

## **Effect of Diversity Management Educational Program on Organizational Culture of Nursing First Line Managers**

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### **Abstract**

**Background:** Diversity in the workplace refers to a workforce made up of people of many races, ages, genders, nationalities, and sexual orientations. Moreover, organizational culture includes an organization's expectations, experiences, philosophy, and the values that guide member behavior, and is expressed in self-image, inner workings, interactions with the outside world, and future expectations. **The study aimed to** assess the effect of diversity management educational program on organizational culture of nursing first line managers. **Research Design:** A quasi-experimental design with pretest, post- test and follow-up (after three months). **Sample:** Convenient sample of first line managers (50) who are working at previous mentioned setting during the time of data collection. **Setting:** At four Minia University Hospitals (Minia University Hospital; and Gynecology, Obstetric and Pediatric University Hospital, Urology University Hospital, Cardiothoracic University Hospital) in Minia city, Egypt. **Tools:** Four tools were used to collect data pertinent to the study which were: Diversity Management Knowledge Questionnaire, Diversity management skills questionnaire, Diversity management attitude questionnaire, Organizational culture questionnaire. **Results:** The study results revealed that, nursing first line managers' knowledge, skills, attitudes regarding diversity management increased, also, their organizational culture ability increased. **Conclusion:** There was a positive highly statistically significant correlation between total nursing first line managers' knowledge, skills, and attitude regarding diversity management and their organizational culture ability during immediate post and follow up program phases while there was no statistically significant correlation at pre-program phase. **Recommendation:** Reapplication of the study on larger probability sample in other setting in highly recommended to achieve generalization results. Conduct training programs and workshops on a regular basis to update and improve nursing first-line managers' knowledge and abilities in the areas of diversity management and organizational culture.

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**Key words:** Diversity Management, First line managers, Nursing, Organizational Culture.

### **Introduction**

Diversity that is well managed will have the full support of the organization's members, which is an important aspect of accepting diversity as part of the corporate culture. As a result, it is critical for organizational leaders to be able to effectively manage diversity (Syaiful Bakhri, Udin, Daryono, and Suharnomo, 2018).

Diversity is vital in life, in culture, and it is very important in healthcare. It's so vital that people's lives are practically on the line. Consider the thousands of people who visit hospitals and clinics every day in need of assistance. They are a melting pot of humanity, with individuals of many races, creeds, genders, and ages. And it's critical that they

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consider themselves as part of the healthcare staff in order to best communicate, understand, and treat those patients (**De Simone et al., 2020**).

Diversity in the workplace refers to a workforce made up of people of many races, ages, genders, nationalities, and sexual orientations. In other words, it occurs when a healthcare facility's medical and administrative staff has a diverse range of experiences and backgrounds (**Borges da Silva, 2019**).

Healthcare diversity can refer to a variety of traits in modern society, including but not limited to the following: Race, ethnicity, gender, age, sexual orientation, religion, political opinions, education, physical abilities and limitations, socioeconomic status, language, and culture are all factors to consider (**Gillenwater, Kulesza, Mariet & Vassilvtiskii, 2019**).

Creating diversity in the healthcare field is not only important, but also critical. Language, culture, and ethnicity may easily create barriers, and in an industry where lives are on the line and every second counts, delays and difficulties can swiftly turn deadly (**Mallia, 2019**).

Diversity, on the other hand, isn't something that can be achieved overnight. It will take a leader who is committed to raising cultural awareness and inclusivity. It necessitates coworkers who are willing to spend time learning about one another. It entails a willingness to recognize and address personal prejudices. It also entails bravely exposing ourselves to discomfort for the benefit of our patients (**Hathcock, 2015**).

### **Significance of the study**

The country's plan in the health sector is in relation to sustainable development, and this is the country's vision 2030.

During working in Minia University Hospitals, it has been observed that the head

nurses in particular are having challenged to retain a culturally diverse workforce that mirrors the nation's change in demographics. The current shift in demographics, coupled with the ongoing disparities in health care and health outcomes, will warrant our ongoing attention and action. As within all health professions, concerted efforts are needed to diversify the nation's health-care workforce. The researcher opinion the nursing profession in particular will be challenged to recruit and retain a culturally diverse workforce that mirrors the nation's change in demographics. This increased need to enhance diversity in nursing is not new to the profession; however, the need to successfully address this issue has never been greater.

