in accordance with perceived organizational justice did, however, vary between individuals at different points of the equity sensitivity spectrum. Specifically, Blakely et al. (2005:268) reported that:

Benevolents...continued to exhibit more OCBs even when there was low organizational justice. However, when organizational justice was high, benevolents exhibited only slightly more OCBs than entitleds, with entitleds showing a dramatic increase in OCBs.

Blakely et al. (2005), on the strength of their finding, propose that entitleds are willing to perform OCBs, but more so when perceived organizational justice levels are high. Further, sensitives in the study did not vary their level of OCB according to perceptions of justice. Similarly to Blakely et al. (2005), Garg et al. (2013) propose that organizational justice leads to satisfaction of employee psychological needs, and broadening behavioural repertoires along a sense of obligation. It is suggested that these obligations may be enacted in the form of undertaking OCBs.

A supportive work environment may be more likely to result in the undertaking of OCBs by employees (Borman, 2004). Indeed, Bateman and Organ (1983) propose that supervisory behaviour that could be described as considerate or supportive could represent a cause of job satisfaction, in turn resulting in the undertaking of citizenship behaviours. In a similar vein, both Irshad and Hashmi (2014) and Lee et al. (2013) conducted studies in which their findings indicated that transformational leadership can be deemed a predictor of OCBs. In particular, it is suggested that the more a leader encourages employees to achieve organizational objectives, and the more employees perceive their own confidence and ability to undertake the duties they are carrying out, the more they perceive their readiness to engage in OCBs. Lee et al. (2014), however, contend that transformational leadership is a significant predictor, while, in contrast, Ishrad and Hashmi (2014) contend that emotional intelligence is a mediating factor. In particular, Ishrad and Hashmi (2014) posit that transformational leadership is positively related to, and directly impacts emotional intelligence, and subsequently, indirectly, impacts OCBs, as
emotional intelligence is positively related to OCBs. Regardless, Lee et al. (2013) subsequently caution that leaders should be aware of, and recognize, their potential effect on employees’ behaviours and attitudes, and strive to encourage employees to feel more self-confident in their ability to undertake their tasks. Additionally, leaders and organizations should focus on developing an uncomplicated organizational structure, as complicated routes of communication and many instructional policies was found, in the same study, to negatively affect the likelihood of OCBs (Lee et al., 2014). Another form of leadership, specifically charismatic leadership, has also been proposed to be positively related to OCB. In particular, it has been noted that when leaders show sensitivity towards both the needs and feelings of employees, and set inspirational goals, employees are likely to display OCBs. Moreover, when charismatic leaders facilitate employees establishing helpful, positive relationships, employees are likely to help each other, again engaging in OCBs (Zehir et al., 2014).

Finally, gender may be a predictor of OCBs. Kidder and McLean Parks (2001) propose that if the behavioural expectations shaped by gender roles and job roles interact, gender roles may have an effect on the perception of OCBs, and their relation to in versus extra-role expectations. Kacmar et al. (2011) also raise gender as a potential influencer driving OCBs, albeit from a different perspective. In particular, Kacmar et al. (2011) conducted a study in which they found that when perceptions of organizational politics are high, there is a relationship between ethical leadership and OCBs. The opposite is proposed for women, specifically that when perception of politics is low, there is a relationship between ethical leadership and OCBs. Essentially, it is proposed that absent politics, women are more likely to engage in OCBs, should appropriate leadership be in place.

Regardless of potential antecedents and predictors, OCBs are typically discussed in a positive light. A number of researchers have, however, discussed a negative side to OCBs. These arguments are discussed in the following section.

2.14 The Dark Side of OCBs

Conventional OCB theories have defined the concept based on the assumption that extra-role behaviours undertaken by employees are rooted in their own good will, and are discretionary
Vigoda-Gadot (2006) and Bolino et al. (2004), however, argue that while thus far most of the writings on OCBs have centred on its positive implications, it is possible that OCB can result from motives other than those rooted in voluntary, self-initiated good will. Essentially, there may be compulsory antecedents to workplace citizenship behaviours.

Some extra-role behaviour emerges in response to external pressures by individuals of significance in the workforce, such as managers or supervisors, who desire to increase the workload of employees by involving them in duties that extend beyond the scope of their job description. OCBs may also result from coercive pressure from an employee’s peers (Vigoda-Gadot, 2006). Vigoda-Gadot (2006:78) proposes the concept of Compulsory OCB (CCB), asserting that it:

*Represents a much darker and destructive side of OCB than the one we are accustomed to discussing as part of “conventional OCB”.

Vigoda-Gadot (2006) also raises the issue of Organizational Misbehaviour (OMB), as suggested by Vardi and Weitz (2003). OMB makes reference to deviant social behaviour and can be categorised into five groupings, specifically, interpersonal, intrapersonal, production, property and political misbehaviour. Both OCB and OMB concern spontaneous social behaviour, however, the difference between both concepts lies in the result of those behaviours. While OCBs contribute positively to the organization, OMBs ultimately harm or damage the organization. It can be deduced that the presence or existence of OMBs implies that the concepts of citizenship behaviour and OCB should be studied on a continuum rather than as a dichotomous phenomenon (Vigoda-Gadot, 2006).

Furthermore, Bolino et al. (2004) raise some concerns regarding the traditionally assumed positive nature of OCBs, albeit from a different perspective to that of Vigoda-Gadot (2006). In particular, it is suggested that OCBs are not necessarily prosocial, rather may stem from self-serving motives, such as managing others impressions of the individual in question. Similarly, Salamon and Deutsch (2006) contend then individuals may engage in OCBs to demonstrate that they are exceptional employees, and worthy of retaining. Along the vein of self-serving motives, Bolino et al. (2004) identify the possible existence of mundane motives, for example boredom, or perhaps negative forces. Negative forces may include dissatisfaction with one’s
personal life, for example. Further, it is suggested that, contrary to the standing proposition that OCBs positively impact organizational performance, instead they may negatively affect the organization. If OCBs are of a low quality or performed in place of in-role required tasks, negative consequences may accrue. Finally, Bolino et al. (2004) also propose that employees who engage in OCBs may experience greater role ambiguity and overload, job stress and work-family conflict, particularly if they perceive pressure to undertake OCBs. Indeed, Bolino and Turnley (2003) proffer that those employees who engage in OCBs may experience escalating citizenship. Escalating citizenship refers to the notion that OCBs may become normative, and so expected, meaning individuals must continue to engage in more OCBs to be seen as going the extra mile. Concurring, Bergeron (2007) advances the concept of Job Creep. Job creep occurs when individuals feel continuing pressure to do more than their job requirements, proposing that when activities once considered supra-role are performed over time, they gradually become part of the individuals expected duties (Van Dyne and Ellis, 2004). This may result in employees spending longer at work, or potentially create friction between employees who each want to be seen as the most committed (Bolino et al., 2012). Essentially, OCBs, although positively considered by many, may have a darker side.

2.15 Conclusion

This literature review related to pertinent literature of three major themes which are the focus of this study, specifically, diversity and cultural diversity, inclusion and Organizational Citizenship Behaviour. It has been argued that organizations cannot simply hire diverse employees, then ignore, or suppress, diversity, whether in general or specifically relating to culture. It has also, been argued, however, that in order to realise the potential advantages of diversity, while minimising any negative associations with its increase, an inclusive approach to diversity management is preferable. Such an approach facilitates open dialogue and learning, while allowing individuals to be themselves, rather than perceive pressure to bow to an established norm. Moreover, allowing individuals to leverage their individuals differences in the work context may result in enhanced confidence, job satisfaction and perceived belongingness to the extent that individuals undertake OCBs. Although the latter part of the literature review concerning OCBs highlights that there may be negative connotations to the term, in general, OCBs are deemed positive, supra-role behaviours, which, in aggregate, benefit the organization in some manner. As such, and as referred to in this chapter, it is suggested
that these behaviours should be of continued interest to organizations, particularly with regard
to understanding the behaviours, with a view to encouraging their instances. This study
empirically explores OCBs among nurses. The following chapter, Chapter Three, discussed
the methodology employed.

Chapter Three:
Research Methodology
Chapter Three: Research Methodology

3.1 Introduction

This chapter outlines the research methodology employed in seeking to address the research objectives identified in Chapter One. The chapter begins by outlining the concept of
management research and the research objectives of this study, also addressing data collection and the process of data analysis. Finally, concerns such as data validity and transparency are addressed.

### 3.2 Management Research

Research is principally a problem-solving activity, the aim of which is to find out, describe, explain, and understand both what is happening, and why (Thomas, 2004). According to the Economic and Social Research Council (2001:55) management research:

> Seeks to understand and explain the activity of managing, its outcomes and the contexts in which it occurs.

Management Research involves studying the origins of managing, as well as its continuing development as both an arena of practice, and an intellectual field. The aim of management research is to produce an extensive body of knowledge to explain the underlying causes of business situations, and the means of assessing other courses of action. Such research takes into account the numerous aspects of management, including finance, accounting, marketing, operations research, and organizational behaviour/industrial relations (The Economic and Social Research Council, 2001; 2004).

This study, therefore, bears similarities to management research, as it concerns organizational behaviour in the context of Organizational Citizenship Behaviours. Moreover, this study concerns inclusion and diversity, both of which have the potential to impact operations.

### 3.3 The Philosophy of Research Design

Berkeley Thomas (2004:20) defines the process of research design as:

> Deciding how the strategy and methods will be implemented in the context of a specific inquiry, indicating more precisely where, when and how data will be obtained and the method to be used to analyse and interpret those data.
Stangor (1998) offers a more succinct definition, referring to research design as the specific method researchers use to collect, analyse, and interpret data. The research design used is largely dependent on the objectives of the research (Burns and Bush, 2006). Additionally, regardless of the design chosen, Liamputtong and Ezzy (2005) caution that while it is useful to have guidelines to follow, the design and method should be flexible to allow for unforeseen events which may arise during the course of research, as some modification of the research process may be necessary.

While Denscombe (2003) states that there is no single right direction to take, Silverman (2005) believes that different research questions require the employment of different research methods to answer them. The most appropriate research method is determined by deciding the type of information needed, which should be identifiable from the purpose of the study, that is, the research question. In turn, this should suggest or indicate the research design (Colton and Covert, 2007). Greenblatt et al. (2004) state that if the research question requires looking at facts and numbers for a large number of people, the appropriate research method will be quantitative. If the research question, however, is best answered by looking at a limited number of situations or cases, the appropriate research method is qualitative. Easterby-Smith et al. (1991), however, propose that research design concerns more than the methods by which data are collected and analysed. Rather, it is suggested that design concerns the overall configuration of the research, considering what type of evidence is gathered and where it is sourced from. It is further suggested that research design concerns what manner it is interpreted in order to provide answers to the research question. With regard to this study, the answers to the research question originate from data gathered from 37 nurses of different staff grades, from four national cultures, practising in Cork.

3.4 The Research Question and Defining Research Objectives

The first step in research is defining the research question, specifically, defining what it is that the researcher wants to discover (Farber, 2006). Strauss and Corbin (1998) refer to the research question as the specific query to be addressed. The research question emerges from the
rationale of proposed research, thus, in essence, is the immediate objective addressed in a research proposal. Answering and addressing the research question, therefore, helps to achieve the purpose of the research (Liamputtong and Ezzy, 2005). It is proposed that the research question sets the parameters of the research, and suggests the appropriate research methods to be used for gathering and analysing data (Strauss and Corbin, 1998).

Part of problem definition involves specifying the objectives of the research being undertaken (Churchill, 1991). Research objectives should address what the researcher plans to do, with whom, why, and where (Liamputtong and Ezzy, 2005). Liamputtong and Ezzy (2005) proffer that research objectives should clearly specify what the proposed project or research is expected to achieve. This supports Hackley’s (2003) assertion that research objectives are important as they serve to indicate that the research in question has a focus. Research objectives can also provide both an internal measure of success of the research for the researcher, as well as a vision and focus for the direction of the research (Hackley, 2003; Rowley, 1999). While many research objectives are quite simple, they may be modified, evolve, or change emphasis during the research process (Hackley, 2003).

The specific research objectives of this thesis are the following:

- To explore the effects of cultural diversity in the Irish healthcare sector on the management of employees, and on the performance of organizational citizenship behaviours. Primary research will aim to explore issues arising in the workplace among multicultural employees through interviews with nurses from different cultures.

- The study also aims to explore links between cultural diversity, collective experience of inclusion and organizational citizenship behaviours. Further, this study aims to examine whether experience of inclusion and organizational citizenship behaviours are linked by analysing responses from nurses regarding their opinions on areas such as extra work, and their identification of their workplace behaviours.

- This research further aims to give nursing participants in this research a vehicle by which their opinions and experiences can be expressed. It can be argued that doing so will provide managerial levels in the healthcare sector a clear insight into the front-line
operations of hospital wards, which will arguably enable stronger policy formation and implementation, while also highlighting issues faced by nursing staff which may negatively impact their performance.

3.5 The Scope of the Research

A number of hospitals in Cork were chosen for this research. The healthcare sector was chosen primarily for three primary reasons, specifically:

1. Partly as a consequence of targeted overseas recruitment drives, the levels of cultural diversity in the Irish healthcare sector has rapidly increased making it suitably diverse to satisfy the diversity/cultural diversity elements of this research.
2. As a public sector service, cuts in pay and staffing levels arguably add weight to the importance of high levels of employee performance and the undertaking of non-enforceable, voluntary, supra-role behaviours.
3. Much of the discourse in the public domain concerning challenges faced by frontline healthcare staff appears to the researcher to be anecdotal in nature, focussing on the negative aspects of the service experienced by patients, rather than the challenges being faced by nursing staff. Consequently, applying this research to the healthcare sector also gives nurses a vehicle by which to verbalise the challenges they are currently facing in their profession.

In order to fully examine the research objectives, the scope of the research enveloped male and female nurses, from all staff grades (from registered general nurse/midwife to Assistant Director), across a variety of discipline areas, as indicated in Table 3.1. The nurses interviewed originated form four countries, specifically Ireland, India, The Philippines and the United Kingdom.

3.6 Data Collection
This thesis is a presentation of data used to analyse factors relating to the research question, which is to explore whether there are links between an individual’s national culture, inclusion, and the undertaking of OCBs by nurses in the Irish healthcare sector. Stangor (1998:3) defines data as:

*Information collected through formal observation or measurement.*

At the beginning of research, data construction is critical. Researchers must carefully decide what data to obtain, what means will be used to obtain the data, and from what sources. Analysing and interpreting data aids in solving the research problem by summarising the data into a more concise format, and relating the ensuing results to the research questions (Berkeley Thomas, 2004). This research will involve the collection of both primary and secondary data.

### 3.6.1 Secondary Data: The Literature Review

Secondary data refers to data constructed by a third party, not necessarily for research purposes, and can exist in both qualitative and quantitative formats (Berkeley Thomas, 2004). The use of secondary data presents both advantages and disadvantages. Using secondary data can amount to significant cost savings. In addition, data analysis can begin immediately, resulting in time saving. Furthermore, secondary data used may be of superior quality to data the researcher could have created independently. Secondary research, in the form of a literature review, also assists in the achievement of a critical analysis of existing literature on the proposed research topic (Birley and Moreland, 1998). In contrast, however, it is arguable that cost savings may be lost if the cost of accessing databases is high, which is a common feature of commercial databases. Data collected may also prove difficult to interpret when taken out of its original context, and may only be partially relevant to the research question (Punch, 1998).

McNeill and Chapman (2005) firmly state that every researcher should spend time reading what others have written concerning the area of interest. Similarly, Hackley (2003) asserts that empirical projects must have a literature review as their base. Silverman (2005) cautions researchers to read critically when conducting a literature review, rather simply copying chunks of material. Further, Strauss and Corbin (1990:50-53, adapted by Silverman, 2005:248) advise that existing literature can be engaged for five purposes in qualitative research, specifically...
used: To stimulate theoretical sensitivity, by providing concepts and relationships between concepts that can be checked against primary data:

1. To provide secondary sources of data to allow for initial trials of the concepts and topics related to the question under study
2. To stimulate questions during data gathering and analysis
3. To direct theoretical sample to provide insight into where phenomena important to the development of the emerging theory may be uncovered
4. To be used as supplementary validation to explain why research findings support, or contradict, existing literature.

Hart (1998) further proposes that part of the purpose of a literature review is to justify the research topic, research design and methodology, while McNeill and Chapman (2005) concur, also contending that the literature review can assist in forming ideas concerning the key issues. Additionally, McNeill and Chapman (2005) further add that engaging in a literature review can assist researchers in not making the same mistakes made by earlier researchers.

When discussing deciding the contents of a literature review, Murcott (1997) advances a number of questions researchers should take into consider, which the contents of a literature review should answer. Literature used should identify what is already known about the topic and whether work has been undertaken that is related to the present study, indeed, whether a study that appears exactly the same been undertaken. Additionally, the researcher must consider where the current study fits in with work that already exists, and whether the study is worth undertaking cognisant of what has already been done (Murcott, 1997). It is noteworthy, however, that a substantial literature base may not exist in advance of every study. Hackley (2003) reminds that is the chosen area of study is novel, or new, there may be little research that deals with the topic. Researchers can, however, make use of literature concerning areas related to the topic to undertake the literature review. In the context of this thesis, for example, the researcher was unable to source existing literature simultaneously relating to inclusion, culture and OCBs. Some work concerning both culture and OCBs was available, however, therefore the literature review for this thesis drew from the general fields of diversity (including cultural diversity), inclusion and OCBs. In the conclusion of the literature review chapter, and in the rationale for this study (contained in Chapter One), potential links between the areas of literature were highlighted.
Secondary data was gathered for this research thesis as:

- It was necessary to develop an understanding of the concepts of inclusion and OCBs.
- Knowledge of diversity, with particular emphasis on cultural diversity, was required. It was necessary to develop a preliminary insight into the potential implications of cultural diversity on people management, attempts to create a culture of inclusion, and the undertaking of OCBs.
- Composing a literature review enabled themes for interviews with multi-cultural nurses of different levels, thus, assisted in developing the interview guides for the nurses.
- The secondary data aided in refining the research objectives.
- The data gathered through secondary research also assisted in developing the interview guides for both the managerial and employee interviews.
- Secondary research was also carried out to meet the first research objective of this thesis, which was to establish background knowledge of the research subject, as advocated by Kothari (2004).

When compiling secondary data for the literature review, academic journals, textbooks, and internet-based sources were used. A number of publications from the Health Service Executive (HSE), An Bord Altranais and the Irish Government were also accessed and used. To generate new knowledge, once the foundations of the research had been created through secondary data analysis, primary research was conducted.

3.6.2 Primary Data Collection: A Qualitative Approach

Primary data refers to original data which is obtained first-hand by a researcher or researchers, specifically for the research question at hand (Burns and Bush, 2006; Hackley, 2003). Primary data collection methods are both qualitative and quantitative. Indeed, it has been suggested that qualitative and quantitative research approaches are not mutually exclusive, therefore, it is possible for one study to have both qualitative and quantitative components (Greenblatt et al., 2004; Hackley, 2003). Quantitative research, in contrast, involves the use of methods including questionnaires, surveys, or other numeric data (Greenblatt et al., 2004). Quantitative research
can be used when research questions are quantifiable, addressing, for example, “How many?” or “How much?” (Farber, 2006). Essentially, quantitative research produces a quantity of data, with a focus on identifying and establishing patterns and predictability. A qualitative approach was employed to explore the research objectives of this thesis, as the aim of the research was to assess and analyse the opinions, perceptions, attitudes and beliefs of the individuals interviewed, rather than gather statistical data (Silverman 2005).

Positivism and Phenomenology comprise two of the major theoretical perspectives on research in the social sciences (Neale et al., 2005). Hackley (2003) notes that phenomenology and positivism have been placed against each other as opposites as the two perspectives are typically considered mutually exclusive. While phenomenology assumes a socially constructed reality, Positivism assumes an external, objective reality. Positivist research searches for facts and causes via the use of tools such as questionnaires, or demographic analysis. The output of these tools is typically data of a quantitative nature. This data allows for statistical proving, or disproving, of relationships between variables in the study (Jary and Jary, 1991). A contrast lies in phenomenology.

Hackley (2003) notes that philosophical phenomenology was a development of Hegel’s (1807) philosophy of knowledge, which posits that phenomenological knowledge is knowledge as it appears in consciousness. Emphasis is focused on how individuals access and describe their directly lived experiences. Researchers informed by this philosophical approach attempt to draw out this understanding from individuals by being open to various personal ways in which individuals may describe their experience. Essentially, phenomenology is concerned with understanding human behaviour from the individual’s personal frame of reference. The phenomenologist examines how the world is experienced, the important reality being what people imagine it to be (Bogdan and Taylor, 1975). Phenomenology recognises that meanings are given in perception then modified in analysis (Donalek and Soldswisch, 2004). Phenomenology can be simply defined as the objective study of the subjective (Patton, 1990)

In phenomenological research, the route to knowledge is travelled by examining what is felt, thought and perceived (Hackley, 2003). The researcher explores events or processes by collecting data in the form of first-hand descriptions of those feelings, thoughts and perceptions (Hackley, 2003). Phenomenologists therefore seek understanding through qualitative methods such as open-ended interviewing and personal documents (Jary and Jary, 1991). Doing so
aligns with qualitative research. Qualitative research is essentially non-numerical material (McNeill and Chapman, 2005; Hackley, 2003). A number of methods fall under the umbrella of qualitative research including in-depth interviews, participant observations, case studies, field research, and focus groups (Hesse-Biber and Leavy, 2006; Greenblatt et al., 2004). Indeed, Hackley (2003) proposes that depth interviewing is an ideal data collection tool for phenomenological studies. It has been suggested that a qualitative approach should be used when one aims to add richness or a deep description to findings (Farber, 2006). Van Maanen (1983:9) defines qualitative research methods as an:

*Array of interpretative techniques which seek to describe, decode, translate and otherwise come to terms with the meaning, not the frequency, of certain more or less naturally occurring phenomena in the social world.*

Qualitative research methods, therefore, can be used to obtain complex details about phenomena such as thought processes, emotions or feelings (Strauss and Corbin, 1998). In addition, as qualitative research is concerned with meaning, it involves analysing themes embedded within the data collected from research (Hesse-Biber and Leavy, 2006).

This study is phenomenologically qualitative in nature. The aim of the empirical research was to explore respondent’s perceptions and thoughts concerning diversity, inclusion and OCBs, from which conclusions could be drawn regarding potential contextual links between the concepts. Consequently, in-depth interviewing was employed, as discussed next in this chapter.

### 3.7 The Interview Process and In-Depth Interviews

Interview data can be the key source of information for qualitative researchers and may be used in isolation, or in conjunction with other research methods (Hesse-Biber and Leavy, 2006; Carson, 2001). In-depth interviews are typically one to two hours in length, but may be much shorter (Hesse-Biber and Leavy, 2006). Regardless of length, a good interview is similar to a conversation, meaning it should be a two-way process. Ideally, however, the person who does most of the talking during an interview is the interviewee, while the interviewer listens. Active, careful listening enables the interviewer to ask the right questions, exposing what the
interviewee really thinks, and allowing interviewees to fully express and develop their opinions on, and responses to, questions asked, yielding deeper and more meaningful data (Liampittong and Ezzy, 2005). Indeed, the very purpose of an interview is to gain the interviewee's perspective on various matters, and to discover their feelings, memories, and interpretations on issues that cannot be discovered or observed by other means (Patton, 1990). Researchers are cautioned to be mindful that despite the possibility that the contributions of the researcher to the interview process can enhance data collection, care should be taken to avoid imposing the researcher personal point of view on the interview (McNeill and Chapman, 2005; Carson et al, 2001).

Interviews can be structured or unstructured. Structured interviews are quite formal, and involve moving through a standardised set of questions. Such interviews also tend to be composed of closed questions, and are usually used to gather quantitative data (McNeill and Chapman, 2005). In unstructured interviews, questions are not standardised. Although the researcher will have topics they wish to cover, unstructured interviews, also referred to as in-depth interviews, allow researchers the liberty of following the interviewee if the researcher thinks doing so will generate interesting information. Such interviews can result in the acquisition of more in-depth, revealing, and rich information (Burns and Bush, 2006; Hesse-Biber and Leavy, 2006; McNeill and Chapman, 2005). Hackley (2003) advises that it is useful for researchers to make use of an interview guide which sets out and addresses the major themes of interest. An interview guide was engaged for this study, to ensure the objectives of the study were addressed and to ensure sufficient data was amassed on each area to allow for conclusions to be drawn. The interview guide used was developed in light of the aims of the study, and in light of the framework for the study provided by the literature review. In alignment with a phenomenological approach, flexibility was maintained during questioning to allow for capitalisation, and probing, of points of interest in participants responses. Hesse-Biber and Leavy (2006) suggest that to ensure a depth of relevant information, it is important to ascertain prior to data collection whether the individuals selected for interviews have knowledge and experience in the specific area the researcher wishes to explore. In the context of this study, however, it was only necessary to ensure that nurses came from the four cultures of interest. As all individuals are diverse, and either perceive inclusion or do not, it was not necessary to check for prior understanding of those concepts. Indeed, with regard to OCBs, attempting to check for understanding of that concept prior to interview would likely have tainted the study, as it may have shaped some of the interviewee’s responses.
For this thesis, the use of in-depth interviews was considered to be suitable for a number of reasons. In-depth interviews afford an opportunity to gain a depth of information on the interviewees’ thoughts, interpretations, and feelings. Additionally, in-depth interviews enable participants to elaborate on their responses, and also afford the researcher an opportunity to ask additional questions leading on from respondents’ answers to questions. A main aim of the research was to gain insights into the perceptions of nurses from different cultures on inclusion and diversity practices in the Irish healthcare sector, and to discover whether there were links between the nurse’s national cultures and their undertaking of OCBs, thus, in-depth interviews were considered appropriate.

3.7.1 Gaining Access

Interviews were undertaken with 37 with nurses of different staff grades in four hospitals in Cork. A pilot of four interviews was conducted in one hospital, with two Irish, one Filipino and one Filipina nurses. The first step in the interview process was gaining entry to the hospitals. To begin gaining access, the first step involved contacting each hospital to ascertain the directors of nursing’s (DoN) email contact information. Due to the volume of information to be conveyed to DoNs, explaining both the study and providing assurances that patient observation or interaction would not be required at any stage, email was considered appropriate as an initial method of establishing contact to allow time for consideration of the request for access to employees. Each of the DoNs responded to the initial email request, however, from there the process of gaining entry differed for each hospital.

As the pilot study had been undertaken in hospital A, the DoN provided a liaison after satisfactory completion of the pilot who facilitated interviews with nurses who had expressed interest following the pilot study, and sourced other nurses interested in participating. The details of these nurses were provided to the researcher who contacted them individually to arrange a date and time for interview, and to ensure they were indeed willing to participate. Although the pilot was conducted in one ward, the remaining interviews were spread throughout the hospital.
The DoNs of hospital B and D requested a face to face interview with the researcher. Following this additional step, a liaison was again appointed in both hospitals who explained the study to wards with culturally diverse nurses, and provided the details of nurses and midwives who had expressed an interest. These nurses and midwives were contacted by the researcher again to arrange a suitable time and date and to ensure their willingness. The DoN of hospital C did not request a meeting, rather passed the initial email request to a liaison who worked closely with the researcher to attract employees from the four particular cultures represented by the study.

The process of gaining access, and subsequent arranging of interviews, took significantly longer than the envisaged three months. The initial pilot study, undertaken to ensure that the research guide was appropriate for gathering required data, was conducted in February 2013. Hospital A was chosen for the pilot as the researcher has a personal contact in the hospital who was able to provide an introduction to the Director of Nursing. Due to staff shortages, however, resulting in time pressure for employees, the pressure for cover placed on staff during the influenza and norovirus season, audits, and the different processes for selection of staff in each of the hospitals, interviews were conducted up until October 2013. Additionally, the original intention had been to include hospitals in Dublin in the study, however, it became apparent that due to the hospitals in Dublin each requiring separate ethical procedures to be undertaken, which would have not been reviewed until late 2013 or early 2014. As a result, interviews would most likely not have occurred until at least March or April 2014. Consequently, the decision was made to no longer seek to include hospitals in Dublin in the study.

3.7.2 The Interview Procedure Employed

McCracken (1988) cautions that the opening of an interview is particularly important. In the opening stages of the interview, the interviewer must establish themselves as a benign and accepting individual who is curious, and prepared to listen with interest. Furthermore, Hackley (2003) stresses that some individuals may not be comfortable with the directness and perhaps intimacy of a phenomenological interview. Consequently, the researcher must quickly create a rapport, and establish an atmosphere in which the participant feels they may speak freely (Berg, 2001). To assist in developing this rapport, and drawing from recommendations concerning starting interviews made by Carson et al. (2001), a few minutes of pleasantries and idle chat was engaged in to settle respondents. In addition, opening questions were simple and
non-threatening, and included asking respondents to conform their name, their culture of origin, the department they work in and their staff grade.

During the interviews, the dialog was recorded using a digital dictaphone, to allow for transcription post-interview. Additionally, recording the interviews afforded the researcher the opportunity to focus on the participant’s discussion more fully than of attempting to take detailed notes, as highlighted by Patton (1990) as an advantage of recording. Indeed, Berg (2001) proposes that recording the interview by writing responses creates an unnecessary, dangerous distraction. Three respondents expressed a preference for their interview to not be recorded, however, rather requested that the interviewer would write the transcript during the interview. Carson *et al.* (2001) note that it has been argued that recording devices may be distracting. Consequently, a small device was used, and placed discretely on the table in each room used in an effort to minimise the likelihood of the participant becoming distracted by the device.

In addition, a number of Armstrong’s (1985) rules of good interviewing were adhered to during each interview. In particular, Armstrong (1985) recommends that interviewers use small encouragements, such as murmurs of understanding to encourage the respondent, while maintaining eye contact and smiling during pauses to encourage the interviewee to continue. Additionally, Armstrong (1985) recommends that researchers ask non-directive questions to probe responses. These questions took the form of, for example, “Could you give me an example?”, or, “You mentioned earlier. Can you explain what you mean”?

At the end of the interview, participants were invited to make any additional comments, again cognisant of the approach to interview conclusion proposed by Carson *et al.* (2001). Furthermore, participants were thanked for their time and reassured of the confidentiality of their responses. Indeed, participants were furnished with an example of the codes that would be assigned to replace their names, in accordance with recommendations by Hackley (2003). In addition, participants were given the researchers office and mobile telephone numbers and email address and encouraged to make contact should they have follow up questions or any concerns.
3.8 The Research Sample

It is not possible for researchers to gather all of the primary data that could be relevant to the particular study, thus, researchers must be content with a sample (Hackley, 2003). The purpose of sampling in a qualitative study is not ensuring that findings can be generalised to an entire population, as is the concern of sampling in quantitative studies, rather the aim is to describe the process involved in a phenomenon, as opposed to its distribution (Liamputtong and Ezzy, 2005). Based on this understanding, the aim of the sample is to select information-rich individuals for in-depth study. Liamputtong and Ezzy (2005) make reference to the development of a sampling frame, which is a list of the potential individuals or things that may be sampled for the research. For this research, the sampling frame included nurses (both male and female) of different staff grades (from Registered General Nurse/RGN to Clinical Nurse Manager/CNM), from Ireland, the United Kingdom, India, the Philippines and Nigeria, working in Irish hospitals.

According to Berkeley Thomas (2004) there are two general methods of sampling, specifically probability and non-probability. Probability sampling methods refer to those under which all population units have an equal or known probability of selection. The population refers to every element the researcher is interested in. Under probability methods, the sample is drawn at random from the population. Similarly to Liamputtong and Ezzy (2005), Berkeley Thomas (2004) refers to this as the sampling frame. Non-probability sampling, in contrast, does not involve random selection, although this may not be an issue depending on the aims of the research.

Regardless of the approach to primary data collection, the sample size for the research should be decided giving consideration to pragmatism, representativeness, and the quality of insights generated from the research. Concerning pragmatism, researchers usually cannot wait months for organizations or individuals to agree to participation. Additionally, it is suggested that for qualitative research the representativeness of a larger group by the sample group is more important than the sample being random (Hackley 2003). An appropriately representative sample also aids in alleviating some of the concern around attempting to make inferences or generalisations about the population from a sample, thus again, a representative sample may be more important than a random sample (Stangor, 1998). Finally, the quality of the insights
gained from the research may be dependent on the rapport the researcher develops with the interviewees, and may also involve interviewing an individual who may not fall within the original sample, but who may evidently possess relevant knowledge and useful insights into the research question (Hackley, 2003).

For this thesis the sample consisted of 37 nurses of different staff grades in four hospitals in Cork. The inclusion criteria for hospitals were that they employed nurses from the major four cultures, had a range of cultures working together on the wards to allow the researcher to gain insights from employees who undertake multicultural interactions and were willing to facilitate access to nurses to allow interviews to take place. The inclusion criteria for nurses and midwives was that they were willing to participate, and were from Ireland, the UK, India or the Philippines, and had worked in the hospital for at least one year. The latter proviso was to ensure that when questioned regarding inclusion the nurses had spent sufficient time in the hospital to have the ability to give a fuller response regarding whether they perceive inclusion, why or why not, and what had brought them to that state.

Table 3.1 outlines the make-up of the nursing interview pool, that is, the sample, of this study.

**Table 3.1: Nurses and Midwives Interviewed**

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Grade</th>
<th>Hospital</th>
<th>Gender</th>
<th>Hospital Area</th>
<th>Nationality</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CNM2</td>
<td>A, Cork</td>
<td>Female</td>
<td>Care of the Elderly</td>
<td>Irish</td>
</tr>
<tr>
<td>2</td>
<td>RGN</td>
<td>A, Cork</td>
<td>Male</td>
<td>Care of the Elderly</td>
<td>Filipino</td>
</tr>
<tr>
<td>3</td>
<td>RGN</td>
<td>A, Cork</td>
<td>Female</td>
<td>Care of the Elderly</td>
<td>Irish</td>
</tr>
<tr>
<td>4</td>
<td>RGN</td>
<td>A, Cork</td>
<td>Female</td>
<td>Care of the Elderly</td>
<td>Filippina</td>
</tr>
<tr>
<td>5</td>
<td>RGN</td>
<td>A, Cork</td>
<td>Female</td>
<td>Care of the Elderly</td>
<td>Irish</td>
</tr>
<tr>
<td>6</td>
<td>CNM1</td>
<td>A, Cork</td>
<td>Male</td>
<td>Care of the Elderly</td>
<td>Filipina</td>
</tr>
<tr>
<td>7</td>
<td>RGN</td>
<td>A, Cork</td>
<td>Female</td>
<td>Care of the Elderly</td>
<td>Indian</td>
</tr>
<tr>
<td>8</td>
<td>CNM1</td>
<td>A, Cork</td>
<td>Female</td>
<td>Care of the Elderly</td>
<td>Filipina</td>
</tr>
<tr>
<td>9</td>
<td>RGN</td>
<td>A, Cork</td>
<td>Female</td>
<td>Care of the Elderly</td>
<td>Indian</td>
</tr>
<tr>
<td>10</td>
<td>RGN</td>
<td>B, Cork</td>
<td>Male</td>
<td>Cardiac ICU</td>
<td>Indian</td>
</tr>
<tr>
<td>11</td>
<td>RGN</td>
<td>B, Cork</td>
<td>Female</td>
<td>Coronary Care</td>
<td>Irish</td>
</tr>
<tr>
<td>12</td>
<td>RGN</td>
<td>B, Cork</td>
<td>Female</td>
<td>Renal Dialysis</td>
<td>Irish</td>
</tr>
<tr>
<td>No.</td>
<td>Code</td>
<td>Location</td>
<td>Gender</td>
<td>Position</td>
<td>Nationality</td>
</tr>
<tr>
<td>-----</td>
<td>-------</td>
<td>-----------</td>
<td>--------</td>
<td>-------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>13</td>
<td>RGN</td>
<td>B, Cork</td>
<td>Female</td>
<td>Step-down Unit</td>
<td>Filipina</td>
</tr>
<tr>
<td>14</td>
<td>RGN</td>
<td>B, Cork</td>
<td>Female</td>
<td>Cardiac ICU</td>
<td>Filipina</td>
</tr>
<tr>
<td>15</td>
<td>RGN</td>
<td>B, Cork</td>
<td>Female</td>
<td>Cardio Thoracic</td>
<td>Irish</td>
</tr>
<tr>
<td>16</td>
<td>RGN</td>
<td>B, Cork</td>
<td>Female</td>
<td>Cardiac ICU</td>
<td>Filipina</td>
</tr>
<tr>
<td>17</td>
<td>RGN</td>
<td>B, Cork</td>
<td>Female</td>
<td>Dialysis</td>
<td>Indian</td>
</tr>
<tr>
<td>18</td>
<td>CNM1</td>
<td>B, Cork</td>
<td>Male</td>
<td>Dialysis</td>
<td>Filipino</td>
</tr>
<tr>
<td>19</td>
<td>RGN</td>
<td>C, Cork</td>
<td>Female</td>
<td>Geriatric</td>
<td>Filipina</td>
</tr>
<tr>
<td>20</td>
<td>CNM2</td>
<td>C, Cork</td>
<td>Female</td>
<td>Clinical Placement</td>
<td>Irish</td>
</tr>
<tr>
<td>21</td>
<td>RGN</td>
<td>C, Cork</td>
<td>Male</td>
<td>CCU</td>
<td>England</td>
</tr>
<tr>
<td>22</td>
<td>RGN</td>
<td>C, Cork</td>
<td>Female</td>
<td>Geriatric</td>
<td>Indian</td>
</tr>
<tr>
<td>23</td>
<td>CNM1</td>
<td>C, Cork</td>
<td>Female</td>
<td>Geriatric</td>
<td>Irish</td>
</tr>
<tr>
<td>24</td>
<td>ADM</td>
<td>D, Cork</td>
<td>Female</td>
<td>N/A</td>
<td>Irish</td>
</tr>
<tr>
<td>25</td>
<td>RGN</td>
<td>C, Cork</td>
<td>Female</td>
<td>ICU</td>
<td>Indian</td>
</tr>
<tr>
<td>26</td>
<td>CMM2</td>
<td>D, Cork</td>
<td>Female</td>
<td>Ultrasound/Scanning</td>
<td>Irish</td>
</tr>
<tr>
<td>27</td>
<td>RGN</td>
<td>C, Cork</td>
<td>Female</td>
<td>ICU</td>
<td>Indian</td>
</tr>
<tr>
<td>28</td>
<td>RGN</td>
<td>D, Cork</td>
<td>Female</td>
<td>Theatre</td>
<td>Indian</td>
</tr>
<tr>
<td>29</td>
<td>RGN</td>
<td>D, Cork</td>
<td>Female</td>
<td>Ultrasound</td>
<td>Irish</td>
</tr>
<tr>
<td>30</td>
<td>Clinical Midwife Specialist</td>
<td>D, Cork</td>
<td>Female</td>
<td>Bereavement and Loss</td>
<td>Irish</td>
</tr>
<tr>
<td>31</td>
<td>Staff Midwife</td>
<td>D, Cork</td>
<td>Female</td>
<td>Post-Natal</td>
<td>Indian</td>
</tr>
<tr>
<td>32</td>
<td>Senior Stall Midwife</td>
<td>D, Cork</td>
<td>Female</td>
<td>Post-Natal</td>
<td>Irish</td>
</tr>
<tr>
<td>33</td>
<td>CMM3</td>
<td>D, Cork</td>
<td>Female</td>
<td>Day Services</td>
<td>Irish</td>
</tr>
<tr>
<td>34</td>
<td>RGN</td>
<td>D, Cork</td>
<td>Female</td>
<td>Theatre</td>
<td>Indian</td>
</tr>
<tr>
<td>35</td>
<td>RM</td>
<td>D, Cork</td>
<td>Female</td>
<td>Theatre</td>
<td>England</td>
</tr>
<tr>
<td>36</td>
<td>RM</td>
<td>D, Cork</td>
<td>Female</td>
<td>Bereavement and Loss</td>
<td>England</td>
</tr>
</tbody>
</table>
3.9 Analysis of Qualitative Research Findings: Coding

There is no one right way to conduct an analysis of research findings (Auerbach and Silverstein, 2003). The majority of qualitative researchers, however, use some type of content analysis to analyse data, which involves coding groups of words or phrases from the research transcripts into categories. Coding refers to putting data into theoretically defined categories to analyse it. The categories tend to be determined by the research objectives, thus, are generally known prior to data analysis (Carson et al., 2001). The purpose of the codes is to arrange the gathered data into patterns (Sbaraini et al., 2011; Saldana, 2009).

Content analysis involves two stages. The first stage involves assigning codes to words or phrases. The second stage is to compare and contrast the coded material. Neuman (1994) refers to the first step as axial coding. During this step, the researcher analyses the data, and assigns codes to the text. While the emphasis should be on the original set of codes, new codes may emerge during the process (Carson et al., 2001). Indeed, in the context of this study, as part of the purpose was to explore potential relationships between culture, inclusion and OCBs, for which there is as yet a dearth of research, a number of codes emerged from the research which were not anticipated. Hesse-Biber and Leavy (2006) take a different approach to this step, and refer to it as the data exploration stage. At this stage, the researcher begins to re-read the data gathered, and begins to reflect upon it (as per the grounded theory approach of this thesis, discussed more fully later in this chapter). While doing so, data considered important is highlighted or marked. The researcher may also begin to code the data in order to develop patterns in the data. These codes can then be developed into categories. Although the two approaches to the first step of content analysis vary somewhat, both stress coding the data.

The second step is referred to as selective coding (Neuman, 1994). At this stage, having allocated codes to the data, comparisons and contrasts between the data are sought. The aim of this stage is to make generalisations about what the respondents have said, and to summarise
similarities and differences (Carson et al., 2001). Hesse-Biber and Leavy (2006) refer to this stage as interpretation. Again, however, this stage essentially deals with comparing and contrasting what has been said. Although Carson et al. (2001) and Hesse-Biber and Leavy (2006) vary in their discussion of the analysis process, the methodology of coding the data and comparing and contrasting the data are much the same.

An example of coding in this study can be seen in the area of inclusion. A predetermined code existed with regard to inclusion, as interviewees were questioned regarding whether they perceive inclusion, and why, or why not. The coding process began by searching for responses to this question in the data transcripts, while also searching the transcripts for incidental answering of the question in responses to other questions. Responses were highlighted with a coloured highlighter. The highlighted responses were collated into a word document, and printed. As respondents had been asked whether they perceive inclusion and why, responses in the affirmative were highlighted in one colour and responses in the negative were highlighted in another colour. While analysing the data it was noted that some respondents indicated that they do now perceive inclusion in their ward, but have not always in the hospital, or do not always in different contexts, and so this thread was highlighted in a third colour. Due to the volume of data, the words “yes”, “no” and “sometimes” were written in the corresponding colour on the top of the printed word document.

