Organizational Culture, Diversity, and Employees' Health in Social/Human Services: A Systematic Review

Review

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ABSTRACT

Leadership and organizational culture significantly impact employee work performance and job satisfaction, but less is known about employee health and well-being within a diverse work environment. This study systematically reviewed 23 studies published between 2007-2019 that addressed organizational culture, diversity/workplace, and employee health within North American social/human services organizations. Results highlighted three themes: *1) Organizational Culture within Social/Human Services, 2) Diversity and Workplace,* and *3) Employee Health at the Intersection of Organizational Culture and Diversity*. Conclusions emphasize the need for organizations to adjust to changing workforce demographics and promote an equitable, healthy, and safe workplace culture. Leaders must be proactive in creating workplace wellness and corporate wellness programs to promote employee well-being and productivity as well as improve organization's financial health and enhance long-term sustainability.

KEYWORDS

Organizational culture, leadership, diversity, employee health and well-being

INTRODUCTION

In the management field, research on organizational culture and leadership has evolved. A previous systematic review identified the impact of organizational culture and the quality of interaction between leadership and employees in shaping employee work behaviour and the level of job satisfaction (Tsai, 2011). However, there is less research on the influence of organizational culture on employee health within a diverse work environment (Sethi, 2014). The dramatic changes in workplace demographics require an understanding of how organizational culture impacts underrepresented employees' health and well-being. Promoting equality and equity within organizations and reducing work-related stress is of paramount importance to employees' psychosocial and physical health and organizations' viability and effectiveness. The objective of this systematic review is to identify and to provide a broad overview of available evidence-based literature on how organizational culture within social/human services intersects with diversity to influence the physical and mental/psychological health of workers within the North American context. Our analysis contributes to the growing literature on occupational health and addresses the World Health Organization's (WHO) concern regarding work-related health problems across countries that are costly to the employee, employer, and the country's economy (WHO, 2017). It is estimated that "work-related health problems result in an economic loss of 4–6% of GDP for most countries" (WHO, 2017, Key fact 5).

LITERATURE REVIEW

The broad areas of focus for the systematic review are: 1) *Organizational Culture Within Social/Human Services*; 2) *Diversity and Workplace*; and 3) *Employee Health in Social/Human Services*. As the field of human services continues to grow, the concept of 'human services' as a field and profession have been a focus of much debate (Zins, 2001). For this review, social/human services organizations are defined as organizations that "meet human needs that are required for maintaining or promoting the overall quality of life of the prospective service populations." (Zins, 2001, p. 6-7). Examples of human services include child welfare, youth agencies, health facilities, correctional facilities, nursing homes, and group homes.

Organizational Culture Within Social/Human Services

Organizational culture is defined as the underlying shared values, beliefs and assumptions that influence how members think, feel, and behave. It is the dynamic process created through employees' interactions and the stabilizing force that prescribes rules for behavior within organizations (Schein, 2010; Collins, 2013). Leaders have tremendous power to set the tone of organizational culture within the workplace through their values and behaviors (Schein, 2010), attitudes towards inclusivity of diversity concerning employees' social locations (race, socioeconomic class, gender, immigration status, ability, and sexual orientation) and workplace supports (McCalla, 2015; Vito & Sethi, 2020). For example, the context of social work practice is heavily influenced by ethnocentrism and the profession's historical roots in an Anglo-American culture that tends to undermine the experiences and values stance of minority workers and communities (Yan, 2008; Sethi & Williams, 2016).

The organization's system of beliefs is constituted by the ethical norms, value stance, shared beliefs and cultural background, the social ideologies and expectations, the morality, traditions, and customs within the organization that also shape its climate and culture (Reynolds & Bennett, 2019). The actions and behaviors of leaders such as micro-aggressions (Sethi & Williams, 2016), stigma and stereotyping, favoritism, intolerance, among other behaviors, can be risk factors that nurture an unhealthy organizational culture (Collins & Callahan, 2012; Chenot et al., 2014; Harris et al., 2018; Mallinger et al., 2017; Quick et al., 2017; Fletcher & Barroso, 2019).

Leadership and organizational culture have a reciprocal influence (Schein, 2010). For example, the founders and leaders have a long-lasting legacy on organizational culture (Hossein, 2018; Weng, 2014). Likewise, leaders' behaviours and engagement can also be shaped by the organizational culture, which guides their practices and actions in critical functions (Austin, 2018). Leaders influence organizational culture through their leadership styles, which have an impact on the climate within the organization (McCalla, 2015; Mallinger et al., 2017; Quick et al., 2017). An authoritarian leadership style focuses on hierarchy, prioritization of tasks over relationships, power abuses, privilege and inflexible attitudes that are ineffective (Austin, 2018). Evidence suggests that this leadership style negatively "influences outcome variables such as team interaction, organizational commitment, task performance, and extra-role performance" (Du, Li & Luo, 2019. p. 2), which may indirectly negatively impact employee health and wellness.

Additionally, the organizational structure and institutional culture play a significant role in shaping organizational climate. Organizational structure refers to the organizational hierarchy, system of practices and policies, and information flow between levels of management and workers (Mallinger et al., 2017). Institutional culture is the organization's symbolic representation, such as the mission statement, which defines the mandate and provides guidance for practice (Yan, 2008). Organizational climate refers to the shared understanding of the organizations' practices, policies, and procedures (Schneider et al., 2013). It is formed by the day-to-day norms, including expected and rewarded behaviours. Very recent empirical evidence confirms that regardless of the type of occupational sector (e.g., transportation, health care, agriculture, construction, etc.) "adverse work organization, specifically scheduling practices (e.g., long hours, shift work, etc.), and job stress (e.g., fast pace, time pressures) have been negatively associated with health behaviors and outcomes as well as health inequities" (Hege et al., 2019, p.626).

Organizations that foster a climate of wellness and a climate of inclusion (Li et al., 2019) through building trust in co-worker relationships and having policies that promote wellness are effective in improving employee health and well-being and productivity (Reynolds & Bennett, 2019) for historically underrepresented employees. A climate of inclusion refers to perceived behaviours that include employees with diverse social locations, making them feel accepted and supported. In such a climate of inclusion leadership helps each member feel valued and appreciated for their unique contribution (Brimhall & Mor Barak, 2018; Leigh & Melwani, 2019). With an increasingly diverse workforce in the Western world, it is imperative that leaders foster an organizational structure, culture, and climate of inclusion to support employee health and wellness.. Managing diversity continues to be an important and contentious topic within public and private sectors (Weaver, 2008).

