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Graduate Studies

College of Arts & Sciences

**MANAGING A MULTICULTURAL DIVERSITY WORKFORCE
IN THE MEDICAL LABORATORY ENVIRONMENT
AT HAMAD MEDICAL CORPORATION (HMC)**

A Project in

Health Sciences Department

By

Bakhita Rashid Meqbel

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Committee Members


The project of **Bakhita Rashid Meqbel** was reviewed and approved by the following:

We, the committee members listed below accept and approve the Project of the student named above. To the best of this Committee's knowledge, the Project follows the requirements of Qatar University, and we endorse this Project for examination.

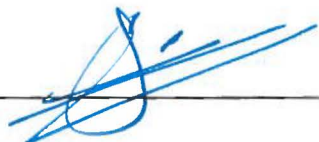
Project Advisor Name: **Dr. Hassan A. Aziz**
Director and Associate Professor of Biomedical Science
Coordinator of Graduate Program

Signature  Date 8/7/2014

Committee Member Name: **Mr. Maher Hana**
Laboratory Manager- Department of Medicine & Pathology
Hamad Medical Corporation

Signature  Date 5 SEP 2014
Maher Hanna, SC(ASCP), MBA, FACHE
Manager, Dept of Laboratory
Medicine & Pathology - HMC
031142

Committee Member Name: **Dr. Mahmmoud Naasse**
Associate Professor of Biomedical Science

Signature  Date 7/9/2014

Abstract

Governmental facilities are expected to provide public services to meet the demands of the society. Hamad Medical Corporation (HMC), being the main health care provider in Qatar is no difference. By 2030, Qatar aims to be an advanced society capable of sustaining its development and providing a high standard of living for its entire population. To achieve this vision, a wide range of facilities with advanced healthcare technology already in operation or in the near future will be operating by high-skilled expatriates' workforce from other countries due to the national workforce shortage. The diverse workforce coming from different cultural background presents a big challenge for any organization. The dual purpose of this project is to study the employment pattern of laboratory personnel at the Department of Laboratory Medicine and Pathology HMC-DLMP, and to investigate HMC-Human Resource (HR) practices in implementing best recruitment approaches of allied health professionals recruiting programs. Ultimately, the project aims to make recommendations regarding diversity issues and to understand the influence of diversity management in the retention of the multicultural workforce at the DLMP at HMC. Laboratory personnel at HMC come from 28 different nationalities with a majority of 28% from the Philippines followed by Indians and Qataris representing 15% and 14%, respectively. The turnover incidents accounted for 85 occurrences in a period of 3 year (2011-2013) questioning the effectiveness of an already existing retention policy. Furthermore, HMC-HR did not have a dedicated recruitment policy for allied health professionals nor it had a diversity strategy. The project concluded

the adoption and implementation of diversity strategy management to help HMC achieve the National Health Strategy (NHS) 2011-2016 and Qatar National Vision (QNV) 2030.

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Dedication

I dedicate my project to my family and many friends. Special feeling of gratitude to my loving parents, whose words of encouragement and push for determination ring in my ears. Thanks to my sisters & brothers who have always made sure that I am doing fine. I also dedicate this paper to my many friends and work colleagues who have supported me throughout the study with words of encouragements. I will always appreciate all they have done; especially to Ms. Sabah Al-Bader (previous work supervisor, DLMP-Microbiology Laboratory) for her continuous support even after retirement. I dedicate this work to my wonderful daughter for being very patient and understanding even when it was hard being 'without Mum'.

Chapter 1

Introduction

This project draws attention to diversity management in the medical laboratory environment that arises from multicultural nature of the workforce in Qatar. Medical laboratory personnel come from different cultural and linguistic backgrounds to deal and interact with and a diverse workforce. The magnitude of cultural diversity within the world has a role in up-and-coming insinuation patterns of difference. Beliefs, value, customs, traditions and behaviors are distinctive characteristics that shape the lifestyle of a population. Culture is the key stimulus that direct the pattern involved in the interaction with people around us. While some societies differ significantly other has some similarities.

The State of Qatar is an Islamic country located in the Middle East. It is a peninsula bordered by the Arabian Gulf and Saudi Arabia. It covers an area of 11,586 square kilometers¹. (The World Factbook, 2014) The Qatari population, including non-nationals is approximately 2,155,446². (Ministry of Development planning and Statistic, 2014). The distribution of nationalities are 40% Arab –nationals included –, 18% Indian, 18% Pakistani, 10% Iranian and 14% other (=100%). (The World Factbook, 2014)

Culture and cultural attitude

Islamic rules and regulations govern the overall practice of the daily life in Qatar, however, Qatar population is divided into a blend of Arabic tribes with each tribe has its beliefs, behaviors, values and customs that had been transmitted from one generation to another. Also, Qataris display the importance of family that forms the basis of an individual's identity. Furthermore, Qatari people are generally conservatives and that is reflected by exercising modesty and decency particularly in personal appearance and use of proper language³ that is expressed more in women than men. Most of Qatar's society is sensitive to gender related issues and in favor for no or little mixing with the opposite sex and because the government discerns such an issue, it provides different working environments to separate between genders.

Economy

Blessed first with oil (1940, Dukhan's oil field) with a reserve that is estimated to deliver continued output for about 57 years if maintained at the current level of 25 billion barrels. Later, natural gas was discovered in Qatar and is currently covering a large portion of the world supply (3rd after Russia and Iran) with a reserve exceeding 25 trillion cubic meters (13% of the world's total). Furthermore, Qatar is ranked as the largest in non-associated natural gas field in the world and is the world's largest liquefied natural gas exporter (Natural Gas Reserves, 2011). With this declaration, it's no surprise that Qatar economy has thrived in the last several years with continued high real GDP⁴ growth where > 50% GDP is accounted for oil and gas thus leading to

an increase in GDP-per capita to \$102,100 ranking as the first in per-capita income with the lowest unemployment compared to the world's countries.

In 2010, Qatar won a bid to host the FIFA World's Cup 2022. The cycle of infrastructure projects has accelerated at full speed to be prepared for such an event. Projects included railways, new ports, stadiums and a new international airport. Moving forward, direct investments of Qatar economic policy is being fixed towards domestic development and encouraging the private and foreign investments in non-energy related sectors. This situation has led Qatar to another high ranking taking the 2nd place in the net migration rate (NMR) worldwide. Figure 1 illustrates the net migration rate. (The World Factbook, 2014)

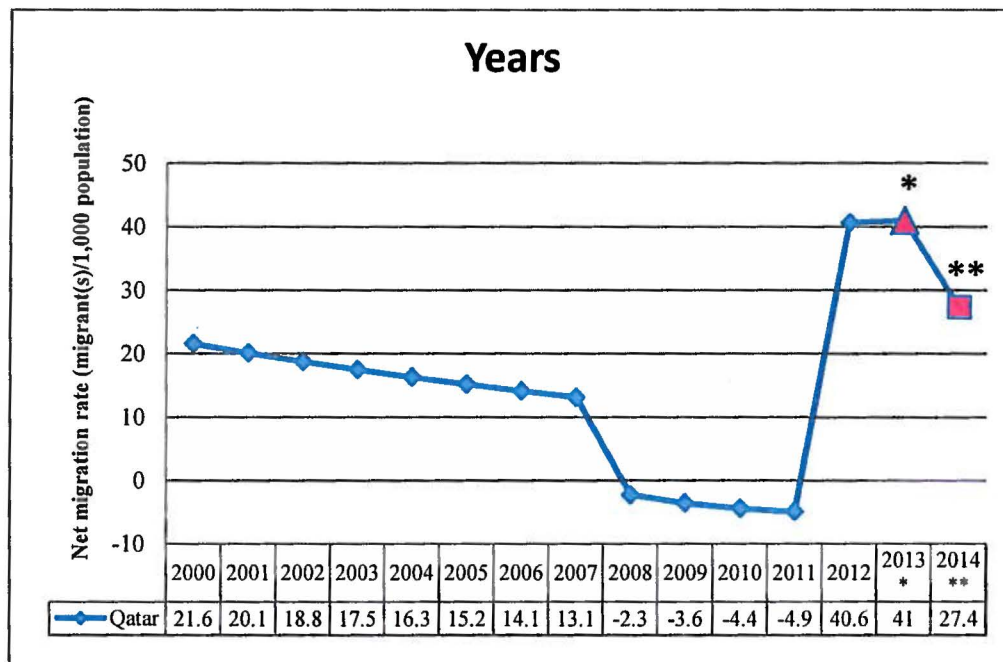


Figure1 Net migration rate (migrant(s)/1,000 population)
 * 2013 estimation. Retrieved from (Qatar Net Migration Rate, 2013)
 ** Data Retrieved from (The World Factbook, 2014)

