

Cultural Intelligence: A critical capability for health and safety professionals in building interpersonal trust? A literature Review.

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Abstract

In today's multi-cultural organisations, cultural intelligence capabilities will be critical to enable health and safety practitioners and professionals to build interpersonal trust with members of the workforce. This ultimately adds organisational value through leaderly behaviours and the way they can influence, create understanding, and enable participation. Cultural Intelligence is defined as "the capability to function and manage effectively in culturally diverse setting"**No source specified..** The effects of trust impact positively on many areas in organisations such as employee job satisfaction, commitment to the business and leader decisions, staff churn, organisational citizenship behaviours, and job performance. The hypothesis of this study is that through the development of trust created by health and safety practitioners with high levels of cultural intelligence capability, along with their technical capabilities, can influence improved outcomes and become value-added contributors to an organisation. This literature review was conducted as part of the authors submission in attaining a Master's In Advanced Leadership Practices through Massey University (2018 – 2019). The literature review was supported with other research including focus groups. The aim of these focus groups was to explore the theories, experiences, perceptions, thoughts, and beliefs of senior executives from the New Zealand business community about the impact of building trust where a health and safety practitioner or professional has cultural intelligence capability. The research found that high trust interpersonal relationships are created with workers when health and safety professionals have a high level of cultural intelligence capability and that this creates positive behavioural and cognitive interpersonal relationship outcomes. It is intended that the results of the focus groups will be published in future issues of this publication.

Problem

In many organisations the modern health and safety practitioner or professional works alongside operational management and members of the workforce to influence and be a change agent in workplace health and safety. In today's diverse organisations, the ability to influence will require cultural intelligence as a critical capability for individuals. This will enable them to add organisational value through leaderly behaviours and the way they influence, create understanding, participate and ultimately develop trusting interpersonal relationships amongst members of the workforce.

Approach

The literature review for this research was conducted over three broad themes namely the role of health and safety practitioners and professionals, trust, and the concept of cultural intelligence. The literature review was conducted using both the Scopus Database and the Massey University Library for academic content. Combinations of search terms were used to locate grey literature from online sources. The search terms included cultural intelligence, CQ framework, worker, workplace, organisational, influence, interpersonal relationships, trust, interpersonal trust, diversity, inclusion, health, and safety practitioner and professional and capability.

Table 1 provides an overview of the search results, areas of research that were discarded and a breakdown of book references, academic journals and other technical documents used in this project.

Table 1: Literature Review data

| Search | Cultural Intelligence | Trust | Health and Safety Practitioners & Professionals |
|---|--|---|---|
| Search terms | Cultural Intelligence, culture, CQ Framework, CQ & Trust | Interpersonal Trust, Trust & Culture, Trust, and workplace / Organisation, affect-based trust, cognitive-based trust. | Health and Safety Practitioners & Professionals, capability, framework, competency. |
| No of articles identified (Scopus & Massey Library) | 39,101 | 468,788 | 231,652 |
| Discarded subjects | Cultural competence, References to CQ in the context of international placements | References that did not discuss interpersonal trust, organisational trust | Health Professionals, Public Health or Safety, anything unrelated to workplace or organisational or worker safety |
| Books | 3 | 2 | 3 |
| Academic Journals/ technical reference documents | 18 | 7 | 9 |
| Online Sources | 5 | 0 | 2 |
| Total References used | 26 | 9 | 14 |

Overview

The review started with an investigation into relevant research of the health and safety profession and more specifically those who work within it as generalist practitioners or professionals. [The history, context, and purpose of the role in New Zealand is detailed moving into the development of global capability frameworks and finishing with recent New Zealand surveys and Australian research looking at the activities of the role and the perception of the role as viewed by business and the industry itself.] This was followed by an investigation into the concept of trust, where again the context, definition, behavioural and cognitive impacts were traced and includes the link between culture, cultural intelligence, and trust. A New Zealand context is described, and the health and safety professional section ends by linking aspects of the health and safety system and profession to the construct of trust. Finally the construct that is cultural intelligence was explored including a review of its research history, context, definition, framework, and traits of individuals with high levels of cultural intelligence capability. How cultural intelligence applies in a New Zealand context at a macro level is described, linking population growth and immigration. This is followed by a more micro view of the construct in relation to health and safety practitioners within organisations.