Diversity and Workplace

The North American workforce is projected to become increasingly diverse. Laurent Martel (2019) found that by 2036, in Canada an estimated one in three people in the workforce will be foreign-born, and the proportion of people belonging to racialized backgrounds is also expected to increase. Similarly, by the year 2030, nearly half of the workforce will be from a racialized and/or ethnic group, and by 2060, almost one in five of the US population will be foreign-born (Brimhall & Mor Barak, 2018). Given the changing demographics within social/human services organizations, the need to maximize the potential benefits of workforce diversity becomes evident and even critical. Workplace diversity generally refers to the acceptance and inclusion of employees regardless of similarities and differences among individuals along the dimensions of racialized background, ethnicity, socioeconomic status, gender, sexual orientation, immigration status, age, and ability (Fazylova, 2019, para 2).

Organizational culture intersects with diversity based on socioeconomic status and education. Educational attainment levels and occupational status have produced different occupational outcomes for employees and contribute to job inequality (O'Donnell & Kirkner, 2009; Jang et al., 2017). For instance, higher education levels are associated with employees' increased feelings of

inclusion within organizations (Brimhall & Mor Barak, 2018).

Further, empirical evidence suggests that organizational culture greatly influence employers' attitudes, hiring intentions and behaviours towards workers with disabilities. Hiring motives differ significantly, as for-profit organizations are mostly focused on efficiency and returns, while not-for-profit organizations are more geared towards social justice and effective client services (Rimmerman et al., 2013). This has financial and social implications for workers who experience either cognitive or physical disability, such as a loss of income, health insurance or future pension contributions (Cox & Pardasani, 2013).

Similarly, issues related to social identity must be carefully understood from the perspectives of inclusion of minority employees. Not all individuals identify with a binary concept of sex, gender, and/or orientation. Transgender employees in social/human services organizations, despite legal protection, are subjected to discrimination and stigma, exclusion, harassment, and pay inequality, coupled with organization tolerance to bullying and other negatives practices towards them (Gates & Sniatecki, 2016). Another example is the overt hostility, invisibility, interpersonal discomfort, and pressure to "cover" one's sexuality often experienced by LGBTQ2+ workers (Bilimoria & Stewart, 2009, p. 90-95). In some cases, workers experience multiple layered discrimination based on their sex, gender, and/or sexual orientation.

Racialized employees within social/human services organizations experience institutional racism (Walter et al., 2016; Sethi & Williams, 2016; Sethi, 2017). For example, immigrant racialized employees working in health care sector(s) in Ontario, Canada, experienced overt racism and microaggression (Sethi, 2014; Sethi & Williams, 2016). The nature of diversity climate, or "employees' shared awareness and perceptions of their organization's diversity management system" is an essential factor in employees' perception of organizational inclusiveness (Li et al., 2019, p. 362). Li et al. (2019) found a positive correlation between minority employees' commitment to their organization and their feeling that management values difference and diversity, has engaged in diversity training, and diversified the workforce. Workforce diversity enhances creativity and

innovation, improves workplace commitment, and increases organizational retention (Brimhall & Mor Barak, 2018). However, within a diverse workforce, bullying, lack of management support, hostile interactions between employees, and limited opportunity to participate in decisions are considered work-related risk factors that can lead to physical and mental health problems for employees (Burton, 2010).

Employee Health in Social/Human Services

The WHO (2020) defines health "as the state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (para 1). Health or lack thereof is the outcome of complex and intersecting social, economic, and political factors (Institute of Medicine, 2002) Robertson & Tinline (2008) provide convincing evidence that leaders' and managers' investment in employee health is critical to achieving organizational goals and performance. The authors also demonstrate that employees with a high level of psychological well-being are more likely to accept critical feedback, are adaptable to change, and have healthy interpersonal skills necessary for customer satisfaction. It is noteworthy, that globally concerns and discussions around employee physical and mental health are shifting beyond its impact of organizational productivity to the pressure work-related illness is creating on the health care (or medical care) system (Institute of Medicine, 2002). For example, the Institute of Medicine (2002) notes that, "healthy employees consume fewer benefits in the form of benefit payments for medical care, short- and long-term disability, and workers' compensation" (section 3, para 1). Regardless of the type and size of the organization, the "corporate wellness" programs (e.g., health related team building activities) that tailor programs, policies, and work environment to support the health and safety of all employees, promote employee well-being and productivity as well as have a positive impact on an organization's financial health. Ultimately, adapting a corporate wellness climate reduces "health-related costs for employees and employer" (Dialogue, 2020, p. 4).

Disparities in health based on diversity factors such as age, ethnicity, immigration status, sexual orientation, and socioeconomic status health are well documented (Burton, 2010). The way leaders engage with minority employees to create a climate of inclusion "is integral to the work of individuals and directly linked to the organization's overall objectives." (Weaver, 2008, p. 115). When leaders value diverse perspectives and seek the opinions of others regardless of their job titles, they increase psychological safety and inclusiveness, which improves the organizational climate (Brimhall & Mor Barak, 2018). In comparison, unhealthy and damaging organizational environments are characterized by weak peer relationships, harmful norms, perceived stigma, a hectic work pace, and indignity that can ultimately lead to adverse client outcomes and worker health outcomes (Fernando, 2018). After all, "healthy agencies create healthy outcomes" (Fernando, 2018, p. 53).

Employees who hold multiple identities, such as being a gay, Muslim, working-class woman of color while being gay and a Muslim with physical disabilities, are considered at increased risk of physical and mental health problems, due to the manifold and intersecting oppressions they face within social/human services organizations (Sethi, 2014; Mallinger et al., 2017). McCracken & Phillips (2017) observe that "rampant homophobia, stigmatization, oppression and discrimination in many states unfortunately (but understandably) deter LGBTI people from so identifying and seeking help for health problems" (p. 135).

METHODS

A systematic review was completed to identify and summarize the available empirical evidence on organizational culture and diversity. Specifically, the review focused on the intersection of the organizational culture and diversity in influencing employee health in social/human services within the North American context. The review is organized as follows: first we outline our methodology and systematic review steps; second, we discuss the findings regarding diversity and employees' health within human service organizations; third, we present the discussion and implications of the study with the focus on employee's health and wellness.

