

WORKPLACE INCLUSION AND PERFORMANCE OF HEALTHCARE CENTRES IN PORT HARCOURT METROPOLIS

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ABSTRACT

The study examined workplace inclusion and performance of healthcare centres in Port Harcourt. The objective of the study was to examine the relationship between dimensions of workplace inclusion (de-tribalization, gender inclusion and information justice) and measures of performance such as vaccination, community health awareness and level of partnership of healthcare centres in Port Harcourt. Thus, the study was anchored on Social Identity Theory as its theoretical foundation. The study adopted the explanatory cross sectional survey research design, the population of the study was limited to thirty-three (33) public healthcare centres in Port Harcourt. Since the study is macro in nature and the population is not too large, the sample size consists of the entire population (thirty-three healthcare centres in Port Harcourt). However, the study adopts a census method of sampling. In terms of respondents, three (3) top level medical personnel were purposively selected from each from the thirty-three (33) healthcare centres in Port Harcourt. Thus, the sample of this study is thirty-three (33) healthcare centres in Port Harcourt with 99 respondents. After validation by the supervisor and two other experts in management, a total of ninety-nine (99) copies of the validated questionnaire were distributed to the targeted audience, the researcher was able to retrieve ninety (90) copies. The reliability of the instrument was ascertained using test-retest SROCC (Spearman Rank Order Correlation Coefficient) which yielded a coefficient of 0.78. Mean and standard deviation was used for research questions analysis while Pearson Product Moment Correlation Coefficient was used to test hypotheses. It was found that dimensions of workplace inclusion (de-tribalization, gender inclusion and information justice) have a significant positive relationship with measures of performance such as vaccination, community health awareness and level of partnership of healthcare centres in Port Harcourt. Thus, it was concluded that Healthcare centres that neglect components of workplace inclusion, might face heavy challenges in maximizing the level of their performance. Consequently, it was recommended that administrator in healthcare centres should offer on-the-job training to their employees regardless of their gender to effect efficient and swift implementation of decisions and patient satisfaction.

INTRODUCTION

Background to the Study

With growing diversity in work organizations, organizational leaders have increasingly become aware of the importance of creating inclusive environments (Nishii & Rich, 2014). More recently, researchers have sought to clarify that inclusion is important to everyone, but especially to those who have been excluded historically (Ferdman, 2014; Winters, 2014).

As described by Nishii (2013), in inclusive workplaces, individuals of all backgrounds-not just members of historically powerful identity groups are fairly treated, valued for who they are, and included in core decision making. The inclusive workplace is based on a pluralistic value frame that respects all cultural perspectives represented among its employees. In sum, this study defined workplace inclusion as the gradual integration of employees into broader organizational development processes. Workplace inclusion ensures that everyone in the organization has equal opportunity to participate in the economic life of their organization be it employers, employees, etc. It involves equal opportunity for members of socially marginalized groups to participate and contribute while concurrently providing opportunities for members of nonmarginalized groups, and to support employees in their efforts to be fully engaged at all levels of the organization and to be

authentically themselves (Nishii & Rich, 2014). However, workplace inclusion is dimensionalized through de-tribalization, gender inclusion and information justice.

De-tribalization as the first dimension of this study refers to process by which persons who belong to a particular indigenous ethnic identity or community are detached through the deliberate efforts of colonizers and/or the larger effects of colonialism. Detribalization was systematically executed by detaching members from communities outside the colony so that they could be "modernized", westernized, and, in most circumstances, christianized, for the prosperity of the colonial state (Osimen et al., 2013). The second dimension of workplace inclusion is gender inclusion. It represents organizational act of allowing individual of different gender gain access to all organizational activities as the case maybe. It's the notion that all services, opportunities, and establishments are open to all people and that male and female stereotypes do not define societal roles and expectations (Singh & Vinnicombe, 2014). More so, information justice as the last dimension depicts the act of communicating pertinent reasons for the procedures used in evaluating, and the logical of the distribution of rewards to the workers in the organization. Organizational information is concerned with validated account of the operational activities, decisions, progress, and trends that guide members on what to do (Laudon & Laudon, 2013).

Performance is a subjective perception of reality, which explains the multitude of critical reflections on the concept and its measuring instruments. The multitude of studies at international level in the field of performance is due to the financial crisis that swept the economy globally, which has led to a continuing need of improvement in the area of performance of organizations (Ion & Criveanu, 2016). Although, Didier (2012) believes that the performance consists in "achieving the goals that were given to you in convergence of enterprise orientations". In his opinion, performance of healthcare centres is not a mere finding of an outcome, but rather it is the result of a comparison between the outcome and the objective. However, this study defines performance as how well a healthcare centres functions and the extent to which set objectives and targets are met through vaccination, community health awareness and partnership level.