Health and Safety Practitioners and Professionals

The recruitment of people into New Zealand businesses in health and safety practitioner or professional roles, whether as direct employees or engaged as consultants, has developed over several years. Additionally there is another section of this industry who are employed by the Health and Safety Regulator, WorkSafe NZ, to enforce the health and safety legislation. The origins of individuals working in a safety type role in New Zealand can be traced back to the early 1890's as detailed by Peace, Lamm, Dearsly, and Parkes (2019), where labour inspectors were employed by the then Department of Labour to monitor workplace conditions. The existence of a generalist workforce in New Zealand came about in the early 1950's and Peace et al. (2019) track the emergence of occupational health specialists working in the Department of Health from the late 1940's. The National Safety Association was formed in 1953 and in 1965 the Safety Institute of Australia formalised a New Zealand branch to support their thirty-eight members located in this country. In 1977 this group pursued independence and the New Zealand Institute of Safety Management (NZISM), was formed as an incorporated Society (Slappendel, 1995, pp. 204–205), to support the development of the health and safety industry. This organisation attracted health and safety practitioners as members and in 1980 created a membership grading system based on individuals' qualifications and experience, known today as accreditation.

In its early years in New Zealand the role of the health and safety generalist was to provide technical guidance to management in developing safety management systems, carrying out surveys or audits and identifying and

solving safety problems (Slappendel, 1995). The role of the health and safety generalist has continued to evolve. Along with technical skills, which, due to 2016 legislative change in New Zealand, now include much more of a focus on the concept of risk management business expects that individuals develop Essential Skills, which enable them to increase value to the organisations for which they work. These 'Essential Skills' include aspects such as leadership, coaching, mentoring, communication, relationship building and professional presentation skills (International Network of Safety and Health Practitioner Organisations, 2017; Pryor, 2016, p. 2). All of these 'Essential Skills' are relevant when considering how an individual might become more culturally intelligent.

In 2009 the Australian Health and Safety Regulator provided funding to initiate the development of a core body of knowledge that would contribute to the move towards professionalisation of the health and safety industry. Despite many challenges the first publication of this Body of Knowledge (BoK) was released in 2012 (Pryor, 2019). A wide range of Australian occupational health and safety educators contributed and feedback from international sources was also obtained. Combined this influenced the *concepts* of the BoK and the design of the product started to emerge. After a period of consultation with the industry, employers, unions, and regulators, the conceptual framework with details on chapter topics for the first release version was agreed (Pryor, 2019, pp. 21–22). The chapters give users a detailed understanding of the global contexts of work, health and safety, the socio-political context, organisational and health and safety systems focus and a significant range of technical health and safety subjects across the risk spectrum including human, biomechanical, chemical, biological, psychosocial, and physical risks. Each of these subjects is detailed in its own evidenced-based chapter sourced from, where possible, peer reviewed literature. In recognising that knowledge is dynamic and that it is continually reinterpreted due to additional research and application, the BoK is not a static resource and it is intended that it will continue to develop and evolve as information changes (Pryor, 2019, pp. 24–26).

Within the BoK, a chapter called, The Human: Principles of Social Interaction (Pappas, Caponecchia, & Wertheim, 2012), is relevant to this study. The chapter overviews the concepts of social psychology and references the 1954 definition used by G.W. Allport, in *The Historical Background of Social Psychology*, which is "to understand how the thought, feeling and behaviour of individuals [is] influenced by the actual, imagined, or implied presence of other human beings" (Pappas et al., 2012). The authors credit the study of Kurt Lewin as influential in the field of social psychology and highlight his research around how humans interact with one another as being a key component of his work. This work included various theories such as attribution theory, bias, ingroups and outgroups, social identity theory, stereotypes, prejudice, and discrimination. These theories are relevant when we consider how an individual's cultural intelligence develops. The first theory relevant to this study is Allport's Contact Hypothesis which describes findings of reduced prejudice occurring when there is exposure and contact with outgroup members (Pappas et al., 2012, pp. 3–7). Allport wrote that, "Prejudice (unless deeply rooted in the character structure of the individual) may be reduced by equal status contact between majority and minority groups in the *pursuit of common goals*. The effect is greatly enhanced if the contact is *sanctioned by institutional supporters* (i.e., by law, custom or local atmosphere), and provided it is of a sort that leads to the perception of common interest and common humanity between members of the two groups" (Allport, 1979, pp. 280–281). In considering this theory and the impact on trust, Pettigrew, Tropp, Wagner, and Christ (2011, pp. 275–276), found that an outcome of increased intergroup contact was a level of increased trust and other positive outcomes such as forgiveness, job satisfaction and perceptions of outgroup difference.

