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THE EFFECT OF TOKENISM ON TEAMWORK AND INTERPROFESSIONAL COLLABORATION IN PRIVATE HOSPITALS IN NIGERIA

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Abstract

Private healthcare institutions play a significant role in healthcare delivery in Nigeria. They provide a substantial proportion of outpatient and specialist services, particularly in urban areas. Many Nigerians patronize private hospitals because of perceived advantages such as shorter waiting times, improved customer service, and better facility management. However, private healthcare organizations often face challenges including: Workforce shortages, Professional rivalries, Leadership conflicts, Unequal distribution of authority. Limited employee participation in decision-making, Organizational politics. All these challenges may create conditions that encourage tokenistic practices and weaken collaborative relationships among healthcare workers despite the increasing efforts to promote workforce diversity and inclusiveness. This study critically examines the influence of tokenism on teamwork and interprofessional collaboration within the private healthcare system in Nigeria by highlighting the mechanisms through which tokenism undermines employee engagement, team cohesion, professional interactions, and patient care outcomes. The paper concludes with recommendations for hospital administrators seeking to establish inclusive organizational cultures that promote teamwork and improve healthcare delivery.

Keywords: tokenism, teamwork, interprofessional collaboration, healthcare management, private hospital.

Introduction

The delivery of healthcare services requires the coordinated efforts of professionals from diverse disciplines working toward a common objective of improving patient health outcomes. In contemporary healthcare organizations, particularly private hospitals, healthcare professionals such as physicians, nurses, pharmacists, laboratory scientists, physiotherapists, radiographers, and administrators are expected to collaborate effectively to ensure quality care, patient safety, and organizational efficiency (World Health Organization [WHO], 2010).

The increasing complexity of healthcare delivery has made teamwork and interprofessional collaboration indispensable components of healthcare management. Effective collaboration enables healthcare professionals to combine their expertise, share responsibilities, and make informed clinical decisions that improve patient outcomes (Reeves et al., 2017). However, several organizational factors may impede collaborative relationships within healthcare institutions. One such factor is tokenism.

Tokenism is an organizational behavior concept that describes situations in which members of minority or less represented groups are included symbolically rather than substantively within an organization. The concept was extensively discussed by Kanter (1977), who argued that numerical minorities often experience heightened visibility, stereotyping, isolation, and limited opportunities for meaningful participation.

In healthcare organizations, tokenism occurs when employees are selected for positions, committees, or leadership roles primarily to create an appearance of diversity rather than to benefit from their knowledge, skills, and expertise. Examples of Tokenism in Nigerian Private Hospitals

- Appointing a nurse to a hospital management committee but excluding the nurse from critical decision-making discussions.
- Including junior healthcare professionals in policy meetings without considering their contributions.
- Assigning leadership positions to women or minority professionals for public image purposes while limiting their influence.
- Creating multidisciplinary teams where certain professionals are present but rarely consulted during decision-making.

Several empirical studies have investigated the relationship between tokenism and employee engagement. Shore et al. (2018) found that employees who perceived higher levels of workplace inclusion reported greater organizational commitment, stronger job satisfaction, and increased participation in organizational activities. Similarly, Mor Barak (2016) reported that symbolic inclusion without meaningful participation often results in employee disengagement and reduced motivation. Healthcare professionals who feel undervalued may become less willing to contribute ideas or participate in collaborative initiatives.

Effects of Tokenism on Health Professionals' Teamwork and Collaboration

In healthcare organizations, tokenism may occur when professionals are appointed to leadership positions, committees, or strategic teams to demonstrate organizational diversity while their contributions remain undervalued or ignored. Such practices can create a disparity between formal representation and actual participation in decision-making processes which includes:

Diminished Trust among Members of Healthcare Teams

Trust is a critical element that supports effective teamwork within healthcare organizations. Healthcare professionals depend on one another's expertise, integrity, and commitment to achieve common goals related to patient care and safety. When trust exists among team members, collaboration becomes more effective, communication improves, and patient outcomes are enhanced.

However, tokenistic practices can weaken trust within healthcare teams. Employees may perceive that certain individuals are appointed to committees, leadership positions, or decision-making groups primarily to satisfy representation requirements rather than because of their professional competence. Such perceptions may generate skepticism regarding the fairness and transparency of organizational decisions (Colquitt et al., 2013).

