

**THE EFFECT OF WORKPLACE DIVERSITY ON EMPLOYEE RESILIENCE: A
CASE STUDY OF TMR INTERNATIONAL HOSPITAL**

CATHERINE KYAMPIIRE

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**UGANDA CHRISTIAN
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DECLARATION

I, CATHERINE KYAMPIIRE hereby declare that this is my original work, and that, to the best of my knowledge, it has never been presented to any institution of higher learning for the award of an academic qualification. Where another person's work has been used, they have been dully acknowledged.

Signature:  Date: 19/09/25

Name: CATHERINE KYAMPIIRE

Registration No: M22/15/009

APPROVAL

I hereby confirm that this dissertation has been carried out under my guidance and support, and I endorse its submission to the University with my full approval.

Signature: 

Date: 19/09/2025

Dr. Samuel Eyamu

University Supervisor

DEDICATION

To the father of my children, Mr. Geoffrey Collins Mwambu, for the endless support in financing every step I take.

To my beloved mothers, Maama Annet and Mummy Joselyn, who have never gotten tired of praying for me and providing unwavering love and encouragement.

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TABLE OF CONTENTS

DECLARATION	i
APPROVAL	ii
DEDICATION	iii
ACKNOWLEDGEMENTS	iv
TABLE OF CONTENTS	v
LIST OF ABBREVIATIONS	viii
ABSTRACT	ix
CHAPTER ONE: INTRODUCTION	1
1.1 Introduction	1
1.2 Background to the Study.....	1
1.2.1 Historical background.....	1
1.2.2 Theoretical background	2
1.2.3 Conceptual background	3
1.2.4 Contextual background.....	5
1.3 Problem Statement	6
1.4 Objectives of the Study	6
1.4.1 General Objective	6
1.4.2 Specific Objectives	7
1.5 Research Questions	7
1.6 Justification of the Research.....	7
1.7 Significance of the Study	8
1.8 Scope of the Study	8
1.9 Conceptual Framework	10
CHAPTER TWO: LITERATURE REVIEW	13
2.1 Introduction	13
2.2 Theoretical review	13
2.2.1 Social Identity Theory.....	13
2.2.2 Cognitive Diversity Theory	14
2.3 Empirical review	14
2.3.1 Socio-demographic diversity and employee resilience.....	14
2.3.1 Diversity management practices and employee resilience	15

2.3.2	Workplace diversity culture and employee resilience	16
2.4	Literature Gap.....	17
CHAPTER THREE: METHODOLOGY		19
3.1	Introduction	19
3.2	Research Design	19
3.3	Research Approach	19
3.4	Area of study.....	19
3.5	Sources of information.....	20
3.6	Population and sampling techniques	20
3.7	Variables definitions and Measurement levels	22
3.8	Procedure for data collection	23
3.9	Data collection instruments.....	24
3.10	Quality/Error control.....	24
3.12	Ethical considerations.....	26
3.13	Limitations of the Study	27
CHAPTER FOUR: DATA ANALYSIS, PRESENTATION AND INTERPRETATION OF RESULTS		28
4.1	Introduction	28
4.2	Response Rate.....	28
4.3	Reliability and Validity of the Study	28
4.4	Demographic characteristics of Respondents	29
4.4.1	Gender of Respondents.....	29
4.4.2	Age.....	30
4.4.3	Highest Level of Education Attained	30
4.4.4	Nationality	31
4.4.6	Department	32
4.5	Descriptive Statistics of Study Variables.....	33
4.5.1	Diversity Practices	33
4.5.2	Workplace Culture	36
4.5.2	Employee Resilience	37
4.6	Hypothesis testing	38
4.6.1	Assumptions for Parametric Tests	38

4.6.2	Multicollinearity.....	38
4.6.3	Correlation Analysis	39
4.7	Multiple Regression Analysis	40
4.7.4	Regression Model Equation	42
CHAPTER FIVE: SUMMARY, DISCUSSION AND CONCLUSION		44
5.1	Introduction	44
5.2	Summary of Findings	44
5.3	Discussion.....	45
5.3.1	Socio-demographic diversity and employee resilience	45
5.3.2	Diversity management practices and employee resilience	45
5.3.3	Workplace diversity culture and employee resilience	46
5.4	Conclusion	47
5.4.1	Theoretical Implications.....	47
5.4.2	Managerial Implications.....	47
5.4.3	Policy Implications	48
5.5	Recommendations	48
Based on the study's findings, the following recommendations are proposed:		48
5.6	Areas for Further Study.....	49
REFERENCES		50
APPENDICES		53
Appendix 1: Tests of Normality		53
Appendix 2: Skewness and Kurtosis.....		53
Appendix 3: Consent Form		56
Appendix 4: Questionnaire.....		59
Appendix 5: Workplan		62
Appendix 6: Budget		62

List of Tables

Table 3-1: A table showing employee distribution in TMR International Hospital	19
Table 4-1: Construct Reliability and Validity	26
Table 4-2: Diversity Practices Descriptive Statistics	33
Table 4-3: Workplace Culture Descriptive Statistics	35
Table 4-4: Employee Resilience Descriptive Statistics	36
Table 4-5. Multicollinearity Analysis	48
Table 4-6. Correlation analysis	48
Table 4-7. Multiple regression results	49

LIST OF ABBREVIATIONS

CD-RISC	Connor-Davidson Resilience Scale
CDT	Cognitive Diversity Theory
COVID-19	Coronavirus Disease 2019
NGO	Non-Governmental Organisation
SIT	Social Identity Theory
VUCA	Volatile, uncertain, complex, and ambiguous

ABSTRACT

This study examined the effect of workplace diversity on employee resilience at TMR International Hospital in Uganda. Recognizing the growing importance of diversity in building a resilient workforce, this research explored how department diversity, diversity management practices, and workplace culture contribute to employee resilience.

A cross-sectional research design was employed, utilizing a quantitative approach through structured questionnaires administered to employees. Data were analyzed using IBM SPSS 25, incorporating correlation and regression analyses to assess the relationships between the study variables. The findings reveal that most socio-demographic factors—including gender, age, education level, region of origin, and tenure—do not significantly impact employee resilience ($p > 0.05$). However, department diversity emerged as a significant predictor ($b = .082, p < .05$), suggesting that employees working in diverse departmental settings tend to develop greater adaptability and problem-solving skills. Diversity management practices initially demonstrated a strong positive effect on resilience ($b = .681, p < .001$), but when workplace culture was introduced in the regression model, its significance diminished ($b = .309, p > .05$). This suggests that the effectiveness of diversity practices in fostering resilience is largely dependent on a supportive workplace culture.

Workplace culture emerged as the strongest predictor of employee resilience ($b = .442, p < .01$). When all the predictors were included into the regression model, the study concludes that a strong, inclusive workplace culture is essential for translating diversity management efforts into employee resilience. Organizations should prioritize recognition programs, fair advancement opportunities, and diversity-supportive policies to foster resilience. The findings also suggest that diverse recruitment efforts alone do not enhance resilience unless they are accompanied by inclusive onboarding and integration strategies. Further research is recommended to explore the underlying factors affecting the interaction between diversity initiatives and resilience in healthcare setting.

CHAPTER ONE: INTRODUCTION

1.1 Introduction

In today's increasingly unpredictable economic environment, businesses and organizations are compelled to strengthen their resilience. This study investigated the effect of workplace diversity on employee resilience, focusing on TMR International Hospital as a case study. Specifically, the study explored how the various forms of workplace diversity, including socio-demographic, management practices and workplace culture influence employee resilience.

This section addresses the background of the study, the problem statement, research objectives, research questions, justification for the research, the significance of the study, the scope of the study, and the conceptual framework.

1.2 Background to the Study

1.2.1 Historical background

Employee resilience, or the ability to bounce back from challenges and maintain well-being at work, is today an essential concept in the dynamic workplaces of the modern era (Lu et al., 2023). Its historical development, however, is an interesting transformation.

The concept of resilience came from the psychology and sociology studies of the early 20th century. Initially, resilience was largely viewed in the context of individual psychological welfare, focusing on children's ability to cope with adversity (Masten, 2001). Child psychologists first used the term when they studied how some children managed to thrive despite overwhelming challenges.

By the mid-20th century, research in resilience moved beyond children to focus on adults, with the understanding that resilience is an important characteristic across the entire human life course. This era witnessed the extension of theories of resilience to several domains, such as education, social work, and later, organizational behavior.

The 1980s marked a shift with researchers beginning to take an interest in resilience in the workplace. This era recognized that workplaces are dynamic systems in which employees undergo constant change and stressors. The fascination was with understanding how employees could not only cope but actually

thrive in the face of adversity. Initial research largely examined personal traits and coping skills that contributed to the development of resilience (Kobasa, 1979).

It was during the late 1990s and early 2000s that employee resilience gained more attention with the increase in globalization and technological advancements that drastically altered work environments. Researchers began examining the organizational variables that would create employee resilience, such as leadership, organizational culture, and support systems (Luthans, 2002). The period underlined the fact that resilience is not only an individual trait but a quality that can also be cultivated by the organization.

The last two decades have seen a growth in empirical research and practical interventions aimed at building employee resilience. Modern research emphasizes the application of a multifaceted approach, embracing personal, social, and organizational resources.

Employee resilience in contemporary settings is considered essential to maintain productivity and well-being in increasingly volatile, uncertain, complex, and ambiguous (VUCA) environments. (Chawla et al., 2020).

Hence, this study investigated the influence of workplace diversity on employee resilience.

1.2.2 Theoretical background

The present research was informed by two prevailing theoretical perspectives in succession: Social Identity Theory and Cognitive Diversity Theory. Henri Tajfel and John Turner's Social Identity Theory of the 1970s posits that some of the identity of an individual comes from being a member of a specific social group (Tajfel & Turner, 1979). Social groups may be on grounds of age, gender, ethnicity, and professional affiliation among others. In principle, individuals categorize themselves and others into groups, and this generates in-group preference and out-group prejudice. Categorization is driven by the need for positive self-image and distinction from others.

In the workplace, Social Identity Theory explains how diversity can influence employee behavior and interactions. When employees strongly identify with others who are similar to them in age, gender, cultural

diversity and education background, they tend to perceive them as 'in groups' resulting in increased solidarity and support levels thus increasing their resilience levels.

To illustrate how diversity in the workplace affects employee resilience, the study demonstrated additional insights of the Cognitive Diversity Theory. The theory, grounded in psychology and organizational behavior, posits that cognitive diversity maximizes creativity and innovation by bringing together multiple perspectives and styles (Page, 2007).

Cognitive diversity refers to differences in people's perception, interpretation, and response to the world. The variations could be due to varying backgrounds, work experiences, and individual interests. In the workplace, cognitive diversity will tend to lead to better problem-solving and decision-making abilities because a diverse workforce of employees is likely to anticipate and respond to more kinds of problems.

When applied to workplace diversity and employees' resilience, Cognitive Diversity Theory suggests that teams composed of various cognitive types are likely more resilient and better able to cope. Their resiliency comes through their ability to make use of diverse perceptions in order to handle complex situations and recover from setbacks

1.2.3 Conceptual background

The premise that workplace diversity and employee resilience are interconnected concepts that can significantly impact organizational performance formed the theoretical underpinning of this study.

Employee resilience has been described as the capacity of employees to recover from adversity and maintain their well-being in the face of workplace challenges (Lu et al., 2023). This is a valuable construct in today's dynamic workplace where employees are frequently exposed to stressors such as organizational change, work demands, and economic uncertainty. Workers who are resilient are more apt to handle such

adversities, sustain their performance, and contribute positively to organizational outcomes. For this study, resilience was operationalized through adaptability, optimism and perseverance

On the other hand, the independent variable, workplace diversity was operationalized with reference to socio-demographic, management practices and workplace diversity culture as explicated below. Socio-demographic diversity comprises attributes such as gender, age, educational level, department, region of origin, and tenure. These factors create diversity in perceptions and expertise that can enhance problem-solving, innovation, and flexibility in an organization. By being exposed to diverse views, employees may become more adaptive and resilient in order to deal with workplace adversity.

Diversity management practices are the systematic efforts on the part of an organization to recruit, retain, and accommodate a diverse workforce. These practices include fair recruitment processes, non-discriminatory policies, training and developmental activities, leadership commitment to diversity, equal opportunity for everyone, and active support for diversity initiatives. Effective diversity management is central to creating a climate where all employees feel valued and supported, and this can, in turn, be expected to strengthen their resilience by creating a sense of safety and belonging.

Workplace diversity culture means to the organizational atmosphere reflecting how diversity is valued, communicated, and integrated into day-to-day activities. Open communication, recognition and celebration of individual contributions, and robust anti-discrimination plus harassment policies are part of a healthy diversity culture. If an organization prioritizes these cultural elements, it forms a positive setting that promotes resilience through greater mutual respect, psychological safety, and a sense of belongingness among employees.

1.2.4 Contextual background

TMR International Hospital located in Naalya, a rapidly developing Kampala suburb in Uganda, is making significant contributions to Uganda's healthcare since it began operating in 2016. Uganda, having over 45 million people is faced with numerous health concerns including elevated maternal and infant mortalities in addition to its communicable disease burden. The World Bank (2023) reveals that Uganda's healthcare is characterized by a shortage of medical doctors with just an estimated 1.5 doctors for every 1,000 people compared to the WHO's recommended ratio of 2.5.

The economic conditions in Uganda also impact the delivery of healthcare. While the nation has been recording a Gross Domestic Product (GDP) growth rate of around 6% over the past few years (World Bank, 2023), it has been making some advancements in building its infrastructure. However, finances for healthcare remain limited, and the health sector only gets an allocation of about 9.2% of the national budget (Ministry of Health, Uganda, 2022). This funding constraint affects the quality and availability of health services, particularly in rural areas.