Healthcare in Qatar

Since almost 50 years ago, when the first hospital in Qatar opened its door; the healthcare sector came a long way. Hospitals today are in pursuit for the advanced medical equipment, highly qualified staff and a network of hospitals and healthcare centers situated countrywide. In 1957, Rumaillah Hospital was the first hospital to open in the country with a 200-bed capacity. It provided general practice, ambulance service and large outpatients facilities. Soon after, the hospital was unable to fulfill the growing medical needs. In 1979, Hamad Medical Corporation (HMC) was formed, comprising of Hamad General Hospital (HGH), Rumaillah Hospital (RH) and Women Hospital (WH) with 621, 200 and 334 bed capacity, respectively. HMC provided a state-of-the-art diagnosis and treatment. Since its establishment, HMC has become Qatar's leading non-profit healthcare provider powered through its network of Primary Healthcare Centers (PHCC) and highly dispersed specialized hospitals. Alongside that, Qatar government encouraged the opening of private hospitals to offer a wide range of healthcare services to the public thus easing the burden on HMC and PHCC.

Being aware of the significant role in controlling transmittable diseases, vaccination, immunization and health education were services provided by Preventive Healthcare Services. Also as a part of its surveillance system; migrants coming to Qatar for visit or work must carry out a medical check-up upon arriving in the country and medical certificate must be issued according to specified categories (i.e. marriage, job application) and this was carried out by the Health Commission Services.

In 1969, Nursing Technical Secondary School was established and directed by a consultant of nursing affairs appointed by the World Health Organization (WHO). The school offered monetary support for its nursing students throughout its 3 year of study. All for the sole motive to self-suffice its cadres with qualified Qatari's females nurses capable of practicing family and community nursing services. Certificates issued by the School were equivalent to high diploma that was close to a Bachelor degree in nursing. (Health Care, 2014)

Import of 'best practice', is one of the main drivers in opening of Qatar Educational City (EC). A cluster approach model that aimed to "having the best in each field" and "bring the best expertise from around the world" was the motive behind the creation of the education city. (Khodr, 2011) Weill Cornell Medical Collage (WCMC) was established in 2001 as a partnership between Qatar Foundation (QF) and Cornell University in the USA. It was the first medical college in Qatar with a mission of dedication to excellence in education, patient care and research. (Overview of Weill Cornell Medical College in Qatar, 2013) Other universities in Qatar with a health related mission are University of Calgary (UCQ) and North Atlantic College (CNAQ). Opened in 2007, the University of Calgary came to replace the Nursing Technical Secondary School offering the Bachelor degree as well as Diploma and Master Degrees in nursing. The objectives of UCQ were to produce nurses that were able to work in variety of settings (i.e. hospitals, institutions and homes), make right judgments and provide the best care using knowledge, critical thinking and clinical skills, practice the influence of diversity in healthcare through raising cultural

awareness and sensitivity and many more. (Nursing Program Objectives, 2014) On the other hand, CNAQ – started in September 2002 – offered diverse programs that cover different fields and disciplines including the School for Health Sciences that provided training in many healthcare professions. Objectives sought by CNAQ were producing graduates that were highly competent and professional to serve the community with a high quality services, were able to have an effective communication with healthcare teams, aware of the significance of maintain up-to-date knowledge in the profession and more. (The School of Health Sciences Overview, 2012)

At the national level, the Department of Health Sciences in Qatar University (QU) was established in 1984 with the Biomedical Science Program. The Department is now considered the pioneer and leader in health education, clinical practice and research. (Department of Health Sciences, 2014) Currently, it comprises three programs; the only accredited Biomedical Science program by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) outside the United States, the Human Nutrition program, and the newly launched Public Health Program. (Department of Health Sciences, 2014) In June 2012, a graduate program in Biomedical Science was launched offering Advanced Clinical Practice and Laboratory Management concentrations. It is the first of its kind in the region and is designed according to the needs and competencies of the workforce due to the fast advancement in healthcare services in Qatar. (Department of Health Sciences, 2014)

All abovementioned facts illustrate the commitment of the government of Qatar towards achieving the National Health Strategy (NHS) goals, which in turn would bring the Qatar National Vision 2030 (QNV 2030) goals in the health sector to life.

Qatar National Vision 2030 (QNV2030)

“Comprehensive development is our main goal in striving for the progress and prosperity of our people.”

Hamad bin Khalifa Al-Thani

The above statement was the promoter for the formation of QNV 2030. It was driven from the fact that Qatar is enjoying prosperity and major advancement politically; propelling it into the nationhood therefore strengthens its role in the international community and economically increasing standard of living of its people. Being lavished in prosperity, announces fancied opportunities and daunting challenges leaving Qatar at crossroads, accordingly its vital for Qatar to decide on the best development route that is companionable to its leadership vision and the desire of its people. Rather than merely considered as a mean to reach outcomes, QNV 2030 defined the long-term outcomes by introducing a framework via which national strategies and implementation plans are developed. (Qatar National Vision (QNV) 2030 Document, 2013)

Confronted by five major challenges, on its quest for retaining the true values of its vision Qatar must create balance in following challenges: 1) Modernization and preservation of traditions, 2) the needs of this generation and the needs of future generations, 3) Managed growth and uncontrolled expansion, 4) The size and the quality of the expatriate labor force and the selected path of development and 5)

Economic growth, social development and environmental management. (Qatar National Vision (QNV) 2030 Document, 2013)

Pillars of Qatar National Vision 2030

Protection of public and personal freedoms, promotion of moral and religious values and traditions; and, guarantying security, stability and equal opportunities are the principles of the Permanent Constitution that had been embodied by QNV 2030 to serve its objective in constructing a society that endorses justice, benevolence and equality. (Qatar National Vision (QNV) 2030 Document, 2013) Assigned with distinctive logos, four pillars are viewed by QNV 2030 include: 1) Human Development to enable a sustainable prosperous society, 2) Social development in just and caring society that focuses on high moral standards and proficient in the global partnership development, 3) Economic Development of a competitive and diversified capability to meet the needs and secure a high standard of living now and in future; and 4) Environmental Development to manage the harmony between economic growth, social development and environmental protection. (Qatar National Vision (QNV) 2030 Document, 2013)

National Health strategy 2011-2016

As people acknowledged as valuable assets to their country, Qatar vision 2030 declared that among other outcomes under human development pillar; a healthy population equally physically and mentally is being pursued. To accomplish this outcome, an integrated healthcare systems meeting world-class standards offering services through public and private bodies that are accessible to the whole population

are to be developed under the leadership of Supreme Council of Health (SCH).
(National Development Strategy 2011-2016, 2011)

Unquestioning in the prominence of an effective healthcare system is protected in Qatar permanent constitution: *“The State shall foster public health; provide means of prevention from diseases and epidemics and their cure in accordance with the law.”*

Serving a larger vision centered by advancement in healthcare system, the quality of life is donated enormously to the health and wellness at an individual level; whereas reduction in social costs and enhancement of economic competitiveness is donated via ensuring healthy population at a society level. (National Development Strategy 2011-2016, 2011)

National Health Strategy (NHS) 2011-2016 guided by Supreme Council of Health (SCH) reveals the drive and genuine desire for reforming healthcare system in the best interest of the country. One of the health sector fundamental goals delineated by NHS projects is to recruit, retain and educate a high-quality workforce aiding in overcoming the constraints posed by a shortage of healthcare professionals. (National Development Strategy 2011-2016, 2011)

Consequences of QNV2030 on the workforce labor structure

Qatar oil and gas resources can not last forever therefore the country aims to shape its society increasing the ability of its people to deal with a knowledge-based and extremely competitive international mandate. For that reason, human development pillar focuses on establishing advanced educational and health systems together with

increasing effective participation of Qataris in labor force. (Qatar National Vision (QNV) 2030 Document, 2013)

Nonetheless the number of Qatari citizens will not suffice to manage complex systems, infrastructure and other requirements for rapidly growing, diversifying and technologically sophisticated economy that is essential in achieving its vision. Recognizing the impact on the demographic balance (Figure 2) and seeking to grasp its future ambitions, Qatar is settled in that to make up for the shortage in local labor, expatriate workers is the key. Bearing in mind the necessity of attracting and retaining the right mix of skills; Qatar should continue to assess the economic benefits of the