Statement of Problem

It appears most healthcare centres in Port Harcourt are under performing as a result of poor communication among health personnel and poor vaccination which may arise through unavailability of drugs/working materials etc. However, healthcare centres in Port Harcourt suffer from fragmented governance and coordination, poor and dilapidated health facilities, shortage of human resources and poor funding among others. By observation, it also seems healthcare centres are under-performing due to their inclusive inability by employing individuals with different age, culture, ethnic, gender etc. amidst of modern business world that is continuously shaping business operations.

Healthcare centres still display some level of gender disparity in their workforce. Some organizations prefer to work with men rather than ladies, while others prefer ladies to men. This gender unfriendly pattern of workforce has inflicted negative consequences on organizations as some male employees are more responsive to assigned tasks while in other organizations female employees are more responsive to tasks and duties (Singh & Vinnicombe 2014). Therefore, there is need to strike a balance.

Another issues that necessitated this study is the dearth of empirical investigating the relationship between workplace inclusion and organizational performance of healthcare centres in Port Harcourt. Other study has studied workplace inclusion on how it influenced competitiveness, success, efficiency, performance etc. Some of these studies are Akpakip, (2017) examined the effects of workplace inclusiveness on employee performance in Nigerian Banking Industry (A Study of First bank Nigeria LTD., OTA Branch); Abdallah (2015) investigated the effect of organizational inclusion on employee work performance, using the County Government of Mombasa; Ogunleye (2018) investigated the role of gender in front desk officers' effectiveness in hospitality organizations in Accra, Ghana; Tarms (2018) examined workforce diversity and employee performance of oil vegetable producing firms in Port Harcourt, Rivers State, Nigeria; Jacob (2019)

studied workforce diversity an employee's performance of selected construction companies in Port Harcourt.

However, none of the aforementioned study examined the relationship between workplace inclusion (de-tribalization, gender inclusion and information justice) and performance (vaccination, community health awareness and level of partnership) specifically in healthcare centres in Port Harcourt Metropolis. There is need therefore to close this knowledge gap.

Objectives of the Study

The purpose of the study was to examine the relationship between workplace inclusion and performance of healthcare centres in Port Harcourt Metropolis. Specifically, the study objective was to:

1. Ascertain the extent of relationship between de-tribalization and vaccination of healthcare centres in Port Harcourt Metropolis.
2. Determine the extent of relationship between gender inclusion and community health awareness of healthcare centres in Port Harcourt Metropolis.
3. Investigate the relationship between information justice and level of partnership of healthcare centres in Port Harcourt Metropolis.

Research Questions

Following the objectives of the study, these research questions were posed:

1. What is the extent of relationship between de-tribalization and vaccination of healthcare centres in Port Harcourt Metropolis?
2. What is the extent of relationship between gender inclusion and community health awareness of healthcare centres in Port Harcourt Metropolis?
3. What is the extent of relationship between information justice and level of partnership of healthcare centres in Port Harcourt Metropolis?

Research Hypotheses

Based on the research questions posed above, the following null hypotheses was tested at 0.05 level of significance.

H₀₁: There is no significant relationship between de-tribalization and vaccination of healthcare centres in Port Harcourt.

H₀₂: There is no significant relationship between gender inclusion and community health awareness of healthcare centres in Port Harcourt.

H₀₃: There is no significant relationship between information justice and level of partnership of healthcare centres in Port Harcourt.

Review of Related Literature

Conceptual Review

Concept of Workplace Inclusion

The concept of a of inclusion has been discussed as the one where identity group status is unrelated to access to key resources, creating opportunities for heterogeneous individuals to have ties that are cross-cutting (Haralambos, et al, 2013). One of the ways that organizations and leaders contribute to being less inclusive is by pretending that organizations are gender, racially, or culturally neutral. In inclusive organizations, non-traditional employees are not expected to merely assimilate to dominant norms. Thus, it makes sense that organizations create employee resource groups sometimes known as affinity groups or business resource groups, which are essentially established networks to promote a welcoming environment for minority or under-represented groups. Attempts to create inclusive workplaces must consider individual differences, needs, and perceptions as well as focus on creating structures, systems, and processes that make people feel valued and treated equitably (Brownselli, 2013).