TMR International Hospital overcomes some of these difficulties by offering a broad spectrum of services, which range from maternity services, emergency care, ear, nose, and throat (ENT) services, to sophisticated surgeries like cochlear implants. The hospital is open 24/7 and offers both inpatient and outpatient services, with facilities that include a pharmacy, theatre, intensive care unit (ICU), and laboratory. Investment backing such as XSML's African Rivers Fund has enabled TMR to increase its infrastructure and reach a broader demographic through alignments with insurance companies and corporate clients.

With its up-to-date facilities and patient-centric care, TMR International Hospital is contributing to the improvement of health outcomes in Uganda. Amidst the evolving health care landscape, TMR remains a significant contributor to addressing the needs of the population and supplementing the country's efforts towards improved overall health standards.

1.3 Problem Statement

Occupational resilience is critical to organizational achievement since it enables workers to effectively deal with adversity, maintain productivity, and ensure organizational survival. Nevertheless, there exist numerous organizations that are struggling to attain sufficient levels of worker resilience.

For instance, Kalaitzaki et al.'s (2022) research on Greek healthcare professionals during the COVID-19 pandemic found significant indications of low resilience among participants. As per the research, 40% of healthcare professionals experienced high levels of emotional exhaustion, 30% experienced high levels of depersonalization, and 50% experienced low personal accomplishment.

In Africa, a study by Abuya et al. (2022) with healthcare workers in Kenya reported that 40% of the respondents were experiencing high burnout, and it was negatively linked to resilience. The study identified high levels of stress and lack of support mechanisms as the causative factors for the low resilience levels among the healthcare workers.

Similarly, a study by the Uganda National Institute of Public Health (2023) surveyed health workers at the epicenter of the Sudan Ebola Outbreak Response in Uganda. The finding revealed that the majority of health workers (77%) had low levels of resilience and were not able to deal with the high pressure and stress of their workplace

To address this issue, some scholars suggest embracing diversity and inclusion in the workplace (Diversity Council Australia, 2020). Literature indicates that through building a diverse workforce, organizations are able to harness the collective strength of employees, building resilience through varied ideas (Page, 2019). However, limited research has been conducted to establish the extent to which workplace diversity affects the resilience of employees in Uganda. Conclusively, this research study purposed to close the gap by evaluating how diversity in the work space affects the resilience of employees working at TMR International Hospital, Uganda.

1.4 Objectives of the Study

1.4.1 General Objective

To investigate the effect of workplace diversity on employee resilience at TMR International Hospital

1.4.2 Specific Objectives

- a) To assess the effect of socio-demographic diversity on employee resilience at TMR International Hospital in Uganda.
- b) To examine the effect of diversity management practices on employee resilience at TMR International Hospital in Uganda.
- c) To investigate the influence of workplace diversity culture on employee resilience at TMR International Hospital in Uganda.

1.5 Research Questions

- a) What is the impact of socio-demographic diversity on employee resilience at TMR International Hospital in Uganda?
- b) How do diversity management practices affect employee resilience at TMR International Hospital in Uganda?
- c) How does workplace diversity culture influence employee resilience at TMR International Hospital in Uganda?

1.6 Justification of the Research

Uganda, like many other countries, is characterized by a diverse population. As such, organizations in Uganda must navigate the complexities of workplace diversity to maintain a productive and harmonious work environment. By studying the relationship between workplace diversity and employee resilience, this research can provide valuable insights for organizations in Uganda and beyond.

Secondly, the healthcare sector, represented by TMR International Hospital, operates in a high-pressure environment where employees are often required to deal with challenging and stressful situations. Understanding how workplace diversity influences employee resilience in this context can help healthcare organizations like TMR International Hospital to better support their employees and improve overall organizational performance.

TMR operates in a highly specialized environment where front-desk operations, patient care, and administrative support intersect. Unlike larger public hospitals or smaller clinics, TMR balances international standards with localized healthcare delivery, making it an ideal case for examining employee resilience.

Previous studies on the effect of workplace diversity on employee resilience have largely concentrated on public hospitals, government agencies, or large-scale organizations, often overlooking medium-sized, privately run hospitals like TMR. This creates a gap: while those studies highlight general challenges and strategies, they do not address the unique realities of institutions like TMR, which must simultaneously maintain affordability, efficiency, and high-quality patient care.

1.7 Significance of the Study

This study has significant implications for theory and practice. Theoretically, the study contributes to the literature on workplace diversity and employee resilience. By grounding its arguments in well-established theoretical frameworks such as Social Identity and Cognitive diversity theory, the study aims to contribute to a better understanding of the complex relationship between workplace diversity and employee resilience.

From a practical perspective, the findings of this study can inform organizational procedures and policies in promoting employee well-being and organizational effectiveness. By understanding the factors that influence employee resilience in multicultural organizations, organizations can develop targeted interventions to help their employees and make the workplace more inclusive and supportive.

Moreover, the findings of the research can prompt policymakers to develop and implement general workplace diversity and inclusion policies. Through the identification of the positive impact of a diverse workplace on the resilience of employees, organizations can be encouraged to implement practices that foster a heterogeneous workplace. This may include setting diversity targets, developing training programs on unconscious bias, and offering equal opportunities for recruitment, promotion, and career development.

1.8 Scope of the Study

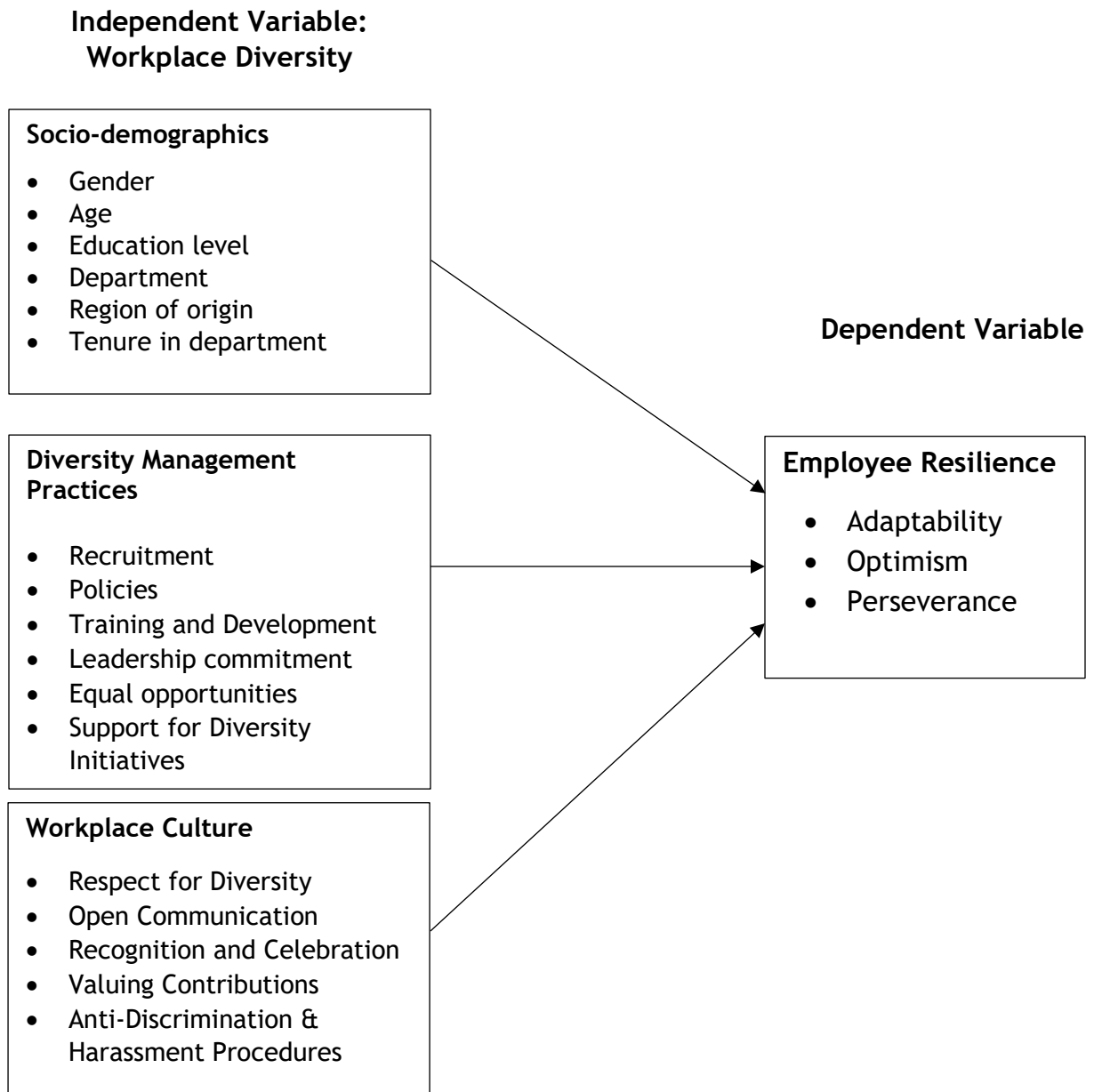
Geographical Scope: TMR International Hospital, which is a hospital institution located in Kampala, the capital of Uganda, was the study area. The information will be collected from employees working at the main campus of TMR International Hospital in Kampala.

Time Scope: The research was conducted over three months from June to August 2024, giving sufficient time for an in-depth analysis of the data and information in question. The period was sufficient to acquire and analyze evidence regarding the impact of socio-demographic diversity, diversity management

practices, and workplace diversity culture on employee resilience in TMR International Hospital in Uganda.

Content Scope: The study will examine the relationship between workplace diversity and employee resilience within the healthcare sector. Specifically, the study will explore how demographic and cognitive diversity among employees at TMR International Hospital influence their resilience in the face of workplace challenges. The study will draw upon theoretical frameworks from organizational psychology and human resource management to analyze the data and draw conclusions.

1.9 Conceptual Framework



Source: Adapted by Rao Deepukumar and modified by the Researcher (2024)

Conceptual framework narrative

The study was based on the relationship between workplace diversity and employee resilience in TMR International Hospital, where workplace diversity was the independent variable and employee resilience was the dependent variable. Workplace diversity was categorized into three broad dimensions: socio-demographic diversity, diversity management practices, and workplace diversity culture.

Socio-demographic diversity comprised attributes of gender, age, education level, department, region of origin, and tenure in the department. These factors represented the various backgrounds and experiences that the employees came with to the workplace. Socio-demographic diversity was anticipated to influence the resilience of employees by facilitating adaptability, optimism, and perseverance through the exposure to various ways of thinking and problem-solving approaches.

Diversity management practices were the hospital's efforts to manage and promote diversity, such as recruitment processes, policies, training and developmental practices, leadership commitment, equal opportunities, and support for diversity initiatives. They were meant to create a fair and inclusive environment that could make employees feel safer, belong, and be more confident, thereby making them more resilient in the face of adversity.

Workplace diversity culture referred to those values and organizational behaviors that supported diversity, such as respect for diversity, open communication, recognition and celebration of employees' contributions, and robust anti-discrimination and harassment policies. A positive diversity culture was assumed to foster an inclusive and supportive workplace, thereby enhancing employees' resilience through the promotion of mutual respect, psychological safety, and sense of belonging.

Employee resilience being the dependent variable was measured through three significant components: adaptability, optimism, and perseverance. The ability to deal with change or new situations was referred to as adaptability, having a positive mindset towards work challenges referred to as optimism and finally withstanding challenges while consistently performing under pressure is termed as perseverance.

The study's conceptual framework presumed that the diverse nature of the work space directly influenced employee resilience through its socio-demographic diversity management practices. Recent studies indicate that work places with inclusive and supportive practices had employees who were more adaptable, optimistic and persevering. This framework assumed that the progression of inclusivity and diversity

within the hospital would foster employee resilience in addressing work related stressors for the overall success of the organization.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This section records recent literature to explore the relationship between employee resilience and workplace diversity. This literature review is structured to display recent knowledge, theoretical frameworks, empirical findings, and contradictory results regarding Workplace diversity and employee resilience

2.2 Theoretical review

The present research was based on two basic theoretical frameworks: Social Identity Theory and Cognitive Diversity Theory. These theories provide a comprehensive overview of the influence of workplace diversity on employee resilience.

2.2.1 Social Identity Theory

Social Identity Theory (SIT) of Tajfel and Turner (1979) holds that individuals derive a sense of identity and self-esteem from group membership. Individuals, the theory goes on to suggest, categorize themselves and others into groups in terms of differences such as age, gender, culture, and education. Such memberships in groups place high significance on the individual's self-concept and influence his/her behavior and attitudes.

In this study, Social Identity Theory was employed to examine how age diversity, gender diversity, cultural diversity, and educational diversity in the workplace shape employees' feelings of community and belongingness at TMR International Hospital. Through an analysis of how employees identify with their diverse groups, the study aimed to understand how such identities inform their resilience—exactly their adaptability, optimism, and perseverance. For example, employees who feel a high sense of belonging applying to their organization or group would be more open-minded and more optimistic and hence more resistant.

One of the drawbacks of Social Identity Theory is that it has mainly dealt with group memberships and may not always account for intra-group differences within the group. Further, even though the theory explains how belonging to a group can increase good outcomes, the theory could lead to inter-group

conflicts and bias if not managed properly. To overcome some of its limitations, I draw further insights from the cognitive diversity theory.

2.2.2 Cognitive Diversity Theory

Cognitive Diversity Theory (CDT), as Page (2007) defines it, emphasizes the need to preserve diversity in perspectives and approaches within a team. The theory posits that diversity in cognitive styles, problem-solving styles, and knowledge bases enhances the ability of a team to generate creative solutions and make better-informed decisions. Cognitive diversity is particularly valuable in difficult situations where multiple perspectives can lead to more effective problem-solving and adaptability.

The application of this theory in the study was in identifying the role workspace diversity in enhancing employee resilience at TMR International Hospital. Through examining the diverse cognitive resources that workers of different backgrounds contribute to the organization, the study concentrates on determining how different perspectives influence, adaptability, optimism and perseverance among employees. For instance, diverse education backgrounds among employees increase problem solving capabilities, improving adaptability and resilience.

