

Impact of Diversity & Work Cognition Inventory on Team Satisfaction

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This study investigated the impact of team diversity and work cognition inventory on health professionals' team satisfaction and team performance. The study adopted a realism paradigm in which a total of eighteen interviews were taken from health care sector staff, that is, doctors, nurses and the administrative staff of private sector hospitals in Pakistan. This study aids in exploring the effect of multi-dimensional backgrounds of team members – their generational, learning, practical, task-relevant, opinion, personality and behavioural backgrounds – on team satisfaction and performance. The study also explains the low level of social affiliations and coordination among diversified team members and its worsening effect on team performance, plus possible solutions for overcoming it. Thus this study helps in understanding diversified teams and creating optimum performance from health sector staff members by increasing their social connections and coordination within the team for enhancing their satisfaction with the team.

Key words: *Team diversity, Work cognition inventory, Team satisfaction, Team performance, Social capital, Health care sector*

1.0. Introduction

A continuous-wave of change in the last leg of last century stirred our societies and transformed the basic conditions of organisations across the globe. The top managements of many organisations acknowledged the benefits of the diversified workforce, but most lack the competencies to transfigure their organisations accordingly. Therefore, the focus of top managements has been shifted from static organisational entities to continuously transforming systems, with the increasing importance of diverse teamwork for catering the need of flexible

organisations (Kannan, Sarah, & Randall, 2016). Numerous national and multinational organisations consist of diversified teams so that individuals with differences can share their distinctive skills for improving organisational performance, beating competing organisations and hence enhancing their economies (Gibson and Gibbs, 2006; Hinds, Liu, and Lyon, 2011).

Diversity is a cumulative variable that comprises of dissimilarity between inter-reliant participants of a work team on the basis of their particular characteristics and demographic dissimilarities, such as gender, race, ethnicity or nationality, all of which possibly subsidise to ethnic identity that stems from association in distinct demographic teams (Aida Hajro, Cristina B. Gibson, Markus Pudelko, 2017). In teams, it represents multiple characteristics or perceptions; such diversity is beneficial for assembling greater information, boosting creativity and reducing clashes among members in a few teams while inversely affecting performance in other teams. Meta analytical reviews of team diversity (Horwitz & Horwitz, 2007; van Knippenberg & Schippers, 2007) expose different types of diversity that affect team processes, (such as coordination), different facets of attitudes (like satisfaction and commitment) and outcomes (such as performance and effectiveness) (Joon Hyung Park, 2010).

Teams comprising of similar members reported higher satisfaction with the team and those with differences reported lower team satisfaction (Keinan & Koren, 2002). The two fundamental contentions about the impacts of diversity on creativity have been separated in the literature as "similarity attraction" and "value in diversity" (Williams and O'Reilly, 1998). Similarity attraction theory (Pfeffer, 1983) indicates that likeness instigates people to value each other's certain characteristics, and divergence incites unfavourable treatment and less acknowledgment of another's qualities due to a social categorisation process (an "us-them" discrepancy). Therefore, team members with similar characteristics and with the right of being creative and following their own ideas in a team without any restrictions are found to be more satisfied with the team and thus perform better.

Nimon, Zigarmi, Houson, Witt and Diehl (2011) established a work cognition inventory revised (WCI-R) to evaluate twelve cognitive features of employees' workplace practices that immensely affect their performance, both individually as well as for teams. These constructs are linked with an employee work passion model (Nimon & Zigarmi, 2015), thus affecting employees enthusiasm for the tasks assigned to them and their level of satisfaction and performance in the team.

1.1. Problem Statement

The key reason behind conducting this research is the decline in the performance of diversified teams, especially in the health care sector, that is, existing conflicts between old and young doctors has led to the loss of several lives. In the existing era, team members remain in ethnic, age, race and gender difference issues, instead of taking advantage from their multiple backgrounds, knowledge, education and skills. When employees' cognitive features are not satisfied the performance of diversified teams is at stake; team members lack coordination in terms of effort and social capital (Aida Hajro, Cristina B. Gibson, Markus Pudelko, 2017). With respect to altering health care needs, conveyance models require a change to raise the serviceability of the health care workforce, particularly in light of differences, so as to quantify improvement in this zone (Hofmarcher, Festl & Bishop-Tarver, 2016). Little cooperation among hospitals staff like doctors, nurses, general physicians, surgeons, radiologists and administrative staff results in a decline in health sector performance.