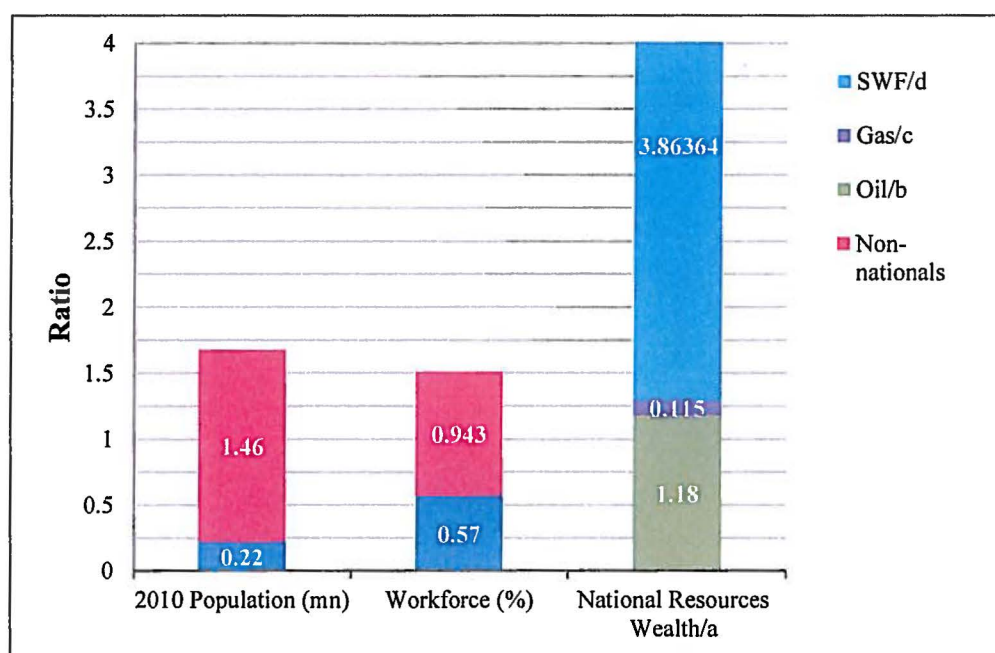


Figure 2 Demographic Imbalances & National Resource Wealth

Notes: ^a This is per national capita; ^b In millions of barrels; ^c In billion cubic meters; ^d In USD per national capita ($\times 10^5$). (Forstenlechner & et.al, 2011)

expatriate workers compared to the costs of preserving their health, education, housing and public service needs; not overlooking the dependent relative living with them and the influence of such expatriate workers on the national identity and culture.

To aid its transformation from oil & gas based- community towards knowledge-based one, Qatar aims to increase highly-skilled labor and decrease to a considerable figure the low-skilled ones simultaneously. To attain that, the government sets out some policies rising attraction towards highly-skilled labor to employers through; 1) paying the costs for the unskilled labors, embracing compulsory health insurance and setting minimum wages and 2) facilitating access to capital via reducing its costs by means of subsidies and lending programs. Such policies will benefit Qatar in realizing two outcomes; increasing the proportion of highly-skilled foreign labor from 17% to 23% and improving its global labor productivity ranking from 35th to 29th. (National Development Strategy 2011-2016, 2011)

As a result of Qatar's decision in recruiting expatriate workers which caused the rapid increase and variation in population with large influx of single male worker; together with shortages in a high-quality workforce across the sector, ineffective recruitment and retention strategies; today's health sector is unable to meet the demands for its services by the current system. There are two solutions to resolve this problem; first the encouragement of Qataris to pursue medical education and all areas of health systems will serve as a long-term outcome and second the requirement of workforce plan to comprise a forceful recruitment and retention plan to confirm that only high

quality health workforce with suitable skills serves as a short-term outcome. (National Development Strategy 2011-2016, 2011)

Chapter 2

Literature review

Multicultural & Diversity

Diversity is defined as “a notion of being different from one another because of distinct characteristics, qualities, backgrounds and beliefs”. It occurs due to the global mobility creating a national population that is diverse with people coming from different cultures, religions and spiritualities. Supported by census, UK and USA are considered the leading countries with a large number of people from diverse background that are dispersed unevenly all over their countries. (Al-Mutairi, 2012) In recognition of the growing trend in ethnic and cultural diversity; both countries’ healthcare systems have been introduced with a challenge acquiring the need to take account of religious, cultural and linguistic needs of these groups in setting up healthcare delivery. (Al-Mutairi, 2012) A similar situation exists now in Qatar where immigrant workers are coming from different backgrounds and are being employed in many sectors in the country to meet the shortage of labor, including healthcare services in Qatar.

Cultural diversity is undoubtedly a reality in most societies and likely to take place in healthcare; even though the extent may vary from one country to another. (Al-Mutairi, 2012) On that note, Qatar’s multicultural healthcare workforce is different from its population. It is mainly staffed by non-Arab healthcare professionals from different cultural and educational backgrounds recruited from all over the world as a response to the local workforce shortage in this sector. Healthcare organization management

with such diverse workforce hurdle may find boosting collaboration to have effective, efficient and high standard services to satisfy customers as a big challenge. (Al-Mutairi, 2012)

Diversity Dimensions

A critical mistake many people are oblivious of is the narrow notion of diversity definition in the dictionary where it is defined as “being different” therefore it is linked with "race" and "culture". Such approach is essentially defective because it underpins stereotypes and stimulates an "us versus them" mentality. Extending far beyond race and cultural diversity include a number of dimensions of differences where people are differentiated into primary and secondary dimensions 8. (Mazur & et.al., 2010) Ethnicity, gender, sexual orientation, race, age and physical or mental abilities and characteristics are recognized to exert primary influences on the identity of a society, thus shaping the basic self-image plus the basic world view. Furthermore, the characteristics that have the most impact on groups in workplace and society are known as the primary dimensions of diversity. On the other hand, geographic location, family status, educational background, native language, religion, work experience, work style, organizational role and level, military experience, income and communication style are the secondary dimensions of diversity. (Mazur & et.al., 2010) They are less visible and known to exert a more variable influence on personal identity and add a more subtle richness to the primary dimensions of diversity hence impacting self-esteem and self-definition. Not acknowledged until recently are the tertiary dimensions. They are placed deeper below the surface and are often the core of

individual identity. They are the infinite range of qualities that lie underneath the surface providing the real core of diversity to be chosen from. Table 1 summarizes the diversity dimensions. (Mazur & et.al., 2010)

Intertwining between the many different diversity dimensions may yield distinctive fusions of human profiles resulting of both similarities and differences. Also, interactions between these dimensions may affect one another and arise or shown in a different way in a different context, circumstances and environment making analysis and management complex. In the primary dimensions for example, race and/or age may be more dominant in a social situation while less dominant than education dominant than education in a work context. (Mazur & et.al., 2010)

Table 1 Dimensions of Diversity		
Primary Dimensions	Secondary Dimensions	Tertiary Dimensions
<ul style="list-style-type: none"> ▪ Race ▪ Ethnicity ▪ Gender ▪ Age ▪ Disability 	<ul style="list-style-type: none"> ▪ Religion ▪ Culture ▪ Sexual Orientation ▪ Thinking style ▪ Geographic origin ▪ Family status ▪ Life style ▪ Economic status ▪ Political orientation ▪ Work experience ▪ Language ▪ Nationality 	<ul style="list-style-type: none"> ▪ Beliefs ▪ Assumptions ▪ Perceptions ▪ Attitude ▪ Feelings ▪ Value ▪ Group norms

(Mazur & et.al., 2010)

A recent study illustrated the situational and individual variables differences in affecting the decision makers' reaction to candidates exhibiting various diversity types

through using race and disability as an example (Shore & et.al., 2009) . Another study found that in old-typed industries, younger men receive more promotion opposed to women who receive promotions in a young-typed industries (Shore & et.al., 2009) Moreover, the secondary dimensions are more flexible and several can change over time. As a result, the dominance and position of each dimension being dynamic joined with flexibility and ability to change over time makes it difficult to grasp and manage the diversity concept. (Mazur & et.al., 2010)

Diversity and Inclusion

As previously defined, diversity is the state of “being different”, some of these differences are born with which some are unchangeable thus creating uniqueness. On the other hand, harnessing and bringing together these diverse resources and forces in a beneficial approach defines inclusion. To be successful, organizations headed for building business value must implement both diversity and inclusion for the reason that in order for constructing an environment of respect, connection, involvement, backgrounds and perspectives, inclusion are harnessed to put diversity concept and practice into action. (T. Hudson Jordan, 2011)

