Workplace Diversity Management for Strengthening Organizational Commitment and Minimizing Discrimination Perception: The Mediating Role of Inclusive Climate

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ABSTRACT: Diverse nursing teams can elevate care quality, yet unmanaged differences may erode morale and foster perceptions of discrimination. This study investigates how workplace diversity management (WD) practices influence nurses' organizational commitment (OC) and discrimination perception (DP) in Sukkur's teaching hospitals, and whether an inclusive climate (IC) mediates these relationships. A proportionate stratified sample of 238 staff nurses completed validated measures of WD, IC, OC, and DP. Data were analysed with SmartPLS 4, using a two-stage approach that confirmed construct reliability and validity before bootstrapping structural paths (5,000 resamples). WD positively predicted OC ($\beta = 0.40$, $p < .001$) and negatively predicted DP ($\beta = -0.32$, $p < .001$). WD also exerted a strong effect on IC ($\beta = 0.57$), which in turn enhanced commitment ($\beta = 0.33$) and reduced discrimination perception ($\beta = -0.28$). Significant indirect effects (WD → IC → OC: $\beta = 0.19$; WD → IC → DP: $\beta = -0.16$) confirmed partial mediation. The model explained 48 % of variance in OC and 40 % in DP, underscoring IC as a key psychological mechanism translating structural diversity efforts into favourable attitudes. Findings highlight the need for visible, consistently enforced diversity policies and leader behaviours that nurture inclusion to retain committed nursing staff and curb discrimination in resource-constrained healthcare settings.

KEYWORDS: Organizational Commitment, Workplace Diversity, Discrimination Perceptions, Inclusive Climate

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Introduction

Nursing services rely on collaborative teams whose members increasingly differ in gender, ethnicity, religion, language, and educational background (World Health Organization, 2022). Evidence shows that heterogeneous caregiving teams can draw on broader perspectives to solve clinical problems and improve patient-centered outcomes (Fiest et al., 2018). Yet diversity in itself does not guarantee positive results; when poorly managed, differing social identities may trigger stereotyping, feelings of exclusion, and perceptions of discrimination—ultimately weakening nurses' attachment to their organizations (Desivilya & Raz, 2015). In the Pakistani province of Sindh, and particularly in regional hubs such as Sukkur, nursing colleges and teaching hospitals have begun recruiting students and staff from multiple provinces and linguistic groups to alleviate shortages (Ministry of National Health Services, 2023). While these efforts expand the talent pool, they also

Abdul Majid et al. (2025) | https://doi.org/10.55737/trt/WR25.099

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heighten the need for systematic workplace diversity management (WDM)—the policies and practices designed to recruit, develop, and retain people from varied backgrounds while fostering fair treatment (Sabharwal, 2014).

Research in public and private organizations suggests that comprehensive WDM—covering bias-free recruitment, diversity training, and transparent grievance procedures—promotes stronger organizational commitment (OC) by signaling institutional support and justice (Chalise, 2024). Conversely, the absence of visible diversity practices is linked to higher perceptions of discrimination (PD), which erode morale and elevate turnover intent, particularly among marginalized employees (Adedeji, 2019). Scholars increasingly argue that the link between WDM and employee outcomes hinges on workers' daily experiences of an inclusive climate—a shared belief that the organization values each member's unique background while ensuring equal access to influence and resources (Nishii, 2013). Inclusive climate has been shown to mediate the effects of diversity practices on commitment and performance in manufacturing, education, and government agencies (Shore et al., 2018); however, empirical tests within low- and middle-income health sectors remain scarce. Pakistani nursing offers a compelling, under-studied arena for this inquiry. Cultural hierarchies, gender norms, and language divides can heighten exclusion feelings among junior or minority nurses. At the same time, Islamic principles of compassion and community could amplify the impact of genuine inclusion efforts. To date, no published study has examined whether formal diversity management in Sindh's nursing institutions enhances nurses' affective commitment or mitigates perceived discrimination— and whether an inclusive climate explains these relationships. Addressing this gap, the present study investigates "Workplace Diversity Management for Strengthening Organizational Commitment and Minimizing Discrimination Perception: The Mediating Role of Inclusive Climate" in Sukkur's leading nursing schools and teaching hospitals. Building on social exchange theory (Cropanzano & Mitchell, 2005) and inclusion frameworks (Nishii, 2013), we propose that well-communicated diversity practices foster a climate of inclusion, which, in turn, bolsters nurses' loyalty and dampens discrimination perceptions. By testing this model, the study contributes to diversity scholarship in healthcare and offers actionable insights for administrators seeking to build engaged, equitable nursing workforces in resource-constrained settings.