Operationally, workplace inclusion is the gradual integration of employees into broader organizational development processes. Workplace inclusion ensures that everyone in the organization has equal opportunity to participate in the economic life of their organization be it employers, employees, etc. In the assertion of Kalejaiye and Alliyu (2013), workplace inclusion is the achievement of a work environment in which all individuals are treated fairly and respectfully, have equal access to opportunities and resources, and contribute fully to the organization's success. An inclusive workplace is one where people with all kinds of differences and disabilities feel welcome and valued for their contributions. Inclusive organizations may also benefit from assistance from their employees on global challenges, including varying laws and regulations, language barriers and cultural barriers. Employees in an inclusive organization may, for example, be willing to openly discuss their national culture, thereby assisting the organization in better understanding, and adapting to, that culture. Moreover, inclusion can result in improved productivity and less errors, which can result in the production of products of a higher quality. Indeed, decreased errors may also positively impact the organizations bottom line, as less profit will be lost to wastage (Kperogi, 2018).

Inclusion can also result in increased knowledge transfer, group cohesion and a more positive group climate, thus, a better work environment. Increased knowledge transfer may pave the way for smoother inter and cross departmental functioning, enhancing business operations. Improved group cohesion and a positive group climate will likely assist in the creation of a team culture, which is identified as a factor contributing to perceived inclusion later in this chapter, as well as potentially improving overall group performance. In the assertion of Grawe (2019), workplace inclusion means that all consumers have access to safe, affordable financial products and services. Within the context of healthcare centres in Port Harcourt, de-tribalization, gender inclusion and information justice are used as dimensions of workplace inclusion.

Dimensions of Workplace Inclusion De-tribalization

Kalia (1959) opined that the process of 'tribalization' is found in many tribal pockets of the country, even organization with gradual internalization of the tribal customs, mores and religion by the neighbouring caste groups. According to Ray (2012) detribalization is the process of tribal cultures losing their cultural identities in favour of another culture. Conceptually, detribalization is the process by which persons who belong to a particular indigenous ethnic identity or community are detached through the deliberate efforts of colonizers and/or the larger effects of colonialism. Detribalization was usually explained as an effort to raise people up from what colonizers perceived as inferior and "uncivilized" ways of living and enacted by detaching indigenous persons from their traditional territories, cultural practices, and communal identities (Okpalike, 2015).

According to Kperogi (2018), de-tribalization is the act of causing tribal people to abandon their customs and adopt urban ways of living. Detribalization was systematically executed by detaching members from communities outside the colony so that they could be "modernized", westernized, and, in most circumstances, christianized, for the prosperity of the colonial state. The importance of de-tribalization cannot be neglected. De-tribalization in organization contributes in ensuring that employees at all level of the organization are carried along so as to attain the organizational goals and set objectives. To this end, Osimen et al. (2013) opined that through de-tribalization, workers in the organization are able to relate freely with their superiors irrespective of their tribe through creation of good interpersonal relation, sharing or work tips so as to attain organizational objectives.

Gender Inclusion

Powell (2011) defined gender as the physiological inference of a someone being either male or female, like expectations and beliefs regarding what kind of attitudes, behaviours, values, knowledge, skills, and interest areas are more suitable for or typical of one sex than the other. Those organizational barriers that hinder women from advancing to the top in their career have been a vital area in organizational research. Singh and Vinnicombe (2014) in their study discovered

that women are almost if not completely absent when it comes to occupying senior positions in organizations. According to Mathews in Bedford (2016), the concept of gender gives recognition to the fact that every known society distinguishes between women and men. So, the term gender is a systematic way of understanding men and women socially and the patterning of relationships between them.

However, gender inclusion is organizational act of allowing individual of different gender gain access to all organizational activities as the case maybe. Gender inclusion is a concept that transcends mere equality. It's the notion that all services, opportunities, and establishments are open to all people and that male and female stereotypes do not define societal roles and expectations (Singh & Vinnicombe, 2014). Gender equality prevents violence against women and girls. It's essential for economic prosperity. Societies that value women and men as equal are safer and healthier. Gender equality in the workplace means employees of all genders have access to the same rewards, opportunities and resources at a company, including: Equal pay and benefits for comparable roles with similar responsibilities. Bedford (2016) averred those equal opportunities for promotions and career progression. Inclusion enhances employee engagement and innovation, creates a sense of belonging, improves the employee experience, enhances innovation and improves leadership skills and abilities. An inclusive culture is essential for recruiting and retaining the type of talent needed to succeed as a business.

Information Justice

Otamiri, et al. (2019) conceptualized information as "processed and meaningful data about any subject matter capable of helping users to gain knowledge about a phenomenon, process, activity or system." Meaningful information exchange or communication between management and employees makes the workforce to become more informed about organizational policies, plans, and trends. When managers and supervisors become fair in the sharing of information about organizational activities, employees see the information process to be fair. As members of the organization, employees desire to be involved or consulted in the decision-making process (Asim, et al., 2016). It is concerned with an organizational scenario where decision making processes and communication activities are considered to be inclusive, timely, open, sincere, and fair to every member of the organization. Operationally, information justice is the act of communicating pertinent reasons for the procedures used in evaluating, and the logical of the distribution of rewards to the workers in the organization. Arif and Junaidah (2011) asserted that justice has been identified to have a strong effect on the emotional attachment of the employee and the organization. In return affects organizational outcome behaviors such as organizational commitment, influenced by the environment of the organization. Organization environment such as the superiors' character plays an important role and there is no argument on the distinct importance of this construct on the justice perception of the employee towards performance appraisal.