Not realizing the diverse and inclusive workforce full potential, organizations that might still be number (quantity) focused and lack the complete understanding of business necessity will continue to struggle. Even though diversity is increasingly respected as a fundamental characteristic in an organization, yet neither acceptance nor appreciation is associated to inclusive workplaces harboring unique and valued diverse people. By engaging people from diverse backgrounds and perspectives

through participation and decision making would enhance organization's performance, which is achieved by inclusion implementation. (T. Hudson Jordan, 2011)

Diversity benefits

The promotion of positive organizational — where the organizations build an environment that is amenable to diversity— change had significant impacts through its facilitation of both individual and organizational performance achieved through leveraging diversity. Organizations with workforce diversity fostering their employee's positive human potential are debated to be presented with opportunities and beneficial effects, such as increased creativity, productivity, and quality as indicated in organizational diversity literatures. (Stevens & et.al., 2008)

In conjunction, Siciliano (1996) provides an interesting new dimension on the benefits of multicultural diversity specifically relevant to non-for-profit organizations, where organizational performance is measured in terms of social performance (i.e. the signaled commitment to promote social interactions and collectivistic development). (Schumacher, 2010)

A "valuing diversity" approach had been advocated by leading consultants, academics and business leaders for organizations to respond towards trends accompanied by workforce demographic changes with the argue that potential competitive advantages are anticipated for organizations that well-manage, diverse workforce. (Cox & Blake, 1991)The long-term financial and operational success of an organization is indicated by the organizational performance direct relationship to team and later to individual performance. Selected tangible effects of diversity about performance dimension that

consider individual and group-based factors in areas of cognitive-creative abilities, financial achievements and interpersonal work behaviors displaying organizational performance were measured. That in mind, return on equity, creativity, innovation, group-decision making and cohesions were selected as indicators to conclude the impact of the cultural-diverse workforce. (Schumacher, 2010)

Effects on financial performance

Organizations promoting equity and accommodation score – flexible work schedules (i.e. mothers) – provided a competitive advantage that influenced the organizational performance displayed as cost saving and resource acquisition. Decreased turnover and absenteeism are illustrated by studies due to higher employee's job satisfaction indicating that the organization had created an environment for employees to prosper. In regards to resource acquisition issue, studies showed that organizations in favor for attracting and retaining high-skilled employees disregarding their different demographic thus building a reputation for managing diversity were the destination sought by such employees. (Cox & Blake, 1991)

Effects on creativity and innovation and competitive advantage

It is known that for a successful innovation; creativity is a necessary precondition. The combination of diversity, individual's strengths/weakness and work relationships set up upon sensitivity and trust showed boosted creativity and problem-solving capabilities. The Diverse work units or teams within an organization embracing diversity management were found to have capability to acquire up-to-date information channeled thru their board networks of contact enabling informed decisions. Another

argument is that diversity promotes creativity and problem-solving capability suggested as a result of groups that were found to have lower levels of risk aversion and better decision-making hence raising a more strong critical evaluation of the first solution to receive substantial support. (Bassett-Jones, 2005)

Effects on group cohesion and performance

Diversity groups are made vulnerable to cohesiveness “group think”. Studies show that heterogeneous (diverse) groups experience more conflicts compared to homogenous groups therefore conflicts are perceived to damage cohesiveness. However, because the diversity of standpoint generates more options and greater critical evaluation, it can lead to better creative problem-solving and decision-making, when it is efficiently channeled. (Bassett-Jones, 2005) Quoting the last two sentences of Sheppard statement in respects to decision quality; “*If all members are alike, they may have a little to talk about, they may compete with each other, or they may all commit the same mistake. Variety is the spice in a group, as long as there is a basic core of similarity*”. (Cox & Blake, 1991) The core is similar to “core value” and is interpreted as all members sharing common values or norms to promote coherent actions on organizational goals. So, balance between the needs for diversity to promote decision-making and problems solving with organizational coherence and unity of action must be achieved to overcome group conflicts that later affect group cohesiveness. (Cox & Blake, 1991)

Challenges imposed by diversity

Due to the complexity and uncertainty presented by the various diversity dimensions hosted with the diverse workforce, organizations are faced with additional challenges to the organizational cohesion and relationship building that is critical to the organization performance and effectiveness. (Ewoh, 2013). These challenges can either be attitudes or communication barriers as described in the below sections.

Attitudes towards people from different cultural backgrounds

Negative attitudes caused by multicultural differences in terms of race, color and religious affiliation and their magnitude are important to be discovered in a multicultural environment. Negative attitudes practiced among healthcare providers from different backgrounds as indicated by various studies are resulting from racism, discrimination, prejudice, a lack of being involved as a team member and being undervalued by other colleagues in the work environment. Consequently, such behaviors resulted in psychological problems and physical health problems initiating the risk of poor health. Ethnic minorities possessing higher qualifications were more borne to racial harassment as indicated in healthcare services study in the UK. (Al-Mutairi, 2012) Furthermore, another study found that similarly or better trained compared to their colleagues, still worker's expertise, credentials and knowledge hasn't contributed to being accepted in the work place and what's more some are even deprived their right for promotion. (Al-Mutairi, 2012) If the abovementioned behaviors are not resolved by management, employees will assume that managers are biased in favor for people from the same racial or cultural group as themselves. (Aries,

2004) Building such an assumption against management, employees are expected to be burdened by their jobs, become careless on performing a good job plus disregard the idea of working hard, incline to feel less loyal to employer, are less satisfied with their jobs and plan sooner leave from the current employer more readily. (Richardson, 2005)

Language and communication barriers

Communication purposes are to receive, understand and accept information and to obtain a response (Emuze & James, 2013). Communication is defined as an essential variable that explain increased group performance indicated by studies that found a negative relationship between communication and performance hence, supporting the reasoning of communication as a source of conflict. (Roberge & et.al., 2010) The basic form of communication is language and it acts as a primary vehicle for exchanging ideas. Differences in languages can be communicated in sentence structure, tense and word meaning. Also, language difference may cause individual alienation, non-acceptance of certain employees, stereotyping. (Richardson, 2005) As an example of stereotyping, African American workers were alleged to be lazy and that they do not follow up on assignments or read instructions. (Aries, 2004) Similarly, employees from underdeveloped countries with above average intelligence that are incapable to communicate in fluent English are often believed to be “stupid” by their Anglo co-workers. When such negative stereotypes continue in the workplace, it can end employee unity, prominently lessen productivity, and eventually terminate organizations sustainability. (Richardson, 2005)

Diversity management best practices strategies

Diversity management refers to the systematic and planned organization commitment to recruit and retain employees with diverse backgrounds and abilities and is a known Human Resource Management (HRM)¹⁰ activity found in the training and development domains of organizations. Aggregated effects of HRM sub-systems, including recruitment, reward, performance appraisal, employee development and individual managerial behaviors in delivering competitive advantage through leadership and team work assembled to form the definition of diversity management. (Bassett-Jones, 2005)

Organizations may initiate diversity because it is enforced by the laws and regulations and not as Paul Freeman argues, "*in the end it is not habits of compliance we seek to change, its habits of the heart.*" (Makower, 1995) Still, organizations must enforce the change in the organization's policies and procedures that define how people operate because they cannot rely solely on change of hearts and minds of its employee. These challenges require the partnership of a distinctively qualified and strategically Human Resource (HR) manager with all levels of management within the organization. (Kreitz, 2008)

Aronson (2002)¹¹ provides an overview of business perspective and wealth of best practices. They present more exhaustive, detailed advice and models of tactics, practices, and policies that are balanced by the non-profit U.S. Government Accountability Office's (US GAO) report. (2005)¹² Examples of high-level focus on

diversity principles offer best practices guidance for implementing diversity management. (Kreitz, 2008)