Respondents had also been asked to discuss why they did or did not perceive inclusion. As the responses were explored, a number of contributory factors were identified, for example, the importance of team, being asked for or allowed to express opinions, and familiarity. These, and other factors, were all underlined with different coloured highlighters, which were again noted at the top of the document for ease of compilation of factors post-transcript analysis. While analysing the transcript, it was evident that some interviewees, those who had essentially answered “sometimes”, had also given reasons or scenarios concerning when one may not perceive inclusion. These responses were considered useful for the study, and were accordingly highlighted. The codes concerning perceived inclusion and reasons for such were then structured in logical order to form a theme.

In this study, as outlined earlier in this chapter, the majority of interviewees were recorded on a dictaphone, and, transcribed shortly following each interview. These transcripts were examined, reflected upon, and re-examined. Notes were also made on comparisons and contrasts between managerial non-managerial grade respondents, and comparisons and
contrasts among interviewees from the different cultures. During this process, a number of categories or themes were identified. These themes are outlined and analysed in Chapter 4. Full transcripts of each interview are available from the researcher.

### 3.10 Grounded Theory

Both Creswell (2007) and Carson et al. (2001) introduce Grounded Theory by proffering that it has its origins from sociologists Barney Glaser and Anselm Strauss who aimed to build new theories about social processes, rather than merely continuing to test, sometimes inappropriate, theories. Jones and Noble (2007) and Creswell (2007) note that some debate surrounded the contribution of later work of both Strauss and Glasser to the grounded theory approach, in particular regarding the meaning and procedures of grounded theory. The work of both authors is, however, held to have contributed to the seminal considerations of grounded theory. Regardless of debate between the original contributors to the approach, rather than allowing an existing theory to dictate what data was to be collected, and how, the interest of Glaser and Strauss was originally lay in allowing the data of social phenomenon produce theories, that is:

*Theories grounded in the everyday experiences of the social processes between individuals* (Carson et al., 2001:150).

Essentially, rather than testing hypothesis determined before data collection begins, grounded theory concerns analysing data being collected to build theories (Carson et al., 2001). Theory-development is therefore generated, or grounded, in data from respondents who have experience of the process under study (Creswell, 2007). Grounded theory can therefore be considered a qualitative research design in which the researcher generates a general theory of a process, action or interaction shaped by the opinions or a group of participants (Strauss and Corbin, 1998).

Grounded theory has since been used in areas such as sociology, education and anthropology, but also in psychology, business and nursing research, indicating its appropriateness for this study. Indeed, Locke (2001) proposes that grounded theory has proved popular in management research for three reasons. In particular, grounded theory is useful for developing fresh insights into old theory, or in developing new theory. In
addition, it allows for generation of theory of direct interest to practitioners. Finally, grounded theory can uncover micro-management process in unfolding, complex scenarios.

Under the objectivist tradition, grounded theorists assume that a mind-independent reality exists, that researchers can both discover and record (Jones and Noble, 2007). Charmaz (2006) contends that in this independent reality, objects reside that possess sets of essential characteristics that can be identified, addressed, described, analysed, explained, predicted and managed.

Easterby-Smith et al. (2002) deem a grounded theory approach particularly useful when dealing with transcripts, as the approach takes into consideration that the large amounts of non-standard data resultant from qualitative studies renders data analysis problematic. In addition, Easterby-Smith et al. (2002) advance a model of data analysis based on a grounded theory approach. This model of analysis, comprising seven steps, was engaged for the purpose of this study. The steps concern:

1. Familiarisation: an exploratory stage which concerns rereading transcripts, enabling initial points of interest to be noted. In this study, notations were made in the margins of the transcript to assist in further analysis later. Given the volume of data in the transcripts for this study, each time a thematic area was identified, data relating to that area was collated into a new word document, and the familiarisation process undertaken again.

2. Reflection: evaluation and critique of the amassed data in light of existing literature (contained in Chapter Two of this study). In this study, this stage was undertaken concurrently with stage one, and involved considering whether the data appeared to be adding to, supporting or contradicting existing literature. A challenge associated with this stage concerned the occasions where data implicitly contradicted, or only partially contradicted or supported, existing research, as these instances had to be double-checked for accuracy, thereby extending the length of time this process took.

3. Conceptualisation: at this stage, it is proposed that a set of concepts is usually present which appear to be important for understanding what is going on with, or emerging from, the data. At this stage, a list of concepts can be compiled, which in this study was undertaken by highlighting concepts in different colours to allow
for grouping of concepts or themes. One example in this study relates to the identified, emergent concept termed “Culture of Nursing”. A number of undercurrents in interviewee responses pointed to such a culture, therefore, in each instance of appearance, the comments were highlighted, and noted in the margin.

4. Cataloguing concepts: once the concepts have been identified and established as actually occurring in respondent’s discussion, they can be transferred onto some medium as a reference guide. In the context of this study, this was done electronically using a Microsoft Word document. This allowed for concepts or themes to be grouped together, or, catalogued. This also assisted in further analysis, as these word documents all related to specific themes, therefore were shorter in length.

5. Recoding: all references to a particular theme are known at this stage, and have been marked, rendering it possible to go back to relevant areas in the data transcripts to see what was stated. This enables comparison between the concept and what was actually said, to enable redefining and honing of the various thematic areas.

6. Linking: by this stage, the analytical framework and explanations should be clear. Patterns should have emerged and concepts that are related identified. For the purpose of this research, this involved linking themes identified as important into an overall theory, requiring the linking of data with arguments in the literature review. Advantages associated with diversity and inclusion, for example, were identified through data analysis, and then considered in light of those presented in the literature review.

7. Revaluation: In this final stage, in light of comments from others, it may be necessary for the researcher to undertake more work in some areas. Some factors may have been considered important, for example, which in reality do not add value to the study or perhaps are difficult to support via the empirical data. In this study, this revaluation resulted in the amalgamation of some thematic areas, in particular those relating to diversity management. Although much literature exists concerning the importance of diversity management, interviewees deemed diversity management largely unnecessary, instead focussing primarily on diversity as it related to patients. Consequently, themes concerning diversity management and diversity management policies were amalgamated.
While Creswell (2007) proposes that grounded theory is a good research design to engage when a theory is not available to explain a process, for example, theories may exist but do not address particular variables of interest to the researcher, there are also challenges associated with the approach. To begin, the researcher must set aside, in as much as possible, notions or theoretical ideas concerning the study to allow the analytic, substantive theory emerge. This is a challenge, given that it is necessary to first undertake a literature review, which may result in the creation of theoretical ideas in the mind of the researcher. In addition, researchers utilising grounded theory face a difficulty in determining when categories are saturated, or when the theory is sufficiently detailed. Finally, given that the primary outcome of a grounded theory study is a theory with a central phenomenon, causal conditions, strategies, contexts and consequences, the approach may not have the flexibility desired by some. Charmaz (2006) does, however, offer a less structured, more adaptable approach, advocating a constructionist approach. This approach lies within an interpretive approach to qualitative research with flexible guidelines, and a focus dependent on the researchers view.

It is important to note, that while this study was rooted in a grounded theory approach, and engaged many elements associated with such an approach, it cannot be considered as a purely grounded theory study. A number of elements of a grounded theory study, for example, coding, comparison, cataloguing, and linking, outlined in the seven stages above, were all engaged, however, other elements of grounded theory were not. Memoing, for example, as discussed by Creswell (2007), which refers to the researcher writing down ideas about the evolving theory throughout the coding process was only used to assist in clarifying a train of thought, therefore was ad hoc. Regardless, this study was not built on attempting to prove or disprove a hypothesis or hypotheses, rather, data was gathered for the purpose of creating new knowledge and developing theory. Consequently, this study lies in a Grounded Theory approach.

3.11 Research Validity and Transparency

Validity is defined by Hammersley (1990:210) as:
Silverman (2005) simply states that validity is another word for truth. Validity is concerned with how data is collected, whether or not it was collected accurately, and whether or not the data collected is an accurate picture of what is being studied (McNeill and Chapman, 2005; Berkeley Thomas, 2004).

There are a number of steps or guidelines that can be followed to ensure data validity, beginning with careful examination and interpretation of existing literature pertinent to the research question (Carson et al, 2001). Hermeneutics is defined by Polkinghorne (1983:219) as:

*The science of correct understanding or interpretation.*

Hermeneutics refers specifically to understanding the meaning of texts. The concept concerns itself with the objective interpretation of the work of others by the researcher when conducting literary research (Berkeley Thomas, 2004).

Justifying the methods used to carry out the research is a further method that can be used to ensure the validity of the research (Berkeley Thomas, 2004, Carson et al, 2001). Additionally, it is necessary that the data analysis process, and subsequent reporting of research findings, be controlled in order that a complete evaluation and appraisal of results can be ensured (Berkeley Thomas, 2004, Carson et al, 2001). When the aforementioned criteria are met, the validity of the research can be assured.

Evidence of transparency in qualitative research studies is of considerable importance. Transparency is most important in relation to the analysis and interpretation of findings. Clear explanations regarding why an interpretation was made are essential (Hackley, 2004, Carson et al, 2001). Transparency can be strengthened by linking interpretations to prior theory when possible (Carson et al, 2001). To ensure transparency in this thesis, copies of transcripts, documentation, and notes are available for examination. Furthermore, qualitative research should cover a variety of respondents and settings. The results should be transferrable across that range. Transferability beyond that range should not be a concern for the researcher, as this can be done by other researchers in further studies. Thus, Carson et al (2001) recommend that
the boundaries of the research be outlined clearly to allow future researchers identify the boundaries that they may wish to move beyond. The boundaries of the range of research contained in this thesis have been outlined to cover male and female nurses and midwives from RGN to Assistant DoN/M from Ireland, the UK, India and the Philippines currently practising in hospitals in Cork.

### 3.12 Conclusion

This chapter outlined the methods by which research for this study was conducted. Additionally, the choice of research methods was explained, with support from existing research on the area. In essence, the study is rooted in a phenomenological, grounded theory approach. The scope of the research was identified, as were the research objectives, and issues of concern such as research validity and transparency were addressed. Findings resulting from the primary research conducted are outlined in the following chapter.
Chapter Four: Findings and Analysis
Chapter Four: Findings and Analysis

4.1 Introduction

This chapter presents the findings uncovered via the primary research process, specifically, the data gathered through in-depth interviews. An analysis of those findings is also included. In all, 37 respondents were involved, comprising 14 Irish, 11 Indian, nine Filipino/a nurses and midwives, and three UK (all English) nurses. Direct quotes from these respondents will be used, however, each individual has been assigned a code to ensure confidentiality.

A number of thematic areas were identified during the coding process. An interview guide was engaged to ensure that each respondent was questioned in a manner that was consistent with gathering data to satisfy the research objectives, and to ensure construct validity, however, further findings emerged through probing of participants responses. Given the nature of the interviewee’s employment, specifically, nursing, a number of profession specific abbreviations and terms were used by the participants, therefore, a glossary comprising abbreviations and terms contained in the respondent’s quotes and codes is located at the beginning of this thesis.

Seventeen themes were identified during the coding process, which are laid out systematically in this chapter. An analysis of each theme will highlight the research findings in relation to extant relevant literature, with a view to adding to existing subject matter. The analysis will also focus on identifying future areas of interest, which will be further discussed in Chapter 5. The first theme analysed defines the concept of national culture, with particular emphasis on exploring the concept through the view of the individual.

4.2 Defining National Culture: The View of the Individual

As referred to in Chapter Two, there is no agreed, single definition of the term culture. A number of definitions, however, refer to a type of shared collective (see for example, Kinicki and Kreitner, 2006; Kokt, 2003; Ferdman, 1995; Hofstede, 1991). The underlying proposition of such definitions is that culture unifies, and is shared by, the members of a particular country (or organization), in a manner that influences the behaviours and thoughts, thus regulates the
norms, assumptions and interpretations, of individuals from that particular culture. Consequently, cultural theories which categorise cultures according to various dimensions afford a means by which differences across cultures can be articulated and explained, which may be of use when attempting to understand employees of different cultural backgrounds. Cultural theories also indicate that individuals from a particular culture, as a result of a shared cultural constraint, should all interpret, and consequently define, their culture in a similar way. A previous Irish study indicated, however, that individual make-up may shape an individual’s perceptions and behaviours rather than cultural restraint (O’Donovan and Linehan, 2014). If individuality is stronger than cultural constraint, attempting to anticipate employee behaviour and reactions to stimuli by viewing them through the lens of cultural categorisations may prove unsuccessful. Consequently, respondents were asked to define the concept of national culture, in particular, what it means to them. This questioning resulted in the expression of a broad spectrum of opinions, ultimately indicating both similarities in the perspectives of employees from different cultures, and diversity among respondents from the same culture of origin. Interestingly, one Irish respondent proposed that the perception of a nation’s culture was dependant on whether the nation is being considered from the perspective of an individual in the country, or from an individual outside, as the following quotation explains:

*People living in a country would have a different idea of their culture than people living outside the country would have. People outside would think of the Irish culture as in the pubs and that sort of thing while the Irish themselves wouldn’t particularly think of themselves as big drinkers. It’s about what an individual thinks of the culture that they are living in* (Nurse 5, Hospital A, Irish Female, RGN).

Although the above quotation represents the opinion of just one respondent, the suggestion serves as an initial reminder that perspectives on concepts such as culture may be shaped by contextual factors, such as exposure to that culture, rather than cultural constraint. An additional three respondents, all of whom were Irish, approached the concept of culture from a personal, individualistic view, employing the use of words such as “you” (referring to “one”), “I” and “my”, for example:

*When you say national culture I think first to myself. I would have a national culture; I would see myself as being Irish, so the stereotypes of friendly, talkative, open, polite,*
that would be what I would see as my own national culture. I don’t necessarily think about it in relation to my colleagues (Nurse 12, Hospital B, Irish Female, RGN).

It’s my culture, my national culture, where I live. It means my language, the sport of the country, traditions and customs (Nurse 26, Hospital D, Irish Female, Midwife Specialist).

The use of such words outlined above potentially reflects individualism in their approach, supporting Hofstede’s (2014) classification of Ireland as an individualistic culture. In contrast, however, ten Irish respondents were more objective in their discussion, using words such as “they” and “their”. The use of such words in their responses points to a suggestion that national culture is something that other countries have, indicting either a potential lack of recognition of, or perhaps attachment to, the culture of Ireland. The use of such words further indicates diversity with regard to perceptions concerning the concept of culture among the Irish sample, as indicated by the following representative statements:

National culture is something that their history would affect, their religion, how they treat their families, their community, what people believe in, their customs, different things, whether their country is an island, whether it’s a big huge country, whether there’s a lot of sects, religions within the country (Nurse 11, Hospital B, Irish Female, RGN).

There might be cross-trends, but each country would have, historically, their own customs, different festivals, different foods, religion, behaviour and accepted norms (Nurse 23, Hospital C, Irish Female, CNM2).

A lack of attachment to national culture indicates that employees, in this case Irish employees, may be more readily adaptable to organizational culture than national culture-oriented theories suggest. Essentially, if employees do not possess a particular attachment to, or affinity for, the culture associated with their country of origin, organizations can capitalise on that lack of attachment by unifying those employees under a strong organizational culture instead. Such unification under organizational culture should arguably negate the potential requirement for adaption of managerial processes to cater for the culture of non-national employees, assisting in the maintenance of procedural justice and transparency. Additionally, unification of
employees under organizational culture can assist in the development of certain behaviours. If, for example, the organizational culture encourages, supports, and reinforces the undertaking of OCBs, it should follow that employees are more likely to undertake voluntary, supra-role behaviours.

In another vein, one of the Irish respondents suggested that national culture was difficult to put into context, particularly from the organizational perspective, as the nation is now multicultural with regard to the numbers of non-Irish individuals living in the state:

To me, national culture would be Irish, so then you are integrating many cultures into one if you are saying “national culture”. It’s very hard to put national culture into context in midwifery because you have different cultures within a culture (Nurse 24, Hospital D, Irish Female, ADM).

The suggestion that defining culture is difficult in light of the presence of a number of cultures arguably suggests that both home and host cultures, or the people within them, may possess a degree of flexibility, allowing them to amalgamate and form a new culture, while still retaining an element of distinctions. Essentially, individuals may maintain an element of individuality distinct from the culture, but possess a degree of flexibility. This flexibility allows them to come together to form a new culture while in the organizations workforce, in which case, organizational culture is arguably more important with regard to shaping employee behaviours than national culture. Additionally, the indication by two Indian participants that their country comprises a number of distinct cultures which vary across regions, and the assertion of four further participants, two Indian and two Filipino, that their national culture is adaptable, again indicates a potential to unite employees from differing cultures under the culture of the organization:

India is a big country, so apart from national culture; in every part of India the culture is different according to the part of India. I don’t know if that happens in other countries (Nurse 9, Hospital A, Indian Female, RGN).

National culture is the culture of where I am living. If I go to the US it is the culture I am adapting to. I’ve adapted to here. When my children were young I liked to bring them to the St. Patricks Day Parade and to Christmas outings and so on, because if they are staying here long term I want them to adapt to here so they belong. They
should have loyalty to this place. They are studying here. They are being brought up here. They should be good citizens wherever they live. I live here, I am a citizen of this place, I should be faithful and loyal to the country and that should be infused to your children (Nurse 7, Hospital A, Indian Female, RGN).

Moreover, two of the respondents who inferred adaptability (one Indian and one Filipino) proposed that culture can shift in accordance with modernisation, increasing education or economic change, raising the question as to whether other factors, perhaps inclusion, a team-oriented work environment, or organizational culture, could result in a change, whether documentable or perceived by individuals, in national culture:

As the economy in the Philippines is improving we are going in the same direction as the Irish now. I don’t know when though, but it will change as the economy in the Philippines develops. When it comes to the economy and the culture, culture will change. It will change because whatever the Philippines might achieve, it will impact our culture (Nurse 6, Hospital A, Filipino, CNM1).

Furthermore, the suggestion that culture can change in line with modernisation or economic trends indicates fluidity in the nature of societal culture. If culture is fluid rather than static, this suggests that attempting to manage employees from a particular culture cognisant of their classification under cultural dimensions may be fruitless, as their position on those dimensions may shift, rendering changes made to accommodate those employees culturally null and void. In contrast, however, a further Filipina respondent contradicted the assertion of her compatriot with regard to the fluidity of culture, instead proposing a long-term, perhaps more stagnant, view of culture. The respondent, albeit perhaps unintentionally, made reference to socialisation by proposing individuals practice what they have learned. Indeed, socialisation is a process which can be mimicked by organizations via induction and the presence of a strong organizational culture. The respondent’s statements are represented by the following quotation:

You practice what you have learned in your own country. Even if it doesn’t fit another country, you need to respect your culture and respect the culture of others (Nurse 8, Hospital A, Filipina, CNM1).
While both participants ultimately proposed culture exists innately in a country, the disagreement among the two aforementioned Filipino respondents concerning the nature of culture indicates that their perceptions may not be culturally constrained, thus underlying the potential for individuality to outweigh cultural constraint. A fourth respondent (Indian) who made reference to adaptability suggested that individuals can adapt to the culture of the host country while at work, but maintain their home country culture while in society, thereby highlighting a potential divide between work, or organizational, and national culture:

_Are you talking about work culture or living culture? I’m here right now, so this is work, so this is the working culture. If I go to a shopping centre, talking to someone in the shop, that’s a different culture. So there is a difference_ (Nurse 10, Hospital B, Indian Male, RGN).

Such a divide between organizational and national culture, or the possibility of individuals possessing an ability to compartmentalise culture to allow for a divide between work and national culture, could be capitalised upon by organizations. Earlier it was suggested that employees may come together to form a new culture while at work, the suggestion indicates that organizations can develop a strong organizational culture of an inclusionary or OCB-oriented nature which employees, due to the divide or ability to perceive a divide, could adapt to while at work. This suggestion is borne from the opinion of one respondent regarding a potential divide between organization and national culture, in which case generalizability is ill-advised, however, it presents an avenue for potential future research.

A further eight nurses, seven Indian and one Filipina, proposed that national culture is a concept that distinguishes countries from each other. The respondents proposed that culture is a unifier in a way that distinguishes one country from others, as represented by the following quotations:

_Some nationalities wear a particular dress. In India we are wearing the saris for national celebration or anything like that. For Scottish people there is a particular skirt; that’s kind of a different way that represents each country. If we are wearing a sari and if someone sees us out in the world, they can recognise and say “Oh that girl is from India”_ (Nurse 28, Hospital D, Indian Female, RGN).
Lifestyle, and the way we were brought up, it varies, and the way we work varies. Food habits vary. The way you work with your colleagues. In everything there is a cultural difference. I'm Indian, you can see by my colour, my accent, by my physical appearance, but things are completely different when it comes to work. (Nurse 10, Hospital B, Indian Male, RGN).

Culture means a practice, the practice of our country. Practice means how you manage your life, your everyday living, the way you are with your family (Nurse 4, Hospital A, Filipina, RGN).

The contention that national culture serves as a unifier supports the aforementioned existing view of cultural theories which propose that culture distinguishes countries from each other (for example, Kinicki and Kreitner, 2006; Hofstede, 1991). In contrast, however, two further respondents, both Indian, also deem national culture a unifier, but further proposed an element of choice on the part of individuals within India by suggesting that national culture is something that individuals can choose to adopt, as indicated by the quotations below. If national culture is something that some individuals choose to adopt, it is reasonable to suggest that some individuals may have the ability to adopt the culture of a host country, thereby negating the need for the adaptation of organizational processes to cater for their home cultures. One respondent proposed that a nation embraces a culture, signifying potential choice, while the second suggests that individuals share common beliefs and practices, which then form a culture:

National culture is the one which a particular nation has or has embraced or the culture of a particular country as represented by people (Nurse 31, Hospital D, Indian Female, Staff Midwife).

Culture means there are people who have common beliefs, common practices, and common rituals, and that becomes the culture. A particular group of people following the same pattern and practices and things like that. Something that is being done by all (Nurse 37, Hospital D, Indian Female, Registered Midwife).

The proposition of an element of choice in the adopting of national culture was supported by a further two participants, one Filipino and one English, with the Filipino respondent proposing
that individuals may choose to pledge allegiance to a particular culture, and the English respondent positing that individuals may choose to adopt aspects of both home and host country culture norms when working in another country. Although this element of choice was explicitly raised by just four respondents, it raises a notion of significance. In particular, if individuals can indeed choose elements of culture to abide by, facilitating change to adapt to a new host country culture, it is arguable that employees can also, therefore, adapt to an organizational culture which differs from their home country culture. If employees possess such an ability to change and adapt, the need to alter organizational processes to cater for their home culture is, again, possibly negated, but certainly called into question. Changing processes in an effort to reflect an individual’s home country culture may result in confusion for an employee who has begun to reflect elements of the host country culture or the culture of the organization. Such confusion may result in the employee facing difficulties with regard to settling into the organization, thereby, having the opposite of the intended effect. Indeed, one Irish respondent posited that choosing a new culture may be a necessity when in a new country or workplace. A further respondent, an English nurse, was extensive in his articulation. The respondent proposed that culture is a concept that is shaped by the individuals in a country, therefore can be divided into individually constructed cultures. Such a notion perhaps supports, and is reflected by, the variety of opinions expressed on the definition of culture by the other respondents, and previously discussed in this section:

_Everybody has a different culture, but I think that is influenced by the people around you. So there are as many different cultures as there are people, but I think we can all drift towards some common denominator. When you move you do adopt some of the culture, and you try to fit in, and you do need to change in order to fit in, but I think you’re probably more malleable and more prepared to change the younger you are_ (Nurse 21, Hospital C, English Male, RGN).

Moreover, this participant suggested that culture, as a concept, is more theoretical than “real”, and typically overly-assumptive with regard to categorising country cultures. The suggestion is essentially that cultural categorisations are employed too broadly, ignoring variations, and, as a concept, culture is perhaps too vague to be deemed “real”. Indeed, the suggestion that cultural categorisations are applied too broadly perhaps partially explains the wide variety of opinions of interviewees in regard to what culture means. Moreover, suggesting that cultural theories are applied too broadly, in part, supports Chiang’s (2005) contention that, in particular
reference to Hofstede’s study, cultural scores obscure substantial cultural variations within countries. This, however, contradicts, research by Kinicki and Kreitner (2006) who propose that culture dictates how individuals think and act. Finally, when pressed further and questioned regarding whether culture is a definable phenomenon, the participant proposed it is indefinable, essentially encapsulating the wide variety of definitions proposed by the other participants, as discussed throughout this section.

Indeed, the wide variety of opinions concerning the definition of culture raises questions concerning how organizations could possibly manage national culture, given that the concept appears to be interpreted in different ways by different people as, in order for something to be managed, it must first be understood. If employees from different countries do not share consensus on their national culture and so interpret it differently, how could an organization adapt in a way that takes all of these, potentially unknown, variations in interpretation into account?

In addition to offering opinions relating to what national culture is, participants also identified a number of components that, in their opinions, combine to shape national culture, as discussed in the following subsection.

4.2.1 Components of National Culture

Interviewees proposed a number of components of culture. Significantly, fourteen respondents across each culture (nine Irish, two Indian, two Filipino, one English) contend, either directly or indirectly, that culture concerns the related concepts of religion and beliefs, as represented by the following statements:

*Religion is what comes out most in my mind. The way they do things, the way they celebrate things, things that are important to people that aren’t important to us* (Nurse 3, Hospital A, Irish Female, RGN).

*National culture is something that peoples history would affect, their religion, how they treat their families, their community, what people believe in, their customs, different things, whether their country is an island, whether it’s a big huge country,*
whether there are a lot of sects, religions within the country (Nurse 11, Hospital B, Irish Female, RGN).

Culture means there are differences of people; those who have a common belief, common practices and common rituals (Nurse 37, Indian Female, Hospital D, RM).

Culture is how people behave and how they believe in some things and their traditions (Nurse 16, Filipina, Hospital B, RGN).

Religion does fall under Loden’s (1996) secondary dimension of diversity, albeit in the context of discussing general rather than cultural diversity. Religion and beliefs are, however, specific to many cultures. Additionally, religion transcends cultures, thus, organizations should avoid making assumptions on the religious background of employees based on their nationality of origin. It is not an automatic truth, for example, that individuals from India practice Hinduism or Buddhism, nor does it follow that an Irish individual’s faith rest in Christianity. Indeed, most countries, even if predominantly associated with one religion, tend to have a number of religions practiced by the population. Assuming an employee practices a certain religion, or indeed any religion, based on their country of origin may be offensive to some individuals, which could demotivate the employee, damage feelings of inclusiveness, and, ultimately, adversely affect their performance. Similarly, beliefs that are not rooted in religion may change in accordance with an individual’s changing context, therefore, assuming individuals from particular countries share a set of beliefs may result in individuals feeling misunderstood due to organizational assumptions. Additionally, it is possible that individuals may adhere to a particular set of beliefs in their home countries, but readjust some of those beliefs while in another country. Organizations assuming an understanding of an individual’s beliefs based on their country of origin, therefore, could appear to be enforcing stereotypes, thereby potentially alienating the employee.

Sixteen respondents, eight Irish, three Indian and five Filipino, identified norms or practiced behaviours as a component of national culture. The identification of norms or practiced behaviours as a component of culture supports Kinicki and Kreitner’s (2006) view of culture in which they suggest that culture involves shared meanings and taken-for-granted assumptions (arguably essentially referring to norms) that dictate how individuals should think and act. All sixteen respondents, however, raised this component in vague, abstract terms rather than by engaging specific examples, opining, for example:
Culture is just what people in a country think is normal (Nurse 32, Hospital D, Irish Female, Senior Staff Midwife).

It is the way that people behave, and what they believe, when they are living in a certain country (Nurse 33, Hospital D, Irish Female, CMM3).

Culture means there are differences of people; those who have a common belief, common practices and common rituals. That becomes culture; a particular group of people following the same pattern and practices. Something which is being done by all (Nurse 37, Indian Female, Hospital D, RM).

Culture means practice. Practice means how you manage your life, how you practice your everyday living, and the way you are with your family (Nurse 4, Filipina, Hospital A, RGN).

These interviewees identified norms or practised behaviours as components of culture, yet an inability on the part of respondents to articulate specific norms or behaviours, is perhaps reflective of the vagueness associated with culture. Indeed, the lack of agreement concerning a definition of the term culture was referred to in Section 2.7 of Chapter Two. While these 16 participants raised norms or behaviours, thereby indicating a commonality in their perceptions, they did not identify specific behaviours or norms. This suggests that although there is recognition of norms and behaviours as components of culture, they are difficult for individuals to fully identify or explain. If such components of culture are difficult for individuals from those cultures to specify, organizations are therefore cautioned to avoid making assumptions with regard to predicting behaviours based on an employee’s country of origin, as employees may be unaware of the basis for such assumptions, potentially resulting in a misunderstanding of the organizations intent.

A number of other components of culture were identified by respondents. Five interviewees, three Filipino, one Irish and one English referred to lifestyle or way of life as a component of culture, indicating similarities in perceptions across the employees from those cultures. Customs, celebrations, rituals, traditions and history, all closely related concepts, were also referred to on multiple occasions, across all four cultures, specifically, by ten participants, four
Irish, two Indian, two Filipino and two English, again indicating similarities in perception across the four cultures. Other components of culture identified by participants on multiple occasions comprise dress, identified by three Indian respondents, food, identified by four respondents, three Indian and one Irish. Upbringing was also identified by four individuals, three Filipino and one Indian. Additionally, a wide variety of other cultural indicators were also suggested, however, all other proposed components were identified only once. In specific, respondents identified outlook on life, authority and work, personal style, relationships, pride in origins, family and communication as factors which shape culture. While the majority of these assertions have been ingrained in aforementioned, quotations representative of the above suggestions are outlined below:

*It means my language, and sport of the country, traditions and customs* (Nurse 26, Irish Female, Hospital D, Midwife Specialist).

*Tradition, lifestyle, church, beliefs system; that’s the origin* (Nurse 36, Hospital D, English Female, Registered Midwife).

*The way people talk and their behaviour, their dressing style and communications* (Nurse 27, Indian Female, Hospital C, RGN).

*The way we dress and the food we eat* (Nurse 34, Indian Female, Hospital D, RGN).

Although a number of the components, specifically those outlined in the preceding paragraph, were mentioned in small numbers, they arguably serve to highlight the variety of perspectives on culture. If employees see their culture as being comprised of different combinations of components than their compatriots, it may be difficult for organizations to ascertain what is important to individuals from different cultures. Consequently, organizations are urged to use cultural theory as a starting point for developing knowledge regarding individuals from different cultures. Organizations are cautioned, however, to avoid over-reliance on cultural categorisations, as national culture, based on these findings, not have quite as significant impact on employer behaviour as suggested, for example, by Shieh et al. (2009) and Gardenswartz and Rowe (2001). Indeed this contradiction with existing literature serves to bolster the dialogue on existing cultural theories.
In summary, respondents proposed a number of components which shape their national culture, although some components were more vaguely addressed than others. The components of culture identified carries significance for hospitals in the study and for organizations in general. In particular, the suggestion, by individuals, of such a wide variety of components that combine to form a culture is arguably reflective of the complexities of cultural definition/categorisation efforts. Of further interest is the cross-representation of component areas across multiple cultures, and, perhaps more significantly, the distinct lack of any notable or evident contradiction between cultures categorised as being different from each other. Indeed, within cultural groups, a wide variety of diverging opinions were expressed. Arguably, cultural theories indicate that similarities in perspective among employees from the same culture should have been expected. The existence of similarities across cultures with regard to defining culture, however, and the differences of opinions expressed by employees from the same culture indicates that attempting to predict or understand employee behaviour based on existing categorisations of their respective cultures may be difficult.

Finally, the respondents in this study offered a varied interpretation of the concept of culture. In addition to defining culture, respondents expounded on their perceptions of their own culture, and outlined perceived differences between their own and other cultures, as outlined in the subsequent thematic area.

4.3 Interviewees Perceptions of Own Culture

The previous theme explored participants understanding of the concept of national culture. To better understand the national culture of respondents, or their perception of their national culture, participants were asked to define their own national culture. Four respondents, three Irish and one Indian, found themselves unable to articulate a description of their national culture, as represented below:

*To describe the Irish culture is very hard. It is much easier to describe a different person’s culture than your own, because you see the differences or nuances a bit*
easier. I think when you are Irish you think, “Yes, we’re Irish”. It’s much easier to describe a foreign culture because you base it off differences from your own (Nurse 32, Hospital D, Irish Female, Senior Staff Midwife).

*What is it really? I don’t know actually* (Nurse 28, Hospital D, Indian Female, RGN).

The inability to describe their national culture on the part of four respondents raises a question as to whether national culture is equally important to all employees. A further Irish participant, who did later offer a description, proposed national culture is a “concept we take for granted”. Such a proposition, although singularly offered, particularly when considered in conjunction with the inability of the four nurses cited above to define their culture, indicates that culture is not automatically something that is considered by individuals in society. If culture is not automatically considered by individuals in society, it is likely that it is also not automatically considered by some individuals in the organizational context. This finding suggests there may not be a reason to adapt organizational processes for the accommodation of the national culture of such employees.

Religion was mentioned as a component of their home culture by 14 individuals, from three of the four countries, specifically Ireland (seven), India (six) and England (one), indicating a similarity in values, a similarity which may be obscured by assumptions regarding an individual’s religion based on their country of origin. It is also noteworthy that although raised by 14 of the respondents, seven of those respondents proposed that multiple religions are practiced in their countries, highlighting that in those three countries, one religion is not universally practiced, as indicated by the following quotations:

*The Irish culture has its own beliefs. Not all of those beliefs are Irish, most people believe in the same kind of thing. Most people believe in the Catholic Church. Then, you do have people who believe in the Protestant Church* (Nurse 29, Hospital D, Irish Female, RGN/RM).

*India is a vast country and we have a lot of religions. We follow our own religion. I am a Hindu, I come from a Hindu family so I follow that religion even if I am in Ireland. We have Hindu, Muslim, and Christians. In Ireland, people follow Christianity and Roman Catholicism but I follow the Hindu religion so it’s kind of different, but I am*
aware of the Christian religion because I studied in a Christian school (Nurse 34, Hospital D, Indian Female, RGN).

Religion has really been introduced by the Spanish people when they conquered the Philippines way, way back ago, so they introduced to us the Catholicism, and being Catholics we are really required, to go to the church once a week on a Sunday, so that’s the religion (Nurse 18, Hospital B, Filipino, CNM1).

The identification of multiple religious practices in these countries supports the argument in the previous section that religion both transcends cultures and is not necessarily universally practiced in a particular country. Indeed, a 2012 report by the Central Statistics Office of Ireland concerning the 2011 census lists 12 different religions by denominational name, in addition to atheism, highlighting the wide variety of religious practice even in the Irish context. Additionally, Catholicism was raised by the respondents from three cultures, as outlined above, again supporting the argument that religion transcends cultures, and that countries that are typically associated with one religion may have other religions practised in society. Moreover, it is arguable that religion was more important to the Irish respondents, in the context of this study, with seven of the 14 respondents who raised the issue of religion in this context coming from the Irish respondent pool. It is possible that the focus on religion on the part of seven Irish respondents has roots in the relatively recent civil unrest in the North of Ireland, some of which was originally religion-oriented.

Further to religion, 16 respondents indicated their culture is family-oriented or the family unit is respected to the extent that it influences, or indeed is allowed to influence, the lives of the nation’s individuals. Responses indicate the role of family may be more heavily ingrained in the Indian and Filipino cultures, with seven of the eleven Indian and seven of the nine Filipino respondents proposing that their national culture is family oriented. In contrast, only two of the 14 Irish respondents and one of the three English respondents mentioned family in their descriptor of their national cultures:

We look after our elders at home. There are homes for handicapped children and teens, but not for the elderly. I think it’s personal, that when they are at home they are surrounded by their children, grandchildren, neighbours and friends and they have the feeling of belonging and then I feel they die happy. We feel it is our responsibility to
look after our elders. It is tradition and culture. They don’t feel lonely and separated, they feel happy. That’s a lovely feeling (Nurse 7, Hospital A, Indian Female, RGN).

We’re family oriented. We’re closer. Even though we’re married we still help our elders. When we’re in Ireland, we have our own lives, but we are still sending money home to our parents, our brothers, our sisters, to whoever needs it (Nurse 2, Hospital A, Filipino, RGN).

First of all, the one thing I can describe is, I think, the close family ties, wherein people back home, or even myself, we have a very close family tie wherein, say for example, my other siblings still live on the same family house even though they have their own family. The extended family relationship is very strong back home (Nurse 18, Hospital B, Filipino, CNM1).

I think our culture is very much your immediate exposure in a community, in a very small environment, wherever you mix with your family (Nurse 36, Hospital D, English Female, RM).

The apparent importance of family in Filipino culture supports Hofstede’s (2014) contention that the Philippines is a collectivist culture, while the importance of family to the Indian respondents also supports Hofstede’s contention that India comprises elements of both individualism and collectivism (the family unit is considered important in collectivist societies). It is interesting, however, that not all of the Indian and Filipino respondents identified a family-oriented culture. This suggests that either family is not as important to the respondents who did not mention it, or, alternatively, it may be so ingrained in their culture that they simply no longer consider it. Similarly, the lack of mention of family by Irish and English respondents (mentioned by two Irish and one English) also supports the categorisation of those cultures as individualist. It is noteworthy that the omission of family from the description of their culture by six respondents from collectivist cultures, coupled with the identification of family from three respondents from individualist cultures indicates that individuals are capable of deviating from the expected cultural norm.

It can be recommended, therefore, that organizations, on the basis of the variance of opinions, avoid assuming the importance, or relative unimportance, of family to employees based on
their country of origin. Indeed in this study, while 17 participants raised family as an element of their home country culture, representing a significant portion of the sample, it is noteworthy that the 20 of the sample did not. Moreover, three of the participants who raised the issue of family-orientation, specifically two Indian and one Filipina, spoke negatively of the role of family, with two respondents focussing on the expectations placed on parents and children, and another referring to the impact of extended family in their culture. One Filipina respondent also spoke negatively of the accepted male dominance in their national culture, while one Indian and the Filipina respondent both used the word “strict” to explain their family-oriented cultures. These sentiments reinforce the contention that employees are capable of differing from apparent culturally dictated preferences, as, according to cultural theory, for example Hofstede’s (1983) cultural categorisations, individuals from collectivist societies should display a preference for the group, with family being the first group individuals are ingrained into. In particular, the Indian respondent discussed the restrictions placed on individuals by their in-laws after marriage, while the Filipina respondent outlined the rules governing courtship and dress for women, in particular stating:

> It’s strict. If you are a young lady or a child you need to respect your elders and you are not allowed to voice your opinion. If you are a lady and you have a boyfriend, it is a sign of respect that you go into the house and ask the parents’ permission, and it is a long courtship and you can’t have a kiss. If you are a lady you can’t wear trousers, and if you go to a church you must wear a dress. It’s dominated by men. The man should get the food and the woman should only be a housewife fathers (Nurse 8, Hospital A, Filipina, CNM1).

In a similar vein to the importance of family, both nuclear and extended, in national culture, seven respondents, four Irish and one each from India, the Philippines and England remarked on the importance of relationships in their culture. A distinction emerged between the cultures, however, concerning where the importance of relationships stems from. The four Irish respondents indicated that the importance of relationships is ingrained in the Irish culture:

> Ireland is a small country, people know each other fairly well. You would see a lot of who you know and how you connect with people to get things done. You would find that in the course of a day, for instance, if I need to get anything done, I know that there are specific people I will call on and that there are specific shortcuts I can take,
and I think that’s a thing that happens in this culture (Nurse 1, Hospital A, Irish Female, CNM2).

We would have had very close communities, neighbours were very important, people wouldn’t think twice about the neighbour next door knocking on the door and coming in and having a chat. I suppose years ago neighbours would all meet (Nurse 11, Hospital B, Irish Female, RGN).

In contrast, the Indian, Filipino and English respondent who raised the importance of relationships, referred to the importance of relationships to them, personally as individuals, as opposed to their culture. The Indian and Filipino participant suggested that relationships made settling into Ireland easier. Interestingly, the English respondent proposed that the Irish appear friendlier than his countrymen. This is perhaps reflective of Hofstede’s (2014) higher ranking of the UK, at a score of 89, placing it among the highest country scores on the individualism versus collectivism dimension of culture and of Ireland at a lower ranking of 70 on the scale, meaning it is less individualistic than England. The employee’s sentiments are reflected by the following quotations:

I was very anxious about the people, but the people are very friendly, very cool, the weather is the only thing, otherwise everybody is so friendly. Even if you are going out on the street everyone says “Hi” or “Hello”. It’s so friendly an atmosphere, so it was really good to adapt (Nurse 34, Hospital D, Indian Female).

People even from my part of the UK would be less likely to learn your name, because it’s more crowded, so the rules are different. People wouldn’t strike up a conversation with a stranger as readily, because it’s more crowded, it’s more risky inherently to just start talking to a stranger, whereas in Ireland I find people much more willing, they appear much more friendly, and more willing to just strike up a new conversation (Nurse 21, Hospital C, England Male, RGN).

It is clear from the research findings that history and tradition appear to hold particular significance for the Irish culture in the minds of the Irish respondents, with seven participants, signifying half of the Irish sample, making reference to tradition or history:
Ireland has always been known for being very welcoming and proud of our heritage and into tourism and all that kind of thing, and very proud of our culture. A lot of history would come into it, with the six counties and Ireland (Nurse 15, Hospital B, Irish Female, RGN).

I would say our history has a lot to do with our culture. Our sport, we’ve two national sports that aren’t in any other country, would be very cultural to me (Nurse 26, Hospital D, Irish Female, Midwife Specialist).

It is possible that the significance of history and tradition to half of the Irish sample may stem from an old seeded desire to maintain an element of national identity, as a nation that had throughout history, been so often influenced by the presence of others, for example, by the Roman empire, and the Vikings and the English (later Britain). Just two other respondents, both Indian referenced tradition in their own culture, albeit indirectly, referring to passing concepts and practices on to the next generation:

We are still living in the previous century, but we still respect our culture. It kind of helps to pass on the beliefs of what our elders believe, passing on to the next generation all the good things (Nurse 9, Hospital A, Indian Female, RGN).

I would like my daughter to get married to the person who I wish, again who will honour her interests so there’s no pressure or anything. I’d like her to know the Indian tradition and culture. I am a Hindu so I want her to follow the Hindu religion. I’m not picky with the foods, it’s up to her, but I would still like her to follow the Indian diet, those things (Nurse 10, Hospital B, Indian Male, RGN).

The apparent importance of history to half of the Irish respondents indicates organizational history may arguably be important as a cultural strengthener to Irish employees. The historic elements of organizational culture may encourage employees to do what has always been done in the organization, therefore organizations can encourage an inclusionary and OCB-oriented culture by building the two values into the shared history of the organization.