The theories of ingroups and outgroups examines the discrimination and segregation that potentially can occur based on physiognomies such as race, religion, age, gender, nationality, sexual orientation, or any other perceived aspect of difference. In linking this concept to self-categorisation theory, in which individuals perceive themselves to be part of a group through the stereotyping of attributes of group members, Pappas et al. (2012, pp. 6–7) discuss the risk of seclusion that can befall those ingroup members with the least valued characteristics of the group.

In 2017 the International Network of Safety and Health Practitioner Organisations (INSHPO) released their Global Framework for Practice, a document that charted and agreed a worldwide competency framework for those working in the generalist health and safety practitioner or professional role. This document under development since 2011, was informed by the Australian core BoK, and incorporated contributions from around the world on the global framework of skills and knowledge of vocationally and university educated health and safety personnel (INSHPO, 2017). In this framework document, released under the auspices of the Singapore Accord at the 2017 World Health and Safety Congress, we see continued discussion around the

'Essential Skills' required to address the changing demands being put on health and safety professionals as they aspire to become relationship builders in order to create a change in attitudes towards the management of risk in workplaces (INSHPO, 2017, p. 10). At all levels of the six-tiered framework the role of the health and safety practitioner or professional includes the ability to influence and build relationships across the health and safety system. It details the knowledge and skills needed as health and safety personnel develop capabilities in becoming *trusted advisors* in workplace health and safety.

The knowledge matrix of the framework highlights social psychology as an area key to this type of role. It specifically mentions and links the social psychology interactions described in the BoK chapter on social interaction considered valuable for individuals in health and safety practitioner roles to be aware of. This is scaled over various levels, based on Bloom's hierarchy of educational objectives including awareness, routine application, comprehensive application and creative mastery (INSHPO, 2017, p. 34). The skills matrix outlined by INSHPO includes a range of aspects key to the health and safety practitioner role. Verbal communication, engagement and teamwork are all highlighted again using the Bloom model as a basis for the degree of skill an individual might have, with these capabilities all having relevance to language and consideration of the needs of others in an effort to build trust.

In 2017 Price Waterhouse Coopers (PWC) and the Health and Safety Association of New Zealand (HASANZ) undertook a survey of health and safety professionals and produced a report on findings entitled, "How Businesses see Health and Safety Professionals and how we see ourselves" (Health and Safety Association of New Zealand & Price Waterhouse Coopers, 2017). The survey asked both New Zealand businesses and the health and safety profession a range of questions to better understand the pathway the profession needed to take to improve. One aspect of the survey focussed on the business view of the profession and asked businesses to consider issues around the demand for the services of health and safety professionals and what they valued in these services. Specifically, in relation to what services were both valued and not valued from their health and safety professional, the feedback included a range of comments considering both technical and non-technical skills and knowledge. An excerpt from the report states "People skills were also dominant in responses. Organisations are looking for their health and safety professionals to be personable, able to connect at different levels of the organisation, have integrity in knowing their limits and be very good communicators" (Health and Safety Association of New Zealand & Price Waterhouse Coopers, 2017, p. 16). In asking respondents to comment on aspects of health and safety professionals that were not desirable, the report states, "arrogance, overconfidence, poor listening, poor interpersonal skills and lack of focus in understanding the business they were working in were all unwelcome traits experienced by our respondents" (Health and Safety Association of New Zealand & Price Waterhouse Coopers, 2017, p. 16).

In deconstructing the role of the health and safety practitioner and professional, Provan et al. (2019) describe five roles undertaken by the modern health and safety professional. Separated into two criteria these roles are aspects of either "Safety Work" or "Safety of Work," with Demonstrated Safety, Administrative Safety, Physical Safety and Social Safety forming the concept of *Safety Work*. Combined, these roles, according to Provan et al. (2019, p. 277) "may or may not directly or indirectly contribute to the safety of work". Social safety work is the area where health and safety professionals communicate, and importantly generate commitment to health and safety by others in the organisation. In their research, Provan et al. (2019), found that as part of their role, interviewees spent time in the field building relationships and that this contributed to the development of trust and their ability to influence.