1.2. Rationale of the Study

So far, researchers' main focus while investigating diverse teams has been constrained to gender or racial difference qualities and has concentrated solely on local firms, often investigating one single organisation only (Nishii, 2013; Aida Hajro, Cristina B. Gibson, Markus Pudelko, 2017). Srikanth, Harvey and Randall Peterson (2016) responded to a recent call for a better understanding of diverse team dynamics, in line with a social categorisation process, quantitatively taking data from larger sample and directing measurable mediation models connected through social capital that affects diversified team performance (Aida Hajro, Cristina B. Gibson, Markus Pudelko, 2017). This research, therefore, tends to explore the emerging effect of team diversity, for quantifying profitability in the health sector (Hofmarcher, Festl & Bishop-Tarver, 2016). This study will open up new horizons for researchers and practicing hospital managers to learn more about diverse team dynamics in the health sector and ultimately create more efficient team performance.

1.3. Significance of the Research

This study will help in describing the effect of the multi-dimensional backgrounds of team members, that is, their learning, practical, task-relevant, opinion, personality and behavioural background on team satisfaction and performance. Thus, it will help in understanding diversified teams and encourage optimum performance from doctors, nurses, practitioners, surgeons, general physicians, and all administrative staff members, by increasing their social connections and coordination among members and appreciating their individual creativity within the team, so as

to enhance their satisfaction while working in teams. This work will contribute to bridging the existing gap in the literature on various antecedents of team satisfaction and team performance, such as individual creativity and social capital. It will help in understanding the phenomenon of work cognition inventory and its three sub-categories' effect on team performance. It will also highlight the three least investigated aspects of social capital – the structural, relational and cognitive aspects. Thus, it will help in enhancing collaboration, coordination and cooperation among team members, which in turn will result in better performance of the health sector

1.4. Research Questions

- i. Does diversity among team members influence team satisfaction and team performance?
- ii. Is the relation between work cognition inventory and team performance affected by social capital?

2.0. Literature Review

According to the social categorisation perspective (Turner et al., 1994), teams function more efficiently when they are homogeneous rather than diverse teams (Van Knippenberg & Schippers, 2007). In diverse teams, members perceive others who are different from them as less reliable, less skilled and less supportive than similar team members (Choi, 2009). However, the value in diversity theory presents diverse teams as better performing due to multiple skills and experience (Williams and O'Reilly, 1998).

Likewise, similarity attraction perspective (Byrne, 1971) argues that team diversity, with respect to age, gender, race and personality, may affect member insights on decisions to make more effort or not, for the accomplishment of interdependent tasks. Nevertheless, Cronin, Bezrukova, Weingart and Tinsley (2011) found that the best performing teams were those that advanced contrasts in points of view and considering. This thinking mirrors the useful contention (Tjosvold, 2008), which proposes that diverse team members and their work styles create better, level-headed performance.

2.1. Team Diversity and Team Satisfaction

Costa et.al, (2001) argue that establishing cooperative relations and faith between individuals is the basis of satisfaction with teams, however, team diversity has been suggested for greater effect on team satisfaction and performance (Bell, 2007; Hollenbeck, DeRue, & Guzzo, 2004). Different divergent perspectives exist regarding how team diversity might impact team outcome.

The first consists of theories including social categorisation theory (SCT) and social identity theory (SIT) (Tajfel & Turner, 1979), which both states that teams, whose members differ with respect to social relation oriented diversity features, may face negative interpersonal relations and minimised team-level coordination. Hence, these theories suggest that diverse teams negatively influence team satisfaction and performance. The second aspect presents in opposition to the first. The informational diversity-cognitive resource perspective (IDCRP; Cox & Blake, 1991; Williams & O'Reilly, 1998) claims that difference between team members functions as a knowledge base, supplying ideas and opinions for resolving problems and creating novelty, consequently refining the excellence of a team's satisfaction and performance.