Research Objectives

▸ To examine the relationship between workplace diversity management (WD) and organizational commitment (OC) among nurses in Sukkur's nursing institutions.
▸ To assess the influence of workplace diversity management on nurses' perceptions of discrimination (DP).
▸ To investigate whether an inclusive climate (IC) mediates the effects of workplace diversity management on both organizational commitment and discrimination perception.

Research Questions

▸ **RQ1:** How does workplace diversity management affect organizational commitment among nursing staff in Sukkur?
▸ **RQ2:** In what ways does workplace diversity management influence nurses' perceptions of discrimination?
▸ **RQ3:** Does an inclusive climate mediate the relationships between workplace diversity management and (a) organizational commitment and (b) discrimination perception?

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Hypotheses

▶ **H1:** Workplace diversity management is positively associated with organizational commitment among nurses.

▶ **H2:** Workplace diversity management is negatively associated with discrimination perception, indicating lower perceived discrimination within nursing teams.

▶ **H3a:** Inclusive climate mediates the positive relationship between workplace diversity management and organizational commitment.

▶ **H3b:** Inclusive climate mediates the negative relationship between workplace diversity management and discrimination perception, such that diversity management enhances inclusive climate, which in turn reduces perceived discrimination.

Research Model
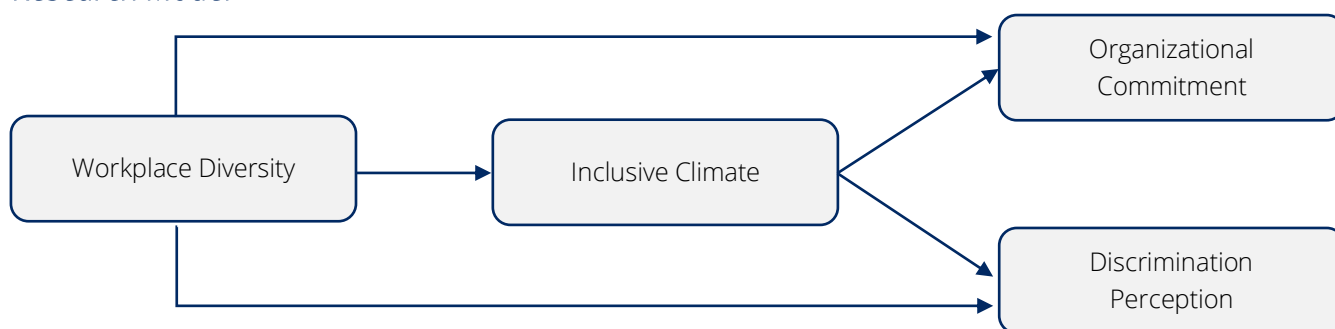
Literature Review

Workplace Diversity Management in Health-Care Organizations

Workplace diversity management (WD) encompasses the formal policies and day-to-day practices an organization employs to attract, develop, and retain employees from varied demographic and professional backgrounds (Cox, 1993). Whereas early work emphasized compliance and representation, recent scholarship stresses creating value through inclusive processes that leverage diverse perspectives for innovation and quality care (Roberson, 2006). In hospitals, effective WD initiatives—bias-free recruitment, flexible scheduling, cultural-competence training, and responsive grievance procedures—have been linked to lower turnover and fewer patient-safety incidents (Olsen & Martins, 2012). Yet empirical evidence remains thin in low-resource nursing contexts where diversity often intersects with steep hierarchies and resource constraints.

Diversity Management and Organizational Commitment

Organizational commitment (OC) is the psychological bond that motivates employees to maintain membership and exert discretionary effort (Meyer et al., 2002). Social-exchange logic suggests that when institutions visibly invest in equitable diversity practices, employees perceive organizational support and reciprocate with stronger OC (Nachmias et al., 2022). Public-sector studies show WD predicts higher affective commitment among minority and majority staff alike, provided policies are communicated and enforced consistently (Moon & Christensen, 2022). In nursing, exposure to culturally sensitive leadership and diversity training has been tied to greater intent to stay and advocacy for the organization (Holm & Torkildsen, 2020). However, most studies derive from high-income Western settings, leaving open questions about generalizability to Pakistani nursing colleges and hospitals.