Concept of Performance

The concept of performance has gained increasing attention in recent decades, being pervasive in almost all spheres of the human activity. Performance is a subjective perception of reality, which explains the multitude of critical reflections on the concept and its measuring instruments. The multitude of studies at international level in the field of performance is due to the financial crisis that swept the economy globally, which has led to a continuing need of improvement in the area of performance of organizations (Ion & Criveanu, 2016). Didier (2012) believes that the performance consists in "achieving the goals that were given to you in convergence of enterprise orientations". In his opinion, performance is not a mere finding of an outcome, but rather it is the result of a comparison between the outcome and the objective. Unlike other authors, Didier considers that this concept is actually a comparison of the outcome and the objective. The author's definition is far from clear, as both outcomes and objectives vary, most often, from one field of activity to another. Most recently, there are a variety of definitions attributed to the concept of performance due to its subjective nature.

Michel cited in Ion and Criveanu (2016) characterizes the performance as future-oriented, designed to reflect particularities of each organization/individual and is based on a causal model linking components and products. He defines a "successful" business as one that will achieve the goals set by the management coalition, not necessarily one that achieved them. Thus, performance is dependent as much of capability and future. Unlike other authors, Michel Lebas noted the difference between "a performance", "performance" and "being performant". "A performance" is subject generally to a measured result, higher than that provided for or arising from the previous results. "A performance" thus indicates always a positive connotation. "Performance" can be both positive and negative and relates to past results. Patently, organizational performance is not an objective reality, waiting somewhere to be measured and assessed, but a socially constructed reality that exists in people's minds, if it exists somewhere. In the research of performance in business, the definition of performance has led Folan, et al. (2017) to highlight three priorities or objectives of governance of performance: Performance should be analyzed by each entity within the limits of the environment in which they decide to operate.

Measures of Performance

Vaccination

One of the measures of performance in the healthcare centres is the vaccination rendered by this healthcare centres. Therefore, vaccination is a simple, safe, and effective way of protecting people against harmful diseases, before they come into contact with them (Gammino, et al, 2014). It uses the human body's natural defenses to build resistance to specific infections and makes the immune system stronger. Vaccines train the immune system to create antibodies, just as it does when it's exposed to a disease. However, because vaccines contain only killed or weakened forms of germs like viruses or bacteria, they do not cause the disease or put individuals at risk of its complications. Most vaccines are given by an injection, but some are given orally (by mouth) or sprayed into the nose. Vaccines work by training and preparing the body's natural defenses the immune system to recognize and fight off viruses and bacteria. If the body is exposed to those disease-causing pathogens later, it will be ready to destroy them quickly which prevents illness. Accordingly, World Health Organization (2015) defined vaccination as the administration of vaccine to help the immune system develop protection from a disease. Vaccines contain a microorganism or virus in a weakened, live or killed state, or proteins or toxins from the organism. In stimulating the body's adaptive immunity, they help prevent sickness from an infectious disease. When a sufficiently large percentage of a population has been vaccinated, herd immunity results. Herd immunity protects those who may be immunocompromised and cannot get a vaccine because even a weakened version would harm them. Buor (2017) averred the effectiveness of vaccination has been widely studied and verified. He maintained that vaccination is the most effective method of preventing infectious diseases widespread immunity due to vaccination is largely responsible for the worldwide eradication of smallpox and the elimination of diseases such as polio and tetanus from much of the world (Abbas & Walker, 2017). However, some diseases, such as measles outbreaks in America, have seen rising cases due to relatively low vaccination rates in the 2010s attributed, in part, to vaccine hesitancy.

Community Health Awareness

Community health awareness is defined by the world health organization (WHO) (2015) as the sensitization of the public on the state of complete physical, mental and social well-being though not merely the absence of disease or infirmity. Jerome (2018) contends community health awareness is the translation which is known about health into desirable individual and community behavioural patterns. Salisu (2018) noted that community health awareness addresses behavioural factors such as the vaccination of families and pets, thorough hand washing, safe sex and practicing good food hygiene. When people understand the risks of certain lifestyle choices, they know to start making changes. Communicable diseases are preventable, and as an organization, the aims to engage and empower the public to choose healthy behaviours and make changes to reduce the risk and spread of communicable diseases. This study defines vaccination as the

process of drug administration by the medical practitioners to the public. In the view of Melisa (2010) vaccination is the injection of a killed microbe in order to stimulate the immune system against the microbe, thereby preventing disease.

