



**“How cross-cultural conflicts can impact the quality of
nursing care in Ireland”**

by

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Abstract

This study investigates the link between cross-cultural conflict and its effect on Ireland's quality of nursing care. While conflict is an inherent aspect of a nurse's everyday reality, insufficient research has been conducted to determine how nurses view cross-cultural conflicts and impact patient safety. According to the literature, conflict is caused mainly by differences in knowledge, experience, and culture. Additionally, research indicates that an unhealthy work atmosphere is closely related to unfavourable occurrences occurring in nursing care.

This research aims to ascertain nurses' views of cross-cultural conflicts at work, the impact of these perceptions on the quality of nursing care delivered to patients, and the possibility of detecting possible hazards to patient safety.

A mixed methodology survey was undertaken with 71 nurses working in Ireland to gather quantitative and qualitative data based on an interpretivism philosophy and an inductive approach. Considering this, half of the sample feels that cross-cultural disputes may impact nursing care quality.

It was established that conflict is often considered an unavoidable part of the nursing work environment and, as such, poses a significant danger to patient safety. Nursing leadership and ongoing education on cross-cultural conflicts and how to manage them were critical in promoting effective conflict management to maintain and improve care quality.

Keywords: Cross-cultural conflicts, Nurses; Quality of care; Patient safety

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Introduction

Conflict is an inherent, fundamental, and vital component of human relationships. Facing conflict has been a part of humans since the start of history. Conflict can be defined as the disagreement of at least two motives that affect the individual simultaneously, which varies according to the motives' severity, type, and environment (Pilbrow, 2020). Conflict can occur within the individual, between individuals, within groups, and between groups. Causes of interpersonal conflicts: cognition, perception, emotion, unconscious, needs, communication skills, personal and cultural factors, roles, social and physical environment, and message quality.

For Leininger, nurse and anthropologist (1990, 1994), culture refers to the values, beliefs, norms, and ways of life learned, assumed, and transmitted by a particular group. Siles et al. raise culture as a mechanism for satisfying needs. It helps in guiding their thoughts, decisions, actions, or patterns of behaviour communication. Siles et al. (2003) reflect on the ideal way to culturally structure the theory and practice of care, inflecting nursing and anthropology in the practice of transculturality.

Nurse migration to other nations entails the introduction of new cultural identities, resulting in diversity. Morrice (2017, p. 415) discusses the differences in 'cultural identities' and their development in different societies. A recent study has emphasised the need for nurses to retain their indigenous cultures while concurrently acclimating to new cultures in a new context without losing touch with any. After some time, the cultural modifications associated with acculturation become successful, and the existence of nurses may continue to exist in environments where 'cultures interact' (Al-Komah, Khraim, Forgrave and Saabneh, 2020).

Cross-cultural conflicts happen between individuals or social groupings separated by cultural boundaries (Chaudhary and Yadav, 2018). It is well-known that workplace conflicts are common in healthcare settings. Daily, a diverse group of healthcare workers has been involved in or seen conflicts (Cullati et al., 2019). Nurses worldwide encounter various challenges and accomplishments due to their working environment in other nations (Balante, Broek and White, 2021). Despite increasing the

number of nurses trained locally in Ireland, the worldwide market has significantly increased (Hea. ie, 2017).

Humphries, Brugba, and McGree (2012), migrant nurses have become a vital part of Ireland's healthcare system. International recruiting campaigns for nurses are conducted to recruit nurses from developing countries to work in developed ones. It was stated that if migrant nurses were not present in Ireland, the country would be obliged to close hospital beds.

According to research, cultural differences add to the difficulties faced by nurses working in other nations. However, even though cross-cultural conflicts are exacerbated by cultural impacts on professional growth in industrialised nations, further studies on this subject will be needed.

Nursing is a team-based profession to provide high-quality care. It is necessary for diverse professionals with varying backgrounds and skills to work collaboratively and agree while establishing a care plan in the healthcare organisation (Yufenyuy, 2020).

Numerous studies demonstrate a link between nurses' emotional and physical suffering and inferior care delivery, consequently compromising safety and quality of care. Moreover, there is a scarcity of studies examining nursing workers' perceptions of organisational conflict and how they have or would minimise the possibility of harmful events occurring in care. Nurses would recognise that cross-cultural conflicts at the workplace are one important point compromising patient safety. This study aims to promote nurses' understanding of cross-cultural conflicts and patient safety to improve patient care.