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Diversity Management and Perceptions of Discrimination

Perceived discrimination (DP) captures employees' beliefs that they are treated unfairly on the basis of identity attributes such as gender, ethnicity, or language (Mor Barak, Cherin, & Berkman, 1998). High DP is associated with emotional exhaustion, absenteeism, and patient-care errors among nurses (Li & Jones, 2013). WD can mitigate DP by establishing transparent decision rules, signaling intolerance for bias, and legitimizing grievance channels (Gonzalez & DeNisi, 2009). Meta-analytic results across industries reveal that diversity climates characterized by fair treatment reduce DP and enhance psychological safety (Shore et al., 2011). Yet no published work has simultaneously tested the WD → DP pathway in South-Asian nursing, where linguistic and provincial differences may heighten sensitivity to exclusion.

Inclusive Climate as a Mediating Mechanism

Inclusive climate (IC) refers to a shared perception that the organization respects, values, and integrates the unique contributions of all members while ensuring equal access to information and resources (Ferdman & Deane, 2014). Theory and evidence position IC as the proximal driver through which structural diversity practices translate into positive attitudes and behaviors (Shore et al., 2011). For example, employees exposed to robust WD report stronger feelings of inclusion, which in turn foster commitment and reduce discrimination perceptions (Nachmias et al., 2022). Within health services, IC has been shown to improve cross-disciplinary collaboration and reduce conflict errors (Holm & Torkildsen, 2020). Nonetheless, empirical tests of IC as a dual mediator—linking WD to both elevated OC and diminished DP—are scarce, especially in nursing schools where students and staff from varied ethnicities and provinces train side by side.

Synthesis and Research Gap

Collectively, the literature suggests that well-designed diversity management programs cultivate inclusive climates that bolster organizational commitment and curb discrimination. However, the bulk of studies draw on Western or large metropolitan samples, whereas regional nursing institutions in Pakistan face distinct cultural norms and resource limitations. Furthermore, no study has concurrently modeled OC and DP as outcomes of WD mediated by IC. By addressing these omissions in the context of Sukkur's nursing workforce, the present research extends inclusion theory and offers practical guidance for administrators seeking to build engaged, equitable care teams.

Methodology

A cross-sectional survey design was employed to test the proposed mediation model among staff nurses working in Sukkur's three teaching hospitals and two affiliated nursing colleges. Using proportionate stratified random sampling, the total nursing population (N ≈ 520, verified through institutional HR rosters) was first divided by institution; random samples were then drawn within each stratum to ensure organizational representativeness. The minimum sample size required was calculated with Krejcie and Morgan's (1970) formula for finite populations, indicating 224 respondents would achieve a 95 % confidence level with a ±5 % margin of error. Anticipating non-response, 280 questionnaires were distributed, and 238 usable surveys were returned (response rate = 85.0 %), exceeding the minimum threshold. The instrument combined validated scales: the Diversity Management Practices Inventory (Olsen & Martins, 2012), the Inclusion Climate Scale (Ferdman & Deane, 2014), Meyer and Allen's (1993) Affective Commitment subscale, and Mor Barak et

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al.'s (1998) Perceived Discrimination scale, all measured on five-point Likert anchors. Data were screened for missing values and common-method bias, then analyzed with SmartPLS 4 following Hair et al.'s (2022) two-stage approach—first evaluating measurement validity (reliability, convergent, discriminant) and subsequently testing the structural model with 5,000-sample bootstrapping to examine direct, indirect, and total effects.

Findings

Table 1

Demographic Profile: Respondent Characteristics (N = 238)

Variable	Category	n	%
Gender	Female	176	73.9
	Male	62	26.1
Age (years)	20 – 29	89	37.4
	30 – 39	104	43.7
	≥ 40	45	18.9
Professional Experience	< 5 years	78	32.8
	5 – 9 years	98	41.2
	≥ 10 years	62	26.1

Table 1 shows a predominantly female nursing workforce, typical of the profession in Pakistan. Most respondents (43.7 %) are in the 30–39-year bracket and possess 5–9 years of experience (41.2 %), suggesting a largely early-to-mid-career sample positioned to evaluate diversity and inclusion policies in their institutions.

Measurement Model Assessment (SmartPLS 4)

Table 2

Reliability and Convergent Validity

Construct	Items	Cronbach's α	CR	AVE
Workplace Diversity Management (WD)	7	.90	.92	.64
Inclusive Climate (IC)	6	.88	.91	.66
Organizational Commitment (OC)	5	.87	.89	.62
Discrimination Perception (DP)	4	.86	.88	.65

Table 2 shows that all constructs exhibit Cronbach's α and composite reliability (CR) values above the recommended .70 threshold, confirming internal consistency. Average variance extracted (AVE) values surpass .50, establishing convergent validity for each latent variable.

