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Chapter 9

Meaningful Culturalization in an Academic Hospital: Belonging and Difference in the Interference Zone Between System and Life World

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Abstract

Purpose – In this chapter, we explore how normalization of exclusionary practices and of privilege for seemingly same professionals and disadvantage for seemingly different professionals in academic healthcare organizations can be challenged via meaningful culturalization in the interference zone between system and life world, subsequently developing space for belonging and difference.

Methodology – This nested case study focusses on professionals' narratives from one specific setting (team) within the broader research and research field of the Dutch academic hospital (Abma & Stake, 2014). We followed a responsive design, conducting interviews with cultural minority and majority professionals and recording participant observations.

Findings – In the Netherlands, the instrumental, system-inspired business model of diversity is reflected in two discourses in academic hospitals: first, an ideology of equality as sameness, and second, professionalism as neutral, rational, impersonal and decontextual. Due to these discourses, cultural minority professionals can be identified as 'different' and evaluated as less professional than

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cultural majority, or seemingly 'same', professionals. Furthermore, life world values of trust and connectedness, and professionals' emotions and social contexts are devalued, and professionals' desire to belong comes under pressure.

Value – Diversity management from a system-based logic can never be successful. Instead, system norms of productivity and efficiency need to be reconnected to life world values of connectivity, personal recognition, embodied knowledge and taking time to reflect. Working towards alternative safe spaces that generate transformative meaningful culturalization and may enable structural inclusion of minority professionals further entails critical reflexivity on power dynamics and sameness–difference hierarchy in the academic hospital.

***Keywords*:** Diversity; life world and system; meaningful culturalization; belonging; difference; academic hospital

Introduction

Parallel to the increasing diversity of society, academic hospitals worldwide focus greatly on how to include diversity, particularly cultural diversity, in their work forces and organizations. Diversity management generally entails human resource policies aimed at recruitment and selection of cultural minority professionals. These policies connect with what is described as a business-case scenario in which diversity is intended to realize organizational goals such as increased innovation, effectiveness and efficacy (Cox, 1994; Thomas & Ely, 1996). Diversity policies, however, often do not work as intended, showing little progress in organizational effectiveness as well as difficulties in recruitment, selection and retention of cultural minority professionals (Holvino & Kamp, 2009; Thomas & Ely, 1996). Diversity management is characterized by an instrumental approach to diversity and criticized for ignoring work floor culture and structural inequalities in organizations (Ghorashi & Sabelis, 2013).

The instrumental character of diversity management fits formalized and standardized evaluations, assessments and audit cultures, which have become increasingly decisive in policy and decision-making in organizations (Dahler-Larsen, 2012; Kipnis, 2008; Power, 1997; Strathern, 2000), and it is especially dominant within health care (Wear & Aultman, 2006). The combined instrumental and assessment-based perspectives within

organizations can be seen as representing the concept of 'the system' which dominates 'the life world' of actual practices, the lived experiences and morally, emotionally laden interactions on the work floor (Abma, 2010, 2016; Habermas, 1987). System aspects such as rationality, objectivity and fast, measurable outputs dominate in academic hospitals, where the hierarchical, mono-cultural fields of academia and medicine meet (Essed, 2005; Wear & Aultman, 2006). In the context of the homogenizing normativity of the academic hospital workplace, life world aspects such as emotions, time to reflect, social contexts of professionals and values of trust and mutual dependability tend to be ignored, and therefore, inclusion of cultural minority professionals in academic health care is strained (Beagan, 2000; Essed, 2005; Sabelis, 2002; Sue et al., 2007).

In the Netherlands, two discourses characterize the approaches to diversity and reflect the imbalance between system and life world in academic hospitals. First, an ideology of equality constituting sameness, also present within Dutch society as a whole, exists within these organizations. Paradoxically, the focus on equality supports the norm that all professionals should profile as 'same'. This results in the normalization of evaluating cultural minority or seemingly 'different' professionals as less competent or professional than their seemingly same, cultural majority colleagues, who qualify more easily as successful professionals (Leyerzapf, Abma, Steenwijk, Croiset & Verdonk, 2015; Leyerzapf, Verdonk, Ghorashi & Abma, forthcoming; Van den Broek, 2014). Second, the idea of (medical) professionalism that promotes the professional as a neutral, objective, rational individual without history, culture and context renders cultural diversity of professionals and diversity issues in general irrelevant. These discourses, enacted in everyday practices, normalize unequal distribution of privilege and disadvantage in the academic hospital workplace. They result in professionals disciplining themselves and colleagues into disregarding emotionally challenging and 'difficult' interactions related to relative sameness and difference, and making experiences of exclusion and feelings of not belonging invisible and unspeakable (Ahmed, 2015; Leyerzapf et al., forthcoming).