On the other hand, the organizational culture plays a central role in the management. Therefore, it is assumed that the initiatives concerning the management of diversity will prove unsuccessful if the nursing or an enterprise do not aim to unify the different characteristics and values, or if the concerned enterprise do not own unified values. So this study was conducted to assess the effect of diversity management educational program on nursing first line managers' organizational culture.

### **Aim of the study**

This study aimed to assess the effect of diversity management educational program on organizational culture of nursing first line managers through:

1. Assessing nursing first line managers' knowledge, skills, and attitudes of diversity management through program phases.
2. Assessing nursing first line managers' perception of organizational culture through program phases.

3. Designing, and implementing an educational program for nursing first line managers about diversity management.
4. Evaluating the effect of diversity management educational program on organizational culture of nursing first line managers.

### **Research Hypotheses**

The Nursing First Line Managers' knowledge, skills, and attitudes about diversity management were improved after implementing the program and there is positive effect on organizational culture.

### **Subjects and Methods**

The methodology of the current study was portrayed according to the following four designs:

- 1. Technical design.**
- 2. Administrative design.**
- 3. Operational design.**
- 4. Statistical design.**

#### **I-Technical design**

The technical design of the current study included a description of the study design, setting, subjects, method, as well as tools of data collection.

#### **Research design**

A quasi-experimental study design with pre-test, immediate post-test, and follow-up (after three months) assessment was utilized to achieve the aim of the present study.

#### **Setting**

This study was conducted at Minia University Hospitals (Minia University Hospital, Gynecology, Obstetric and Pediatric University Hospital, Urology University Hospital, Cardiothoracic University Hospital) in Minia Governate. Minia University Hospital was built in 1988. All Minia University Hospital first opened its doors in 1988. The hospital is divided into four floors. This hospital's medical, surgical, and intensive care

unit were all included in the study. Six hundred and ninety-two beds are available in the hospital. Minia University Hospital for Gynecology, Obstetrics, and Pediatrics opened in 2005. The study includes all obstetric and pediatric departments, as well as intensive care units. The hospital has a total capacity of three hundred and sixty-six beds. In 2017, the Urology University Hospital was completed. All medical, surgical, and acute care units, as well as the kidney dialysis unit. The hospital has a total capacity of fifty-nine beds. In 2013, the Cardiothoracic University Hospital was created. Heart department, chest department, open heart surgery unit, and chest intensive care unit are all cardiac critical care units. The hospital had a total capacity of one hundred and thirty beds.

#### **Subjects**

The study subject included convenient sample of first-line nurse managers (50) who are working during data collection and accepted to participate in the current study after clarifying the purpose of the study) at Minia University Hospitals.

#### **Data collection tools**

Data for the present study was collected using the following four tools as follows:

##### **1-Diversity Management Knowledge Questionnaire:**

**Part (1):** personal characteristics sheet that developed by the researcher to collect data about the personal characteristics of the study participants. It was included seven items related to name, age, gender, marital status, academic qualification, workplace, hospital name, years of experience and residence.

**Part (2):** It developed by the researcher after reviewing related literature {**Daya, (2014); Abramovic, (2016); Ali & French, (2019); Alyssa Jordan, (2020) & Dennissen et al., (2020)**}.included (56) questions to assess nursing first line managers' knowledge

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regarding diversity management in the form of multiple-choice, true or false, and matching questions. It was collected through testing the nursing first line managers' knowledge before and after applying for the educational program.

### **Scoring system:**

The scoring system as one for the correct answer and zero for the incorrect answer. The scoring system of this tool was divided as follows:

- Inadequate knowledge: <60%.
- Adequate knowledge: >60%.

### **2- Diversity management skills questionnaire**

To assess first line nurse manager's disposition toward diversity management. It developed by **Samara, (2017)**. It was included different items to assess first line managers' diversity management skills, it has 3 dimensions: internal dimensions (10 items), external dimensions (16 items) and organizational dimensions (17 items) with total number of (43).

### **Scoring system:**

The scoring system of questionnaire was based on a five-points Likert scale as follows: always (5), often (4), sometimes (3), rarely (2) and never (1). The scoring system was follows:

- Unsatisfactory : <60%.
- Satisfactory: 60% - < 75%.
- High Satisfactory: >75%.

### **3- Diversity management attitude questionnaire:**

It is developed by **Wong & Law, (2002)** to determine first line managers' attitude toward diversity management. It was included different items to assess first line managers' diversity management attitude. It consisted of (16) items

This questionnaire was used throughout the three phases of the program implementation (pre, immediate post and follow-up three months after the program).