Operationally, community health awareness is the sensitization of the public about health and health related issues to enable them avert sickness or live healthy. Community health awareness are designed to influence public knowledge, attitudes, and behaviors, yet achieving these goals and influencing the public is no simple matter. There is not a direct relationship between the messages that are sent to people and the reactions these people have to the messages. In addition to interpreting messages in very unique ways, people respond differently to the messages that they receive. For example, having drivers use their seatbelts when they drive might seem like a very straightforward public health goal (Odum, 2016). He added a very simple awareness might develop the message, "Wear your seatbelt when you drive!" For this message to influence the beliefs, attitudes, and values of all drivers, the educator planner must take many different communication variables into account.

Level of Partnership

Mathew (2017) defined partnership as a process in which autonomous or semi- autonomous actors interact through formal and informal negotiation, jointly creating rules and structures governing their relationships, and ways to act or decide on the issues that brought them together; it is a process involving shared norms and mutually beneficial interactions. Consequently, partnership is seen as the collaboration of organizations, institutions or individual to provides services or products in conjunction with the health centres to the public. In this study therefore, level of partnership is conceptualized as the amount of collaboration between and among the healthcare centres, individual and other civil society organizations for adequate performance. It equally depict the coming together or collaboration between civil society organizations, religious organizations, government institutions and even private individual who perceived a gap in the public place and thus, voluntarily in agreement with the health centres provides such service to the members of the public either at low cost or at no cost. However, partnership as a measure of performance of the health centres could be understood from the point at which the health centres demonstrates capacity to persuade members of the public or organizations for either funding or service collaboration (Mathew, 2017). An example of this collaboration is seen in when a medical foundation partner with either hospital or health centre to provide to the society services that are seen as problem to the public such as glaucoma, ulser, fibroid etc. Health partnership is commonly understood to mean the interactive relationship between a doctor or medical practitioners use medical facilities to improve health of patients. Nurses/patient, the former advising on optimal strategies for improving or main taining heath, and the latter following the advice and taking charge of his or her own health. Health partnerships may also include forums which meet periodic ally throughout the year with the broad role to agree on the vision, priorities an d plans for programmes of health action (Akanu in Mathew, 2017).

Theoretical Review

The study is anchored on Social Identity Theory. Social Identity Theory was proposed by Tajfel and Turner 1986. It was built base on the following assumptions:

1. Individuals advance and experience collective identity arising from their membership in a group. Such groups might include racial/ethnic and gender identities.
2. Social identity allows individuals to categorize themselves and other salient groups into the dynamics of "us" versus "them" realities.
3. Social identity theory essentially interrogates, providing a logical explanation to the ways in which social identities affect people's attitudes and behaviours regarding their in-group and the out-group interactions.
4. Social identities are most influential when individuals consider membership in a particular group to be central to their self-concept and they feel strong emotional ties to the group.

The justification of this theory to this study is noted from both the independents and the dependent variable (workplace inclusion and performance). This is drawn from the fact that every organization has workers of different gender, age, tribe, social class etc. For these organization to perform high in attaining their organizational goals, they must as a matter of fact ensure that these factors are properly addressed.

Empirical Review

Akpakip, (2017) examined the effects of workplace inclusiveness on employee performance in Nigerian Banking Industry (A Study of First bank Nigeria LTD., OTA Branch). The general objective of this study was to examine the relationship between workplace inclusiveness and employee performance in an organization. The survey research design method was adopted for the paper. The instrument used to gather relevant data for the study was the questionnaire. The study centred on the Nigerian Banking Sector to examine the level of diversity practiced in terms of gender, age, ethnicity and educational in Nigerian Organizations. First Bank of Nigeria Pic, Ota, Ogun State was the focal organization. A total of 81 copies of questionnaire were disseminated to the respondents of the study and they were all filled and returned and also relevant for the study. In order to attain the research objectives, four hypotheses were created. The data were collated and analyzed using the Statistical Package for Social Sciences (SPSS) percentages and frequencies tables were used to for the descriptive aspects. To test the hypotheses, Spearman Rank Correlation Coefficient Analysis was adopted, Regression Model, Anova were adopted to examine the relationship between variables and identify the influence of the independent variables on the dependent variable. The research findings showed all aspects of workplace inclusiveness used in the study has a significant relationship with employee performance except for ethnic diversity. It was also discovered that gender, age and educational diversity have strong influence on employee performance. Hence, based on findings, it is recommended that management continue to uphold its diversity policies and practices in order to increase the benefits of diversity.