However, there is a gap with the Cognitive Diversity Theory and that is assume that diversity leads to positive results at all times. Diversity can at times lead to miscommunication and conflict which undermine the team's overall performance, if not handled wisely. The theory may also fail to consider the potential for resistance to change or the time it takes to integrate different perspectives into cohesive team processes.

2.3 Empirical review

This is the section that deals with the effect of diversity in the workplace on employee resilience according to the research goals.

2.3.1 Socio-demographic diversity and employee resilience

An international study by McKinsey & Company in 2020 in a number of countries, including the United States, the United Kingdom, and Germany, determined that companies identified as more inclusive and diverse were 35% more likely to outperform their competitors financially. Second, varied teams made decisions 87% better and had 19% higher revenues, respectively, from more diverse management teams.

The statistics evidence the huge diversity input into business performance, and thus indirectly supports employees' resilience by enhancing creativity and flexibility (Hunt, Yee, Prince, & Dixon-Fyle, 2020).

Additionally, a study of various organizations in Europe found that more socio-demographically heterogeneous teams, particularly those that were more diverse in terms of age and gender, recorded a 12% increase in adaptability and crisis problem-solving over their less heterogeneous counterparts (Harvard Business School, 2021).

The U.S. Census Bureau, in a study in 2021, discovered education disparities in America where only 21% of Black Americans and 15% of Hispanic Americans had a bachelor's degree compared to 35% of white Americans. (U.S. Census Bureau, 2021).

In Africa, a study of South Africa's public health workforce (Mushonga et al., 2020) found that employees with diverse socio-demographic characteristics had higher resilience scores, with resilience increasing by 15% among those in more diverse teams. The research also showed that gender diversity was linked to a sense of stronger collective identity and support among the team members as factors leading to overall resilience.

Similarly, Strydom (2021) conducted a study in South Africa that found that financially speaking, gender-mixed workforce companies had a maximum of 41% revenue. The same research also vindicated that gender-mixed companies had a 15% opportunity to have improved finance returns. (Strydom, 2021).

In Kenya research, Bali (2023) examined the effect of cultural and geopolitical forces on resilience in Sub-Saharan Africa. The study highlighted that development issues such as drought and socio-economic issues have led to a high priority on community resilience. (Bali, 2023).

In Uganda, research that centered on the impact of diversity on institutions of learning found that socio-demographically diverse departments had a 20% higher likelihood of workers being resilient to organizational changes (Nakiyingi & Kintu, 2022). Consistently, I expect:

H1: There is a positive relationship between socio-demographic diversity and employee resilience.

2.3.1 Diversity management practices and employee resilience

A study conducted by Stahl in 2021 explored the effects of diversity management practices on organizational resilience across several industries in Germany, United Kingdom and France. Companies

with formal diversity management practices, such as inclusive employment and training reported a 25% increase in flexibility rates during the COVID- 19 pandemic. These practices have honed the expertise of employees thus building their problem solving capacity and ability to withstand challenges.

According to a study conducted by Booysen and Nkomo in 2020 across South African companies, those with strong policies on diversity and leadership commitment to inclusivity had a 22% increase in employee engagement. Diversity training and development programs enabled employees to be more resilient in the face of turmoil.

A similar research study was conducted in Kenya by Muthoni (2021) on diversity management in the hospitality industry which showed that leader's commitment to inclusivity improved employee resilience. A survey conducted among more than 200 employees, revealed that organizations with leaders committed to inclusivity enhanced coping mechanisms among their employees. Such organizations, characterized by a cooperative working environment prioritized tolerance of difference, mutual respect and flexibility

Ugandan corporations with fair employment policies and inclusive initiatives registered a 30% increase on diversity management in the hospitality industry compared to corporations lacking such practices [Tumwesigye and Nalubega (2019)]. Motivation of workers through appreciation regardless of their background empowers them to overcome stress and recover from adversity. (Tumwesigye & Nalubega, 2019). Thus, I predict:

H2: There is a positive correlation between the diversity management and employee resilience.

2.3.2 Workplace diversity culture and employee resilience

A research study conducted by Ely and Thomas in 2020 across the United States evaluated the impact of as successful work space diversity culture on employee resilience in many industries. Organizations that prioritize and respect diversity, open communication, and inclusive policies, build the resilience capacity of their employees to more than 35% (Ely & Thomas, 2020).

Akinola and Uzzi (2021) conducted a study on the Nigerian banking industry, focusing on workplace diversity culture and its effect on employee resilience. The research, which sampled 250 employees from five major banks, revealed that banks that promoted respect for diversity and open communication had a 29% improvement in employees' level of resilience. Employees in such organizations felt secure and

empowered, which was linked to enhanced coping abilities during times of stress and change (Akinola & Uzzi, 2021).

Research done in Kenya by Kamau and Njoroge (2019) in the healthcare sector on how workplace diversity culture is associated with employees' resilience. The research, which involved a sample of 180 health workers, discovered that companies whose workplace culture accepted diversity and recognition and celebration of the same had a 31% greater rate of resilience among the workers. The research concluded that a motivating and inclusive culture allowed employees to form stronger bonds with their colleagues, leading to better teamwork and resilience to adversity (Kamau & Njoroge, 2019).

Mbabazi and Kyagulanyi (2020) researched on the influence of workplace diversity culture on employees' resilience in the Ugandan telecommunication industry. The sample size of the research was 200 employees, and the results were that companies with stronger focus on appreciation of diverse employee contributions and with anti-discrimination practices in place showed a 33% increase in employees' resilience. The research revealed that when workers perceived that their differences were appreciated and respected, their organizational commitment and ability to withstand adversity were greatly increased (Mbabazi & Kyagulanyi, 2020). Therefore, I expect:

H3: There is a positive relationship between workplace diversity culture and employee resilience.

2.4 Literature Gap

The impact of workforce diversity on employee resilience differs according to circumstances and geographical scope. For instance, Mpho and Ndlovu (2019) had challenges in South Africa, whereas Adeyemi and Olusola (2020) had positive results in Nigeria. This research study aims to investigate the impact of workforce diversity on employee resilience in Uganda's health care sector.

Previous studies on the effect of workplace diversity on employee resilience have largely concentrated on public hospitals, government agencies, or large-scale organizations, often overlooking medium-sized, privately run hospitals like TMR. This creates a gap: while those studies highlight general challenges and strategies, they do not address the unique realities of institutions like TMR, which must simultaneously maintain affordability, efficiency, and high-quality patient care.

This study goes beyond the generalized findings of earlier research by providing organization-specific insights into TMR's structures, challenges, and strategies. It departs from previous studies by analyzing employee resilience within the unique setup of a private international hospital in Uganda.

The findings are expected to not only benefit TMR but also serve as a benchmark for similar organizations that share its scale and operational model.

As an institution where the researcher has direct access to data and operational processes, TMR provides an opportunity for an in-depth, contextually grounded analysis that may not be possible in other organizations, the study's recommendations will be directly applicable to TMR and transferable to related organizations.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter outlines the research methodology employed in order to meet the study's objectives. Research methodology, as defined by Yuko and Onen (2008), is a systematic and step-by-step process for reaching a research objective. It is a strategic plan that guides researchers on how to collect, process, and analyze data in a way that ensures the research question is addressed adequately, objectively, economically, and precisely.

The method section discusses research design, study site, sources of information, population and sampling techniques, definition and measure of variables, methods of data collection, data collection instruments, control measures for quality, data analysis and processing procedures, ethical issues, and methodological limitations experienced during the conduct of research. This extensive deliberation is to ensure guarantee of the validity and reliability of the study findings such that it could be replicated by other researchers if necessary.

3.2 Research Design

This research utilized a cross-sectional research design. A study design is the plan followed by a research study, as stated by Amin (2005). A cross-sectional design was suitable for gathering employees' experiences and perceptions regarding diversity and resilience at a specific point in time (Bhattacharjee, 2012). Because of limited time and resources, this design was ideal for obtaining a snapshot of workplace diversity and employee resilience in TMR International Hospital.

3.3 Research Approach

This study employed a quantitative approach in examining the relationship between workplace diversity and employee resilience at TMR International Hospital in Uganda. The quantitative approach was employed as it allows for the collection of numerical data that was statistically examined to establish patterns and relationships between variables linked to socio-demographic diversity, diversity management practices, and workplace culture. This technique assisted in preserving objectivity and facilitated the use of statistical tools for drawing meaningful inferences from the data.

3.4 Area of study

This study was conducted in Naalya, a suburb of Kampala in the capital city of Uganda. Kampala is a hub for most industries, including the healthcare sector, where TMR International Hospital is located. Kampala contains a mix of cultures, ethnicities, ages, genders, and education levels, making it an ideal location to examine the impact of diversity in the workplace among employee resilience at TMR International Hospital. The city attracts a significant proportion of the country's workforce, presenting unique challenges, but also opportunities, for organisations in managing diversity and developing resilience among employees.

Secondly, TMR International Hospital is located to serve a cosmopolitan patient population from varied socio-economic backgrounds and cultural settings. This patient diversity affects the workplace, further influencing employee resilience levels.

3.5 Sources of information

Both primary and secondary sources were applied by this study in order to offer an entire review of the research problem.

Data were gathered through structured questionnaires, which employees of TMR International Hospital completed. The questionnaires gathered quantitative data on workplace diversity variables, which included demographics, diversity management practices, workplace culture, and measures of employee resilience.

Secondary data included organizational reports and documents that supplemented the primary data, providing data on employee diversity and demographics and resilience policies. In addition, literature on workplace diversity and employee resilience was also reviewed to provide theoretical frameworks, insights, and context for the study.

3.6 Population and sampling techniques

Population

According to Sapsford (1999), population refers to the entire set of individuals, events, or objects with observable characteristics relevant to research findings. The study population consisted of all employees

working at TMR International Hospital in Kampala, Uganda. As of May 2024, TMR International Hospital had a total employee population of 117 as shown in the table below

Table 3-1: A table showing employee distribution in TMR International Hospital

Position	Number
Executive Director	01
Specialists	26
General practitioners	09
Nurses	40
Midwives	11
Biomedical	02
Radiology	03
Administration and support	19
Laboratory	06
Total	117

Source: Primary Data, 2024

Sample size

From a target population of 117 employees, a sample size of 92 respondents was determined using Krejcie and Morgan's (1970) sample size determination table. This sample represented the entire population within the research area.

Sampling Techniques

The sampling technique adopted for the present study included a combination of stratified, proportionate, and simple random sampling to get an unbiased and representative number of TMR International Hospital employees

The stratified sampling was initially applied, where employees were separated into different strata based on their positions in the hospital, e.g., nurses, experts, and administrative staff. This methodology ensured that each group was amply represented in the sample. Then, proportionate sampling was utilized to compute the sample size for each stratum in comparison to its size in the entire population. For instance, in a scenario where nurses comprised almost 34% of the total number of employees, therefore 34% of the sample size was allocated to nurses. Finally, within each stratum, the use of simple random sampling selected the respondents.

3.7 Variables definitions and Measurement levels

Dependent Variable

Employee Resilience will be measured using the Connor-Davidson Resilience Scale (CD-RISC). (Connor & Davidson, 2003; Campbell-Sills & Stein, 2007). The items in the scale assess factors such as adaptability, optimism, and perseverance

Independent Variables

Socio-demographics were categorized into several variables: Gender, measured as a categorical variable (male, female, other); Age, measured as a continuous variable in years; Education Level, classified as a categorical variable (e.g., high school, bachelor's degree, master's degree); Department, reflecting the specific departmental affiliation within the organization (e.g., nursing, administration); Region of Origin, which was a categorical variable indicating the employee's geographical background (e.g., urban, rural); and Tenure in Department, measured as a continuous variable representing the length of time (in years) an employee had worked in their current department.

In terms of **Diversity Management Practices**, the study examined several factors, including Recruitment, assessed as a categorical variable focusing on the inclusivity of recruitment processes; Policies, which reflected the presence and effectiveness of diversity policies within the organization; Training and Development, evaluated for the availability and quality of diversity training programs; Leadership Commitment, assessed through the visible support from leadership for diversity initiatives; Equal Opportunities, which evaluated perceptions of equal opportunities provided to all employees; and Support

for Diversity Initiatives, measured in terms of resources allocated to diversity initiatives (Cox, 1993; Mor Barak, 2015)

Finally, culture in the workspace was explored through several variables like Respect for Diversity, which reflected overall respect for diverse backgrounds and perspectives; Open Communication, evaluated based on the effectiveness of communication channels within the organization; Recognition and Celebration, which assessed how diversity was acknowledged and celebrated; Valuing Contributions, measured in terms of employees' perceptions of how their contributions were valued; and Anti-Discrimination & Harassment Procedures, which examined the existence and enforcement of procedures designed to prevent discrimination and harassment. The study aimed to examine these variables by understanding their joint impact on employee resilience (Ely & Thomas, 2001; Hofstede, 2001).

3.8 Procedure for data collection

This process started with obtaining approval from Uganda Christian University. I was granted ethical clearance and consent by the University Institutional Review Board (IRB) and the Administration of TMR International Hospital to ensure compliance with ethical standards and organizational policies. A detailed proposal outlining the study's objectives, methodology and ethical considerations was submitted to the School of Business.

Upon approval, a comprehensive literature review was conducted to inform the development of the survey questionnaire.

In the process of the survey administration phase, structured questionnaires were electronically shared with employees at TMR International Hospital using Kobo Collect. An email was sent to employees explaining the study's purpose, emphasizing confidentiality, and availing instructions for completing the survey. The questionnaire gathered data to measure employee resilience and perceptions of workplace diversity. Employees were given two weeks to complete the survey and regular reminders were sent to motivate their participation.

At the data management and analysis stage, survey responses were compiled and securely stored in a data base protected by a password. Quantitative data was entered into IBM SPSS Version 25 for cleaning, coding, and analysis.