### **Scoring system**

Diversity management attitude questionnaire consisted of 16 items every item scoring system was based on a five-point Likert scale as follows: always (5), often (4), sometimes (3), rarely (2) and never (1). The scoring system

- Negative: <60%.
- Uncertain: 60% - < 75%.
- Positive: >75%.

### **4-Organizational culture questionnaire**

It developed by **Samara, (2017)** to assess perception of first line managers toward organizational culture. It included different items to assess first line managers' attitude toward organizational culture. It consisted of 20 items to assess first line managers' attitude toward organizational culture.

### **Scoring system:**

The scoring system of organizational culture Questionnaire was based on a five-point Likert scale as follows: always (5), often (4), sometimes (3), rarely (2) and never (1). The scoring system classified as follows"

- Low :< 60%.
- Moderate: 60% - < 75%.
- High: >75%.

### **Validity of the tools:**

The study tools were revised and ascertained by five experts from different Nursing Faculties; one Assistant Professors from the Faculty of Nursing, Beni-suef University, two Professors and one Assistant Professors from Faculty of Nursing, Minia University, and one Professor of nursing administration from Assuit University. The validity of the tools aimed to judge its clarity, comprehensiveness, relevance, simplicity, and accuracy. Based on the experts' perspective, minor modifications were done based on their comments and the researcher developed the final validated form of the tools. This phase took one month, November 2020.

### **Reliability of tools:**

Reliability of the tools was examined by using Cronbach's Alpha Coefficient test to measure the internal consistency for all tools; diversity management knowledge was  $\alpha = 0.867$ , diversity management skills questionnaire  $\alpha = 0.859$  attitude toward diversity management was  $\alpha = 0.856$ , and organizational culture questionnaire was  $\alpha = 0.957$  that reflect accepted internal consistency of the tools.

### **Ethical consideration:**

Before conducting the study, the researcher explained the nature and aim of the study to the nursing first line managers and informed them that participation in the study was voluntary. Oral consent was obtained from each nursing first line manager in the study. Confidentiality of data obtained was protected by allocating a code number to the questionnaire sheets. Nursing first line managers were informed that the obtained data would be used for the research purpose only. Nursing first line managers' right to withdraw from the study at any time with no consequences was ascertained.

## **II-Operational design**

The operational design included: the preparatory phase, pilot study, and fieldwork phase. These phases took about 15 months, starting from July 2020 to the end of September 2021.

### **A-preparation phase**

It included the following: Reviewing the national and international related literature using journals, periodicals, textbooks, internet, and theoretical knowledge of the various aspects concerning the topic of the study to develop the current tools. This phase took about four months, extended from July 2020 to the end of October 2020.

### **B-Pilot study**

The pilot study was carried out on five nursing first line managers who represent 10%

of the subjects at the previously mentioned setting to test the applicability and clarity of the constructed tools; it also served to estimate the time needed to fill data collection tools and to identify obstacles and problems that may be encountered during data collection in December 2020. No modification was done, and pilot study nursing first line managers were included in the main study subjects.

### **C-Field Work**

The following phases were adopted to achieve the aim of the current study: assessment, planning, implementation, and evaluation phases. These phases took nine months, from the earliest starting point of January 2021 to September 2021.

- **Assessment phase:**

This phase involved interviews with studied nursing first line managers; the researcher was available at the previously mentioned settings three days weekly (Saturday, Monday, and Wednesday) in the morning from 10 am to 1pm by rotation in each study setting. In the beginning, the researcher welcomed the nursing first line managers gave a brief idea about the aim and activity of the program. Then, the researcher collected baseline data from nursing first line managers using the following tools; **(Tool I, II, III, and IV)**. The time required for finishing each questionnaire was around; 25:30 minutes for the diversity management knowledge questionnaire and self-report regarding diversity management skills, and from 30:35 minutes for attitudes toward diversity management questionnaire and organizational culture questionnaire. The data collection process was carried out in January 2021, and the average number collected was 5-6 nursing first line managers per day.

### **Planning phase:**

The instructional program was created by the researcher based on baseline data acquired from the pre-test assessment and relevant

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literature review. This was taken over the course of two months, from February 2021 till the end of March 2021. Program development in the form of a printed Arabic form to strengthen first-line managers' understanding of diversity management, which has a good impact on the ability of first-line managers to manage organizational culture.