Each of the GAO's nine leading best practices are depicted in Table 2

Table 2 U.S. Government Accountability Office's (US GAO) Nine Leading Diversity Management Best Practices	
<p><u>1. Top leadership commitment</u>— a vision of diversity demonstrated and communicated throughout an organization by top-level management.</p> <p><u>2. Diversity as part of an organization's strategic plan</u>—a diversity strategy and plan that are developed and aligned with the organization's strategic plan.</p> <p><u>3. Diversity linked to performance</u>—the understanding that a more diverse and inclusive work environment can yield greater productivity and help improve individual and organizational performance.</p> <p><u>4. Measurement</u>—a set of quantitative and qualitative measures of the impact of various aspects of an overall diversity program.</p>	<p><u>5. Accountability</u>—the means to ensure that leaders are responsible for diversity by compensation to the progress of diversity initiatives.</p> <p><u>6. Succession planning</u>—an ongoing, strategic process for identifying a diverse talent pool and developing them into an organization's potential future leaders.</p> <p><u>7. Recruitment</u>—the process of attracting a supply of qualified, diverse applicants for employment.</p> <p><u>8. Employee involvement</u>—employee's contributions in driving diversity throughout an organization.</p> <p><u>9. Diversity training</u>—organizational efforts to inform and educate management and staff about diversity's benefits to the organization.</p>

(Kreitz, 2008)

Aronson's begun with the same first practice as proposed by GAO's but goes further in calling for "concrete actions". By defining diversity as inclusiveness, Aronson's second best practice asserts on bringing people on board. Despite being noted in the experts writings emphasizing importance of employee involvement in building workplace diversity yet it was missing in GAO's list. Diversity audit that assesses the organization current position was set as Aronson's third best practice which was implied by several GAO's practices. Mirroring GAO's second practice with more details, Aronson's fourth practice is organizational development of strategic plan encouraging diversity illustrated with six critical elements: organization's diversity advantages identification through compelling analysis, recommending involvement of employees in the diversity effort, diversity initiative institutionalization through an office or individual at the executive level responsible for the strategic plan, gaps found with diversity audits and business goals should be redefined clearly, tracking goals achievement process with a diversity metrics and ending with an accountability metrics holding managers responsible for meeting diversity goals. (Kreitz, 2008)

Aronson's detailed descriptions concerning many policies, processes, and tactics use to incorporate diversity into the organization; are shortly followed after the discussion of his four best practices. Also, Aronson further categorize best practices into five areas: recruitment and hiring, promotion and career advancement, alternative dispute resolution, management accountability, and human factors. In addition, numerous successful implementation tactics, for examples supporting its corresponding best practices were illustrated by Aronson. (Kreitz, 2008)

Mixing broad diversity implementation actions (i.e. diversity manager appointment or systemic organizational task forces focusing on changes) with narrower actions (i.e. training or mentoring programs for employee aiming to provoke individual changes) were recommended best practices by both Aronson and the GAO. (Kreitz, 2008)

Best practices with the most effect on diversity were identified by Kalev, Dobbin, and Kelly (2006)¹³ correcting workplace inequality by establishing three popular mechanisms based on organizational change theory: 1) Achieving new goals by creating specialized positions, 2) Eliminating managerial bias and its offspring – inequality – by training and feedback usage and 3) Improving the career prospects for women and minorities by developing programs that target the isolation of those segment. (Kreitz, 2008)

A thorough analysis of Kalev et al. confirmed both Aronson's and the GAO's studies demonstrating the significance of top-level management commitment to sustained organizational changes as a beginning best practice begin that create the potential for more effective individual changes. (Kreitz, 2008)

Hamad Medical Corporation (HMC)

Currently operated with a mixture of more than 60 different nationalities, Hamad Medical Corporation (HMC) was established by Emiri decree in 1979. It is the premier non-profit public healthcare provider in the state of Qatar and it reports to the Supreme Council of Health (SCH). Previously managed by overseas medical institutions, HMC has rapidly developed medical facilities capable of providing state-

of-the-art diagnosis and treatment of diseases ever since its establishment. In addition to three general hospitals (Al-Khor Hospital, Al-Wakra Hospital And The Cuban Hospital), HMC also manages five specialist hospitals (Hamad General Hospital, Rumilah Hospital, Women's Hospital, the National Center for Cancer Care and Research and Heart Hospital). All hospitals accept patients with the most prevalent conditions, including cancer, heart conditions, rehabilitation, and providing specialist treatment for women and children. (Hamad Medical Corporation, 2014)

Being actively committed to contributing to and enabling the sustainable development of Qatar and its people in alignment with the QNV 2030, HMC continuously upgrading its facilities and services by pursuing the areas of need in the growing community with more medical centers and services to open in the near future. (Hamad Medical Corporation, 2014)

Also, accreditation of all HMC facilities by the Joint Commission International (JCI), based on quality and safety across all clinical and management functions, making the organization the first and only hospital corporation in the world and outside US to achieve such an accreditation for all its public hospitals. Furthermore, amongst the Middle East; HMC is first hospital system to achieve the institutional accreditation from Accreditation Council of Graduate Medical Education - International (ACGME-I) demonstrating excellence in the way medical graduates are trained through residency, internship and fellowship programs –. (Hamad Medical Corporation, 2014)

Working collaboratively with eight partners in The Academic Health System (AHS), a first within the Middle East & North Africa (MENA) region, in Qatar that includes

HMC, Sidra, WCMC-Q, Qatar Biomedical Research Institute, College of the North Atlantic-Qatar, the Primary Health Care Corporation, Qatar University and University of Calgary for the purpose of focusing on improving patient care and delivering innovative healthcare solutions. Thus, AHS could create a dynamic nationwide network integrating research, education and clinical care. (Hamad Medical Corporation, 2014)

Department of Laboratory Medicine and Pathology (DLMP)

With 70% of activity supporting clinicians in HMC, the DLMP is the referral laboratory for the State of Qatar. It provides services to all governmental or private laboratories. The diagnostic testing ranges from automated rapid response testing to evolving genetic assays. In addition, DLMP is also responsible for Qatar's blood supply and for its mortuary service. The staff works in close partnership with nursing personnel for point of care testing and also supports HMC screening programs. (Laboratory of Medicine and Pathology, 2014) The DLMP consists of many clinical diagnostic laboratories allocated according to their specialties into different hospitals and is run by qualified medical technologists (clinical scientists) from different multicultural backgrounds mainly of non-Arab origins. A number of DLMP laboratories provide 24/7 services (1 shift/8hrs) that are available to perform STAT tests for inpatients and emergency. Each laboratory has a head of section, a supervisor, senior technologists, technologists and technicians and each laboratory head section must report to a laboratory manager who in turn report to either the vice head of DLMP or directly to the DLMP head. Each laboratory is equipped with the latest

diagnostic testing instruments and follows the latest developed clinical procedures consequently producing results with high reliability and accuracy. Recently, DLMP passed the College of American Pathologists (CAP) inspection in April 2014.

CAP is known as a leading organization in laboratory medicine accreditation that provide services by fostering and advocating excellence in pathology and laboratory medicine practice worldwide directed by a board-certified pathologists. By this accreditation, HMC fulfilled the NHS 2011-2016 goal in laboratories integration and standardization that will help eliminate duplications or gaps in service

Recruitment and retention policies

Acknowledged as an essential part of a team that facilitates the delivery of the country's healthcare service, HMC is interested – more than ever before – in recruiting qualified allied healthcare professionals who have scientific knowledge and technical skills in the prevention, diagnosis and treatment of illnesses. (Hamad Medical Corporation, 2014)

As any other human resource department activity, the recruitment process is a very critical step through which opportunities to attract highly-skilled staff and to align their skills towards achieving the organization's goals and it is often presented to public (i.e. websites). Any recruitment process consists of number of steps: vacancy identification, position description, recruitment plan development, search committee selection, position recruitment posting, review applications, conduct interviews, select a hire and recruitment finalization. Each step is presented with very detailed description to be cost effective and time effective creating a streamline to search for

the most efficient applicants from the applicant pool and include minorities and women. (Recruitment and Selection Hiring Process, 2013)

HMC recruitment and retention policies are kept as high profile. Access to retention policy was considered as highly confidential and thus was not permitted. However, the DLMP recruitment policy can only be viewed by the HMC intranet to some degree and with the permission given by the laboratory manager 14. (Recruitment Policy, 2012)

As this project concentrates on the multicultural diversity management, and as the recruitment was one of many of best practices proposed by Aronson's and GAO's, the emphasis on recruitment process will not be exhaustive. The recruitment policy process begins by pointing out that the concerned department should send a filled recruitment form to HMC HR manpower attaching the manpower budget conformation and position job description (JD) which will send the vacancy application once approved to the budget and compensation (C&B) department in HMC to offer a compensation advice on starting salary and allowances. Then the application is sent to the recruitment department (RD) that will screen pre-applied Curriculum vitae (CVs) against the JD and the best CV is sent back to the department with an application qualification checklist to be filled by the department requested for the vacancy. If the CV is dismissed as not suitable, the department either rejects CV or hold for future CVs. If the CV is found suitable, then the department will fill a request for job offer. The RD sends offer letter to the applicant and a copy of the conditional contract simultaneously informs the department and housing as appropriate. If the

applicant responds to the offer as “yes”, relevant papers are sent (i.e. qualification, passport etc.) to the RD however, if the offer is rejected by the applicant both the department and manpower will be informed to unblock the post by the RD. (Recruitment Policy, 2012)

