

# The hypothesis of contact in nursing: a narrative review of the literature

Giuseppe Marletta<sup>1</sup>, Giovanna Artioli<sup>1</sup>, Leopoldo Sarli<sup>2</sup>, Tiziana Mancini<sup>3</sup>

<sup>1</sup>University Teaching Hospital, Degree Course in Nursing, Parma. Italy; <sup>2</sup>Department of Surgical Sciences, Parma University, Parma. Italy; <sup>3</sup>Department of Literature, Arts, History and Society, Parma University, Parma Italy

**Abstract.** *Background and aim:* In Social Psychology, in relation to the effects of contact, there are two theoretical strands apparently fighting against each other: to one side, the contact hypothesis of Allport according to which, the meeting between members of different groups can, if managed in favorable conditions, reduce prejudice, on the other side, the Social Identity Theory of Tajfel and Turner, according to which the comparison between people belonging to different groups may actually generate an attitude of ingroup favoritism and outgroup discrimination. The aim of this review was to analyze how the literature has dealt with the problem of contact with people from different cultures in relation to its outcomes taking into account the environment of nursing. *Method.* Systematic review. *Results.* There is sufficient evidence that contacts by race / ethnicity, present in nursing-education settings, in the relationship among nurse practitioners, and between nurses and patients, they produce discriminations and prejudices. The contact in the workplace shows however, also favorable outcomes, highlighting then contradictory results. *Conclusions.* The scarcity of material available in the literature and the inconsistency of results, both as regards to the effects of the contact in the training nursing, and as regards to the effects of the contact in relation to the quality of care provided, does not allow definitive conclusions to support the usefulness of the contact in nursing in terms of reducing prejudices and discriminations. It would therefore be advisable to investigate more deeply the effects of contact in the nursing environment.

**Key words:** intergroup contact, prejudice reduction, group salience, anxiety, discrimination, racial discrimination, equal opportunities, health professionals, nursing, nurses, healthcare.

## Introduction

The globalized society puts more and more closely into contact people from different cultural backgrounds; this aspect, in particular, characterizes Western societies, where the extent of migration has growing in the last twenty years (1). The coexistence of people with different cultures has therefore become an issue that affects everyone, even those not directly involved in relationships with members of other ethnic or cultural groups (2). The meaning of intergroup contact, concerns the set of situations in which people belonging to different ethnic or cultural groups, interact each other. Usually the intergroup contact's stud-

ies have focused their attention in understanding the effects of such interactions (3). Although the issue doesn't involve all people in the same way, as it can be different levels of exposure and circumstances in which the contact takes place, it is undeniable that the contact has inevitable consequences (positive or negative) on interpersonal and intergroup relations. Social psychology is the scientific discipline that has always dealt with these consequences. On this topic, two are the main theories that have hypothesized and empirically tried to test two different and opposing outcomes of contact: on the one hand contributions to support the Willard Allport's hypothesis of contact, who emphasize the positive effects of contact in terms of reduction

of the prejudice (4); on the other, the contributions that, starting from the Social Identity Theory of Tajfel & Turner, highlighted the possible negative effects on intergroup contacts: the possibility that intergroup contacts can arise intergroup biases that in turn cause conflicts and contrasts among groups (5).

Reworking the findings to which Thomas Williams had come in 1947, in his most representative work, *The Nature of Prejudice*, Gordon Willard Allport defined ethnic prejudice as “an antipathy based upon a faulty and inflexible generalization. It may be felt or expressed. It may be directed toward a group as a whole, or toward an individual because he is a member of that group” (6). According to the author, the meeting among members of different groups can reduce prejudice if takes place under favorable conditions. He therefore identified four favorable conditions: 1) social and institutional support by norms and rules that promote and support tolerance; 2) positive interdependence among members; 3) equality of status and 4) intergroup cooperation and common aims among groups.