Healthcare professionals who believe they have been included merely as symbolic representatives may also question whether their contributions are genuinely valued. As a result, confidence in management and fellow team members may decline. This erosion of trust can reduce cooperation, hinder relationship-building, and negatively affect team performance.

In healthcare environments where teamwork is essential for coordinating patient care, reduced trust can significantly compromise collaborative efforts and organizational effectiveness.

I. Impaired Communication and Knowledge Exchange

The success of healthcare delivery depends heavily on the effective exchange of information among professionals from different disciplines. Accurate and timely communication facilitates clinical decision-making, patient monitoring, treatment planning, and continuity of care (Rosen et al., 2018).

Tokenism may interfere with communication processes by creating feelings of exclusion among certain healthcare workers. Individuals who perceive that their opinions are not respected or that their involvement is merely symbolic may become reluctant to participate actively in discussions and meetings. Over time, they may withhold valuable information, avoid expressing concerns, or refrain from offering suggestions that could improve patient care (Edmondson & Lei, 2014).

Such communication barriers can create significant challenges within healthcare teams. Important clinical information may not be shared effectively, misunderstandings may increase, and opportunities for collaborative problem-solving may be lost. Consequently, healthcare organizations may experience reduced efficiency and increased risks to patient safety.

II. Reduction in Team Unity and Collective Commitment

Team cohesion refers to the extent to which team members feel connected, committed, and motivated to work together toward shared objectives. Strong team cohesion promotes cooperation, mutual support, and collective accountability for patient outcomes (Salas et al., 2018).

Tokenistic organizational practices can weaken this sense of unity. Healthcare professionals who feel marginalized or excluded from meaningful participation may become detached from team activities and organizational goals. Likewise, members of dominant groups may unintentionally exclude token individuals from professional and social interactions.

Kanter (1977) noted that individuals who occupy token positions often experience isolation because they are viewed primarily as representatives of a particular group rather than as respected professionals. Such experiences can limit social integration and reduce opportunities for developing productive workplace relationships.

As team cohesion declines, healthcare professionals may become less willing to cooperate, share responsibilities, or support one another in achieving common objectives.

III. Escalation of Workplace Tensions and Professional Disputes

Tokenism may contribute to the emergence of interpersonal and professional conflicts within healthcare organizations. Perceptions of inequity, favoritism, or symbolic inclusion can create dissatisfaction among employees and generate negative attitudes toward management decisions.

Healthcare professionals who believe that appointments are influenced by representation requirements rather than merit may become resentful, while those who experience tokenism may feel frustrated when their expertise is disregarded despite their formal inclusion in organizational structures.

These opposing perceptions can fuel disagreements, increase workplace tensions, and create divisions among professional groups. Such conflicts may interfere with collaboration, reduce productivity, and negatively affect organizational morale (Almost et al., 2016).

In healthcare settings, unresolved conflict can be particularly harmful because it may disrupt communication and compromise coordinated patient care.

IV. Decreased Motivation and Workplace Engagement

Employee engagement reflects the degree to which individuals are psychologically invested in their work and committed to organizational goals. Healthcare professionals who feel respected and valued are generally more motivated to contribute to team activities and quality improvement initiatives.

Tokenism can reduce employee engagement by creating perceptions of exclusion and inequality. When healthcare workers believe that their opinions carry little weight in organizational decisions, they may lose enthusiasm for participating in meetings, projects, and collaborative activities (Mor Barak, 2016).

This decline in engagement can manifest through reduced initiative, lower productivity, decreased commitment, and withdrawal from teamwork. In healthcare organizations, disengaged employees are less likely to participate actively in collaborative decision-making processes that contribute to quality patient care.

V. Weakening of Interprofessional Collaboration

Interprofessional collaboration involves healthcare professionals from various disciplines working together to deliver coordinated and patient-centered services. Effective collaboration requires mutual respect, open communication, and recognition of each profession's contribution to healthcare delivery (Reeves et al., 2017).

Tokenism can undermine these principles by creating unequal participation among team members. In some healthcare institutions, professionals from certain disciplines may be represented in multidisciplinary teams but may not be given adequate opportunities to influence decisions or contribute meaningfully to patient management discussions.

For example, nurses, pharmacists, physiotherapists, and laboratory scientists may attend meetings but have limited influence over final decisions. Such exclusion reduces the benefits

of interdisciplinary collaboration and prevents healthcare organizations from utilizing the full range of professional expertise available within the workforce.