2.2. Work Cognition Inventory

Work cognition inventory (WCI) represents employees' perspectives of their workplace features, both about work and organisational aspects, based on a cognitive appraisal of the workplace (Zigarmi, Nimon, Houson, Witt, & Diehl, 2009). It stems from social cognitive theory, which states human behaviour to be "agentic", that is, able to regulate themselves, their choices and their future anticipations (Deci & Ryan, 2002). Nimon and Zigarmi (2015) present a revised form of their own primary work on WCI – the work cognition inventory revised, WCI-R. WCI-R concretely evaluates twelve cognitive features of employees' workplace practices that hugely affect their performance, both individually as well as team members. These include: *autonomy*, the degree to which representatives see that they have authorization to utilise their own particular judgment regarding how they get their work done (Hackman and Oldham, 1975); *connectedness with colleagues*, the degree to which workers see that they have remunerating interpersonal cooperation with their colleagues (Parker et al., 2003); *connectedness with leader*, the degree to which people see a steady and non-controlling association with their pioneer, portrayed by impression of interpersonal reasonableness and mental wellbeing (Eby et al., 1999); *collaboration*, the shared commitment of team members in a cooperative manner for resolving some issue collectively (Roschelle and Teasley, 1995); *distributive justice*, the degree to which an individual sees that there is an equivalent contribution to yield proportion and push to compensate (Colquitt, Conlon, Wesson, Porter, and Ng, 2001); *feedback*, the degree to which people see they have admittance to precise data concerning their occupation execution (Hackman and Oldham, 1975); *growth*, the degree to which an individual sees that the authoritative workplace cultivates desires of learning, occupation growth and profession development (Marsick and Watkins, 2003); *meaningful work*, the degree to which people see the activities they participate in at the occupation level are critical to others inside and outside the association (Pava, 1999; Shamir, 1991); *performance expectations*, the degree to which an individual sees that work results must be done to a specific level of value and amount (Locke, 1966); *procedural justice*, the degree to which an individual sees that basic leadership, which appropriates assets, is

reasonable and fair (Colquitt et al., 2001; Greenberg, 1987); *task variety*, the degree to which people see that the work they do and moves they make to fulfill their work are new and distinctive (Hackman and Oldham, 1975), and; *workload balance*, the degree to which people see that their work burden is sensibly proportioned for the time they need to fulfill their work (Katz and Kahn, 1978).

2.3. Team Performance

Team performance is generally determined by the extent to which a team accomplishes its objectives (Devine & Philips, 2001). It represents how effectively team members contribute to each other for achieving organisational goals (Plaut, 2010; Schullery & Schullery, 2006). Team performance has been found to be linked with work cognition inventory constructs, that is, autonomy, collaboration, connectedness with colleagues, connectedness with the leader, growth and meaningful work) Nimon et al., (2011) indicate team performance is affected by the variation of these constructs among team members. Even after a longstanding investigation in previous research, no consensus has been attained for the effects of diversified teams with respect to work cognition inventory on team satisfaction and performance (Joshi & Roh, 2009; Mannix & Neale, 2005; van Knippenberg & Schippers, 2007). Therefore, there is a need to investigate the impact of diversified teams along with employees' cognitive features about their job, that is, work cognition inventory on team satisfaction and performance.

3.0. Methodology

3.1. Research Design

A realism perspective was used in this research with the belief that reality exists independent of human mind filters and beliefs, and it is critical to know the reality with certainty. The exploratory research design was followed, in which literature was unfolded stepwise around the basic phenomenon for answering the research questions.

3.2. Area

The health care sector of Pakistan will be selected as a major area of research, so as to improve the team performance of health-related organisations such as hospitals in Pakistan, as the gap identified by Hofmarcher, Festl and Bishop-Tarver (2016).

3.3. Population

The population of this study will comprise of professionals from ten private sector hospitals all over in Pakistan, so as to have generalised findings all over in Pakistan.

3.4. Sampling

Doctors and general staff (nurses, radiology departments and administrative staff) of these private hospitals, Ali Medical Centre and Al-Shifa International Hospital Islamabad, Agha Khan and Medicare Hospital Karachi, and Rehman Medical Complex and North-West hospital Peshawar, were taken as the sample for the research. Purposive sampling (Patton, 2002) was used to ensure this variation, which was sought through the inclusion of a variety of participants within the population.

3.5. Procedure

A total of eighteen in-depth interviews were taken, as in-depth interviews provide sufficient flexibility to the respondent to focus on what is important to them (Patton, 2002; Robson, 2002; Rubin & Rubin, 2005).

All interviews were different in their information as they proceeded with the participant's direction. On average, each interview lasted for 50 minutes. Most of the interviews were held at a participant's location excepting four (4) interviews, which were conducted through internet voice chat. The rest were held in person.

Notes were taken during the interview and a summary of key points from the interview was made and shown to the interviewee for review and accuracy. Afterward, transcripts were generated from those interview notes and summaries.