Later, several other studies have contributed to prove the validity of the contact hypothesis in terms of reducing prejudice in different contexts, developmental ages and historical periods (7-14); as well as towards groups traditionally stigmatized as the schizophrenics (15-17), or patients with AIDS (18, 19). However, the most convincing evidence in favour of contact theory is probably the result of the meta-analysis of Pettigrew and Tropp in which 515 studies, a total of 713 independent samples and more than 250,000 participants, were considered. The results were clear: the relationship between contact and prejudice was negative and highly significant (20).

However, according to the findings other authors do, the effects of intergroup contact not always turn out to have positive outcomes: in some cases the contact may lead to quite different endings. This outcome was first highlighted by Sherif and Sherif, that through the experiment called the “The Robbers Cave Experiment”, came to demonstrate that the existence of competitive purposes between two groups of Caucasian middle-class teenagers generated an intergroup conflict, characterized by favoritism towards their own group and to the detriment of the other (21). Tajfel and Turner

will then return to the question of factors that aroused the intergroup conflict demonstrating that the real or just imagined confrontation with another group was enough to generate an intergroup bias. In their theoretical perspective, the group was, in fact, conceptualized as the “place of origin” whereby defend the people’s social identity (22). Therefore, in an intergroup contest, people’s behavior can be guided by the so-called ingroup bias, namely a feeling of favoritism towards the ingroup and to the detriment of the outgroup, to assert or defend their social identity (23, 24). According to this theory, thus, it is possible hypothesize that the co-existence of different memberships, cultural in this case, within a certain social context, may give rise to conflicts and contrasts between groups (25-29).

From these theoretical premises it is understandable that are especially motivational aspects involved in contact, such as cooperative or competitive purposes statement or defense of own social identity, that determine the contact’s outcomes in terms of an increase or of a reduction of prejudicial and/or discriminatory attitudes. However, what literature inspired by these theories has not yet enough considered is the influence of different contexts on the outcomes of contact. Working environment is one of the most important social context in which the contact with people with different cultures occurs, today more than ever before. In working context people from different cultures often come into contact in order to achieve personal or professional goals.

There are several contributions in the literature that have investigated the effects of contact in various work contexts. The findings are often contradictory and not always positive. According to Hamberger and Hewstone for example, the contact within the work context does not help to curb prejudices because individuals tend to believe that such of relations do not reflect any genuine link; moreover, ethnic minorities in the workplace can sometimes be considered as rivals in terms of access to resources and jobs (30). In general, however, there is not much studies about the health care settings, in particular when referring to the working environment, where health professionals (doctors or nurses for example) find themselves working in close contact. Paradoxically, against this limited interest, the healthcare settings are now becoming even in Italy one

of the working environments where contact between people from different cultural backgrounds is more and more common. The intergroup contact in health care settings is actually no longer characterized by only the ratio (classical) between users and health professionals, but also among different health care providers. Moreover, the relations among the various actors on the healthcare setting can be particularly complex not only because of cultural bias, but also because of concepts of care, health and disease, can assume meanings very different from culture to culture. The aim of this review was to analyze the contact literature, with reference to the analysis of contact of nurses from different cultures in the workplace. The choice of the specific professional figure of the nurse is justified by the fact that it is predominant in terms of numbers among all the health professionals; moreover the massive migration of nurses to labor markets with greater appeal and availability of jobs, justify the decision to deepen this field of research poor of contributions in the literature.

## Method

### *Aim*

This review was aimed to analyze how the literature has dealt with the problem of the contact between nurses from different cultures in relation to its outcomes.

### *Strategy of research*

A systematic review was conducted through the following search engines: PsycINFO, MEDLINE, CINAHL. The following keywords were used in various combinations with the Boolean operator "AND": intergroup contact, prejudice reduction, group salience, anxiety, discrimination, racial discrimination, equal opportunities, health professionals, nursing, nurses, healthcare. Were taken into account only the publications made from January 1999 to August 2014. Only one article derogate from the time limits: an article of 1988 is cited for both the relevance of setting nursing investigated, and the results produced.