VI. Lower Levels of Psychological Safety

Psychological safety refers to an environment in which employees feel comfortable expressing opinions, reporting concerns, and sharing ideas without fear of ridicule or negative consequences (Edmondson & Lei, 2014).

In healthcare organizations characterized by psychological safety, professionals are more likely to communicate openly, report errors, and participate in continuous learning activities. These behaviors contribute significantly to patient safety and organizational improvement.
Tokenism may diminish psychological safety by making employees feel that they are constantly being judged or evaluated based on their social identity rather than their professional competence. Consequently, they may become reluctant to voice concerns or challenge decisions.

VII. Adverse Consequences for Patient Care and Service Quality

The ultimate objective of healthcare teamwork is to provide safe, efficient, and high-quality patient care. Consequently, any factor that weakens collaboration among healthcare professionals has the potential to affect patient outcomes negatively.

Tokenism can indirectly influence healthcare quality by reducing trust, limiting communication, weakening teamwork, and discouraging employee participation. These challenges may contribute to delays in treatment, fragmented care delivery, increased clinical errors, and lower patient satisfaction levels (Rosen et al., 2018).

Furthermore, when healthcare organizations fail to create inclusive environments that encourage full participation from all professionals, valuable expertise may remain underutilized. This limits the organization's ability to deliver comprehensive and patient-centered care.

Therefore, addressing tokenism is essential not only for promoting workplace equity but also for improving healthcare quality and organizational performance.

Conclusion

Tokenism remains an important organizational challenge within Nigeria's private healthcare sector. Tokenistic practices can erode trust, hinder communication, reduce employee motivation, weaken interprofessional relationships, and negatively affect patient care outcomes.

For private healthcare institutions to achieve sustainable improvements in service quality and organizational performance, they must move beyond superficial representation and embrace genuine inclusion such as:

1. Private hospitals should establish inclusive leadership practices that encourage active participation from all healthcare professionals.
2. Recruitment, promotion, and appointment processes should be based on competence, merit, and professional qualifications rather than symbolic representation.

3. Hospital management should develop policies that promote diversity, equity, and inclusion at all organizational levels.
4. Healthcare professionals should be encouraged to participate in multidisciplinary decision-making processes.
5. Hospitals should establish mentorship and sponsorship programs to support underrepresented employees.

References

Almost, J., Wolff, A. C., Stewart-Pyne, A., McCormick, L. G., Strachan, D., & D'Souza, C. (2016). Managing and mitigating conflict in healthcare teams: An integrative review. *Journal of Advanced Nursing, 72*(7), 1490–1505.

Colquitt, J. A., LePine, J. A., Piccolo, R. F., Zapata, C. P., & Rich, B. L. (2013). Organizational justice and employee performance. *Journal of Applied Psychology, 97*(1), 1–15.

Edmondson, A. C., & Lei, Z. (2014). Psychological safety: The history, renaissance, and future of an interpersonal construct. *Annual Review of Organizational Psychology and Organizational Behavior, 1*(1), 23–43.

Kanter, R. M. (1977). *Men and Women of the Corporation*. New York: Basic Books.

Mor Barak, M. E. (2016). *Managing Diversity: Toward a Globally Inclusive Workplace* (4th ed.). Thousand Oaks, CA: Sage Publications.

Reeves, S., Pelone, F., Harrison, R., Goldman, J., & Zwarenstein, M. (2017). Interprofessional collaboration to improve professional practice and healthcare outcomes. *Cochrane Database of Systematic Reviews, 6*(6).

Rosen, M. A., DiazGranados, D., Dietz, A. S., Benishek, L. E., Thompson, D., Pronovost, P. J., & Weaver, S. J. (2018). Teamwork in healthcare: Key discoveries enabling safer, high-quality care. *American Psychologist, 73*(4), 433–450.

Salas, E., Reyes, D. L., & McDaniel, S. H. (2018). The science of teamwork: Progress, reflections, and the road ahead. *American Psychologist, 73*(4), 593–600.

Shore, L. M., Cleveland, J. N., & Sanchez, D. (2018). Inclusive workplaces: A review and model. *Human Resource Management Review, 28*(2), 176–189.

World Health Organization. (2010). *Framework for action on interprofessional education and collaborative practice*. World Health Organization.