

Is religious diversity good for team performance?

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Team religious diversity, the degree to which working team members differ in their religious beliefs, is a relevant factor that affects healthcare teams' outcomes. Because of globalisation and rising labour market mobility, an increasing degree of religious diversity characterises the workforce of many organisations and the composition of work groups.

There are at least three layers through which religion can represent a source of diversity in the workplace. These include core values and beliefs (e.g. the role of work in life, work ethics), attitudes (e.g. attitude towards women in the workplace or towards work itself), and behaviour and symbols (e.g. festivities, clothing).

What is the effect of this diversity on team outcomes, is it beneficial or detrimental? By investigating the relation between the degree of religious diversity and the efficiency of 66 hospital teams, our research shows that there is no simple answer to the above question, since the direction of the impact depends on "how much" diversity a team exhibits.

Religious diversity within health care teams in countries is increasing for several reasons, including growing multiculturalism, the shortage of medical professionals that leads to hiring foreign medical staff, and the need to cater for patients of different religions.

Contrasting arguments exist on the effects of cultural (e.g. in nationality, ethnicity, religion) diversity within workplace teams on their performance. On the one hand, diversity allows expanding the capabilities of teams, and increases the ability of the team to change and innovate. Diversity enriches the teams by bringing in new mind-sets, experiences, and viewpoints. On the other, several beliefs and approaches to work have to be integrated in teams composed of people with different cultural backgrounds, requiring time and efforts to reach consensus on solutions, and making communication and coordination more difficult. While the former effect will drive higher team performance, the latter will make working life more difficult and worsen outcomes.

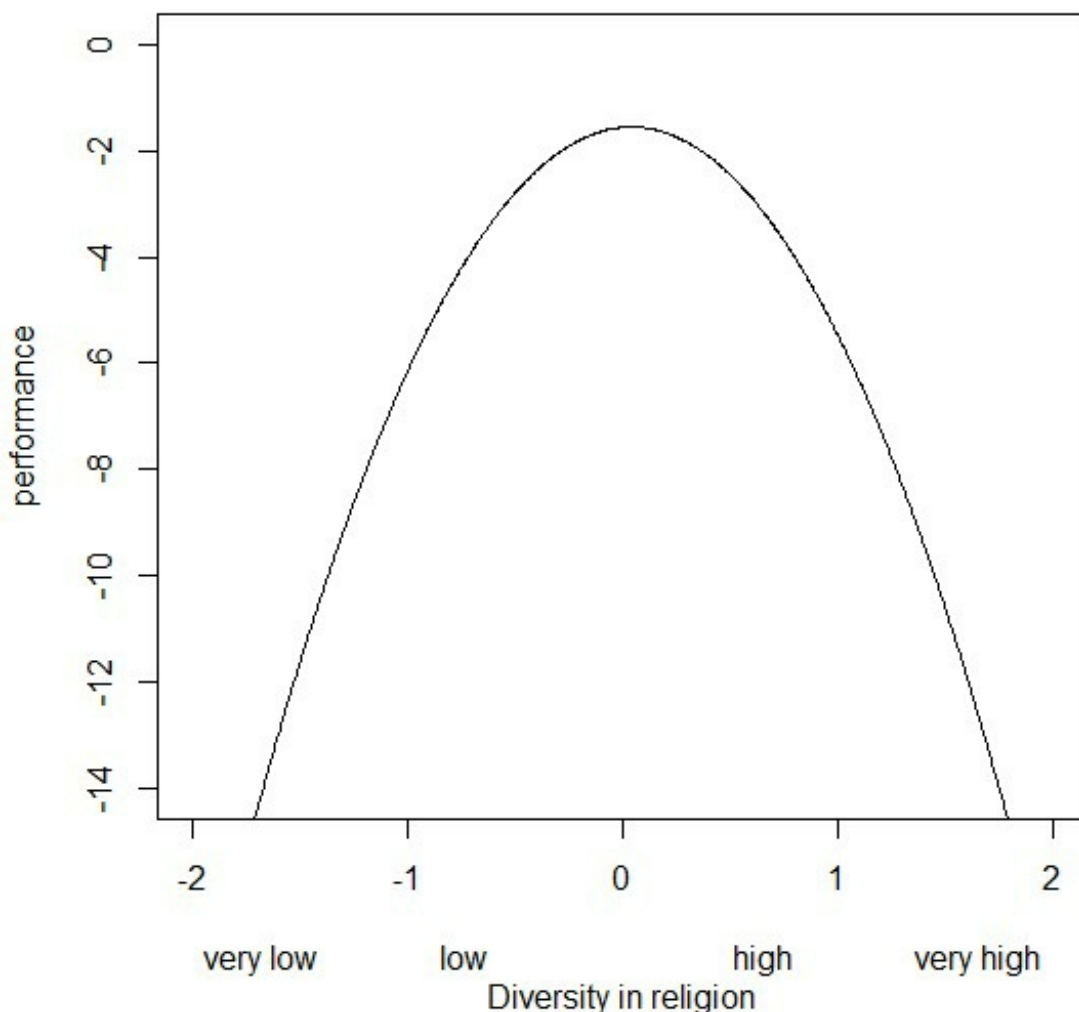
The organisational context we study is hospital care in Dubai, an interesting case of widespread multi-national, multi-religious teams in healthcare. Given the relevance of the Muslim religion in Dubai, we posit that the proportion of