The selected articles were consulted manually to identify further useful contributions to broaden the research.

### *Inclusion criteria*

Were considered only articles about the intergroup contact effects on racial or ethnic prejudice related to the nurses working environment (hospitals, nursing homes, personal care services) regardless of cultures nurses belonging. Were excluded articles about intergroup contact effects related to other kinds of social groups (eg. gender, sexual orientation, social class, religious, political, physical or psychological disability); criterion respected even when the nurses' contact were the topic of the inquiry. Were included publications with various research designs (qualitative, quantitative, or mixed), methods of data collection (qualitative and quantitative), and methods of data production (parametric and non parametric test). Were included only publications in English or Italian.

From the 62 retrieved articles, 19 articles were reviewed and critiqued for the purpose of this literature research.

## Results

According to Kingma, the migration of nurses is growing year after year. Thousands of nurses every year emigrate in search of better salaries and/or working conditions. The approach with the new realities usually put in contact nurses belonging to different cultures (31).

There have been lead several works to understand the effects of intergroup contact among nurses from different cultures; the findings show uncertain outcomes.

A first general overview of the conditions of overseas nurses emigrated in search of work was offered by a review of Newton et al. The authors underlined that usually the major reasons for migration are related to improved income and professional stature, perspectives, however, often disregarded by contact with the new realities. Cultural displacement appears to largely stem from communication and language differences, feelings of being an outsider and differences in nursing practice. The deskilling process and discrimination were also key players which hinder transition and demoralize many of them (32).

Several contributions refer to the British health-care setting where the nurses' contact from different cultures does not seem to produce positive results in terms of reducing prejudice.

According to Likupe, African nurses (and in general overseas nurses from minority outgroups) were discriminated from both the economic treatment, and from the conditions of employment; they usually reported negative work experiences (33). More specifically, according to Henry, nurses from Ghana denounced the difficulties and impediments in career progression, mainly due to discrimination (34), and even bullying as claimed by Allan and Larsen (35). Alexis et al. reported that nurses belonging to ethnic minorities experienced both positive and negative, but within a context that, in their opinion, tended to devalue them as professionals (36). By the findings of Larsen, discriminatory attitudes towards nurses belonging to ethnic minorities, adversely affect the chances of career (37). In some cases, overseas nurses were excluded from the high level practical techniques, with the result that they gradually lost in skill; an aspect that in fact expanded the technical gap with their colleagues and that caused a lack of consideration towards them (38, 39).

The following contributions are all based on the American healthcare setting where, according to Chandra, the discrimination in the workplace would be one of the most serious and important problems to deal for overseas nurses (40). The contribution of Villaruel et al. raised problems due to racial diversity: obstacles encountered and identified by the participants (Hispanic nurses) consisted in higher costs, institutional barriers, perceived negative behaviors (both by trainers and colleagues), especially towards cultural values such as family's importance or gender (41). Similar results were obtained by Pittman et al. who reported data about the perceived treatment in the U.S. workplace of foreign-educated nurses. The results showed that 51% reported to receive insufficient orientation; moreover the 40% reported at least one discriminatory practice with regard to wages, benefits, shift work and unit assignments. In general, these participants reported to have received an inequitable treatment compared with their local colleagues. Authors concluded that the negative attitude suffered by overseas professionals in the U.S. workplace aroused a strong sense of despair that

led them to a progressive deskilling (42). Xu et al. reported the experiences of Chinese nurses. The authors concluded that discrimination experienced by Chinese nurses were due to racial, language and culture differences; also emphasized that the lack of support for them by the institutions, provoked in them an out-and-out marginalization feeling (43). Negative experiences were also reported by Diccico-Bloom from on a sample constituted of Indian nurses; she highlighted acts of racism and marginalization based on both gender and skin color (44).