Throughout the data collection process, ethical guidelines were strictly adhered to, ensuring participant confidentiality, voluntary participation, and informed consent. All data was anonymized to protect participant identities, and results were reported in a manner that respected and maintained confidentiality.

3.9 Data collection instruments

Structured questionnaires which were the main data collection instruments were used to acquire quantitative data in a structured manner.

These questionnaires captured different aspects such as socio-demographic data, diversity management practices, and workplace culture dimensions. The structured questionnaires also quantified employee resilience using quantitative measures of adaptability, optimism, and perseverance.

3.10 Quality/Error control

Reliability: The questionnaire in the structured format was developed with a view to ensuring reliability through the use of established scales and validated questions. Scales with clear response anchors were used to prevent ambiguous or leading questions. In addition, to increase reliability, the questionnaire was pre-tested on a small group of TMR International Hospital participants. The pre-test enabled the detection of ambiguities or difficulties in understanding, resulting in adjustments that facilitated clarity and consistency of participant responses.

Validity: The validity of the questionnaire was ensured through the following ways:

- a) **Content Validity:** The questionnaire was thoroughly reviewed by subject experts to ensure that the questions were accurately capturing the constructs involved, i.e., workplace diversity and employee resilience.
- b) **Construct Validity:** Questionnaire items were mapped with the theoretical models related to workplace diversity and resilience for ensuring construct validity.
- c) **Pilot Testing:** Pilot testing was conducted on a sample of employees to pre-test the questionnaire. This was to help in identifying potential constraints to the study such as unclear wording or response bias. To ensure clarification and validity of the tool, adjustments were made according to the responses obtained in the pilot test.

Data Collection Procedures:

Keen supervision and monitoring was done in the selection and correction of deviations from well-known protocols at consistent intervals. This ensured the compliance of the data collection process to the quality standards of the research.

During data entry, validation checks were conducted to identify missing data or outliers. There was a rigorous data cleaning process conducted for checking completeness and accuracy before analysis.

Findings from the pilot study were carefully scrutinized and included in the final questionnaire. This included the clarification of ambiguous questions, rephrasing of response choices for ease of understanding, and gauging whether the questionnaire accurately measured the variables wanted. These refinements improved both the validity and reliability of the data collection instruments.

3.11 Data processing and analysis

The data collected from the structured questionnaires were processed and analyzed using IBM SPSS Version 25 to ensure accuracy.

Data Cleaning and Organization: Before analysis, the data was analyzed to identify and correct any errors or inconsistencies. Kobo Collect was used to avoid incomplete questionnaires. The data were then arranged into a format suitable for statistical analysis, ensuring that all variables were appropriately labeled and coded for clarity.

Descriptive Analysis: Descriptive statistics were calculated, including frequencies, means, and standard deviations, to summarize the data. This analysis gave an overview of workplace diversity practices and employee resilience among staff at TMR International Hospital, giving room for a clearer comprehension of the overall trends and patterns in the data.

Inferential Analysis: To test hypotheses and explore relationships between variables, inferential statistical techniques were employed. This included correlation analysis, regression analysis, and analysis of variance (ANOVA). That's to say, regression analysis was employed to examine the relationship between workplace diversity practices (independent variables) and employee resilience (dependent variable).

3.12 Ethical considerations

This research adhered to several ethical principles to ensure the protection of participants and the integrity of the study process.

All data collected during the study was kept confidential and securely kept. Respondents' personal information was anonymized to ensure their confidentiality.

All respondents consented to their participation in the study. They were given comprehensive data regarding the research's purpose, procedures, and their rights as participants. Participation was voluntary, and individuals had the right to withdraw at any time without facing any consequences.

Respondents' identities remained concealed in all research outputs, including reports and publications. Identifying information was removed from transcripts, and participants were assigned pseudonyms to further protect their identities.

The research study ensured integrity through honest, transparent adherence to ethical standards. Information was collected, analyzed, and reported accurately.

The study aimed to expand the body of knowledge on workplace diversity and employee resilience. The welfare and rights of participants were prioritized throughout the study process.

Ethical Challenges and Solutions

Respondents could have given socially desirable responses especially on employee resilience. To mitigate this bias, the questionnaire was designed to include assurances of confidentiality and the importance of honest

responses. Emphasizing the study's goal of improving practices rather than evaluating individual performance helped create a more open environment for responses.

The research team committed to conducting the research with utmost honesty and transparency, ensuring that data collection, analysis, and reporting adhered to established ethical standards. Regular team

meetings were held to review data handling and reporting processes, to ensure commitment to ethical research practices.

3.13 Limitations of the Study

Scope Limitation: This research focused specifically on the impact of workplace diversity practices and culture on employee resilience. As a result, it did not consider other potential factors that could affect resilience, such as organizational leadership styles, employee engagement strategies, and external socioeconomic factors. This limitation may restrict the breadth of the results.

Geographical Limitations: The study was conducted at TMR International Hospital, which may have unique organizational dynamics and cultural contexts that differ from other healthcare institutions in different regions. Therefore, the results may not be directly applicable to hospitals or organizations in varied socio-economic or cultural environments.

Data Collection Methods: The research relied on self-reported data from workers regarding their perceptions of workplace diversity and its impact on resilience. This method may introduce response bias, where participants could provide socially desirable answers rather than honest assessments of their experiences.

Sample Size and Diversity: The sample size may not have been adequate to reflect a wide range of perspectives from different departments and demographic groups within the hospital. This would affect the generalizability of the findings to the entire employee population.

Temporal Constraints: The study was conducted at a single point in time, which may not capture the dynamics and employee resilience. Longitudinal studies could offer a more comprehensive understanding of how these factors evolve over time and impact employee outcomes.

CHAPTER FOUR: DATA ANALYSIS, PRESENTATION AND INTERPRETATION OF RESULTS

4.1 Introduction

This chapter provides the presentation, analysis and interpretation of findings. The presentation is in the sequence of objectives i.e.: (a) To assess the influence of socio-demographic factors on worker resilience at TMR International Hospital. (b) To assess the influence of diversity practices on worker resilience at TMR International Hospital. (c) To investigate the relationship between workplace culture and worker resilience at TMR International Hospital.

4.2 Response Rate

The response rate is the percentage of individuals who responded to the survey. A higher response rate is key in ensuring that the sample is representative of the population, which enhances the generalizability of the study findings (Mugenda & Mugenda, 2003, p.83).

In this study, a target sample size of 92 respondents was determined using the Krejcie and Morgan table from a population of 117. A total of 90 questionnaires were completed and returned, resulting in a response rate of 97.8%. To the study, this response was good enough to provide representation of the target audience.

4.3 Reliability and Validity of the Study

To ensure research quality, all the items included in the study were derived from prior research and reviewed by the researcher before data collection. Reliability was assessed using Cronbach's Alpha, with all scales meeting the threshold of 0.70 (Table 1-4). Validity was assessed through factor loadings. As illustrated in Table 1-4, all item loadings exceeded the recommended threshold of 0.5, affirming the validity of the constructs under examination (Cheung et al., 2023; Sekaran & Bougie, 2016).

Table 4-1: Construct Reliability and Validity (n = 90)

Variable	No. of items	Cronbach's alpha (α)
Diversity practices	10	0.891
Workplace culture	4	0.872
Employee resilience	4	0.903

4.4 Demographic characteristics of Respondents

This section presents the demographic characteristics of respondents including age, gender, cultural background, and education level. The results were obtained and computed into frequencies and percentages using SPSS as shown below

4.4.1 Gender of Respondents

The study analyzed the gender distribution of respondents at TMR International Hospital.

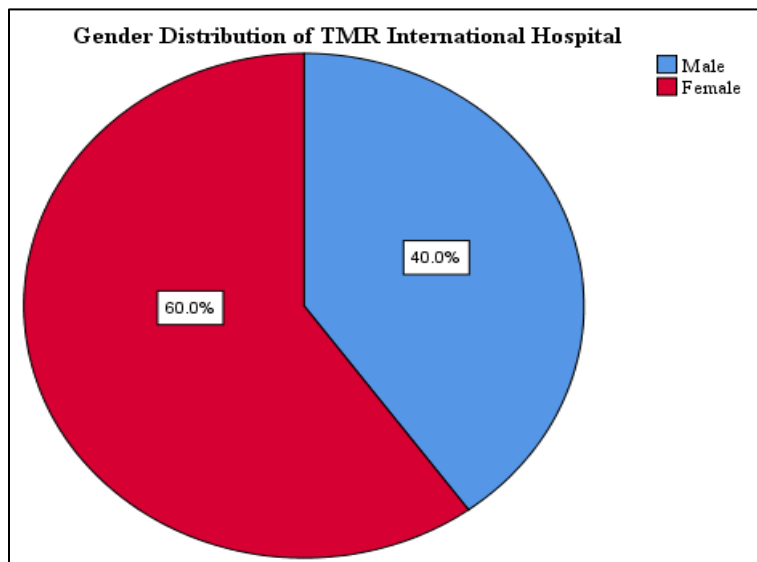


Figure 1-4 Source: Primary data, 2024

As shown in Figures 1–4, the results indicate that the majority of respondents were female, accounting for 54 (60.0%), while male respondents made up the remaining 40.0%. This suggests that TMR International Hospital's workforce is predominantly female, which could be attributed to the nature of the healthcare

profession. Fields like nursing and caregiving tend to attract more women, reflecting broader industry trends

4.4.2 Age

The study assessed the age distribution of employees at TMR International Hospital.

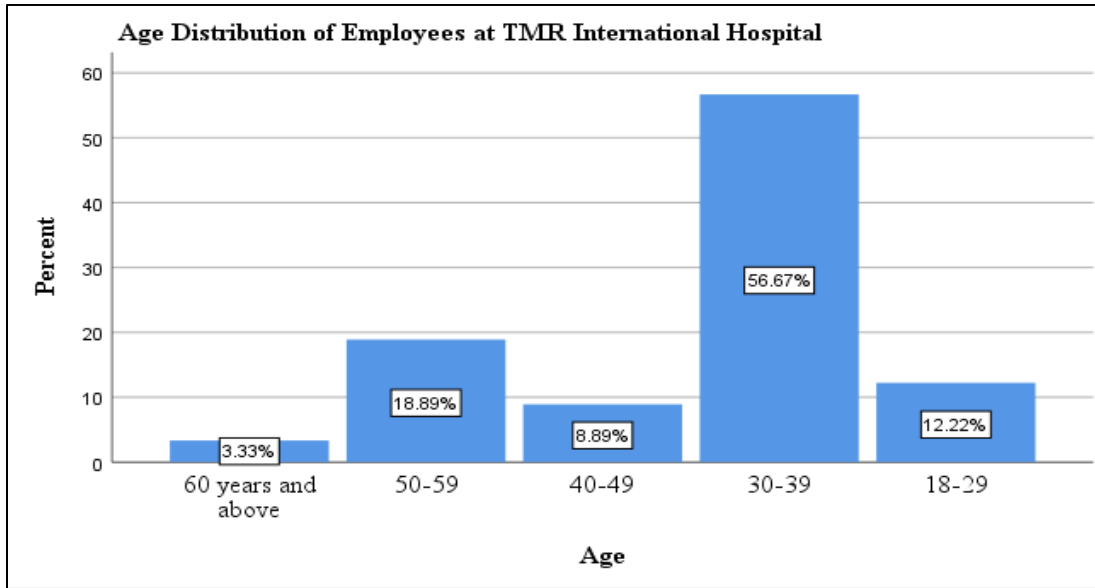


Figure 2-4 Source: Primary data, 2024

As shown in figure 2-4 above, the majority of respondents were aged between 30-39 years, with 51 respondents (56.7%) in this age group. Additionally, 17 respondents (18.9%) were aged 50-59 years, and 8 respondents (8.9%) were in the 40-49 age group. Only 3 respondents (3.3%) were aged 60 years and above, while 11 respondents (12.2%) were aged 18-29 years. These findings indicate that the workforce at TMR International Hospital is predominantly middle-aged, which may influence employee resilience, as individuals in this age range often have more experience and adaptability in managing workplace challenges.

4.4.3 Highest Level of Education Attained

The study examined the highest level of education attained by respondents at TMR International Hospital. The largest group, 35 respondents (38.9%), held a bachelor's degree, followed by 21 respondents (23.3%) with a master's degree and an equal number (23.3%) with a certificate. Additionally, 13 respondents (14.4%) had a diploma. These findings suggest that the hospital's workforce is highly educated, which may influence their resilience and adaptability in the workplace.

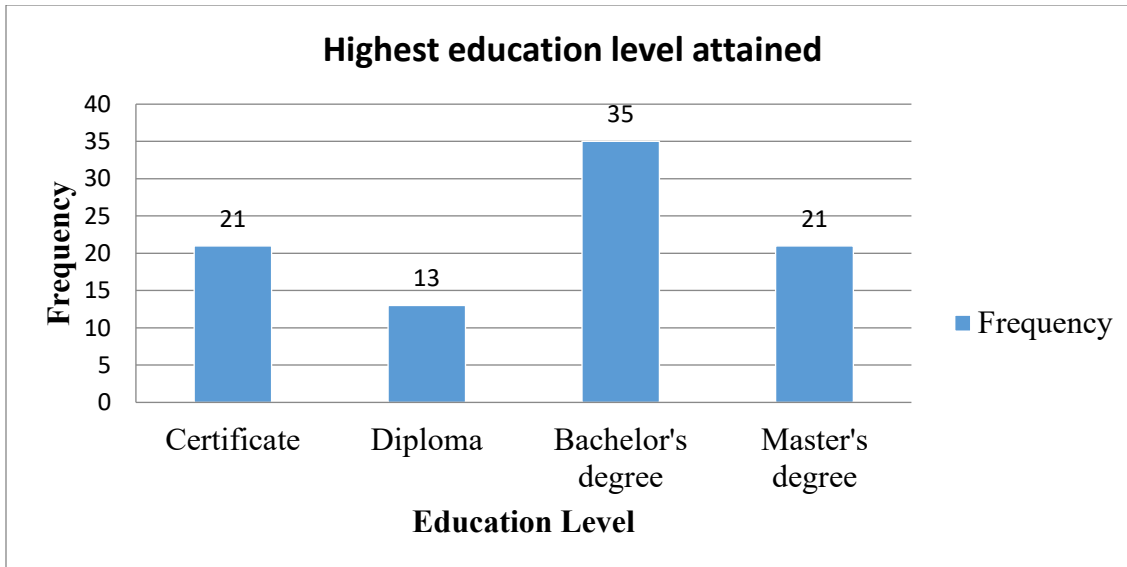


Figure 3-4 Source: Primary data, 2024

4.4.4 Nationality

The study assessed the nationality of respondents at TMR International Hospital. All 90 respondents (100.0%) were Ugandan, indicating no diversity in nationality among the hospital's workforce. This lack of national diversity made the analysis of cultural diversity be focused on other cultural factors rather than national origin.