### **Implementation phase:**

The study subjects of first line managers were divided into 2 subgroup, the implementation phase was achieved through 3 months from beginning of April 2021 to beginning of June 2021. The program was implemented in teaching rooms of the hospital training room according to the participant's working hours. Instructional media (educational booklet) prepared by the researcher and distributed to participants on the first day of program implementation. Daily feedback was given at the beginning of each session about the previous one and the end of each session about the current session and activity given to the participants. The program contents are (diversity management, organizational culture, recruitment, absenteeism and job dropout, job satisfaction, time management, affiliation and citizenship, motivation, decision making, problem solving, stress management, bullying management, conflict management, anger management.

### **Evaluation phase:**

After program implementation, the immediate post-test was carried out to assess nursing first line managers' knowledge, skills, attitudes regarding diversity management, and organizational culture perception by using the same pre-test tools; this helped evaluate the effect of the implemented program. These were done immediately after the program and after three months (follow up). The time of the data collection lasted for two months, from the beginning of June 2021 to the end of

September 2021. Also nursing first line managers evaluate the educational program through evaluation the following: objectives of the educational program; the content of the educational program; teaching methods in the educational program; and teaching aids used in educational program.

### **Statistical analysis**

All data were collected, coded, tabulated, and subjected to statistical analysis. Statistical analysis was performed by Statistical Package for Social Sciences (SPSS version 26.0); also, Microsoft Office Excel is used for data handling and graphical presentation. Descriptive statistics were applied in the form of mean and standard deviation for quantitative variables and frequency and percentages for qualitative variables. Qualitative categorical variables were compared using the chi-square test, Pearson correlation coefficient was calculated between variables. Whenever the expected values in one or more of the cells in 2x2 tables were less than 5, Fisher exact test was used instead. Statistical significance was considered at  $p \leq 0.05$  and considered highly statistical significance at  $p \leq 0.001$ . Parametrical tests (e.g., paired (t) test to compare mean scores between the same samples at different study phases).

### **Results**

**Table (1):** Illustrates that, nearly two thirds (64%) of the studied nursing first line managers are aged from 31 to 40 years old and the more than three quarters (76%) of them are females and married, and less than two thirds (60%) of them their residence in the Urban respectively. As far as, qualification the majority (90%) of studied nursing first line managers' have Bachelor of Nursing Science and more than half (56%) of them have an experience from 5 to less than 10 years. Moreover, about one third (30%) of them are working in Mina University

Hospital and Gynecology, Obstetric and Pediatric University Hospital.

**Figure (1):** Illustrates that, there is a statistically significant difference in knowledge of studied nursing first line managers' (0.001) regarding diversity management through the program phases. Also Figure (1): Indicates that, there is highly statistical significant difference improvement of nursing first line managers' knowledge scores regarding diversity management throughout post and follow up program phases, which indicates that the program have a positive effect on improvement of nursing first line managers knowledge after program implementation compared with preprogram phase (after three months); the most of studied nursing first line managers' (84.0%) and (78.0%) have adequate knowledge level during immediately post program and follow up phases (after three months) respectively compared with preprogram phase.

**Figure (2):** Indicates that, the program has a greater effect on improving studied nursing first line managers' total perception score of the studied nursing first line managers' at different times of assessment throughout post and follow-up phases (after three months) compared with the preprogram phase; the most of studied nursing first line managers' (74%) and (68%) had high perception regarding

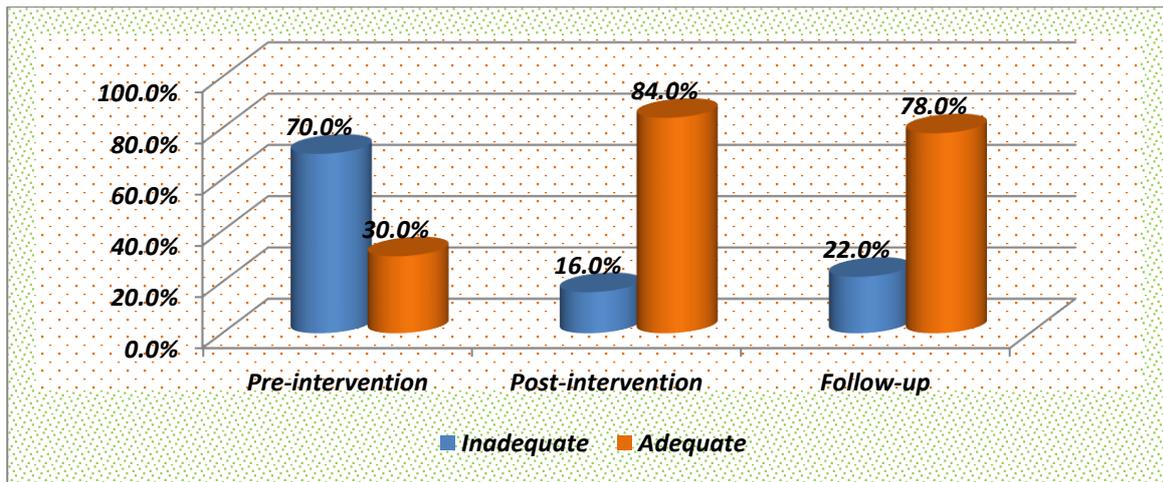
organizational culture during immediately post program and follow up phases (after three months) respectively compared with preprogram phase.