Search Strategy

Title, abstracts, and keywords across the following databases were searched: Canadian Research Index, CINAHL, Proquest Social Sciences, PsychInfo, Scholars Portal, SCOPUS, Social Services Abstracts, Social Work

Abstracts, Sociological Abstracts and Web of Science (Appendix A).

Appendix A: Literature Review search and information sources

Databases	Period: 2007-17	Period: 2017-19	Total count
Canadian Research Index	0	0	0
CINAHL	37		37
Proquest Social Sciences	48	4	52
PsychInfo	1	38	39
Scholars Portal	257	97	354
SCOPUS	37	39	76
Social Services Abstracts	33	28	61
Social Work Abstracts	0	0	0
Sociological Abstracts	23	10	33
Web of Science	130	9	139
Total	566	225	791

The research assistant also conducted a manual search through Google Scholar. The university librarian was consulted to ensure that the search was comprehensive, the research team did not miss any search terms or relevant articles, and to confirm the quality of searches. The search was restricted to peer-reviewed journal articles written in the English language from 2007 to 2019. Studies using qualitative, quantitative, and mixed methods were included in the search.

The following keywords were used in the search in varied combination: (organizational culture) AND (social services OR "social service* organization*" OR "human service* organization*") AND (Diversity) AND ("employee OR worker") health AND ("mental OR psychological OR physical") health AND ("Canada OR United States OR North America"). *Different words for diversity (sex, gender, ethnicity, religion, socio-economic class, immigration status, and/or age were used in different combination*:

Appendix B: Inclusion criteria in data analysis

Rank   Inclusion Criteria

0   does not address any of the inclusion criteria

1	health or organizational culture
2	organizational culture (with no impact on health)
3	organizational culture and its impact on health OR diversity
4	organizational culture, its impact on health, and includes an element of diversity
5	organizational culture, its impact on health, diversity, and within the context of a social service organization

Inclusion Criteria

Inclusion criteria were as follows:
1) Original peer-reviewed articles published between 2007 to 2019 in English. This search period was selected to capture articles that reflected the critical changes in policies within the North American context (i.e., immigration policies, state laws on gender expression, and protection for LGBTQ2+) and reflect workplace diversity.
2) Social/human services studies conducted within North America.
3) Articles that discussed organization culture as it relates to diversity and the health of employees.

Article Selection

The article selection was completed in two phases: (Figure 1)

1) Phase one: In the initial screening, the Research Assistant (RA) and two researchers (R1 and R2) searched keywords, study titles, and abstracts to identify studies in the area of social/human services that met the inclusion/exclusion criteria. An initial screening resulted in 791 peer-reviewed articles. Second, the RA reviewed the list of 791 selected articles for duplicates. After removing the duplicates, 739 articles remained, of which 691 papers were rejected as they were out of context, meaning they were not peer-reviewed journal articles or not related to social/human services organizations, and/or the study was not conducted in North America.

2) In phase two: Out of 739 articles, 47 full-text articles were assessed using the inclusion criteria. Consequently, each article was placed in Mendeley and information such as the author's name, the title, the year of publication, and the journal the article was published in, was entered. We used Westhues et al. (2008) ranking system for quality appraisal of the

articles. Each member of the research team read the full text of all articles and rated them using a zero to five Likert scale making notes in Mendeley on the rationale for their inclusion or exclusion. We reviewed each other's notes, and after a collaborative discussion between the team members, the articles ranked zero to three were excluded. Out of 47 articles, 23 articles ranked four and five according to the inclusion criteria were included in the final study. Subsequently, each article was placed in a Microsoft Excel file. Information such as Author, Date of publication, Country, Study Objective, Sample, Dependent and Independent Variable, and Results were manually entered (Table 1).

RESULTS

In the present systematic review, the results are based on the final selection of 23 articles. This section is divided into *1) Organizational Culture within Social/Human Services, 2) Diversity and Workplace*, and *3) Employee Health at the Intersection of Organizational Culture and Diversity.*

Organizational Culture within Social/Human Services

Social/human services organizations are deeply embedded in Western perspectives. Their culture and practices are often culturally blind to the values of employees and clients who come from different backgrounds (Yan, 2008; Kikulwe, 2016; Bent-Goodley et al., 2017; Fernando, 2018). As discussed below, leaders' engagement, organizational support, diversity management, along with the reduction of hierarchy, social control, and conformity expectations, as well as a climate of inclusion, are all positive ways that leaders can influence organizational culture. First, leaders' engagement, that is, a leader's ability to engage others in decision-making, nurtures a positive workplace environment that yields increased worker retention and job satisfaction (Brimhall, 2019). Leaders' compassion, that is, the capacity of a leader to notice employee suffering and empathize with them, helps marginalized employees to feel empowered and to view their leaders as powerful allies, which fosters an inclusive organizational culture (Leigh & Melwani, 2019).

Moreover, workers are intrinsically rewarded by a supportive and appreciative workplace environment.

Organizational support refers to colleagues or managers that provide help or assistance to accomplish tasks (Drolet et al., 2014). It includes emotional, informational, instrumental, strategic, professional, and relational support (Martinez et al., 2016; Mallinger et al., 2017; Burke et al., 2018; Kim et al., 2019). Leaders can create a supportive environment through relationship building, rapport, and active listening skills. For example, sharing a meal together or holding regular meetings with staff members to hear their voices provides opportunities for relationship building and improves staff inclusiveness attitudes (Fernando, 2018). Healthy organizations place a priority on their human resources (Quick et al., 2017, p. 294).

Leaders can also promote diversity and inclusive work culture through a diversity management approach. Diversity management refers to the recruitment strategies, training, and mentoring programs that organizations use to create a more diverse workforce and to promote greater acceptance of employees from different identity categories (Brimhall, 2019). In parallel, inclusion management denotes developing diversity-related policies and procedures that recognize, reward, and encourage employees' talents and participation in formal and informal organizational activities (Brimhall, 2019). Training and programs that educate and promote awareness and acceptance of workplace diversity may encourage individuals to be their authentic selves at work, and authenticity increases happiness, positive feelings, and well-being in and outside of work (Martinez et al., 2016).