Abdallah (2015) investigated the effect of organizational inclusion on employee work performance, using the County Government of Mombasa. The objective of the study was to ascertain how organizational inclusion affects employee work performance of CGM in County Government of Mombasa. Judgmental sampling technique was used to get respondents within the County Assembly. The target of 30 out of 59 employees of the County Assembly of the CGM was used to collect data through self-administered questionnaires which was descriptively analyzed. Data were analyzed statistically by using the Software Package for Social Science (SPSS). The summarized responses were used to examine the effect of each variable on employee work performance. Correlation Coefficient analysis showed a significant level of association between performance and the tested variables of diversity (age, gender, education, age). It was found that workforce diversity is a well-accepted phenomenon at the CGM and that there was no discrimination detected resulting from ethnic, gender or educational background. The workforce was harmonious but without expectations of high or low performance based on an employee's demographic background. It was concluded that an employee's ethnic, gender and educational background did not have any contributory effect on performance. The objectives of the study were fulfilled with negative results for all the tested variables. It became evident that workforce diversity does not influence employee work performance at the County Government of Mombasa.

Ogunleye (2018) investigated the role of gender in front desk officers' effectiveness in hospitality organizations in Accra, Ghana. The objective of the study was to examine the difference in customer satisfaction and service delivery between male and female front desk officers. Survey research design was adopted. With a population of 40 front desk officers and 400 regular customers, purposive sampling technique was adopted to arrive at a sample size of 140 respondents. Questionnaire was used to collect primary data from respondents. Simple percentage and chi-square were used to analyze data. The study revealed that there is no significant difference between the service delivery quality of male and female front desk officers. The study also revealed that there is no significant difference between the customer satisfaction level of consumers attended to by both male and female front desk officers. Consequently, the study concluded that

there is significant difference between gender and front desk officers' effectiveness. The study therefore, recommended that both male and female staff should be developed to provide front desk services. This work pointed out that the sex or gender of an individual does not determine their competency level and ability to complete tasks on time.

Tarms (2018) examined workforce diversity and employee performance of oil vegetable producing firms in Port Harcourt, Rivers State, Nigeria. The objective of the study was to examine how age difference leads to employee's task completion, how ethnicity leads to employee's work quality and how gender leads to employee's responsiveness. The survey research design was adopted. With a population of 130 middle and junior employees including administrative officers and secretaries working in oil producing firms in Rivers State. A sample size of ninety-eight (98) was used for the survey, which is drawn from the selected oil companies. This sample size is obtained using the Taro Yamen. Questionnaire was used to collect primary data from respondents. Simple percentage and chi-square were used to analyze data. The study revealed that dimensions of workforce diversity in terms of age difference, ethnicity and gender leads to employee performance through task completion, work quality and responsiveness within the context of oil producing firms in Rivers State.

METHODOLOGY

Research Design

The cross sectional explanatory survey research design was adopted for the study. This research design is deemed suitable and most appropriate for the study because of two reasons: (i) the study was conducted across different healthcare centres in Port Harcourt Metropolis at the same time which makes it a survey study; (ii) it also involves the test of hypotheses which is explanatory in nature.

Research Population

The population of the study consists of thirty-three (33) public healthcare centres which are mainly located in Port Harcourt Metropolis. Details of the population distribution are provided in the table below:

Table 1: Study Population

S/N	NAME
1	Mini Heath Centre, Nkpolu Oroworukwo
2	F.S.P Heath Centre, Orogbum Port
3	Primary Heath Centre, Potts Johnson Street
4	Model Primary Heath Centre, Churchill Street
5	Every Woman Clinic, Marine Base
6	City Council Health Clinic
7	Primary Heath Centre (Police Clinic), Bank Road
8	Primary Heath Centre, Onija
9	School Health Service
10	Primary Heath Centre, Abuloma
11	Primary Heath Centre, Amadi-Ama
12	Primary Heath Centre, Ozuboko
13	Primary Heath Centre, Azuabie
14	Primary Heath Centre, Okuru-Ama
15	Primary Heath Centre, Elekahia
16	Primary Heath Centre, Bundu-Ama
17	Primary Heath Centre, (Naval Medical Centre), Borokiri
18	Akpor Primary Heath Centre
19	Primary Heath Centre, Rumuekini

- 20 Primary Heath Centre, Eneka
- 21 Model Heath Centre, Elioizu
- 22 Elelenwo Family Support Programme Health Centre
- 23 Primary Heath Centre, Elelenwo
- 24 Primary Heath Centre, Iriebe
- 25 Primary Heath Centre, Obio
- 26 Primary Heath Centre, Rumuapirikom
- 27 Primary Heath Centre, Rumuigbo
- 28 Primary Heath Centre, Rumuolemini
- 29 Primary Heath Centre, Rumuokwurushe
- 30 Model Primary Heath Centre, Rumueme
- 31 Primary Fleath Centre, Rumuodumaya
- 32 Primary Heath Centre, Rukpokwu
- 33 Primary Heath Centre, Ozuoba

Source:<http://dssbasenet/NGMFL/Ndistrict.php?source=I&niveau=3®ion=32>

Instrumentation and Measurement

Structured questionnaire served as the instrument for data collection. The questionnaire was titled "workplace inclusion and performance index (WIPI). The questionnaire design was prepared in four (4) point rating scale format of likert with the following response options Very Great Extent (VGE), Great Extent (GE), Moderate Extent (ME), and Low Extent (LE). The questionnaire was structured by the researcher with a letter of introduction describing its purpose.