The final primary manner in which individuals defined their national culture was via the description of a multiplicity of social norms. In addition to the social norm referred to above
concerning family influence, four respondents, three Irish and one English made reference to the acceptance of alcohol consumption:

There is the pub culture where people would go out and have a drink, that is changing as well (Nurse 11, Hospital B, Irish Female, RGN).

When you think of the Irish and English, they both have a drinking culture. When I came to Ireland I found that the Irish drank solidly over a longer period, whereas the English would tend to binge drink Friday and Saturday night (Nurse 21, Hospital C, English Male, RGN).

One of the Irish respondents and the English respondent were relatively unequivocal concerning the social preoccupation of alcohol consumption, which the Irish respondent did suggest was waning somewhat. The other two Irish respondents, however, adopted a more defensive stance, both ultimately suggesting that excessive alcohol consumption is not the ingrained socially accepted norm it is considered by other to be, indicating differences in interpretation of social behaviour amongst the three Irish respondents, rather than a culturally induced uniformity:

I don’t think we are the drinking hooligan culture that people see when we go on holidays (Nurse 5, Hospital A, Irish Female).

Sometimes it’s not the best global denomination, you know, “the Irish are drinkers”, but we’re not. I suppose we do overdrink more than any other nationality, it’s not a positive, but you know the Irish are known for their sense of humour, their friendship, they are workers (Nurse, 23, Hospital C, Irish Female, CNM2).

With the exception of familial involvement and alcohol consumption, a disparity concerning home-country cultural classification was evident among individuals in the wide-ranging social norms indicated. One Irish respondent, for example, suggested a culture of confrontation avoidance, another stated that culture was based on norms and beliefs, but did not consider herself affected by it, and another still provided a list of adjectives, for example friendly, polite and open. Further, a Filipina respondent oxymoronically described her national culture as both reserved and liberated, while another Filipina proposed her national culture was quite relaxed.
While these examples of individual variances in home-culture classification are wide-ranging, they are singular, rendering them relatively insignificant to cultural classifications of the four countries represented in this study. They do serve, however, to indicate that individual perceptions vary even concerning views on the same national culture, questioning the concept of cultural conformity of thought. An additional undercurrent of note stems from the suggestion that national cultures undergo shifts and are capable of change, as referenced by a number of interviewees, concurring with the findings of a study by Fernandez et al. (1997) who re-examined Hofstede’s classification of countries and discovered a significant shift in value classifications of some countries. In particular, two Irish respondents suggested that the religious ties with culture are eroding, one of whom also suggested the closeness of community is also eroding, while a third proposed a shift in cultural expectations concerning marriage:

We’re a Catholic country, used to be, probably not so much now. We would have had very close communities, neighbours were very important (Nurse 11, Hospital B, Irish Female, RGN).

It was very religious, but not so much anymore I think. Twenty years ago you would have said a strong Catholic country. I’m not sure I would say that anymore. It is multi-cultural now, more than it had been (Nurse 32, Hospital D, Irish Female, Senior Staff Midwife).

It is OK that not everyone is married now. Where before things would have been quite different. I think our culture is quite open to be honest (Nurse 29, Hospital D, Irish Female, RGN/RM).

If national cultures do move through shifts and are indeed capable of change, adapting organizational processes to cater for the presence of employees from different culture may prove futile in its reactive approach, as the organization may not have an understanding of the current culture of a particular country. Additionally, it is arguable that if organizations were to attempt to change practices in line with cultural shifts, issues may arise with regard to consistent implementation and articulation of policies. It can be recommended, therefore, that organizations instead monitor the usefulness of processes in the context of their unified organizational culture, which may allow for better alignment of organizational and employee needs and wants. Indeed, in addition to the three Irish nurses who raised the notion of cultural
shifts, two Indian nurses also referenced a shift in their national culture, one associated with education and another with modernisation:

_When I was quite young we never stayed with boys, but nowadays it is all changing because they girls are going far and the boys are going far for their studies, so compared with the olden days it has changed_ (Nurse 17, Hospital B, Indian Female, RGN).

_Now everything is changing, it’s modernising. Before it wasn’t like that. Girls weren’t that much open. I think it’s good and bad, but I think it’s more a good thing_ (Nurse 34, Hospital D, Indian Female, RGN).

The reference to shifts in national culture on the part of these two Indian interviewees serves to reinforce the argument that national cultures are capable of, and do, change. This finding again, as highlighted earlier in this section, supports research by Fernandez et al. (1997) in which they found that a number of countries values had undergone significant shifts since Hofstede’s original study. Additionally, a Filipino respondent, when discussing the integration of religion and culture, also indirectly referenced cultural change as he spoke of the introduction of a particular religion, now considered a component of culture, by Spanish conquerors, indicating an external influence on the country’s social culture. If the presence of another country resulted in the introduction of a new set of religious practices in the country, in this case the Philippines, it is also likely that Filipinos moving to work in another country may take on components of their now host country, again indicating that adapting to cater for them culturally may not be required.

Finally, stemming from this line of questioning, was the indication on the part of four Indian respondents that India, as a country, comprises a number of subcultures and is inhabited by individuals who enjoy experiencing, and adapting to, new:

_India is a big country, so apart from national culture, in every part of India the culture is different according to the part of India_ (Nurse 9, Hospital A, Indian Female, RGN).

_I’m from India so I’m an Indian in many ways. Within India you would see there are very different cultures. There is a subsection of cultures within India. I am Indian,
you can see by my colour, my accent, by my physical appearance, but things are completely different when it comes to work. When I came in here, I got a culture shock as you call it, but I’m used to it now. I’m so used to it, it would be very hard for me to go back and live and work in the Indian culture (Nurse 10, Hospital B, Indian Male, RGN).

Everybody is coming out from India and they are experiencing different cultures, we are taking the different cultures together and we are following some bits and pieces from every culture now. It’s very appreciated and welcomed, because everybody that is staying in India, they don’t know what is happening out of India, in the different world. So most of the people, because most of the people in India is kind of educated, there is not a lot of low people, at least there is some education there, they are not telling no or stay away or anything like that (Nurse 28, Hospital D, Indian Female, RGN).

The indication of the presence of subcultures in India and a changing overall culture as a result of broader experiences suggests that it may be difficult for organizations to develop an understanding of Indian employees based on a universal categorisation of the country’s culture. Additionally, if there are evident subcultures in India, it is also possible that, if studied, other countries may also comprise documentable subcultures. Similar to the issues raised by the varied descriptions of national culture, the suggestion raised that national cultures are capable of, and do, change, raises questions concerning the appropriateness of using conceptualisations of an individual’s national culture to manage or better understand them. The suggestion is that national culture is fluid, continually shifting and changing, whether radically or incrementally. If organizations attempt to change their culture to cater for the culture of employees from different countries, this raises a question concerning what happens in the event that the national culture the organization is attempting to adapt to shifts again. Additionally, cognisant of the wide variety of perceptions of their own culture offered by interviewees, there were instances of individuals from the same country offering similar opinions, however, there were also individuals from the same countries who offered different perspectives, again pointing to the prevalence of individuality rather than cultural constraint. In addition to discussing their own culture, as they perceive it, respondents were also asked to discuss whether they perceive differences between their own and other cultures, as discussed in the following section.
4.4 Perceived Differences Between Own and Other Cultures

In addition to defining the culture of their home country, respondents were asked to discuss whether other countries have a culture that is different to their own. The purpose of this line of questioning was to uncover whether, regardless of similarities identified unbeknown to the participants in their discussion of their own culture, they perceive other cultures as different, and if so, in what way. The overwhelming response was in the affirmative, with all respondents stating that other countries have a culture that is different to their own, even though multiple similarities were identified in the previous sections. It is possible, therefore, that individuals may simply assume that other cultures are different, as individuals proposed under this questioning that there are differences between cultures, yet shared similar views on many occasions when discussing what culture means and comprises.

A recurring theme throughout participants discussions on differences between cultures centred again on religion, with 20 nurses, eight Irish, seven Indian, four Filipino and one English, all raising the topic. One Irish participant proposed that Ireland is more religious than another country, specifically Australia. In contrast, however, two other Irish participants suggested that other cultures are more religious than Ireland, highlighting disparities among the Irish respondents:

*Religion is part of their culture, more so than for most people here* (Nurse 5, Hospital A, Irish Female, RGN).

*Small things that you would notice; religious things even. The Indian nurse would be very religious in some towns. I can’t think of anything nursing-wise, but religion would be one thing that’s different* (Nurse 15, Hospital B, Irish Female, RGN).

The suggestion that other countries are more religious than Ireland was somewhat supported by two non-Irish nurses, one Indian and one Filipina, who proposed that religious practice is stronger in their home countries:

*The religion is different. You know, I think there is a great religiousity at home* (Nurse 31, Hospital D, Indian Female, Staff Midwife).
Religion wise we are more devoted (Nurse 2, Hospital A, Filipino, RGN).

A further two respondents, one Indian and one Filipina, however, proposed that religious practice is similar both in their home country and in Ireland, and ultimately suggested that the similarity in religious practice made settling into a new country less difficult:

Ireland is the same, most of it, because it is also Catholic and we're from a Catholic country. Yes, it is easier to move to a country with a similar religion. For example if you go to a Muslim country, that is a huge difference. Especially if you're approaching a patient, it's different, you know, man to female. And I heard that if a Muslim died you can’t touch them, things like that. It’s hard as well if they have rituals, these things, it’s harder (Nurse 19, Hospital C, Filipina, RGN).

I am also Roman Catholic, so I didn’t feel much difference from the culture, only the dressing styles and personal things are different. I am such a religious person from my parents; I feel that religion is more important in my personal experience. Yes, it is easier to settle because we can adapt more to their culture really easily, otherwise it is very difficult. Otherwise we feel very lonely. Here it is very good, it helps to have the way of the Mass and everything similar to what I had, then it is so easy to adapt. If it is different we feel we have to go to our own church and we will feel very lonely, but here it is most similar religion wise (Nurse 22, Hospital C, Indian Female, RGN).

Suggesting that similarity in religious practices assists in settling in to a new country should highlight for organizations the importance of faith to some employees. Religion is perhaps more tangible than culture, as it is easier to articulate given the belief sets associated with different denominations. Organizations could therefore focus on facilitating religious diversity rather than attempting to accommodate the vaguer concept of national culture. Indeed a further three participants, two Irish and one English, made reference to the impact religion also has, not exclusively on national culture, rather, on work practice. One of those three respondents, an Irish nurse, indicated that the difference in religions can be beneficial for the hospital, in the form of facilitating roster requests. In particular, the respondent discussed the different holidays observed by Indian, Filipino and Irish nurses, resulting in different members of staff being able to have time off for days important to them, proposing that this results in a fair balance:
The Indians don’t celebrate the same things. Christmas means nothing to them, but they have a different time that is important to them and you find that we are so worried about being off for Christmas and they’re not. It gives good balance. I think just a little bit before Christmas they have the Festival of Lights, so to be fair to everyone, that’s their time, so you look after them. Then for the Filipinos, Christmas Eve is a big thing, they would work Christmas Day (Nurse 3, Hospital A, Irish Female, RGN).

The contention that the observance of different religions facilitates roster planning adds a certain amount of credence to aspects of a previous study undertaken by the researcher. In that study, it was suggested that organizations both acknowledge the variety of religious holidays observed by employees, and attempt to build such holidays into rostering decisions, in an effort to maintain employee satisfaction with a view to increasing employee motivation (O’Donovan, 2010). Furthermore, the suggestion that facilitating observance of different religious holidays results in fairness adds weight to the earlier proposition that organizations should aim to accommodate religious diversity in an effort to accommodate employees, rather than maintain a sole focus on the vaguer concept of national culture.

The remaining 11 participants, who raised religion as a way in which cultures differ, did so quite generally, providing little in terms of specific support for their assertions, as highlighted below:

*I don’t know, drinking alcohol, going to church or religion or having groups or how they relate to men and women I guess* (Nurse 30, Hospital D, Irish Female, Clinical Midwife Specialist).

*I think each country has the people from the different caste and creed and religion and they do have the different culture* (Nurse 37, Hospital D, Indian Female, RM).

As discussed in previous sections, specifically 4.2 and 4.3, however, it is noteworthy that although respondents discussed religious differences, religion transcends culture, indeed, some respondents previously referenced the practice of multiple religions in their home countries. Although, therefore, suggested as a cultural differentiator by respondents, the merit of deeming it as such is questionable, cognisant of the argument that religion transcends culture. If religion transcends culture, meaning multiple cultures could share different religions, it is therefore not
a cultural differentiator, rather perhaps a point of similarity. Ireland, for example, is traditionally associated with Christianity and Catholicism. In Ireland, however, there are a number of practiced religions, including, for example, Catholicism, Judaism, Protestantism, Presbyterianism, Buddhism, Hinduism, Islam, Pentecostalism (Central Statistics Office, 2011).

Eighteen respondents, seven Irish, nine Indian, one Filipina and one English, who proposed that other countries have a culture that is in some way different to their own found it difficult to articulate specific differences, but rather offered general examples of differences. Indeed, six of these 18 respondents, two Irish, three Indian and one English indicated that other cultures are, in their opinion, different, but in general, and were unable to further outline any specific differences, as highlighted by the following quotations:

Different cultures from this country would be say, for example, India or Africa: they would have a totally different culture or in Eastern countries as well. Different beliefs and different ways of doing things (Nurse 33, Hospital D, Irish Female, CMM3).

Culture is more different here I feel. I worked in the Middle East but most of the people I worked with were the same, Indian. And they are Arabic people, but not much cultural difference I found between India and Middle East. Very little, I felt. But here, I think there are lots of differences I felt, in the workplace (Nurse 27, Hospital C, Indian Female, RGN).

I think each country has the people from the different caste and creed and religion and they do have the different culture (Nurse 37, Hospital D, Indian Female, RM).

Again, suggesting that other cultures are different but being unable to articulate differences indicates individuals may simply assume other cultures are different. This offers an avenue to develop understanding among employees. Organizations could encourage employees to share elements of their culture and information on their country to assist employees in identifying similarities, rather than solely focussing on the potential differences. Adopting a focus on cultural differences is arguably a rather divisive point at which to start a discussion, whereas focussing on both similarities and differences may increase feelings of inclusion.
Other expressed ways in which the remaining 12 of those 18 respondents perceived differences among other cultures, slightly more specific although still relatively general, were multiple. Customs, traditions or festivals were proposed as ways other countries differ by three Irish nurses, while manner of dress was raised by a further three respondents, two Indian and one Filipina. In addition, four nurses, one Irish and three Indian proposed that cultures differ in their preferred foods, and another three respondents, one Irish and two Indian, suggested that lifestyles are different. Differing behaviour or behavioural norms practised in other cultures were proposed by two nurses, one Irish and one Indian, as was upbringing, again by one Irish and one Indian. All other general examples, specifically approach to family and community, language, sport, art, mannerisms/gestures, communication, background, way of working, and society were all raised once, and typically as part of a list of words rather than comparative discussion. The wide variety of differences identified are arguably reflective of the diversity, thus individuality, exhibited by respondents, both when considered across the respondent pool and when considered in light of respondents from the same home culture. This in-culture and cross-culture diversity is again reflective of the diversity in opinions concerning definitions of own country culture, again arguably demonstrating a lack of cultural constraint. Moreover, the diversity of opinions in defining culture is reflected in the lack of agreed upon definition of culture in literature, as noted by Kokt (2003).

While a number of the aforementioned participants were unable to fully articulate differences between their own and other cultures, other respondents were able to better articulate particular differences between their own and other cultures. Four Filipino respondents stated that family ties are stronger in the Philippines than in Ireland:

_In the Philippines have very close family ties. Like the children will stay with their parents until they are able to look after themselves, or even after they are married, but here in Ireland you don’t do that. Here, when you reach the age of 18 or you are able, I don’t know if you are obliged, but you have to go out of the family house_ (Nurse 4, Hospital A, Filipina, RGN).

_For example with families in the Philippines who visit the patients in the hospital, mostly family would stay with the patient, someone would be there all the time, but here the family just comes in during visiting hours. It’s just a different kind of setting really. I couldn’t say they’re closer, because they could be close here too in some_
different way. It is family oriented alright, just kind of how the family members stick together, even though you don’t want them to be there, there’s always somebody there, even if they’re not at the bedside, there’s always someone outside (Nurse 16, Hospital B, Filipina, RGN).

The identification of closer family ties supports earlier discussion which indicated the apparent importance of family in culture to seven Filipino respondents, yet just two Irish respondents. These sentiments, which reflects Hofstede’s (2014) categorisation of the Philippines as collectivist, also somewhat support the assertions of three nurses, two Irish and one Filipino, who indicated that Filipino families are more prone to taking care of their elderly, potentially reflective of the importance of family to Filipinos:

*The Filipinos I find are very caring people; they have a huge respect for the elderly. You can see that in their own culture, they’ll tell you that back home they come in and they care for their elderly. It’s expected of them. I think they have more respect than we do here. In our culture it’s kind of everyone else’s responsibility and people kind of pull back from caring for their own, whereas that wouldn’t go on in the Philippines at all* (Nurse 3, Hospital A, Irish Female, RGN).

*Mainly here with the Filipino culture, it is similar but there are differences. I mean even their accent is different to patients. I know that’s not culture. Even in the Philippines they would tend to look after their elders at home, whereas here it’s not to the same extent* (Nurse 5, Hospital A, Irish Female, RGN).

It is noteworthy, however, that while seven Filipino respondents described their culture as family oriented, as outlined in the previous section, just five of those seven raised family as a way in which their culture differs from others. This raises a question as to whether the other two respondents may not perceive a difference sufficient to warrant mentioning, or perceive no difference in family orientation between the home and host culture. Regardless of the reason for the difference, the disparity amongst the Filipino sample again underscores the notion of individuality rather than full cultural constraint.

A number of other distinct differences, perceived by individual respondents, were articulated. One Irish respondent proposed that individuals from Nordic countries are more exacting in their approach to training and work. The respondent further indicated that Irish nurses are more
likely to bend the rules than Finnish nurses, while Indian and Filipino nurses typically only bend the rules if given permission from superiors, perhaps supporting Hofstede’s (2014) attribution of high levels of power distance attributed to India and the Philippines. This interviewee further asserted that Indian and Filipino nurses are less assertive and more subservient in their workplace demeanour than Irish nurses, an assertion supported by a fellow Irish interviewee who proposed that non-Irish nurses tend to be more reluctant to take on responsibility.

A reluctance to take on responsibility or to assert themselves presents a challenge for the organization, the solution to which is dependant of where the reluctance is emanating from. If the reluctance to step forward stems from an ambiguity concerning their scope, induction training may assist in improving their awareness of appropriate times to assume responsibility. If the reluctance originates from uncertainty regarding the context in which they are now working, again, induction may assist, as may job chats at regular intervals for a period post-employment commencement. Job-chats are informal meetings between an employee and a supervisor or manager. Indeed, a previous study by this researcher referenced the use of job-chats as they emerged through empirical research as a tool used by some Irish hotels to informally support employees in the early stages of employment and to reinforce and clarify expectations of behaviours (O’Donovan, 2010). Regardless of the source of reluctance to be assertive or to assume responsibility, however, if it is being displayed by non-Irish employees, it may result in individuals not developing as far as they could, thereby damaging their potential for career advancement. In addition, it was proposed by another Irish respondent that Indian individuals typically have a different attitude to work and women, and are more likely to talk about, or highlight, those differences, while, in her opinion, Filipino nurse are similar in viewpoint to Irish, and are more readily able to adapt to new surroundings. The proposition that Filipino nurses are more readily willing or able to adapt to new surroundings is reflective of the sentiments of the two Filipino interviewees discussed in section 4.2 who inferred adaptability in their home country culture. Additionally, if groups of employees for different cultures are willing to adapt to the host environment, this negates the need to adapt organizational processes to cater for those employees.

It is noteworthy again that, although asked to discuss societal cultural differences, five respondents, two Irish, one Indian, one Filipina and one English, approached the line of questioning with the inclusion of patient or work-focussed discussion. Two nurses outlined
differences in healthcare systems they had experienced, while the other three nurses who took a work-based approach outlined differences between patients, an indicated by the following:

When it comes to our healthcare system it’s different. Our system at home, we don’t have a free health system. Not like here if you’re 65 and above it’s free. Our life span there is 60’s, so there is a difference there. It is hard because if our healthcare system is the same there as here, probably we would have the same life-span – it would be 80, 90, longer (Nurse 14, Hospital B, Filipina, RGN).

Absolutely, other cultures are different. Even how women labour is. A Nigerian woman’s labour could be completely different to an Irish woman’s labour. Or their customs would be completely different; they don’t want pain relief, some cultures would be completely different. It would even be Traveller women, what they believe, their culture, their virtues are completely different from a normal Irish woman (Nurse 24, Hospital D, Irish Female, ADM).

I know the Chinese people only drink water after delivery (Nurse 32, Hospital D, Irish Female, Senior Staff Midwife).

This work oriented approach to the discussion on the part of these five respondents, as highlighted in the above quotations, raises the possibility of a culture of nursing, which will be further discussed in a later section of this chapter.

This theme centred on perceived differences between cultures. While all respondents contended at the outset that other cultures are different to their own national cultures, a number of similarities and differences were proposed by interviewees. Extension of the questioning indicated that individuals form one culture may by shaped by individuality rather than cultural constraint, as explored in the following theme. Moreover, a number of individuals were unable to articulate differences between cultures, thereby indicating they may simply assume other cultures are different. In light of this finding, organisations are cautioned to be mindful that the presence of employees from different cultures in the workplace does not automatically translate into significant differences in culture, rather may simply be assumed to.
In conclusion, while the following sections deal with responses to being questioned regarding whether individuals from the same culture are culturally constrained, throughout the discussion in this section concerning differences between home and other cultures, there were a number of occasions where individuals from different cultures offered similar opinions, while respondents from the same culture offered differing opinions. This indicates diversity across those from the same culture of origin. Moreover, towards this end of the section, a potential culture of nursing was indicated via a work focus exhibited by some respondents. This potential culture emerged throughout the interviews, and is addressed throughout this chapter.

4.5 Individuality Versus Cultural Constraint

As outlined in the proceeding theme, participants were asked to discuss differences between their own and other cultures, as they perceive them. In a continuation of this exploration of culture, nurses were asked whether all individuals from the same country or culture are the same. Only three nurses, one Irish and two Indian, consider individuals from the same country the same. This is an interesting contention given that in the preceding section it was noted that all respondents considered different cultures different to their own, yet under this question many concede that not all individuals from those cultures are the same. It is possible that some individuals may consider people from a different country as the same as each other when viewing them collectively, but realise individual differences when considering them as individuals “in isolation”. It is also possible, therefore, that organizations do the same, given that organizational thinking is not done by an organization as an entity rather by groups of individuals that make up the organization. Indeed, the contentions of these interviewees that individuals from the same country are not entirely similar appears to contradict existing cultural theory propositions, for example, Kinicki and Kreitner (2006) who suggested that culture involves shared meanings and assumptions that dictate how individuals should think and act. In the context of the Irish respondent who proposed that all individuals from the same country are similar, however, the interviewee referred solely to Ireland, and proposed that it is upbringing rather than culture that renders individuals similar:

In some parts, yes, people are the same. Even the Irish girls I work with we’d have much along the same beliefs and ideas. We’d have the very same work method and
ethos, and I think that’s probably the way you are brought up. The girls I work with are from West Cork (Nurse 20, Hospital C, Irish Female, CNM2).

The proposition that similarities stem from upbringing, however, implies that different upbringings will result in differences between individuals in the same country, consequently, individuals from the same country will be different. This appears to contradict the respondents actual intended statement. The proposition that upbringing results in individuals from the same culture being different also does not appear to fit with existing literature on culture. In particular, if culture is argued to shape the individuals in a country, for example, as acting as collective programming of the mind as per Hofstede (1991) or shared assumptions as per Kinicki and Kreitner (2006), why then would upbringings be significantly different to result in upbringing shaping individuals more that societal culture? It is suggested, therefore, that individuality shapes how societal members raise their children, thus individuality is maintained. Essentially, it is argued that contextual factors other than culture may result in individuality rather than cultural constraint. One of the two Indian nurses also made reference to upbringing, but both essentially indicated that, in their opinion, individuals from the same culture are the same as each other:

*Because your traditional and cultural things reflect from your behaviour. They would be different according to your upbringing, but the cultural basics will be the same.*
(Nurse 7, Hospital A, Indian Female, RGN).

*When it comes to a common land, a new country, the people there are all the same.*
(Nurse 10, Hospital B, Indian Male, RGN).

The above suggestion on the part of two Indian respondents indicating that individuals from the same country are essentially the same, contradicts the opinions of three fellow Indian respondents, whose opinions are expressed later in this theme, who proposed that not only are individuals from the same country different from each other, but also that individuals in India are culturally different dependant on whether they are from the North or South of India. Such contradiction indicates diversity in culture in the country, thus arguably consequential individuality rather than cultural constraint. This emerging argument for individuality rather than cultural constraint supports earlier research by O’Donovan (2010), while also again
contradicting existing cultural theory, for example, Hofstede (1991) who referred to culture as collective programming, thus indicating that culture should unite behaviours of individuals.

The majority of the nurses, 31 in total, comprising ten Irish, nine Indian, nine Filipino and three English, expressed an opinion that individuals from the same country are different from each other. This strongly represented assertion is a point of note. It is generally socially accepted that individuals are individual; they differ one from the other. When individuality is an accepted social truth, this raises a question concerning why it would be assumed that individuals from other societies are in some way culturally constrained. Why is it assumed that domestically, people are different from each other, yet when a group come from a different culture it is assumed that they will all be similar in thought and deed? This research accepts that individuals will share cultural norms, however, throughout this section, and indeed this chapter, questions whether cultural theory is used in an overly assumptive manner. Cultural theories are a valuable resource for organizations attempting to understand social norms, behaviour and expectations of those from different countries, however, they are based on those who took part in cultural studies, therefore should not be automatically assumed as representative of entire societies. Indeed, the primary differentiator between individuals from the same country, proposed by 11 respondents (two Irish, five Indian, two Filipino and two English) in this study, was personality, as outlined in the following representative statements:

They are as different I suppose as I am from people in my culture. Different personalities. Nevertheless, they have similarities, people from the same culture (Nurse 30, Hospital D, Irish Female, Clinical Midwife Specialist).

Personalities differ. Eating, socialising, dressing, particularly, me and my husband are from different states, he has totally different culture, I have totally different culture (Nurse 25, Hospital C, Indian Female, RGN).

Not even brothers and sisters are the same. It’s about the personality of the individual (Nurse 4, Hospital A, Filipina, RGN).

If you had me and fifty other colleagues from the UK would we be the same? Not in the slightest. Personalities. You could get a little quiet, English person that mousily says yes and no, and you can get the loud, brash English girl or you get the Indian girl
The strong indication emanating from the sentiments, and the representative quotations, is that individuals all differ as a result of personality. Personality is, however, too complicated a concept to be tied to a particular culture, as a myriad of factors shape an individual’s personality. It is reasonable to expect, therefore, that individuals will always differ with regard to personality. Therefore, although individuals from the same country may exhibit similar behaviours shaped by societal norms, they will inevitably differ by personality. Differing religious beliefs among individuals was also raised by three respondents (two Irish and one Indian) as a way in which individuals within the same country differ. This proposition supports the argument previously outlined in this chapter that religion transcends culture, and different religions are practiced in the same country, reinforcing the caution that organizations should avoid making assumptions on religious practices of employees based on country of origin:

*People have different religion, different beliefs, different cultures, so they are not the same* (Nurse 29, Hospital D, Irish Female, RGN/RM).

*People in a country are all different. From different religion, different cast, you can have different communities and beliefs, even from the different part of the country* (Nurse 9, Hospital A, Indian Female, RGN).

Moreover, the identification of differences as a result of religious practices is reinforced in the Irish context by data from the Central Statistics Office (2011) census, which identifies a number of practised religions among the population in Ireland.

Two additional dimensions of differences between individuals from the same country comprise opinions and upbringing, each of which was raised twice. Differences of opinion was raised by one Irish and one Indian respondent, while upbringing was raised by two Filipino respondents, supporting the argument that different upbringings result in differences amongst people. It is interesting to note that these two Filipino respondents propose that upbringing results in differences among people from the same culture, while the Irish respondent cited at the opening of this section proposed that upbringing renders members of the same culture similar.
Similar to other discussions concerning diversity and culture, a number of other ways in which individuals from the same culture differ were suggested. Propositions included the manner in which people work and the individuals skill set (one Irish), different values (one Irish), and individual motives and personal choice (one Irish). Other proposed ways in which individuals differ included their exposure to other cultures (one Irish), willingness to accept others (one Indian), religion and language (one Indian), similarities in thought with those from other cultures (one Filipino), and a personal, individual-centred culture (one Filipina). This variety of differentiators, although singular thus small in number, identified by eight respondents, serves to reinforce the notion that individuals from the same culture are not necessarily culturally constrained, certainly to the extent inferred by cultural theory. Considering, for example, the Irish sentiments included in the list, four Irish individuals proposed four different ways in which individuals in the same culture differ from each other. By doing so, these respondents therefore expressed both similarity in their contention that individuals differ, yet diversity in their interpretation of how, reinforcing the strength of individuality rather than cultural constraint. This diversity adds supports an earlier study by O’Donovan (2010) in which it was argued that opinions and perceptions vary among individuals, rather than being automatically and inherently shaped by national culture. Indeed, one Irish respondent did propose that culture may inform individuals, but they may not necessarily be subsequently constrained by that culture:

*I think their culture is going to inform who people are, but I would wait and see every time. You notice within the Indian culture the caste system no longer exists, but you actually see traces of it when you are talking to people, and after a while you can start to segregate them. I can now identify people from where they are in India, whereas I couldn’t to that ten years ago. You can see what state they are from, and you can have a good idea where they are from because of the way they speak and how they view the world* (Nurse 12, Hospital B, Irish Female, RGN).

Three additional respondents, two Filipina and one English were unable to articulate ways in which individuals from the same culture are different from each other, simply stating that people are different:
I would say there is a difference. I think they are different, it depends on the person
(Nurse 13, Hospital B, Filipina, RGN).

Although a simple statement, the proposition somewhat contradicts Kokt’s (2003) assertion that culture implies that common meanings are found amongst the members of a society. Furthermore, the inability to articulate the manner in which individuals from the same culture differ from each other, regardless of offering the opinion that individuals differ, is arguably reflective of the previously outlined issues with discussing and defining culture. In particular, it was highlighted that some respondents found it difficult to articulate culture, or gave quite different definitions or contributory factors to that of others form their country of culture, thereby calling into question whether managing national culture is possible given it means different things to different people.

The remaining three of the interviewee pool, all Irish, interpreted the question from a work-based perspective rather than a societal perspective as per the other respondents. Additionally, they considered the question in terms of cultures other than their own, rather than including their own. This raises a question as to whether these respondents, thus potentially other members of society, acknowledge that they have a culture, or is it simply taken for granted that they do, meaning they do not consider it. One of the three respondents suggested that when nurses from other cultures come to work in an organization initially, they tend to be similar, but tend to become similar to the host country culture as time progresses. This particular respondent stressed the importance of induction, which she proposed facilitated the development of a common professionalism. The other two nurses, who interestingly came from the same hospital, both focussed on the national cultures of the patients that they see, and contended that they appear similar when from the same country, however, were quite general in their assertions, as indicated below:

To me people from the same culture are the same. At work, in the workplace, they are the same. Everyone coming from France to me, they all seem the same to me. And for example Poland, most of the Polish women coming through seem to be migrant women coming through, so they would seem the same, however we have Polish doctors working with us so obviously they’re a higher socio group so that’s the difference that I see (Nurse 26, Hospital D, Irish Female, Clinical Midwife Specialist).
Some of our patients would be from say Romania or different countries like that and they would have a different culture with regards to accommodation and they wouldn’t be as well off and wouldn’t be as well of or be employed. I think that would be a fair comment; you know the majority would be similar (Nurse 33, Hospital D, Irish Female, CMM3).

The perceptions indicating individuality rather than cultural constraint support, and are supported by, an underlying theme which emerged throughout the course of some respondents discussion, specifically, the presence of subcultures in a culture, the identification of which supports Bing’s (2004) reference to the presence of subcultures in culture. This theme was most notably articulated among the Indian participants, four of whom outlined the presence of subcultures in their home country, however, on multiple occasions, other cultures showed their individuality. Sentiments representative of the four Indian respondent’s identification of subculture are outlined by the following quotations:

As Indians, we are not all the same. I am from the south, and even from the south we have four different counties and different languages, dialects, even the languages, beliefs and everything. No individual is the same as another, that’s all over the world (Nurse 9, Hospital A, Indian Female, RGN).

People from Bantry are really different from people from Cork or Dublin are really different from Cork as we are seeing here in Ireland. So, the same thing in India: people from one state will be totally different that the other in accepting, some will be very rebellious, some will be very good, and so I think in that way. People from the same country will be different in some aspect (Nurse 31, Hospital D, Indian Female, Staff Midwife).

Of the four Indian respondents who discussed subcultures, two also referred to cultural differences across Irish counties, indirectly referring to subcultures in Ireland. If there are subcultures in the host culture context, it is reasonable to expect subcultures among other cultures, suggesting that operating under the assumption that all individuals from one culture will be similar is unwise. This reference to subcultures in Ireland was directly supported by two other nurses, one Irish and one Filipina:
I think they differ. I mean within Cork the North side south side thing. Or Dublin you know everyone’s different (Nurse 3, Hospital A, Irish Female, RGN).

I think people, even though they are from the same country, they can have a different culture. In Ireland, for example, there is a different culture in every town, so culture varies (Nurse 8, Hospital A, Filipina, CNM1).

Another two participants, one Irish and one Filipino also raised the concept of subcultures, albeit less directly, for example, meaning in total, therefore, eight respondents raised the issue of subcultures. If there are indeed subcultures, within cultures, this raises a question regarding how culture can possibly be managed, if employees coming from the same country of origin have been exposed to a different culture. Indeed this question again supports Bing’s (2004) caution that factors other than cultural classifications need to be taken into account when examining individuals from a particular culture, such as age, occupation and exposure to other cultures. Subcultures, in this context could be considered “other” cultures. In addition, when this is considered in light of the aforementioned suggestion of individuality rather than cultural constraint, the indication is that it may be impossible to alter management processes or organizational culture to cater for the home cultures of employees. The basis for this argument is that home culture could appear quite different to different individuals from the culture.

This theme highlights that, with the exception of three, all respondents deem individuals from other cultures as individuals, rather than culturally similar or constrained societal members. In addition, the concept of subcultures in cultures was raised. Of note, all respondents had previously asserted that different cultures were different to their own. This is significant for organisations, in that it indicates that employees, and so also potentially management, may assume that employees from different cultures are all the same when considering them as a group, yet, when considering employees from different cultures in isolation, as single beings, recognise differences between them and their compatriots. Consequently, in order to avoid culturally stereotyping employees, organisations are advised to consider employees at all individual level, rather than assuming the employees behaviours and attitudes can be predicted based on cultural classifications. Moreover, adaptation of managerial processes to cater for different cultures is likely to be difficult, if individuals from the same culture so not automatically share a cultural norm. Ultimately, this theme indicates that individuality may be
stronger than cultural constraint. To further investigate, the following theme addresses whether employees consider national or organisational culture more important.

### 4.6 The Impact of Organizational Culture on National Culture, and the Perceived Importance of Each

Interview participants were questioned regarding whether they deem their national culture to be affected or changed in any way by the culture of their organizations. Respondents were further asked whether they considered their national culture or the organization’s culture more important, primarily as existing cultural theory suggests that cultural diversity among the workforce necessitates adaptation of organizational and managerial processes and thinking. As referenced in Chapter Two, O’Donovan (2010) and Gerhart and Fang (2005), however, did propose that while cultural differences need to be understood by organizations, they need to be considered in the context of other factors, for example, organizational culture. The difference of perspectives on the part of these authors grants support to the line of questioning in this study dealt with in this section.

Seven participants were of the opinion that their culture has been affected in some manner by the culture of their organizations. One of these respondents was from England, and proposed that the change has been positive, opining that she could now access a wider range of ideas as a consequence of multiculturalism in their ward. Significantly, the other six of the seven respondents who opined that their culture has been affected by the culture of the organization were Irish rather than non-Irish. This finding is perhaps contradictory to the expectations of existing cultural theory. Cultural discussions as per, for example, Shieh et al. (2009) and Garenswartz and Rowe (2001), have a tendency to explore national culture in the organization focusing on the presence of non-domestic cultures, thereby potentially excluding consideration of the domestic culture. It is noteworthy that these six Irish deemed their culture to have been affected in some way by the culture of an Irish organization. Typically cultural diversity management initiatives tend to focus more on the cultures of non-national employees, whereas in this context, with the exception of the positive impact indicated by the English respondent, it is not the non-Irish employees who considered their culture affected. Additionally, only six of the Irish sample considered their culture affected, indicating
individuality among the Irish sample, as the remaining eight Irish did not. Representative statements include the following:

*When I started work it was a case of you knew ways of getting around things. Nowadays, we’re so audited, and we’re so regulated and so constrained by HIQUA and rules and regulations that there isn’t as much wriggle room as there had been. You would want to be very sure of your ground before you deviate from any procedure, and you need to cover your back when you do* (Nurse 1, Hospital A, Irish Female, CNM2).

*A good few of the doctors are foreign, so they would influence me in some ways because I would be working alongside them. The patients would influence me in some ways because they expect different scans to be done for them, which may be routine in their country and not in this country* (Nurse 26, Hospital D, Irish Female, Clinical Midwife Specialist).

*I meet different cultures inside the hospital, so they affect me. They affect my own personal understanding of people. Does that mean I’m changed? You see I keep thinking about patients, I need to remember, no, I don’t feel I’ve been changed by the different cultures I’ve worked with as colleagues* (Nurse 30, Hospital D, Irish Female, Clinical Midwife Specialist).

In contrast, 23 participants, seven Irish, eight Indian and eight Filipino, asserted that the culture of the organization does not, in any way, affect or change their national culture, as the following representative quotations illustrate:

*I think it would be the other way around. I think I bring my Irishness into the hospital, rather than the hospital enforcing its culture on me. I feel my Irish identity would be stronger than say my identity as a nurse in this hospital* (Nurse 12, Hospital B, Irish Female, RGN).

*I am still following my own way. No, definitely not. I know how to adapt to it workwise* (Nurse 9, Hospital A, Indian Female, RGN).
Not really, no, because we are aware that we have our own and you have your own, but, like they say, “Do as the Romans do”. It won’t change my practice and culture in my country, but, because I am here, I am doing it like here because this is your culture here (Nurse 4, Hospital A, Filipina, RGN).

The above representative quotations also serve to highlight that in some instances nurses recognise that there may be a difference between organizational and national culture, yet consider themselves unaffected by those differences. It is possible that some individuals may expect differences between personal and work preferences, therefore are not fazed by them when they occur, rather consider them a facet of working life. Organizations, for example, have rules, standards and procedures which employees must abide by regardless of their agreement with them, suggesting that employees may also operate under an organizational cultural context without full alignment or agreement with that culture, indicating that the issues of a workforce comprising different national cultures, as discussed by Shieh et al. (2009) for example, may not be as significant as expected.

As indicated above, respondents discussed whether they consider their national culture affected by the organizational culture. One nurse, however, took a considerably different view, focussing entirely on organizational culture, although questioned regarding national culture, responding as follows:

Well you could look at the culture in a hospital from different aspects. From a management perspective, the culture would be change, so you might be looking at change, and how people accept change. We are lucky that we’re a new hospital and the culture, we amalgamated three different cultures into one, well four really, so it’s bringing best practice from each unit, but also developing our own, new culture. It takes a while for that to imbed within the service, so we’re lucky in that sense that we’re not in a building or an environment that’s old, it’s new so it’s constant change, we’re a very young workforce (Nurse 24, Hospital D, Irish Female, ADM).

Interviewees were also questioned regarding whether they deem national or organizational culture more important. Opinions on the topic were quite mixed. Just two of 37 respondents, both Irish, considered their national culture more important than organizational culture:
My culture I think is important. They are my beliefs and I think you have to have your own beliefs first. Obviously, you have to follow the rules of the hospital and protocol, but you have to have your own slant on it too (Nurse 26, Hospital D, Irish Female, Clinical Midwife Specialist).

I think I see my own culture as more important. It’s connected to my identity, and who I am, and I would be resistant to prioritise the culture of the place I work (Nurse 30, Hospital D, Irish Female, Clinical Midwife Specialist).

It is interesting to note that Ireland scores relatively highly on Hofstede’s (2014) individualism dimension, which these two Irish respondents may reflect in their assertion that their national culture is more important than the culture of the organization. It is possible that these two employees may exist at the higher end of the individualism spectrum, and that the importance that they place on their own culture over that of the organization is reflective of that individualism. In contrast, twelve respondents, six Irish, five Indian and one Filipina, proposed that organizational culture is more important than national culture, as illustrated by the following representative quotations:

I think the organizational culture is better because it’s the same rules for everyone. You’re treating everyone the same (Nurse 3, Hospital A, Irish Female, RGN).

I’ll go with the hospitals culture. I work in a hospital, the hospital pays me, so when you are in Rome, you would be a Roman (Nurse 10, Hospital B, Indian Male, RGN).

The culture of the organization is more important. Because you see you are serving people who are not under me, they are under an organization, so if I don’t understand them, if I don’t accept their culture, how am I going to understand those people and how am I going to give them the care or the reassurance or whatever that is needed by them (Nurse 31, Hospital D, Indian Female, Staff Midwife).

The indication of the above sentiments is that while at work, for some employees, the culture of the context is more important. In addition, the suggestion on the part of these 12 respondents that organizational culture is more important than national culture may speak to an ability to contextualise, allowing for an acceptance of the organizational culture while at work, and an
ability to readapt to societal culture while out of work. Organizations can capitalise on this finding by focusing in the development of a strong, unifying organizational culture to negate the suggested necessity of adapting to cater for the presence of different cultures. Furthermore, the suggestion on the part of 12 respondents that organizational culture is more important in the work context supports the argument made earlier in this section. In particular, it was argued that that individuals may be aware of differences between national and organizational culture, yet simply accept those differences as a facet of working life. Moreover, the composition of these 12 respondents, in particular the Indian and Filipina respondents, indicates that adapting organizational culture to cater for the presence of different cultures may be unnecessary, as those six respondents consider the organizations culture more important. This finding is, however, also arguably supportive of the contention that these cultures are relatively collectivist. Hofstede (2014) proposes that collectivist cultures value group cohesion and loyalty. Group cohesion and loyalty in an organizational context arguably requires adherence to organizational culture, thereby, considering these employees, supporting Hofstede’s assertions.