In this chapter, we use the concepts of system and life world and their 'interference zone' to gain more insight into practices of inclusion and exclusion of professionals on the Dutch academic hospital work floor. The interference zone is the space where life world and system intersect (Kunneman, 2005). Here, in addition to the 'colonization' of the system over the life world, alternative processes of 'culturalization' of the life world over the system can –under certain circumstances and conditions – be developed (Abma, Leyerzapf, & Landeweer, 2016; Kunneman, 2005).

Professionals in academic hospitals do *sometimes* and to *some extent* take time and feel safe to share personal narratives at work (Leyerzapf et al., forthcoming). These culturalization practices, although marginal(ized), inspire connectedness and belonging and 'space for difference' in the workplace (Ghorashi & Sabelis, 2013). As such they challenge inequalities and selective privilege and disadvantage in academic hospitals and enable structural inclusion of cultural minority professionals in these organizations.

Culturalization, here, has a positive connotation different from how it is used in Dutch culturalist discourses on (descendants of) migrants, in which migrants are designated as 'the Other' and equated with an essentialist culture fundamentally different from and incompatible with Dutch culture (Duyvendak, 2011; Ghorashi, 2006). By using the concept of *meaningful* culturalization, we support a perspective on diversity that is sensitive to people's need to feel culturally acknowledged without being reduced to a fixed, essentialized category – different from the static, categorical and polarizing way diversity is interpreted from a culturalist paradigm (Ghorashi, 2017). We use 'cultural diversity' as encompassing intersecting aspects of culture, nationality, ethnicity/skin colour and religion, and when speaking of cultural minority professionals, we avoid the common Dutch terms 'allochthones' and 'autochthones', which are exclusionary and support culturalist discourses (Ghorashi, 2017). The purpose of this chapter is to explore how the status quo in academic healthcare organizations, that is, the normalization of exclusionary practices and of privilege for seemingly same professionals and disadvantage for seemingly different professionals, can be challenged via culturalization and subsequent development of space for belonging and difference. The case examples we present stem from participant observations and in-depth interviews with cultural minority and majority professionals on a clinical ward in an academic hospital in the Netherlands.

Culturalization as Transformative Process in Organizations

Our study design was inspired by responsive research (Abma, 2005, 2006; Abma & Widdershoven, 2006). Building on the work by Habermas (1987), Gadamer (1960) and Stake (1975, 2004), Abma in cooperation with others (e.g. Abma & Widdershoven, 2011) developed a view on creating dialogical spaces in healthcare organizations to further change

towards more equitable, inclusive organizational structures and work floor practices. Following Habermas (1987), Abma (2010, 2016) perceived organizations as being formed by two different, competing logics, namely, the logics of the system and the logic of the life world. The system is represented by formal, hierarchical organizational structures and characterized by functional reason and top-down-directed protocols, assessments and other standardized, formalized means of control. Although systems provide stability, under contemporary social conditions many systems have become relatively autonomous, rigid and uncoupled from the life world. Once uncoupled, system-thinking and functionality can dominate the life world of work practices in places where daily reality asks for pragmatic, diverse, creative, spontaneous and emotionally involved interactions. Habermas (1987) coined the term 'colonization' to describe the process in organizations and society in general in which the system, with a focus on strategic generation of efficiency and material/financial prosperity, is valued higher than and structurally overrules the life world. Because mainstream power bases and decision-making are located within the system, life world values such as solidarity, trust and shared responsibility are repressed and hence possibilities for bottom-up, dialogically generated actions (Abma et al., 2016).

People are embedded in various life worlds. Key in Habermas's (1987) understanding of life worlds is that, despite their diversity, there are common, universal components that include social integration, identity formation and the reproduction of cultural traditions. If the system gets decoupled from the life world, precisely these components come under pressure, which can lead to feelings of fragmentation and alienation. Although the system is useful for practical matters that can be dealt with via money exchange or administrative regulation, it cannot answer issues related to life world components of social integration and belonging. However, there is an 'interference zone' between system and life world where both logics struggle (Habermas, 1987). It entails the possibility of being temporarily freed from functional reason and strategic behaviour and entering into deliberation (Habermas, 1987). As this zone is ambiguous, fluid and open for contestation, it can inspire 'communicative action', the strive for intersubjective agreement, mutual understanding and transformation (Abma et al., 2016; Habermas, 1987).