When organizational leaders use their power to reduce the hierarchical distance in leader-employee relations, they create a positive and equitable workplace environment (Walter et al., 2017). Influential leaders respect their employees' rights, include them in decision-making, and are concerned with issues of fairness and organizational justice (Quick et al., 2017). Strategies such as open and honest communication, teamwork, consensus building, and mutual respect effectively develop and sustain teamwork and collaboration (Mallinger et al., 2017). For example, 360-degree evaluations can be used for feedback and for keeping leaders accountable for their actions, their behaviours and their performance as leaders (McCalla et al., 2015).

Nevertheless, Yan's research suggests that leaders can also use organizational culture as a means of social control to protect one group's interest or ideologies over others (Yan, 2008). Ingrained institutional racism in organizational norms and policies and hidden biases justifies the marginalization of racialized employees by the dominant White staff, further contributing to their economic and social exclusion. If unchecked, these organizational biases have a powerful effect in maintaining invisible structural barriers in social/human services organizations (Walter et al., 2016) forcing them to assimilate and conform (Collins, 2013). Conformity expectations permeate the organizational culture of most social/human services organizations, which in turn limit the political, social, and protective freedoms of workers (Collins, 2013). Conformity expectations result in minority groups becoming the object of the dominant group's exercise of power, often using morality to justify hostile or aggressive actions against other groups (McCalla, 2015).

When employees receive recognition from supervisors consistently, or when leaders use an affirmative and appropriate language that supports employees' diverse identities and acknowledge employees' oppression and prejudices, organizational tolerance for discrimination decreases, and respect and inclusion are highly promoted (Sangganjanavanich et al., 2013; Martinez et al., 2016; Jang et al., 2017). Leaders can influence work climate and culture, thus impacting organizational performance (Brimhall, 2019). A climate of inclusion helps employees feel safe to share their ideas and provides space for innovation. In health-care organizations, inclusion and innovation are "critical to improving quality of care because it fosters the development of new ideas relevant to patient care" and has the potential to improve the quality of care and services (Brimhall, 2019, p. 719). Internationally, studies on inclusion in diverse occupations including trade finance, insurance, public assistance, education, finance, and human services demonstrate that authentic leadership and a climate of inclusion promoted a favorable diversity climate and were associated with improved organizational performance and outcomes (Brimhall, 2019).

Diversity and Workplace

Empirical evidence points to a correlation between work-related stress and specific socio-demographic characteristics of employees (Marinaccio et al., 2013) such as socio-economic status (SES), gender, sexual orientation, and race. The dominant power structure within organizations that adheres to classism, patriarchy, heterosexism, and racism influences the work experiences of minority employees.

SES includes income, education, finances, social status/class, quality of life and opportunities / privileges (American Psychological Association, 2017). The review findings revealed three points concerning the socioeconomic status and workplace inclusion. First, higher education levels are associated with increased feelings of workplace inclusion (Brimhall, 2019; Quick et al., 2017). Second, seniority status greatly determines employees' decision-making power. Third, employees with a high-level SES benefit from variability in their schedules, yielding positive outcomes such as the capacity to work longer hours, improved sleep, opportunity to exercise, work-family life balance and reduced work-family conflict (Kossek & Lautsch, 2018). Thus, employees' experiences significantly differ based on their SES classification, affecting their health, work-life, and family outcomes. Given neoliberalism and the widening gap between the rich and poor, it is crucial to capture how employee SES influences workplace contexts, such as opportunities for promotion and the ability to maintain a work-life balance. The findings of SES are very relevant to the health of employees. In a recent study, for example, McCracken & Phillips (2017) found that promoting fair employment and decent work can help to close the health gap in a generation.

Gender emerged as another critical variable concerning employees' experiences. Social/human services organizations are overwhelmingly female dominated. Women make up nearly half of the workforce in for-profit organizations and three-quarters in nonprofit organizations (Kosny et al., 2010). However, for these women, a numerical advantage in the workplace does not always equate with gender equality and power/control (Mallinger et al., 2017). For example, men occupy most supervisory and leadership positions (Kosny et al., 2010; Quick et al., 2017). Female employees consistently earn less than men and have fewer leadership opportunities (Mallinger et al., 2017). Women, especially racialized women, are relegated to lower positions, with white males as decision-makers, which further reinforces

their subordinate status in society and perpetuates gender workplace inequality (Harris et al., 2018). Moreover, they often experience gender and sexual harassment (Quick et al., 2017).

LGBTQ2+ employees are often marginalized due to heteronormativity, which is the societal expectation that everyone conforms to the norm of being heterosexual (McCalla, 2015). This can silence LGBTQ2+ employees and those considered deviant from implicitly expected norms within organizations (Collins & Callahan, 2012; Collins, 2013). These workers often experience workplace bullying, exclusion, and isolation, due to their perceived rather than actual sexual orientation (McCalla, 2015; Gates et al., 2019). Employees also experience discrimination, workplace harassment and bullying, if someone perceives them to be a member of the LGBTQ2+ community (McCalla, 2015; Gates & Sniatecki, 2016).

Organizational leaders ignore four in ten complaints of workplace bullying, revealing organizational tolerance for bullying. The average employee perceived that making a formal complaint would be risky, not be taken seriously, and no formal warning or further action would result (McCalla, 2015). Similarly, sexual minority employees experience adverse career consequences, including discrimination in hiring, tenure and promotion, exclusion from professional networks, and devaluation at work. For example, some employees reported not securing a job or promotion at work because they identified as gay (Bilimoria & Stewart, 2009), and transgender employees reported being overlooked in hiring, fired, or denied a promotion (Gates & Sniatecki, 2016).

The review also revealed that employees' racialization is deeply rooted in colorblind societal values. Daniel Kikulwe (2016) identified "status/role incongruence, ghettoization and disempowerment… and silent discourse" among racialized/immigrant social workers (p. 113). Racialized immigrants are relegated to unskilled labor markets regardless of their professional competence and qualifications (Sethi, 2014; Kikulwe, 2016; Sethi & Williams, 2016). Managers and supervisors discounted their knowledge and expertise unless it benefitted the organization. Ghettoization occurred when managers needed workers to assist with cultural knowledge exchange with clients from similar backgrounds, even

though their voice did not inform decision making. Case-matching workers solely based on race and cultural background can be harmful to clients, as being the same race does not imply a shared cultural values stance (Kikulwe, 2016).