Validity of Instrument

The work adopted the face and content validity. To achieve this, the questionnaire that was used for this study was subjected to thorough scrutiny and adjustment by the supervisor and two other experts in Management. Their comments were used to validate the questionnaire items.

Reliability of Instrument

Reliability of instrument refers to consistency of the measuring instrument. Test- retest method was used. The response obtained from the respondents on the two occasions was correlated using SROCC (Spearman Rank Order Correlation Coefficient) which yielded a coefficient of 0.78.

Administration of the Instrument

In line with the sample size, a total of ninety-nine (99) copies of the validated questionnaire were distributed to the targeted audience. The researcher was able to retrieve ninety (90) copies of the entire validated questionnaire distributed.

Method of Data Analysis

Arithmetic mean and standard deviation was used for the research question analyses, while the test of hypotheses was done using Correlation Statistical tool such as Pearson Product Moment Correlation Coefficient.

The formula is presented below:

$$r = \frac{n\sum xy - \sum x \sum y}{\sqrt{[n\sum X^2 - (\sum X)^2] [n\sum Y^2 - (\sum Y)^2]}}$$

Where:

N= Total Number

X = Numbers of Data in Group A

Y= Numbers of Data in Group B

Σ = Summation

$\sqrt{\quad}$ = Square Root

Decision Rule: The null hypothesis was rejected if the calculated correlation value is greater than the critical value; if otherwise, the null hypothesis was accepted.

Test of Hypotheses

Ho1: There is no significant relationship between de-tribalization and vaccination of healthcare centres in Port Harcourt.

Table 1: Relationship Between De-tribalization and Vaccination

S/N	X	Y	XY	X ²	Y ²	
1	17	15	255	289	225	
2	14	12	168	196	144	
3	10	8	80	100	64	
4	8	6	48	64	36	
5	14	13	182	196	169	
6	12	9	108	144	81	
7	11	9	99	121	81	
8	10	9	90	100	81	
9	20	18	360	400	324	
10	15	12	180	225	144	
11	9	7	63	81	49	
12	5	4	20	25	16	
13	18	16	288	324	256	
14	13	11	143	169	121	
15	10	9	90	100	81	
16	7	6	42	49	36	
Σx=i93		ΣY=164		ΣXY=2216	ΣX²=2583	ΣY²= 1908

Source: Survey 2023.

$$\gamma = \frac{n\sum xy - \sum x \sum y}{\sqrt{[n\sum X^2 - (\sum X)^2] [n\sum Y^2 - (\sum Y)^2]}} = \frac{16 \times 2216 - 193 \times 164}{\sqrt{(16 \times 2583 - (193)^2)(16 \times 1908 - (164)^2)}}$$

$$\gamma = \frac{35456 - 31652}{\sqrt{(41328 - 37249)(30528 - 26896)}}$$

$$\frac{3804}{\sqrt{(4079)(3632)}} = \frac{3804}{\sqrt{4079 \times 3632}}$$

$$\frac{3804}{\sqrt{14814928}} = \frac{3804}{\sqrt{3849.0164}}$$

∴ γ 0.9883 (approx.)

Table 1 shows that a calculated r value is 0.9883. Since the calculated r value 0.9883 is greater than the critical r value 0.05, the null hypothesis (Hoi) which states that there is no significant relationship between de-tribalization and vaccination of healthcare centres in Port Harcourt. was

rejected while the alternate was accepted. This implies that there is a significant positive relationship between de-tribalization and vaccination of healthcare centres in Port Harcourt.

Ho2: There is no significant relationship between gender inclusion and community health awareness of healthcare centres in Port Harcourt.