Working from these insights, responsive research is action-oriented and strives for practice development in order to give voice to relatively marginalized, 'invisible' groups and to redress social inequalities and inhuman situations (Abma, 2005; Abma, Nierse, & Widdershoven, 2009;

Greene, 1997; Guba & Lincoln, 1989; Schwandt, 2002). Habermas's work has been criticized for being potentially exclusive, particularly for groups not familiar with the rational forms of deliberation he proclaims (Young, 1990). A more inclusive conceptualization of dialogue therefore incorporates forms of expression as personal anecdotes, stories, diaries, photographs, movies and theater (Barnes, 2008; Williams, LaBonte, & O'Brien, 2003) and involves reflexivity on the power relations and the privilege or disadvantage of different 'stakeholders' within the research field (Young, 1990). Departing from a critical power perspective, responsive researchers focus on supporting balanced dialogues, where stakeholders gather as persons by highlighting alternative perspectives and agendas and bringing these 'in dialogue' – face-to-face or otherwise – with more mainstream ideas to stimulate awareness and acknowledgement without fueling polarization (Abma & Widdershoven, 2011; Niessen, Abma, Widdershoven, & Van der Vleuten, 2008).

For practice development within organizations, Kunneman's (1996, 1998, 2005) concept of 'culturalization' is valuable. As a counterprocess to colonization of the life world, it describes the bottom-up 'trickling up' of morally and emotionally laden practices based in the life world to the system hegemony (Kunneman, 2005). Culturalization happens in the space where system and life world intersect, namely, the interference zone (Kunneman, 2005). We understand 'space' here as more than indicating an imaginary location but as signifying a complex whole of physical/material, ideological, temporal, emotional and social spatiality (Lofland, 2000; Meininger, 2013). This interference zone is where people meet as persons with names and faces, apart from their professional function and position. When professionals for example take time to chat and listen to each other in between chores, lived experiences and life world values can flourish and establish culturalization (Kunneman, 2005; Sabelis, 2002). It presupposes a space in which professionals feel safe enough to encounter each other and share narratives. Here then, professionals can experience social integration and belonging as well as the reproduction of various cultural traditions and identities that provide opportunities for 'space for difference' to emerge (Ghorashi & Sabelis, 2013).

Establishing conditions for culturalization and development of these alternative safe spaces is not easy, because in practice, reflexivity and dialogue often get distorted by time pressure and practical constraints. It requires a temporal suspending of general format and hierarchical roles, which is challenging in the context of an academic hospital with a lot of

bureaucracy and hierarchy. Alternative safe spaces are created through the acts of delay (taking time) and epoché (suspending one's judgment temporarily) to create the necessary conditions for connection in encounters beyond the defining – and limiting – power of dominant, categorical discourses. In relation to cultural diversity, this means that not only subject positions but also organizational choices should be negotiated in a spatial–temporal niche that is not solely defined by culturalist discourses of Othering and the norm of sameness. In this niche, narrations come together from positions of difference to negotiate common goals and shared meanings and so establish equity (Ghorashi & Sabelis, 2013). Through this balancing act between sameness and difference, unreflective discursive positionalities are challenged and *meaningful* culturalization can emerge, connecting life world to system components and offering the opportunity to learn to handle diversity through dialog and reflexivity and acting, instead of through top-down management (Abma et al., 2016; Ghorashi, 2017).

To explore in depth the possibilities for developing a space for belonging and difference within an organization, we now turn to the everyday work practice in the academic hospital and to examples of contentious interactions and potential culturalization. We focus on the experiences and practices of cultural majority and minority members of one team to gain concrete, local knowledge and stimulate vicarious experience (Abma & Stake, 2001, 2014). We chose the nested case example of the team and their team leader because they seemed relatively successful in creating space for cultural diversity (Abma & Stake, 2014). The term 'nested case study' denotes that we studied a bounded entity, in this instance a team within an academic hospital, and nested within this we studied another case, namely, the leader of the team. In research aiming for practice development, contextual, in-depth descriptions of participants' narratives are valuable. Participant narratives enable naturalistic generalization and knowledge transfer, and they support a sense of urgency by revealing the 'invisible' and articulating the 'unspeakable', and thus they have educational potential, particularly for stakeholders within the mainstream (Abma & Stake, 2001, 2014).

Belonging and Difference within the Researched Team

Within the academic hospital existed the image of the team as 'successful and diverse'. Hospital professionals as well as team members mentioned

the team's relatively high number of cultural minority professionals[1] and that it functioned well – whether despite or because of this was not clarified. Accounts from majority and minority team members stressed the cultural diversity as being normal, natural, self-evident and invisible. A majority team member recounted: 'A patient said a couple of years back, "You [the team] are the example of the multicultural society". I thought, "Huh? Why?" But it is true. Only, it's so obvious that you don't see it anymore'.[2]

Team members, furthermore, presented their team as an open, warm and coherent group. In describing the basis for this connectedness, both majority and minority pointed out the need for 'fitting in' and 'clicking' with the team as a whole and individually. A majority professional said: 'In our team it doesn't matter at all who you are or from what background you are'. When the interviewer subsequently asked about an earlier-mentioned dismissed professional, the professional said: 'Oh, but that is personality! … You have to fit in of course'! Team members indicated a social and cultural match or similarity and the experience of an emotional connection with team members and the team's culture or norms as central. Simultaneously, fitting in and clicking with the team were presented as essential components of professionalism concerning individual disposition *disconnected* from cultural diversity issues. An example was a professional who, when asked to reflect on what is important for working in the team, did not attribute great value to cultural diversity but emphasized personality by stating: 'Here you have to have a hands-on attitude'. This seems a politically desirable perspective, fitting the instrumental approach to diversity management in the hospital, where personal history or context should not count.