Kikulwe (2016) also found a tendency to silence race topics and concerns of racialized employees within organizations. This colorblind approach contributed to maintaining workplace status-quo, power imbalances and discriminatory institutional practices, while speaking out meant backlash and punishment, further silencing racially diverse employees. Conversations on race within the workplace can build relationships between racialized and non-racialized employees and leaders. This is critical to support a healthy and inclusive organizational culture (Kikulwe, 2016) and reduce the hierarchy between leaders and employees, resulting in improved organizational outcomes (Mallinger et al., 2017).

Racialized workers negotiate power within predominantly white social/human services organizations through either conformity, collaboration, or conflict (Kikulwe, 2016; Vito & Sethi, 2020). Conformity is the most prevalent strategy, and collaboration allows racialized workers to feel more included, while conflict creates more tensions, and those who speak out are considered pushy and conflictual (Kikulwe, 2016). Hence, racialized employees are continually struggling to navigate cultural pressures and adopt coping strategies to stay employed.

Workers and clients who self-identify with a linguistic minority also highlight the existence of discrimination and structural barriers. Bilingual professionals have dealt with overwhelming and excessive workloads, representing discrimination and social exclusion. They encounter additional tasks, a shortage of interpretive services, culturally adapted and translated resources, and possible repercussions if they offer services in a language other than the client's choice (Chenot et al., 2014; Drolet et al., 2014). In Sethi's (2014) previous study, she noted that workplace discrimination and marginalization in their employment was detrimental to immigrant women's physical and psychological health (Sethi, 2014)

Employee Health at the Intersection of Organizational Culture and Diversity

Employees who self-identify with a minority group experience various workplace strain. Their stigmatized experience negatively affects their personal feelings, professional performance and productivity, and job satisfaction (Sangganjanavanich et al., 2013; Jang et al., 2017). Workers from socially marginalized groups experience verbal, sexual and physical harassment, and increased emotional labor as they suppress anger, fear, or frustration (Kosny & Maceachen, 2010). Experiences of sexual harassment in the workplace are negatively correlated with employee job satisfaction, organizational commitment, work productivity, turnover intent, long-term anxiety, job stress, and burnout (Quick et al., 2017). Sexual harassment experiences also positively correlated with psychological distress, negative moods, depression, post-traumatic stress disorder, and anxiety, especially for men (Quick et al., 2017).

Sexually minority employees use strategies to manage the stigma and adverse consequences described above, including creating a false identity, concealing information, using discretion and silence, or not disclosing their sexual identity (Collins & Callahan, 2012). These approaches ultimately carry additional burdens of stress, as they struggle with having to conceal their authentic identities (Bilimoria & Stewart, 2009). In some cases, they decide to stay, leave, or pursue a new career path that provides them with an opportunity to express their authentic selves (Sangganjanavanich et al., 2013). Closeted sexuality in the workplace impacts turnover as three-quarters of closeted LGBTQ2+ employees leave the organization within three years (Collins & Callahan, 2012). Masculinized industries that isolate gay men and do not provide safe spaces to engage with other employees result in stress related to gay identity and work environment (Collins, 2013). In Bilimoria & Stewart's (2009) study with faculty members from LGBTQ2+ populations, the participants experienced the work environment as hostile towards them. As a result, they lived in a constant state of fear and vigilance and spent enormous labor trying to interpret clues to their colleagues' behaviors and speculating if an incident occurred due to their sexual identity or other factors. Such "labor adds to the psychological cost of social interactions for minorities of all kinds" (Bilimoria & Stewart, 2009, p. 92), leads

to disempowerment and disheartenment (Yan, 2008), subsequently affecting their job satisfaction (Jang et al., 2017). Racial discrimination is positively correlated with fatalism, feeling powerlessness, guilt, and remorse from being silent, and isolation that can manifest physically or through social exclusion (Bilimoria et al., 2009; Kikulwe, 2016).

Another diversity factor, SES influences one's sense of self and identity and is a social determinant of health (SDOH) (Mikkonen et al., 2010). Within management literature there are very few studies concerning SES inequalities relationship to racial inequalities, job satisfaction and well-being.

Finally, it is important to note that bilingual professionals also expressed feelings of anxiety and inferiority about providing service delivery in their second language, yet they were expected to perform at a high level in both spoken languages (Drolet et al., 2014). Negative work interactions and weak peer relationships also had a negative impact on employees, as they were unhappy and dissatisfied with their job, and brought this into their personal life, at home with their partner, family, and community (Gates & Sniatecki, 2016). Hence, these marginalized employees experienced isolation and exclusion, negatively impacting their well-being and safety in the workplace (Collins, 2013).

DISCUSSION AND STUDY IMPLICATIONS

The objective of this systematic review was to provide a broad overview of available evidence-based literature on how organizational culture intersects with diversity to influence the physical and mental/psychological health of employees in social/human services organizations within the North American context.

Leaders' engagement and compassion towards staff are effective ways to develop a healthy organizational culture that is inclusive of diversity (Brimhall, 2019; Leigh & Melwani, 2019). Leaders and managers can facilitate inclusion by providing organizational supports including emotional, informational, instrumental, strategic, professional, and relational (Burke et al. 2018; Kim et al. 2019; Mallinger et al., 2017; Martinez et al., 2016). Healthy organizations prioritize their human resources (Quick et al., 2017) and have an inviting and affirming environment. Such workplace culture facilitates

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workplace friendships, encourages employees to talk about identity issues, and seeks guidance from others. Workplace friendships and relationship-building help mitigate these tensions and help organizations reap the potential of workforce diversity. Friendships positively influence employees' well-being, attitudes, job performance and job satisfaction (Gates et al., 2019). Hence, promoting safe and healthy workplaces in social/human service organizations is paramount to improving productivity and achieving organizational goals. An unhealthy and negative workplace environment can entail financial costs to organizations (Miller & Ngunjiri, 2015) due to increased employee absenteeism, lateness, resignations and turnover, or loss of productivity and service delivery because of tarnished organizational reputations (Cox et al., 2013; Quick et al., 2017; Kim et al. 2019).