A further eight respondents, three Irish, two Indian and three Filipino proposed that national and organizational culture are, in their opinion, equal in importance. Considering both variations of culture equally important, yet identifying a difference between them, again points to the ability to contextualise, thereby recognising that work culture exists, yet work and national culture are equally important, and not automatically in conflict. The respondents assertions are summarised by the following:

*You see your national culture would be important to you as a person, but the culture of the hospital, for example if there is a policy there, you have to abide by it. You have to work with the policies rather than overstepping the mark. If you went away, your national culture is always going to be with you, but then if you went to work in a new job abroad, their work culture, you’re going to be following that culture, you’re going to be following the work culture* (Nurse 29, Hospital D, Irish Female, RGN/RM).

*Equally important I say. I have to follow my culture in my home, so I can’t change my culture to this country. Both are more important for my life and my job and my personal life* (Nurse 22, Hospital C, Indian Female, RGN).
They are equally important because when you are practising nursing its regardless of your race regardless of your practice or religion or whatever so for me as a nurse I will work based on the culture of the country I am working in, the practice of the patient or my peers in the particular culture I am in (Nurse 4, Hospital A, Filipina, RGN).

The equal weighting of importance assigned to both national and organizational culture by these eight respondents, moreover, again indicates that adaption of organizational culture to cater for non-Irish employees may be unnecessary, as five of the eight who assigned equal importance to both cultures were non-Irish. Similarly, a further five respondents, two Irish and one Indian, Filipino and English, proposed that national and organizational culture coexist, suggesting a lack of conflict between the two, again raising a question as to whether adapting organizational culture to cater for employees from other cultures is necessary:

When I am in the hospital I am just doing my duty, I have to do my duty, and at the end of the day I just take care of the patients and see everything is alright – that’s the important thing. There’s no clash (Nurse 34, Hospital D, Indian Female, Staff Nurse).

It has no bearing on me, because I have my own opinion, they have their opinion. I have my views, they have their views. As long as we get along well it doesn’t matter at all (Nurse 18, Hospital B, Filipino, CNM1).

I think I’m just easy enough that it’s not extreme enough either way for me to feel that they’re against each other, that there’s any confliction. I don’t feel there’s a confliction of my time at work and my time in the outside world. No, I don’t think there’s a concern (Nurse 36, Hospital D, English Female, RM).

The suggestion on the part of these five respondents that both cultures coexist somewhat refutes the assertion of Shieh et al. (2009), who proposed that one of the most difficult issues in managing different cultures stems from cultural conflict which can occur in the course of mutual contact. Although Shieh et al. (2009) were primarily referring to different culture among employees, it is arguable that organizational culture could be considered as another culture in the context. Moreover, a further three nurses, one Irish, one Filipina and one English, were of the opinion that there is no discernible difference between their national culture and
the culture of the organization, again suggesting a lack of conflict between societal and organizational culture:

*I wouldn’t have said that there was any difference really between the culture of the organization and my culture. You know it’s an Irish city, the majority of the people working in it are Irish, so, so, I wouldn’t think there is any difference there at all* (Nurse 11, Hospital B, Irish Female, RGN).

In a similar vein, but rooted in a different perspective, a further English respondent indicated a lack of clash between his national and organizational culture, but prefaced his comment with the proposition that his personal identity rather than national culture carried the most significance for him. His pride associated with working in the particular hospital allowed that personal identity to remain stable, resulting in no discernible issue between national and organization culture in his opinion:

*My personal identity is very important, and I think that’s much more important than the hospital to me. My national culture, no, I think I’m proud to work at the hospital, and as, to me, quite an alien culture, it’s different than any hospital I’ve worked in in either Ireland or the UK, high standards and sometimes it feels a little bit pedantic, but, I do honestly believe the nursing standards are very high, and I’m very proud to say I’m a [hospital name] nurse, which I might not have been so proud in other hospitals I’ve worked to say I’m proud to be a nurse from this or that hospital* (Nurse 21, Hospital C, English Male, RGN).

This statement, although singular, highlights that to some, their individuality may be more important than national culture. This suggestion is perhaps supportive of Ferdman’s (1995) contention that many individuals, particularly from individualist societies (which the UK is classified as) consider their individuality a significant aspect of themselves, an aspect which they do not want overlooked. The implication of this suggestion is that organizations may be better served to focus on the holistic inclusion of individuals, rather than adaptation of particular processes based on wide categorisations of whole cultures.

Of interest is an undercurrent flowing throughout responses to the line of questioning regarding national and organizational culture, specifically the suggestion that there is almost a unique culture of nursing, as also alluded to in earlier sections of this chapter. This culture perhaps
stems from the universal proceduralisation of the process, or perhaps resulting from the nature of the profession and sector. This culture of nursing may take precedence over both national and organizational culture, being arguably profession-rooted, supporting Figiel’s (2003) assertion that occupational culture may carry more significance than organizational culture. Indeed, overall, nurses tended to express themselves in a work-oriented manner, even when questioned regarding general culture, as highlighted, both implicitly and explicitly, by the following five respondent’s (three Indian and two Filipino) quotations:

*I think nursing is the same worldwide. There is a culture of nursing. Definitely, it is more important, because it’s a professional culture and whoever studies nursing has it, and there’s no other culture influencing the part of us being with the patient, doesn’t make a difference, that’s what I think. The care of the patient is important, so it comes first rather than personal cultures and national culture and all that* (Nurse 25, Hospital C, Indian Female, RGN).

*I think in there are many people in the one profession and we all have a different culture and different practices and beliefs but I think when we are in the nursing profession we can’t imply our own thing to the patients, we have to accept whatever they are practising or they are believing. I think we can’t impose our own belief system to others, so we have to respect the individual cultures* (Nurse 37, Hospital D, Indian Female, RM).

*When you work together it doesn’t matter where you’re from. You forget. I tend to forget I’m from the Philippines. I tend to forget they are Irish. We are one together in here, we work together* (Nurse 18, Hospital B, Filipino, CNM1).

Indeed, the concept of a culture of nursing emerged organically throughout the interviews and became evident as an emerging theme during the coding process, particularly when exploring responses to questioning regarding OCBs, thus is also discussed later in this chapter in that context. The continual undercurrent pointing towards a culture of nursing is significant. In particular, it is suggested that this profession-oriented and profession-rooted culture may take precedence over both national and organizational culture in the minds of nurses, and may also render nurse more likely to engage in OCBs, particularly those that benefit patients. It is difficult to hypothesise whether a similar profession-oriented culture may exist among
members of other cultures, given the nature of nursing, and the focus of this study. Consequently, one of the recommendations of this study is that further research be conducted to ascertain the presence of such a culture among other professions.

Finally, two nurses, both Indian, did acknowledge cultural differences between their national culture and organizational culture, but indicated a choice on their part with regard to adapting to the culture they now find themselves emerged in. It is therefore arguable that the nurses appeared to view their adaption almost a self-integration strategy, while similarly, a further Indian respondent essentially suggested that adapting to the culture of the organization is simply what one does. The suggestion that individuals can chose to adapt to another culture, in this instance the culture of the organization, appears to somewhat negate arguments in exist literature, such as those proposed by Gardenswartz and Rowe (2001), which suggest that organizations should adapt to cater for different cultures. The interviewee’s sentiments are outlined below:

I have adopted the culture here, yeah. Like when I work in this system, this health care system, I have to understand Ireland, I have to accept it. And I think it’s a good thing, otherwise you won’t understand people (Nurse 31, Hospital D, Indian Female, Staff Midwife).

When we enter this country we become a part of this country, so I never make my culture into this country, so the patients will get confused, mixed up. I am a foreigner coming into this culture, so I have to adjust. I can’t tell people in India you have to go and learn the European culture, because they were brought up in that culture, but if I am ready to go somewhere else, I have to be ready to learn something new (Nurse 28, Hospital D, Indian Female, RGN).

It’s just caring of the patients and what the hospital policy or the protocol says, we have to follow that, and it’s very organised and I am happy and it doesn’t interfere in my culture (Nurse 34, Hospital D, Indian Female, Staff Nurse).

This section explored respondents thoughts concerning differences, and the importance of, national and organizational culture, in particular whether one outweighs the other with regard to perceived importance. Respondents’ statements on the matter carry weight for two particular
reasons. Many quotations, as discussed in the latter stages of the section pointed towards a potential culture of nursing, suggesting a potential unity related to the job, as more fully discussed throughout the chapter. Secondly, the apparent lack of culture-clash between employees’ national culture and the culture of their respective hospitals indicates that adaption to cater for non-Irish employees may not be necessary. If not necessary in the context of Irish hospitals, it is likely also unnecessary in organizations residing in other countries, although further research on the matter is recommended prior to generalisation. Having identified an apparent lack of conflict between national and organisational culture in this section, the following section explores whether interviewees deem their national culture to have an impact on their job performance.

4.7 The Impact of National Culture on Job Performance

Existing cultural theory contends that culture may impact employee performance. Lussier (2008), for example, contends that cultural diversity incorporates differences with regard to attitudes to time-keeping and work ethic, while Gardenswartz and Rowe (2001) simply state that culture influences the behaviour of employees in the workplace. In order to explore this contention, from the perspective of the employee, participants were questioned as to whether their national culture affects their job performance. Twenty one nurses, seven Irish, nine Indian, and five Filipino, responded in the negative, while ten interviewees, seven Irish, two Filipino and one English, responded in the positive. It is noteworthy that those responding in the negative are, in expressing their opinions, contradicting existing cultural literature, for example work by Lussier (2008), which suggests that national culture may impact the manner in which individuals behave at work. Fourteen participants (four Irish, seven Indian and 3 Filipino) who responded in the negative were categorical in their statements, simply saying “no” (in six cases), or, for example, sentiments similar to the statement below:

*It’s not affected any way badly. I didn’t see any negative effect from my culture. I don’t feel any affect from my culture on the care of the patient* (Nurse 22, Hospital C, Indian Female, RGN).
The other seven interviewees who contended that their performance is not affected by their national culture were more expressive, offering a number of reasons why their performance is unaffected. Two respondents, both Irish, suggested that national culture does not impact their performance as they are in the organization for a shared purpose, again arguably hinting at the notion of a culture of nursing:

*I don’t think so, I think we are all here for a purpose. I think we all work well together. We don’t see anybody as different, everybody is the same here. I think that goes across the board. We just all gel together* (Nurse 3, Hospital A, Irish Female, RGN).

*Culture does not affect it, absolutely not. Because I would be working with the goals and the objectives of the organization rather than my own. But it’s important that everyone has their own, because if I was pregnant someday myself, I have my own beliefs, but I wouldn’t enforce them on anyone else. Everyone has their own beliefs, and that’s very important* (Nurse 24, Hospital D, Irish Female, ADM).

Unification of performance as a result of a shared purpose need not be unique to hospitals, rather can be capitalised upon by other organizations through the use of cultural cues which highlight the shared purpose and the importance of performance. Such cultural cues may involve leading by example i.e. managers and supervisors being seen to adhere to the goals of the organization and performing in an appropriate manner, or perhaps the symbolic rewarding of desired performance via praise and recognition. Organizations may also make use of performance management process, particularly the components of goal setting, appraisal and feedback to reinforce the importance of the employee and their performance in the achievement of the overall organizational strategy. A further Irish participant proposed that, as an individual, they perform to the best of their ability while in the workplace, regardless of culture, and further suggested that individuals should adapt to the culture they find themselves working in or with. This suggestion was supported by a Filipina respondent, who stated that individuals coming from a different culture should be flexible and adapt to the host culture:

*I think as a person you perform to the best of your ability. If you have people coming in to you, you need to understand them. They also need to blend in and make themselves part of your culture to a certain extent. You need to blend your culture in with theirs. And if you help them they will help you back. I think your culture is your*
culture, but you still have your policies, which you have to abide by. I wouldn’t say you’re going to form a new culture because there’s other cultures coming in to the country, but you’re going to still try respect their culture and what they want and their wishes (Nurse 29, Hospital D, Irish Female, RGN/RM).

You will be flexible to where you work, you see what will be, the protocol, or what will be the system there, or what will be the management, you have to cope with it. You have to adjust yourself, you shouldn’t bring your own way of dealing with my patients (Nurse 14, Hospital B, Filipina, RGN).

Indeed, this suggestion that individuals are flexible in reflecting the context they work in is reflective of the three Indian nurses discussed in the latter part of Section 4.6 who indicated that individuals should, and can, adapt to the environment they find themselves working in. This concept of adaptation to the work context somewhat supports Bing (2004), who suggested that factors including occupation and exposure to other cultures need to be taken into account when considering individuals of different cultures.

Moreover, one Indian respondent proposed that exposure to the Irish culture has been advantageous, resulting in career and skill development, while a second Indian respondent indicated that while integration into the Saudi culture and workforce was difficult due to enforced clothing restrictions, adaption to the Irish culture has been easier in comparison. Finally, being welcomed by patients has resulted in the final nurse, a Filipina, believing that her work performance has not been affected by her culture, stating:

Based on experience I don’t have issues. I am in Ireland for 10 years. I got a warm welcome. Maybe at first the older patients were surprised but they adjusted and we’ve always had a good appraisal with them. They think all Filipino’s are nurses and think we are all caring and loving. I have had no hard time. It’s not affecting the job (Nurse 8, Hospital A, Filipina, CNM1).

In contrast to the above twenty-one nurses, ten nurses deem their performance affected by their national culture. Of interest, seven of these ten respondents were Irish, signifying half of the Irish respondent pool. This is significant, as while seven of the Irish respondents consider their performance affected by their culture, as previously outlined, the other seven Irish respondents
did not, signifying a divide in opinions, and diversity in thinking among the Irish participants. Such diversity amongst Irish employees could be easily overlooked if organizational attention is solely focussed on non-Irish employee diversity. Additionally, if such diversity in thinking exists between Irish respondents, it stands to reason that the same diversity should be expected among non-Irish respondents. Consequently, organizations should apply a holistic, inclusive approach to considering workforce diversity, rather than assuming overarching similarities among individuals from the same country. Indeed, this suggestion supports Bing’s (2004) advice that organizations should avoid assuming individual cultural preferences based on culture classifications.

Four respondents, three Irish and one English, proposed that their national culture positively impacts their work performance. Two of these respondents, both Irish, proposed that being Irish results in being well perceived abroad, resulting in being well-received in international workforces:

- *I have worked abroad and I think being an Irish nurse abroad has enhanced performance* (Nurse 11, Hospital B, Irish Female, RGN).

- *I would like to think that my culture does impact performance in the sense that the Irish are world-renound for being hard workers, so yeah I do work hard and I would if you were to go to a different country, historically, the Irish workers are seen as good strong workers within the nursing workforce. I think your nationality could favour you* (Nurse 23, Hospital C, Irish Female, CMN2).

These respondents appear to be essentially suggesting that their “Irishness” indicates to hospitals in other countries that they will be good workers, and therefore are well accepted abroad, indicating that being Irish was advantageous for them. The other two nurses, one Irish and one English, posited that their national culture renders them better able to be assertive, whether with other healthcare professions, or on behalf of patients:

- *The Irish nurses tend to be far more able to argue their point with anyone they deal with, especially with the medical staff* (Nurse 1, Hospital A, Irish Female, CNM2).
My culture impacts the way I operate. One of the things I cherish is honesty and being straight so very important to most nurses role is being a patient advocate and doing what’s right. And, again, broad strokes, I’ve found the Indian nurses that I work with tend to be a lot more assertive than the Filipino nurses I work with (Nurse 21, Hospital BC, English Male, RGN).

The contention on the part of these two nurses that they are more assertive than other cultures they work with arguably supports Hofstede’s (2014) contention that Ireland and the UK are individualist, and relatively masculine with a low level of power distance. Such cultures could, based on their classification, be expected to be more assertive in the workforce. A further positive impact on performance stemming from culture, according to one Irish participant, related to the positioning of Irish nurses in the mind of others as pleasant:

I think it probably does, in a positive way. I think there’s an expectation if you’re Irish. The idea that you are polite, that you’re on time, that you’re clean, that you do what you’re told when you’re told (Nurse 12, Hospital B, Irish Female, RGN).

In contrast to the above positive perspective, however, three nurses, two Irish and one Filipina discussed the impact of culture on performance from a negative perspective. One nurse proposed that a mismatch between culturally accepted treatment in Ireland and accepted treatment in other countries, particularly with regard to the automatic availability of particular foetal scans, results in potentially letting patients down. This, however, is reflective or differing service standards, rather than a cultural issue. A further interviewee proposed that she experiences a reluctance to engage with non-Irish patients who she may not understand, while finally, differences concerning end-of-life practices were identified as culturally challenging by the third respondent. In particular, the nurse found it difficult that patients are involved in end of life discussions, which again, however, is arguably perhaps more reflective of patient involvement in service provision rather than a cultural issue per se. The final two nurses who believe their national culture impacts their work performance offered two differing perspectives. One nurse, Irish, suggested that when caring for non-Irish patients she feels a responsibility to espouse Irish cultural values. This could be interpreted as meaning that this individual perceives a strong sense of self-identity, of which her “Irishness” is part of, therefore, resulting in a desire to share that “Irishness”:
If you are looking after a foreign person you’d have to respect their wishes, but even when you’re having a conversation with them, looking after them, you’ll look after them as much as you can, trying to show them the Irish way of life, especially when you’re looking after someone not from the country (Nurse 15, Hospital B, Irish Female, RGN).

The second nurse, a Filipino, indicated that he has a higher level of respect for elderly patients as a result of his national culture values, supporting Hofstede’s (2014) categorisation of the Philippines as collectivist, as such cultures may be expected to respect those with authority in the group, which in the work context may translate to respecting the elderly:

In the Philippines our culture is to respect the elderly even though they are not your relation, they are elderly people, you respect all the senior citizen (Nurse 6, Hospital A, Filipino, CNM1).

While 21 interviewees proposed that national culture does not impact their work performance, and ten respondents suggested that culture does impact their performance, albeit in a variety of ways, a further four respondents, two Indian, one Filipino and one English, indicated that their national culture did impact their performance when they began working in Ireland. The respondents also suggested that the effect has diminished over time, as indicated by the following representative statements:

I think maybe it took a while to adjust, but I am very flexible and open anyway so I can mould myself wherever I go. It could be my personality, so I don’t think it has a great affect (Nurse 31, Hospital D, Indian Female, Staff Midwife).

When I first was here I was finding it hard initially. It was quite different. Initially I got very upset when I first moved here because I felt people judged me solely on the fact I was English, it was nothing else. And I think most people probably do on first impressions. Then they go “Oh she’s actually alright for an English woman”. (Nurse 36, Hospital D, English Female, RM).

These four respondents suggest that while some individuals may initially perceive a difference between home and host country culture to the extent that it may impact their performance, the
affect is not always long-lived, indicating that successful induction into the organization, for example, may negate potential issues. Organizations may also find it useful to engage in job chats, a concept discussed by O’Donovan (2010). In a study concerning performance management in hotels, job chats were identified as an informal element of performance management, engaged to ensure employees were settling into the organization, to troubleshoot issues, and reinforce and clarify expectations of both parties. In light of the suggestion above that some individuals may perceive initial differences that may not be long-lived, job chats could be used to quicken this process. The remaining two of the 37 respondents viewed the questioning from a different perspective. One Filipino respondent suggested upbringing rather than culture impacts work performance, while an English respondent proposed training impacts performance:

*In some ways, you go back to your foundations, your family, your parents, the way they teach you and as you grow up* (Nurse 2, Hospital A, Filipino, RGN).

*I don’t think it is culture, it’s my training, which I don’t think is a cultural thing. Culture, it’s something you don’t think about really!* (Nurse 35, Hospital D, English Female, RM)

Indeed, the identification of factors other than national culture which may impact performance arguably speaks to the contextual nature of employee performance. It is possible due to contextual factors that an employee from a particular culture could perform differently in different contexts due to the different environmental factors at play. Employees could perform a particular way in one organization and differently in another, whether in their home country or another country. Almost two thirds of respondents were categorical in their assertion that their national culture does not impact their performance, their opinions contradicting existing literature which holds that national culture impacts work performance. Some respondents suggested reasoning concerned being in the organisation for a shared purpose, while others again alluded to a culture of nursing. Of interest, there was disagreement among the sample, with 10 nurses proposing their culture does impact their performance. Seven of these respondents were Irish, which serves as a point of caution for organisations, in particular, the domestic culture should not be overlooked when considering cultural diversity. Additionally, it was suggested by some non-Irish respondents that the effect of their culture
on performance had diminished over time, indicating that initial conflict between national culture and performance is not always likely to continue.

The previous number of themes have explored national culture, with regard to what it means and its importance, from the perspective of employees. One of the primary purposes for this aspect of investigation was to gain insight into how, indeed whether, employees consider, or are affected or impacted by, their national culture, as it has previously recommended that cultural diversity be managed. It is questionable, however, whether a concept that is as abstract as the proceeding themes suggest it to be can, or indeed needs, to be managed. In a similar vein of reasoning, the following number of sections explore diversity, leading up to a discussion of themes relating to inclusion.

4.8 Defining Diversity: The View of the Individual, and Perceptions of Advantages and Disadvantages Associated With Diversity

As discussed in the literature review in Chapter Two, a multiplicity of definitions of diversity have been advanced. Diversity is argued to impact employee performance at work, and also carry a number of potential benefits, as proposed, for example, by Bagshaw (2004) and yet also challenges, as articulated by, for example, research by Espinoza (2007). Essentially, it was suggested that diversity must be managed. A query associated with this thesis, however, is how can diversity be managed if organizations do not understand what diversity actually means to the employees whose diversity is under question? To address this question, and better understand what diversity means to the individuals in this study, participants were essentially asked to define diversity. When questioned in relation to the concept of diversity, nurses demonstrated differences even in their interpretation of the concept. The most significant response stemmed from the interpretation of diversity as simply meaning differences amongst individuals, with eighteen nurses, six Irish, four Indian, seven Filipino and two English, adopting that sole focus, as highlighted by the following representative quotations:

*Diversity means difference. It means a difference in people, and obviously we need to be open to that difference as well as open to similarities in culture* (Nurse 30, Hospital D, Irish Female, Clinical Midwife Specialist).
It’s difference. But it’s not a bad thing. If you take different diversities, they all can work together. Different way of thinking, way of doing things, way of communication, all that you know (Nurse 25, Hospital C, Indian Female, RGN).

It is interesting to note that, in the two representative statements above, the respondents indicate that diversity is positive, perhaps even required. Other representative statements below indicate the more general nature of other nurses who interpreted diversity as simply meaning differences:

Diversity is the way we are brought up by our parents. Their attitude in life. It’s like culture as well – your beliefs and that. People are just people. That’s the way it is (Nurse 2, Hospital A, Filipino, RGN).

Diversity is about people being different and being allowed to be different and being allowed to be different and enjoying those differences. (Nurse 21, Hospital C, English Male, RGN).

The simplicity of this line of thinking on the part of these respondents should not be overlooked or considered insignificant. This perspective reflects the sentiments of almost half of the respondents, therefore, should be granted credence as it indicates that organizations may find it beneficial to focus on inclusion rather than diversity management. Inclusion concerns holistic integration of employees cognizant of the wide variety of individual differences whereas diversity management may be more category-based in nature, resulting in the viewing of employees through the lens of different categorisations. Friday and Friday (2003), for example, as outlined in Chapter Two, refer to diversity management as an active phenomenon which involves coordinating and directing the differences of individuals. Coordinating and directing differences, however, first requires categorisation of differences. If people are simply all different, categorisation of differences is likely to result in assigning individuals into broad groupings, ignoring the differences among individuals in that grouping and assuming overall similarity based on one shared characteristic. Doing so may result in demotivating employees as a consequence of both oversimplifying their diversity and ignoring their individuality. If demotivated as a consequence of inappropriate or assumptive diversity management efforts, there is a potential of damaging performance levels and subsequently decreasing the likelihood of undertaking OCBs.
An additional nine participants, five Irish, three Indian and one Filipino, also referred to diversity as a set of individual differences, supporting the contention of IBEC (2003) and Joplin and Daus (1997), who contend that diversity is simply the ways in which individuals differ, but also expressed a multifaceted view. While all nine referred to personal differences, the five Irish also discussed diversity in a work context, making reference, for example, to the manner in which diversity may impact dealings with patients and families, or the diversity of the department in which they work. Discussing diversity in a workforce context may speak to a recognition of workforce diversity rather than societal diversity, potentially supporting the contention of Goldberg (1990), who proposes that the majority of differences between individuals are insignificant in relation to daily interpersonal interactions. Another two respondents (one Indian and one Filipino) discussed diversity as a process, and the final of the nine respondents (Indian) discussed diversity as a personal, work-related and processual concept, as outlined below:

_Diversity means reasoning, respecting and accepting people as an individual. It doesn’t mean treating everyone as the same, but treating them as an individual person. People are different by gender, belief, religion, nationality, and what race they came from_ (Nurse 9, Hospital A, Indian Female, RGN).

_We have to change according to the culture. Diversity is financial, the country of origin, family circumstances_ (Nurse 17, Hospital B, Indian Female, RGN).

_Diversity is changing from one culture to another. I think it is a change in the culture. One difference I can see is the personality. And the way they work, some people are really fast and strict with the policies, some people are so kind. Each person has their own way to do the things in the ward_ (Nurse 22, Hospital C, Indian Female, RGN).

A further two respondents, one Irish and one Indian, solely focussed diversity as it relates to work, similarly to Griffin and Moorhead (2006) who offered an inclusive, yet work oriented definition of diversity (as included in Section 2.2):

_Diversity would be adapting to the needs of people. You know some people from different countries would have slightly different beliefs and that you’d take that into_
account in your policies or the way you run things (Nurse 33, Hospital D, Irish Female, CMM3).

Some people are very nice to the patient, to their co-workers, and some are different. (Nurse 27, Hospital C, Indian Female, RGN).

This primary work-focus may again be indicative of a culture of nursing, where when in the work context, individuals focus on the construct if the work environment, rather than on personal, non-work opinions. This work focus may also indicate that these nurses to not necessarily consider themselves diverse, rather, recognise diversity in others. Consequently, it is again highlighted that self-diversity, or one’s own diversity, is not necessarily of equal importance to all employees. Finally, five participants, two Irish, two Indian and one English, offered an interpretation of diversity as a process in itself, or a process that individuals in some way engage in, essentially, something that individuals “do”, as indicated by the following representative quotation:

Different cultures mix up and a new thing comes, is made, from it. People are mixing their cultures. I find that is lovely (Nurse 7, Hospital A, Indian Female, RGN).

The assertion that diversity is something that people “do” indicates a lack of personal connection to the concept, rather perceiving diversity as a choice, perhaps implying that some individuals may not consider themselves diverse, or see it as a rather fluid concept. This detachment also somewhat disputes Ferdman’s (1995) proposition that many individuals consider their individuality a significant aspect of themselves that they would not wish to see overlooked. Assuming diversity to be a matter of choice may indicate that these five respondents do not necessarily consider themselves different. Furthermore, if some employees do not consider themselves diverse, attempting to manage their diversity may result in confusion for the employee, or a perception of forced categorisations. Further, how can an employee’s diversity actually be managed if they are unable to see their differences, or if they consider them insignificant? If employees are detached from the concept of diversity, this may speak to their perception of integration, in which case assigning them into categories of diversity may disrupt this perceived integration. In addition to defining diversity, interviewees also identified a number of advantages, and potential challenges, associated diversity, again from their own perspectives, as explored in the following subsection.
4.8.1 Perceived Advantages and Challenges Associated with Diversity

A number of advantages have previously been associated with workforce diversity, for example, enhancement of creativity and innovation, cost saving and attraction of talent. Consequently, in addition to exploring their perceptions of diversity, respondents were also questioned regarding whether diversity on the ward or in the hospital is advantageous to uncover whether advantageous are perceived by them or realised while in the work context. Thirteen respondents, six Irish, three Indian, two Filipino and two English, were of the opinion that diversity is advantageous concerning the betterment of patient care or patient management. All nurses were extensive in their discussion of this benefit, specifically the betterment of patient care, however, two of the Irish respondents who expressed this contention also made reference to workforce diversity mirroring increasing social diversity:

As the client base is starting to become multinational it is very important that you have people who know where the residents are coming from. I think as society is becoming more diverse, it is important that you have people working, in health areas in particular where people are more vulnerable, that know where they are coming from (Nurse 1, Hospital A, Irish Female, CNM2).

Someone I might not understand, someone from a different culture might. It helps build awareness and understanding. An Indian can understand an Indian patient and so on. Diverse people bring in different ideas and views and that can bring a better environment and better care and that can be good for staff as well as the patient (Nurse 7, Hospital A, Indian Female, RGN).

The focus on diversity as advantageous to patient care as articulated by these 13 nurses and highlighted by the representative quotations above, potentially speak to the possibility that the profession attracts a particular type of person, specifically caring, who maintains focus on the customers (in this case patients) best interests, a possibility explored further, in conjunction with the concept of a culture of nursing, later in this chapter. Additionally, the suggestion that diversity is advantageous for patient care, although coming from a different perspective, somewhat supports Bagshaw (2003) and the European Commission’s (2003) contention that
diversity can provide organizations with increased understanding of the marketplace in which they operate. Similarly, Espinoza (2007) also proposed that an organization's sales force should match its customer base, a contention supported by the nurse’s opinions above.

A further proposed advantage associated with workforce diversity, according to the participants, centers on learning from each other, thereby enabling the improvement of the ward or hospital's collective skills set, in addition to changing individuals' perspectives on various topics. Indeed twenty-three nurses, thirteen Irish, six Indian, three Filipino, and one English, raised learning in some guise as a potential advantage:

*It is good to see people coming back into this country, bringing skills from other workforces. Irish nurses are coming back from abroad, as well as people coming from other nations* (Nurse 1, Hospital A, Irish Female, CNM2).

*Everybody has their own skills. Some people’s skills are different to the others, but that is what makes something work well. If you had everyone the same, totally, rigidly the same, it would be very boring and you wouldn't work things out* (Nurse 5, Hospital A, Irish Female, RGN).

*I think there will be better understanding when you have diversity. You know you learn from people. You learn from different cultures. There could be different thinking, different opinions* (Nurse 31, Hospital D, Indian Female, Staff Midwife).

The potential of learning as a benefit afforded by diversity, as identified by the respondents above, carries potential long-term benefits for both hospitals and organizations in general. It is arguable that learning from peers may assist in reducing the training and development costs of organizations, particularly helpful given the Irish economy has yet to recover post-recession. Additionally, individual learning leading to development of knowledge or skills sets enhances the organizations' knowledge base and skill sets as an whole as organizational knowledge and skills belong to the beings which comprise the organization rather than the organization as “entity” per se. Indeed, the potential of learning as suggested by the nurses corroborates aspects of Espinoza’s (2007) proposition that diverse opinions and approaches are, if considered, likely to assist management in making better and informed decisions. It is reasonable to suggest that in addition to assisting management in making more informed decisions, it is also likely that
diversity in opinions will also assist nurses in making better informed decisions, based on learning from their colleagues.

In a similar vein, it was also proposed by seven individuals, one Irish, two Indian, three Filipino and one English, that diversity in the workplace can serve to identify new or different ideas:

_We are contributing what knowledge we have, or how we do it back home or wherever. It’s contributing your knowledge to different people from different nationalities. I think it’s much better. There’s always a comparison_ (Nurse 18, Hospital B, Filipino, CNM1).

This assertion is reflective of, and therefore supports, the business case for managing diversity, as outlined in Chapter Two, in which it is proposed by Gardenswartz and Rowe (1998), Robinson and Dechant (1997) and Anderson (1993) that workforce diversity can result in the presence of different perspectives or views on how tasks may be carried out which, according to Espinoza (2007), affords management the ability to make better or more informed decisions. The English respondent indirectly addressed this concept, referring specifically instead to innovation:

_If we were all the same and thought the same and acted the same it would be a very dull, one-dimensional world. We probably wouldn’t get much done because everyone would be moving in one direction and no doubt we would get clogged up somewhere along the line. You would lose a lot of innovation I think. Innovators tend to be people who think differently from the crowd, and that’s where progress comes from. So, diversity is about people being different and being allowed to be different and enjoying those differences_ (Nurse 21, Hospital C, English Male, RGN).

An additional three nurses, one Irish, one Indian and one Filipina, made reference to diversity helping to increase general understanding of potential behaviours different people may exhibit. The identification of this increased understanding of diversity via the very presence of diversity indicates that a certain amount of diversity training may happen naturally in organizations. Carnevale and Stone (1994) discuss awareness based training, which it is suggested organizations use to provide employees with an awareness of, and sensitivity to, diversity. The opinions of the three nurses above, however, indicate that a certain amount of awareness
training may occur naturally, in an *ad hoc* manner, outside of a formal diversity training structure. Organizations are advised, therefore, to encourage employees to being open to learning from each other, to supplement training initiatives. The respondent’s opinions are represented below:

*We have people here, doctors, who would be praying to Mohammad, that would be done on a mat to the East, but that’s accepted, and that they fast, and all that’s accepted, and people work with them, get them water and whatever. It’s all accepted as normal, because we know exactly their background and culture or whatever* (Nurse 24, Hospital D, Irish Female, ADM).

*We will come to know the different cultures. Especially where we are working, we know the food and we can get the menu from them and we come to know the things they are dealing with* (Nurse 17, Hospital B, Indian Female, RGN).

Developing an awareness of the behaviours different individuals may exhibit may prove beneficial both with regard to understanding new employees, but also with regard to understanding the behaviours of patient, in this context, or customers in the wider organizational context. Essentially, if diversity helps employees understand each other better, that understanding can be utilised when dealing with the diverse public. Indeed, there are similarities to be drawn between this argument stemming from respondents suggestion that diversity enhances understanding and Bagshaw’s (2004) proposal that diversity may assist organizations in developing a greater understanding of the marketplace in which they operate. Additionally, as Espinoza (2007) proposes that an organizations sales force should match its customer base, it is arguable that such reflection of “customers” may be more important in the healthcare sector given the oft vulnerable status of “customers”.

Other advantages of diversity were proposed, but singularly. One Irish respondent, for example, proposed that diversity can assist in rostering on important religious holidays, while a further Irish respondent proposed that diversity in the number of hours in her working week may result in those working shorter weeks bringing more energy to the workforce, stating:

*Not that I am sitting at home all day twiddling my thumbs, I have children, but, I do come in very fresh to work. I go for it for the two days, whereas I know when I was*
working full time it is harder to keep that momentum going (Nurse 26, Hospital D, Irish Female, Clinical Midwife Specialist).

Moreover, an English respondent suggested that diverse nurses in the hospital can assist with bonding with similar individuals. In particular, this respondent suggested that being from the same country as a patient or their partner can assist in breaking the ice, which can be useful in tense situations. This reflection of client diversity may prove useful with regard to settling patients, and increasing their levels of comfort in what may be a distressing scenario.

In contrast to the above, although questioned regarding potential advantages associated with diversity, two Indian respondents appeared to be of the opinion that diversity should be somewhat minimised in an organization, as outlined by the following statements:

Workwise we never differentiate each other. As I said everyone is trained, so we never bring those things in the work area (Nurse 9, Hospital A, Indian Female, RGN).

I don’t understand why it has to be diverse. My understanding is that you join this hospital, and you get an orientation, a list of things of how the hospital works, and you are to follow it. You could say one example is if there is a Muslim and they would be fasting so the issue is their shifts have to be management accordingly. I am a Hindu, I have colleagues who are Christian, they were able to adapt, there are Catholics, and they all get on well. I have Muslims working with me, and their shifts are given preference over the Irish when they fast. So that’s all. The system is working, so it is quite a diversity friendly hospital I would say (Nurse 10, Hospital B, Indian Male, RGN).

The suggestion of these two Indian respondents indicates that expressing diversity in the workplace may not be automatically important to all employees, rather some may prefer to not have attention paid to their differences. Indeed, this is reflective of earlier research carried out by this researcher in which the majority of respondents, when questioned regarding whether Performance Management practices should be altered to cater for their cultural diversity responded in the negative. Many of those respondents indicated preference for the practice in the Irish context, or suggested that it is they who believe they should adapt to practices in organizations in Ireland, rather than vice versa. It is also noteworthy, however, that the second
respondent quoted above, while implying diversity should be somewhat minimised, also indicated that diversity with regard to religion is both openly expressed and accommodated. This indicates perhaps that he views diversity as a fact of organizational life, rather than a concept that must now be dealt with, concurring somewhat with van Knippenberg et al. (2004) and Kochan et al. (2003) who deem diversity a fact of organizational life. If diversity is an established facet of organizational life, which, in reality it arguably is, given that societies have always been diverse, it raises a question with regard to the usefulness of attempting to manage it. It is suggested, therefore, that rather than attempting to break down, categorise and manage something that simply is, organizations instead approach diversity from an inclusive perspective. The concept of inclusion is discussed later in this chapter.

In addition to the potential benefits of diversity, respondents were also questioned regarding whether diversity on the ward or in the hospital was disadvantageous or presents challenges, in their experiences or opinions. Ten interviewees, two Irish, five Indian, and three Filipino, were of the opinion that workforce diversity does not present any disadvantages or challenges for their respective hospitals, while an additional Filipina respondent proposed that it was possible, but that she is not aware of any actual challenges in the hospital.

This does not indicate that diversity does not present challenges in the hospitals, as challenges were proposed by others, rather indicates that diversity does not present challenges in everyone’s opinion. Instead, it reinforces diversity in perceptions among respondents; some perceive challenges associated with diversity, some do not. Additionally, the comments of the respondents are primarily personal in nature, therefore refer to the fact that they have not directly experienced challenges. Regardless, the lack of challenges perceived by these respondents serve as a reminder to organizations initiating diversity management policies and procedures that individual diversity may not raise problems for all in the organization. This perhaps contradicts Jackson and Joshi’s (2004) proposition that it is easier to create a diverse organization than it is to manage it. In a similar vein to the assertions of the aforementioned 10 employees, a further Irish respondent stated that diversity has not presented challenges among existing staff, however, challenges occasionally arise when staff of a diverse status, specifically temporary relief staff, are on the wards:

*We’ve never had a problem here. It happens more with people that come in and out as opposed to people who have been here a while. Those that come in and out you*
wonder if they really care. I think generally for most of those that are on the ward the culture makes no difference. I mean most of us that are here have been together going on nearly five years and we are our own little group really and you know their families and where they’re going on holidays and things, you do get very close (Nurse 3, Hospital A, Irish Female, RGN).

A further English respondent who indicated a lack of challenges or disadvantages indirectly indicated that their absence was as a result of adaptation on the part of nurses from diverse cultures. According to the respondent, this adaptation is a normal process, thereby supporting the assertions of the two Indian nurses who indicated a belief that nurses should adapt to their new working environment rather than the environment changing to facilitate them:

No it doesn’t pose challenges, because if we were to visit another country we would be a different culture to them as well, so it’s a two way thing. You do adapt. I mean obviously there’s a period of time, a settling in period (Nurse 35, Hospital D, English Female, RM).

In contrast to the fourteen respondents who were of the opinion that diversity does not present challenges, a variety of potential issues were highlighted by interviewees, the identification of which partially supports Espinoza’s (2007) contention that diversity carries many potential challenges for organizations. Five respondents, two Irish, two Indian and one English, indicated that different nurses having different training can be problematic, as underlined by the following representative quotations:

We do work in a multidisciplinary environment, so you have the way nurses would be trained, the way physiotherapists are trained, the way Occupational Therapists are trained, and that would be an issue that can happen in the workforce. For instance, you will hear people using terminology that is specific to the area they have been trained in and you will see them reacting in a particular way to situations, depending on where they’ve been trained (Nurse 1, Hospital A, Irish Female, CNM2).

Initially when you meet somebody and they are from another country, it wouldn’t even have to be another country actually, it could just be another hospital, you wonder how well educated are they, what was their programme for nursing, but that’s usually quite
evident within a few hours, whether they’re good or bad (Nurse 11, Hospital B, Irish Female, RGN).

It is noteworthy that the sentiments of the two nurses above refer to nurses trained in different areas or hospitals, rather than simply referring to those trained in other countries. This serves to highlight that in-country diversity should be considered in addition to external cultural diversity. The following respondent does speak specifically of diversity in training concerning those trained in other cultures:

When there was quite a dramatic increase in the number of foreign nationals, including English nurses, that came to the hospital in a short period of time with different training backgrounds, different nursing cultures, that transition was difficult. There was a lot of resentment. Particularly on the part of Irish nurses especially the hospital cohort who had trained there (Nurse 21, Hospital C, English Male, RGN).

To avoid challenges associated with different training backgrounds, it is recommended that hospitals and organizations make use of induction training and training on policies and procedures upon commencement of employment to ensure all employees are abreast of standards. It is also recommended, however, that employees should be made aware of channels by which they can communicate suggestions in order to capitalise on the potential benefits of diverse thinking in the organization.

A further four respondents, two Irish, one Indian and one Filipino, proposed that language barriers may arise as a consequence of lingual diversity. Lingual issues may, however, be partly compensated for by including training on relevant terminology during induction training. Hospitals, and large organizations, may also be in a position to fund English language courses for staff, thereby allowing continued overseas recruitment where and when necessary, yet facilitating communication between native and non-native speakers.

While the two sets of challenges outlined above are more related to general diversity, challenges more specifically related to cultural diversity were also outlined. Potential racism, whether real or perceived, either on the part of colleagues or patients, or division between individuals from particular cultures was indicated by five individuals, four Irish and one Indian, as highlighted by the following representative statements:
In the environment that we work in not everybody is going to accept a non-national nurse, and we make it very clear to residents and families that we don’t tolerate any types of racial slurs against any worker in the workforce. (Nurse 1, Hospital A, Irish Female, CNM2).

Not so much problems, but you would always be noticed if you came from outside, even from another part of Ireland, that you didn’t train here, you didn’t have the badge, and depending on the ward you got, you would hear “How did you get in there? Who do you know?” (Nurse 20, Hospital C, Irish Female, CNM2).

It is important to note that even perceived racism has the capacity to present problems, as an individual’s perception is their reality. Organizations and individuals in them are incapable, however, of visually assessing perceptions. It is important, therefore, that individuals are made aware of channels they can follow should they perceive racism or stereotyping being directed at them to ensure that management is made aware of these issues, but also to facilitate procedural justice to ensure that misunderstandings are not blown out of proportion. In this context, an issue refers to when individuals feel or perceive they are being treated in a racist manner or suffering stereotypes, which they may or not be. Indeed, three nurses, one Irish, one Filipina and one English, indicated a fear or concern rooted in potential misunderstandings as a potential challenge of diversity. In particular, the nurses suggested that they were concerned that individuals may perceive racism or bullying due to differences in behaviours and interpretations of behaviours. An outcome of this fear may be reluctance on the part of some nurses to engage in discussion on different approaches to work or work practices based on a desire to not appear racist. Organizations should, therefore, aim to actively stimulate healthy conflict, in the sense of identification and open discussion of different options, to allay such fears.