Among other sub-process included in the recruitment policy include; interviews that the department conducts after CV approval and is known to be the most critical stage in the recruitment process. Since it is prone to mistakes, an initial interview guidelines and general credentialing instructions are also offered by the policy to minimize the delay and prompt process. Still no dedicated allied health professional’s (AHPS) recruitment policy exists to verify credentials for AHPS (HR 3011) to ensure that all AHPS with direct and indirect patient care are credentialed and qualified to provide quality care to the people of Qatar. (Recruitment Policy, 2012)

On a final note, aligning to the QNV2030, HMC established a sound training and development activities that aim to improve Qatari nationals and to attract the locals to consider a career in health care. (Hamad Medical Corporation, 2014)

Chapter 3

Aims and Findings

Aims of the Study

- 1- Obtain number and nationalities of laboratory personnel in DLMP.
- 2- Investigate HMC-HR practices in implementing best recruitment approaches of AHPS recruiting programs and making recommendations regarding diversity issues.
- 3- Explore the influence of diversity management in the retention of the DLMP-HMC AHPS multicultural workforce.

Findings

A total of 420 allied health professionals work in DLMP. They come from 28 different nationalities mainly from the Philippines with 28% (n=118) followed by Indians and Qatari, 15% (n=65) and 14% (n=58), respectively. Sudanese and Palestinians are represented equally with 9% (n=36), then Jordanians 6% (n=26) and Yemenis 5% (n=19). A 2% were Iranians (n=10), and Egyptians and Pakistanis (n=8) with a slight difference in actual number. The remaining come from other countries. (Tyler, Breakdown of DLMP- HMC AHPS by Nationayity, 2014) Figures 3 & 4 show the different nationalities presentation in ratio and in number of employees. HMC HR does not have a dedicated recruitment policy for the allied health professionals whereas it has one dedicated to the nursing profession presented in a very efficient and systematized way. (Recruitment Policy, 2012) Furthermore, HMC HR does not have a diversity committee that regulates, reviews DLMP-HMC diversity status or assists in

enhancing methods for diversity, and recommends on how the organization can better meet the needs of its diverse workforce.

Lastly, from 2011 to 2013, the DLMP-HMC had a total of 85 AHPS turnovers (approx.30/year) and as follow: 24 Indians, 23 Qataris, 7 Philippines and 31 other nationalities. This data was retrieved from information of the written exit questionnaire – or verbal exit interview by HR – that the employees must complete after a written resignation submission. (Tyler, DLMP-HMC AHPS Turnover, 2014)

Figure 5 indicates the turnover incidences among the employees of the clinical laboratory.

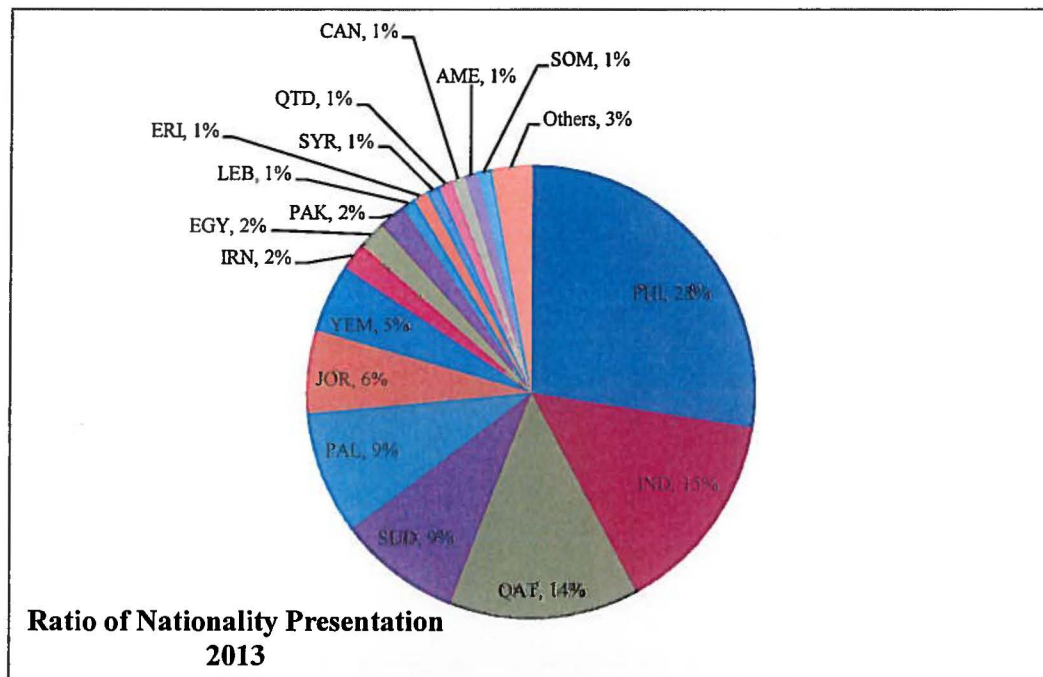


Figure 3: Ratio of nationality presentation of AHPS in all HMC clinical Laboratories.
(Source: Data provided by Mr. Philip Tyler, DLMP-HMC Laboratory Administrator)

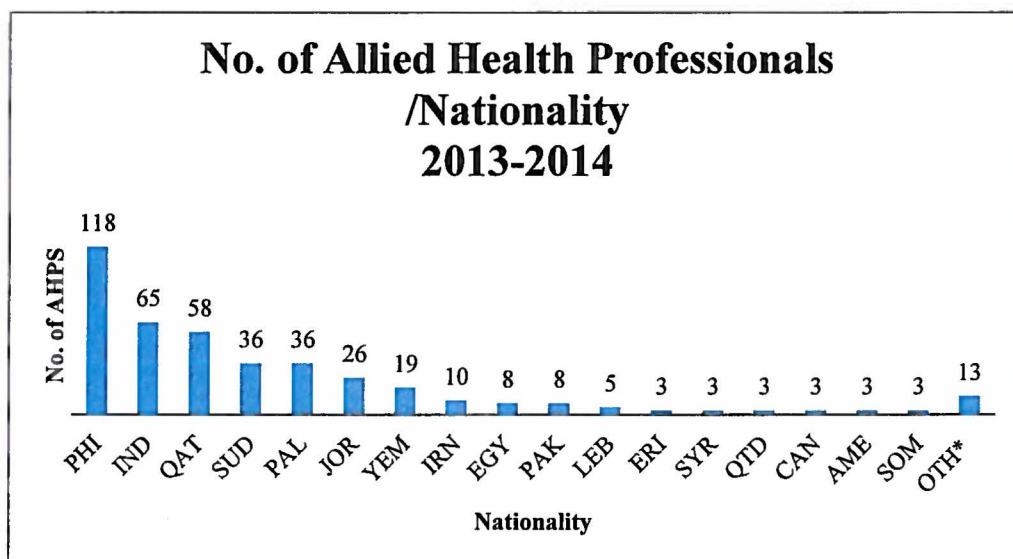


Figure 4: No. of AHPS in respect to Nationality
 (Source: Data provided by Mr. Philip Tyler, DLMP-HMC Laboratory Administrator)
 *OTH= Others.