In Canada, large and small employers are now using "workplace wellness" programs and activities (e.g. stress management workshop) "to help employees improve health and reduce healthcare costs" (Dialogue, 2020, p. 4). While workplace wellness and corporate wellness (noted earlier in the paper) programs share a common focus to enhance the health and well-being of employees, wellness programs are offered by the employer as part of employees' health plan (Dialogue, 2020). Employees who are experiencing work stress are likely to engage in unhealthy behaviors such as substance abuse (Dialogue, 2020). For example, an analysis of Fortune 500 companies found employment stress is a risk factor to substance abuse disorders (Institute of Medicine, 2001). Further, there is a causal relationship between lack of social support networks and adverse health consequences. Many of these lifestyle related behaviors are preventable (Institute of Medicine, 2001). Workplace wellness programs have been reported to "effectively stop bad habits before they become health risks" (Dialogue, 2020, p. 4).

In parallel, Linda Emma (2019) observes that diversifying a workforce has multiple positive outcomes for organizations, such as enhanced creativity due to various perspectives, improved workplace culture and cross-cultural communication, and financial productivity as employers meet diverse demands of clients. However, a lack of organizational commitment from historically disadvantaged groups is due to an organizational failure of the diversity

promise or an inclusive workforce (Li et al., 2019). Diversity promise is achieved when employers intentionally create safe and inclusive workplaces (Collins & Callahan, 2012). All employees contribute towards organizational goals, feel valued, and reach their full potential (Li et al., 2019). When employees are meaningfully represented, their social identity is celebrated and valued, and a climate of inclusion is fostered, resulting in their improved emotional commitment and in increased organizational outcomes (Li et al., 2019). Creating a positive, trusting, and respectful workplace environment is essential for employees to flourish (Gates & Sniatecki, 2016).

Diversity and inclusion training is an important, relevant strategy for social/human services organizations to raise awareness of specific diversity issues and improve both employees' and organizational outcomes. Social/human service organizations need to be proactive in increasing employers' and employees' knowledge, understanding (Cox & Pardasani, 2013), awareness of biases, consequences, and behavioral changes (Quick et al., 2017). Examples of such initiatives include leadership development programs on LGBTQ2+ issues, workplace ally programs as a support network for marginalized colleagues, and skills-based training programs to challenge harmful organizational norms and encourage behavior changes (Collins & Callahan, 2012; Quick et al., 2017). Workplace training focused on conflict resolution, intercultural communication, gender relationships, and reducing the risk of bullying marginalized employees can help develop a supportive workplace environment (McCalla, 2015).

Gender harassment and discrimination, especially for women, might be mitigated by male supervisors or co-workers' social support, leading to greater job satisfaction (Quick et al., 2017). Increased representation of women in leadership roles would increase social change advocacy for these marginalized groups (Mallinger et al., 2017). Mentoring is a protective factor in employees' coping with workplace stresses. Employees are provided with professional and relational support, leading to increased self-confidence in job performance and professional impact. Such relationships are also crucial for employees' career development (Mallinger et al., 2017). For example, mentoring promotes women's progress within organizations that disadvantage women. Specialized mentoring

programs for LGBTQ2+ employees might also increase their awareness and knowledge about available career counselling resources within organizations (Collins, 2013). Finally, for those assisting transgender individuals, they are recommended to seek mentoring from professionals with extensive experience in this area (Sangganjanavanich et al., 2013).

CONCLUSION

Diversity in the workplace has become an important goal for organizations seeking to gain a competitive advantage in the global economy (Cox, 2001). Promoting a diverse workforce must include a significant culture shift within the organization to achieve meaningful and equitable inclusion of underrepresented groups (Feyes et al., 2018). Organizational and institutional policies, practices and programs must reflect equity, diversity, and inclusivity to create and sustain a healthy workplace environment.

Change begins at the top with organizational leaders' commitment to addressing racism and gender inequity within their workplace (Creary, 2020). Creary (2020) recommends that leaders produce transparent policies, initiate compassionate and uncomfortable conversations about socioeconomic status, race and/or sex/gender identity, and develop bold and innovative strategies. When employees feel valued, there is trust and relationship building in the organization, enhancing the climate for inclusion, innovation, and workplace outcomes including job satisfaction (Brimhall, 2019). Similarly, improving the wellness and safety climate is positively correlated with improved health outcomes for employees, such as reduced stress and increased commitment (Collins & Callahan, 2012).

Given the correlation between a culture of inclusion and wellness and employee health, the need for organizations to adjust to evolving workforce demographics and become learning-oriented is more acute than ever. Learning organizations have a positive, supportive, inviting, and welcoming work environment that fosters employees' trust, welcomes individuality, and ensures that mistakes are viewed as learning opportunities (Brimhall, 2019). Organizations should focus on building and sustaining an inclusive and diverse workplace culture that allows diversity to be embraced, celebrated, and thrive.

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Figure 1: Flow Chart

Search Strategy (Database searching) = 791 Articles
Canadian Research Index =0
CINAHL =37
Proquest Social Sciences =52
PsychInfo =39
Scholars Portal =354
Scopus = 76
Social Services Abstract = 61
Social Work Abstracts = 0
Sociological Abstracts = 33
Web of Science = 139

Duplicates = 52

739 records after duplicates removed.

331 articles excluded
Due to other inclusions (Conference abstracts, Editorials, Letters, Book Reviews)

408 articles after other exclusions.

361 articles excluded
Due to irrelevant.

47 full-text articles
Assessed for eligibility using Westhues (2008) ranking system