The overseas qualified nurses have become an important part of the Australian nursing workforce: Brunero and colleagues showed that Australian health-care setting became over the years more and more receptive to overseas nurses (45). It has also been the setting where the Mapedzahama et al. study's took place; in their interviews (14 African nurses) data showed that participants, in more or less explicit ways, lived experiences of everyday racism. In particular, data showed that the dominance of a white racial frame tended to regard them as unknowing, incompetent, suspect and considered them as a work unit that only to be tolerated (46). By the findings of Omeri, the discrimination's issues are present until the recruitment for hiring. The author asserts that the discrimination continued in the workplace, where overseas nurses reported negative experiences almost to the point to imply also psychological implications (47). Same conclusions were stressed by Hawthorne, who stressed the isolation's experiences originated from discrimination attitudes reported by overseas nurses (48).

According to the studies of other authors, however small in number, the contact can instead generate positive effects towards prejudice.

The first interesting contribution is provided by Finchilescu et al. The study was conducted in South Africa almost at the end of apartheid system (which actively discouraged intergroup contact): this context was thus very interesting to measure the effect of contact and this is the reason why it was decided to include in the review this study that derogate from time criteria. The study, that involved 113 nurses from four private hospitals, found a positive correlation between the quality of cross-race friendship and the race attitudes. This quality was controlled on two hospi-

tals that accepted nurses belonging to different races (specifically whites and Indians in the first hospital, blacks and Indians in the second), and two hospitals not allowing racial contact: (one accepted only white nurses, the other only blacks). The survey was conducted through individual questionnaires. The findings showed that nurses in hospitals with interracial contact perceived integration into healthcare setting as much more positive than nurses in hospitals without contact. However, in the two hospitals integrated, positive attitudes improved significantly only for whites on the Indians, while between Indians and Blacks emerged stronger attitudes of ethnocentrality demonstrating that the negative attribution of the intergroup contact was not completely deleted (49).

Voci and Hewstone conducted a study in an Italian healthcare setting (health professionals including Italian nurses from 3 hospitals near to Milan), to improve the understanding of how and when in this area, the contact may be more effective in reducing prejudice. The results showed that the contact in the nurses workplace had a positive effect on attitudes towards foreign colleagues mediated by the group salience. Nevertheless, contacts showed positive effects both to the out-group in general (immigrants), and to the recognition of rights for immigrants in particular (50).

Also the study conducted by Capozza et al. involved Italian nurses and other health professionals coworkers, both Italian and immigrants. The findings showed that cooperative contact at work between Italians and immigrants improved intergroup attitudes reducing anxiety and increasing empathy for immigrants, both inside and outside of the workplace, where actually took place the contact (51).

## Conclusions

The scarcity of contributions available in the literature probably contributes to an important limitation of this review: it doesn't allow definitive findings on contact effects in terms of reducing prejudice and discrimination in relation to nurses. The reasons for this gap could be partially attributed to the lack of synergy between the different scientific disciplinary sectors (nursing and psychology) and specifically, perhaps,

to the lack of knowledge of Allport's contact theory and its possible important implications in working environment of the nurses. However, the analysis of the literature allows to give some answers to the research purpose. There is enough evidence to support the fact that the discriminatory system seems to be present in various forms in the nursing workplace. On the other hand there is no lack of contributions, particularly in Italy, that highlight the contact experiences that generate a reduction of prejudice. This complex issue deserves further investigation. It isn't so simply to change people's prejudiced attitudes and it doesn't happen overnight. Reducing racial prejudice and racism is a complex task that varies from community to community. To reach this purpose it would be appropriate to try to experiment with appropriate strategies to promote knowledge and thus reduce the underlying prejudice that seems to be present also in the nurses once in contact with colleagues from different cultures.

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Correspondence:

Giuseppe Marletta

Settore Formazione e Aggiornamento

Azienda Ospedaliero-Universitaria of Parma;

Via Gramsci 14, 43100 Parma, Italy;

Tel. 0521704761; Fax 0521702569

E-mail: gmarletta@ao.pr.it