4.0. Analysis

Data were analysed using Nvivo V-10 during the process of data collection, whereby information obtained from one interview was incorporated into subsequent interviews. The first step was the open coding process in which transcripts resulting from each interview were used to generate a list of codes (Rubin & Rubin, 2005) divided into three main categories.

All of the passages that were relevant to the three main themes of the research were labelled in a short descriptive code: i.e., if the passage keeps on revolving around personality dimensions, such as perception, status, self-efficacy and motivation, then the main theme code given was multigenerational personality.

In the next step after the entire transcripts were coded, those codes were then summarised for overall content, and tentative relationships between codes were identified. After making a summary of codes, relationships were further explored and codes were realigned into a hierarchy of codes and sub-codes. For example, the subcodes for the main theme of multigenerational

coordination and performance were: multigenerational values, leadership competencies, and working style.

Frequency tables were formed for each subcode within the main codes. All the codes were entered into a spreadsheet with rows for each point and columns for each respondent.

Table 1: Representing themes, along with response frequency

Main Theme 1: Diversity & Work Cognition Inventory					
Themes	YD	OD	YGS	OGS	Total
<i>Generational perception</i>	Xx	Xx	Xx	Xxx	09
<i>Diversified personality</i>	Xx	Xx	Xx	X	07
<i>Position & status</i>	Xx	X	Xx	Xx	07
<i>Self-efficacy</i>	Xx	X	X	X	05
<i>Autonomous motivation</i>	X	X	X	X	04
Main Theme 2: Team Satisfaction and Conflicts					
<i>Technology oriented training</i>	Xx	X	Xx	X	06
<i>Performance or Functional conflict</i>	X	Xxx	Xx	X	07
Main Theme 3: Team Performance					
<i>Diversified values</i>	Xx	Xx	Xxx	Xx	09
<i>Leadership competency</i>	Xx	Xx	Xx	Xx	08
<i>Working style</i>	Xx	X	X	Xx	06

Where YD means young doctors, OD stands for old doctors, YGS means young general staff and OGS means old general staff.

4.1. Themes Related to Diversity and Multi-Generational Personality

4.1.1. Diversified Personality

One of the key determinants of individuals' wants from work is generational personality, which varies from person to person and generation to generation. It demonstrates their desirous workplace environment and conditions for being satisfied. Some of the respondent views regarding generational personality are as follows;

Employee wants and desires from work environment alter generation wise because of different personalities and key characteristics of employees, i.e. young doctors need recognition and old doctors need authority (OD: 01)

The basic problem with young workers is that they don't have a tolerance element in their personality, due to their non-consistent nature; they keep on altering their treatment style without waiting for the outcome of one treatment (OGS: 03)

This difference of personality must be overcome by coaching and mentoring of all staff members, so as to work together for saving lives and enhancing hospital repute, irrespective of their differences.

4.1.2. Position and Status in the Organisation

Although organisations try to regulate status and job positions among diversified teams, conflicts are still found on generational position and status in the organisation, as mentioned by respondents;

Employees' job positions largely influence their productivity, perceptions and attitude. Authoritative position employees in hospitals give great importance to non-financial recognition for their performance while line-level workers value financial incentives more than non-financial recognition (OGS: 01)

Level of commitment with organisation increases with workers generations and status at the job, doctors belonging to Silent generation and Baby boomers are found more committed on the head of department positions such as neurology, medical, childcare, etcetera, than on associate positions. (OD: 02)

Older employees want to have good status jobs if they are provided an opportunity to work below a young boss; they either don't perform well or quit the job by considering it their disgrace. (YGS: 03)

Such conflicts of status quo can be minimised by assigning all generational doctors and general staff different responsibilities which are interdependent upon each other.

4.1.3. Self-efficacy

Self-efficacy means people's beliefs about their skills for performing well; it increases employee motivation for being more productive. Respondents' common thoughts about this are as below;

Multigenerational doctors ponder, integrate and assess information about their skills and talents to compose their efforts. (OD: 01)

Doctors who have strong self-efficacy exert significant effort for becoming the optimum performer. (YD: 02)

The organisation can take benefit from the self-efficacy of multigenerational workers by increasing their morale and commitment to work together for enhancing hospital reputation and reliability among patients and the general public.