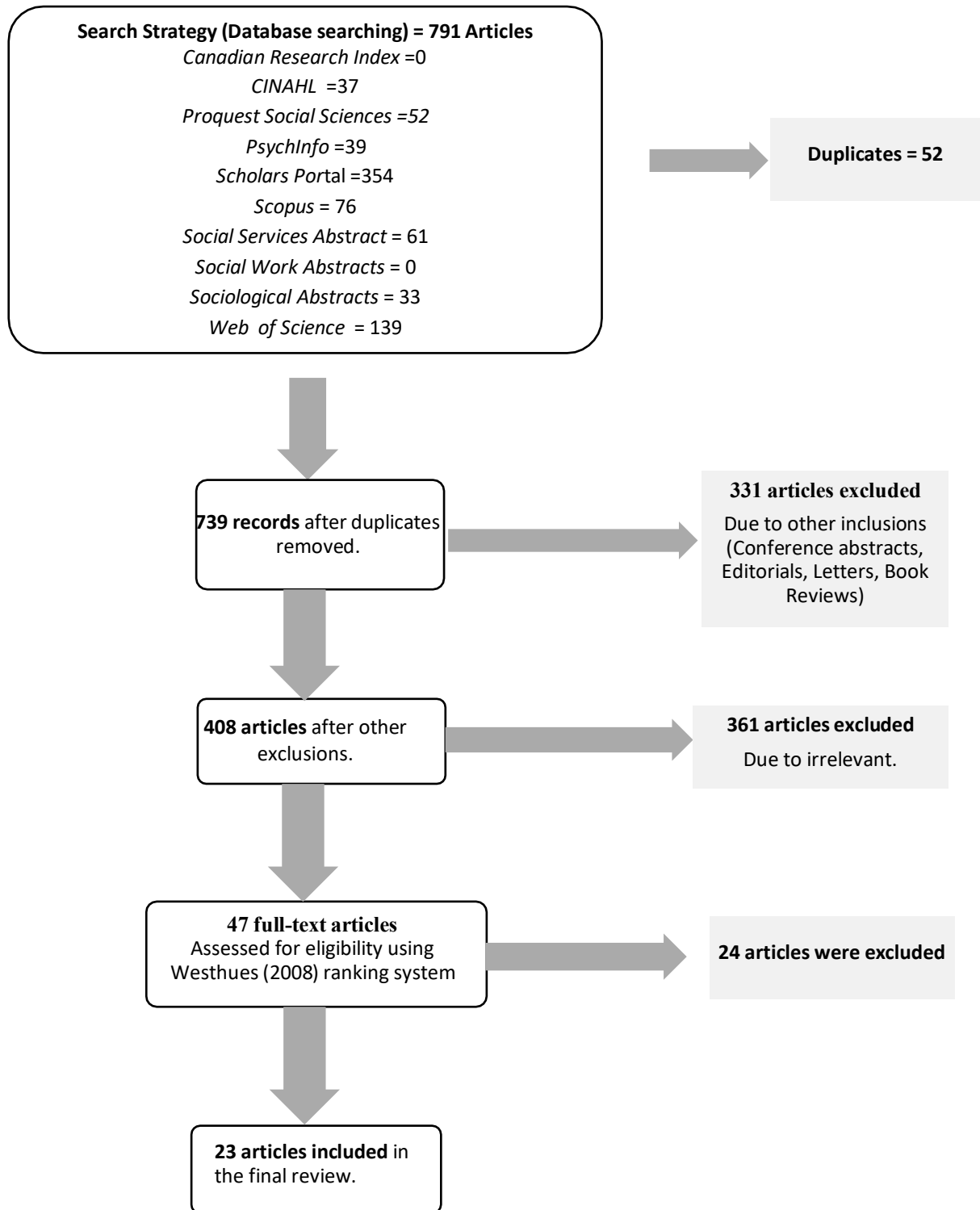**24 articles were excluded**

23 articles included in the final review.

Table 1: Descriptive summary of the 23 studies included in the review

Authors (Year). Country	Objective		Results or Summary			
	Type of study	Study objective	Sample	Dependent variable	Independent variable	Results
Bent-Goodley & Snell (2017). US.	Literature review	This article examines, reviews, and situates black perspectives in the discourse of social work.				There is no one Black perspective, rather, there is diversity in expression and experience. The diversity in these models is part of the strength of the Black perspectives.
Bilimoria & Stewart (2009). US.	In-depth interviews	This study explores the workplace inclusiveness climate for LGBT faculty specifically in Science and Engineering disciplines.	Universities (n = 2) 14 Participants (n =4 men; n= 10 women)			A hostile work climate can have a psychological impact on LBGT faculty members such as fearfulness, restricted relationships and workplace friendships, emotional labor to fit in, relative isolation, and can often lead to negative career outcomes.
Brimhall & Mor Barak (2019). US.	Quantitative surveys	This article examines the relationships between leader engagement, inclusion, and innovation, in the non-for-profit sector.	Time 1: Initial demographic survey = 277 participants Main survey 213 participants Time 2: Demographic survey - 292 participants Main survey - 245 participants Time 3: Demographic survey - 259 participants) Main survey - 239 participants	1) employees' job satisfaction, 2) perceived quality of care.	1) Leader engagement, climate for inclusion 2) Climate for innovation using subscales from the Mor Barak Inclusion-Exclusion Scale (Mor Barak, 2014).	Leaders' engagement and inclusive attitudes and behaviors are associated with increased climate for inclusion and improved perceived quality of care through an increased climate of innovation.
Burke (2018). Canada.	Semi-structured interviews	This study explores the experiences of Indigenous social workers in British Columbia (BC),	09 semi-structured interviews to 09 First Nations and Métis social			The agencies still operate under a linear western paradigm that does not allow for an inclusion of Indigenous worldviews

		and how social/human services organizations can better serve their indigenous workers.	workers in British Columbia.		and/or knowledge. There is need for organizational support and to maintain a wellness climate within the organization.
Chenot et al. (2014). US.	Structured interviews	This study explores the ways in which organizations can better support the Indigenous social workers they employ.			Ethnicity does not appear to be a pervasive factor in determining perceptions of equity in Child Welfare Services organizations in the study.
Collins (2013). US.	Narrative case study	This article examines the safety and stress concerns of gay men in masculinized industries.			Discriminatory behaviors such as hegemonic masculinity and one-dimensional dialogue lead to limited opportunities for workplace friendships, which can cause for non-gender-conforming individuals within masculinized industries.
Collins & Callahan (2012). US.	Qualitative historical case study	This article explores the challenges of disclosure for gay male professionals in masculinized industries within Human Resource Development (HRD).			The fear inspired by both being gay in muscularized industries and coming out to the marginalized group breeds anxiety and stress. This experience can reduce employee performance and result in higher job turnover.
Cox & Pardasani (2013). US.	Quantitative surveys	This article explores employers' responses to dementia in the workplace and its impacts both for caregiving employees and employees with a cognitive impairment.	The surveys were completed by 103 human resources professionals.	1) Experience with employee caregivers, 2) Employees with symptoms of Alzheimer's disease or a related disorder, 3) Organizational Policies.	Social workers and/or occupational health practitioners can play a key role to create a supportive workplace environment and change the organizational culture.