Through thematic analysis conducted as a result of literature review of in excess of 100 publications, Provan, Dekker, and Rae (2017), identified 3 factors: institutional, relational and individual, made up of 25 subfactors that contribute to the role of the health and safety professional (Provan et al., 2017). When focussing on the relational factor, and specifically around the sub-factor of influence which includes relationships and interpersonal skills, it was found that the ability of a health and safety professional to build relationships and engage with individuals is as important as the systems and frameworks used by the organisation to manage safety (Provan et al., 2017, pp. 106–108), and that the level of trust held by a health and safety professional is influenced by line management. Leemann (2005) advocates that the difference between an effective and ineffective health and safety professional is their interpersonal skills, this being built on the ability of the professional to communicate effectively. Provan et al. (2017, p. 107) submit that health and safety professionals must have the ability to communicate well as they are likely to be the person that engages with the most diverse range of individuals and groups in an organisation, making their communication skills the "most important capability in determining their ability to influence".

Trust

Trust is a convoluted multifaceted construct that exists across many and varied levels including between individuals and within and between organisations and disciplines (Rousseau, Sitkin, Burt, & Camerer, 1998, p. 393). Trust has been studied across disciplines including psychology, sociology, economics, political science and moral philosophy (Dietz G, Gillespie N, & Chao G.T, 2010). It is also studied at organisational, team and individual levels and indeed across cultures. In defining trust, the research undertaken by Rousseau et al. (1998, p. 395) is referenced, and their use of the following definition, based on their literary review, found a level of consistency across researchers. Their definition describes trust as “a psychological state comprising the intention to accept vulnerability based upon positive expectations of the intentions or behaviour of another.” For the purposes of this study the focus was very much at a culturally diverse interpersonal level and the trust that can be developed between the health and safety practitioner and diverse members of the workforce. It is hypothesised that this contributes to improved workplace performance and therefore value-added outcomes for a business. In considering interpersonal trust there is guidance on a more specific definition that addresses this concept, being “the extent to which a person is confident in, and willing to act on the basis of, the words, actions, and decisions of another” (McAllister, 1995, p. 25). This definition describes accurately the social construct that exists in workplaces between the health and safety practitioner and workers, whereby the person in the health and safety role needs to position themselves as being seen as trustworthy by workers through their words, actions, and decisions.

The hypothesis that through the development of interpersonal trust between the health and safety practitioner and multi-cultural members of the workforce, contributing to improved workplace performance, is highlighted by Dirks K. T and Ferrin D. L (2001). Their investigation into the role of trust in an organisational setting is built on the existing research that shows outcomes of trust in such areas as “positive attitudes, higher level of cooperation (and other forms of workplace behaviour) and supervisor levels of performance...better team processes” (Dirks K. T & Ferrin D. L, 2001, p. 450). The authors extended their research to consider that trust not only generates a direct cause and effect result in creating positive workplace behaviour, but also that it expedites the conditions in which those outcomes can percolate. In exploring the key effect of heightened trust it was found that this resulted in increased examples of risk-taking behaviour in interpersonal relationships and that this increase in risk taking behaviours leads to positive workplace behaviours such as improved performance. Additionally, it was found that positive cognitive outcomes were also evident such as organisational commitment and perceptions of management, their decisions and belief in the accuracy of information provided by the organisation (Dirks K. T & Ferrin D. L, 2001, pp. 452–455).