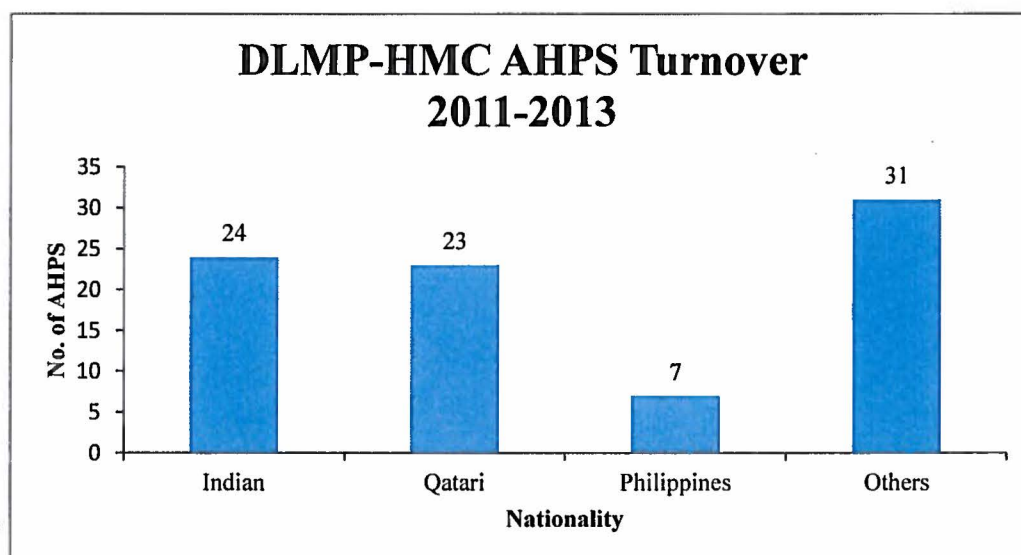


Figure 6: No. of DLMP-HMC AHPS Turnover
 (Source: Data provided by Mr. Philip Tyler, DLMP-HMC Laboratory Administrator)

Chapter 4

Discussion and Conclusion

Discussion

Although Qatar is an affluent country with ongoing financial prosperity, yet it remains dependent on foreign AHPS as a result of shortage in the national's workforce. Global shortage in AHPS is the reason for the recent increase in the immigration from low and medium income countries to high income countries. (Mitchell, 2009) As Qatar is moving forward in the implementation of the National Health Strategy 2011-2016 to fulfill its QNV2030 goals, the healthcare leadership in the country should understand the importance of recruiting and retaining issues to overcome the shortage in national workforce. In this study, the workforce at the DLMP at HMC was used as example for AHPS recruitment and diversity management. The data from this study indicated the large diversity among laboratory personnel where they come from 28 different nationalities.

As if the dilemma by shortage in APHS is not enough, the competitive advantage in respect to recruiting and retention of qualified APH is threatened by competitor's offering higher salaries, accommodations and other benefits (i.e. traveling tickets, transportation, etc.) that cause the loss of these qualified and trained AHPS. (Mitchell, 2009) For that reason, in the USNW report related to the recruitment programs; the pathologists and clinical laboratory managers encouraged to use powerful recruitment approaches – use of Web and social media – as suggested by Peggy McKee ¹⁵ in a conference – November 16, 2010 – that was moderated by the Dark Daily Report ¹⁶.

(McKee, 2010) In her reasoning, McKee acclaims that AHPS are referring to the social network sites for career information and attention-grabbing new employment opportunities giving the laboratory that recognize the significance and implementing of such tools will be blessed with a competitive advantage that is shown in the improvement of laboratory ability to attract, recruit, hire and retain qualified AHPS. (McKee, 2010)

The unavoidable necessity for the recruitment of AHPS from multicultural diverse background as a method to overcome the shortage in this profession implies that HMC-HR must invest in and develop recruitment and retention policies dedicated for AHPS containing the best approaches for attracting, recruiting, hiring and retaining qualified AHPS. Taking such an approach, HMC will reveal commitment to providing the best high quality health services to Qatar's society as documented as an outcome in QNV2030 2nd pillar.

The promotion of positive organizational change amenable to diversity has significant impacts through its facilitation of both individual and organizational performance achieved thru leveraging diversity and reinforced by inclusion that harness and bring together these diverse resources and forces in a beneficial approach that improve organizations overall performance. (Stevens & et.al., 2008) (T. Hudson Jordan, 2011) To achieve such benefits, many diversity management best practices must be taken into consideration such as leadership commitment, diversity strategic plan implementation, identification of performances linked to diversity, measurement of the

diversity effect, succession planning, recruitment, employee involvement and diversity training. (Kreitz, 2008)

As Indicated by data obtained from DLMP-HMC, with a diverse AHPS workforce operating in its all clinical laboratories, HMC is actively committed to contributing to and enabling the sustainable development of Qatar and its people in alignment with QNV2030. This is reflected by the continuous upgrading in facilities and the ambitious expansion program by pursuing best healthcare practices in the areas of need in our growing community. To accomplish this outcome and in order for HMC to gain the benefits delivered by practicing a good diversity management; HMC-HR should form a diversity committee to advise the corporation and make recommendations regarding the recruitment and retention policies, performance enhancements, and events designed to foster respect for all people.

Regardless of background, each healthcare professional perceives the organization from a sole vantage point influenced by group belongingness and assesses the degree to which each experiences equity and opportunity in the workplace. This evaluation affects the emotional labor and organizational commitment that the person is willing to contribute as well as that person's intent to stay with the organization. (Myers & et.al., 2007) So, in the presence of well-managed diverse workplace – equity in respect to compensation, workload, flexible schedule and access to professional development programs and incentives – the greatest benefits in areas of talent acquisition and retention, creativity, critical thinking, and sound decision-making will be obtained.

On the other hand, absence of well-managed diverse workplace – family responsibilities, high stress levels, work overload, lack of professional development, lack of incentives and work overload – fosters negative attitudes caused by multicultural differences were such behaviors resulting in psychological problems and physical health problems initiating the risk of poor health. (Al-Mutairi, 2012)

In DLMP-HMC, the turnover within the last 3 years totaled 85 employees for an average of 30 employees per year. The cause for leaving was reported to be new better paid opportunity within Qatar for Qatari staff and international opportunity for non-Qatari. For the latter, there was a trend in high-skill areas for staff to move to US or Canada for considerably better pay. Other reason was family related among women with children or parent related caring issues.

The turnover data seem to be significant in a work environment operated by 420 spread throughout all HMC clinical laboratories. One of the reasons could be attributed to the global workforce shortage and the absence of a diversity management mechanism in the recruitment and retention practices at HMC.

Conclusion

The purpose of this paper was to examine the influence of global shortage in allied health professional in respect to medical technologists (MT) and clinical laboratory scientists (CLS) in creating multicultural diverse workforce in which in turn will influence the recruitment and retention policies. To achieve this purpose, many published articles that conducted an investigation on the multicultural diversity in

workforce and its influence on the organizations performance were researched and the information compiled in the literature review section. Information on the HMC-HR recruitment policy and data on DLMP-HMC AHPS in respect to nationality and turnover were obtained and compared to the findings concluded from the previous researches.

Data findings from DLMP-HMC AHPS showed a multicultural workforce coming from 28 different nationalities operating in all its clinical laboratories hence supporting the unavoidable necessity for the recruitment as a result of the shortage and in order to meet HMC demand for its services. Indicated as one of the best practices that were suggested by researchers, the HMC-HR recruitment policy was investigated and limited information was obtained due to confidentiality disclosed the absence of a dedicated recruitment policy for AHPS. With the recognized influence of the diversity on the organization's performance yet HMC-HR doesn't include a diversity office/committee that will advise the corporation and make recommendations regarding the recruitment and retention policies to ensure the delivery of the diversity. Also, data regarding the DLMP-HMC AHPS turnover showed an 85 AHPS turnover within 3 years (2011-2013). The reason for the turnover was due to: availability of new better paid opportunity within Qatar for Qatari staff and international opportunity, for non-Qatari (for the latter there is a trend in high-skill areas for staff to move to US or Canada for considerably better pay) and family reason – often for women with child or parent related caring issues as justified by employees.

Chapter 5

Recommendations

Recommendations were based on the findings of this project in terms of multicultural diversity management and overcoming the issues and problems posed by cultural clashes and conflicts between DLMP-HMC AHPS in specific and HMC different departments in general. Recommendations provided were introduced using findings from Nonprofit Employment Trends Survey conducted annually with the participation of 588 non-profit organizations nationwide. (Smith, 2013)

In this study, it is found that HMC-HR does not have a dedicated AHPS recruitment policy and diversity committee. The need of an expatriate workforce is a must to achieve the country's vision in 2030, it is therefore important to have both recruitment and hiring practices and diversity committee to ensure the selection of diverse talent. Although valued by organizations and sought at time of recruitment and hiring, no formal workforce diversity and inclusion strategy is followed by majority of non-profit organizations. (Smith, 2013)

Although the benefits gained from managing diversity is sought by many organizations to achieve effective performance and sustainability yet, it is difficult for them to change overnight because leveraging the organization need's with the workforce best practices is not easy. Therefore, a recommendation can be made for HMC-HR to implement a diversity management strategy using the best practices – GAO & Aronson – introduced in this study at **2 stages** to create the foundation

cornerstone that ensures later on their preparedness for the forthcoming influx of expatriates.