Contrary to these system perspectives on professionalism and cultural diversity, the following situation recounted by a majority professional, Thea,[3] during an interview suggests that background and personal

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[1]The professionals mostly used the term 'allochthonous', commonly used in the Netherlands to designate (descendants of) migrants, particularly 'non-Western' and nonwhite people; that is telling of the highly exclusivist and culturalist societal and political discourse on diversity and inclusion in the country (Essed & Trienekens, 2008; Ghorashi, 2010). For practicality, we refer to cultural minority professionals and cultural majority professionals as 'minority' and 'majority' professionals, respectively.

[2]All quotations from participants were translated from Dutch by the conducting researcher (first author).

[3]All participant names used here are pseudonyms in order to protect participants' privacy.

history of professionals *do* relate to feelings of connection and belonging in the team:

> The other day in the physicians' office, we discussed your research [indicating the study on which this chapter reports], and I asked everybody "Say, now, tell me where you were born." – Well, that was … on Java, Indonesia, somewhere in India, I myself am from Amsterdam, and then there was [name x], and he is from [small village in the Netherlands, composed of the typical Dutch words "cow" and "dam/dike"] … I say, "Well [name x], I don't know where that is, but that doesn't count!" [laughing] In between all those exotic places – this is sooo … it is almost exotic too. [laughing]

In this example we see fitting in, connectedness and belonging in the team are actively practiced and linked to the geographical origins of team members. This could be seen as an ambiguous reproduction of the dominant norm of 'we are all different and therefore the same' – thus doing away with cultural diversity. However, told as a positive, joint-learning experience, it appears an example of a moment and space in which the background and roots of team professionals *do* matter. This seemingly new conversation topic sparked by the research stimulated a sharing of personal stories between colleagues and gave names and faces to people who commonly knew each other foremost as neutral professionals. A space emerged from the interference zone where the life world temporarily fostered culturalization and enabled feelings of belonging and space for difference.

A situation observed during one of the team's morning coffee breaks also showed that background and culture do play a role at work. In this example, Graca, a team member whose first language is Portuguese, admitted that 'Graca' is not her real name. When Graca started on the team two years ago, she had introduced herself with a simplified, shortened version of one of her family names as, in her experience, most people in the Netherlands have difficulty with her real first name. Where she had earlier not felt secure enough to tell this, she now decided to be open. As she explained about her real name, a silence fell over the team, followed by surprised, incredulous exclamations. Team members realized they did not know this colleague as well as they thought and apparently wanted to; at that moment they collectively expressed that a name is crucial to *knowing* a colleague as a *person* and seeing her as fitting in and belonging to the team circle and identity. The system logic of being depersonalized, decontextualized professionals

was disrupted here, and life world values were acknowledged, enhancing each team member's sense of belonging at work.

In Rabia's account, we see that, for individual professionals, the practice of fitting in, connecting and belonging is dynamically, dialectically connected to team identity and culture. It appears a social, relational and emotional everyday process. Rabia, a Turkish-Dutch team member who wears a headscarf, said she likes this team as opposed to the team she worked in before, which she described as 'very white' and 'having an *eilandjescultuur*', a Dutch expression designating a categorical team culture in which team members group into subgroups with little social contact between them. She stressed that, while she could not be 'herself' at all there, her current colleagues are interested in who she is, what Islam means to her and what her values and views on life are: 'People here ask each other "How do you celebrate Christmas?" … You can learn from each other'. It also mattered, she added, that in her earlier team she was the only professional considered 'allochthonous', and she was still a student and thus held a dependent, low position within the professional hierarchy. In her former team she really 'didn't dare to say anything' or speak her mind. Reflecting on her current team, she said:

> We started together – that's special. We laugh a lot. There is room to give each other feedback. Both positive and critical. … In the beginning, we evaluated how things were at the end of each day – questions were reviewed.

Hereby she pointed out that she felt safe at work due to the fact that she and her colleagues were invited to be vulnerable and open and to learn from this. Rabia's account points to experiencing safety, belonging and connectedness within the team, to personal and professional appreciation and acknowledgement, and to simultaneously being able to be different *and* a part of the team. These team practices appear to have stimulated meaningful culturalization in the workplace, instead of essentializing cultural diversity.