The holistic overview of the construct of trust is widely researched. There is also a body of knowledge that discusses how trust is recognised across cultures. Two themes have been highlighted in relation to trust and culture in an organisational setting. These have been discussed by Doney, Cannon, and Mullen (1998) in their research paper “Understanding the influence of national culture on the development of trust”. They cite a view of the commercial interest in the rise of diversity and its links with organisational performance, *and* the “increased globalisation” that has transpired in the business world over recent decades. The authors refer to Hofstede’s work and the concept that “although trust may form in a variety of ways, whether and how trust is established depends upon the societal norms and values that guide people’s behaviour and beliefs” (Doney et al., 1998, p. 601). The research identified five cognitive processes individuals might use in the process of developing trust, being. [1] Calculative, whereby a cost benefit analysis is considered by the party considering whether to trust another. There is a likelihood of the other person abusing their trust, and this is measured against the risk the other party considers in term of being caught. [2] Prediction, based on being able to anticipate the other persons likely behaviour due to past experiences. [3] Intentionality, occurring when one person considers whether based on the words and behaviours of the other that they have either selfish or altruistic intentions. [4] Capability, where those considering whether to trust, assess the other person’s ability to meet their duties along with the expectations of the trustee. [5] Transference, a process where a third party endorses the trustworthiness of an individual to another party who has no previous experience of the individual to whom they are considering whether they can be trusted. The research found that through the use of any of these five cognitive processes, either individually or collectively, a person then assesses the behavioural outcomes against their accepted cultural norms and values (Doney et al., 1998, pp. 604–607).

The link between cultural intelligence and the “underlying psychological condition of trust” (Rousseau et al., 1998, p. 395), comprises two concepts of trust, that of affect-based trust and cognitive-based trust. Affect-based trust, described by Rousseau et al. (1998, p. 398) as “People Trust” with the concept also discussed by

Ferrin D.L and Gillespie N (2010, p. 44), occurs at the interpersonal level where emotional bonds are created on the basis of beliefs held by individuals, thus creating a relationship based on the care and concern for another's wellbeing. Cognitive-based trust is more calculating, where an individual's trust in another develops based on the track record and previous experiences with the individual (Rockstuhl & Yee Ng, 2008, pp. 207–208). When operating at a cognitive trust based level McAllister (1995, pp. 25–26, emphasis added), describes how we make choices based on *good reasons* that constitute another person's level of trustworthiness. At an affect-based level McAllister (1995), also refers to care and concern of others and discusses the emotional investment in relationships at this level. The diversity framework developed by Jackson, May and Whitney describes ethnicity as a characteristic that is more likely to evoke affect-based responses as referenced by Rockstuhl and Yee Ng (2008, pp. 207–208).

Study has shown that individuals that are aware of their cultural intelligence capability, and specifically their level of awareness and consciousness during multi-cultural interactions, when considering possibilities while operating in an multi-cultural situation, are more likely to develop affect-based trust with those from other cultures (Chua, Morris, & Mor, 2012). The researchers link the concept of rapport to affect-based trust, this being built on the positive experiences that are created through communication that includes “coordination and synchronicity of the expression of positive emotions” (Chua et al., 2012, p. 118). Descriptions of the actual capabilities of high levels of meta-cognition describe an individual who, in an intercultural setting, adjusts their communication style to ensure there are no situations where misunderstanding or offence could occur because of cultural difference. The outcome being the individuals feel on the “same wavelength or in synch” (Chua et al., 2012, p. 118).

The research on intercultural trust has also been divided into two ideas being *Etic* and *Emic*, which is linked to psychology and counselling with Ang. S and Van Dyne. L (2008, pp. 262–263), citing the work of Sue & Sue (2003), who suggest that “counsellors must be familiar with the cultural background of their clients”. The *Etic* view is that trust is a universal construct that is understood and accepted across cultures, this interpretation advocates that trust has equilibrium across cultures. The alternative *Emic* view is that trust is understood and valued differently across cultures (Dietz G et al., 2010). The *emic* view presents ideas such as, what does it mean? and when does it matter? (Zaheer & Zaheer, 2006, pp. 21–22). The *etic* view leads the research in this area with the notion that *context* is an important aspect of trust. On this basis Zaheer and Zaheer (2006, p. 22) take an amalgamated *emic-etic* approach to trust in their research.

By way of example, Feilo (2016, pp. 41–42) describes, from a Pasifika perspective, that “trust is a foundation on which Pacific activities are built on”. It is relational, and through the sharing of discussion and the disclosing of perspectives, creates the establishment of trust, and in this context enables individuals to determine whether the environment is safe. In linking the health and safety system to trust, WorkSafe NZ's, Maruiti marae-based programme incorporates a Kaupapa approach, being based on the principle of social justice and the inclusion of Māori workers, their whanau and communities (Lovelock & Kelly, 2018). In 2017 WorkSafe, Accident Compensation Corporation (ACC) and Ngāti Porou embarked on a tripartite initiative called Te Ao Maruiti: Health and Safety Learning Pilot (Safe Haven). The pilot aimed to provide a short-term outcome, engaging in a meaningful way (which is for Māori a kaupapa approach) with Māori forestry workers within the Ngāti Porou rohe (boundary). The evaluation report into the Maruiti programme describe trust as a normative relationship and its existence a driver for behaviour change.