Drolet et al. (2014). Canada.	Focus groups and interviews	This article explores the challenges faced by bilingual health and social services professionals in a Canadian bilingual setting, as well as the strategies they use to overcome them.	21 organizations. 43 participants, (n=21 in the health field; n= 22 in social services). 08 focus groups (3-10 participants each) (n =4 from child and youth services; n=4 from services for older adults).			A major barrier to access human/social services for linguistic minorities is the lack of representativity within the staff which in turn lead to non-tailored services.
Gates & Sniatecki (2016). US.	Quantitative surveys	This article investigates the organizational tolerance climate towards transgenders in human/social services employees.	23 participants completed the survey.	Organizational tolerance for transphobia (OTT).		Although legal protection exist, discrimination and stigma are real. It may be not spoken, but discrimination and exclusion are surely felt.
Gates & Blackwood (2019). US.	Quantitative surveys	This article examines the relationship between workplace friendships and workplace empowerment in human/social services.	204 participants completed the survey. Most of the participants were White (n¼181, 88.7%) and female (n¼166, 81.4%).	1/ opportunities and prevalence of workplace friendships. 2/ workplace empowerment.		Lesbian, gay, and bisexual (LGB) employees have opportunities to develop workplace friendships but have a significant lower level of workplace empowerment compared to their heterosexual counterparts.
Jang et al. (2017). US.	Quantitative surveys	This article examines the impact of job demands (physical injury and racial/ethnic discrimination) and resources (self-confidence in job performance and recognition by supervisor/ organization/society) on home health workers' employee outcomes (job satisfaction and turnover intent).	3,354 participants.	1) job satisfaction 2) turnover intent	1/ Job Demands 2/ Job resources	Racial discrimination negatively impacts younger employees starting their careers. Self-confidence (link with social support networks, training, mentoring) and recognition from the organization are success factors that have a positive impact on the performance outcomes.

Kikulwe (2016). Canada.	Focus groups and interviews	This article examines the employment experiences of racialized social workers within Public Child Welfare services in Ontario.	21 participants (n=18 women, n=3 men) 15 interviews 1 focus group with 6 participants. Varying racial backgrounds represented: Filipino, West Indian, African, Jamaican, Punjab and Black Canadian.			Racialized employees experience skepticism and devaluation, status incongruence, lack of decision making yet are considered as the "cultural experts." These employees use conformity, collaboration, and conflict to deal with feelings of powerlessness and exclusion
Kim et al. (2019). US.	Quantitative surveys	This article examines what specific characteristics of caseload affect caseworkers' workloads in the child welfare system and identifies specific individual and regional factors that influence both subjective and objective dimensions of workloads	1,244 caseworkers (n= 1027 female, n= 951 white).	1) caseworkers' perception of manageability 2) overtime workload	1/ Individual level variables 2/ Regional level variables	Objective and subjective dimensions of workload were influenced by certain individual and regional-level variables.
Kosny & Maceachen (2010). US.	Ethnography case study	This article examines organizational practices or policies in the non-for-profit sector and identifies the ways in which the work performed in these workplaces is both gendered and invisible.	36 Employees (n= 30 workers; n= 6 executives)			In a female-dominated space, employees are increasingly asked to perform caring and emotional labor. Each of these involves no pay nor compensation. As a result of this unpaid care work, employees are exposed to health and physical hazards and are left alone to carry this burden.
Leigh & Melwani (2019). US.	Critical review	This article explores the influence of broader societal events on employee experiences and behaviors at work.				To maximize the potential of diversity and inclusion, leader's compassion, inclusivity, and demography repartition within the organization can be facilitating factors that can drive positive outcomes out of mega-threat events.

Mallinger et al. (2017). US.	Conceptual review	The article explores the factors that can help promoting women's progress in social work.				Women within social/human services organization face structural barriers. Organizational support is needed to help them build resilience and to achieve positive outcomes such as pay equity, job advancement, and job satisfaction.
Martinez et al. (2016). US.	Quantitative surveys	This article examines the relation between authentic identity expression and transgender employees' work-related attitudes and experiences.	Study 1: 173 participants were recruited and completed a survey. Study 2: 199 participants were recruited.	1. Job satisfaction 2. Perceived P-O fit 3. Perceived discrimination	1. Extent of transition 2. Action authenticity 3. Relational authenticity	Authenticity (both with one's perception or others' perceptions of one's gender identity), is positively correlated with increased happiness, increased feelings of positive self-regard, and well-being within and outside of work.
McCalla (2015). US.	Qualitative surveys	This article examines organizational practices or policies that can help diminish the risk of heterosexism as it pertains to workplace bullying of lesbian, gay, bisexual, and transgendered (LGBT) workers	60 experts in social/human services (n= 15 Human Resources Certification; n= 10 undergraduate degrees, n= 10 master's degree, n= 2 doctorate degree; n=16 had 10+ years of Human Resources (HR) experience; n=5 had 5-10 years of HR experience; n=1 had less than 01 year of HR experience).			Organizations should develop policies and programs to address bullying in the workplace not just for LGBT minority and other potentially marginalized employees but also to protect all employees.
Quick & McFadyen (2017). US.	Critical review	The authors examine the existing literature on sexual harassment to highlight the hidden difficulties and biases in the definition, and to inform on what needs to be known about the evolving issue of sexual harassment within organizations.				Despite the improvement and success made in the domain of sexual harassment in the workplace, the problem has morphed and now affects both men and women, cisgender, and transgenders, heterosexual and LGBTQ and is irrespective of race, gender, age, social status, or position within the organization.

Sangganjana vanich & Headley (2013). US & Canada.	Scoping review	This article reviews the professional standards for, and the competencies required in working with gender transitioning individuals.				Findings revealed that organizational support is needed to promote trans-affirmative and trans-positive workplace environment, to help facilitate career decision-making during the gender-transition process, and to advocate for social change through advocacy and raising community awareness and knowledge of the issue.
Weng (2014). US.	Qualitative case study	This article explores the intent, experience, and the implementation of ethnic-specific programs, services, and agencies by their founders with a focus on Asian communities.				Founders greatly influence the structure of the organization and the types of services offered. The authors also found that often, there are competing interests within the organization, which can become a barrier to receiving support and funding from mainstream agencies.
Yan (2008). US.	Semi-structured interviews	This article investigates the cultural tensions experienced by social workers within their organizations.	03 rounds of semi-structured interviews were performed. Round 1: 06 social workers Round 2: 10 social workers Round3: 14 social workers			Cultural tensions in social work practice are multifaceted. Social workers are always the center of these tensions, especially visible minority social workers who encounter a very different type of cultural tension.