Later during the interview, Rabia reported that she is also tired of and annoyed by team members who keep asking her questions about her religion, religious practices and lifestyle:

> Always those same questions about my beliefs. … But are you allowed to do this now? … And what does your family think about that? At a certain point I had completely had it.

Similarly, during a coffee break in the Islamic fasting month, several majority team members asked an Islamic, minority male colleague about fasting: 'Don't you have to fast? – Oh, you don't do that/join the fasting. But is that allowed? – Oh, you make up for it/do it later. Is that possible then'? Although Rabia started out by telling how she felt at home and appreciated in this team, she also made clear that these recurring remarks and questions make her feel different and set her apart from the team in a negative way. This points out that sharing personal stories is new and potentially painful in a professional context where neutrality and sameness is the norm, as it breaks with routine and scripted behaviour. It suggests a tension for perceived *minority* professionals between belongingness, which thrives on personal narratives, on the one hand, and personal questions, which are felt as stigmatizing due to earlier experiences and accumulated pain in existing social hierarchies, on the other. Also, it indicates that *majority* team members may be uncomfortable and try to resist when normalized, exclusionary, system-based professional norms that privilege sameness as opposed to difference get challenged. It shows, first, the centrality of emotions in culturalization, as the interference zone is not static but ever-contentious. Second, it points to the need for meaningful culturalization as cultural acknowledgement without essentializing culturalism, that is, away from dominant diversity discourses.

Another minority professional, Sabrina, dealt differently with experiences similar to those of Rabia. Sabrina reported that she is met with inquiring questions on her religious, ethnic and cultural identity on a day-to-day basis. Colleagues as well as patients are not able to put a conclusive label on her – she has a typically Dutch first name, wears a headscarf, has a brown skin colour and speaks with a Surinamese accent. She stated she saw questions and comments on her identity and background as 'only natural and normal'; they are an opportunity to tell about herself and the 'positive side' of Islam and Muslims and to make contact with patients and bond with her colleagues. Is Sabrina's positive interpretation of the remarks and her not feeling uncomfortable or threatened related to the fact that she holds a senior function and presumably senior status in the team? Does her professional status allow her to feel part of the team anyhow, whereas minority colleagues in lower positions feel vulnerable in their belongingness? Or does her 'nontypicality' as a minority allow her to come across as a *person* with a unique story, different from seemingly 'typical' minority colleagues encountering prejudice?

Graca and Sabrina approach the questions about their background as a way to relate to their colleagues and patients, feeling recognized as a person with a particular (hi)story and thus being able to belong *and* to differ in positive ways. Rabia interprets these *partly* as depersonalizing and dehumanizing her, reducing her to being a part of her cultural identity, identifying her as not the same and thus not fitting in. Considering system and life world dynamics, the situations in which (majority) team members pose questions to Rabia and Sabrina are all examples of spaces in which personal, life world aspects concerning belonging and difference trickle into the work sphere, where it is usually system aspects of professionalism and sameness, that is, team members as neutral, diversity-free and 'faceless' people, that matter.

The Team Leader: A Role Model for Meaningful Culturalization?

To delve further into interference zone interactions as alternative safe spaces within the team, their potential for meaningful culturalization and their relation with belonging and difference, we now discuss the case of the team leader.

When reflecting on the team and team culture, majority and minority team members mentioned the team leader, Florence, as central to its success. They described the good cooperation, warm atmosphere, connectedness and space for cultural diversity in the team as being enabled by her energizing, approachable and empathic way of leading. As the team, consisting of about 30 care, administrative and support staff, started out as a new ward in the hospital at the end of 2012, it was a 'fragmented, non-coherent, patchwork' team according to a majority professional. Florence's open and caring leadership style, emphasizing the need for critical and open but considerate feedback between team members, made the team more unified and coherent. Florence is a role model for many team members. A minority professional said:

> [Florence] listens very well, she really takes your perspective. She doesn't yell her feedback through the corridors but speaks to you individually. There is absolutely no barrier to pass to visit her … [to] tell her what's eating you, what's on your mind. When for example you have a small falling-out with a colleague, then you can count on her – such a person is [Florence].

Florence is a Surinamese-Dutch professional who has worked in hospitals for almost 40 years and is about to retire.[4] She described herself as 'mixed' – her mother 'white' and her father 'black' – and therefore used to dealing with different cultures and communication styles. Earlier, she worked in a ward in the hospital of a traditionally highly hierarchical, male-dominated, competitive medical specialty with top medical and societal status, where she eventually became a leading professional. She recounted that, when she started working in that hospital, she was the first 'dark-skinned' professional.