Returning to the concepts of affect-based and cognitive-based trust and linking this to the trust created between health and safety professionals and other workers, Pryor (2014) researched the concept of trust between the health and safety professional and their manager. Pryor found that trust was an integral part of this relationship and when considered from the perspective of the manager, identified through interviews that there were three component parts of that trust being built, including confidence, credibility, and shared understanding. These components lead to the trustworthiness of the health and safety professional by the manager materialising as an outcome to “get on with the job” (Pryor, 2014, p. 120). The summation from this aspect of Pryor's research identified that cognitive-based trust was the lubricant for trust being built between these individuals, suggesting that the decision by the manager to trust the health and safety professional was based on their past experiences with that person. Pryor goes further, suggesting that the manager's past experience with other health and safety professionals also influences their decision making on the issue of trust and in addition suggests that the response and reaction by other senior management colleagues to the health and safety professional will also be an influencer on their decision to trust (Pryor, 2014, p. 120).

With trust there is also the opportunity for distrust. Rousseau et al. (1998, pp. 398–399) introduce the concept of cooperation and suggest that this is stimulated in a high trust environment. Conversely, the authors suggest that cooperation can be created when there is low trust but high levels of compulsion or fear of penalty or loss. The concept of using rigid mechanisms for controlling other persons behaviours whether that be through strict rules, or contracts is described as deterrence-based trust and in fact Rousseau et al. (1998, p. 399) suggest that deterrence-based trust may in fact not be trust at all, rather it is actually distrust and creates an environment where trust does not actually need to exist. This thinking is consistent with earlier work by Sitkin S. B and Roth N. L (1993, p. 367), who determined that in situations where there is low interpersonal relationships in a workplace setting, particularly between management and workers, that this sees the creation of artefacts used for the purposes of control such as “contracts, bureaucratic procedures, or legal requirements” as a substitution for trust. [If we consider this against a health and safety backdrop where rules, policies and procedures are developed, defined as “Administrative Safety” by (Provan et al., 2019).], the view of some health and safety professionals is that this plays no part in the reduction of risk and further “makes it difficult for them to relate to others in the organisation who might question their activities” (Provan et al., 2019, pp. 281–283). These administrative safety artefacts therefore become the lubricant for the creation of distrust.

Cultural Intelligence

Globalisation has given rise to the evolution of multicultural teams in organisations. An outcome of this global inter-connectedness has been socio-political, religious, and cultural clashes brought about by misunderstanding, thus creating tension and conflict. In research published by Oolders, Chernyshenko, and Stark (2008), they found that individuals, teams, groups, organisations and even nations having cultural intelligence capabilities can contribute to the lessening of this tension and conflict (Oolders et al., 2008, pp. 145–156).

Cultural Intelligence research is at an embryonic stage, having first appeared in the social science and management commentary in 2003 as part of research by Early and Ang (as cited by, Ang, S & Van Dyne, L, 2008). This research aimed to answer the question “What is the difference between individuals and organisations that succeed in today’s globalised, multi-cultural world and those that fail? Complementary to the academic and non-academic constructs of intelligence research, including cognitive and emotional, cultural intelligence converges on settings and exchanges that are characterised by cultural diversity. Alon, I, Boulanger, M, Meyers, J, and Taras, V (2016, p. 81) explain the link between emotional and cultural and suggest that there are emotional intelligence skills which are antecedents to becoming better at intercultural interactions. They cite research by Berry and Ward (2006) who describe these emotional intelligence skills including extraversion, positive self-esteem, being the ability to create good impressions, coping skills and stress tolerance as being the drivers for better cultural intelligence.

In an attempt to identify the evolutionary development and theoretical advancements in the study of cultural intelligence, Fang, Schei, and Selart (2018) identified 142 empirical articles on the subject with their particular interest being in the more recent work, focussing on articles published since 2015. Their research identified five key issues likely to be relevant to the cultural intelligence debate in the future. These issues are [1] whether cultural intelligence is consistently recognised across all cultures or is it a culture specific understanding, [2] the lack of tangible measures to assess cultural intelligence, [3] whether or not cultural intelligence can be a learned capability, [4] questioning if there is a negative impact related to the cultural intelligence debate, and [5] does cultural intelligence predict performance at a group and individual level.