In a similar vein, a Filipina respondent referred to difficulties associated with identifying suitable ways of approaching different individuals, proposing that the manner in which interactions should occur between them and colleagues or patients can be difficult to decipher. This challenge, however, is arguably more associated with developing an understanding of how to interact with others, rather than specifically related to diversity. Indeed, a combination of
awareness and skills based diversity training, as advanced by Moore (1999) would assist individuals in navigating interactions with individuals diverse to them.

A number of other potential issues associated with workforce diversity were proposed which, although singularly raised in many cases, do serve to highlight the wide range of opinions across cultures, and, perhaps more importantly, a lack of collective culturally oriented opinions concerning challenges associated with diversity. One Irish nurse indicated that difficulties may arise with rostering, proposing that difficulties can arise when individuals do not want to work together.

This assertion, however, somewhat contradicts the contention of a fellow Irish nurse, from the same hospital, who suggested that diversity can assist in rostering, in particular during periods of different religious holidays. The respondent above who raised issues with rostering also suggested that individuals from other cultures may, on occasion, exhibit behaviours indicative of a perceived superiority over nurses or female authority:

You would have some foreign national health care workers, not necessarily nurses, who would see nurses as somehow inferior therapy grades to themselves. I had direct experience with a person from Africa having huge difficulty with taking direction from me because, a, I was a female, and b, I was Irish (Nurse 1, Hospital A, Irish Female, CNM2).

A further Irish nurse, in contradiction to those who had raised differing opinions as advantageous, raised the issue as a potential challenge:

Sometimes there is probably a bit too much of an argument, but that would be more people’s opinions rather than anything else. It wouldn’t be culture, which I suppose is diversity in a way, but then you have that wherever you go (Nurse 5, Hospital A, Irish Female, RGN).

This disparity in opinion concerning whether the expression of differing opinions in the workforce presents advantages or challenges is reflective of existing arguments centring on the business case for managing diversity, where authors such as Robinson and Dechant (1997) and Cox and Blake (1991) raise differing opinions as a potential advantage, yet authors including
Joplin and Daus (1997) and Waters (1992) propose it as a possible disadvantage. The contradiction also highlights diversity in the manner in which individuals perceive the same concept, in this case, differing opinions. It was also suggested, again by an Irish respondent, that diversity with regard to the pace at which people work, could create difficulties:

*It could even be the pace of work, you could have a fast worker and a slow worker. The fast worker is going to have to do a lot more work, and is eventually going to get tee’d off. The slow worker isn’t going to be able to understand the problem. So it can bring its own disadvantages* (Nurse 23, Hospital C, Irish Female, CNM2).

In a similar vein, a further respondent also made reference to the speed at which some individuals work, but referenced a “laid back” attitude as opposed to speed:

*You would see a more laid back attitude from some of the Africans. By and large they are very, very kind, very gentle, but, sometimes the speed that they work at is not the same as other people; they tend to work a wee bit slower. But, having said that, whatever they do, they do thoroughly* (Nurse 1, Hospital A, Irish Female, CNM2).

Working at a slower pace may pose problems on wards, cognisant that it has been well-reported in the public domain that nursing staffing levels are inadequate. Pressure on resources was also raised as a consequential challenge associated with diversity. In particular, it was suggested by one respondent that nurses working less than whole time hours can result in shortages in the department. Interestingly, however, this same respondent previously asserted that employees working reduced hour weeks could be beneficial as they are better able to maintain momentum on the days that they are on the ward. The same person holding conflicting views on the one topic is perhaps further reflective of the difficulties organizations may face in attempting to understand individuals by considering them in light of diversity or cultural characteristics, as it highlights the contextual nature of an individual’s manner of thinking. Finally, a Filipina respondent highlighted the general challenge associated with the requirement to have the ability to work in a multicultural team, although indicated that by this she meant to work with different characters (i.e. personalities) rather than cultures, while an Indian respondent spoke of general initial integration issues. Integration issues, however, regardless of levels or dimensions of relative diversity may commonly be present upon entry to a new organization, indeed as proposed by the employee in question.
In summary, a significant finding in this theme concerns the proposition on the part of almost half of the respondents that diversity simply means that individuals are different. The abstract nature of this response indicates that an inclusionary approach to diversity management in preferable, given such an approach views individuals holistically, rather than categorising them under broad dimensions of diversity. If employees simply consider everyone to be different, categorising them under simplistic diversity dimensions, for example, gender, race, or sexual orientation, may result in employees feeling marginalised, or as though other aspects of their identity are being ignored or suppressed. Indeed, there was also an element of detachment on the part of other respondents, who suggested that diversity is something that people “do”. In such a case, diversity management may result in similar employees perceiving themselves as being assigned to categories for reasons relating to management of others rather than them.

Finally, nurses were again heavily patient oriented in their discussions, particularly when discussing advantages associated with diversity, thereby again indicating a culture of nursing. Regardless of perceptions of diversity, respondents were also questioned regarding diversity management in their respective hospitals. The findings are discussed in the following section.

### 4.9 Diversity Oriented Policies and Diversity Management in the Participating Hospitals

As discussed in Chapter Two, researchers such as Bagshaw (2004) and Tripp (2004) have proposed that, in order to leverage the potential benefits of diversity, it should be managed. In the context of this study, to assess diversity management initiatives in the participating hospitals, interviewees were asked to identify and outline any policies or procedures that they were aware of, in their respective hospitals, which concern workforce diversity, whether general or specifically relating to cultural diversity. The researcher gained sight of some policy handbooks, for example, “Intercultural Training” and “Dignity at Work”, yet twenty three participants, seven Irish, seven Indian, seven Filipino and two English, were unaware of, or unable to identify, any policies or procedures in their hospitals that dealt with diversity, with the following statements typical of their responses:
Nothing really springs to mind. Not that I’m aware of, but I have never had any issues that would highlight policies. I know there are some staff nurses that want to wear a headdress and that, and I don’t think there’s a problem with that (Nurse 11, Hospital B, Irish Female, RGN).

I did look on Qpulse and I couldn’t see anything. I was going under diversity and different things. There’s no policy. Well there was none I could find (Nurse 26, Hospital D, Irish Female, Clinical Midwife Specialist).

No I didn’t see any policies. Like if they are there, the policy should be that everyone has to go through the same policy. But they didn’t make any policy for the diversity there is only that within the hospital policy they have like the uniform code, only the policies for the procedures and the uniform code there’s no policy for the culture. (Nurse 22, Hospital C, Indian Female, RGN).

The lack of awareness on the part of 23 respondents in relation to diversity related documents existing indicates that the presence of such documents is not necessarily filtering down to the operational level. In contrast, however, twelve respondents, seven Irish, two Indian, two Filipino and one English, did identify policies in place that concern diversity. One of these respondents had, however, said that there are none in place now, but in this context then discussed an An Bord Altranais policy that was in use some time ago which could still be used for reference. While the Irish respondent pool appeared to be more aware of policies, with half of them identifying policies, it is noteworthy that four of those interviewees were of a senior managerial grade, ranging from Clinical Nurse Manager1 up to Assistant Director of Midwifery, thus, as managers, would be required to have an awareness of organizational policy. Eight of the twelve respondents who affirmed that diversity policies exist were vague in their identification of policies, referring to general policies they had seen in the past or HSE (Health Services Executive) wide policies. Two of these respondents made reference to anti-bullying policies, as indicated by the representative quotation below:

Some of it would probably be the bullying policy. Some people might have a problem with someone’s race, but then that could happen between two Irish people, an Irish and a Filipino or two Filipino or Filipino and an Indian, but that would be a more broad policy. But again there would be the different policies as in everything from
uniform policies, sick leave policies, bullying policy, but that wouldn’t be between different nationalities or cultures, it would be for all (Nurse 5, Hospital A, Irish Female, RGN).

The remaining six interviewees were vaguer. One Irish respondent referred to the Gender Equality Act and Working Time Directive, while another Irish respondent suggested that they may still be able to access an existing An Board Altranais guide which concerned overseas nurses. Additionally, an Indian respondent made reference to the hospitals use of induction to reinforce expectations and behaviours upon commencement of employment, while another Filipina made reference to seeing a book at some stage, as indicated by the following statement:

*I mean is there a policy that discusses or explains diversity, different cultures? I think there is. I think I’ve seen a book dealing with all this cultures. I think I’ve seen a book, but I never really digged into that, I’ve never seen it anymore, but I’ve seen that book* 

(Nurse 14, Hospital B, Filipina, RGN).

While these respondents had an awareness, therefore, of the existence of some policies, there was a lack of consistency concerning what those policies were, as the respondents identified different policies. This indicates a lack of universal awareness of the different policies in existence. While policies do exist, therefore, they do not appear to be filtering down to operational level in a universal manner. Organizations are reminded that they may capitalise on mandatory training under diversity management or inclusion initiatives to ensure widespread awareness of policies. Four respondents, two Irish, one Filipino and one English, however, did make reference to specific polices; “Dignity at Work” in all four cases, and an LGBT (Lesbian, Gay, Bisexual, Transgender) policy in the fourth instance, as indicated in the following statements:

*I only know the “Dignity at Work” one. That’s about respecting peoples beliefs and their individuality. It’s about respecting the individuality of each other. I think there are others about diversity, there are loads of different policies, but that’s the only one I can think of. It’s a new policy.* 

(Nurse 2, Hospital A, Filipino, RGN).

*There was a Lesbian, Gay, Transgender policy document that went around. I’m not sure if that was a HSE thing and the hospital developed their own policy from it or it*
was a purely our hospital thing. That was a year or so ago, reminding people about how you should approach language, cultural issues and so on. And there’s certainly anti-discrimination policies and the Dignity at Work policy which covers everything. (Nurse 21, Hospital C, English Male, RGN).

Moreover, although asked to identify policies relating to diversity amongst employees, a number of nurses again exhibited a high patient focus by instead discussing patient-related diversity policies, either in isolation or as a result of further probing based on their initial response. Seven respondents, five Irish and two Indian, discussed patient-focussed policies, again potentially reflective of a culture of nursing, in which a primary concern flowing through participants discussions centred on patient care. Four of these respondents referenced religious oriented policies, for example those relating to the medical treatment of Jehovah’s Witnesses, or different practices concerning death among those of differing religions.

Of the remaining three of the seven respondents who outlined patient focussed policies, one Irish respondent made reference to two named policies, another Irish respondent outlined the availability of interpreters, while the third identified the presence of policies aimed at members of the Travelling community:

*The Travelling community, there is a lot going on at the moment regarding policies for them, and there’s a leaflet on how to communicate with them because a lot of them are illiterate and not to be offending them* (Nurse 26, Hospital D, Irish Female, Clinical Midwife Specialist).

*You have “Trust in Care”. You also have “You Service, Your Say”* (Nurse 1, Hospital A, Irish Female, CNM2).

*You could have people who don’t speak any English at all and in order for us to get information across safely to the patients we hire interpreters and then it becomes about equality, you know that people who English isn’t their first language aren’t being discriminated against because if it* (Nurse 32, Hospital D, Irish Female, Senior Staff Midwife).
Regardless of whether nurses and midwives were aware of diversity policies or procedures, they were questioned as to whether they believe such policies are necessary, or should be introduced, particularly as diversity management has been deemed important in previous research, as outlined in an earlier portion of this section, and in Chapter Two. One respondent proposed that diversity management policies were a useful tool, albeit a work in progress:

*I think policies are a useful tool. I think that diversity policies are a work in progress. I think there is no perfect policy out there. It is very important that people are aware where the backup is, and exactly what will not be tolerated in the workforce. That’s where policies and procedures help us, because they act as a very good guide to practice*(Nurse 1, Hospital A, Irish Female, CNM2).

This respondent is a CNM2, (Clinical Nurse Manager 2, a managerial grade) which may explain the differing perspectives in her opinion. It is possible that the nurse may be giving both her opinion as a nurse, but also a manager, as, in addition to the above, the same respondent, also suggested that there may not be a need for such policies:

*The major concern I would have as a ward manager is can somebody do the job they were employed to do? I don’t care where in the world they come from, but the major thing for me is that a person coming in to our workforce, in our ward, is being trained to the standard that they can actually work effectively and professionally in the environment, to the same standard of any other nurse, from any other part of the world* (Nurse 1, Hospital A, Irish Female, CNM2).

This sentiment suggests that standardisation of training is important for new hires, regardless of their background. As mentioned previously, organizations can engage in induction training to ensure all individuals are capable of operating to standards prior to commencement of work. In a similar vein, while a further three nurses, two Irish and one Indian, were discussing their opinion on diversity policies, there was also an underlying implication that there may not be any need for policies. One of the Irish respondents proposed that such matters arising from diversity should simply be dealt with as they arose, indicating a preference for an *ad hoc* approach, perhaps more reflective of how workforce issues are dealt with in organizations on a daily basis. Of the other two of the three interviewees who implied that policies may be unnecessary, one simply suggested that if policies are not required by the individual, they are
not looked for, while the other respondents implied that issues would be dealt with in training, as indicated by the following statement:

*I don’t know actually if there should be policies. If there is a training course we all have to do it, like if we need to practice you have to be competent* (Nurse 34, Hospital D, Indian Female, Staff Nurse).

The above nurses were implicit in expressing an opinion that diversity policies are unnecessary, in contradiction to the previous assertion of researchers, for example Bagshaw (2004), Tripp (2004) and Joplin and Daus (1997), that diversity must be managed. While contradicting the existing literature, these sentiments again also reinforce that diversity management is not automatically important to all employees. Organizations must therefore make efforts to not develop policies which result in such employees perceiving that diversity is something that is being forced upon them. Rather, it is recommended that organizations adopt an approach by which individuals are reminded of the advantages associated with different people working together. Indeed, an additional nine individuals, two Irish, five Indian, one Filipina and one English, in further contradiction, were relatively explicit in their statement, and indicated that in their opinions, policies concerning diversity, whether in general or specifically relating to culture, are unnecessary. Indeed, one respondent suggested that by instigating policies to manage diversity, organizations would essentially be segregating the workforce:

*I think by introducing policies like that you’re introducing a segregation as a base. You don’t do that to people – “Oh yeah, we have a policy because you’re Nigerian” – you don’t do that. No, you’re segregating people out, and it’s HR, human resource policy that we have here for all employees, not because you’re Nigerian or Pakistani or whatever. So I don’t believe in that, no* (Nurse 24, Hospital D, Irish Female, ADM).

The contention that diversity policies may be divisive in a workforce supports an argument made earlier in this chapter, and a caution raised above, specifically that managing diversity requires identification of categorisations of diversity, assigning of individuals to those categorisations, therefore consequent division of the workforce. Although it is recommended that organizations use diversity management, it is strongly recommended that they take an inclusionary approach to such. An inclusionary approach to diversity management celebrates and aim to harness potential from both the differences and the similarities among organizational
members, thereby uniting individuals by encouraging them to be their whole selves, rather than dividing them by categorising them under broad diversity dimensions. Indeed, this argument is in support of Sabharwal (2014), who contends that inclusive management holds greater potential for improved workplace harmony than diversity management alone.

Nineteen individuals, seven Irish, four Indian, six Filipino and two English, however, responded in the affirmative, proposing that policies concerning diversity may be required, concurring with the view of researchers including Bagshaw (2004) as referred to earlier in this section, that diversity should be managed. Many of the nurses were again patient focused in their discussion. In particular, seven participants, two Indian, four Filipino and one English, suggested that diversity policies would be useful when they assist in understanding patients, indicating a lack of concern, or perhaps a lack of need, for policies centred on employee diversity, as indicated by the following representative sentiments:

*Maybe just give a brief outline about say if Indian comes what you could expect from her. If say people from the East, or Arabian people, come. I mainly spoke about patients really. I don’t know whether there should be a policy for nurses, midwives, employees, because once you come into this system you should be adopting the system. Like the same way say if Irish go to France, you should be adapting to the culture of France and the health system over there* (Nurse 31, Hospital D, Indian Female, Staff Midwife).

*I would like it policies. It’s good because it’s not only good for the foreigners; it’s good for the Irish too for if they wanted to go somewhere else. For example, I had a Muslim patient before and I was able to manage him because I was used to dealing with Muslims in the Philippines and that’s hard for the Irish because they don’t understand the beliefs. It can be a shock for foreign patients if they are not understood* (Nurse 8, Hospital Filipina, CNM1).

*There could be policies, for times when families have beliefs, for example, a Muslim, or beliefs on, for example, blood diffusion, but that’s not really a problem with us. It should concern nurses to patients and nurses to nurses. Because there could be differences with the patients, but you have to know what will be with your colleagues as well for you to understand the patient* (Nurse 16, Hospital B, Filipina, RGN).
This implicit lack of concern with staff oriented policies yet focus on patient-oriented policies is again likely reflective of the culture of nursing flowing throughout respondents discussions. Furthermore, 12 nurses, seven Irish, two Indian, two Filipino and one English, indicated policies that address anti-bullying or anti-discrimination in general would be useful, particularly given the demographic variety of individuals on the wards, as opposed to specific diversity policies. The opinions of these respondents are encapsulated in the following quotations:

*Anti-bullying doesn’t really cover everything really. I suppose it could be looked into more, especially when there are a lot of foreign nurses in the hospital* (Nurse 15, Hospital B, Irish Female, RGN).

*There should be, especially for the non-national who will be working in the facility. In that way it could change or modify the way they work, the way they respond to the residents here, because to be able to give the best care is to know the residents well* (Nurse 6, Hospital A, Filipino, CNM1).

*I think they are important, but they only work if they are observed, people are aware of them and people buy into them. I find hospitals, nurses, doctors, because they tend to be quite multi-cultural organizations anyway, tend to have more tolerant attitudes towards diversity than maybe the general population would have. But that’s not to say I haven’t occasionally come across quite shocking examples of narrow-mindedness from professionals* (Nurse 21, Hospital C, English Male, RGN).

An advantage of the proposition that hospitals should focus on anti-bullying and general anti-discrimination policies stems from the existence of legislation, such as the Equality Act 2004, which organizations can use as a map for developing such policies. Additionally, anti-bullying and anti-discrimination policies allow for fair and equal treatment if all in the organizations, without the necessity to assign employees to categorisations of diversity, which is arguable required by diversity management.

Regardless of whether employees were able to identify diversity management policies, or considered them necessary, they were questioned as to whether diversity is managed in their
respective hospitals, as it is conceivable that individuals may consider diversity managed regardless of the presence of explicit or implemented policies. Nine respondents, two Irish, two Indian, three Indian and two English, proposed that diversity is not managed, nor, in their opinion, does it need to be:

*I don’t think it needs to be being honest. I haven’t come across any problem that’s arisen because of culture or diversity. It’s just something that happens, it has nothing to do with the culture* (Nurse 3, Hospital A, Irish Female, RGN).

*No actually. But the people are not separated. And we do have a support system there are groups here, like suppose if we had any issues or anything* (Nurse 37, Hospital D, Indian Female, RM).

*I think it shouldn’t be managed heavy handedly. What I would say should be treated seriously is, you know, examples of racism or bias or bullying or whatever related to diversity issues, or even just interpersonal issues. I think generally when left to their own devices, when you meet people you form bonds with them, you get to like them, so I think naturally people, a culture develops.* (Nurse 21, Hospital C, English Male, RGN).

The composition of those proffering this opinion is worthy of note, as seven of the nine were non-Irish respondents, suggesting that adaptation of managerial policies to cater for cultural diversity may not be important to, or required by, all non-national employees. A further fourteen nurses, five Irish, six Indian and three Filipino, implied that diversity is “managed”. These respondents, however, proposed it is done so via consistent and fair treatment, often perhaps with flexibility from both nurses and the hospital assisting in the process, rather than via the employment of diversity management policies, as outlined below:

*We would have some staff from India and as far as I can see, everything is the same for them. They might have a few different needs with visas and that. But if they had other needs that you would deal with those. Irish people could have different needs as well! I think you should treat everyone the same with respect and dignity and all that and treat everyone fairly* (Nurse 33, Hospital D, Irish Female, CMM3).
The hospital is very supportive. One thing, we have to travel a long way, so they try their best to give us longer holidays, three to four weeks, or something like that, it’s a good thing, so they always encourage us, they always welcome us, so never had an issue with something like that. So I would say they would encourage anything for diversity (Nurse 10, Hospital B, Indian Male, RGN).

If the administration is treating the whole staff as one, it doesn’t matter where you came from, there should be a set standard. There should only be one treatment to each individual. Because say for example you are going to make a standard for Filipinos, and one standard for Indian, one standard for Irish, one standard for English, there is no harmonious relationship (Nurse 18, Hospital B, Filipino, CNM1).

Management of diversity via fair and consistent treatment arguably reflects an inclusive approach to diversity management in the hospitals, particularly when considered in light of Anderson’s (1993) proposition that diversity initiatives will be more successful if management engage process which foster equity. Fair and consistent treatment is one such method for fostering equity. In contrast, three nurses, one Irish, one Indian and one Filipino consider diversity actively managed. Two of these three respondents were from the same hospital. One proposed that diversity management is multifaceted, one facet of which concerns standardise adherence to policies, whole the second referenced the use of induction training as constituting diversity management:

There would be a lot of different strands to it. I think where the management comes in there is just ensuring that people adhere to the policies and procedures of the diversity policies and the trust in care and the different things that would ensure resident and staff safety (Nurse 1, Hospital A, Irish Female, CNM2).

We are getting a good orientation from the beginning when we are newly started here. We are getting the one week adaptation with all the classes and we are getting two or three weeks in the surgery area we are working with them, we are learning, observing, learning what they are doing (Nurse 28, Hospital D, Indian Female, RGN).
Induction was noted earlier in this section as a tool that organizations can utilise to ensure individuals are aware of requirements. The third nurse who considered diversity managed stated that should issues arise, they are investigated, as indicated by the following statement:

*Yes, if you have a problem with colleagues they will call you and investigate. But I have never heard of anything like bullying or racism here* (Nurse 2, Hospital A, Filipino, RGN).

Although proposing issues are investigated as they arise, this respondent also indicated that racism and bullying has not been known to occur in that hospital. Indeed, although the above three respondents contend that diversity is actively managed in their organizations, it is evident in their statements that there is little in terms of actual policies, rather an overall attempt to ensure individuals are trained and adhere to policies. This is arguably more reflective of general people management and standards maintenance rather than diversity management.

In closing, this theme raises a numbers of points of note. One such issue concerns the lack of awareness on the part of two thirds of respondents of diversity management related documents and policies, although the researcher had been given sight of same. This serves to highlight that the presence of such documents do not necessarily filter down to operational level. Organisations are therefore advised to communicate the presence and purpose of such policies throughout the organisation. Indeed, if engaging in diversity training, such policies can be built into the training. Of the respondents who did identify diversity policies, the focus was on patient-oriented policies, indicating a high work and client focus, again potentially reflective of the emerged underlying theme of a culture of nursing. Of further note, a third of respondents proposed that diversity, management is unnecessary. In contrast, almost two thirds of respondents indicated that diversity policies would be useful, indicating diversity in perceptions concerning diversity management. Many of the respondents were again, however, patient focussed in their discussion, again indicating a profession oriented culture, or, more specifically, a culture of nursing. Discussion of previous themes has raised the notion of an inclusionary approach to diversity management. The subsequent themes address inclusion.

4.10 Respondents Perceptions of Inclusion
In order to fully utilise diversity in the workforce and realise its potential benefits, an inclusionary approach to diversity management is advocated by Nishi et al. (2006) and Ferdman (2005), as discussed in Chapter 2. Pless and Maak (2004) contend that an inclusionary approach to diversity management is one in which differences are recognised, valued and engaged with differences among individuals integrated into the organizations.

Given the proposed importance of inclusion, therefore, particularly in light of potential performance improvements associated with diversity, nurses partaking in the study were asked whether they have a sense of inclusion in their ward or hospital. A sole interviewee responded in the negative. This respondent, however, was a CNM2, thus the senior manager on the ward, and indeed attributed her lack of inclusionary feelings to her rank on the ward and the consequential managerial responsibilities associated with that role. In particular, this respondent made specific reference to the occasional requirement to provide a negative performance assessment or deliver information that may be ill-received by employees:

*There’s a performance issue in that I have to make sure that everyone is performing to the best of their abilities. It can be a lonely enough job sometimes, because there are times that you have to give an unpopular assessment of somebody or an unpopular piece of information to the workforce, and, you are perceived as being the person giving the bad news, so you can feel a bit unincluded* (Nurse 1, Hospital A, Irish Female, CNM2).

While the other senior staff in this study did not echo this CNM’s sentiments, rendering her opinions unsuitable for generalisation, it remains arguable that these sentiments may be reflective of other managerial grade staff beyond the study sample, given their daily responsibilities. Consequently, scope exists for a potential future study focusing on inclusion among managerial staff, particularly as it could be argued that a manager who does not perceive inclusion may be less able to encourage feelings of inclusion amongst their subordinates.

Four respondents, one Indian, two Filipina and one English, indicated an overall feeling of inclusion amongst their colleagues or on their ward, but not with all other hospital employees, whether fellow nursing staff or those from other disciplines, or, when in different wards, as represented by the following sample quotations:

*I definitely have a sense of inclusion by my colleagues, but I feel sometimes that some of the other professions may not be that inclusive even though you come across them*
every day. It does affect performance (Nurse 31, Hospital D, Indian Female, Staff Midwife).

On my ward, definitely. Not always in the hospital. It depends, it very much depends. It’s a nice sized hospital. It’s a perfect size, where it’s quite a friendly hospital, but, I suppose in common with most places of work, and in particular in nursing, there can be interdepartmental rivalries, or, I seem to either get on very well with my seniors or very badly (Nurse 21, Hospital C, English Male, RGN).

Perceiving inclusion amongst their colleagues, yet not amongst all organizational employees, indicates that individuals can simultaneously be included and unincluded in the organization. The concept of simultaneous inclusion and uninclusion arguably adds credence to Davidson and Ferdman’s (2002a) caution that nurturing inclusion solely at the level of the individual is insufficient for the development of an inclusive organization. Furthermore, an additional English respondent, who does perceive inclusion in their ward, indicated that a negative preconception concerning other wards which focus on a different type of patient care can result in initial difficulties in achieving inclusion when transferred to those wards. The sentiments of this respondent, in conjunction with the four respondents referenced above, support the possibility that individuals can perceive simultaneous inclusion and un-inclusion in the same organization. The identification of simultaneous inclusion and un-inclusion by these five respondents is again somewhat reflective of Davidson and Ferdman’s (2002a) assertion that inclusion is, in many ways, momentary, and dependant on particular individuals and situations. Organizations should be aware, therefore, that the dependant and momentary nature of inclusion as highlighted by both these respondents and Davidson and Ferdman (2003) indicates that fostering inclusion at the individual level is an ongoing process, subject to change, regardless of an individuals present feelings. Much like the concept of employee engagement, therefore, organizations should aim to promote continued inclusion rather than assume that its momentary presence speaks to its continuity.

The remaining interviewees all responded in the affirmative, stating that they do have a sense of inclusion. With the addition, therefore, of the nurses who responded in both the positive and the negative, 36 of 37 nurses perceive inclusion in their organizations. Inclusion for these respondents was rooted in a number of factors. The identification of these factors may be of use to organizations attempting to improve inclusion levels given the significant number of the
sample who reported inclusion (although given the individual nature of inclusion, it is not certain that these factors may all translate into other organizations). Of primary significance was the identification, whether implied or explicit, of a sense of team as a contributory factor in generating feelings of inclusion. Indeed, the identification of the significance of team strengthens Gasorek’s (2000) suggestion that one facet of inclusion concerns the degree to which employees feel committed to each other. Arguably, perceiving a sense of teams as a contributor to feelings of inclusion, in the context of this study, speaks to commitment to colleagues. In total, nineteen respondents, ten Irish, five Indian, one Filipina and three English, raised the importance of the team or group, representing over half of the sample, as highlighted by the following statements:

There is a good team there, and they are all people that you could go to with an issue, or for reassurance, and the CNMs are quite good there as well. We all have an attitude that we all work together and if someone is sick or whatever that you would pick up the slack. I think there is good teamwork (Nurse 15, Hospital B, Irish Female, RGN).

You are part of the team, you are not kept alienated or anything like that. You are a part of a family personally and professionally. They get in touch with you through your good and bad times (Nurse 10, Hospital B, Indian Male, RGN).

There is a sense of team to a certain extent. I wouldn’t say wholeheartedly, and I would say it’s because we’re all doing the same job to a certain degree so we’re all connected at that level so there is a “team effort” in keeping this place going (Nurse 36, Hospital D, English Female, RM).

The strong identification of team as an important contributory factor for inclusion represents a significant finding which branches into a number of considerations. The four hospitals in this study are to be commended for the creation and maintenance of a team environment on the wards which is evidently important to 19 of the 37 respondents. It is noteworthy, however, that while 19 respondents represents just over half of the sample, the other 18 respondents did not propose feeling part of a team as a factor contributing to their feelings of inclusion, which may mean that:
i. The other 18 respondents, representing almost half, do not perceive the same sense of team as their counterparts;

ii. A sense of team may simply be unimportant to those 18 respondents;

iii. A sense of team may be less important in their opinion;

iv. The team environment may be ingrained in the culture of the hospital and so either taken for granted, or, perhaps a standard feature of culture, to the extent that these employees are unable to realise its presence or articulate it.

Regardless, the importance of team to more than half of the sample serves to indicate that the maintenance of this team environment in both the participating hospitals and other hospitals is to be encouraged. Moreover, other organizations, regardless of industry, can capitalise on this finding by exploring methods by which team work and a sense of team can be instigated in their own organizational cultures. It is arguable that hospitals lend themselves well to a team based/oriented structure via the division of departments into wards. The existence of departmental areas in other organizations, however, whether based on functional, geographical or product/service departmentalisation, for example, means that the capability to mimic the hospital structure, whether via the creation of sub-groups or the use of informal team bonding, exists.

In addition to the sense of team, the related concepts of familiarity and relationships were raised as significant by a number of participants. In specific, nine interviewees raised the concept of familiarity while eight raised the concept of relationships. The concept of familiarity, whether among colleagues or referring to the ward or the hospital, was raised by four Irish, three Indian one Filipina and one English, as a contributing factor to their perception of inclusion, as highlighted by the following representative sentiments:

*I have trained here and I have worked here for a long time. I’ve worked in other places, but I’ve worked here for a long time and I would know a lot of the older porters, nurses, administration and that and I would sometimes feel that people might be more comfortable with me because they know me for a lot longer and I know that I would be well known* (Nurse 11, Hospital B, Irish Female, RGN).

*I served a bit of time here! The role of a midwife is very much that you are changing your environment regularly: six months here, six months there, a year here, two years*
there. That is what it has been like for me, but I’ve actually enjoyed that because I know the unit, I know the whole hospital, I know everyone and everywhere so that to me is good, it was a good start for me (Nurse 36, Hospital D, English Female, RM).

These sentiments highlight that allowing individuals to become familiar in the context they operate in can be a significant contributing factor for perceived inclusion. Similarly, the existence of relationships or friendships was also proposed as a contributor to perceptions of inclusion by eight participants, three Irish, three Indian and two Filipino:

*My relationship with the staff, the fact that I’ve made a lot of friends here makes me feel included. You know you come in every morning and people are happy to see you and you’re happy to see them, and the patients probably as well* (Nurse 12, Hospital B, Irish Female, RGN).

*You are a part of a family personally and professionally. They get in touch with you through your good and bad times, so they are part of the family. Very much part of the family* (Nurse 10, Hospital B, Indian Male, RGN).

When considered together as related concepts, the importance of familiarity and relationships speaks to the potential importance of stability in the opinion of these nurses. In this context, stability can be considered from two perspectives. Organizations may consider stability with regard to the placement of individuals in an organization. Although transfer of staff may hold merit with regard to motivation, the reduction of monotony and the facilitation of cross-departmental knowledge transfer, it is arguable that frequent transfer of staff across departments and teams may result in instability. It is arguable that due to a lack of familiarity with the new environment, perceptions of inclusion may be damaged. Second, organizations may need to focus on encouraging “bonding”, perhaps formally via teamwork and group, cross-disciplinary induction, or informally via social events, in an effort to develop and maintain relationship stability among employees.

Believing they receive respect from their colleagues was identified by a further four individuals, three Irish, one Indian and one Filipino. A related factor, being asked for, or being enabled to freely express, their opinion, was proposed as a factor by six employees, two Irish, two Indian and two Filipino, with one Indian and one Filipino raising both factors:
I am respected. My opinion is listened to, and equal rights as everyone. I can say my voice and opinion is respected and my work is recognised (Nurse 9, Hospital A, Indian Female, RGN).

Everybody can have their own opinion. Nobody’s saying this is the way it is. People feel very free to have their own opinion on things. And we’re all free to express ourselves (Nurse 3, Hospital A, Irish Female, RGN).

The identification of these factors indicates the importance of engagement and participation in the workforce. This finding is particularly noteworthy when consideration is paid to the composition of the respondents who raised this issue, in particular the two Indian and two Filipino nurses. Both of these countries score relatively highly on the Power Distance dimension of Hofstede’s (2014) country culture classification (India has a score of 77, indicating that they have a preference towards hierarchy and deference to authority, while the Philippines carries a score of 94, ranking them a strongly hierarchical country), and moderately or low for Individualism. Power distance partially concerns the extent to which individuals expect and accept a large gap between those in authority and those who are not in authority. Cultures with a high power distance can typically be expected to be uncomfortable with openly expressing their opinions. Low-scoring individualist cultures, i.e. collectivist cultures, are considered more reluctant to express opinions that may contradict the overall group’s opinions, as group harmony is considered important. The appreciation of these employees, therefore, for perceived ability to express their opinions, safe in the knowledge that their opinion will be respected, would appear to contradict cultural theory concerning their home countries. While contradicting existing cultural theory, the sentiments support previous research by the authors which contends that individuality may have more bearing than cultural constraint (O’Donovan and Linehan, 2014a; 2014b; 2013).

The role of the CNM in fostering or facilitating inclusion was raised by three employees, two Indian and one Filipina, as summarised by the following:

If we are working in a particular department so long we are feeling some dedication automatically come out from our mind, and we are dedicated to that department so we are doing our thing for the welfare of that department. You become mentally and
physically attached. That’s the behaviour of our senior management. When we are trying to solve some problems they are easy to find for us. If you don’t understand they are ready to answer. Even in the duty roster for our needs; if we needed something urgent they are very flexible to do it for us (Nurse 28, Hospital D, Indian Female, RGN).

The importance of management was an underlying theme running through the study, which is more fully discussed in later parts of this thesis. The above sentiments, however, although fully articulated by just three respondents, do serve to reinforce the importance of line managers in organizational operations, and in assisting in the development of perceptions of inclusion. Indeed, managers have a role in shaping and transmitting the culture and cultural values of organizations, therefore their importance in creating and supporting a culture if inclusion should not be underestimated. If managers are seen to accept employees for both their similarities and differences, this symbolises to other employees that they should do the same, which may result in employees engaging in behaviour modelling, that is, mimicking the behaviour of their management. This proposition supports Shore et al. (2011) who contend that, in order to achieved enhanced performance via inclusion, leadership which is both dedicated to fostering inclusion and willing to empower is necessary. An additional two Indian respondents indicated that liking their job assisted in perceiving inclusion, while, similarly, a English respondent contended that the nature of employees typically drawn to healthcare related work assisted in inclusion:

Everybody comes here, apart from the money, it is because they love to do it, so they all do their part. I don’t know about other wards, that might be different, but here all the people work hard just for the betterment of the patients, so I think that’s one thing – we all work for the same thing and we are all focussed on the same thing (Nurse 25, Hospital C, Indian Female, RGN).

It is just something that just happened. And I do think you find that if you are working, health professionals with health professionals, that you kind of get that with the work that you are in. So it’s not a nationality thing, you’ve bonded because you are both midwives, you’re both nurses (Nurse 35, Hospital D, English Female, RM).
Finally, it is noteworthy that five respondents, four Irish and one English, suggested that individuals have a role to play in whether they are included on their wards or by their colleagues, partly supporting Davidson and Ferdman (2002a), who contend that if individuals expect inclusion, they must also provide it. This contention infers that individuals must take an active role in inclusion. Two of those respondents comprised a Clinical Nurse Manager2 and a Clinical Midwife Manager3, which, although small in number, arguably reinforces the aforementioned importance of management. In particular, if employees look to management for clues concerning the ward or organizational culture, managements active role in inclusion may symbolically represent a requirement for all employees to take an active role in their own inclusion. In contrast, however, three respondents, one Irish, one Indian and one English proposed inclusion is a naturally occurring phenomenon. These contrasting views are outlined by two opposing sentiments below:

*My role here means I have to include myself, to be accepted by a new group of people. I include myself, I will vary the people I go to break with, I vary the rooms I take, whose handover I sit in on, whose patients I’m working with for the day, who I’m helping. You can’t take yourself and say I will only speak with the senior nurses. Is inclusion being socially accepted by your peers, or is inclusion the effort that you make to be part of the team? You have to belong. Maybe that is my way of working, maybe that’s just personal, that you actually have to make the effort to belong, to be part of the team. You can’t just sit back and expect to be a valuable part of the team by not interacting with your team* (Nurse 23, Hospital C, Irish Female, CNM2).

*I think inclusion is a natural thing when you have a bunch of people. You probably bond over things that go wrong; but I think where I work in particular we are very good at organising things outside of work, maybe not so much now, we used to be better, but I think when you develop a bond outside of work it strengthens your bond inside of work* (Nurse 32, Hospital D, Irish Female, Senior Staff Midwife).

The differences between these eight employees, with five proposing one must take an active role in inclusion while the other three proposed inclusion is a naturally occurring phenomenon speaks to the individual nature of inclusion as discussed in the earlier portion of this section. With some employees believing they are as least somewhat responsible for their inclusion and others believing it will occur naturally, organizations are again reminded to look at inclusion from both an overall organizational view and an individual view. Considering inclusion from
both perspectives assists in ensuring that an appropriate organizational environment is developed to assist individuals who believe inclusion occurs naturally to feel included. Additionally, considering inclusion at both the individual and organizational level may assist in maintain individual’s perceptions of inclusion even if the face of changing positions in the organization. If an employee transfers across departments, for example, supporting inclusion at the organizational level may assist in them perceiving inclusion at the individual level more quickly in their new department. Furthermore, fostering the previously discussed sense of team may encourage more employees to take an active role in inclusion, rather than operating under the assumptions that it will simply occur naturally.

Overall, with the exception of one respondent, all respondents indicated that they perceive inclusion, and offered a number of factors contributing to perceptions of such. The strongest contributory factors emerges comprised a sense of team, familiarity and relationships, speaking to the importance of stability, perceived respect and supportive management. All of these factors are replicable by organisations in general, and are not context specific. In addition, it emerged that perceived inclusion is contextual, with some interviewees proposing that they perceive inclusion in their wards, but not automatically in the wider hospital, or among all other staff. In addition to whether they perceive inclusion, another line of questioning addressed whether perceiving, or not perceiving inclusion, impacts performance, responses to which comprise the following theme.

4.11 The Impact of Inclusion on Work Performance

An initial premise for this study stemmed from questioning whether inclusion may have a positive impact on an individual’s job performance to the extent that it may encourage the undertaking of OCBs. Consequently, nurses were questioned as to whether, in their opinion, being included affects their job performance. Three respondents, all Irish, proposed that not feeling included does not affect their performance. Three respondents, however, comprise two Clinical Nurse Manager2’s and one Assistant Director of Midwifery, thus, a lack of perceived negative affect on job performance may be related to the responsibility associated with their respective roles. One of the respondents indicated explicitly that inclusion has no impact on her performance. The other two respondents, although stating that inclusion does not
affect their performance did, however, also imply during the elaboration of their points that inclusion does matter to them. One respondent stated that she feels better on days when she feels included:

\[ I \text{ would say my performance would be the same either way, but, I find it is more productive and I feel better about the day and sometimes there are days where everything goes right, and you have more of those days when you do feel included. I do the job anyway. Whether I am happy about it or not doesn’t really matter (Nurse 1, Hospital A, Irish Female, CNM2).}\]

Although originally opining that inclusion was not important, the respondent’s statement indicates that she views inclusion as possessing the potential to impact perceived productivity. The second proposed that she needs the support of the team working for her:

\[ In \text{ my role I have to use my initiative as well. I have to work very much on my own in the sense of decision-making. But I can’t ensure that this is done without the team backing me. So it is a little bit of both, but I can’t do anything without my team (Nurse 24, Hospital D, Irish Female, ADM).}\]

Again, although initially proposing inclusion was not significant, the interviewee’s response indicates that perceiving the support of her team is important to her. As discussed earlier in the chapter, a sense of team has emerged through this study as significant for increasing perceptions of inclusion.

The majority of interviewees, 34 of the 37, opined that inclusion does impact performance, demonstrating a key finding of this thesis, and the core of this section. To begin, one respondent, from the English, proposed that not feeling included can result in stress, while a further Irish respondent, suggested that should individuals not be included in the workplace it results in negativity on their part, and a reluctance to engage in some behaviours:

\[ If \text{ people aren’t happy in work they won’t work properly, they will be mooching around, and saying “I’m not doing that, why do I have to do that?” They will be slower; they won’t go the extra little bit (Nurse 5, Hospital A, Irish Female, RGN).}\]
Further, another Irish respondent proposed that it would be difficult to work together if employees do not have a good relationship with each other:

*If you are not happy coming in, or didn’t feel like you could get on with the people you’re working with, there are four of us, if we didn’t get on, we certainly couldn’t work together* (Nurse 20, Hospital C, Irish Female, CNM2).

It is likely that a lack of good relationships with colleagues will prevent employees from feeling accepted and consequently included in the organization, particularly as positive relationships enhance belongingness and satisfy the needs of individuals who have a strong desire to belong. An inability to work with colleagues as highlighted by this employee may be detrimental to overall organizational performance when consideration is paid to the importance of teams in the workplace, as discussed in the preceding section. Likewise, a negative impact on work performance was raised by a further six nurses, two Irish, three Indian and one English, who indicated a number of potential issues. Two (Irish) referred to isolation, two (Indian) referred to a consequential decline in confidence, while of the remaining two Indian respondents, one proposed an individual would feel uncomfortable, the other proposing one would simply no longer care about anything that occurred on the ward. The implication of these propositions appears clear, specifically indicating that, according to these six nurses, not perceiving inclusion holds negative consequences for performance in the workplace. This poses a potential challenge for organizations. An individual’s perception is their reality, therefore, regardless of inclusionary initiatives, if individuals do not buy-in to those efforts or perceive un-inclusion for another reason, performance may be negatively impacted. This caution supports Sabharwal (2014) who contends that perceiving inclusion results in increased performance, thereby suggesting that a lack of inclusion does not. Additionally, if an employee’s performance is negatively impacted as a consequence of not perceiving inclusion, it is arguable that this reduction in performance will extend to reduced willingness to undertake in OCBs. Interestingly, while two respondents proposed a potential decline in confidence if un-included, conversely, confidence resulting from inclusion was also raised by five respondents, two Irish, two Indian and one Filipina, who proposed that perceiving inclusion increases their confidence, supporting Ferdman’s (2003) identification of enhanced self-confidence as a positive consequence on inclusion:
When you feel included you’re more confident in your work, and you’re happier in your workplace. People like to be liked and included in everything, so I definitely feel it makes you a more effective worker (Nurse 26, Hospital D, Irish Female, Clinical Midwife Specialist).