**Table (2):** Mentions that, there is a positive correlation between diversity management and their dimensions as well as organizational culture ( $p=0.001$ ) throughout three phases of the program implementation.

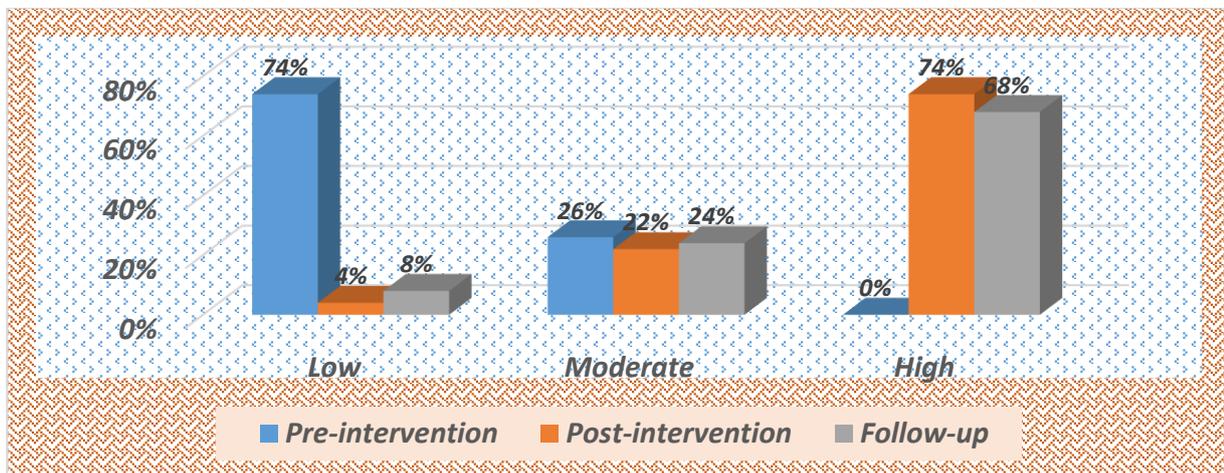
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**Table (1): Distribution of the studied Nursing First line managers' personnel characteristics (n= 50)**

<b>Personal characteristic</b>	<b>Frequency</b>	<b>%</b>
<b>Age in years</b>		
• 20-30	10	20.0
• 31-40	32	64.0
• 41-50	8	16.0
<b>Gender</b>		
• Male	12	24.0
• Female	38	76.0
<b>Residence</b>		
• Rural	20	40.0
• Urban	30	60.0
<b>Marital status</b>		
• Single	12	24.0
• Married	38	76.0
<b>Academic Qualification</b>		
• Bachelor of nursing	45	90.0
• Master degree in nursing science	5	10.0
<b>Years of experience</b>		
• < 5 years	7	14.0
• 5-<10 years	28	56.0
• 10-<15 years	14	28.0
• ≥15 years	1	2.0
<b>Hospital Name</b>		
• Mina University Hospital	15	30.0
• Gynecology, Obstetric and Pediatric University Hospital	15	30.0
• Urology University Hospital	10	20.0
• Cardiothoracic University hospital	10	20.0



**Figure (1): Total knowledge level of the studied Nursing first line managers' regarding diversity management pre, post and three months later program implementation (n= 50)**



**Figure (2): Distribution of total perception score of the studied nursing first line managers regarding organizational culture pre, post and three months later program implementation (n= 50)**

**Table (2): Correlation between studied first line managers total diversity knowledge, skills, attitude, and organizational culture perception (n= 50)**