The scope of the cultural intelligence construct is wide and, in an attempt to focus in on how it can benefit at an organisational level the Business Cultural Intelligence Quotient (BCIQ) has been developed by Alon, I et al. (2016). Along with their view that existing measures of cultural intelligence do not address a business context they cite concerns raised by other researchers about the current measures of cultural intelligence including its self-reporting nature, the lack of theoretical and empirical rigour, lack of predictive ability and a range of conceptual ambiguity (Alon, I et al., 2016, pp. 79–80). They hypothesise that it is no longer politicians and global business managers who interact across cultures, it is effectively a component of everyone’s job given the cross-cultural environment that exists in organisations today and that this creates unfamiliar and confusing workplace environments. In response to this ambiguity, being able to adapt to cultural aspects of a workplace adds to an individual’s repertoire of capabilities, which, if the individual is in a leadership role will help in interpersonal situations.

Cultural Intelligence has been defined by several researchers and it is not the purpose of this review to interrogate those definitions. The following is one definition that is consistent with others and provides guidance. Cultural Intelligence is “An individual’s capability to function effectively in a variety of cultural contexts including, national, ethnic, organisational, and generational” (Livermore, 2010, p. 83). The Cultural Intelligence Assessment Framework, sometimes referred to as CQ[®], developed by Ang and Van Dyne (2008) defined capabilities that make up the CQ[®] construct. The approach is based on Sternberg’s multiple loci on intelligence. The four-factor framework includes, [1] *metacognition*, an individual’s awareness, and consciousness during interactions with those from different cultural backgrounds. This is where beliefs are questioned, and modifications are made to mental models throughout and following intercultural interactions. Metacognition is the pivot point between comprehension and action. Livermore (2011, p. 1466) describes individuals with high metacognitive capabilities as being skilled in “analysis and reflective practice”. [2] *Cognitive*, the knowledge of cultural norms, practices, and conventions. Understanding of pecuniary, legal and societal systems, and the frameworks and values of cultures and subcultures is referenced by Ang et al. (2007, p. 338) as a capability held by individuals with high cognition along with their ability to “understand similarities and differences across cultures”. Importantly, Livermore (2011, p. 1035), includes as an understanding, one’s own cultural identity as a key component of cultural intelligence knowledge. [3] *Motivational*, addresses the direct attention and energy individuals put into learning about cultural difference. Livermore (2011, pp. 733–954) describes a model to assist in strategising how motivation can be developed through considering dimensions of intrinsic, extrinsic and self-efficacy influences, and [4] *behavioural*, where individuals display appropriate verbal and nonverbal actions when interacting across cultures (Van Dyne, Ang, & Koh, 2008). This expands across culturally appropriate words, tone, gesture and facial expression (Ang et al., 2007, p. 338). It is a person’s ability to adapt their behaviour in culturally diverse situations. At an individual level, Oolders et al. (2008, p. 147), describe people with cultural intelligence capabilities as having personality traits which lead to them having high levels of intellectual efficiency, tolerance, curiosity, flexibility, depth and ingenuity. They go on to state that it also means the person is less likely to adopt racial stereotypes or other biases, with these individuals having an openness to experience novel situations.

The question of whether cultural intelligence is a culture specific construct or universally understood is discussed by Thomas et al. (2008, pp. 124–125). They highlight the links to this new type of intelligence and focus on social *and* emotional intelligence as sharing elements with cultural intelligence and present a view that these constructs are “only specific to the culture in which they were developed.” They emphasise that what might be a normal social skill in one country could in fact be offensive in another. In trying to identify key behaviours that evidence an “effective intercultural interaction” the authors describe, good personal adjustment...good interpersonal relationships with culturally different others, and...effective *completion of task related goals* (Thomas et al., 2008, pp. 125–127, emphasis in original).