When I am involved in something I get support from my colleagues. If I am staying back from things I won’t get any support so it makes me confident to do everything (Nurse 34, Hospital D, Indian Female, Staff Nurse).

It is possible that increased confidence stemming from perceptions of inclusion may result in employees being more willing, or easily persuaded, to adopt tasks not traditionally incorporated in their job descriptions, vis-à-vis, OCBs, as they may hold a greater belief in their abilities. Being encouraged in their abilities may result in employees believing they are capable of doing more, resulting in the undertaking of OCBs. This argument supports both Ishrad and Hashmi (2014) and Lee et al. (2013) who suggest that the more confident employees are in their ability to carry out their tasks, the more they perceive readiness to engage in OCBs.

It was further suggested by three interviewees, one Irish and two Filipino, that inclusion increases morale, while in a similar vein, three nurses, two Irish and one Filipina, proposed that sensing inclusion increases feelings of support. Additionally, a further two Indian nurses proposed that perceiving inclusion results in enhanced job satisfaction.

Increased morale, feelings of support and job satisfaction may also, in a similar vein to enhanced confidence, encourage individuals to perform to the best of their abilities, again potentially extending to the undertaking of OCBs. It is arguable that perceiving higher levels of morale, support and job satisfaction will increase employee loyalty and commitment to the organization, thereby increasing the likelihood that they will perform in a manner that exceeds role requirements, perhaps in an effort to reciprocate for the support and increased levels morale emanating from the organization. Indeed, this argument is somewhat supported by previous research by Ferdman (2003), in which it was proposed that inclusion should result in improved productivity, enhanced self-confidence, increased commitment to the organization and more work satisfaction. The argument is also somewhat supported by Bolino et al. (2002) who contend that individuals are most likely to exceed formal job requirements when they are, among other things, committed to the organization or have job satisfaction. Regardless of the
undertaking of OCBs, organizational performance may improve as a whole, as organizational performance is a function of individual performance, thus any improvements at an individual level result in organizational improvement, albeit perhaps relatively small in nature.

A plethora of other positives related to perceiving inclusion were offered by respondents. While two respondents, one Irish and one Filipina simply stated that inclusion has a positive impact on work but were unable to articulate further, an additional Irish respondent stated that inclusions instils a sense of pride in the work. Possessing such a sense of pride in ones work is likely to be beneficial to service-oriented organizations, including hospitals, as the face of the service is, to service users, the employee (nurses, in this context). Having individuals, therefore, who have pride in their work on the public line reflects positively on the organization. Related to fostering a sense of pride, a further Irish respondent proposed that inclusion results in a desire to improve service provision, while a Filipino respondent also referred to resultant improvements, but of a personal nature, both of which again potentially serve to improve the service, and service provision, as a whole, rendering them particularly useful benefits associated with inclusion in the organizational context.

Moreover, continuing along the thread of pride in the job, six participants, four Indian and two Filipino opined that perceiving inclusion encourages them to give more while at work, or to work to their potential, implying increased commitment and productivity, again supporting Ferdman’s (2003) arguments in favour of inclusion, and potentially reflecting research by Kataria et al. (2013) who suggest that positive affect may result in engagement and OCBs. The respondent’s sentiments are represented below:

*Inclusion has contributed to my career significantly. It encourages me to give more. They give you this flexibility, which is how any unit should work. You have to be flexible. Give and take. You do something for the unit, they do something for you, they very much encourage that, so that is how things are working* (Nurse 10, Hospital B, Indian Male, RGN).

*It keeps you happy, and if you are happy you perform well. You are going to the maximum of your performance and you are happy with the job and you are happy with the patient and the patient will feel that you are happy and they are happy* (Nurse 6, Hospital A, Filipino, CNM1).
Increased productivity among existing staff should be of particular interest to hospitals, indeed also to other public sector bodies, given the level of cuts in public expenditure and the subsequent decrease in replacement of particular staff. If existing staff are “giving more” or working to their potential, the performance gaps stemming from understaffing may be somewhat negated or reduced. Indeed, it is worth noting that negating, even slightly, performance gaps resulting from understaffing are arguably even more relevant in hospitals, given the nature of the service provided and the reason for custom. Finally, three respondents one Irish, one Indian and one English, posited that inclusion results in enjoying the job or results in feeling happier about attending work, both of which are factors typically likely to reduce absenteeism rates, particularly useful given current nursing shortages. An additional Filipina respondent indicated that inclusion can assist in retention on the wards, to some degree supporting Forbes (2011) assertion that organizations can engage inclusion policies as retention tools, while a Filipino outlined a consequential improvement of harmonious relationships, as outlined below:

*It really makes a difference when you are accepted to the group and you are able to accept them as well. There is a smooth relationship between your colleagues, and I have that* (Nurse 18, Hospital B, Filipino, CNM1).

Ultimately, the majority of interviewees opined that inclusion impacts their performance, constituting a key finding. Overall, interviewees suggested that inclusion increases their confidence, morale, job satisfaction and feelings of support, all of which have been previously identified as antecedents of OCBs. Inclusion, therefore, is significant for OCBs. OCBs in the context of this study are discussed in the following sections.

### 4.12 Extra-Role Behaviours Undertaken

Organizational Citizenship Behaviours refer to supra-role, therefore voluntary and non-rewardable, behaviours. As outlined in Chapter Three, one aim of this study is to examine whether experiences of inclusion and organizational citizenship behaviours are linked, by analysing responses from nurses regarding their opinions on areas such as extra work, and their identification of their workplace behaviours. To fulfil this objective, nurses were asked whether
they engage in behaviour that goes beyond their job description, and to expand on the behaviours that they undertake. The behaviours identified will be categorised under dimensions of OCB in extant literature with the exception of behaviours that do not fit previously identified dimensions. Of initial note, just one nurse, a Filipina, stated that they do not engage in additional work behaviours. When probed, the respondent stated that they do not engage in additional behaviour as behaviour outside of their role is not part of their contract:

*It’s not part of your contract to do that* (Nurse 13, Hospital B, Filipina, RGN).

Giving consideration to the content of the rest of this section, this statement presents a number of possibilities. While it is possible that the respondent does not engage in supra-role behaviours, it is also possible that:

- They engage in such behaviours but no longer perceive them as supra-role, perhaps due to the frequency of occurrence or a cultural expectation that such tasks are undertaken, or,
- They were reluctant to admit undertaking behaviours that fell outside of their remit.

All remaining participants responded in the affirmative: they engage in additional workplace behaviours, rendering, in the context of this study, the respondent who does not engage OCBs an abnormal phenomenon. Ten respondents, four Irish, three Indian, one Filipina and two English, engage in extra-role behaviour that falls under the remit of colleagues or other healthcare professionals. This behaviour is arguably an extension of research by Podsakoff *et al.* (1990), who discussed an OCB grouping termed Individual Initiative. This dimension involves undertaking behaviours that are task-related, but at a level so far beyond what is expected that it begins to take on voluntary characteristics. Undertaking tasks that fall under the remit of others in order to ensure the umbrella of activities which comprise patient care is arguably task related in nature, thus reflecting Individual Initiative. In this context, however, the tasks extend to the tasks of others, as the respondents referred to undertaking tasks under the remit of others, thereby arguably extending this dimension. Three of those nurses, one Irish, one Indian and one English, made particular reference to undertaking aspects of a porter’s duty, as highlighted below:
If there was a very sick patient down in X-ray and they were uncomfortable, or cold or something like that, we might just take the wheelchair and take them off back up to the ward without the porter, without waiting for the porter. A lot of porters wouldn’t have a problem with that, but you never know who’s going to have a problem with that because I suppose you’re undermining their work, and you are showing them up (Nurse 11, Hospital B, Irish Female, RGN).

Porters are meant to transport. We had the case before the staff could come down and we would offer to take them but then somebody else might say “No that’s not your job to do that”. Obviously you have to think about health and safety as well, but then sometimes you have got to be sensitive, the patient could be down here forever and never get upstairs so it is just trying to find common ground really (Nurse 35, Hospital D, English Female, RGM).

In two of the three cases, those quoted above, a potential negative fallout from undertaking aspects of a porter’s job was identified. This raises a question, in particular, if those two nurses are aware that those actions may carry negative consequences, why then do they undertake them? One possible explanation may be that the needs of the patients are assigned a higher priority by those nurses than a potential negative reaction to those tasks. If such is the case, it is arguable that this is indicative of a culture of nursing, in which patients needs are put before the nurses, a notion further explored in later portions of this chapter.

A further three of the ten respondents, two Indian and one Filipino, also made specific reference to undertaking work typically under the remit of care assistants/health care assistants (HCAs). Two of these respondents indicated there are shortages of HCAs, resulting in a requirement for them to fill in, thereby indicating a forced component to their behaviour. One must therefore question whether, if born out of necessity, such behaviour is truly reflective of the concept of OCBs.

When we are short staff and we are under pressure with the limited numbers of staff, some days I would have to do things on my own. It might be the care assistant’s job, we have to do it because we have no care assistants (Nurse 22, Hospital C, Indian Female, RGN).
We are midwives, we are expected to do certain things, but sometimes we have to jump up one step further. If there is no Care Assistant on the ward, we will do Health Care Assistants jobs. I think we do clerical jobs a lot. As such it couldn’t be a part of nurses and midwives jobs it could be a clerical assistant job, it could be a CA job, it could be somebody else’s job. Sometimes we will even do the cleaners job. I know it’s pathetic, but say if a woman is waiting to get into the bed what would you do? You just say “Oh come on, I’ll wash the bed. I’ll make it comfortable” (Nurse 31, Hospital D, Indian Female, RM).

The identification of a forced component to these OCBs is reflective of Vigoda-Gadot’s (2006) suggestion that there may be compulsory antecedents to OCBs (COCBs), for example in this context, to compensate for the absence of HCAs. The concept of compulsory antecedents to OCBs suggests that individuals may not always undertake OCBs as a result of good will, rather may feel coerced into doing so. The other four of the ten nurses who referred to undertaking tasks which fall under the remit of another position, three Irish and one English, more generally discussed undertaking behaviours under the remit of a number of other jobs, rather than those typically belonging to a particular group. One nurse (Irish) spoke of replacing the work previously undertaken by another division, which the hospital no longer has access to. This would suggest that the organization does not need to now replace that lost service, an advantage presented by this instance of OCB. Indeed, replacing the work previously undertaken by others may be considered by some to be an inconvenience, thus arguably reflects the OCB categorisation Sportmanship, an element of which, according to Podsakoff et al., (2000) and Organ (1990), concerns both accepting inconveniences, and accepting them without complaining. This respondent identified a problem in the department, specifically lack of access to a required service, and, rather than complaining about the inconvenience, has taken on the work of that service, extending her role. Another Irish respondent referred to undertaking behaviours under the remit of superiors. The final two nurses were more general in their responses, discussing behaviours relating to a number of different roles:

*It’s all to do with nursing, unfortunately, it’s quite broad. You have a lot of situations here where people are very technical about their job descriptions, “that’s my job, that’s not my job”, and if you did something they’d nearly bring in the union, which if it isn’t anyone else’s job, it will always be the nurses job. So if the healthcare assistant*
won't do it, or nursery nurse or porter won't do it the nurse has to do it (Nurse 24, Hospital D, Irish Female, ADM).

You would take on roles that would be outside your remit. This happens a lot where I am because we don’t get the support of clerical staff, care attendants and so on that the wards have, because we’re such a small unit. On the other hand, we’re a specialised unit so we’re taking on quite advanced roles at times. So one minute you find you are a clerk, then next minute you are changing bin bags and emptying and stocking the ward, the next minute you are doing something that a doctor would generally do, and everything in between (Nurse 21, Hospital C, English Male, RGN).

Again, although general, the quotations above indicate an element of forced behaviour undertaken in an effort to fill the gap created by staff shortfalls in the ward/hospital. Of the respondents who referenced undertaking activities that fall under the remit of others, a further four respondents, two Irish, one Filipino and one English, also made reference to incidental housekeeping, activities which would typically fall under, again, the role of Health Care Assistants (HCAs), or cleaning staff. There was a distinction between the reasoning behind undertaking such activities. Two of the nurses (one Irish and one Filipino) focussed on the needs of others:

If I saw a load of water on the floor, you could call the cleaners but by the time the cleaners get up you could have ten people that fell, so I wouldn’t mind putting down an inco sheet\(^1\) and putting up the signs, so, it wouldn’t technically be my job, but I would do it for the safety of others (Nurse 24, Hospital D, Irish Female, ADM).

The other two nurses (one Irish and one English) undertook general housekeeping or cleaning duties for personal reasons:

I have a thing about the store room, I like it to be tidy, I do a round every day. I like smashing boxes, it seems to drive other people insane, but I don’t mind smashing boxes at all (Nurse 12, Hospital B, Irish Female, RGN).

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\(^1\) An “inco sheet” refers to a disposable incontinence sheet used to protect mattresses or cover bodily fluids to enable absorption and disposal.
It’s very hard because your practice is so wide so it’s hard to know where the line is. I would be just as happy to go mop up the floor and make the beds as I would be to do something much more senior level. I wouldn’t feel my practice is limited. I would hate to feel that I couldn’t do something (Nurse 36, Hospital D, English Female, RM).

The sentiments of the ten nurses above point, both directly and indirectly, to an underlying theme, specifically, if a task needs to be undertaken and is either not done or there is no one else to do it, a nurse typically ends up carrying out that task. Again, this presents an interesting conundrum: if supra-role behaviour is undertaken as a result of necessity, is it still truly supra-role? This question is perhaps reflected in the arguments of Vigoda-Gadot (2006) and Bolino et al. (2004) that OCBs may result in motives other than those rooted in voluntary, self-initiated goodwill. Additionally, and alternatively, do such events speak to a culture of nursing in which it is expected that nurses will engage in behaviours additional to their role requirements when necessary? If the latter, such a culture could be replicated in other organizations via the use of implicit symbolism i.e. the encouragement of identified leaders to extend their performance to appropriate behaviours which fall outside of their remit in an effort to encourage others to follow suit.

Behaviours relating to providing advice, counselling, or supporting colleagues were identified as additional workplace behaviours by eight respondents, four Irish, one Indian and three Filipino. Such behaviours fall under the category of Helping Behaviours. Helping Behaviours, according to Podsakoff et al. (2000), concern voluntarily helping others in the organization with work-related problems. The type of helping behaviours identified by respondents here, however, goes beyond assisting with, and preventing, work-based problems, rather also concerned assisting and advising colleagues on a personal level, thereby arguably adding to the original Helping categorisation, subsequently adding to existing OCB literature. Interestingly, as outlined below, three of the Irish respondents were of a managerial grade (one CNM1 and two CNM2s). Particularly when considered in light of the discussion above concerning a forced element to some identified OCBs, it is questionable as to whether such behaviour is, in the context of these managers, simply reflective of expectations associated with a mangers role (for example, support and coaching) or indicative of OCBs as per the other five respondents. Additionally, it is arguable that the “caring” aspect of this identified behaviour is again reflective of a culture of nursing in which nurses, eight in this case, are concerned about the well-being of others:
I do go beyond my job description, because the off duty would often come home, because you get caught up in family dilemmas, in social circumstances going on in the ward but you don't have the time to come in and sit down and look at it and move people around the rota (Nurse 23, Hospital C, Irish Female, CNM2).

If colleagues open up you would be positive with them and give advice. If a colleague is upset, if they open up for advice, you would listen and let them express because sometimes people just need to talk (Nurse 8, Hospital A, Filipina, CNM1).

In a similar vein, assisting colleagues or the ward in some manner, either generally or by covering for staff shortages, was further identified by nine respondents, three Irish, four Indian, and two Filipino. Two nurses, one Irish and one Indian, made particular reference to assisting the ward by helping with audits, while two of the nine respondents, one Irish and one Indian, also made reference to covering staff shortages on the ward, albeit more generally than the specific reference to shortages in porters or HCAs identified earlier. One Irish nurse generally stated that if a shift needed to be covered on a particular day she would change shifts to accommodate the ward, while the other Indian nurse offered the an example concerning a surgical rotation:

Most of the time we are doing the extra work other than our job description. For example, if we are short of staff we are carrying their job as well. For example, if four people are doing a surgery and we are down one, and we are only three people, we have to meet our standard and set a target for the day, so these three people, we have to work a bit more hard to achieve the target (Nurse 28, Hospital D, Indian Female, RGN).

It is again arguable, however, that the behaviours identified above again bear resemblance to COCBs, in that they concern tasks that must be done, rather than being strictly as a result of good will or volunteering. An additional three of those nine nurses, one Indian and two Filipino, did make particular reference to assisting busy colleagues, as represented by the following quotation:
Cardiac Intensive Care Unit is probably the best, I think when it comes to helping one another and with our schedule, with everything, I think I find our unit the best unit probably in the hospital. Well if my colleague is busy, I will help them. And in our unit usually your neighbour, the next patient to our own, the next nurse, is my neighbour, so the two of us will swap breaks. So you have to mind his or her patient, and then she will mind as well mine, in terms of breaks, when I need it, if my patient needs something and I’m not there, she does it (Nurse 14, Hospital B, Filipino, RGN).

Assisting busy colleagues bears similarities to the above outlined caring notion of supporting or advising colleagues, supporting the previous argument that there may exist a culture of nursing which attracts individuals who are concerned with the well-being of others. Caring for others under the concept of a culture of nursing has been discussed with regard to care for patients, however, the sentiments outlined above indicate that that the nature of that culture likely extends to also caring for colleagues. As such, hospitals could capitalise on this potential culture of nursing by encouraging ward management to reinforce instances of OCBs which benefit either patients or colleagues via recognition of such behaviours.

Additionally, such behaviours again arguably extend the aforementioned dimension of helping behaviours. Although assisting colleagues or undertaking tasks which need to be covered for the ward are helping behaviours, they are not truly reflective of the defined Helping Behaviours categorisation, given that there is an element of necessity to them, in the context of ward functioning and patient care. It is proposed, therefore, that an additional dimension, which may be suitably termed Organizational Centric Helping Behaviours, be included in categorisations of OCBs. The purpose of this proposed dimension is to better reflect helping behaviours which assist individuals in a manner which positively impacts the ward (or indeed departments in a wider organizational context) or beyond the individual level helps the wider ward/department, yet are not entirely voluntary in nature. Rather, the behaviours are arguably rooted in an element of necessity. Additionally, while not strictly fully voluntary, it is noteworthy that they are not suitably assigned as COCBs either. Vigoda-Gadot (2006) discusses COCBs as behaviours resultant from external pressure by individuals of significance in the workforce, for example, managers, who desire to increase the workload of their employees by involving them in tasks beyond the scope of their role. It is also suggested that coercion from peers may result in the undertaking of COCBs. Ultimately, COCBs are discussed in a negative light, deemed a darker, more destructive side of OCBs. In the context of this study, however, the negative
connotations associated with COCBs appear absent in the semi-forced helping behaviours, rather these behaviours appear to be a function of the alluded to culture of nursing, the type of job that nursing is and the orientation of individuals drawn to that role, and the nature of the organizations in question, specifically hospitals. Consequently, the dimension of Organization-Centric Helping Behaviours is proposed. To support this proposition, and to identify whether it is reflected across hospital job roles, indeed across other organizations, further research is required.

A variety of other means of assisting the ward were identified by four of the nine nurses. In particular, one nurse (Irish) stated she aims to “look after” those working with her while another nurse (Irish) discussed accommodating colleagues by altering the rota. A further respondent (Indian) proposed they make an additional effort when working with temporary or new staff, all of which speak to Helping Behaviours:

**Consider the off duty.** You do a little bit more, because you take personal requests and even one person might have multiple requests for one month. Yes, you do your off duty and you see it doesn’t work, and you have to keep tweaking it until you get practically everybody accommodated. And you think about what you’re doing because you have to be fair. Yes, it is in your contract to do the off-duty, but it doesn’t say that you spend maybe three days trying to get two weeks of off-duty out, and some of it on your own time (Nurse 23, Hospital C, Irish Female, CNM2).

**Sometimes you do have to put in extra effort.** If you are working with staff that is not part of the regular staff you have to put in extra effort especially if someone doesn’t know the ward. Then you are doing extra just to cope so nothing is left behind (Nurse 7, Hospital A, Indian Female, RGN).

The final of the nine participants who identified OCBs that assist colleagues or the ward in some manner, a Filipina respondent, stated that they assist with training when requested. Assisting in training potentially reflects an element of the categorisation of Civic Virtue, as proposed by Podsakoff *et al.* (2000). Employees displaying civic virtue possess a macro-level interest in, or commitment to the organization, an aspect of which concerns a willingness to look out for the organizations best interests, even if at personal cost. Assisting in training
students or colleagues, therefore, which positively impacts the organization in that individuals can do the job, arguably reflects Civic Virtue.

An element of Helping Behaviour was again highlighted, stemming from the identification of extra behaviour in the form of working additional hours or overtime, or staying on late post-shift, as highlighted by six respondents, two Irish, one Indian, one Filipina and one English, summarised below:

You will never leave the ward until you have done everything you are supposed to do, and if that means staying an hour or three quarters of an hour to make sure all the boxes are ticked you do it (Nurse 3, Hospital A, Irish Female, RGN).

An example would be giving handover and someone arrested, you are not going to leave your colleagues in the lurch even though you are supposed to be off at 8.00 pm, you stay on and make sure everything’s OK, or you would mind the patients and let colleagues go to the arrest situation (Nurse 15, Hospital B, Irish Female, RGN).

Working additional hours or staying post-shift, while perhaps not to be relied upon long term, arguably carries clear benefits for hospitals, and organizations in the wider context. In particular, organizations operating with lower than required staff numbers can, at least partially, fill the performance gap via additional hours worked by existing or remaining employees. Employees continually working additional hours may, however, find themselves without sufficient time for recuperation, which may have long term negative consequences for the health and work-life balance, perhaps resulting in burnout or departure from the organization.

A significant portion of supra-role behaviours identified were patient-oriented in nature. Role-extension in the form of acting as a liaison with patient’s relatives or other healthcare professionals, whether internal or external to the organization was identified by three interviewees, two Irish and one Indian. Furthermore, purchasing or sourcing items such as clothing or cigarettes, either directly for patients or more generally for the ward, was identified by five individuals, three Irish, one Indian and one Filipina, as outlined by the following representative quotations:
A lot of things aren’t in my job description but we do it anyway. For example buying cigarettes for one of the patients. In some of the other wards we all had a patient each and we bought clothes for them. If something needs bought for the ward, I’ve often gone out looking at stuff to get prices (Nurse 5, Hospital A, Irish Female, RGN). For example there was a patient the other day who wanted jam on his rice pudding and we had no jam so I went down to the shop and bought a tub of jam. Those kind of small little things that I think makes all the difference to the patient and then you get great satisfaction when he actually eats the rice pudding and he may not have eaten anything for three days (Nurse 11, Hospital B, Irish Female, RGN).

These behaviours are again potentially reflective of the proposed Organization-Centric Helping Behaviours. Viewing patients as more than customers, rather as features of the ward, coupled with sourcing and purchasing items for the ward, while again arguably semi-forced, is likely reflective again of the emergent theme of a culture of nursing, therefore constitutes a helping behaviour, yet not in the traditional sense of the construct. As such, these behaviours may align more with the suggested dimension of Organization-Centric OCBs.

In addition to the more specific behaviours outlined above, a wide variety of miscellaneous activities, additional to the role of the respondents, beneficial to patients, was identified by a number of nurses. One Irish respondent made reference to attempting to improve language skills in order to pronounce patients names and make initial pleasantries with patients. A further three nurses, all Irish, indicated that where possible, they spend additional time with patients, while an Indian nurse referred to arranging pastoral care for patients. Other miscellaneous activities included placing phone calls, identified by a Filipina, and washing and drying patients’ hair by another Filipina:

For the patients, if they ask me to do something personal, to ring someone, it is not my job, but I would do it (Nurse 6, Hospital A, Filipino, CNM1).
Wash dry patients hair. You would do it if you had time. You have to do everything, especially if they are very dependent on you (Nurse 19, Hospital C, Filipina, RGN).

The activities identified above, for example, purchasing or sourcing items for patients, improving language skills to engage with patients, spending extra time in various ways and guises with patients and arranging pastoral care all relate to patient care, thus although supra-
role, are perhaps reflective of the particular job, nursing. These OCBs may be reflective of the aforementioned culture of nursing, or perhaps reflective of the type of individual drawn to such a profession. This patient, or “customer” focus, on the part of employees appears to not be reflected in existing conceptualisations of OCB, perhaps as the primary beneficiary is, in this case, the patient (or customer), whereas the focus of OCBs is typically oriented towards the organization. Engaging in activities which are beneficial to patients, however, is beneficial to hospitals as their purpose is to provide a service (i.e. health care), therefore, engaging in activities which improve patient care arguably improves the service provision, and potentially consequently the public perception of the hospital, therefore these behaviours do fall under the umbrella concept of OCBs.

Although possibly somewhat related to the categorisation termed Organizational Loyalty, an aspect of which concerns promoting the organization to outsiders, this set of behaviours does not adequately match this categorisation, as it concerns benefiting patients. Instead, these behaviours, when considered in light of the emerging culture of nursing concept, appear to indicate an additional OCB categorisation, specifically, a set of behaviours stemming from the profession the employees work in. Essentially, it is suggested that employees in certain professions may engage in a certain type of OCB, specifically those centred on patients (or customers/clients), as opposed to those centred on the organization. Such a set of behaviours could be termed Profession Induced OCBs, referring to a set of voluntary, helping, goodwill behaviours performed by those in certain professions (nursing, in this context) to the benefit of patients or clients. Further research is required to support the proposition of this dimension, and to test its existence among other professions, therefore, this categorisation along with the aforementioned Organization-Centric Helping Behaviours will be further discussed regarding recommendations for practice in Chapter Five.

In addition to the range of behaviours already outlined in this section, a number of additional supra-role behaviours identified were arguably more ward or organization-centric, rendering them more closely aligned with existing conceptualisations of OCBs that the more personal and patient oriented behaviours hitherto discussed in this section. One Indian respondent discussed her aim to work in a cost-effective manner, mirroring elements of Civic Virtue, while two further respondents, one Irish and one English, indicated that, when necessary, they will forego breaks, which, in this context assists the running of the ward when incidents arise, thus reflecting both elements of Sportsmanship and Civic Virtue:
I think we should work in a cost effective manner. For example, there are yellow stickys on the ward, and we just have to write a note for a doctor, for example “Pain Relief”. But, I will just cut the yellow sticky in two pieces just to use it effectively. So these are small, small things we can do to avoid wastage (Nurse 37, Hospital D, Indian Female, RM).

If it is very busy on the ward you don’t go on break because you’re leaving your colleagues in the lurch (Nurse 15, Hospital B, Irish Female, RGN).

People work through breaks. I would be a very strong advocate that people take their breaks where possible. It should be a rare exception that you don’t. There will always be times when you have got somebody that has suddenly become very unwell, and you have to put that patient over your need to take ten minutes (Nurse 21, Hospital B, English Male, RGN).

Foregoing breaks as a form of OCB carries both positives and negatives, thus in the long term is arguably an OCB dimension that should be discouraged. While occasionally foregoing or postponing breaks can assist in covering shortages, or ensure appropriate patient care, indeed is perhaps necessary given the nature of healthcare, frequently doing so raises concerns regarding health and safety and legal break requirements. Moreover, frequently foregoing breaks is likely to be detrimental to employee wellbeing, both potentially placing the employees at risk but also resulting in further shortages. This note of caution applies to both hospitals and to other organizations, in particular, to any organization in which employees perceive a requirement to forego or postpone breaks to cover shortages created by non-replacement of staff, or to ensure continuation of service to the customer. Although outside the scope of this study, it is arguable that this is a facet of the working environment for more than other nurses, the verification and exploration of which is arguably an avenue for future research.

Two further respondents, one Irish and one Indian highlighted non-compulsory educational development, which falls under the Self-Development categorisation of OCBs, and, according to Podsakoff et al. (2000), refers voluntary behaviours undertaken by employees to improve
their knowledge, skills and abilities. The sentiments of the two nurses concerned in this context are highlighted below:

*I did a course recently to do with a Living Will², on my own time. If something is important enough and it will benefit your career you would do it* (Nurse 3, Hospital A, Irish Female, RGN).

*I do compulsory study every two years, but it is not compulsory to do a degree course. I am a diploma nurse, but I am going to do the degree course. Just as part of continuous professional development, I did not do any course for a while because I was pregnant, so I’m planning to do one now* (Nurse 27, Hospital C, Indian Female, RGN).

Non-compulsory educational development presents a number of potential benefits for the hospitals in question, indeed also would for organizations in general. Voluntarily engaging in educational development enhances individual’s skill sets, which in turn, enhances the skill set of the organization, as organizational performance is a function of individual performance. Additionally, engaging in education in different areas may render employees more flexible with regard to the positions or functional areas they are suitable to work in in the organization, possibly allowing for movement of such employees to vacant posts, or posts which are currently difficult to fill. Moreover, organizations can capitalise on the knowledge gained by such employees by encouraging inter and intra departmental knowledge transfer.

Serving on committees was recognized as extra-role behaviour by two respondents, both Irish, and reflects an aspect of Civic Virtue, in particular, willingness to actively participated in the organizations governance (Jahinger et al., 2004). These behaviours are articulated in the following statements:

*I just finished co-chair of the managers committee. They have a monthly meeting where they invited the Clinical Nurse Manager specialist nurse to come to the meeting, so, last year, the first day that I attended the meeting they were looking for a co-chair and a chair, so I volunteered for the year. While it was inside my work hours for the

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² Under the concept of a Living Will, patients, typically in consultation with spouses/partners/relatives decide on, and make known, advanced care directives concerning their treatment preferences with regard to certain eventualities or illnesses.
meeting, I had to do up the minutes and a lot of phone calls and that, so that was outside my work (Nurse 26, Hospital D, Irish Female, Clinical Midwife Specialist).

I have ended up taking up other roles, or been offered other roles, so I have been on the Health and Safety Committee, and I currently sit on another committee (Nurse 32, Hospital D, Irish Female, Senior Staff Midwife).

Serving on organizational committees may ease the sourcing of information relevant to wards, and facilitate dissemination of necessary information throughout the organization. The related concept of developing and maintaining information systems, similar to behaviours included in the Courtesy dimension of OCBs, proposed by Jahinger et al. (2004), which concerns taking actions to prevent problems arising for colleagues, was also identified by two participants, one Indian and one Filipino. These activities may also assist in the smooth transfer of information both within and external to organizational departments, ultimately raising the potential for enhanced organizational effectiveness.

Further related behaviour identified is that of organising paperwork or notes, as raised by two nurses, one Irish and one Indian, which, if organised in a manner useful or easily understood by all, should be conducive to smooth operational activities, again reflecting the dimension, proposed by Organ (1988), termed Courtesy:

We fix and sort out notes and make them more presentable so they are not falling all over the place rather than waiting for the secretary to come in the following morning (Nurse 11, Hospital B, Irish Female, RGN).

If the patients are stable and I have a little extra time I will start arranging the different forms and sorting into cabinets or put the headings so that it will be visible for all possible, so that it will be easy for everybody to locate certain things (Nurse 37, Hospital D, Indian Female, RM).

Creating the potential to increase and maintain the sense of team identified earlier as important for inclusion, three respondents, all Irish, also discussed attending or supporting different events run in the hospital, as identified in the following quotations:
For Christmas parties people would often bake tray bakes and bring them in (Nurse 5, Hospital A, Irish Female, RGN).

You would work with the girls if they were organising even a coffee morning. That wouldn’t be my job to do it, but I would go down and do it (Nurse 24, Hospital D, Irish Female, ADM).

You would take part if they are having a tea party or having get-togethers with people or help out if there is any fundraising (Nurse 33, Hospital D, Irish Female, CMM3).

Attending events, although not required to, is likely to enhance the sense of community in an organization. As mentioned above, it is possible this set of behaviours is reflective of the sense of team which emerged as important during respondent’s discussion concerning inclusion. A plethora of other behaviours were identified by nurses, highlighting the wide range of extra-role behaviour exhibited by individuals. Such behaviour included the assessment of patients (one Irish), seeing patients from other hospitals (one Irish), sharing personal experiences (one Filipino), and making cups of tea (one English). One Indian respondent arguably summarised the wide variety of behaviours exhibited by virtue of her statement in which she was unable to identify specific behaviours, except to say that nurses do not have a job description, rather do everything:

Our job description for most nurses kind of means we do everything. There is no job description for us. We have to do a bit of everything (Nurse 9, Hospital A, Indian Female, RGN).

This statement arguably supports earlier discussion in this section. In particular, it adds weight to the argument that if a task must be undertaken and no other profession is available to undertake it, it falls to a nurse to carry it out. The statement also underlines the potential that a certain type of individual, in this context flexible and willing to go beyond their role, is drawn to the profession of nursing.

Finally, it summates the argument that there may be a culture of nursing which blankets employees with the expectation that they should go beyond their job description. In this case, questions are raised as to whether OCBs, if undertaken as a matter of necessity, are truly
voluntary or instead ultimately forced. This contention will be further discussed in Chapter Five, along with the two dimensions or categorisations of OCBs identified in this section, specifically Organisational Centric Helping Behaviours, and Profession Induced OCBs. Indeed, the identification of these dimensions constitutes one of the significant findings of this thesis. A number of reasons were advanced in explanation of OCBs, as discussed in the following section.

4.13 Reasons for Undertaking Extra-Role Behaviour

As outlined in earlier chapters, specifically Chapters One and Three, one aim of this study is to ascertain whether an individual’s perception of inclusion impacts the likelihood of that individual performing OCBs. Additionally, a conjoined objective concerns whether an individual’s national culture results in them being more, or less, likely than those from other cultures to engage in OCBs. The extant literature discusses previously proposed antecedents, including, for example, Social Exchange (Vigoda-Gadot, 2006), Disposition (Borman, 2004) or Organizational Justice (Blakely et al., 2005). To enable the development of conclusions, hypotheses and comparisons, however, respondents in the study were asked to elaborate on why they chose to exhibit extra-role behaviours, which, as outlined in the previous section, 36 of the 37 interviewees undertake. Of significance was the proposition by twenty-three respondents, eight Irish, eight Indian, four Filipino and three English, that their reasons for undertaking OCBs relate to concern for the patient or patient care, reinforcing the “culture of nursing” concept and notion of Profession Induced OCBs discussed in the previous section, as suggested by the representative quotations below:

As regards fixing up notes and things, the patient will suffer if there are parts of their notes missing. It’s to reduce the suffering. Taking the patient out of the cold X-ray department, and there are patients waiting for you upstairs and you’re hanging around and the patient down below is getting cold (Nurse 11, Hospital B, Irish Female, RGN).

I think you don’t want to see somebody suffering or waiting. I can’t tell a woman who is in pain or who is in early labour “No, no that’s not my job responsibility. I have to wait until the care assistant comes”. The patient will suffer. Then the clerical duties,
again, if a patient is in urgent need to go to theatre or to go to lab or somewhere you need that to be done (Nurse 31, Hospital D, Indian Female, RM).

It's because I want the patients to go home happy. And it’s not that big, so rather than waiting for a long time for the housekeeping to come where you can just get it from there and give it to the patient (Nurse 18, Hospital B, Filipino, CNM1).

The implication of this reason for hospitals is significant, in that it ultimately suggests that nurses may be inclined, therefore perhaps easily encouraged, to engage in OCBs regardless of the presence or absence of other antecedents or factors, should they believe doing so will benefit their patients. This somewhat underlines the assertion in the previous section in which it was suggested a certain type of individual, specifically caring, may be drawn to the profession. There is, however, an ethical conundrum associated with this finding. The finding indicates, following the reasoning offered by the nurses, specifically, that they engage in OCBs when beneficial to patients or patient care, that individuals may be manipulated or encouraged to undertake OCBs if those behaviours can be shown to have a link to patient care, which is beneficial to hospitals as additional tasks will be undertaken. The manipulation of behaviour to capitalise on this finding is, however, perhaps ethically questionable, as it essentially requires manipulation of good will. Manipulation of good will is arguably tantamount to exploitation of good nature, therefore, it is consequently proposed that hospitals take a transparent approach, identifying OCBs which would be useful if undertaken, but allowing discretion with regard to who undertakes those activities, rather than targeting nurses similar to those above who are known to typically perform OCBs for reasons of patient care.

Fifteen respondents, seven Irish, four Indian, three Filipino and one English, further indicated awareness that their behaviours are beneficial to colleagues, as summarised by the following representative quotations:

It makes life easier for your work colleagues because if they go to the cupboard to pick out a pair of trousers, there is a pair of trousers there. Making the patients happier makes it easier for your colleagues, and you know that they would do the same (Nurse 5, Hospital A, Irish Female, RGN).
It gives people time to talk about what is going wrong and I think that prevents them getting disillusioned or going off sick or whatever and helps to solve the thing there and then. Recently I was at a retirement, so for the person themselves and just to show that you were valued for the work they had given over the years and you valued their friendship and that. I think it is good for (Nurse 33, Hospital D, Irish Female, CMM3).

I think it will be easier for me and also for my colleagues to locate and find the information easily. Just for example, if I am putting the documentation from the ward in the cabinets it is better to do it and save my time and the other persons time (Nurse 37, Hospital D, Indian Female).

Recognition of the benefits of OCBs to colleagues may be reflective of the underlying team orientation that emerged throughout the interviews. This team orientation is also potentially reflective of propositions by Tambe and Shanker (2014) and Farh et al. (2004), who indicate some OCBs are not undertaken in isolation, rather originate from a team-focus of action. It is arguable that some employees, particularly those fifteen identified above, may be more likely to engage in OCBs that will benefit other members of the team when the organizational culture supports and reinforces the importance of teams. Organizations can capitalise on this potential by culturally supporting both teams and larger departments. Organizations may do so by communicating the importance of such behaviours by recognising their instances of occurrence, thereby signalling to members of the organization that such behaviours are valued by the organizations hierarchy. Recognition of behaviours to develop a supportive culture does also, however, arguably also constitute reward. Existing OCB literature proposes that as OCBs are voluntary in nature, they are also unrewardable. An argument of this study, therefore, is that as culturally cementing the importance of OCBs requires an element of reward, there is scope to reassess the existing construct of OCBs. This argument has been referenced as it emerged throughout the findings on concerning OCBs, therefore is further collated in Chapter Five.

Sixteen interviewees, eight Irish, five Indian, one Filipino and two English, indicated that their undertaking of supra-role behaviours is rooted in individual, personal reasons, as represented by the following:
I think if you are committed you will give it 100%, and if it is in your nature, it has a lot to do with oneself. I am one of those people where if it has to be done, it has to be done right (Nurse 3, Hospital A, Irish Female, RGN).

It’s the individual person, because I know the odd one or two who wouldn’t be inclined to want to do it (Nurse 5, Hospital A, Irish Female, RGN).

I go beyond the call of duty, because I would be thinking of the bigger picture. That’s the way I was brought up. That’s the way my parents taught me (Nurse 24, Hospital D, Irish Female, ADM).

The proposition on the part of sixteen interviewees that their OCBs are rooted in personal, individual reasons indicates that some individuals may be predisposed to undertaking OCBs, perhaps as a result of antecedents identified in Chapter Two, for example, personality as suggested by Borman (2004) and Konovsky and Organ (1996) or loyalty. The personality trait if conscientiousness, for example, which Borman (2004) deems the most consistent personality predictor of OCB, may be a predictor for more impersonal forms of OCB, specifically, those behaviours that are not directed towards specific individuals, rather, constitute constructive forms of supporting the larger context of organised efforts. If some individuals are predisposed to OCBs, instances of supra-role behaviour should be reinforced in some manner both to encourage those individuals to continue with such behaviours and to indicate to others that OCBs are valued, thereby encouraging them to follow suit.

Additionally, six individuals, four Irish, one Indian and one Filipino, further suggested that they engage in supra-role behaviours as no one else would do it, again reinforcing a forced element to some OCBs engaged in by nurses, as referenced in the preceding section:

Buying supplies for the ward, buying stuff for residents, if we don’t do it, especially if they have nobody to do it for them, it’s not going to get done (Nurse 1, Hospital A, Irish Female, CNM2).

It is all to do with nursing, unfortunately, it’s quite broad. If it isn’t anyone else’s job, it will always be the nurses job. If the healthcare assistant won’t do it, or nursery nurse or porter won’t do it the nurse has to do it. They have no choice (Nurse 24, Hospital D, Irish Female, ADM).
Evening times, night times, there’s no receptionist to give you the sticker or anything like that so you have to do all these jobs. A sample may be waiting to go to the lab and it may be urgent (Nurse 31, Hospital D, Indian Female, RM).

In addition to reinforcing the forced component behind some of the OCBs undertaken by some nurses in the study, the behaviours identified above also appear to reflect behaviours that are considered related to the profession of nursing. Similarly, four respondents, three Irish and one Indian, indicated that engaging in OCBs is, in their opinion, part of nursing or their role, adding weight to the argument that there may be a Profession Induced form of OCBs, referring to OCBs undertaken by those in, and perhaps as a consequence of being in, certain professions, as illustrated by the following representative statements:

I think it should be common among nurses and midwives. I think the majority coming in to this profession have that caring respect like or else you wouldn’t be in it (Nurse 29, Hospital D, Irish Female, RGN/RM).

Because I am a nurse, so I have to help patients, I have to give best possible care, that’s my job (Nurse 27, Hospital C, Indian Female, RGN).

As discussed in Section 4.12, the notion of a forced element to OCBs calls into question the existing construct of OCBs. In particular, it raises a questions regarding whether the existing construct fully reflects the reality of OCBs in each organization, supporting the proposition of this research that Profession Induced OCBs (PIOCBs) exist. In addition, these concerns support discussion by others, for example, Vigoda-Gadot (2006, Bolino et al. (2012; 2004) who suggest that there may be forced antecedents driving some instances of OCBs.

Improving or maintaining the perception of the ward or hospital was also offered by three respondents, all Irish, as a reason for undertaking additional behaviours, the recognition of which indicates the presence, or undertaking, of Organizational Loyalty OCBs:

When somebody rings our unit, it lets us down if we don’t know something, or if something hasn’t been done. So we are trying to make sure we are not missing anything. It’s very important, your public perception (Nurse 12, Hospital B, Irish Female, RGN).
If you are the relative with the problem or the nurse with the problem, and it might not even be a work problem, it might be a personal issue, a personal concern, they will say “Oh look, she’s here, she’s approachable, I can approach her, she’s not hidden away”. You have to be a public persona (Nurse 23, Hospital C, Irish Female, CNM2).