4.4.5 Region of Origin

The study also analyzed the region of origin of respondents at TMR International Hospital.

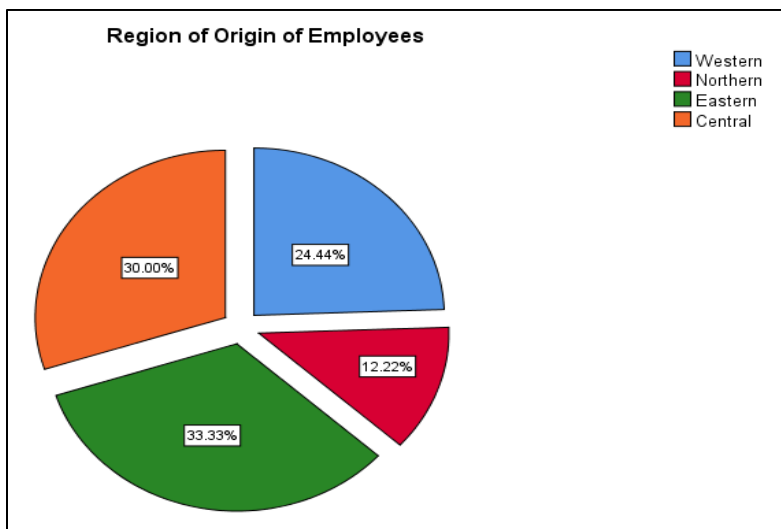


Figure 4-4 Source: Primary data, 2024

As shown in figure 4-4, the largest group, 30 respondents (33.3%), came from the Eastern region, followed by 27 respondents (30.0%) from the Central region. Additionally, 22 respondents (24.4%) were from the Western region, and 11 respondents (12.2%) were from the Northern region. These findings highlight some degree of regional diversity within the hospital’s workforce, which could contribute to the analysis of cultural diversity and its impact on employee resilience.

4.4.6 Department

The study examined the departmental distribution of respondents at TMR International Hospital.

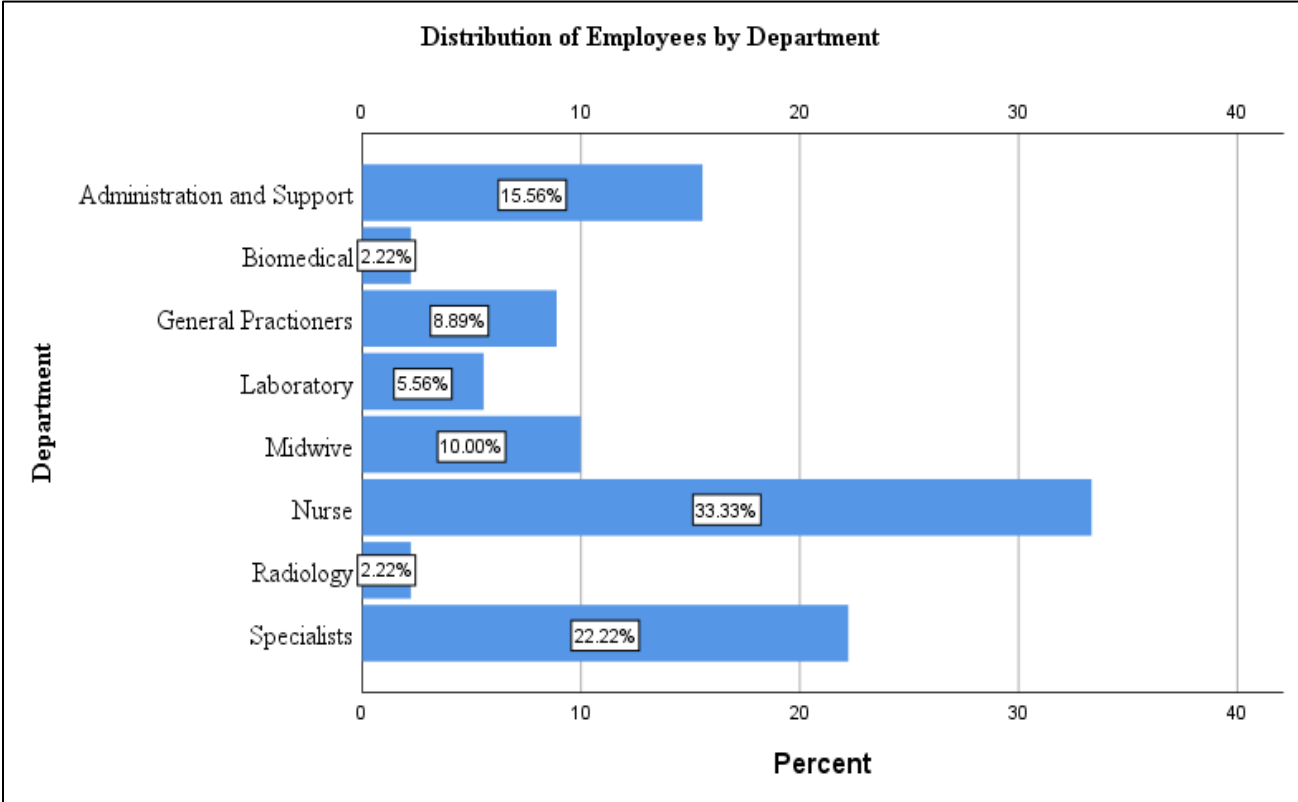


Figure 5-4 Source: Primary data, 2024

As seen in figure 5-4, the largest group, 30 respondents (33.3%), were nurses, followed by 20 respondents (22.2%) in the specialists' department. The administration and support department accounted for 14 respondents (15.6%). Other departments included midwives (9 respondents, 10.0%), general practitioners (8 respondents, 8.9%), laboratory (5 respondents, 5.6%), radiology and biomedical (each with 2 respondents, 2.2%). These findings illustrate a broad distribution of respondents across various hospital departments, which could offer insights into how department-specific factors influence employee resilience.

4.4.7 Length of Time Working in the Department

The study explored the length of time respondents have been working in their current department at TMR International Hospital. The majority, 41 (45.6%), have been in their department between 1-3 years. This is then followed by 30 (33.3%) with 4-6 years' service within their department. Another 16 (17.8%) have been with their department between 7 and 9 years, and 3 (3.3%) have had less than a year's service. These bands indicate a combination of experience profiles within the departments, which will have implications in terms of how employee resilience is influenced by tenure.

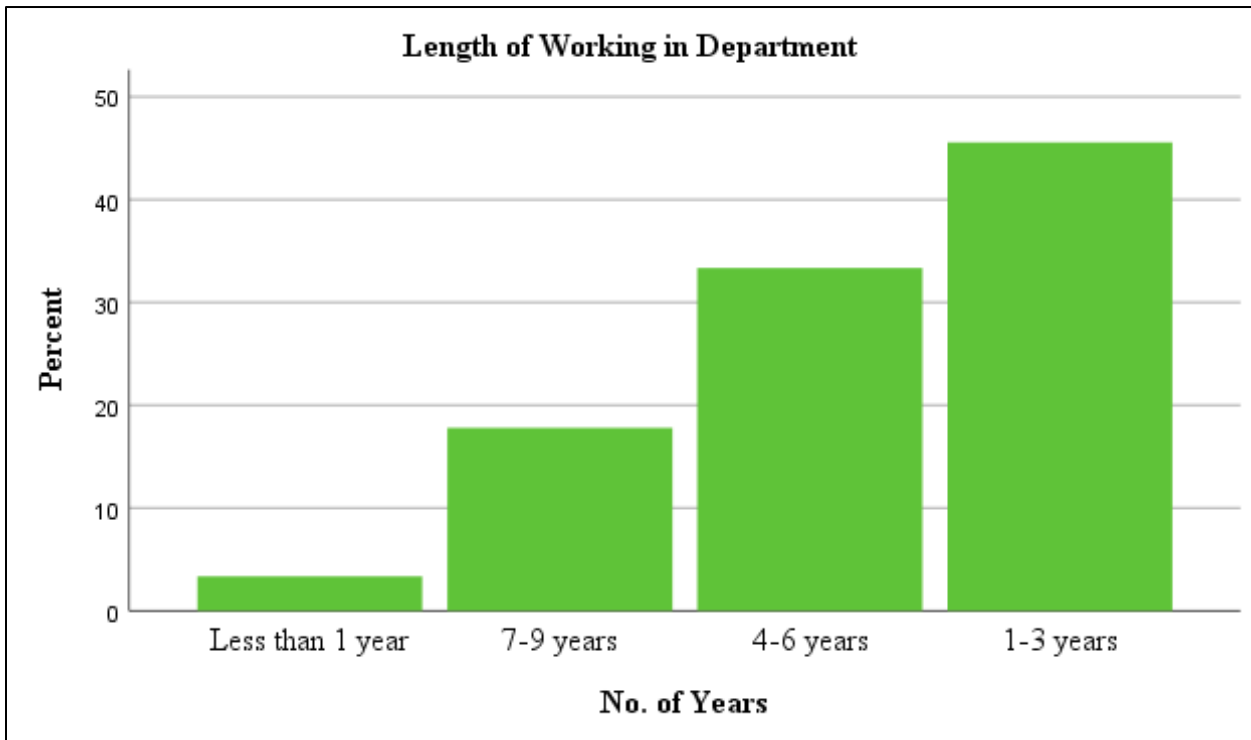


Figure 6-4 Source: Primary data, 2024

4.5 Descriptive Statistics of Study Variables

This part shows a summary of descriptive statistics for the research variables, including measures of central tendency and dispersion. It reveals key patterns and distributions in the data from TMR International Hospital, offering insights into how workforce diversity affects employee resilience.

4.5.1 Diversity Practices

Table 4-2: Diversity Practices Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
B1 - Diverse job candidates actively sought out	90	1	3	2.20	0.974
B2 - Genuine effort to hire qualified candidates from diverse backgrounds	90	1	3	2.64	0.526
B3 - Awareness of procedures for harassment or discrimination	90	1	4	3.24	1.115
B4 - Training programs to understand and appreciate diversity	90	1	4	3.17	0.974
B5 - Adequate preparation to work with colleagues from diverse backgrounds	90	1	2	1.53	0.502
B6 - Visible commitment to diversity and inclusion	90	1	4	3.02	1.227
B7 - Effective communication of the importance of diversity and inclusion	90	1	4	3.33	1.006
B9 - Belief in equal opportunities for advancement	90	1	2	1.30	0.461
B10 - Organizational support for diversity-related events	90	1	3	2.14	0.919
Average	90	1	3.22	2.51	0.86

Source: Primary Data, 2024

Seeking Diverse job candidates: The mean score for actively seeking out diverse job candidates during the recruitment process was 2.20, with a standard deviation of 0.974. This means that, on average, respondents perceive a moderate level of effort in considering diversity during recruitment. The standard deviation suggests some variation in perceptions, with some employees feeling more strongly than others about the organization's efforts.

Genuine effort to hire qualified candidates from diverse backgrounds: The mean score for the belief that the organization makes a genuine effort to hire diverse candidates is 2.64, with a standard deviation of 0.526. This means that participants, on average, agree that the company makes a solid effort in this area. The lower standard deviation indicates relatively consistent opinions across respondents.

Awareness of procedures for harassment or discrimination: The mean score for awareness of harassment or discrimination procedures is 3.24, with a standard deviation of 1.115. This means that participants feel aware of these procedures, though the higher standard deviation suggests varying levels of awareness across the workforce.

Training programs to understand and appreciate diversity: The mean score for the organization providing training programs that help employees understand and appreciate diversity is 3.17, with a standard deviation of 0.974. This means a positive response towards training programs, though some variability exists in how well employees feel these programs meet the intended goal.

Adequate preparation to work with colleagues from diverse backgrounds: The mean score for feeling adequately prepared to work with colleagues from different backgrounds is 1.53, with a standard deviation of 0.502. This indicates that participants generally feel somewhat underprepared by the training programs, with a relatively low standard deviation showing consistency in this perception.

Visible commitment to diversity and inclusion: The mean score for leaders visibly demonstrating commitment to diversity and inclusion is 3.02, with a standard deviation of 1.227. This means that participants slightly agree that leadership is committed, though there is considerable variation in opinions, likely indicating inconsistent experiences with leadership.

Effective communication of the importance of diversity and inclusion: The mean score for leaders effectively communicating the importance of diversity and inclusion is 3.33, with a standard deviation of 1.006. Respondents generally feel positive about the communication efforts, though some variability in responses indicates differing perceptions across the organization.

Belief in equal opportunities for advancement: The mean score for believing that employees from diverse backgrounds have equal opportunities for advancement is 1.30, with a standard deviation of 0.461.

This indicates that respondents largely perceive a lack of equal opportunities, with relatively little variation in this belief across the workforce.