4.1.4. Autonomous Motivation and Generational Difference

Another compromising element of the multigenerational workforce is autonomous motivation. Individuals from different generations possess unique ideas for resolving identical problems. Due to the personality and generational grouping, employees become least motivated to give their even better ideas for the growth of another generational group over them, thus this results in decreased autonomous motivation and innovation. The same was mentioned by;

Diversified teams may result in creating stress and conflicts in organisation due to the difference of personality, characteristics, work style, status, perceptions and expectations from the organisation. (OGS: 01)

Teams' diversity results in creating stress and conflict in hospitals by grouping workforces into an "us vs. them" mentality, like old and young doctors association (OD: 01)

Such conflicts must be converted into functional conflict for hospitals where diversified team members work collaboratively, for making a better image of their hospital in comparison to other hospitals in the same locality.

4.1.5. Perception of Diversified Teams

Diversity perception is regarded as a basic factor of creating conflicts among the multigenerational workforce. Such perceptions contain negative and positive expectations from different generations, as per respondents;

Individuals over a certain age are not able to contribute effectively in a job either as doctors or as the general staff of hospitals due to their low stamina... (YD: 01)

Older employees prefer older colleagues to work as more reliable than youth colleagues, due to which executive position promotion chances are greater for older workers than the young workforce. (YD: 02)

Diversified team perception should be positive for the collaborative and progressive work environment. Therefore, both young and old doctors and general staff must be trained to work together by understanding each other's differences.

4.2. Themes related to Team Satisfaction and Conflicts

4.2.1. Functional or performance conflict

Understanding differences can be used as an instrument for improving employee satisfaction, performance and innovation. The perceptions of doctors and general staff regarding older employees show mixed reactions, in their interviews;

.....my positive association with older employees is based on a reliable way of working due to experience in the same field...(OGS: 02)

....my negative association with older doctors is concerned with stamina demanding operations i.e. operations of 24 hours or more...(YD: 01)

Such conflicts must be overcome, for having different treatment styles means being able to address the needs of diverse patients.

4.2.2. Team satisfaction in technology-oriented training

Training is strongly related to increased earnings and productivity. Diversified team technologies training is continuously changing every decade; in order to meet the needs of this evolution several issues need to be addressed. As said by both young and old staff;

E-learning is implemented by various organisations for meeting advanced training demands of raising technology, as it provides access to advanced training techniques from various sources all over the world. Such computer-based training seems easier to adopt for young doctors and general staff, who are familiar with technology from their childhood, but challenging for traditional and Baby boomer workers, who haven't yet embraced online training instead of traditional training seminars. (YD: 03)

Numerous national and multinational hospitals spend a huge amount of money yearly for technical and developmental training of their workers. Thus, it's necessary for training providers to give a kind of training, fruitful for a multigenerational workforce. (YGS: 01)

There is an exceptional shift from the greater numeral of old and experienced employees to a smaller numeral of highly technological, but inexperienced employees. Therefore, workers belonging to any generation must be provided with the demands of time skills and training, for the betterment of the health sector.

4.3. Themes related to Team Performance

4.3.1. Diversified Values

Every generation has its own values, key characteristics and capabilities; the multigenerational workforce, therefore, has its own issues regarding the coordination and cooperation of employees. Similar thoughts were given by respondents;

The difference in diversified employees' values acts as the root cause of conflict in hospitals. But if handled well, they can become a source of hospitals' growth. (OGS: 02)

To understand the value of employees is vital for authoritative position staff members, as their job performance is based on the satisfaction of their values at hospitals. (OGS: 03)

Knowledge regarding multigenerational employees' work value differences may help in making a collaborative work environment, and may have significant implications on health sector performance.

4.3.2. Multigenerational Leadership Competencies

Understanding the capabilities and skills of diversified teams is essential for employers to maintain a working environment that nurtures employees competencies and talents to work more effectively as team members. As concluded by;

Younger doctors tend to value leadership skills, competencies, flexibility, effectiveness and ethics more than older doctors, therefore, are found as more influential leaders. (YD: 02)

Significant differences are present across generational cohorts of authoritative staff members for their level of "competencies". (OGS: 01)

The leader abilities of all generations, if working together, can achieve any milestone of their ultimate vision. Therefore instead of hesitations about working together, the organisation may take advantage of multiple leader styles.

4.3.3. Working Style

The working style of employees varies from generation to generation due to different ways of being brought up: a traditional upbringing prefers the top-down bureaucratic approach working style. As the views are given by respondents;

Young doctors want to have clear command and organisational support, along with tractability and independence for achieving their tasks. (YD: 02)

Old generation workers like to take the decision by oneself only, while young generation employees believe in participative decision making. (YGS: 03)

Adopting innovative HRM strategies can be helpful for the successful retention and productivity of multigenerational employees. A bureaucratic work style must not be opted for when dealing with young generation workers, therefore leadership styles must become flexible for resolving

conflicts of work style among multigenerational workforce so as to create higher work-life balance.