The **1st Stage** should focus on establishing the top leadership commitment, diversity committee, dedicated AHPS recruitment & retention policies while the **2nd stage** focus on diversity linked performance, measurement of implementation, accountability, succession plan and diversity training.

First Stage

An essential condition for a successful diversity and inclusion programs and for the majority of HR intervention is top leadership commitment. A statement of valuing diversity and inclusion that reflect “respect for individual” should be announced and practiced. (The Impact of Senior Leadership Commitment on Diversity and Inclusion, 2008) The diversity committee role is to promote and maintain a diverse and inclusive work environment for all employees to achieve desired outcomes through planning of diversity training, inequity research and recruitment and retention of diverse workforce. It is made up of executive leaders, physician, nurses, allied health professionals and support staff that are ethically and nationally diverse. (The Impact of Senior Leadership Commitment on Diversity and Inclusion, 2008) The main goal of recruitment is selecting the right employees; committed, motivated and qualified with the right technical skill and desired experience for the right position to fit the job description. All for the ultimate goal of achieving the organization’s objectives. Any mistake in this step would cause a financial burden on the organization and erodes the employee’s morale. (Diversity at Work, 2013) A major challenge that organizations

are still struggling to overcome is a formal retention strategy that has been reported to exist in a minority of non-profit organizations. While some those organizations indicated that it is uncommon for non-profit organizations to have a formal retention strategy others mentioned informal retention strategies such as social events, employee wellness program, staff development opportunities and flexible scheduling that help in employees retention. Inability to pay competitively was illustrated as the greatest retention challenge followed by inability to promote top performing staff and excessive workloads due to staff shortage, respectively. (Smith, 2013) So, it is important for HMC-HR to consider these issues and to come up with alternatives in case that not all are applicable. Moreover, it was observed that majority of non-profit organization tends to invest heavily on the leadership development initiatives compared to entry or mid-level talent thus contribute to staff turnover. (Smith, 2013)

Second Stage

As mentioned earlier, many organizations claim the positive influence of practicing workforce diversity in their organization's performance. The concern is on how can diversity positive influence on the organizations performance be proved? Are there any methods that help in measuring the effects of implementing diversity strategy on organizations performance? The answer introduced by Voelker et.al. (2001) in a research was the use of Balanced Score Card system (BSC) used originally in business sector in healthcare sector. (Voelker & et.al., 2001)

Different organizations depend on different performance measurement but what makes BSC performance measurement system unique is that it converts the organization's

vision and strategy into a set of comprehensive performance measures – i.e. employee training and development, promotion opportunities and turnover rate – creating the basis of strategic measurements and management. (Voelker & et.al., 2001) The BSC system is applicable to both for and not-for profit organizations where it balances between financial, operating and other measures. Also, the BSC system provides a strong and clear measurement and assessment for today's increasing powerful intangible assets – i.e. talented staff needed to run the tangible assets i.e. technology – that represent a challenge to public and non-profit sectors. (Niven, 2011) It is a system that can be customized and for it to be successful a number of steps are important to be looked at before implementation, 1) the organization should first specify what it is to be measured to be time and effort effective, 2) the need for senior management support and commitment since it involves change initiative and 3) the communication with the staff on why the BSC performance measurement is used to avoid misunderstandings – i.e. a tool for generating layoffs – and build trust. (Niven, 2011) HMC-HR can use this performance measurement system to assess the diversity strategy because it serves as a tool of strategy implementation (Voelker et.al.2001) and hence, a powerful foundation and a steady start point that will drive HMC towards achieving its objectives. The score cards reports from different HMC departments can be submitted to the diversity committee that will assess the influence of the diversity management strategy on performance.

Accountability is a mean to ensure that organizations leaders are committed and responsible to the diversity initiatives by compensating its implementation and

progress. (Kreitz, 2008) Also, not only the success of these initiatives are the responsibility of the leaders but it applies to everyone – from boards of directors down to the employee – and when lacking leads to initiatives failure. (Metzler, 2003)

Succession planning is an ongoing, strategic process for identifying a diverse talent pool and developing them into an organization's potential future leaders. (Kreitz, 2008) It is important to formally develop and implement a succession plan in the organization's, especially in those for non-profit because lacking of such plan impose danger on their sustainability. A non-profit organization implementing a succession plan will face a smooth and effective leadership transition. Moreover, it leads to peace of mind to the organization's boards and staff, helps in talent development and serves as an effective retention tool. (Smith, 2013)

Diversity training as mentioned earlier is one role of the diversity committee and is a mean to reduce prejudice and to intervene in social inclusion. Despite the fact that federal equal opportunity law does not force diversity training yet, many American employers used it due to the positive impact on workplace. (Paluck, 2006) Also, diversity training is one of many diversity initiatives and includes many activities that are employed in accordance to the organizations goals and objectives. Diversity training is guided by a conceptual framework that answers “why, what and how” in order to help identify range of underling issues and consider such issues when planning and implementing diversity training. (Ferdman & et.al., 1996) Table 3 represents the conceptual framework used in the diversity training in details.

In short, "The goal of diversity training programs is to increase awareness of racial, ethnic, and cultural differences and help [people] to value these differences". (Paluck, 2006)

Table 3 Diversity Training: The Why, What and How		
Questions	Training Issues	Examples
Why	Motivations identification	<ul style="list-style-type: none"> ▪ Morale importance ▪ Legal and social pressure ▪ Business success and competitiveness
What	Design <ul style="list-style-type: none"> ▪ Orientation ▪ Level of Change ▪ Objectives/Targets ▪ Positioning 	<ul style="list-style-type: none"> ▪ Social justice ▪ Individual differences ▪ Individual ▪ Interpersonal ▪ Interpersonal ▪ Group/Intergroup ▪ Organizational ▪ Community/Societal ▪ Provide knowledge & information ▪ Increase awareness & understanding ▪ Change behavior ▪ Develop skills ▪ Change organizational culture/system ▪ Change community/society ▪ Personal growth ▪ Training ▪ Cultural change ▪ Strategic intervention
How	Implementation <ul style="list-style-type: none"> ▪ Type of learning ▪ Duration ▪ Trainer roles 	<ul style="list-style-type: none"> ▪ Experimental/Didactic ▪ Individual/Group ▪ Long term ▪ Short term ▪ Teaching ▪ Facilitating ▪ Modeling ▪ Consulting

(Ferdman & et.al., 1996)

Chapter 6

Final Thoughts

Planning, implementing and maintaining a diversity strategy is not to be taken lightly because it is a major undertaking for any organization and require a long-term commitment. Also, challenges in adopting diversity strategy such as complexity, time and monetary costs and initial resistance are to be expected. The leadership full support and commitment are necessary and challenged when the process is long with slow results or outcomes. Moreover, for developing an effective diversity strategy system, open communication, teamwork and creativity plus leadership understanding that the process is continual and evolving.

To achieve the NHS 2011-2016 and QNV 2030, HMC should consider adopting and implementing the abovementioned recommendations earnestly and preferably in the near future to avoid shortages of healthcare workforce in general and AHPS in specific and be prepared for the forthcoming expatriates workforce.

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Endnotes

¹Calculated by the sum of all land and water

² April 2014 estimated.

³ I.e. Words that indicate status, and level of intimacy, topic and pattern of conversation, tone of voice

⁴ Gross Domestic Product

⁵ PPP=compares GDP on a purchasing power parity basis divided by population.

⁶ 2013 estimated

⁷ 27.35 migrant(s)/1,000 population (2014 est.), calculated by difference between the number of persons entering and leaving a country during the year per 1,000 persons (based on midyear population)

⁸ Loden and Rosener (1991)

⁹ Collectivistic Cultures: A culture that puts an emphasis on distinguishing between in-groups and out-groups, engaging in cooperative tasks, and focusing on what people have in common

¹⁰ Human Resource Management

¹¹ "Managing the Diversity Revolution: Best Practices for 21st Century Business"

¹² "Diversity Management: Expert-identified Leading Practices and Agency Examples"

¹³ "Best Practices or Best Guesses?"

¹⁴ DLMP-HMC Laboratory Manager

¹⁵ CEO and Recruiter, PHC Consulting

¹⁶ A Reliable Business Intelligence News About Clinical Laboratories, Pathology Groups, & Laboratory Diagnostics Since 1995