Time of assessment	Diversity knowledge		Diversity skills		Diversity attitude	
	r	P value	r	P value	r	P value
<b>Organizational culture perception</b>						
Preprogram implementation	0.035	>0.05	0.027	>0.05	0.132	<0.001**
Immediate post program implementation	0.354	<0.001**	0.269	<0.001**	0.365	<0.001**
After three month of program implementation	0.365	<0.001**	0.198	<0.05*	0.321	<0.001**

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### **Discussion:**

#### **Nursing first line managers' diversity management knowledge pre, post and three months' later program implementation**

The findings of the current study indicated that, there was highly statistically significant difference improvement of nursing first line managers' all knowledge about diversity management such as related to policy of diversity, advantages of diversity, types of organizational culture and determinant of organizational culture etc. In the researcher opinion this might be due that all of the Nursing first line managers had not attended courses in DM as mentioned above but after they having this educational program their knowledge improved so the researcher recommended with continuous obligatory educational programs in the hospital about diversity management, communication, stress management, decision making, bullying, time management, motivation, citizenship, problem solving, conflict management, anger management, job satisfaction, organizational culture, recruitment and absenteeism because of Nursing first line manager have little time to search and updating their knowledge.

Moreover, this ensures the improvement after the educational program to nursing first line managers. Also, nursing first line managers were motivated to know what the concepts of diversity management are, characteristics of diversity management, importance of diversity and they concentrated to understand and getting the best benefits from the researcher. The improvement in knowledge of Nursing first line management indicated how that the program was effective and could have resulted from comprehensive content of the program, using creative teaching approaches that encourage participants on open questions, facilitate

collaboration in learning process and the handout which given to them beside the advantage of taking the learning on their own piece according to their preferences and time planning.

The findings of the current study indicated that, there was highly statistical significant difference improvement of nursing first line managers' knowledge related to improve time management, the importance of organizational culture, Quarrels between individuals in the bid, management strategies, the concept of diversity, barriers to job satisfaction, the concept of diversity, barriers to job satisfaction, and manifestations of affiliation at work throughout post and follow up program phases, which indicated that the program had a positive effect on improvement of Nursing first line managers knowledge after program implementation compared with preprogram phase.

Even though training is an important part of diversity management, the setup of processes, structures and reward mechanisms is also essential for a positive diversity climate. On a team level, this could take the form of collective appraisal systems. This finding was in accordance with **Harrison, Price, Gavin, and Florey, (2000)** who suggested that "when members' individual outcomes depend more on team performance, they collaborate more frequently Measures to enhance team building can be beneficial for the diversity climate of an organization.

Also, this finding was in accordance with **Hofhuis, van Der Zee, & Otten, (2012)** proposed, nursing demonstrate a dual identity, enhancing trust in the organization, when they are not only identified with groups based on demographic features, but also with the organization. The survey's findings indicate a neutral view toward the company when it comes to trust, which can be positively

changed by promoting team building and developing a closer relationship with the business.

This finding was agreed with **Ashikali, and Groeneveld, (2015)**, who stated that managers had low knowledge about diversity policies and they need to improve their quality of the diversity policies. The scope of skills the line managers need to develop, as well as the scope of the trainings necessary for that. In addition, **Martins, (2015)** added that line managers had little knowledge about DM that poor understanding and interpretation of individual needs in organizations can lead to negative performance-related effects such as demotivation, turnover, absenteeism and ineffective decision-making, so the managers need to improve their knowledge about diversity management.

Moreover, **Alshery, Ahmad, and Al-Swidi, (2017)** they mentioned that managers do not actually understand the importance of diversity. It is because either they are fearful of talking about it or they lack knowledge and understanding. Even if the organization offers training, managers are not particular willing to challenge themselves. In addition, **Diaz and Rees, (2020)** stated that managers had low knowledge about DM and they need to training for improving their knowledge about diversity management.

The current study indicated that, there was highly statistical significant difference improvement of Nursing first line managers' knowledge related to communication skills, time management, conflict management, strategies management, steps to solve problems, clinical decisions making, motivation, citizenship, anger management, job satisfaction and organizational culture, from the researcher point view first line managers' knowledge improved due to the refreshing of information of first line

managers' about topics above in the program sessions. So, the nurse needs for training program from time to another time to refresh their knowledge.