5.0. Discussion

This research indicates that stress and conflict situations due to diversified teams were found among the workforce of the health sector, specifically hospital staff. Employees were found to be good individually, but avoid teamwork and cooperation, especially in the case of formation of diversified teams, i.e., arranging seminars, adopting technological training, attending professional conferences, etcetera. It's a fact that all generations of workers are distinctive, valuable and exceptional. However, due to this they have different perceptions regarding each other. Therefore, hospitals' management must confirm that employees belonging to diverse age groups, genders and races may understand each other's differences in a positive manner, to avoid diversified teams' disharmony.

It is suggested that diversified teams of doctors, nurses, physicians, radiologists and administrative staff of hospitals, if coordinating positively with each other, will result in team members' satisfaction with teams, as well as resulting in the improved performance of the health sector. All of these individuals were found to be more satisfied when provided the right of being creative within the team. Team members' perspectives regarding the tasks assigned to them, that is, the work cognition inventory, directly affects their performance, and strong social associations among members resulted in higher performance of diversified teams and hence betterment of the health care system.

6.0 Conclusion

This research distinguished and investigated a developing element model of the impacts of diversified teams, uncovering the real dynamics of social categorisation among team members in the health sector. This new horizon of team diversity recommends that the issues relating to differences might be more prevalent than explained in the existing literature. This is a result of diversified teams' negative impact, originating from both task-oriented and social relationship-oriented diversity among health sector employees. In particular, a more extensive perusal of the writing on different teams proposes that educational differing qualities, which make task-oriented teams significant, can all by itself prompt poor execution as a result of issues connected with organising different data during operations. Then again, to a degree coordination disappointment is a more crucial and proximal consequence of task-oriented teams than to social relationship-oriented diversified teams.

This research helps supply in-depth knowledge of diversified teams' variances and resemblances, coordination gaps and difference of personality, and provides ways of increasing employees' performance by turning those differences into opportunities for success. It can be concluded that the work values of employees differ from person to person, and that for the making of a productive and pleasant workplace, these differences should be overcome by the leaders. Team conflicts can be resolved by correcting employee's misperceptions of each other, so that together they can make a big difference in their organisations. Different generation workers should perceive each other positively – to rely on each other's work and try to respect the difference of values so that they may become accepting of the upcoming generation of employees like Generation Z after 2020, and so on.

7.0 Recommendations

The first step to be taken by the management of hospitals should be to ask the staff members their needs and preferences of working effectively. The management should choose people with varied backgrounds and perspectives to work together in any sort of harsh or normal working conditions, with the priority of providing the best quality education. Hospitals may create work environments, of such a way in which all the generations' employee opinions are valued. The hospitals' management should include representatives from all generations in some capacity on boards and councils so as to satisfy all generations of workers, by giving equal priority.

Another way to minimise the coordination and cooperation gap can be by offering a mentoring program for all staff members on tackling diversity for the betterment of the health sector, in a variety of formats, such as in a classroom style, online, experiential, interactive, and in staff meetings: this will facilitate knowledge transfer.

One of the useful leadership tools for minimising team conflicts can be an appreciative inquiry, which means promoting the positive monitoring of employees, instead of conducting critical evaluations. This may help in lowering the conflicts caused by a misperception of favouring certain generations of employees over others.

8.0 Limitations

Like every research work, this study is not free from limitations. One of the basic shortcomings of this research is that purposive sampling was done for analysing the result, therefore, results cannot be generalised to hospitals outside of Pakistan. Another limitation might be that the study is based on the qualitative technique of analysis, that is, using interviews; results might vary if analysis would be done by a quantitative technique, such as questionnaires.



8.1 Directions for Future Research

A future research direction could be a comparison between diverse teams' dynamics in the health care sector workforce internationally, so as to explore differences in coordination, social categorisation, creativity in teams and team performance across the globe, and work on overcoming the clashes for increasing organisational performance. This could be conducted not only in the health sector but in various other sectors like education, manufacturing, information technology and financial institutions. In future, research may also be done on panel data by measuring diversified teams' performance at multiple times and comparing the difference in performance with respect to time horizons. The effect of moderators like temporal leadership and geographical diversity might be checked on the performance of diversified teams.

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