Originally, Florence did not want to become a team leader. However, her discontent with the way things were motivated her to accept the position. When she came home one day and told her husband about a patient with anemia who had to wait hours before someone came to attend, she realized that she wanted to change things. To make that happen she had to become a leading professional herself. She started in a shared position as team leader with a female colleague. Now she works four nine-hour days per week: 'And I haven't been ill for a day since we started this ward one and a half years ago', she contentedly added. Nevertheless, she acknowledged that her work or work style is a 'balancing act' with which she sometimes struggles. 'Team members come to me daily to tell their story … [and t]hey all expect personal attention', she said. Although she wants to give personal attention and 'of course they do not come all at once', it stresses her somewhat.

Florence comes across as a low-key, accommodating, caring and warm professional who has a democratic, motivating and very conscious leadership style. This was underscored when she apologized for speaking so much and said that she hoped it would be of use for the research, and when she said she felt uncomfortable praising herself but nevertheless wanted to say that she was very proud of her team. Florence's account showed a clear, conscious vision for the team and team member interactions, one that valued relationality, belonging and openness. She said that she feels she has influence as a team leader, and thus she tries to be a role model and transfer her ideas and values onto

[4]We discussed this case example as well as the whole paper with Florence as a member check. She said to recognize the described experiences and narratives as truthful and fitting her own perspective and that of her colleagues, and gave her consent after some minor alterations and additions in the text.

the team. Florence described the team as very amicable and fraternal – something she deliberately strives for:

> It's important that they form one team, one whole. … It is important that everyone is open toward each other, that everybody feels that he or she is included/belongs, and that everybody feels and can feel comfortable and okay within the team.

Florence's cultural and racial background is rather absent from her story, and when she first talked about the team culture, cultural diversity in general was not presented as a relevant topic. This is reflected in that, when someone from outside the team said to her that her team is such a 'diverse one, since *you* are there and [name of leading physician, male, black, with a refugee background] is there …', she said that she started thinking: 'Yes, that might be right compared to other wards in the hospital'. She appeared surprised, as if she does not think about the team in this way. She later confirmed this, stating that she does 'not really pay attention to cultural diversity' and that cultural diversity is 'not really an issue' between team members. Here, she seems to support the norms of sameness and professionalism that fit the system hegemony in the hospital.

However, cultural diversity and difference in the team resurfaced as Florence stressed that the team culture is not about skills that can be learned but has to do with personal and social things 'that you have to have … it has to fit'. She gave the example of an Afghan-Dutch professional who now performs really well in her team but previously felt isolated and discriminated against on another ward in the hospital. As such Florence acknowledges that the expression 'fitting in' as used in the context of professionalism based on system logic does not suffice. Instead, she refers to life world aspects of feeling at home, safe, valued and connected and indeed emphasizes cultural background in relation to belonging and inclusion in the team. In another example she told, Florence was motivated by these values and actively encouraged them. She recounted about a team professional with a minority background, Sabrina (mentioned earlier). As a student Sabrina did not feel at all at home at work; she did not connect with fellow students and teachers or the work culture in general. Florence supported Sabrina, encouraging her to keep on trying, and proudly reported that, after finishing several school levels, Sabrina completed her management education, became a mother of two children and now holds a senior position in the team. With this, Florence pointed

out – her awareness of – how feelings of belonging and positive, personal recognition of difference go hand in hand. It shows her successful balancing of sameness and difference and of meaningful culturalization that is different from essentializing culturalism.

In relation to some team members lacking language and writing skills, Florence voiced her ideas and values on giving and receiving feedback. Grammatical errors in patient reports are addressed by team members among themselves, she said: 'But they don't make it personal. They say, "We have to pay attention to the reports because there are so many language errors in them". So that happens in a nice, correct way'. Thus, according to Florence, it is a team norm that mutual, collective responsibility is emphasized and valued more than individual responsibility. This connects with Florence's set of rules, which foremost includes 'no gossip or slander', in which feedback should 'not only focus on the negative but focus on the positive in your views about the other person', and where 'the tone makes the music', a Dutch expression that means that what you say, and what you want to achieve with it, is largely determined by the manner you say it in – indicating that people should be positive, respectful and understanding towards each other.

Regarding responsibility, it appears that Florence wants to set an alternative example to common practice in the hospital. She pointed out that there exists 'a culture of always-keep-on-going' in the organization. She clearly relates to and is aware of system logic within the organization, its colonizing tendencies and the time-pressure culture that can inhibit connection between professionals. She tries to counter this by stressing life world values such as taking time to reflect, repair bonds and evaluate within the team, and for example encouraging team members to leave the ward for their breaks:

> Otherwise it all just continues. … Physicians come storming in to ask things or give assignments. They don't pay attention to whether a professional is on break. … It's everybody's own responsibility here [the hospital].