This finding was parallel with **Gamble, Thompson, & Peteraf, (2013)** who recommended that a management training program to improve first- line nurse managers' knowledge and enhance their skills that are related to function of controlling. Furthermore, **Yekta, & Abdolrahimi, (2015)** who reported that most of the head nurses seemed to lack managerial knowledge and need a training program to gain knowledge and skills that is related to managerial skills.

In accordance with, **Fashafsheh, Ayed, Eqtait, Harazneh, (2015)** they suggested refreshing nursing skills and practice through continuous education and training program; underlining the extent to which the latest evidence-based practices have been followed; deliver training program for new nurses to the continuing learning/trainer program. Contrary to the study, **Thabet, Taha, Abood, Morsy, (2017)** justified the lack of effective training for many subjects to develop many essential skills such as communication skills, creativity, analytical and critical thinking, problem solving and decision-making skills.

This also was in harmony with **Corbí, Rico , Sanchez, and Castejon, (2018)** who reported that goal of educational program has been not only to acquire technical skills but also to master other skills, such as teamwork, effective communication skills, time optimization, and the ability to manage one's emotions.

The current results in the same context with **El Khamali et al., (2018)**, they enumerated that the nursing program provides the knowledge and skills for nurse managers will need to enter a challenging career in nursing. Also, **Chu, Sorin-Peters, Sidani, De La Huerta& McGilton, (2018)**, they

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reported that the nurse manager after the program became more confidence when communicated with the patients than before the program due to the gain more knowledge and skills from the training program.

In the same context **Denton Jr, Trent, & Friedenberg, (2019)**, they stated that claimed that communication aids in the execution of correct, consistent, and simple nursing job, ensuring both the patient's satisfaction and the health professional's safety. When health workers lack communication skills, they have a harder time separating work and personal life, and they are more likely to transfer problems from one side to the other.

### **Nursing first line managers' perception about OC pre, post and three months' later program implementation.**

The findings of the current study clarified that, there was highly statistically significant difference improvement of nursing first line managers' scores regarding OC in the all items, which indicated that the program had a positive effect on improvement of nursing first line managers' perception of OC after program implementation compared with preprogram phase.

From the researcher point of view the educational program effect on the first line managers' perception of OC by considering the hospital administration is making great efforts to develop the capabilities of the hospital's nursing in order to achieve the greatest degree of efficiency, nursing maintain good working relationships based on the principle of cooperation and complementarity in accomplishing tasks, nursing have the skills and capabilities of the crisis to adapt to new changes and developments, the hospital administration invests the potential and capabilities of nursing by involving them in the decision-making process, nursing believe that the

culture of the organization contributes to the accomplishment of tasks and duties with the required quality and efficiency, the fairness of performance appraisal and careful judgment on the level of achievement improve nursing satisfaction, and The hospital administration stimulates creative and distinguished nursing with material and moral incentives, all of those encourage organizational culture change.

This finding was agreement with **Waddell, Creed, Cummings, & Worley, (2019)** who strongly demonstrates that first line managers' perceptions are affected by poor levels of organizational support and the lack of capacity to create a positive organizational momentum for real change. Organizational support is related to freedom, structure and clarity on how diversity issues are discussed and addressed in the workplace. First line manager's narratives indicate a high level of frustration about the poor commitment to supply resources due to financial pressures. Yet, these findings suggest two common organizational realities that add value to the literature. First, organizational financial resources determine the level of priority around diversity needs. Second, a lack of resources contributes towards the creation of a culture of apathy and silence amongst first line managers.

### **Correlation between Diversity Management and Organizational culture.**

The findings of the current study clarified that, there was positive correlation between DM and organizational culture, from the researcher point of view the studied variables effect on each other's, because the working climate encourage DM, which the same climate enhance the OC. This finding was parallel with **Nahavandi et al., (2013)** who found a parallel relation between the

organizational culture and diversity management.

In addition, these results the positive correlation between DM and organizational culture in the same line with **Syaiful Bakhri et al., (2018)** who found a positive correlation between DM and OC. Moreover, these results in the same with line **Amegashie, (2018)** who concluded that successful development and management of workforce diversity could become a sustainable strategic path to preserve and enhance organizational culture in the organization.

**Conclusion:**

Nursing first line managers' knowledge, skills, attitudes regarding diversity management increased, also, their organizational culture ability increased. There was a positive highly statistically significant correlation between total nursing first line managers' knowledge, skills, and attitude regarding diversity management and their organizational culture ability during immediate post and follow up program phases while there was no statistically significant correlation at pre-program phase.