I’m sure it improves the status of the hospitals, so maybe ultimately we get, I don’t know, do you get extra money, do you get extra grants, do you win awards? (Nurse 30, Hospital D, Irish Female, Clinical Midwife Specialist).

OCBs which improve the public perception of a hospital, or any organization, offer organizations the potential to position themselves as a higher value option in the minds of consumers/clients, which may present opportunity for achieving greater market share, thus, are to be encouraged. These behaviours are arguably reflective, or a version, of Organizational Loyalty OCBs, which concern promoting the organization to outsiders, as advanced by Podsakoff et al. (2000). Similarly to the proposition offered by 15 respondents that their OCBs benefit colleagues, engaging behaviour that benefits the team, the development of which is arguably easier facilitated by a hospitals ward-structure, was proposed as a reason for OCBs by four respondents, two Irish, one Filipina and one English. Such reasoning can be replicated in other organizations via the introduction and maintenance of a team-centred culture. The reason of supporting the team may be reflected in the reason for OCB offered by three respondents, one Irish, one Filipino and one English, specifically that they undertake OCBs as they are reflective of the culture of the ward or organization, or simply what has always been done:

In general it’s the culture of the hospital, in general since I’ve come here it’s been like that (Nurse 5, Hospital A, Irish Female, RGN).

It’s just the way we do things in the unit. We don’t have that you have to help them because they helped me. If they need help you should help them (Nurse 14, Hospital B, Filipino, RGN).
I go beyond for multiple reasons. Partly from a feeling of expectation and obligation. Partly because all your colleagues are doing it and you don’t want to be the one that lets the side down (Nurse 21, Hospital C, English Male, RGN).

Such contentions serve to reinforce the importance of organization culture, and somewhat reinforces Borman’s (2004) claim that a supportive work environment may be more likely to result in the undertaking of OCBs. Organizations are therefore advised to develop an OCB oriented culture to ingrain the undertaking of OCBs into the fabric of the organization. Organizations are further advised to reinforce this OCB oriented culture by symbolising the importance of such behaviours via acknowledgement of their occurrence. Indeed, in a similar vein to the discussion of the respondents above, an Indian respondent also referenced reflecting the culture of the ward, positing that part of the reason he engages in OCBs is reciprocation for flexibility from the ward:

The reason why is because the unit is very flexible. They do something good for me, they give me four weeks annual leave, six weeks annual leave, so I have to do something in return, so I don’t mind doing it and I love doing it (Nurse 10, Hospital B, Indian Male, RGN).

Such reciprocity is reflective of the suggestion by Vigoda-Gadot (2006) that social exchange may be a driving force for some OCBs. In particular, under the concept of social exchange, it has been suggested that individuals seek to reciprocate those who benefit them. In this context, the interviewee above suggests that their OCBs are in return for the flexibility afforded him by the ward. A wide variety of other reasons were offered by respondents as reasons for engaging in OCBs. Reasons included benefiting families (two Irish, one referring to patients families, one referring to employees families), not having enough time during the work day (one Irish), improving the service provided (one Irish), and fixing a lack of communication from the rest of the organization to the ward (one Irish). Other reasons suggested included supervisory encouragement of OCBs (one Irish), aiming to improve hygiene quality (one Indian), as a consequence of being a female dominated profession (one Indian), the job description not being reflective of work required (one Irish and one Filipino) and assisting another profession (one Filipino). Although the majority of these reasons were identified singularly, therefore rendering them inappropriate for generalisation, they do serve to again reinforce the individuality of employee behavioural reasoning. Such individuality may result in difficulties for organizations
aiming to encourage the undertaking of OCBs by targeting employees at the individual. Consequently, organizations are again encouraged to move towards an OCB oriented culture, the aim of which being to universally support and encourage OCBs throughout the organization.

Finally, while 36 of the 37 respondents in this study reported engaging in OCBs, it is noteworthy that three participants, all Irish, stated that not every nurse engages in OCBs, as indicated by the following representative statement:

*Some people would say “I am off at eight o’clock, I am gone”. Some people would have that attitude. I wouldn’t look at it from that attitude, but obviously there are people who would just swan off at eight o’clock. And it is wrong to judge them too because officially you are off at eight o’clock, you are entitled to go. I don’t think it’s a cultural thing, I just think some people think “look I stayed here last week, I’m going now,” everyone has their own conscience or whatever* (Nurse 15, Hospital B, Irish Female, RGN).

Although raised by only three respondents, the contention that not all individuals engage in OCBs, even in a hospital setting where strong suggestions have been made regarding a potential lack of true choice, some individuals, regardless of team and departmental/organizational culture may always not undertake OCBs. This realisation presents a conundrum for manager and organizations, as the current construct of OCB does highlight that OCBs are, by their nature, unenforceable.

A finding of significance in this theme concerns the indication by almost two thirds of respondents that their reasons for undertaking OCBs relates to concern for the patient or patient care. This patient focus behind OCBs strongly reinforces both the proposed culture of nursing, and identification of the set of behaviours termed PIOCBs in this study. Regardless of the reasoning behind undertaking OCBs, respondents also discussed the beneficiaries of their behaviours.

**4.14 The Impact of Extra-Role Behaviours: Who Benefits From Them?**
As discussed in Chapter Two, OCBs, in aggregate, combine to contribute to enhanced organizational effectiveness or general overall improvement, whether of the organizations bottom line or performance in general. Participants were asked whether OCBs are beneficial to their ward or hospital, the reasoning behind this line of questioning being to ascertain whether employees were aware of the greater, positive, consequences of such actions at an organizational level, or if they perceived beneficiaries as individuals with whom they have direct contact.

Although specifically questioned regarding whether the ward or hospital benefited from their supra-role behaviours, a number of other perceived beneficiaries were highlighted by participants. Fifteen respondents, five Irish, six Indian, two Filipina and two English proposed that the patients are beneficiaries of their OCBs, as represented by the following statements:

*It is for the residents good. I am not doing it to gain brownie points with anybody. It doesn’t impact the hospital one bit. How it impacts the ward, it means residents have what they need, so it is a positive thing really. If the nurses didn’t do it the hospital would then have to find somebody to do it* (Nurse 1, Hospital A, Irish Female, CNM2).

*I hope it makes it a better place. I hope that when patients come in they say “Oh yes the nursing care was very good, and I had a pleasant stay and that everybody tried to make it as comfortable and stress free as they possibly can”* (Nurse 11, Hospital B, Irish Female, RGN).

*The patient is the priority, not the fact that you have six or eight beds to make. You could have twenty-four beds to make for all I care, but you still have these patients to mind, to feed, to wash* (Nurse 23, Hospital C, Irish Female, CNM2).

The identification of patients as beneficiaries reinforces both the patient focus exhibited by many of the sample, as discussed in Section 4.14, and the possibility that nursing, as a profession, may attract individuals more willing to engage in OCBs when beneficial to the customer i.e. patient. Essentially, the proposition is that by virtue of their profession, some nurses may be more likely to undertake OCBs when there appears to be a relationship between the behaviour and patient care. A further eleven participants, six Irish, three Indian and two Filipino, contend that their colleagues are beneficiaries of supra-role behaviours:
The job I do means that forty-three other people don’t have to be scratching their head, they can just go in and look at a database, they can just go in and have an answer to a question like that, rather than maybe having to dig out medical notes that they can’t find (Nurse 12, Hospital B, Irish Female, RGN).

There is a positive outcome for whoever asked for something. And it’s a positive impact for the staff that the CNM is doing extra, that is not part of his or her job description. I do believe it makes it more likely that the staff will do extra. Because I am showing a good example (Nurse 6, Hospital A, Filipino, CNM1).

The recognition on the part of these 11 respondents that their OCBs benefit their colleagues arguably further underscores the emergent importance of team in the context of this study, as previously discussed in earlier portions of this chapter. Both hospitals and organizations in general may capitalise on this finding by encouraging team oriented OCBs via organizational cultural cues, and formally cement the importance of such behaviours by recognising them upon their occurrence. In particular, given the structure of wards, which can be viewed as organizational teams, managerial acknowledgement of behaviours which assist the individuals team mates could serve as that cementing recognition. Additionally, the suggestion of the respondent in the last quotation, a CNM, that their undertaking OCBs serves as a good example to encourage other nurses also reinforces the importance of management in encouraging the undertaking of OCBs by subordinates.

As indicated at the beginning of this section, respondents were specifically asked whether their supra-role behaviours impact their respective wards or hospitals. Regardless of their questioning, the proceeding respondents outlined benefits to patients or colleagues. Ten interviewees (three Irish, three Indian, two Filipino and two English) did, however, contend that their behaviour positively affects their team, ward or department, as the following examples of sentiments indicate:

In my unit it means there are certain things that are being organised properly and also it will save everybody time and it will save the last moment hassle and stuff (Nurse 37, Hospital D, Indian Female, RM).
I think it really is good team working. It makes the unit a bit easier. The whole unit is too busy so you have to help them because their work will be quicker, and the patients will be settled, and it makes the unit look a bit more therapeutic (Nurse 14, Hospital B, Filipino, RGN).

Engaging in behaviours that positively impact the ward or department, regardless of whether the individual is aware, arguably results in overall organizational benefits, as represented by the statements above. It may be advisable for some organizations that are attempting to increase instances of OCBs to focus on reinforcing the positive impact for direct teams, cognisant that behaviours that enhance the functioning of departments are likely to, in aggregate, enhance the function of the overall organizations. While the respondents above proposed OCBs positively affect the ward, an additional five interviewees, three Irish and two Indian, suggested the hospital as an entity benefits from OCBs, as indicated below:

At the end of the day we are providing a service to the public, and it’s how people see us, and you know that you do hope that when someone comes here that they have a seamless journey. You don’t want the hospital’s name to go down or be defamed or whatever so you do your best to ensure all that (Nurse 24, Hospital D, Irish Female, ADM).

It obviously reflects well for the department and the hospital, if someone feels they got a good service. They will go and tell their friends how they got on, so if you do a good service, it reflects well on the hospital in general, and people are happy to come in to us then (Nurse 26, Hospital D, Irish Female, Clinical Midwife Specialist).

Indeed, a contention of existing OCB theory is that OCBs, regardless of form or size, in aggregate combine to positively impact the organization. Other individuals identified as benefiting from OCBs included relatives of patients (two Irish and one Filipino), which may result in improving public perception of the hospitals, the individual (one Indian) and other professions (one Filipino), which may assist in interorganizational cooperation.

In contrast to the positively impacted beneficiaries outlined above, three participants, one Irish, one Indian and one English, also highlighted negative consequences associated with undertaking additional behaviours that fall outside of their job description. The Irish respondent suggested that engaging in OCBs may result in the setting of a precedent with regard to an
increased standard, proposing that should nurses continually exceed their role requirements it becomes an expected norm, concurring with Bolino and Turnley (2003) and Van Dyne and Elis (2004), who also suggest that if employees continually engage in OCBs, these behaviours can become considered a norm. This may hold particular relevance to those who are engaging in OCBs that concern compensating for understaffing. In particular, it is possible that employees may become reluctant to cover tasks if they believe doing so will result in a replacement not being sourced. It is important, therefore, that organizations communicate both appreciation for such efforts, but also indicate whether the understaffing is likely to be addressed. The other two nurses (Indian and English), indicated that prolonged undertaking of OCBs can be detrimental to the nurses, with regard to impact on family life according to the Indian respondent, and with regard to general wellbeing according to the English nurse:

The staff shortages are affecting in a very bad way, all the workload at the end of the day we are totally exhausted, but we have to work the next day so we have to go home exhausted, and it affects us sometimes in our family. Sometimes we don’t have any energy to talk to our family (Nurse 28, Hospital D, Indian Female, RGN).

Sometimes the extra work is to the detriment of nurses. There will always be times when you have got somebody that is suddenly become very unwell, and you have to put that patient over your need to take ten minutes, but, by in large I strongly believe people are more productive when they take rests. And I think there’s certain areas of the hospital, where the culture is about a bit of martyrdom, and what we’re all capable of doing when necessary becomes the expectation (Nurse 21, Hospital C, English Male, RGN).

The above sentiments are in agreement with Bolino et al. (2012), who caution that undertaking OCBs may result in employees spending longer at work. Although this negative aspect to the undertaking of some OCBs was voiced by just two respondents, the contention supports earlier discussion in this chapter where organizations were cautioned that behaviours involving staying post-shift may be useful temporarily, for the purposes of employee well-being, its continual use should be avoided. OCBs which have a negative personal effect on employees may result in the abandonment of supra-role behaviours by some employees, particularly if they no longer perceive benefits associated with the behaviours. Additionally, the views
represented above indicate potential negative outcomes of OCBs, which is somewhat reflective of Vigoda-Gadot’s (2006) suggestion that there may be a negative aspect to some OCBs.

The primary beneficiaries of OCBs in this study have been identified as patients, colleagues, the team, ward or department, rather than the overall organization. The identification of these beneficiaries is indicative of a culture of nursing. In further support, a number of employees indicated a potential negative consequence of undertaking their OCBs, yet they appear to continue to engage in those behaviours for the benefit of patients.

4.15 Recognition of Extra-Role Behaviour by Superiors

As discussed in Chapter Two, OCBs are voluntary behaviours, thus, strictly speaking, unrewardable. According to Globoforce (2012), however, recognition can be a powerful motivator for continued performance for some employees, therefore, having identified the supra-role behaviours they engage in, respondents were questioned as to whether the additional work they perform is recognised by their superiors. Respondents fell into a number of primary groupings under this questioning, specifically:

i. Those who believe their OCBs are not recognised by their superiors,
ii. Those who believe their OCBs are not recognised by their superiors, but for whom recognition is not important,
iii. Those who believe their OCBs are recognised by their superiors, and that recognition is not important,
iv. Those who believe their OCBs are recognised by their superiors, and that recognition is important.

Ten respondents, three Irish, two Indian, three Filipino and two English, stated that their supra-role behaviours are not recognised by their superiors. Of these ten, three (one Indian and two Filipino) simply said no, while two (one Indian and one English) proposed that while their supervisors may not recognise instances of OCBs, others do recognise those behaviours, as highlighted by the following representative quotation:
If a patient or relatives are asking and I do it they always thank me. Even my colleagues if they ask me to do something they always appreciate it (Nurse 9, Hospital A, Indian Female, RGN).

A sixth respondent (English) was of the opinion that the work is not recognised simply because it is “fleeting” in nature, rather than “outstanding” behaviour, indicating a differential between the significance of behaviours. The remaining four (three Irish and one Filipina) of the ten participants who stated that additional work is not recognised by their superior are, however, significant, as they indicated that a lack of recognition on the part of their supervisors was not of importance to them. As discussed in Chapter Two, a number of researchers have highlighted the importance of leaders, or managers in this context, as drivers of conditions for OCBs, for example, Bateman and Organ (1983), Lee et al. (2013) and Ishrad and Hashmi (2014). These four respondents, however, indicate that leaders may not have any bearing on their undertaking OCBs. For one of those respondents, the lack of significance placed on recognition of OCBs from superiors stems from the nature of the behaviour engaged, particularly advice of a confidential nature, indicating that in some cases some employees may prefer that certain forms of OCBs remain unrecognised, therefore, recognising some behaviours may deter their future occurrence:

No it is not recognised, because it is a confidential thing, unless that person has told me I could talk to superior with their permission (Nurse 8, Hospital A, Filipina, CNM1).

Two of the four (both Irish) stated that they are not looking for recognition when they undertake additional behaviours, hence the unimportance of superior recognition in their opinion, while the fourth respondent who indicated that recognition from superiors is not important also stated that they do not conduct OCBs to receive praise, but indicated that such behaviours are taken for granted, and stem from a “nursing attitude”, again supporting the argument that a “culture of nursing” may exist:

It is not necessarily recognised, but at the same time you wouldn’t be looking for praise for them either. I wouldn’t be saying “Oh I stayed on”, you know I wouldn’t be looking for praise for it like. It’s kind of taken that you do it. I think it is a nursing attitude (Nurse 15, Hospital B, Irish Female, RGN).
The lack of importance attached to supervisory recognition on the part of these four interviewees indicates that some individuals may be inclined to conduct OCBs regardless of recognition for doing so. This notion is perhaps more reflective of traditional views of OCBs which are deemed voluntary and non-rewardable. One additional respondent, an Irish CNM2, was unsure of whether her superiors were aware of additional behaviours being undertaken on her part, but proposed that management staff of an equal level and her subordinates do acknowledge additional behaviours:

_I would have changed things since I came down here, in the form of handovers and has it been noticed, I’m not sure about my superiors, but I know the girls that have come back after maternity leave have said “this does work”_. So you know somebody who has been away for nine and a half months can come back and say “this is actually better, this does work” (Nurse 23, Hospital C, Irish Female, CNM2).

It is possible that the CNM being willing to undertake supra-role behaviours, which are noticed by her peers and subordinates, may encourage others to also undertake OCBs. Indeed, it was noted earlier in this chapter that management have a role to play in shaping culture and encouraging behaviours. The remaining 26 interviewees all stated that the additional work they undertake is recognised by their superiors. Recognition of OCBs supports Boreman (2004) and Organ (1997), who propose that supervisors do take OCBs into account, perhaps during appraisals and with regard to preferential treatment. One English nurse did, however, indicate that instances of recognition may be infrequent, and recognition varied between superiors, indicating that some do recognise supra-role behaviours, while others do not. The respondent’s discussion on the matter indicated such recognition is important, proposing that, to them, it indicated good leadership, as outlined by the following statement:

_It is rarely recognised. I said there are good and bad managers or good and bad leaders, and an example of good leadership for me over the years are particular people who, at the end of a shift, would say “Thanks very much lads”, and they are out there, and it means a lot_ (Nurse 21, Hospital C, English Male, RGN).
Moreover, of the 26 who opined that instances of OCBs are recognised by their superiors, a further Irish respondent indicated that their work is recognised by superiors because they inform superiors of additional work, thus setting the scene for recognition:

_They know we do it, and they appreciate when we do it, but really it is a historical thing that especially Clinical Nurse Managers would go out and buy stuff for wards. I have never known a Clinical Nurse Manager that didn’t do it. All ward sisters do that, and it’s going back the years, all the ward sisters, we have all done it. We tell them we do it. And if it becomes excessive, we look for the time that people have done it, because I feel that anything you do in the course of your job it should be recognised by at least giving the time for it. I tell them because I want the time back_ (Nurse 1, Hospital A, Irish Female, CNM2).

Making superiors aware of OCBs being undertaken ensures recognition, but also indicates an element of Social Exchange expectation, in that, in some cases, the employee expects a return for their behaviours. Two additional respondents, one Indian and one Filipino, suggested that their superiors recognise additional behaviours, their recognition and awareness potentially stemming from their own involvement in OCBs, perhaps symbolising the importance of superiors with regard to shaping ward behaviours, while a further respondent, Indian, proposed that recognition of supra-role behaviour by superiors is evident in the flexibility superiors afford the respondent:

_They do recognise it because they are also helping me. It is important because sometimes you won’t be able to get everywhere. It is very good they are giving helping hand_ (Nurse 22, Hospital C, Indian Female, RGN).

_It is being recognised, and that’s why I see the flexibility being given_ (Nurse 10, Hospital B, Indian Male, RGN).

As outlined at the beginning of this theme, ten respondents stated that behaviours which extend beyond their role are not recognised by their superiors, with four of those respondents (three Irish and one Filipina) indicating that this lack of recognition was not important to them. The lack of importance attached to recognition of OCBs on the part of these interviewees may speak to a predisposition on their part to engage in OCBs, thus negating the importance of
recognition. It is also possible that these interviewees undertake OCBs for reasons relating to the aforementioned suggested culture of nursing, again indicating a potential predisposition, or an expectation on their part that OCBs should be undertaken when necessary. An additional six interviewees who specified that their superiors do recognise additional behaviours also opined that, while recognised, recognition from their superiors is not important to them, albeit for a variety of reasons. One Irish respondent stated that she undertakes OCBs for her colleagues, rather than her superiors. Similarly, a further Irish respondent proposed her behaviours were colleague and patient focussed in nature, with another Indian respondent also indicating that their OCBs are oriented towards patient care, thus rendering recognition from superiors unimportant to them:

It’s not that I would say “I’m going to do this and this is going to work, and everyone is going to know”, it is important because if our practice improves down here and other CNM2s are having trouble at their level that they can say “we can try it and see what works”. So, it’s not about me clapping myself on the back, but if you can do something that makes a difference and it improves the flow of your work, it improves the care patients are getting, that is what I think my job is partly about (Nurse 23, Hospital C, Irish Female, CNM2).

If it wasn’t recognised I would still do it because my patient is the priority for me. They are giving one patient to us, so it is my job to do it (Nurse 27, Hospital C, Indian Female, RGN).

Interestingly, the sentiments of the two nurses above are perhaps reflective of the proposed culture of nursing, in which individuals are likely to help others, emanating from this study. Of the remaining three of the six respondents, one Irish respondent indicated that OCBs have now become the norm, therefore supervisors no longer recognise behaviours to the same extent, while an Indian respondent indicated that the desire to do her job well for her own happiness outweighs recognition from superiors.

Yes they recognise it. Well, they would have previously but now it has just become the norm. It doesn’t matter that they don’t now (Nurse 32, Hospital D, Irish Female, Senior Staff Midwife).
It's always nice to get a pat on the back, but I don't expect that, I just want to do my job perfectly, and I just get happiness out of it. I would definitely still do it without recognition! (Nurse 25, Hospital C, Indian Female, RGN).

The final interviewee, a Filipino, proposed that their instances of OCB are a natural response to their tasks being completed as opposed to being considered supra-role. Additionally, the interviewee made reference to a team effort, stating that their CNM and colleagues help, indicating again the importance of both the team and management in encouraging and maintaining a culture of OCBs.

In total, therefore, 10 respondents deem recognition unimportant, four of whom believe their OCBs are recognised, and six who do not. Ten respondents represents over a quarter of the sample, highlighting that recognition is not important to all. It is noteworthy, however, that three approximately three quarters of the sample did not suggest recognition was not important, indicating that individuals may be more likely to engage in OCBs when their occurrence is recognised, perhaps also supporting the contention of, for example, Ishrad and Hashmi (2014) that leaders are important drivers of OCBs, as the recognition orients from leaders, in the context of this section. Indeed, in contrast to the above respondents, eleven respondents contend that the recognition of their additional work by their superiors is important to them. Recognition is, however, for many, a form of reward, again calling into question the current construct of OCBs which indicates that rewards should not, or perhaps cannot, be attached to supra-role behaviours. One of the respondents, Irish, implied that recognition of supra-role behaviours by her superior, coupled with her superior also engaging in OCBs, resulted in her superior being somewhat of a role model for others:

It is recognised by the Director of Midwifery, that's her culture. Her values are coming down then to me. That is where I learned that it's OK to do more as well. Even though you know that these things are right and the correct thing to do, when you see your manager do it, it makes it even more right if you know what I mean (Nurse 24, Hospital D, Irish Female, ADM).

The concept of others modelling their behaviour on their supervisor adds credence to the earlier suggestion that management have a role to play in encouraging employees to engage in OCBs. While directly proposed above, it was also indirectly suggested by another Irish respondent.
that the recognition of supra-role behaviour by their direct supervisor serves to reinforce, and encourage, the undertaking of those behaviours:

*I think people get tired, and to be appreciated and get a thank you, when you are making the effort to go out of the way is important. I think people get tired, they get fed up, and if you help one person another person will help you back so it works both ways and there has to be that line* (Nurse 29, Hospital D, Irish Female, RGN/RM).

Two individuals, one Irish and one Indian, indicated that recognition of additional Organizational Centric work by superiors provides a boost of confidence. Increasing confidence in activities may result in the bolstering of employee performance, and the undertaking of further OCBs. In particular, if employees increased confidence results in employees believing they are capable of doing more than their job requirements, they may be increasingly likely to undertake OCBs. Recognition of those OCBs by superiors may again enhance confidence in employees, maintaining the undertaking of the behaviours.

A further three respondents (one Irish and two Indian) suggested that by superiors recognising additional work, it implied that they are aware of the situation on the ward regarding how nurses are spending their time, and the extent to which roles resultant from under-staffing are being covered, proposing that the recognition of same is important, as indicated by the following representative statement:

*It is important it is recognised. How would you know then otherwise that there is a shortage in the ward, these people need to be replaced? If it wasn’t recognised I don’t know if I would keep doing it. Again it is our nursing and midwifery culture I would say. We will do that again because we don’t want the patient to suffer* (Nurse 31, Hospital D, Indian Female, RM).

The recognition of understaffing on the ward regardless of shortages being somewhat negated by the extra efforts of employees is important, given individuals may experience burnout and frustration if continually exceeding role requirements, particularly in light of a caution by Bolino et al. (2004), specifically that employees who engage in OCBs may experience more stress. Indeed, there is also an implication that, particularly in the healthcare sector where understaffing is widely acknowledged, recognition of behaviours which assist in minimising
the disruption of this understaffing may be more crucial. Given that some nurses suggested that recognition is important, it can be assumed that some may cease undertaking OCBs if recognition is absent. Ceasing OCBs has the potential to magnify the pressures and problems already existing as a consequence of understaffing.

In a further vein, a Filipino respondent suggested that the recognition of additional work by their superior has resulted in a supportive environment in which nurses are aware that they can approach their superior, or colleagues, with concerns, thus allowing them to leave the organization with a “clear mind”. Creation of a supportive environment as described by the respondent in which employees are aware that they can approach superiors and colleagues is arguably critical in enhancing a team oriented culture, thus should be considered at the early stages of cultural shifts towards team and OCB oriented cultures. Additionally, identification of a supportive environment as important strengthens Borman’s (2004) claim that a supportive work environment may be more likely to result in OCBs. The remaining three of the eleven participants, one Irish and two Filipina, who deem recognition of their additional efforts by their superiors important were more restrained in their sentiments, simply expressing in a brief manner that superiors doing so is important to them.

The findings of this section aid in reinforcing a suggestion made earlier in this chapter, and also in previous research by O’Donovan (2010) and O’Donovan and Linehan (2014), specifically that individuality may be more significant than existing cultural theories allude, meaning that individual make up may shape individuals more than cultural constraint. Particular interest lies in the composition of the six respondents who indicated that their OCBs are recognised by their superiors but that recognition is not important to them, and the eleven employees who stated that OCBs are recognised and that recognition is important. The importance attached to recognition from superiors is arguably impacted by a cultures scores on the dimensions of Power Distance and Masculinity/Femininity.

The six respondents who proposed that the recognition they receive from superiors is not important comprised three Irish, two Indian and one Filipino. It could be expected that these employees would value supervisor recognition of performance given their high levels of masculinity, as masculine cultures are driven by being the best, and the status and recognition associated with being so, which recognition of OCBs would feed. These employees, however, deviated from that cultural expectation, as they did not deem recognition from their superiors
important. Varying from the expected norm in this regard raises questions concerning what other ways these employees may vary from the expected cultural norm, thereby reinforcing the argument that individuality may be stronger than cultural conformity.

Furthermore, as argued earlier in this chapter, if individuals are capable of deviating from predicted cultural norms, adapting processes to cater for the dimensions of a particular national culture may be fruitless, as not all employees from that culture are likely to behave and think in a similar manner. Organizations wishing to take cultural diversity into consideration when developing and adjusting organizational practices could instead use cultural theory as a starting point and as a reminder that individuals from different cultures may be consequently different, rather than assuming that they will be. Indeed, in addition, the eleven respondents who indicated that superior recognition is important comprised five Irish, three Indian and three Filipino, in direct contrast to their compatriots, indicating disparity between the cultures, thus individuality in responses. These employees did, however, via their opinions, support their relatively high score on the Masculinity dimension, as such individuals from such cultures value recognition of their performance. It is interesting to note that India and the Philippines have a high score on the Power Distance dimension. Employees from high Power Distance cultures would be expected to perceive a large power gap between their superiors and themselves, therefore would consider direct comment on their work uncomfortable. These three Indian and three Filipino employees, however, deem the recognition, thus acknowledgement and comment, of their OCBs important, contradicting their assigned cultural values, again indicating individuality rather than cultural constraint.

Overall, recognition of OCBs is indicated as important, in this theme. Recognition, however, is arguably a reward. Although recognition was not addressed as a reward during the interviews, respondents were asked whether they are rewarded for their OCBs, as discussed in the following section.

4.16 Rewards Associated With Extra-Role Behaviour
Differences in perceptions were evident throughout respondent’s discussion on rewards for extra-role behaviours, with a wide variety of interpretations of the both concept of reward, and whether reward for OCBs is required. Respondents fell into four groupings:

i. Those who believe OCBs are not rewarded, and reward is not required,
ii. Those who believe OCBs are not rewarded and should be,
iii. Those who believe OCBs are rewarded but reward is unnecessary, and
iv. Those who believe OCBs are rewarded and that reward is important.

In total, twelve respondents stated they do not receive rewards for OCBs, which existing literature, for example, that by Organ (1988) and Vigoda-Gadot (2006), suggests they cannot, given OCBs are supra-role. Seven of these participants, four Irish, one Filipina and two English, do not receive reward for additional workplace behaviour (although one of these seven did reference intrinsic satisfaction), but do not consider reward necessary. These three countries score highly on the dimension of masculinity, which values reward, therefore these respondents would appear to contradict expectations of their cultural values, indicating an ability to differ from cultural norms. This holds significance for hospitals, indeed for organizations in general, in that it indicates that reward is not necessarily important to all employees from countries which existing culture theory suggests value rewards. Moreover, it indicates that some individuals may be willing to undertake OCBs in the absence of reward for such behaviours, supporting WHOSE original construct of OCBs which suggests that, given their voluntary, supra-role nature, are unrewardable. A further Irish respondent suggested that supra-role behaviours she engages in are hidden as they fall under the remit of another’s role, and therefore cannot be rewarded:

No, extra work is not rewarded. And sometimes as regards taking the patient out of the X-ray department, you’d hide that really because they do want you do be doing things like that (Nurse 11, Hospital B, Irish Female, RGN).

An additional respondent, also Irish, indicated that the amount of additional tasks undertaken are not large enough to warrant reward, while in a similar vein, an English respondent indicated that the frequency with which supra-role behaviours are engaged in is not sufficient to warrant reward, suggesting that some employees may be satisfied with not receiving reward for
infrequent occurrences of OCBs, yet raising the question as to whether reward would be expected should the employees find themselves increasing the frequency with which they engage in OCBs:

It’s not rewarded. I don’t think it should be. I don’t think what I do is big enough, I think 101% is OK. If I was to go to 110% I’d be looking for something, so no (Nurse 12, Hospital B, Irish Female, RGN).

I think if it was happening all the time then it would become a problem, but it doesn’t happen all the time. If it was happening every day and I was doing it every day I would begin to feel there was a concern that something was wrong so I would probably be bringing that to the managers attention if it hadn’t been brought before then (Nurse 36, Hospital D, English Female, RM).

The above sentiments suggest that in some cases, there may be a limit to the extent of OCBs that some individuals will undertake as a matter of “goodwill”. The element of choice in engaging in OCBs was suggested by a Filipino respondent as reason for the lack of necessity of reward, with another participant (English) positing that the sense of self-satisfaction resulting from engaging in additional behaviours sufficient. The final two of the seven respondents, both Irish, who stated that their OCBs are not rewarded nor do they need be, significantly hinted at a theme explored throughout this chapter, specifically that they engage in behaviours because they consider it part of a nurses role, or because they do so for the benefit of patients:

You wouldn’t expect reward. It’s all nursing really, so it doesn’t need to be rewarded (Nurse 15, Hospital B, Irish Female, RGN).

It would be nice to be rewarded, but it’s not. People are so busy and the numbers aren’t there. Without reward you wouldn’t do certain extra work, but at the same time you would still go beyond the need for the patient, because you would feel you have to, I wouldn’t walk out from a woman who needed me. You might not do an audit because you are not being recognised, but you are not going to walk away from your patient, because that’s just who I am (Nurse 29, Hospital D, Irish Female, RGN/RM).
The respondent’s sentiments above again suggest both perhaps a culture of nursing, or a semi-forced element to their instances of OCB. An additional five respondents, three Irish, one Indian and one Filipino, also stated that OCBs are not rewarded, however, in contrast to the respondents above, therefore in contradiction to their colleagues from the same cultures, contend they should be. This contradiction among individuals from the same culture indicates individuality in reward value. Consequently, it is again suggested, in research by O’Donovan and Linehan (2014), that individuality may outweigh cultural constraint. Four of the five (two Irish, one Indian and one Filipino) proposed that recognition or appreciation of their efforts would be an appropriate, welcomed, reward. The suggestion that recognition or appreciation would be a welcome reward supports the argument raised in the previous section, in particular, that recognition of OCBs carries importance. This is significant for organizations, as using recognition as a form of reward for OCBs in order to reinforce their undertaking carries little, indeed potentially no, cost. The fifth respondent (Irish) opined that monetary reward should be offered, albeit in the context of OCBs relating to taking on responsibility above their pay grade.

The above twelve participants stated that they neither receive, nor perceive receipt of, rewards for undertaking additional work. The remaining 25 respondents did, in contrast, outline a variety of rewards associated with OCBs. Ten respondents, five Irish, four Indian and one Filipino, who stated that their OCBs are rewarded, indicated that reward is important, as indicated by the following:

*The pat on the back is enough. If it wasn’t recognised, would people do it, probably not, or they would be slower to do it, whereas here and in all the wards I have worked it is “good thinking”, “well done”, “that’s great now, he’s looking well”* (Nurse 5, Hospital A, Irish Female, RGN).

*People say thank you. That is the most important thing. Of course nobody saying thank you would stop you. Even that one word, is really big value* (Nurse 17, Hospital B, Indian Female, RGN).

In contrast, however, a further seven respondents, one Irish, four Indian and two Filipina, who stated their behaviours are rewarded, proposed that this reward is not important:
The appreciation is there. At the end of the day if you are there you have to do your job and you do it the best you can and that’s what it’s all about (Nurse 3, Hospital A, Irish Female, RGN).

I would still do it without recognition, because I think it is no problem for me doing things like that anyway, if somebody needs help, I can help (Nurse 16, Hospital B, Filipina, RGN).

This proposition, outlined above, indicates diversity amongst respondents from the same home cultures, raising questions as to the validity of using understanding of cultural theories as a basis for designing rewards. In particular, rewards, in the context of this study, appear more important to some than to others from the same culture, therefore, designing a reward system based on expectations of desired rewards may not have the intended motivational affect. Indeed, this supports previous research by O’Donovan (2010) in which it was suggested that individuals from cultures associated with particular reward preferences are capable of deviating from those expected preferences. Moreover, the proposition that reward is not important also indicates that some individuals will engage in OCBs regardless of reward.

The remaining seven participants who discussed reward associated with OCBs appeared to have a different approach to interpreting the question in comparison to their colleagues. This again indicates diversity, therefore, individuality amongst employees from the same culture. Four nurses, one Irish, one Indian, one Filipina and one English, indicated that they perceive intrinsic reward rather than extrinsic. The English nurse, however did highlight a negative side to the undertaking of OCBs, as also referenced earlier in this chapter. The respondent’s sentiments are represented by the following:

Personally, yes I am rewarded. I don’t want a letter of complaint coming in about me, it would devastate me, so it’s something I would like to avoid by treating people well. And I just think its basic human nature that you would try and do what you can for people. As I said, on a professional level, you’ve trained so far, why would you leave yourself down personally then, not having a nice personality or not communicating well with the patient, it’s just the package (Nurse 26, Hospital D, Irish Female, Clinical Midwife Specialist).
It is rewarding. From time to time, if you have a busy week or a particularly busy shift, or a busy period and you get through it, and you manage and the patient gets better and everyone survives, that’s very rewarding (Nurse 21, Hospital C, English Male, RGN).

Intrinsic reward is useful for organizations, as it indicates that some individuals may not need reward from the organization, in any guise, whether formal or informal, rather will still undertake OCBs. Similarly, a further Indian respondent indicated a personal view of reward, suggesting that he believes OCBs put him in his superiors “good books”, while a further Filipino respondent was neutral on the matter, and indicated reward in the form of recognition from superiors, but neither deemed it important or unimportant:

I can say the sister will reward you at the end of the day, at the end of our shift, our sister (CNM) will say thanks everybody for the help, so that’s kind of rewarding, that’s recognition. A simple thank you. But we don’t mind that, if they say thank you, it’s just the same (Nurse 14, Hospital B, Filipino, RGN).

Finally, an additional Filipina respondent interestingly suggested she was so pleased with the reward she received that she has requested it be shared amongst the non-managerial staff next year:

In December they usually give the managers something. That is a reward for being there for staff. But last year, instead of giving us something, they gave us a card and I was so emotional because they couldn’t give us something so they gave us a receipt for a donation to Penny Dinners and I was so touched by that and I said next time they should address it to the whole ward because it is team work (Nurse 8, Hospital A, Filipina, CNM1).

This interviewees request arguably reinforces the importance of team and of management, given that this respondent is a CNM. Irrespective of employee’s responses in regard to whether they are rewarded for undertaking OCBs, this section presents a number of concepts worthy of consideration by both hospitals and organizations in general, and researchers. Twelve employees stated that they do not receive rewards for OCBs, of whom seven employees (four Irish, one Filipina and two English) did not consider reward for OCBs important. This indicates
that there is likely a certain portion of an organizations workforce willing, or more easily encouraged, to undertake OCBs in the absence of reward, meaning their behaviours are perhaps more reflective of the traditional construct of OCB. The remaining five (three Irish, one Indian and one Filipino) of the 12, however, contended that they should be rewarded for undertaking OCBs, highlighting diversity among Irish and Filipino respondents, and also underscoring the fact that while some employees may be engaging in OCBs in the absence of reward, they may believe they should be receiving reward, thus rendering the likelihood of the continuation of OCBs a less stable possibility than among the respondents who deemed reward unnecessary.

This finding adds to existing literature, in that it supports the contention of some, for example, Vigoda-Gadot (2006) that not all employees undertake OCBs as a matter of goodwill, and extends this argument by indicating that some employees believe there should be reward for OCBs. Believing there should be reward suggest that in the absence of reward, some employee may cease citizenship behaviours. Organizations are therefore advised to, at least, recognise behaviours in an effort to intrinsically reward OCBs. Organizations should also consider informal reward for OCBs, for example, impromptu tokens of appreciation for work that goes beyond the call of duty, in whatever guise appropriate.

Additionally, as discussed earlier in this section, 25 participants did outline rewards, either that they receive or perceive. To ten of these employees, reward for OCBs is important. When considered in addition to the five aforementioned employees, fifteen respondents in total, of 37, consider reward for OCBs important, comprising seven Irish, five Indian and two Filipino (potentially reflecting the masculinity of these employees, who all stem from cultures with a masculine score). Seven of the 25 employees who proposed their OCBs are rewarded, however, proposed that this reward is not important, thus, when added to the seven earlier employees who stated reward for OCBs is not important, results in fourteen participants. These fourteen participants comprise five Irish, four Indian, three Filipina and two English nurses, signifying further disagreement, thus diversity, amongst respondents from the same cultures, illustrating that individuals are capable of cultural deviation, thus underscoring the potential for individual make-up to govern rationale rather than cultural constraint.

Finally, 18 respondents, representing almost half of the sample, made reference to recognition and appreciation in return for instances of OCB, signifying that these two concepts can be considered rewards, which bears significance in two ways. First, organizations aiming to
encourage OCBs can capitalise on this finding by “rewarding” employees via praise and recognition, essentially “positively manipulating” employees, by encouraging the behaviours via the positive behavioural reinforcement associated with praise and recognition, yet giving them something in return i.e. praise and recognition. The second significance of this finding stems from consideration of the concept of OCBs. As discussed in Chapter two, OCBs refer to voluntary, supra-role behaviours, which are, by nature, unrewardable. The rewarding of behaviours via praise and recognition, however, calls into question whether OCBs that are rewarded in this manner fit the construct of the concept. Alternatively, it is possible that the construct, on foot of this and recommended future research, be adapted to incorporate a proviso to the effect that such behaviours may also refer to those which are not formally rewarded as part of an organizational strategy, thereby facilitating the inclusion of behaviours that are informally rewarded via praise and recognition.

In closing, differences in perceptions in and across cultures were evident throughout this theme, with a wide interpretation of both the concept of rewards, and whether reward is required in return for OCBs. Some respondents were of the opinion that reward is not important, while others disagreed. Further, some proposed that recognition of the behaviour was sufficient reward, in line with the discussion concerning recognition of OCBs in the previous section. This finding is easily replicable across organisations, as recognition of behaviours is neither costly, nor necessarily sufficiently formal in manner to create an expectation of reward for future behaviours, yet can be used to reinforce appropriate behaviours. The final theme emerging from the interviews concerns challenges faced, or perceived, by the nurses and midwives. Although originally facilitated by this study in order to gather empirical data concerning nursing in the present climate, it is important to note that persistently facing challenges in the workplace is likely to negatively impact the likelihood of OCBs, given satisfaction, moral, engagement and perceived justice may all be damaged.

4.17 Issues Currently Being Faced By Respondents in Their Work Context

As referenced in Chapter Three, much of the information in the public domain concerning issues faced by nurses in the present climate appears to the researcher to be anecdotal in nature. Moreover, as also referenced in Chapter Three, some relatively recent criticisms of the Irish
health care system centre on its tendency to exhibit a command and control model in planning, implementation and management, with scant regard for engagement with health professionals and middle management, resulting in “a planning system that tends not to engage the hearts and minds of the operating core in the health services” (Byers, 2010). Consequently, in an effort to afford participants a vehicle for communication and expression, respondents were asked whether there are any particular challenges they encounter on a day-to-day basis that affects their performance. Although this section is perhaps not fully relevant to the major study, it is, however, arguable that should nurses be facing challenges in the workplace, there is a potential for interruption of OCBs, which are voluntary in nature. In particular, it is hypothesised that if nurses and midwives are facing continual work-oriented challenges, this may erode goodwill or result in exhaustion, both of which are arguably likely to negatively impact the likelihood of OCBs being undertaken.

Seven participants, six Indian and one Filipina, proposed that, at present, there are no, or no remarkable, issues being faced by them. Three of those seven participants, all Indian, simply responded “No”. Of the remaining four, one Filipina respondent indicated that challenges do not affect their performance as they can bring them to their ward manager, while a second respondent (Indian), proposed that the induction and orientation they received upon recruitment by the HSE has assisted in preventing challenges, indicating an interpretation of the question from a task oriented perspective:

When we came to a different nation and different set up we were all given adaptation training and we were given orientation and we were given all the necessary training by the preparations of the HSE. It worked very well. Our ward is a very organised ward, so everything is going well, smooth and organised (Nurse 9, Hospital A, Indian Female, RGN).