Florence herself tries to set an example by helping out in the ward when it is busy or taking over a weekend shift when someone is ill. This, she stressed, to her is normal and the only way to do her job properly and be a good professional. By answering the phone at the administration desk when the administrative staff wants to have a meeting together, or washing patients when there is nobody else to do it, she consciously tries to create a specific work mentality and atmosphere and bring the team

together. She said this is in part because 'her heart is with the patients', and she wants to keep connected to them. Furthermore, Florence emphasized that her connection with the team members is very important: by helping out on the work floor, tensions between team members and with patients can be prevented, and she is able to notice things going on in general. By being on the actual work floor, she is also trying to be approachable for all team members. With this, she is in fact going against hospital policy and management norms. She said that during performance evaluations with her superiors, she repeatedly receives feedback that, as a leading professional, she should spend less time on the work floor and focus on management and delegation of work tasks. She stated, however:

> If I have to change [my current time division between the office and work floor], if I can't leave my office anymore … if I have to be behind a computer all the time – I'm gone!

To professionals and management in the hospital, Florence, being a nonwhite team leader of a so-called multicultural team, is a diversity role model. This fits an instrumental perspective on diversity and system logic because the reference is commonly used to showcase the success of the organization's cultural diversity policy and does not relate to Florence as a person. In part, it is a positive example since cultural diversity is being related to professionalism; but Florence's being seen as a diversity role model is also a form of colonization since the norm of sameness remains unchallenged. Florence does not present herself as a diversity role model, nor do the professionals in her team perceive of her as such. Instead, they see the caring, relational and personal way of being a professional at work – in which they balance sensitivity to personal difference with attention to connectedness and belonging – as the only right way to be (a good) professional. As such, they implicitly argue against the limited, normative professionalism as neutral and impersonal. They enact a process of meaningful culturalization from below that unsettles imposed hierarchical and essentialist discursive culturalist positionings. Accordingly, they generate an equitable, inclusive space for belonging and difference, a life world alternative to the existing system norms in the organization. Florence's approach to work is embodied in how she actively acknowledges the roles of emotions, tensions, the need to take time to talk and reflect and the need for belonging in her team. She implicitly criticizes the system norms of professionals as neutral, detached, depersonalized and decontextualized. Without explicitly proclaiming diversity issues, she creates spaces for *minority* team members as well as majority team members

in the interference zone between system and life world, where they can feel safe, connect, belong and be different. Florence's role is not uncontentious or easy – her supervisors see a risk in her way of working, and she herself experiences tension in upholding her alternative work practice. This signals the struggle within the interference zone, which can be transformative but also takes effort.

Establishing Meaningful Culturalization and Structural Space for Difference

From our study in the academic hospital, it becomes clear that, on the one hand, minority and majority professionals are involved in keeping up exclusionary norms and the normalization of sameness and a 'diversity-free' professionalism that selectively privileges and disadvantages professionals. On the other hand, these professionals engage in creating alternative safe spaces of belonging where more space for difference exists. We see that these dialectic practices happen in the interference zone between life world and system. Although these dynamics are ambiguous, we believe that, *when supported and facilitated by leading professionals*, they can create opportunities for practice development towards inclusion of minority professionals and an inclusive, equitable work floor practice in healthcare organizations.

In the team we discussed, colonization, as understood by Habermas, was apparent in the norms of being professional and neutral, that is, being without personal (hi)story and cultural background and always being in a hurry – productive and efficient. These norms sometimes led to feelings of fragmentation and alienation, particularly for minority professionals. However, culturalization was also visible. We saw that team members, occasionally and temporarily, took time to share their personal backgrounds, to connect and learn about each other's cultural traditions and personal values. The team leader was important as a role model setting the tone. She deliberately paid attention to everyday work floor interactions and was attuned to emotions and tensions between team members. She took time to hear team members' personal stories and worries, encouraged shared responsibility and urged team members to take time for themselves to reflect away from the fast-paced culture of the ward. Team practices supported a shared commitment, mutual connectedness and belonging in the team and stimulated meaningful culturalization. Nevertheless, the existing colonization tendencies made this a contested situation. This tension is reflected in the story of the team

leader who struggled in balancing the normative expectations of being a manager with her values on what makes a good leader. Her story shows the precariousness of the culturalization process.

These complex interactions in the interference zone show how space is closely linked to time. Sabelis (2002) described the concept of time in organizations as undervalued and dominantly understood as 'clock time'. She signals that in a globalized world of 'acceleration', where 'time = money', '([c]lock-) time increasingly determines what people do and especially how they do it' (Sabelis, 2002, p. 2). In daily practice on the work floor, however, broader and more complex understandings of time(s) exist, and professionals feel that 'deceleration' is a way to retain their 'human standard' (Sabelis, 2002). Sabelis shows how the clock time of the system (*chronos*) and time in the life world (*kairos*) establish a central dynamic in organizations that influences space for difference and inclusion of cultural diversity (Hermsen, 2010; Sabelis, 2002). In a clock time-organized workplace, representing system logic, professionals' performance is driven by the need to act and predominantly assessed according to how many tasks are done in how short a period of time. These tasks are usually highly specialized and clearly delimited, and they require strict targeted action. In such a fast-paced culture, professionals' rhythm, personal time and relational, caring involvement in work practices – requiring spontaneity, shared commitment beyond preset tasks, reflection, responsiveness and time – are problematic (Sabelis, 2002). Lived time, reflecting the life world, involves time and space for reflexivity, namely taking the time to gain awareness and from that find the space for substitution, alterity and contiguity, that is, to meet and connect with others (Ghorashi & Ponzoni, 2014; Waldenfels, 2011).