New Zealand has ethnic groups spread across European, Māori, Asian, Pasifika Peoples and Middle Eastern, Latin American, and African, (MELAA), and many others. While those who identify as New Zealand European, [64%], represent the largest percentage of individuals in New Zealand, the growth of the other ethnicities is increasing. The 2018 census shows that of the five major ethnic groups in New Zealand, all have grown their population between the 2013 and 2018 census (Statistics New Zealand, 2019b). Statistics New Zealand data to the end of 2016 shows each of these ethnic groups having an employment rate in excess of 60% (Statistics New Zealand, 2017). With this growth in mind, this research surmises that having health and safety staff or contractors with cultural intelligence capability would be of value to any business. This also extends to those who work in health and safety related roles as members of WorkSafe NZ’s health and safety inspectorate.

In research undertaken on behalf of WorkSafe NZ in 2018, the Superdiversity Institute for Law, Policy and Business reference the term “Culturally and Linguistically Diverse” (CALD), (Superdiversity Institute for Law Policy and Business, 2018, pp. 6–14). This term is used to describe “non-Indigenous ethnic groups other than the English-Speaking Anglo-Saxon majority.” The definition of this term goes on to explain the reason for exclusion of indigenous first nation peoples is that their needs are significantly different from others. In a New Zealand context this would mean Māori have significantly unique needs other than that of the migrant population. It is noted that research has found that examples of increased job satisfaction, loyalty, superior performance and organisational citizenship behaviours increase in Māori workers when there is evidence that Māori culture and beliefs are valued in the workplace (Haar & Brougham, 2011). Similarly, the central premise from WorkSafe NZ’s Maruiti project was that Māori workers responded positively to the fact they had been “listened to and been heard by those in power” (Lovelock & Kelly, 2018, pp. 21–28).

The Superdiversity Institute research includes detail on steps that employers can undertake to do more to address their obligations to CALD workers. This includes, understanding the cultural and linguistic composition of the workforce, *developing cultural capability* to address those cultural factors and taking steps to mitigate the effect of language barriers in the workplace (Superdiversity Institute for Law Policy and Business, 2018, pp. 72–84). In its report, it recommends that WorkSafe NZ consider training its frontline inspectorate and other relevant members of the workforce in cultural intelligence, making mention of the already in progress Maruiti project (Superdiversity Institute for Law Policy and Business, 2018, p. 29). This recommendation extends to including consideration in its own recruitment processes and additional training for staff in unconscious bias. A further recommendation in the report suggests that WorkSafe NZ can influence other employers to train supervisory staff in developing their cultural intelligence capability (Superdiversity Institute for Law Policy and Business, 2018, p. 107).

Discussion

Cultural Intelligence is a reasonably new construct with visibility in research appearing in the early 2000's, in comparison to Emotional Intelligence which can be traced back to the 1950's. The increase in globalisation, has meant that interaction in workplaces with individuals from diverse cultures is now the norm. This is no different in New Zealand and if we as a nation are to create working environments where there is understanding of cultural difference, the increase in individuals' capabilities in cultural intelligence will be a key driver.

Trust is about vulnerability and risk, and whether the construct has a consistent understanding across cultures is not clearly understood. There is no doubt that when considering trust at an interpersonal level that context is a key component, whether that context be cultural or other variables it can have a significant impact of the propensity of a person to trust another. If trust is relational, then if there is a roadblock in relating to others in the workplace this conceivably creates an ever-lowering level of trust and increased levels of distrust. In some contexts, this becomes apparent when organisations show that they have less faith in their workers to complete work consistently by creating administrative safety artefacts that have no risk reducing value.

If health and safety professionals are to become an added value resource in organisations, then the development of their 'Essential Skills' will be a critical educational pathway that must be followed to enhance their capability. This pathway is likely to become more apparent to the health and safety professional after a period in this profession. Technical skills are likely the foundations on which their careers will be built and as individuals progress through their careers the need to develop essential, or adaptive skills will become more apparent.

Implications for health and safety practitioners

If the health and safety profession and those that work within it are to influence not only the organisation for which they work but also the individuals of the workforce, then the concepts of affect-based trust will be required using 'Essential Skills' including cultural intelligence capabilities. This therefore enhances the value of the health and safety professional in an organisation through not only their ability to communicate well but to do so with a deep understanding of cultural difference.

Further Research

This research has found that trust across cultures is so contextual that the existing research may contain several flawed deductions. A deeper investigation into a combined emic-etic view of trust across cultures is likely to be of benefit.

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