Muslims (the official religion of Dubai) vs. non-Muslim within a work team identifies the relevant measure of religious diversity.

Moderate diversity accrues when within a work team there is a dominant religious group and a smaller sub-group, whereas maximum diversity corresponds to the presence of two equally sized religious subgroups within the hospital team. Our results show that both positive and negative effects can stem from religious diversity in terms of efficiency, with a curvilinear fashion (Exhibit 1). The inverse U-shaped relation suggests that a moderate degree of diversity is beneficial to the performance of healthcare teams, adding new capabilities and allowing serving patients better.

Conversely, when diversity is high, i.e. equally sized and homogeneous religious subgroups form in the workplace, subgroups will tend to express internally cohesive views and positions and may become confrontational. Communication and coordination processes become difficult and relational conflicts may develop, leading to lower performance.

Figure 1. Relationship between efficiency and diversity in religion



As a second step of the analysis, we searched for factors that may influence the inverse-U relation between diversity and team performance. Building on a theory known as CEM, we expect complexity of tasks performed by the team (in terms of informational and decision requirements of the work activities) to enhance the positive effects of diversity. To test for this effect, we mapped the relation between religious diversity and performance separately for surgical and clinical teams. The former are expected to carry out on average more complex work than clinical teams, involving a higher degree of interdependence.

Indeed, we find that surgical teams benefit more than clinical teams from a moderate degree of religious diversity. We also expect the beneficial effects of diversity to be enhanced by effective conflict management practises by the team leader. In the hospital context, task conflict among care-givers reduces efficiency by making information exchange and processing more difficult in activities that require patient-tailored and timely solutions. Our analysis shows the impact of conflict management is especially beneficial when religious diversity is high.

The positive effects of diversity on performance will bog down when diversity is associated with social categorisation, i.e. when members of a team perceive a threat to the identity of their subgroup. Our hypothesis was that the co-presence in the team of another source of diversity (such as nationality) could trigger social categorisation. Results suggest that this is true only when diversity in nationality is coupled with high religious diversity. Social categorisation could be damped by an experienced team leader who could guide the team in developing a common identity, However, our results indicate that the tenure of the team leader makes little difference when religious diversity is high. Therefore, managers' experience may be no panacea when the composition of the team is very diverse, and conflict management practices become necessary.

The gist of our story is that hospital managers should encourage the creation of multicultural teams, especially in surgical units. However, managers should also be aware that there is a "right mix" of religious diversity. The creation of teams composed of two equally large subgroups diverse for some cultural aspects should be avoided, since they may become antagonistic.

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Notes:

- *This blog post is based on the authors' paper [Does Religious Diversity in Health Team Composition Affect Efficiency? Evidence from Dubai](#), in *British Journal of Management*, 2016, 27(4), 740-759.*
- *The post gives the views of its author, not the position of LSE Business Review or the London School of Economics.*
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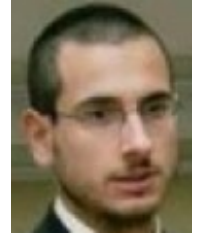
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