Organizational support for diversity-related events: The mean score for organizational support for diversity-related events is 2.14, with a standard deviation of 0.919. This means that participants moderately agree with the level of support for diversity initiatives, but the standard deviation shows some variability in perceptions, possibly depending on their exposure to these events.

4.5.2 Workplace Culture

Table 4-3: Workplace Culture Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
C1 - Respect for Diversity	90	1	3	1.59	0.911
C2 - Open Communication	90	1	3	1.43	0.822
C3 – Recognition	90	1	4	3.47	0.864
C4 - Valuing Contributions	90	1	5	3.23	1.805
Average	90	1	3.75	2.43	1.10

Source: Primary Data, 2024

Respect for Diversity: The mean score for fostering a respectful work environment is 1.59, with a standard deviation of 0.911. This means that, on average, participants report moderate levels of respect for diversity in the workplace, though the standard deviation reflects some variation in how employees perceive the organization's respect for diversity.

Open Communication: The mean score for feeling comfortable expressing differing opinions is 1.43, with a standard deviation of 0.822. This means that participants generally feel somewhat uncomfortable sharing opinions that differ from the majority, and the relatively low standard deviation suggests consistency in this perception.

Recognition: The mean score for recognizing and celebrating diverse employee contributions is 3.47, with a standard deviation of 0.864. This means a generally positive perception of the organization's efforts to recognize diversity, though some variability in responses shows differing levels of satisfaction with the recognition process.

Valuing Contributions: The mean score for feeling valued at work is 3.23, with a standard deviation of 1.805. This shows that, on average, participants feel slightly valued in their roles, though the high standard deviation suggests significant variation in how employees feel about the recognition of their contributions.

4.5.2 Employee Resilience

Table 4-4: Employee Resilience Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
D1: Recovery from Setbacks	90	1	5	3.40	1.766
D2: Positive Outlook on Challenges	90	1	4	2.78	1.436
D3: Stress Management Strategies	90	1	5	3.97	1.472
D4: Persistence in Achieving Goals	90	1	4	2.87	1.416
Average	90	1	4.5	3.26	1.52

Source: Primary Data, 2024

Recovery from Setbacks: The mean score for recovery from setbacks is 3.40 with a standard deviation of 1.766. This reflects that the majority of the participants feel that they are slightly resilient when it comes to difficulties, even though the high standard deviation reflects ample variation in terms of speed of recovery of employees.

Positive Outlook on Challenges: The mean score for positive perception of difficult work situations is 2.78. with a standard deviation of 1.436. This reflects a fairly moderate ability in respondents to maintain a positive outlook in challenging situations, with considerable variability among respondents.

Stress Management Strategies: The mean score for stress management and improving job satisfaction is 3.97, with a standard deviation of 1.472. Respondents, on average, feel they have fairly strong coping abilities, though the variability reflects differences in the degree of stress management by individuals.

Persistence in Goal Achievement: The mean score for persistence in goal achievement is 2.87 with a standard deviation of 1.416. Respondents are moderately persistent in goal achievement, even with barriers, with a variation in responses.

4.6 Hypothesis testing

This section presents the results of the hypothesis testing, focusing on the relationships among the key study variables: departmental diversity, diversity management practices, workplace culture, and employee resilience. Using both correlation and regression analyses, the study aims to empirically assess the strength and direction of these relationships and, thereafter, determine the extent to which workplace diversity-related factors significantly predict employee resilience within the context of TMR International Hospital.

4.6.1 Assumptions for Parametric Tests

The data were evaluated to ensure they met the assumptions required for parametric tests, such as regression analysis. Normality was assessed using histograms, the Kolmogorov-Smirnov test, and the Shapiro-Wilk test. Initial results indicated that the data were not normally distributed (see Appendix 1). However, given the sensitivity of the Shapiro-Wilk test to large sample sizes, i.e. sample sizes above 50, further assessments were conducted. These included examining skewness and kurtosis values, normal Q-Q plots, and histograms (see Appendix 2). These additional analyses suggested that the data were approximately normal, making data transformation unnecessary.

Outliers were also assessed, as their presence can significantly bias regression results (Eyamu, 2019). Standardized (z) scores were calculated to identify potential outliers. Cases with z scores greater than ± 3.29 standard deviations from the mean were flagged as outliers, representing a probability of $p < .001$ ($p < .001$ (two-tailed test) (Tabachnick & Fidell, 1996). None of the observations in this study exceeded this threshold, indicating an absence of extreme values. As a result, no cases were excluded from subsequent analyses.

4.6.2 Multicollinearity

To assess the degree of multicollinearity among the independent variables, the variance inflation factor (VIF) and tolerance values were calculated. The results showed that the tolerance values for all independent variables ranged from 0.31 to 0.885, which exceeds the suggested threshold of 0.10 (Hair et al., 2014). Additionally, the variance inflation factors for all independent variables were below 3.30 (Eyamu, 2024; Hair et al., 2014), as presented in Table 4-5

Table 4-5. Multicollinearity Analysis

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
Diversity practices	.304	.189	.180	1.612	.111	.619	1.616
Workplace culture	.531	.141	.433	3.755	.000	.576	1.735
Gender	-.279	.170	-.152	-1.634	.106	.882	1.134
Age	-.178	.127	-.206	-1.405	.164	.357	2.798
Education	-.100	.103	-.133	-.967	.336	.408	2.450
Origin	-.037	.073	-.048	-.511	.611	.885	1.130
Department	.151	.060	.396	2.518	.014	.310	3.228
Years of service	-.076	.106	-.073	-.724	.471	.765	1.308

Source: Primary Data, 2024

4.6.3 Correlation Analysis

To assess the relationships between department diversity, diversity practices, workplace culture, and employee resilience, a Pearson correlation analysis was conducted. Table 4-6 presents the correlation coefficients, indicating the strength and direction of associations among the study variables.

Table 4-6. Correlation analysis (n = 90)

		1	2	3	4	5	6	7	8	9
1	Gender	1								
2	Age	-.02	1							
3	Education	-.10	.678**	1						
4	Origin	-.06	-.258*	-.067	1					
5	Department	-.19	.715**	.682**	-.164	1				
6	Years of service	-.12	.031	.035	.125	-.238*	1			
7	Diversity practices	.06	.099	.137	-.006	.030	-.020	1		
8	Workplace culture	.09	.154	.251*	-.069	.053	.077	.610**	1	
9	Employee resilience	-.15	.085	-.081	-.081	.241*	-.136	.409**	.484**	1

**Correlation is significant at the 0.01 level (2-tailed). ** p < .01, * p < .05

Note. Socio-demographic characteristics were coded as follows: Gender was coded as 1 = Male, 2 = Female. Age was categorized as 1 = 18–29 years, 2 = 30–39 years, 3 = 40–49 years, 4 = 50–59 years, and 5 = 60 years and above. The highest level of education attained was coded as 1 = Certificate, 2 = Diploma, 3 = Bachelor’s degree, and 4 = Master’s degree. The region of origin was coded as 1 = Central, 2 = Western, 3 = Eastern, and 4 = Northern. Department was coded as 1 = Administration and Support, 2 =

Biomedical, 3 = General Practitioners, 4 = Laboratory, 5 = Midwives, 6 = Nurse, 7 = Radiology, and 8 = Specialists. Years of service were categorized as 1 = Less than 1 year, 2 = 1–3 years, 3 = 4–6 years, 4 = 7–9 years, and 5 = 10 years and above.

A moderate positive correlation ($r = .241, p < .05$) was observed between department diversity and employee resilience. A positive relationship ($r = .409, p < .01$) was found between diversity practices and employee resilience. The strongest positive correlation ($r = .484, p < .01$) was between employee resilience and organisational culture. Additionally, a strong positive correlation ($r = .610, p < .01$) was identified between diversity practices and workplace culture. These findings are consistent with the hypothesis (Eyamu, 2024).

4.7 Multiple Regression Analysis

Hypotheses were tested using hierarchical regression analysis, and the results are summarized in Table 3. The models sequentially assessed the contribution of socio-demographic characteristics, diversity management practices, and workplace culture in explaining variance in employee resilience.

The results are summarized in Table 4-7.

Table 4-7. Multiple regression results

Variables	Model 1				Model 2				Model 3			
	<i>b</i>	<i>SE</i>	β	<i>P</i>	<i>b</i>	<i>SE</i>	β	<i>P</i>	<i>b</i>	<i>SE</i>	β	<i>P</i>
Gender	-.199	.209	-.109	.343	-.216	.188	-.118	.253	-.242	.175	-.132	.171
Age	-.127	.176	-.147	.472	-.149	.159	-.173	.349	-.133	.147	-.154	.369
Education	.001	.120	.002	.992	-.049	.108	-.059	.651	-.099	.102	-.120	.332
Origin	-.054	.086	-.068	.535	-.066	.078	-.084	.397	-.049	.072	-.063	.498
Department	.114	.067	.299	.095	.121	.061	.318	.049	.112	.057	.293	.051
Work years	-.068	.124	-.065	.584	-.042	.112	-.040	.708	-.083	.105	-.078	.433
Diversity practices					.732	.162	.432	.000	.309	.188	.182	.105
Workplace culture									.519	.139	.424	.000
R		.300				.521				.615		
R²		.090				.272				.378		
ΔR^2		.024				.209				.317		
F-Statistic		$F(1,89) = 1.368, p = .237$			$F(2,89) = 4.367, p = .000$			$F(3,89) = 6.160, p = .000$				

Note. Dependent variable is employee resilience.

Source: Primary Data, 2024

Model 1 assessed the extent to which socio-demographic variables, namely gender, age, level of education, region of origin, departmental affiliation, and years of work experience, predict employee resilience. Collectively, these variables explained only 9% of the variance in employee resilience ($R^2 = .090$, $\Delta R^2 = .024$, $F(1, 89) = 1.368$, $p = .237$). None of the individual socio-demographic variables emerged as significant predictors within the model ($p > .05$). These findings do not support the hypothesis 1, which posited that socio-demographic diversity significantly influences employee resilience.

In Model 2, diversity management practices were added to the regression. The inclusion of this variable significantly improved the model fit, increasing the explained variance to 27.2% ($R^2 = .272$, $\Delta R^2 = .209$, $F(2, 89) = 4.367$, $p < .001$). Diversity practices had a strong and statistically significant positive effect on employee resilience ($b = .732$, $SE = .162$, $p < .001$), thus providing empirical support for hypothesis 2.

Interestingly, departmental diversity, which initially was non-significant in Model 1, became a statistically significant predictor in Model 2 ($b = .121$, $SE = .061$, $p < .05$). This change suggests that the presence of diversity practices may interact with or strengthen the effect of departmental diversity, thereby enhancing its contribution to employee resilience. This means that diversity practices may not only have a direct influence but also create an enabling environment that activates the positive potential of diversity within departments.

Model 3 introduced workplace culture as an additional predictor to the existing model comprising socio-demographic variables and diversity practices. The addition of workplace culture significantly enhanced the model's explanatory power, raising the total variance explained in employee resilience to 37.8% ($R^2 = .378$, $\Delta R^2 = .317$, $F(3, 89) = 6.160$, $p < .001$). Workplace culture demonstrated a statistically significant positive effect on employee resilience ($b = .519$, $SE = .139$, $p < .001$), indicating that a one-unit improvement in positive workplace culture corresponds to a 0.531-unit increase in employee resilience, controlling for all other variables.

Notably, the previously significant effect of diversity practices observed in Model 2 diminished and became statistically non-significant in Model 3. This suggests that workplace culture may play a more dominant or mediating role in shaping employee resilience, potentially overshadowing the direct influence of diversity practices.

4.7.4 Regression Model Equation

The regression model equation predicting Employee Resilience based on socio-demographic factors, diversity practices, and workplace culture is expressed as:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \varepsilon$$

Where **Y** is the dependent variable (Employee Resilience).

β_0 = the intercept (constant term)

β_1 = the coefficient for department diversity

X_1 = Department diversity

β_2 = the coefficient for diversity practices

X_2 = Diversity practices.

β_3 = the coefficient for Workplace culture.

X_3 = Workplace Culture

ϵ = error term

Based on the regression coefficients obtained from the analysis, the regression model equation is as follows:

$$\text{Employee Resilience} = 1.128 + 0.112X_1 + 0.309X_2 + 0.519X_3 + \epsilon$$

This equation indicates that, holding all other variables constant, a one-unit increase in workplace culture is associated with a 0.519-unit increase in employee resilience, and a one-unit increase in department diversity and diversity practices is associated with a 0.112 and 0.309-unit increase in resilience, respectively. Among all the predictors, workplace culture exerts the most substantial influence, highlighting its critical role in fostering adaptive capacity among employees.

CHAPTER FIVE: SUMMARY, DISCUSSION AND CONCLUSION

5.1 Introduction

This chapter discusses the findings of the study on workplace diversity and employee resilience, contextualizing the results within the broader literature and theoretical frameworks on these topics. It summarizes and discusses the study findings, provides conclusions and areas of further study.

5.2 Summary of Findings

This study examined the relationship between workplace diversity and employee resilience at TMR International Hospital, focusing on socio-demographic diversity, diversity management practices, and workplace diversity culture. The findings provide important insights into how diversity influences resilience in a specialized healthcare setting.

First, the study revealed that most socio-demographic factors—such as gender, age, education level, and years of service—did not significantly impact employee resilience. However, department diversity showed a significant positive effect, suggesting that employees working in diverse departmental settings tend to develop greater adaptability and problem-solving skills. This highlights the importance of cross-functional collaboration in fostering resilience.

Second, diversity management practices initially showed a strong positive effect on resilience. However, when workplace culture was introduced into the model, the significance of diversity practices diminished, indicating that diversity initiatives alone are not enough to enhance resilience. The study found that perceptions of equal advancement opportunities and support for diversity initiatives contributed positively to resilience, reinforcing the idea that inclusive policies must be accompanied by a supportive and fair work environment to be effective.