A further respondent, Indian, indicated that there are no remarkable challenges now as the primary issue of large quantities of paperwork has been addressed by them via the development and introduction of an electronic system, the introduction and development of which indeed constitutes an OCB, highlighting the usefulness of such behaviours. The final of the seven respondents, an Indian, who suggested that they are not facing challenges, proposed that the reason she is not presently encountering challenges is as a result of personality, and choosing to not let challenges negatively affect her.
The primary challenge, identified by seventeen participants, nine Irish, four Indian, two Filipino and two English, centred on staffing. Two of the seventeen participants, one Irish and one Indian, outlined problems associated with the use of temporary or agency staff, particularly focussing on issues associated with a lack of knowledge of the ward or inconsistent standards, which was also raised as a challenge associated with diversity, referring to diversity of employment status. Additionally, both of these respondents proposed the same solution to this issue, specifically, stability stemming from being sent the same agency nurses as previously sent to the hospital. Significantly, sixteen of the seventeen participants who made reference to staffing cited insufficient staffing levels or shortages as a challenge, which was addressed earlier in this chapter, when it was suggested by some respondents that part of their reasoning for undertaking OCBs stems from a lack of sufficient staff numbers. One of these participants, Irish, expressed a fear that cutbacks will result in further future shortages as a consequence of staff leaving in favour of better conditions elsewhere. The other fifteen participants, seven Irish, four Indian, two Filipino and two English, who made reference to staffing cited staffing levels or shortages as a present, continual challenge. Their sentiments are summarised by the following expressions:

*I think staff shortage is the main problem. There is no staff so it is a little bit stressful some days when the staff is not there because if somebody else is coming with us we have to teach them so time is lost and that. Nowadays there is no agency staff coming to this hospital. It is somebody else from the labour ward or somebody. Because they don’t know the theatre at all so we have to look at their work as well* (Nurse 34, Hospital D, Indian Female, RGN).

*There is an awful lot more patients coming through our A&E department, they’re getting sicker. At the same time, the staffing is reducing. Once people start to leave you can’t stop them leaving, it gets harder and harder, and it’s the good people that go, the experienced people go* (Nurse 21, Hospital C, English Male, RGN).

In Sections 4.12 and 4.13, it was suggested that in some instances there may be a forced element to OCBs carried out by nurses. In particular, nurses made reference to engaging in OCBs in the guise of undertaking behaviours which fall under the remit of others, typically to close the gap in service provision created by short staffing or to undertake a task that is unlikely to be completed by another employee. The forced aspect to such OCBs coupled with the
identification of insufficient levels of staffing as a daily challenge for nurses raises concerns, specifically whether continually exceeding job demands result in decreased levels of job satisfaction, potentially damaging goodwill to the extent that nurses will reduce OCBs.

A second significant challenge proposed by ten respondents, eight Irish and two Indian, concerns the presence of stressors or fears. Of these ten respondents, two, one Irish and one Indian, specifically mentioned the term stress, as indicated below:

There is not enough staff so it is a little bit stressful some days when the staff is not there because if somebody else is coming with us we have to teach them so time is lost (Nurse 34, Hospital D, Indian Female, RGN).

Five of the ten respondents, all Irish, specifically referenced fears associated with recent, and continuing, financial cutbacks, partially echoing the sentiments of the nurses who raised understaffing as a challenge:

Croke Park 2 is a challenge. I live in Kerry, I spend between five and six hundred euro per month for the pleasure of being in this building, because I work in a specialist area, and if they take any more money off me, goodbye (Nurse 12, Hospital B, Irish Female, RGN).

I think the way the current climate is in Ireland it does put a bit of doom and gloom when you're wages are constantly being deducted that you feel you have issues, you know people are fed up, they are tired (Nurse 29, Hospital D, Irish Female, RM).

I feel some level of frustration that they are cutting your pay constantly so your salary is going down and down and now, most recently, we have to up our hours to maintain that same pay, that’s really disincentivising (Nurse 30, Hospital D, Irish Female, Midwife Specialist).

Two of the ten nurses who made reference to stressors, one Irish and one Indian, highlighted the issue of “burnout”, primarily as a result of overworking, while one Irish nurse simply referenced a general growing fear, with another Irish nurse referencing the uncertainty being faced in the profession. The fear and sense of frustration stemming from these proposed challenges raises further concerns for the future of OCBs in these hospitals, and, should such
concerns be reflective of the wider nursing and midwifery profession, for hospitals in general. Fear and stress are factors which can detract from an employee’s performance as they serve to distract. If employees find themselves distracted from performance related to their job description, it is arguably likely undertaking tasks additional to their role may not be feasible for them, nor might they be willing to demonstrate flexibility in the face of such insecurity. It is, however, also arguable, that given the recurring implication that a culture of nursing exists under which nurses may always “go the extra mile” in the name of patient care, it is possible that the negative consequences of stress and fear may be somewhat negated.

An additional six respondents, four Irish, one Indian and one Filipino highlighted a further challenge, in the form of time concerns. Five of the respondents, three Irish, one Indian, and one Filipino, proposed that they no longer have as much time for patients as they would like, which may mean that patient-centric OCBs are may be more difficult to undertake, regardless of willingness. The sixth nurse (Irish) who raised time issues shared a perspective different from the other five respondents, proposing that her time off is being negatively affected by the workload they are facing, essentially suggesting that their work-life balance has become skewed:

*We seem to be doing more paperwork and less bedside work and when you go home then you are so wiped out that your time off is just not your time off anymore, you are kind of just recharging the batteries until you go in again* (Nurse 3, Hospital A, Irish Female, RGN).

Three nurses, two Irish and one Indian, highlighted increasing paperwork levels as a challenge impacting their performance, with an increase in hours, with a reduction in pay, also raised by three Irish nurses. Additionally, a range of other challenges were highlighted by participants. Communication challenges were raised by two nurses, one Indian and one Filipina, while the other challenges raised were singular in occurrence, rendering them perhaps insufficient for generalisation, but suitable to highlight the wide variety of issues presently affecting nurses. Specifically, issues raised consisted of a perceived lack of awareness of nursing on the part of the public (one Irish), a disconnect between the service being provided and the service desired by patients (one Irish), a lack of recognition of non-Irish nurses previous experience (one Indian), the quality of staff (one Filipina), monotony (one Filipina), the plethora of issues
associated with the Croke Park agreement (one Filipino), and increasing pressures on remaining staff as a consequence of increased patient numbers (one English).

The primary challenges identified by nurses in the study with the potential to negatively impact OCBs are understaffing, presented by the respondents as a continual challenge, and stressors in the form of fears stemming from cutbacks, burnout and frustration, and increasing administration duties. Any of these concerns may negatively impact the undertaking of OCBs. Organisations are therefore cautioned that they should aim to assist employees by uncovering work-oriented stressors, in an effort to both assist employees, and remove distraction from task performance.

4.19 Conclusion

A number of significant findings have been identified, and discussed, in this chapter. One finding stems from the identification that OCBs identified as being undertaken by the participants in this study are not fully reflective of the existing construct of OCBs. A number of the identified OCBs carried a forced element, yet not in a manner which renders them reflective of COCBs. Instead, the behaviours appear reflective of a culture of nursing, in which clients rather than the organisation are the focus of the workers. Consequently, an additional group of OCBs, specifically, PIOCBs, has been identified.

Moreover, a set of behaviours which bear resemblance to, yet are not fully reflective of the existing OCB dimension named Helping Behaviours have been identified, termed Organizational Centric Helping Behaviours. These behaviours assist colleagues or the ward, but, are not entirely voluntary, yet are also not forced to the extent of reflecting COCBs.

An additional finding of note in this chapter concerns the lack of significance played by national culture on the undertaking of OCBs. No relationship was identified between the respondent’s culture of origin and their undertaking of OCBs. Instead, the culture of the organisation, and more significantly, an identifiable culture of nursing, appear to drive instances of OCBs.
Similarly, and finally, inclusion is significant for OCBs, based on the findings identified in this chapter. In particular, perceived inclusion was purported to enhance satisfaction, morale, and confidence, all of which encourage employees to go beyond the “call of duty” in undertaking supra-role behaviours.
Chapter Five:
Conclusion
Chapter Five: Conclusion

5.1 Introduction

This study was undertaken for a number of reasons. One reason was to assist organizations in developing an understanding of how they may encourage the undertaking of OCBs. In particular, the study explored whether OCBs are being undertaken by nurses, and whether causal links could be drawn between OCBs, perceived inclusion and national culture. National culture is deemed to possess the potential to impact on employee behaviours and performance in the workforce. Individuals from collectivist cultures, for example India or the Philippines, may be more likely to engage in behaviours such as OCBs should they positively impact the team, given collectivist cultures value group cohesion. Individualist cultures, for example Ireland or the English, may be less likely, given such cultures are considered to be more concerned with personal advancement and individual performance. In this study, however, national culture appeared to hold no significance for the undertaking of OCBs. Based on existing literature concerning cultural diversity, it can be argued that the Indian and Filipino respondents may have been more likely than the Irish and English respondents to engage in OCBs, given the relative collectivism of the former cultures, and relative individualism of the latter. In the study, however, the only respondent to indicate that she does not engage in supra-role behaviour was Filipina. All other affirmed the undertaking of OCBs. Moreover, shared reasoning existed across the four cultures. Participants from both individualist and collectivist cultures made reference to undertaking OCBs to assist their colleagues, or for the benefit of patients. Individuality, based on the study, arguably outweighs cultural constraint. Indeed, on many occasions there was agreement across cultures, and, on other occasions, disagreements among individuals from the same culture. In addition, it was a strong contention among the majority of respondents that individuals from the same or similar cultures are not inherently similar to the extent that cultural theory suggests, rather are individuals, shaped by individual factors and contexts.

Perceived inclusion and a culture of nursing arguably impact the likelihood of individuals undertaking OCBs. Indeed, this apparent lack of significance attached to national culture, yet importance of inclusion presents one key finding of this research. In particular, it is argued
that inclusion impacts employee performance, potentially enhancing it, and paving the way for the undertaking of OCBs. In addition, the findings emanating from the empirical research undertaken for this study are such that they have enabled the compilation of factors contributing to OCBs in the healthcare sector, which can be generalised for use by other organizations, and in other sectors.

This chapter outlines conclusions and key findings drawn from primary research, in addition to a conceptual framework related to inclusion. This conceptual framework is discussed in the following section.

5.2 Conceptual Framework: A Model of Inclusion

Although a number of significant findings emerged from this study, one finding of particular relevance to practice concerns inclusion. In particular, a number of contributory factors assisting in the perception of inclusion were identified, in addition to a number of resultant factors stemming from inclusion, which organizations can capitalise on. Based on the findings of the study, therefore, in conjunction with existing knowledge garnered during the literature review process, a Model of Inclusion has been identified, and is proposed, by this study. Figure 5.1 diagrammatically outlines the model.

It is recommended that organizations begin their inclusion efforts via diversity management. A tenet of this study is that organizations should move beyond traditional diversity management programmes towards an inclusionary approach to diversity. Nonetheless, there is merit in beginning with diversity management. Diversity management facilitates the opening of a dialogue in organizations concerning what diversity is, and the potential advantages it affords organizations. Moreover, via the diversity training elements of diversity management, organizations can encourage employees to consider what makes them different, and how those differences can be harnessed in the workplace. Similarities among individuals who appear quite different may also be focussed upon, thereby increasing understanding and harmony.
Diversity management has the potential, however, to be divisive, regardless of original intent. The process may result in attempting to understand employees by assigning them to, and viewing them in light of assignment to, a particular grouping, for example, female, millennial, or educational background. This rigid categorisation has the potential to ignore other aspects of an individual’s diversity, potentially resulting in individuals feeling marginalised. It is recommended, therefore, that while beginning with diversity management initiatives, organisations do so with the ultimate aim of creating inclusion.

Source: O’Donovan (2015)
As discussed earlier in this thesis, inclusion concerns holistically viewing the employee, integrating both their similarities and differences into the fabric of the organisation. Essentially, employees are allowed to be their full selves while in the workplace. Moreover, differences and similarities are leveraged to improve organisational functioning. Organizations are advised to take such an approach to diversity, and, more generally, talent management. Inclusion occurs at both the organizational and individual level. In addition, inclusion is a contextual, individual, transient concept. This is significant, as it means that organizations that are aiming to be inclusive, indeed, may generally be considered to be so, may have individuals in the workforce who do not perceive inclusion. Moreover, individuals may perceive inclusion in one context, but not in another, nor is it automatic that an individual perceiving inclusion now will do so in the future. Creating and maintaining inclusion is, therefore, an ongoing process. Regardless, organizations can capitalise on the identification of a number of contributory factors assisting in the perception of inclusion identified in this study. These factors are identified in the model, and are discussed in Chapter Four as factors important for inclusion at the individual level. Although identified in the context of nurses and midwives, these factors are replicable across organisations.

The first contributory factor that organizations can develop, encourage and maintain concerns teams. In particular, having a sense of team was strongly identified as important for inclusion, therefore, organizations identify ways in which a team orientation can be created. Organizations may, for example, schedule team meetings or briefings, or encourage inter or cross-departmental problem solving. A second contributory factor concerns offering stability. In particular, the related concepts of familiarity in a unit or department and the existence of relationships in the workplace, both of which speak to stability, were established as important on the study. Organizations are therefore advised to assist, or allow, individuals to form and maintain relationships in the workplace, and to avoid unnecessary, frequent, transfer across departments. If such transfers are necessary, organizations may find it useful to encourage, and facilitate, cross-departmental relationship building, whether by formal or informal means.

Employee engagement also carries significance for inclusion. In particular, perceiving respect from colleagues, in addition being willing, and believing there exists the freedom, to offer opinions on work related matters, were identified as further contributory factors. Believing oneself to be respected and free to engage in dialogue in the workplace are elements of
employee engagement. Consequently, organizations should, in conjunction with inclusionary efforts, also focus on employee engagement. Indeed, as concepts, both engagement and inclusion arguably support and reinforce each other. The final contributory factor identified in the model concerns management. In particular, management have a role to play in creating inclusion. While what constitutes inclusion is subjective, and therefore seems different to every individual, management have a role to play in creating a sense of inclusion. If managers are seen to behave inclusively, this symbolises the importance of inclusion throughout the organisation. Similarly, if management are seen to visibly encourage individuals to engage their differences to assist in their work, this symbolises acceptance and valuing of diversity. More generally, managers have a role to play in reinforcing organisational culture, thus have a role to play in reinforcing a culture of inclusion. In addition, management can act as driving forces, or champions, for the other contributory factors identified in the model and discussed above, specifically, a sense of team, stability and employee engagement. These factors, whether one, all, a combination, or in conjunction with other individual factors, contribute towards perceived inclusion.

Perceived inclusion results in a number of positive outcomes, which organizations should display an interest in, primarily as these outcomes carry the potential to both enhance performance and, as also discussed in this chapter, result in the undertaking of OCBs. Inclusion was identified by respondents as enhancing confidence. Enhancing confidence has the potential to raise an individual’s perception of their ability, which can positively impact performance and increase the likelihood of the individual believing they are capable of going beyond their required tasks, that is, undertaking OCBs. Inclusion can also result in enhanced morale, feelings of support and job satisfaction, all of which both speak again to the importance of employee engagement, and are potential antecedents of both increased performance, and OCBs. Indeed, job satisfaction, engagement and a supportive work environment have been previously in literature as antecedents of OCBs (See Section 2.13 of Chapter Two). If inclusion results in these factors, it is therefore evident that a relationship exists between inclusion and OCBs. A further resultant factor emanating from perceived inclusion concerns increased commitment, whether to the job or organization and enhanced productivity, which are again likely to enhance performance.

Finally, as indicated in the model, it is strongly recommended that organizations develop an organizational culture which truly values, and espouses the benefits of, inclusion in the
workforce. This culture can be used as a reinforcer of diversity and inclusion efforts. In addition, the culture can serve to develop and maintain the factors identified in this framework model as contributing towards inclusion.

In addition to the identification of this conceptual framework, a number of other recommendations for practice, in addition to recommendations for future research are evident from the findings of this study.

5.3 Recommendations for Further Research

There are a number of potential contributions to further research stemming from this thesis. Three primary contributions concern:

i. the identification of a new categorisation of OCBs and the extension of an existing dimension of OCBs
ii. the identification of a potential profession-rooted culture of nursing
iii. the relative unimportance of national culture, but, the importance of inclusion.

Based on the findings of this study, it is proposed that evidence has been amassed which indicates that there are avenues for future research with regard to revisiting the current construct of OCBs. In particular, this study proposes both a new categorisation of OCBs, specifically, Profession Induced OCBs (PIOCBs), and an extension to a current categorisation, specifically, Organization-Centric Helping Behaviours.

A new categorisation of OCBs, therefore, has emerged from this study, specifically, PIOCBs. Some activities identified, in addition to reasons for undertaking OCBs relate to concern for the patient, or patient care. This “customer” focus appears to not be reflected in existing conceptualisations of OCBs, as the primary beneficiary is, in this case, the patient (or customer), whereas the focus of OCBs is typically oriented towards the organization. Engaging in activities which are beneficial to patients, however, is beneficial to hospitals as engaging in activities which improve patient care arguably improves the service provision, and potentially public perception of the hospital. These behaviours do, therefore, fit under the umbrella of the
OCB construct. Customer-focussed behaviours appear to indicate an additional OCB categorisation, specifically, a set of behaviours stemming from the profession the employees work in, which, for the purpose of this thesis, have been termed Profession Induced OCBs (PIOCBs). PIOCBs are proposed to refer to a set of voluntary, helping, goodwill behaviours performed by those in certain professions, to the benefit of patients or clients. While adding to existing knowledge, further research is required. Research is recommended to support the existence of this dimension, and to test its presence among other professions. In particular, it is recommended that a study, or studies, be undertaken, first in the context of the healthcare sector, but with a wider scope. It is first suggested that the scope extends to nurses across Ireland, and of cultures other than those included in the study. It is also recommended that future research then expands the scope to include other professions to explore whether PIOCBs are specific to nurses, or can also be identified among others involved in care or service provision, or are also identifiable among members of other professions. It is also recommended that researchers explore whether a particular set of factors contribute to such OCBs, or whether their presence strictly relates to professional requirements.

Second, based on findings concerning behaviours that bear resemblance to Helping Behaviours, but reflect an element of necessity, an additional dimension, extending Helping Behaviours, termed Organizational Centric Helping Behaviours is proposed. The purpose of this categorisation is to better reflect behaviours which assist the ward/department yet are not entirely voluntary, rather have an element of necessity associated with them, albeit not to the extent that they reflect COCBs. It is also noted that this set of behaviours may stem from the underlying theme of the culture of nursing. This set of behaviours is thereby arguably reflective of a desire to assist others. While adding to existing literature, further research is required to explore whether the proposed dimension is reflected across other occupations and whether it is identifiable in other organizations. Indeed, further research is initially required to support the existence of the proposed dimension. Moreover, if this dimension is identified in other organizations and in other contexts via further study, it is recommended that research
should aim to uncover whether particular factors which result in the undertaking of these behaviours can be identified. Such factors may include, for example, a construct similar to a culture of nursing, organizational culture, or personality variables, such as conscientiousness.

A further recommendation for future research, concerns the emergent, proposed, culture of nursing. On a number of occasions, regardless of the line of questioning, questioning was approached from a work-focussed perspective. This approach alludes to a culture of nursing, suggesting that a profession-rooted culture may take precedence over both national and organizational culture, in some contexts. Additionally, behaviours and reasoning indicative of a potential culture of nursing were identified. While a culture of nursing has been heavily implied via interviewees’ attitudes, constituting potential new knowledge, further research is required. It is, therefore, recommended that further research be conducted to ascertain the presence of such a culture among other professions. Research may focus on other professions in the Healthcare Sector, both among medical and support staff. Research could also be undertaken in non-healthcare sectors. It is recommended that a focal point may be other service-oriented professions, for example, childcare or customer service, given that it is arguable that service provision professions may require individuals with a similar customer focus. Research among wider professions is also recommended, particularly, given the arguments earlier in this section that the proposed culture of nursing may contribute to undertaking Organization-Centric Helping Behaviours and PIOCBs.

The final recommendation for future research resultant from this study is replication of the study. As will be addressed in the limitations section, one limitation of this research is that it was undertaken solely in the context of the county of Cork. It is recommended, therefore, that the study be undertaken in other hospitals outside of the county in an effort to increase the potential for findings generalizability. Additionally, national culture appeared to hold no real significance for either perceived inclusion or OCBs. This may not be so in other contexts, thus, it is recommended that the study also applied via replication in other industries, cognisant that it may be possible that national culture may bear significance in other contexts, whether other industries or countries. In addition, there is arguably instead a relationship between inclusion, performance, and performance of OCBs. Inclusion was widely purported to impact performance in a number of ways, which have the potential to result in the undertaking of OCBs. Further study is required to test this this potential relationship, and to explore whether this relationship between inclusion, performance and OCBs is true in a context where a
profession-oriented culture exists, or whether a relationship between inclusion and OCB universally exists.

This section laid out contributions to research, with emphasis on avenues for future study. A number of recommendations, based on the findings of this research, can also be made for practice. These recommendations are discussed in the following section.

5.4 Recommendations for Practice

Findings of this study have resulted in the identification of factors contributing to, and facilitators of, OCBs in the healthcare sector. These factors and facilitators can be generalised for use by other organizations, and in other sectors.

It is proposed that organizations begin their efforts towards encouraging OCBs via diversity management. A tenet of this thesis is that organizations move beyond diversity management towards inclusion, however, it is accepted that it may be difficult for organizations to immediately practice inclusion. It is recommended, therefore, that organizations need first develop an understanding of diversity, and communicate with employees concerning diversity initiatives, which diversity management policies facilitate. It is also suggested, however, that while organizations are developing their diversity management policies and procedures, they do so with the ultimate aim of inclusion. An inclusionary approach to diversity management facilitates full integration of individual’s differences and similarities into the fabric of the organization. Essentially, a holistic view of employees is taken, thereby allowing them to leverage their diversity in their daily work. Indeed, in this study, respondents strongly opined that perceiving inclusion affects their performance, thereby underscoring the importance of inclusion, and presenting a key finding of this study.

It is evident from the research findings that a sense of team is important for inclusion. Developing a sense of team is arguably more straightforward in hospitals given the extent of departmentalisation and the presence of a ward structure. Other organizations, however, can mimic the team-orientation of this structure by developing and reinforcing a team environment in their departments, whether by creating sub-teams, encouraging team work on tasks and
projects, or via informal team bonding. Indeed, by scheduling on-site meetings on occasion, a sense of team could also encompass remote workers. Additionally, organizations can capitalise on this apparent importance of team in a manner by which OCBs can be encouraged. In particular, organizations can communicate the importance of team oriented behaviours by recognising their occurrence, thereby symbolising to members of the organization that these behaviours are valued.

Other factors identified as important for inclusion included familiarity and relationships. When considered together, these indicate the potential importance of stability to some nurses. Organizations may capitalise on this finding with a view to enhancing inclusion in a number of ways. First, it may be beneficial, where possible, to allow employees remain in a particular department for sufficient time to form relationships, and develop an understanding of the operations of that department. Organizations may also find it beneficial to encourage, and facilitate, social bonding across teams and departments whether formally or informally, again to assist employees in developing relationships. Furthermore, organizations could attempt to develop an organizational wide sense of team via the development of a strong, unifying organizational culture that assists individuals in feeling that they belong in the organizational family. Organizations should make use of symbolism and storytelling in the form of mission statements or credos to enforce a view of organizational members as members of a large, collective team, rather than as individuals who operate in isolation.

In addition to a sense of team, and familiarity and relationships, perceiving respect and being asked for opinions were also highlighted as contributory factors resulting in inclusion. Both of these factors appear to indicate the importance of employee engagement for successful inclusion. Organizations should articulate the importance of respect by highlighting its value via organizational culture. Regarding the sourcing of opinions from employees, organizations may find a two-pronged approach beneficial. First, organizations can communicate to employees, whether at induction, during appraisal or in an ad hoc manner via managers and supervisors, the importance of expressing their opinions, thereby cementing doing so as valued. Second, organizations can culturally reinforce the value of opinions. Organizations can do so by acknowledging opinions when offered by individuals, and by offering recognition for those opinions which are helpful to organizational running. Cognisant of the identified importance of team and recognition, managers may develop this suggested cultural reinforcement by raising instances of useful opinions in a positive manner. This may be conducted either in an
Management also have a role to play in inclusion. Indeed, managers have a role to play in both shaping and transmitting organizational culture, consequently, it can be argued managers should have a role in encouraging inclusion. Managers are encouraged to behave inclusively, because if managers are seen to do so, it should encourage other employees to follow their behaviour. It is recommended, therefore, that while an organization’s inclusion efforts are in their infancy, and also once they have been developed and implemented, that managerial buy-in at all levels must be sought. It is argued that management buy-in is essential to inclusion efforts. Without management buy-in, it may be more difficult to foster a sense of inclusion throughout the organization, as line managers serve to reinforce organizational values. Additionally, findings of this study suggest that recognition of OCBs by superiors is important. A resultant suggestion, therefore, is that, regardless of existing views concerning reward for OCBs, which recognition may constitute for some, managers recognise, thereby reward, instances of OCBs. This study argues that recognition may serve to reinforce the value and importance of OCBs, to cater for those for whom recognition is important. Recognition may also serve to develop in employees perceptions of intrinsic reward, which is useful in light of OCBs being tangibly or formally unrewardable, given their supra-role nature.

It is further recommended that organizations aiming to assist individuals in their perception of inclusion pay credence to findings which suggest that inclusion is momentary and a transient phenomenon. Employees can feel simultaneously included and un-included. Individuals may perceive inclusion in one unit, but not in the wider organization. Organizations are therefore cautioned that fostering inclusion at the individual level is an ongoing process, as individuals may feel included in one context, but not in another. Essentially, it does not follow that an employee who feels included in one context will perceive inclusion in all other organizational contexts. Organizations, rather, should operate under the hypothesis that inclusion is not a static concept, with employees perceiving or not perceiving inclusion, rather, it is contextually dependant. It is recommended, therefore, that organizations make effort to monitor inclusion on a continual basis, to ensure that employees perceptions of inclusion remain, even when operating in another context, for example, on a different team. Furthermore, developing inclusion at an individual level is likely insufficient, cognisant that different departments may have different cultures and manners of operating, meaning an individual may feel included in
one area, but not in another. If there is an attempt to be an overall inclusive organization, this may reduce the likelihood that individuals feel un-included when outside of their department. In addition, some individuals may believe they need to take an active role in developing feelings of inclusion, yet other believe it occurs naturally. Organizations are again reminded, therefore, to examine inclusion efforts at both an overall organizational level, and a team level. Doing so may assist in creating an organizational environment to support individuals who believe inclusion should naturally occur, while also assisting in maintaining an individual’s perception of inclusion even when operating in different departments or with different functions.

Organizations may also capitalise on the identification of the set of behaviours referred to as PIOCBs in this study. PIOCBs refer to a set of behaviours stemming from the profession of the individuals, the beneficiary of which is the patient or customer. Organizations may make use of this finding by identifying the beneficiary of PIOCBs, and communicating to employees how certain behaviours undertaken by them may benefit the clients their profession is concerned with. Behaviours which benefit clients may serve to also benefit the organization in the form of positive public image or repeat custom. Organizations should communicate the importance of such behaviours by articulating to employees ways in which they may go beyond the “call of duty” for clients. Organisations should also reinforce the importance such events by recognising their occurrence, thereby symbolically indicating valuing of those incidents.

There was a continual undercurrent in interviewee responses that pointed towards a culture of nursing. This suggests that a profession-oriented or rooted culture may take precedence over both national and organizational culture. The healthcare sector is advised to capitalise on this potential culture by highlighting to nurses the benefits of particular actions to patients. Doing so may encourage them to engage in OCBs which benefit the patients, and, subsequently, the ward or hospital. Other organizations may capitalise on this approach by identifying the beneficiaries of desired behaviours, and articulating such to particular groups of employees. If those in customer service, for example, were to be shown that particular actions potentially increased levels of customer satisfaction, thereby enhancing the potential for repeat custom, benefitting both the employee and the organization, they may be more likely to engage in supra-role behaviours, that is, OCBs.

Finally, it is further recommended that practitioners make use of organizational culture as a feedback and reinforcement loop. At the outset of this study, one aim was to uncover whether
a relationship may have existed between national culture and OCBs. In became apparent throughout the study, however, via a wide range of complimentary opinions across cultures, and diverse opinions among respondents from the same culture, that individuality may be stronger than cultural constraint. The majority of respondents in this study proposed that organizational culture is more important, both national and organizational culture are of equal importance, both cultures coexist, or that there is no discernible or noteworthy difference between the cultures. The lack of conflict between national and organizational culture, in addition to the articulated suggestion that organizational culture is more important in the minds of almost a third of the sample is significant. Organizations should capitalise on this finding by focussing on the development of a strong organizational culture to unify organizational members, regardless of their culture of origin. Based on the preceding argument, organizations should use the strength of organizational culture to act as a reinforcing feedback loop. Organizations should use organizational culture to symbolically reinforce the value of OCBs, both voluntary and profession induced, their importance, and widespread recognition. Additionally, culture can be used as a common bond to strengthen a sense of team throughout the organization, both to reflect the importance of team in general, and in an effort to develop inclusion throughout the organization.

In summary, it is recommended that organizations begin efforts aimed at inclusion and encouragement of OCBs from a perspective of diversity management. While some respondents in this study proposed, either implicitly or explicitly, that diversity management policies are unnecessary, nonetheless others suggested that they may be useful, albeit primarily from the perspective of assisting in understanding diverse patients. It would be difficult, however, to understand diversity amongst patients (or clients) without first developing an understanding that all individuals are diverse, a concept which diversity management may help to illuminate. Additionally, general anti-bullying and anti-discrimination policies may be useful given the demographic variety of individuals on the wards, which would arguably fit well under the umbrella of diversity management.

In conjunction with diversity management, it is recommended that organizations develop inclusion policies and strategies, using diversity management as a catalyst and informant. Based on primary research findings, it is recommended that the aim of these inclusion policies should be to provide employees with a sense of respect, enhanced confidence, and the freedom
to offer opinions. Doing so is proposed to enhance performance and result in perceived inclusion.

Perceiving inclusion is, based on this study, likely to positively impact the undertaking of OCBs and PIOCBs. In addition, a number of internal contributory factors facilitating the undertaking of OCBs are identified. Although resultant from primary research conducted for this study, other organizations can capitalise on the findings and replicate these internal factors among their own organizational members. The final suggestion is that organizations develop a strong organizational culture, which values and reinforces the importance of inclusion and OCBs, in addition to supporting the contributory factors resulting in inclusion and OCBs.

A number of recommendations have been made both for practice and for future research. There were a number of limitations to this study which future researchers in the above or similar areas may wish to take into consideration. These limitations are set out in the following section.

5.5 Limitations of the Study

There are a number of limitations to this body of research. Time constraints posed a particular challenge, as they dictate the amount of time that can be dedicated to empirical research. In specific, the researcher did not have the luxury of sufficient time to wait for a number of respondents availability to include them in the study. Three nurses had agreed to take part, but, for various reasons, were unavailable for a length of time, resulting in their non-inclusion in the study. One of these nurses was from the English, thus their inclusion would have been most useful, given the relatively small size of the English sample. Time constraints also impacted the geographic scope of the study. It was originally intended to base the study on both Cork and Dublin hospitals. While four hospitals in Dublin did agree to partake in the study, the infrequency with which the team who had the authority to grant permission for the study in each hospital met, coupled with the extensive ethical clearance procedures of the hospitals resulted in Dublin hospitals not being included in the study. Essentially, there was a concern that extending the time frame of the study to include the Dublin hospitals may have raised concerns regarding the data collected in Cork given that the data collection was framed i.e.
collected in the context of a recession which the nation was predicted to be recovering from at the proposed end of the study.

A partially related limitation concerns the sample size. Time availability and sample size were related as outlined above, in that a lack of time meant that potential respondents in the Cork sample had to be ultimately excluded from the study, and the intended Dublin hospitals were also excluded. In total, therefore, 37 respondents took part in the study. While the composition of the sample is communicated in Table 3.1 in Chapter Three, it also warrants mention here. Fourteen Irish nurses, 11 Indian nurses, nine Filipino nurses and three English nurses were interviewed. While the sample breakdown is arguable relatively reflective of the nursing population with regard to cultural demographics, it would have been preferable to have had a larger English sample in the study. Moreover, it would have been preferable to have more than five male participants to allow for uncovering of potential gender differences, however, those five respondents represented those available at the time of study.

The Cork focus of the study also raises a potential limitation. This thesis has acknowledged and made reference to organizational culture, particularly with regard to its ability to regulate, encourage and reinforce behaviour. The researcher also acknowledges, however, the potential for a regional culture. Consider, for example, the identification of multiple cultures in India based on different geographical locations. It is also possible, therefore, that regional cultures may exist in the Irish context, in which case, although this research disputes the contention that national culture has an overarching effect on individuals, it must be acknowledged that it is possible that this study may have been impacted by its confinement to Cork.

An additional limitation is presented by the methods by which some participants were sourced in the hospitals. In many cases there was an element of convenience sampling, in that access was granted for a particular day, and nurses were told by their management to make themselves available for interview. It became apparent in the exchanging of initial pleasantries pre-interview, however, that on a number of occasions, nurses were asked by management if they would be willing to be interviewed. Agreement on the part of these nurses raises a potential concern, as agreeing to partake in a research interview is arguably an instance of OCB, thus it is possible that those nurses may have been more predisposed to undertaking OCBs. Although unable to ascertain exactly how many nurses were recruited via this semi-voluntary path, it is believed that it was certainly the case for the four pilot interviewees, the three English
respondents (most likely due to a need for specific targeting given the shortage of those nurses in Cork), and potentially for between two and three nurses in each hospital.

There was also a limitation centred on language. While the oral English of all participants was of a high standard given their nature of employment, there were a small number of instances where non-native English speaking participants were unable to fully articulate their points or to expand more fully on their meaning, thus impeding the richness of the data source.

5.5 Overall Contribution to Knowledge

The findings of this study have implications for both practice and future research, as previously discussed in this chapter. The findings also contribute to knowledge in a number of ways, and with relevance to a number of discipline areas.

First, a new categorisation of OCBs has been identified, termed Profession Induced OCBs (PIOCBs). PIOCBs refer to behaviours which are voluntary, helping, goodwill behaviours, performed by those in certain professions. In the context of this study, that profession is nursing. PIOCBs have a “customer” focus, with patients or clients being the primary beneficiaries. OCB literature has traditionally focussed on the organization or members of the organization as beneficiaries, therefore, the identification of a client focus adds to Industrial/Organizational Psychology knowledge, and OCB literature. Moreover, the forced element to many of these OCBs minus the negative associations with such in the discussion of participants indicates that not all forced or semi-forced OCBs should be considered in a negative light, again adding to knowledge. The rooting if PIOCBs in the profession that the individual is part of also adds to knowledge by somewhat reinforcing the significance of occupational culture. In particular, PIOCBs in this study are supported by the presence of a culture of nursing, which is a profession oriented culture. On a practical level, the identification of PIOCBs also adds to people or talent management spheres, as they indicate that organizations could encourage particular sets of OCBs among different professions in the organization by identifying the beneficiary of PIOCBs, and articulating the link between supra-role behaviours and positive outcomes for the beneficiary. To illustrate, in the context of this study, if ward managers reinforced PIOCBs by articulating to a nurse undertaking the PIOCBs
that the behaviours benefit patients, this symbolises that these behaviours are valued by the organization and positively impacts the individual that the nurse is concerned with, the patient. Doing so can serve as a reinforcer, and encourager, of PIOCBs.

The extension of an existing category of OCBs also adds to knowledge. A current category of OCB discussed in the literature is that of Helping Behaviours. Helping Behaviours are those which are concerned with helping others in the organization with, or to avoid, work-related problems. In this study, helping behaviours were identified which, although helping in nature, concerned helping individuals more generally rather than with work-related problems, and so positively impacted the ward. Behaviours also extended beyond helping individuals to helping the wider ward. Beyond assisting colleagues and the ward, helping behaviours focussed on patients, who can be considered customers, were also identified. Consequently, an extension of helping behaviours emerged in this study, termed Organization Centric OCBs. These behaviours assist individuals, whether colleagues or clients, or the ward (or department in the context of other organizations), and are helping in nature. This extension category again adds to Industrial/Organizational Psychology knowledge, and OCB literature. Similar to PIOCBs, these behaviours were again facilitated by a profession oriented culture, specifically, a culture of nursing, as they appear reflective of a desire to help others. This again presents a practical contribution to knowledge, with regard to talent management and culture, as the implication is that organizations can build support for such behaviours into organizational culture by giving recognition, thereby reinforcing the value, of their occurrence.

The identified culture of nursing also contributes to knowledge. This culture is argued in to outweigh national culture, and exist as a subculture in the organization which has the capacity to outweigh overall organizational culture. This finding contributes to people management, as it indicates that organizations must focus both on organizational and profession oriented culture when considering reasons for employee performance. This finding also adds weight to the argument of occupational culture literature, by reinforcing that a culture associated with a profession or occupation may be stronger than both national and organizational culture. In addition, it was demonstrated in this study that the culture of nursing facilitated the undertaking if PIOCBs and Organization Centric Helping Behaviours, therefore, can be considered a predictor of OCBs. While requiring further study, this finding therefore also adds to OCB literature.
Finally, the lack of a discernible relationship between national culture and OCBs, yet relationship between inclusion, performance and OCBs also contribute to knowledge. National culture is proposed to shape, for example, how individuals behave, and their attitudes to work. It can be inferred from cultural theory that national culture may result in some employees being more or less likely to engage in OCBs. Employees, for example, from collectivist cultures, which value group cohesion and loyalty, may be considered more likely to engage in OCBs, given that OCBs positively impact the organization. In this study, however, respondents from collectivist cultures were no more likely than respondents from individualist cultures to engage in OCBs. Indeed, just one respondent stated that she does not undertake OCBs, and was from a collectivist rather than individualist culture. In addition, it was evident throughout the study that individuality likely outweighs national culture in significance. This finding adds to knowledge concerning national culture, by highlighting that factors other than national culture impact employee performance. In contrast, a relationship between inclusion and OCBs was evident, with respondents strongly indicating that inclusion impacts, indeed, enhances, performance. As discussed via articulation of the newly developed model, perceived inclusion carries a number of positive outcomes including increased confidence, moral and satisfaction, all of which are proposed antecedents of OCBs. Consequently, knowledge in the sphere of Industrial/Organizational Psychology is added to, as understanding of factors contributing to, and outcomes resulting from, inclusion have been identified, and inclusion can now be considered an antecedent of OCBs.

5.6 Conclusion

Stemming from the findings of this study, a new subset of Organizational Citizenship Behaviour, termed Profession Induced Organizational Citizenship Behaviour (PIOCB) has been identified. This set of behaviours emerged from identification of activities that are arguably reflective of the profession of nursing, with a focus on patients as a beneficiary rather than on the organization. There was a forced element to many of these behaviours, yet largely without the negative associations of forced or Compulsory OCBs (COCBs). PIOCBs ultimately refer to a set of voluntary, goodwill, helping behaviours performed to the benefit of patients or, in the wider context, clients. This constitutes a key finding of this study, adding to literature in the field, and calls for significant further research.
An extension of the existing Helping Behaviours categorisation of OCBs has also been identified. Termed Organization Centric Helping Behaviours, this extension of the existing category is presented to encapsulate behaviours which assist colleagues or the department, however, also carry an element of necessity to them. The element of necessity is not, however, present in a manner congruent with COCBs. Again, adding to existing literature, where further research exploring this extended dimension is required.

Of further significance is the identification of a culture of nursing. Nurses exhibited a high degree of work and patient focus throughout the study. Worthy of further study, the identification of such a suggests that a profession-rooted culture may take precedence over both country-of-origin and organizational culture in some contexts. Moreover, it was apparent that the identified culture of nursing was a contributory factor in the undertaking PIOCBs and OCBs, a relationship which also requires further study.

Finally, country-of-origin culture appears to hold little significance for the undertaking of OCBs in this study, rather organizational culture and the culture of nursing carry more weight, therefore should be developed by organizations. Inclusion, in contrast, is important for performance, with the majority of respondents opining that perceiving inclusion affects their performance, thereby highlighting the importance of inclusion and presenting a key finding. Additionally, creating a sense of team is important for inclusion. Originations can capitalise on this by developing and maintaining a team-orientation in order to enhance perceptions of inclusion, and encourage OCBs that benefit the team, and ultimately, the organization.

Overall, therefore, the findings of this study are significant for both researchers and practitioners. Focusing efforts on developing inclusion, both at the individual and organizational cultural level, rather than attempting to adapt organizational processes for employees of different cultures may prove more beneficial to organizational functioning. Indeed, national culture appeared to have no impact on whether individuals in this study undertake OCBs. This is perhaps because respondents perceiving inclusion. Inclusion, therefore, would indicate that they do not believe that it is necessary to suppress any aspect of their identity, of which national culture is an element.
Moreover, a profession-oriented culture which has more significance than national or organizational culture has been uncovered. Ultimately, inclusion has emerged as carrying more significance for employee performance than national culture. In addition, it can be argued that inclusion and a profession-oriented culture of nursing combine to increase the likelihood of certain supra-role behaviours. Finally, the identification of a new subset of OCBs, specifically PIOCBs, and the extension of an existing category of OCBS, namely Organizational Centric OCBs adds new evidence to this important field of research.


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Appendix
Appendix: Interview Guide

Interview Question Guide

Name and level:

Ward/Department:

Hospital:

Length of Service:

Number of Cultures Represented on Ward:

Nationality:
1. Do other countries have a culture that is in some way different from yours?
2. What does national culture mean to you?
3. Can you describe your national culture?
4. Is your national culture affected or changed by the culture of the hospital?
5. Is your national culture or the culture of the hospital more important?
6. Does your national culture affect your job performance?
7. Is everyone from the same country the same?

8. What does the term “diversity” mean to you?
9. Can you describe any policies the hospital has in place in relation to diversity or inclusion?
10. Do the specific diversity policies in place that you described help to create a sense of inclusion and belonging for nurses?
11. Is diversity among nurses in the hospital managed or dealt with?
12. Does diversity bring advantages for the ward or hospital?
13. Does diversity bring disadvantages/challenges for the ward or hospital?

14. Do you have a sense of being included or belonging in the ward/hospital?
15. Does being included/not included affect your performance?

16. Do you do additional work which is not part of your contract?
17. Can you describe the extra work that you do?
18. Can you explain why you do this (/or do not do this)?
19. How does this extra work impact the ward/hospital?
20. Is the extra work that you do recognised by your Clinical Nurse Manager or other superiors?
21. Is this extra work rewarded in any way? Do you think it should be?

22. Is there a particular challenge that you encounter as a nurse on a day-to-day basis that is affecting your work/performance?