Table 2: Relationship between Gender Inclusion and Community Health Awareness

S/N	X	Y	XY	X ²	Y ²
1	19	15	285	361	225
2	13	11	143	169	121
3	10	9	90	100	81
4	7	6	42	49	36
5	20	17	340	400	289
6	13	10	130	169	100
7	9	7	63	81	49
8	8	6	48	64	36
9	19	15	285	361	225
10	13	11	143	169	121
11	10	9	90	100	81
12	7	6	42	49	36
13	18	14	252	324	196
14	13	11	143	169	121
15	10	9	90	100	81
16	8	7	56	64	49
	ΣX=197	ΣY=163	ΣXY=2242	ΣX²=2729	ΣY²=1847

Source: Survey 2023.

$$r = \frac{n\sum xy - \sum x \sum y}{\sqrt{[n\sum X^2 - (\sum X)^2][n\sum Y^2 - (\sum Y)^2]}} = \frac{16 \times 2242 - 197 \times 163}{(16 \times 2729 - (197)^2)(16 \times 1847 - (163)^2)}$$

$$r = \frac{35872 - 32111}{\sqrt{(43664 - 38809)(29552 - 26569)}}$$

$$\frac{3761}{\sqrt{(4855)(2983)}} = \frac{3761}{\sqrt{4855 \times 2983}}$$

$$\frac{3761}{\sqrt{14814928}} = \frac{3761}{\sqrt{3805.5833}}$$

∴ r = 0.9882 (approx.)

Table 2 shows that the calculated r value is 0.9882. Since the calculated 1* value 0.9882 is greater than the critical r value 0.05, the null hypothesis (H02) which states that there is no significant

relationship between gender inclusion and community health awareness of healthcare centres in Port Harcourt was rejected and the alternate was accepted. This implies that there is a significant positive relationship between gender inclusion and community health awareness of healthcare centres in Port Harcourt.

H03: There is no significant relationship between information justice and level of partnership of healthcare centres in Port Harcourt.

Table 3: Relationship between Information Justice and Level of Partnership

S/N	X	Y	XY	X ²	Y ²		
1	18	14	252	324	196		
2	13	11	143	169	121		
3	10	9	90	100	81		
4	8	7	56	64	49		
5	25	23	575	625	529		
6	13	10	130	169	100		
7	7	5	35	49	25		
8	4	3	12	16	9		
9	17	16	272	289	256		
10	13	10	130	169	100		
11	10	9	90	100	81		
12	8	7	56	64	49		
13	20	16	320	400	256		
14	13	11	143	169	121		
15	10	7	70	100	49		
16	8	5	40	64	25		
Σx=197			ΣY=163		ΣXY=2414		
				ΣX²=2871		ΣY²=2047	

Source: Survey 2023.

$$\gamma = \frac{n\sum xy - \sum x \sum y}{\sqrt{[n\sum X^2 - (\sum X)^2][n\sum Y^2 - (\sum Y)^2]}} = \frac{16 \times 2414 - 197 \times 163}{\sqrt{(16 \times 2871 - (197)^2)(16 \times 2047 - (163)^2)}}$$

$$\gamma = \frac{38624 - 32111}{\sqrt{(45936 - 38809)(32752 - 26569)}}$$

$$\frac{6513}{\sqrt{(7127)(6183)}} = \frac{6513}{\sqrt{7127 \times 6183}}$$

$$\frac{6513}{\sqrt{44066241}} = \frac{6513}{\sqrt{6638.2408}}$$

∴ γ 0.9811 (approx.)

Table 3 shows that the calculated r value is 0.9811. Since the calculated r value 0.9811 is greater than the critical r value 0.05, the null hypothesis (H03) which states that there is no significant relationship between information justice and level of partnership of healthcare centres in Port Harcourt was rejected and the alternate was accepted. This implies that there is a significant positive relationship between information justice and level of partnership of healthcare centres in Port Harcourt.

Summary of Findings

The findings from the analysis revealed the following:

1. There is a significant positive relationship between de-tribalization and vaccination of healthcare centres in Port Harcourt Metropolis.
2. There is a significant positive relationship between gender inclusion and community health awareness of healthcare centres in Port Harcourt Metropolis.
3. There is a significant positive relationship between information justice and level of partnership of healthcare centres in Port Harcourt Metropolis.

CONCLUSION

Base on the findings, the study concludes that there is a significant positive relationship between de-tribalization and vaccination of healthcare centres in Port Harcourt; there is a significant positive relationship between gender inclusion and community health awareness of healthcare centres in Port Harcourt; there is a significant positive relationship between information justice and level of partnership of healthcare centres in Port Harcourt. Healthcare centres that neglect components of workplace inclusion (de-tribalization, gender inclusion and information), might face heavy challenges in maximizing the level of their performance.

RECOMMENDATIONS

Based on the findings, the following recommendations were made:

1. Government should ensure to deploy workers medical administrators to healthcare centres in their various locality.
2. Administrator in healthcare centres should offer on-the-job training to their employees regardless of their gender to effect efficient and swift implementation of decisions and patient satisfaction.
3. Administrator in healthcare centres should ensure that they give accurate information always to guide their workers in carrying out their respective duties.

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