Third, workplace diversity culture was the most significant predictor of employee resilience. In particular, recognition of staff efforts had a highly significant positive impact on resilience, while other variables, e.g., respect for diversity, open communication, and valuing individual contributions, were not statistically significant. This implies that an organization actively recognizes and rewards employees' contribution is key to resilience-building.

5.3 Discussion

5.3.1 Socio-demographic diversity and employee resilience

Our study revealed that most socio-demographic factors—including gender, age, education level, region of origin, and years of service—do not have a statistically significant impact on employee resilience at TMR International Hospital. This finding contrasts with existing literature, where socio-demographic diversity has been linked to higher resilience levels in organizations.

Studies such as McKinsey & Company (2020) discovered that firms ranked as more diverse and inclusive stood a 35% chance of outperforming their rivals financially, indirectly building employee resilience by enhancing adaptability and innovation. Likewise, the studies of the Harvard Business School (2021) revealed that teams that were more socio-demographically diverse showed a 12% rise in adaptability during times of crisis.

In healthcare-related research, Mushonga et al. (2020) found that gender diversity in South Africa's public health sector contributed to higher resilience scores among employees. Likewise, Nakiyingi and Kintu (2022) observed a 20% higher likelihood of resilience in more diverse educational departments in Uganda. These studies suggest that exposure to diverse perspectives can enhance problem-solving skills and adaptability, which are essential components of resilience.

However, our findings suggest that in TMR International Hospital's unique organizational context, socio-demographic diversity—apart from department diversity—does not significantly predict employee resilience. One possible explanation is that resilience in a healthcare setting is more influenced by professional training, teamwork, and workplace dynamics rather than individual demographic characteristics. The specialized nature of the hospital environment may require employees to develop resilience through structured protocols, crisis management training, and peer support, rather than through diversity-related adaptability.

5.3.2 Diversity management practices and employee resilience

Among the diversity management practices examined, perceptions of equal advancement opportunities contributed positively to employee resilience. This aligns with Muthoni (2021), who found that employees in organizations with strong diversity policies and fair promotion opportunities demonstrated higher resilience and engagement levels. When employees believe they have equal chances for growth and development, they feel valued, which enhances their ability to navigate workplace challenges.

Similarly, support for diversity initiatives had a strong positive effect on employee resilience. Organizations that actively promote diversity-related events and awareness programs create a more inclusive environment, which helps employees feel a stronger sense of belonging and psychological safety. This finding supports the work of Tumwesigye and Nalubega (2019), who observed that organizations with well-supported diversity initiatives reported significant improvements in employees' capacity to manage workplace stress and ambiguity.

Conversely, diverse candidate recruitment was not a strong predictor of employee resilience, contrary to some earlier studies. Although Stahl et al. (2021) contended that diverse recruitment enhances resilience by introducing diverse views, other research indicates that unless inclusion is managed well, new employees will have difficulty fitting into the prevailing workplace culture, thus constraining the resilience advantage of diversity recruitment.

5.3.3 Workplace diversity culture and employee resilience

Findings revealed that work environment diversity culture affected employees' resilience the most compared to all the variables covered.

One of the key findings was that acknowledgement of employee efforts positively influenced resilience ($b = .330$, $SE = .101$, $p = .001$). This is supported by Kamau and Njoroge (2019), who indicated that businesses that explicitly appreciate and celebrate diversity have a 31% gain in resilience. Workers who have been recognized based on their background are more likely to be secured and motivated at work, and this enhances the ability to control workplace stressors.

While respect for diversity had a positive association with resilience ($b = .253$, $SE = .162$), the relation was not statistically significant ($p = .121$). This suggests that while fostering an environment where diversity is respected may contribute to resilience, the effect is not strong enough to be conclusive. This contrasts with Ely and Thomas (2020), who found that organizations emphasizing diversity respect experienced a 35% increase in employee resilience. One possible explanation for this discrepancy is that respect for diversity alone may not be sufficient—without active diversity policies and engagement strategies, its impact on resilience may be limited.

Similarly, open communication had a weak positive effect on resilience ($b = .132$, $SE = .164$, $p = .423$), but the relationship was not significant. This suggests that while an open dialogue about diversity and

inclusion is important, other workplace factors may have a more direct impact on resilience. This finding is in line with Akinola and Uzzi (2021), who observed that open communication enhances team collaboration but may not always translate into increased resilience unless combined with strong institutional support mechanisms.

In the study, valuing individual contributions showed a weak positive relationship with resilience, although not statistically significant. While past studies (Mbabazi & Kyagulanyi, 2020) indicate that organizations valuing diverse contributions see a 33% rise in resilience, our evidence shows that in the healthcare sector, resilience is probably more influenced by organizational culture and structural support rather than mere individual recognition.

5.4 Conclusion

5.4.1 Theoretical Implications

The study contributes to the theoretical understanding of workplace diversity by demonstrating that socio-demographic factors alone do not necessarily enhance resilience. Instead, department diversity fosters adaptability and problem-solving, aligning with social learning and organizational behavior theories that emphasize cross-functional collaboration. Additionally, the study reinforces the resource-based view (RBV) by showing that diversity management and workplace culture act as intangible assets that shape resilience. Furthermore, the diminished effect of diversity management practices in the presence of a strong diversity culture suggests that workplace culture moderates the relationship between diversity initiatives and resilience, offering a new perspective for diversity and resilience research.

5.4.2 Managerial Implications

For managers at TMR International Hospital and similar institutions, the findings highlight the need to go beyond implementing diversity policies and instead cultivate an inclusive work culture that values and recognizes employee contributions. Encouraging cross-departmental collaboration can enhance problem-solving abilities and adaptability among employees. Additionally, while diversity initiatives are beneficial, their effectiveness depends on how well they are integrated into the organization's culture. Therefore, leadership should focus on fostering a workplace environment where employees feel acknowledged and empowered, ensuring that diversity practices translate into actual resilience-building outcomes.

5.4.3 Policy Implications

From a policy perspective, healthcare organizations should come up with policies that promote cross-functional teamwork as a way to strengthen employee resilience. Policymakers should also encourage recognition programs that reward employees' contributions, as this was identified as a key driver of resilience. Moreover, diversity management policies should go beyond compliance-based approaches and focus on creating an equitable environment where employees feel they have equal opportunities for growth and advancement. Future workplace diversity policies should include mechanisms to evaluate and reinforce a strong diversity-supportive culture to maximize resilience outcomes.

5.5 Recommendations

Based on the study's findings, the following recommendations are proposed:

Improve Diversity in Recruitment – TMR International Hospital should analyze and enhance its recruitment strategies to have an inclusive hiring process. This could involve training hiring managers on unconscious bias and introducing initiatives that encourage diverse candidate applications while maintaining a focus on employee resilience.

Prepare Employees for Diversity – The hospital should introduce training programs that help employees work effectively in diverse teams. Such programs can improve confidence, adaptability, and teamwork, which are essential for building resilience.

Promote Equal Career Growth Opportunities – The company should ensure fairness in career advancement by making promotion criteria and processes transparent. This could include mentorship programs and professional development workshops, especially for underrepresented groups.

Strengthen Support for Diversity Initiatives – TMR International Hospital should increase its involvement in diversity-related events and programs. Providing resources and encouraging workers's participation can help create a stronger sense of belonging, which is important for resilience.

Recognize Employee Contributions – The hospital should establish formal ways to appreciate and acknowledge employees from different backgrounds. Regular recognition of individual and team efforts can boost morale and enhance resilience.

Encourage Open Communication – Although this research did not find a strong link between open communication and resilience, fostering an environment where employees feel comfortable expressing

their ideas and concerns remains important. Encouraging dialogue can contribute to long-term improvements in workplace culture.

Monitor Workplace Culture Regularly – The organization should conduct periodic assessments through surveys and feedback sessions to identify areas for improvement in diversity management and employee resilience. Regular evaluations will help track progress and ensure that diversity initiatives are effective.

5.6 Areas for Further Study

Expanded Diversity Practice Scope: Future research could explore other diversity practices, such as mentorship programs and cultural competence training, to better understand their combined effect on employee resilience. This would help in the creation of more applied diversity frameworks that promote resilience development.

Comparative Studies in Other Organizations: Comparative studies across other healthcare organizations or industries would provide information on the differences in organizational cultures and diversity practices and how they affect employee resilience. Comparative studies would highlight best practices and adaptable models that can be applied across different settings.

Longitudinal Study: In the future, researchers can adopt a longitudinal approach to examine the evolution of practices of workplace diversity over time and their long-term effects on employees' resilience. This would allow researchers to capture changes and growth, offering an insight into underlying dynamics.

Variety Industry Representation: A larger sample that includes a representation of companies across different sectors other than the healthcare sector would help to improve generalizability of the findings. This could inform sector-level diversity practices and what they offer differently in the areas of resilience outcomes.

In-depth Qualitative Research: By employing qualitative research methods, such as interviews or focus groups, it might be possible to uncover rich, contextualized understanding of how diversity practices affect employee resilience. This would provide more contextualized, detailed information regarding the challenges and successes organizations face in employing effective diversity strategies.

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APPENDICES

Appendix 1: Tests of Normality

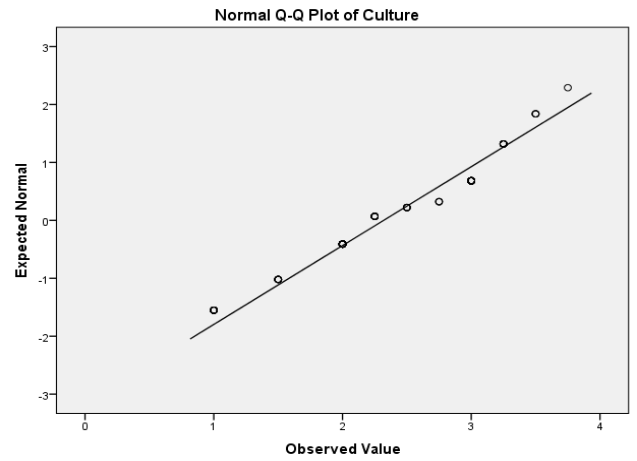
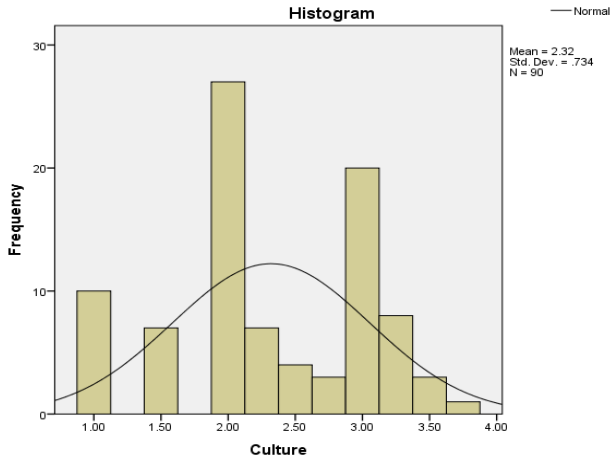
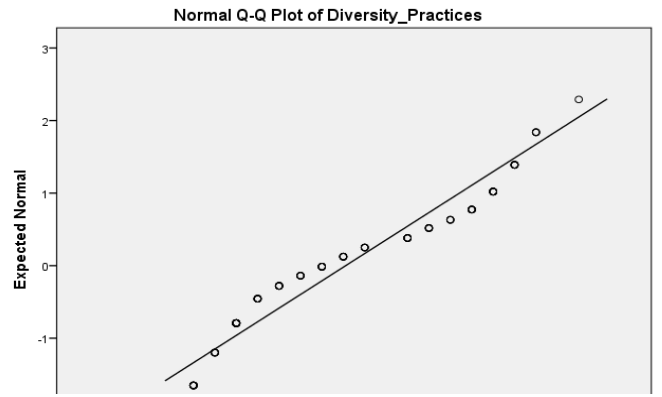
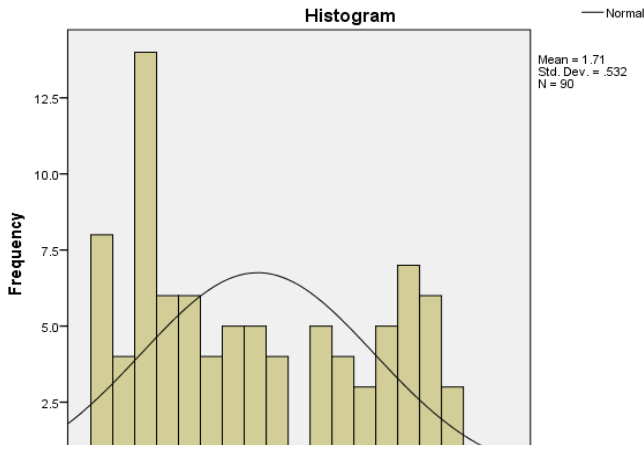
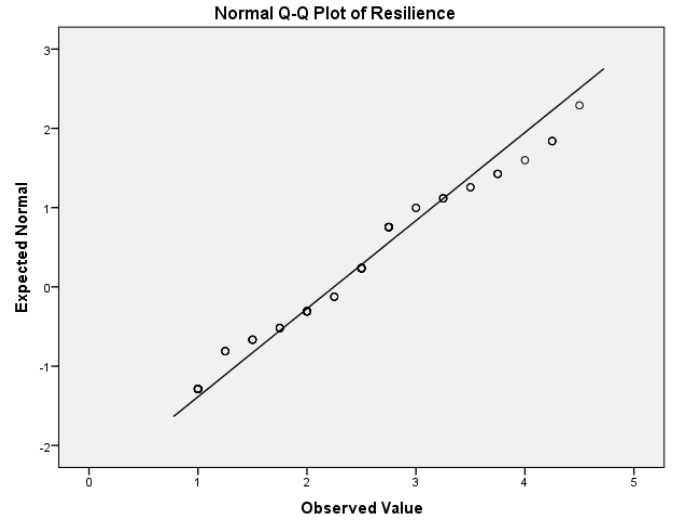
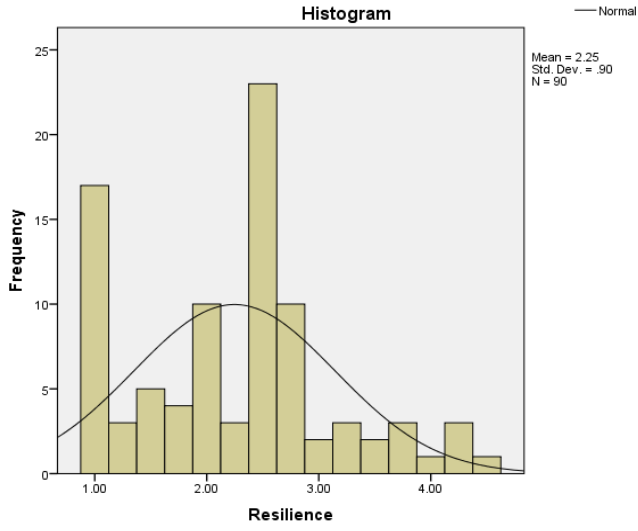
	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Employee resilience	.144	90	.000	.930	90	.000
Diversity practices	.143	90	.000	.913	90	.000
Workplace culture	.179	90	.000	.923	90	.000