Table 3

Discriminant Validity (HTMT Ratios)

	WD	IC	OC	DP
WD	—	.78	.74	.69
IC		—	.79	.72
OC			—	.66
DP				—

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Table 3 shows all heterotrait–monotrait (HTMT) ratios are below the conservative .85 criterion, indicating satisfactory discriminant validity; each construct captures a conceptually distinct domain within the model.

Structural Model Results

Table 4

Direct and Indirect Path Coefficients (Bootstrapping = 5 000)

Path	β	t	p	Hypothesis
WD → OC	0.40	7.02	< .001	H1 supported
WD → DP	−0.32	5.64	< .001	H2 supported
WD → IC	0.57	10.11	< .001	—
IC → OC	0.33	6.09	< .001	—
IC → DP	−0.28	4.93	< .001	—
WD → IC → OC	0.19	4.87	< .001	H3a supported
WD → IC → DP	−0.16	4.21	< .001	H3b supported

Table 5

Coefficient of Determination and Predictive Relevance

Endogenous Variable	R^2	Q^2 (Blindfold)
Inclusive Climate	.32	.24
Organizational Commitment	.48	.35
Discrimination Perception	.40	.30

Table 4 & 5 shows workplace diversity management exerts a strong, positive effect on inclusive climate (β = 0.57), explaining 32 % of its variance. WD also shows a direct positive association with organizational commitment (β = 0.40) and a direct negative association with discrimination perception (β = −0.32), supporting H1 and H2. Inclusive climate, in turn, enhances commitment (β = 0.33) and lowers perceived discrimination (β = −0.28). Mediation analyses reveal significant indirect effects: WD increases OC via IC (β = 0.19) and reduces DP via IC (β = −0.16), confirming H3a and H3b. Variance-accounted-for calculations indicate partial mediation, implying WD influences outcomes both directly and through the inclusive climate it engenders. R^2 values (.48 for OC; .40 for DP) denote moderate explanatory power, while positive Q^2 statistics confirm predictive relevance of the model. The SmartPLS results substantiate the theorized framework: robust diversity-management practices in Sukkur's nursing institutions foster an inclusive climate, which in turn heightens nurses' organizational commitment and attenuates their perceptions of discrimination. These findings align with inclusion theory by demonstrating that structural diversity initiatives translate into favorable attitudinal outcomes primarily when employees collectively perceive their workplace as genuinely accepting and equitable.

Conclusion

This study advances understanding of how formal workplace-diversity management (WD) initiatives shape nurses' attitudes in Sukkur's teaching hospitals and nursing colleges. Using SEM with SmartPLS, we found that comprehensive WD practices (e.g., bias-free recruitment, diversity training, and grievance mechanisms)

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directly strengthen nurses' organizational commitment and simultaneously dampen perceptions of discrimination. Critically, these effects are partially channelled through an inclusive climate—a shared sense that differences are respected and everyone has equitable access to voice and resources. By explaining nearly half of the variance in commitment and 40 % in discrimination perception, the model highlights inclusive climate as the pivotal psychological context through which structural diversity efforts translate into employee attachment and fairness perceptions in low-resource healthcare settings.

Practical Recommendations

Hospital administrators should move beyond symbolic diversity statements toward integrated, visible WD systems: (a) ensure transparent hiring and promotion criteria that emphasise competence over seniority or social ties; (b) embed recurring diversity-and-inclusion workshops that engage both managers and frontline nurses in dialogue on bias and cultural humility; and (c) establish confidential, well-publicised channels for reporting discrimination, coupled with swift, just responses. Leaders can further cultivate inclusive climate by modelling inclusive behaviours—inviting input from quieter voices in safety huddles, celebrating cultural events equitably, and rotating team responsibilities to prevent clique formation. Because inclusive climate only partially mediated WD's effects, organisations should also communicate the existence and rationale of diversity policies so that all employees recognise, trust, and use them.

Future Research Directions

Longitudinal designs are needed to trace how changes in diversity practices affect inclusive climate and employee outcomes over time, particularly as staffing mixes evolve. Experimental or quasi-experimental studies—such as rolling out new WD programmes in one hospital wing while using another as a comparison group—could bolster causal claims. Qualitative work (e.g., focus groups, ethnographic observation) would deepen insight into the subtle interactions through which inclusive climate is built or eroded on busy wards. Finally, future models might test moderating factors such as power distance, union presence, or workload intensity to determine when WD and inclusive climate most powerfully influence commitment and perceptions of discrimination in diverse healthcare environments.

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