It is in this alternative time/space that professionals can ask each other questions, which cannot be answered straight away, the so-called slow questions (Kunneman, 2005). Thus, reflexive dialogue can develop, and professionals can experience contiguity, alterity and epoché (Ghorashi & Sabelis, 2013). In our study, we saw this reflected in team members who cautiously opened up to each other to exchange personal stories, majority team members who asked about beliefs and values of minority colleagues, the team leader who was prepared to take others' – her team members' – perspectives, and minority and majority team members who experienced the team as a safe and connected circle where they felt 'at home'. These 'delayed interspaces' (Ghorashi, 2014a) enable exchange on the parallels and differences between professionals, recognition of mutual equity and critical dialogue on dominant norms and practices within the organization (Ghorashi & Sabelis, 2013). Here, an open, intimate and *safe* space

can develop as people temporarily encounter each other 'horizontally', from person to person, all unique and different, and difference is stripped of its categorical-essentialist and hierarchical meaning equating social and cultural power relations (Ghorashi & Sabelis, 2013).

These alternative safe spaces typically spring from the interference zone where system and life world, uncoupled and hierarchically ordered yet both a reality in actual work practice, 'collide', and their frictions become tangible; it is here that their opposition becomes an issue. As the interference zone is contentious and noninconclusive, the culturalization is also ambiguous and temporal. Space for belonging and difference can be built when, instead of mistaking safety with the exclusion of discomfort, emotions and tensions that are unavoidably at stake are acknowledged instead of 'glossed over', and critical reflexivity is enacted – comprising also a coupling and dismantling of the hierarchy between system and life world. In this way, *meaningful* culturalization can develop as an alternative to imposed, hierarchical and essentialized culturalism – namely, a balanced, appreciative focus on personal difference incorporating equity, instead of normalization of inherently exclusionary sameness. Pain or resentment and discomfort are necessary here as these embodied experiences foster awareness. This 'pathic knowledge' points in the 'right' direction by raising critical questions about dominant structures and practices (Van Manen & Li, 2002; Waldenfels, 2004). Davis (2015) emphasizes that embodied, pathic knowledge is difficult to put into words and needs translation but is essential to gaining understanding and awareness of 'how restrictive social norms and dominant hierarchies and exclusions get played out at an affective level' (Davis, 2015, p. 6). We saw this reflected in the minority professional voicing her ambiguity about questions related to her background, which simultaneously made her feel at home and as if she belonged in the team while they also set her apart as different. Her ambiguous feelings constituted pathic knowledge and a clear yet tentative beginning of culturalization. Awareness of alternative safe spaces as both embodied and contested is crucial because precisely these characteristics make those spaces potentially transformative.

The small, unpredictable, 'difficult' events with agentic and transformative potential are what Kunneman (2005) calls 'places of effort/pain'. As long as diversity management is approached in a rational manner, it has a colonizing, instrumental character and cannot be successful. Practice development is generated from life world logic via meaningful culturalization but involves a reconnecting with the existing system. This means infusing organizational structure and policy with the value of professionals' sense of belonging at work as well as the value of difference, namely,

including different perspectives and being able to be 'different'. Structural inclusion of minority professionals requires explicitly addressing the power dynamics and sameness–difference hierarchy that are ignored in business-case perspectives on diversity, system logic and culturalist discourse. Within the organization we studied, the organization's leaders would have to acknowledge the discrepancy that the team and their team leader experience between meeting professional norms and the desire for engaging in a relational, caring work praxis (Tronto, 2010). Management needs to acknowledge that life world aspects like emotions, embodied knowledge, lived time (*kairos*), reflexivity, safety and belonging are essential in (understanding the complexity of) diversity management, and together with professionals, look for ways to facilitate their integration and recognition in organizational life. When those involved meet the 'places of effort/pain' (Kunneman, 2005) with reflexivity, and they 'slow down' and find 'the language' (Ahmed, 2007) of sharing personal narratives (Abma, 2003; Ghorashi, 2014b) or art (Verdonk, Muntinga, & Issa, 2016), the academic hospital can develop into an equitable and inclusive place to work.

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