a. Lilliefors Significance Correction

Appendix 2: Skewness and Kurtosis

		Statistic	Std. Error
Employee resilience	Mean	2.2472	.09485
	95% Confidence Interval for Lower Bound	2.0588	
	Mean Upper Bound	2.4357	
	5% Trimmed Mean	2.2037	
	Median	2.5000	
	Variance	.810	
	Std. Deviation	.89982	
	Minimum	1.00	
	Maximum	4.50	
	Range	3.50	
	Interquartile Range	1.25	
	Skewness	.345	.254
	Kurtosis	-.280	.503
Diversity practices	Mean	1.7111	.05603
	95% Confidence Interval for Lower Bound	1.5998	
	Mean Upper Bound	1.8224	
	5% Trimmed Mean	1.6994	
	Median	1.6000	
	Variance	.283	
	Std. Deviation	.53157	
	Minimum	1.00	
	Maximum	2.80	
	Range	1.80	
	Interquartile Range	1.03	
	Skewness	.311	.254
	Kurtosis	-1.316	.503
Workplace culture	Mean	2.3194	.07741
	95% Confidence Interval for Lower Bound	2.1656	
	Mean Upper Bound	2.4733	

5% Trimmed Mean	2.3256	
Median	2.2500	
Variance	.539	
Std. Deviation	.73441	
Minimum	1.00	
Maximum	3.75	
Range	2.75	
Interquartile Range	1.00	
Skewness	-.198	.254
Kurtosis	-.866	.503



Appendix 3: Consent Form

Title of the Study

Workplace Diversity and Employee Resilience: A Case Study of TMR International Hospital

Principal Investigator

Catherine Kyampiire

Master of Business Administration

Uganda Christian University

Phone: 0776120634

Email: kyampcathy@gmail.com

Principal Investigator: Catherine Kyampiire

Phone: 0776120634

Email: kyampcathy@gmail.com

Background and Purpose of the Study

The study aims to explore the relationship between workplace diversity and employee resilience at TMR International Hospital. By understanding these dynamics, the research seeks to contribute to organizational development and enhance employee well-being. Your participation is valuable in achieving these objectives.

Study Procedures

Participation in this study is voluntary. If you choose to participate, you will be asked to complete a survey and may participate in an interview. The survey and interview will take approximately 20 to 40 minutes. You can skip any question that makes you uncomfortable or stop the survey/interview at any time without any penalty.

Potential Risks and Discomforts

The study involves minimal risks. You may experience discomfort when answering personal questions. If you feel distressed, you can stop the interview or survey. If you experience any distress, you can choose to skip questions or withdraw from the study altogether. Support services available at TMR International Hospital can be accessed if needed.

Benefits

While you may not receive direct benefits from participating in this study, your insights will contribute to advancing knowledge in the field of organizational behavior and human resource management. The findings may inform policies and practices aimed at promoting diversity and enhancing resilience among employees.

Confidentiality

Your privacy and confidentiality are of utmost importance. All information collected during this study will be kept strictly confidential and will only be accessible to the research team. Your responses will be anonymized and stored securely with password protection. Data will be used for research purposes only.

Voluntary Participation

Your participation in this study is entirely voluntary. You have the right to decline participation or withdraw at any stage of the study without any consequences. Your decision will not affect your current or future relationship with TMR International Hospital.

Compensation

There is no monetary compensation for participating in this study. Your time and contribution are greatly appreciated in advancing research in this area.

Questions and Concerns

If you have any questions about the study or your participation, please contact:

Consent

By signing below, you acknowledge that you have read and understood the information provided above. You agree to participate in this study voluntarily. A copy of this form will be given to you for your records.

Statement of Consent

I have been informed about the study, including its procedures, risks, benefits, and my rights. I understand that my participation is voluntary and that I can withdraw at any time without penalty. My identity will be kept confidential, and my decision to participate will not affect my usual medical care.

Respondent ID: _____

Signature/Thumb Print: _____

Date: _____

Name of Interviewer/Person Obtaining Consent: _____

Signature of Interviewer: _____

Date: _____

Appendix 4: Questionnaire

**WORKPLACE DIVERSITY AND EMPLOYEE RESILIENCE: A CASE STUDY OF TMR
INTERNATIONAL HOSPITAL**

SECTION A: DEMOGRAPHIC INFORMATION			
S/N	CATEGORY	QUESTION	RESPONSE
1.1	A1: Gender	1 = Male 2 = Female	
1.2	A2: Age	1 = 18-29 2 = 30-39 3 = 40-49 4 = 50-59 5 = 60 years and above	
1.3	A3: Highest Level of Education attained	1 = None 2 = Certificate 3 = Diploma 4 = Bachelor's degree 5 = Master's degree 6 = PhD	
1.4	A4: Nationality	1= Ugandan 2= Other (please specify) _____	
1.5	A5: Region of origin	1 = Central 2 = Western 3 = Eastern 4 = Northern 5 = Other (please specify)	
1.6	A6: Department	1 = Inpatient 2 = Out-patient 3 = Management 4 = Administration and Support 5 = Other (please specify) _____	
1.7	A7: Tenure at department	1 = Less than 1 year 2 = 1-3 years 3 = 4-6 years 4 = 7-9 years 5 = 10 years and above	

SECTION B: DIVERSITY PRACTICES

The following statements assess your perceptions of diversity practices at TMR International Hospital. Please indicate your level of agreement using the scale provided.

1 = Strongly Disagree (SD), 2 = Disagree (D), 3 = Neutral (N), 4 = Agree (A), 5 = Strongly Agree (SA)

Statement	1= SD	2 = D	3 = NS	4 = A	5 = SA
B1 - Recruitment A: Diverse job candidates are actively sought out and considered during the recruitment process at TMR International Hospital.					
B2 - Recruitment B: I believe that TMR International Hospital makes a genuine effort to hire qualified candidates from diverse backgrounds.					
B3 - Policies: I am aware of TMR International Hospital’s procedures to follow if I am harassed or believe that I have been discriminated against.					
B4 - Training and Development A: TMR International Hospital provides training programs that help employees understand and appreciate diversity.					
B5 - Training and Development B: I feel that the training opportunities at TMR International Hospital adequately prepare me to work effectively with colleagues from different backgrounds.					
B6 - Leadership Commitment A: Leaders at TMR International Hospital visibly demonstrate their commitment to diversity and inclusion.					
B7 - Leadership Commitment B: Leaders at TMR International Hospital effectively communicate the importance of diversity and inclusion to all employees.					
B8 - Leadership Commitment C: I feel confident that senior management prioritizes creating a diverse and inclusive work environment.					
B9 - Equal Opportunities: I believe that employees from diverse backgrounds have equal opportunities for advancement at TMR International Hospital.					
B10 - Support for Diversity Initiatives: There is organizational support for diversity-related events.					

SECTION C: WORKPLACE CULTURE

The following statements assess your perceptions of diversity practices at TMR International Hospital. Please indicate your level of agreement using the scale provided.

1 = Strongly Disagree (SD), 2 = Disagree (D), 3 = Neutral (N), 4 = Agree (A), 5 = Strongly Agree (SA)

Statement	1= SD	2 = D	3 = NS	4 = A	5 = SA
C1 - Respect for Diversity: TMR International Hospital fosters a work environment that is respectful of all employees, regardless of their background.					
C2 - Open Communication: I feel comfortable expressing my opinions and ideas, even if they differ from the majority, at TMR International Hospital.					
C3 - Recognition: TMR International Hospital recognizes and celebrates the contributions of employees from diverse backgrounds.					
C4 - Valuing Contributions: I feel that my individual contributions and perspectives are valued at TMR International Hospital.					

SECTION D: EMPLOYEE RESILIENCE

The following statements explore how well you bounce back from challenges and cope with stress at work. Please indicate your level of agreement using the scale provided.

1 = Strongly Disagree (SD), 2 = Disagree (D), 3 = Neutral (N), 4 = Agree (A), 5 = Strongly Agree (SA)

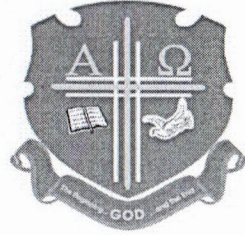
Statement	1= SD	2 = D	3 = N	4 = A	5 = SA
D1 - When I face setbacks at work, I tend to bounce back quickly.					
D2 - I am usually able to find a way to view difficult situations at work in a more positive light.					
D3 - There are many things I can do to stress less and feel better about my work.					
D4 - I remain persistent in achieving my goals despite obstacles.					

Appendix 5: Workplan

No	Activity	Time frame (2024)							
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
1	Proposal development								
2	Presentation of the proposal								
3	Ethical Approval								
4	Visit to the Study Site								
5	Approval to do research at study site								
6	Pre- Test of Questionnaire								
7	Data collection								
8	Data Entry & Analysis								
9	Dissertation writing								

Appendix 6: Budget

SNO	ACTIVITY	ITEM SPENT ON	ESTIMATED COST (UGX)
1	Proposal development	Stationery and Internet data	50,000
2	Proposal Presentation	Stationery	20,000
3	Visit to the Study Site	Transport	50,000
4	Approval to do research at the study site	Transport	50,000
5	Printing	Stationery	100,000
6	Data Analysis	Facilitation for data entry and analysis	300,000
7	Dissertation Completion	Stationery	50,000
8	Final Presentation	Stationery	100,000
	GRAND TOTAL		820,000



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SCHOOL OF RESEARCH & POSTGRADUATE STUDIES

DISSERTATION CORRECTION COMPLIANCE REPORT BY THE CANDIDATE (POST VIVA FORM)

Date: 12th September 2025

Name of Candidate: CATHERINE KYAMPIIRE Reg. No: M22/15/009

Title of Dissertation: THE EFFECT OF WORKPLACE DIVERSITY ON EMPLOYEE RESILIENCE: A CASE STUDY OF TMR
INTERNATIONAL HOSPITAL

SN	COMMENTS BY EXTERNAL EXAMINER	ACTION TAKEN	INDICATOR
1	Chapter 1. Why TMR and not any other organization? The justification of the study needs to be done again. It should show the departure point from other studies.	Justification of the study has been improved.	Page 7

2	Chapter 2. Good but needs expansion	The Literature Review has been expanded.	Page 17
3	Chapter 3. Provide a comprehensive narration to the data analysis. What was done to the data in light of the study model?	Data Processing and Analysis was improved	Page 25

~~Rate~~

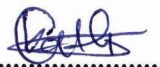
SN	COMMENTS BY INTERNAL EXAMINER	ACTION TAKEN	INDICATOR
1	<p>Chapter 4. The student needs to do the data analysis again. (1) A correlation matrix typically contains Pearson or Spearman correlations between continuous variables. The correlation matrix contains categorical variables measured with various levels. Running categorical variables like gender, education levels, or department directly into a bivariate correlation matrix with averaged Likert-scale dimensions is problematic (2) Calculating the VIF for categorical variables is questionable: Multicollinearity analysis assumes continuous predictors; hence Variance Inflation Factor (VIF) is designed for continuous independent variables in regression models. Applying it directly to categorical variables (such as gender, education level, or department) doesn't make theoretical sense. Categorical variables, especially nominal ones, do not have a natural ordering or interval structure, making VIF calculations misleading. (3) Computing means and standard deviations for individual items within a construct like diversity practices can lead to misleading interpretations. This is likely to lead to loss of construct validity because diversity practices, as a latent variable, are meant to be measured through aggregated items. Analyzing individual item statistics</p>	<p>The data analysis was re-done addressing the raised concerns.</p>	<p>Chapter 4, Page 28 - 43</p>

	disrupts the integrity of the composite measure.		
2	Chapter 5. Needs to be revisited in light of above concerns	Chapter 5 has been revised.	Page 44- 49
3	References and Appendices --- Check references to avoid plagiarism some are missing e.g. Mugenda	References have been checked and Mugenda has been removed.	

SN	COMMENTS BY VIVA VOCE PANNEL	ACTION TAKEN	INDICATOR
1	The students' findings presentation has some missing data, such as gender and resilience.	This was corrected and confirmed by the panelists during the final presentation.	Chapter 4: Correlation analysis, Table 4-6 Page 39
2	Student to reach out to supervisor and re-run the data analysis, understand and own up the work then come to present.	Met with the supervisor and we re-ran the data, went through it and understood well what I had missed out and came back for presentation with my supervisor on board and passed.	Multiple regression results, Table 4-7 Page 40-41

CATHERINE KYAMPIIRE

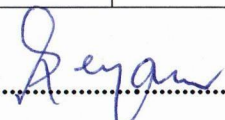
Candidate's Name

 . 19/09/25

Signature

DR SAMUEL EYAMU

Supervisor's Name

 19/9/25

Signature