**Recommendations:**

**For nursing first line managers:**

- Conducting a schedule for staff meeting and workshops to enhance nursing open communications.
- Continuous application of needs assessment to recognize nursing first line managers' development fields in order to ensure that they adjust to their diversity management.
- Support and encourage cooperation, teamwork, and team building among nursing without bias.
- Establish small nursing libraries within hospital departments to provide continuous supply of recent textbooks, nursing periodicals and procedures.

- Conducting an educational program must be continuous process to improve nursing first line managers level of knowledge and performance about diversity management.
- Determine needs of nursing first line manager that should be based on the analysis and the identification of operational and/or personal performance needs for organizational culture.
- Provide nursing first line managers with opportunities to challenge, promote, or advance and have the ability to develop supportive working conditions and a relationship that encourages trust, empathy, and mutual respect.
- Conduct periodic formal and informal evaluation of nursing first line managers' performance to identify areas of their strengths and weakness to be able to help them in updating their knowledge, skills and improve their diversity management through organizational culture.

**For Hospital Administration**

- Conduct training programs and workshops on a regular basis to update and improve nursing first-line managers' knowledge and abilities in the areas of diversity management and organizational culture.
- Putting Pre-determined criteria for nursing first-line manager selection in hospitals based on diversity management tests and organizational culture.
- Create a reward system for nursing first-line managers who excel at managing diversity and fostering a positive organizational culture, in order to motivate others to do the same.
- Recognize diversity management as a useful instrument for nursing first-line managers to strengthen their professional skills.

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- Conduct a yearly assessment of nursing first-line managers' abilities to manage diversity and organizational culture as a critical issue for their evaluation in order to achieve corporate goals.
- Assist nursing first-line managers in carrying out their autonomous functions and increasing their autonomy through developing organizational culture skills.

### **Reference:**

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## تأثير برنامج تعليمي لإدارة التنوع علي الثقافة التنظيمية لمديري الخط الأول للتمريض

مها عطا محمد - فاطمة رشدي محمد - احسان سعد سليمان

يشير التنوع في مكان العمل إلى قوة عاملة تتكون من أشخاص من العديد من الأعراق والأعمار والأجناس والجنسيات والتوجهات الجنسية. علاوة على ذلك ، تتضمن الثقافة التنظيمية توقعات المنظمة وخبراتها وفلسفتها والقيم التي توجه سلوك الأعضاء ، ويتم التعبير عنها في الصورة الذاتية ، والأعمال الداخلية ، والتفاعلات مع العالم الخارجي ، والتوقعات المستقبلية. لذا هدفت الدراسة إلى تقييم تأثير برنامج تعليمي لإدارة التنوع على الثقافة التنظيمية لمديري الخط الأول للتمريض. تصميم البحث: تصميم شبه تجريبي مع الاختبار القبلي والبعدي والمتابعة (بعد ثلاثة أشهر). وقد أجريت هذه الدراسة في أربعة مستشفيات بجامعة المنيا (مستشفى المنيا الجامعي ، مستشفى أمراض النساء والولادة والأطفال ، مستشفى المسالك البولية ، مستشفى القلب والصدر الجامعي) في مدينة المنيا ، مصر. وقد اشتملت العينة على جميع مديري الخط الأول للتمريض المتاحين (50) الذين يعملون في الأماكن المذكورة سابقاً خلال وقت جمع البيانات. وكشفت نتائج الدراسة أن معرفة مديري الصف الأول في التمريض ومهاراتهم ومواقفهم فيما يتعلق بإدارة التنوع تزداد ، كما زادت قدرتهم على الثقافة التنظيمية. وخلصت هذه الدراسة إلى وجود علاقة إيجابية ذات دلالة إحصائية عالية بين معرفة ومهارات واتجاهات مديري الخط الأول للتمريض فيما يتعلق بإدارة التنوع وقدرتهم الثقافية التنظيمية خلال مراحل تطبيق البرنامج مباشرة ومتابعة البرنامج بينما لا توجد علاقة ذات دلالة إحصائية في مرحلة ما قبل البرنامج. وقد أوصت الدراسة بإعادة تطبيق الدراسة على عينة أكبر في بيئة أخرى لتحقيق وتعميم النتائج و إجراء برامج تدريبية وورش عمل على أساس منظم لتحديث وتحسين معرفة مديري الخط الأول للتمريض وقدراتهم في مجالات إدارة التنوع والثقافة التنظيمية.