Research aims and objective

Conflicts in the healthcare workplace seriously affect teamwork, productivity, and the overall quality of care. Numerous studies have found that nurses worldwide are worried, depressed as a result of their jobs. Consequently, cultural conflict can directly impact the level of patient safety. The purpose of this study is to find out the perception of nurses working in Ireland in relation to cross-cultural

conflicts in the workplace, the consequences of these perceptions on the quality of nursing care provided to patients, and the possibility of identifying potential risks to patients' safety.

This research aims to promote nurses' understanding of cross-cultural conflicts and patient safety to improve patient care. The objectives of this research are:

- To identify cross-cultural conflicts that can arise in a nursing routine.
- To analyse the way cross-cultural conflicts impact the quality of nursing care.
- To provide recommendations to managers (nurses) to minimise the impact of cross-cultural conflicts in nursing care.

The research may establish that cultural conflicts affect nurses' help in Ireland healthcare system. The research will examine several facets of culture, including its influence on the workplace and its contribution to healthcare. The study's findings will assist nursing management in assessing the quality of care provided by nurses and the effect of cultural tensions on their performance.

Contribution

It is well-known that there is a rising desire to increase healthcare quality, and as a result, there have been several efforts to do so. Despite this, increasing outcome measures or using tools to standardise quality care does not cover all healthcare settings. A lack of consideration for nurse impressions of the quality of care and potential dangers to high-quality service is evident. Workplace conflict is more damaging than ever for nurses' performances, and they should raise awareness of it so that improvements can be made. Mistakes and occurrences in patient care may be considerably reduced by increasing the safety culture at work and managing conflict effectively.

In nursing education, practical work, and healthcare conflict management, the interpretation of the findings of this research will have a significant impact. Suppose we can better understand how nurses see workplace conflict and how it might affect patient safety. In that case, we can improve cross-cultural studies and conflict management in the healthcare sector (E.g. hospitals, nursing homes).

Dissertation Roadmap

This academic study has been organised into seven sections to aid in comprehending and arranging the information contained inside.

Introduction

This part contains a brief introduction to the study topic, the research objectives and the contribution and value of the research to society, specifically healthcare staff. This part aims to facilitate comprehension of the research's goal.

Chapter 1 – Review of the Literature

This chapter summarises the most relevant papers and material directly relevant to the study topic, provides a scientific basis and supports this investigation. This chapter also contains the ideas and definitions for an established theory that was employed in this research.

Chapter 2 – Research Methodology and Methods

This chapter explains the study's philosophy, approach, design, and ethical issues.

Chapter 3 – Presentation of the Data

This chapter will exhibit in graphs and research population answers all of the findings from the survey conducted to support this study.

Chapter 4 – Data Analysis / Findings

This chapter examines all of the findings presented in the preceding chapter in detail, descriptive analysis, in order to get a thorough knowledge of the data obtained.

Chapter 5 – Discussion

This chapter discusses the findings taking into account the theory and literature review.

Conclusion

After the analysis, this part contains the findings drawn from the study.

Chapter 1. Literature Review

1.1 Introduction

First and foremost, the literature review in this paper is intended to give the reader a comprehensive understanding of the topic. This knowledge is essential in introducing whoever is reading this text to the reality of nursing and cross-cultural conflicts that might arise in the nursing field.

About cross-cultural conflict in the workplace (healthcare facilities) in Ireland, this study will concentrate on how it can have an impact on the quality of nursing care provided.

The discussion will focus on how nurses in Ireland deal with these concerns and contribute to possible responses for managers dealing with these challenges with their teams.

Some of the cross-cultural obstacles might cause or intensify disagreements, which can have an influence on nursing care and patient outcomes.

1.2 Conflict in the Workplace

1.2.1 An overview of conflict – defining the term “conflict”

Conflict is an inherent, fundamental, and vital aspect of human interactions. Managing it has been a part of humans from the dawn of time. Over time, the attitudes and living habits of the past ceased to correspond to the current demand for connection formation. Historically, nomadic tribes and clans addressed disputes differently than they do now. The oldest member of those tribes was picked to decide the quarrel in that historical setting since he has the most information about the subject. Conflicts arise as a result of the concerns inherent in human nature, particularly the protection of one's objectives. To accomplish these goals, they employ systems that enable control of the physical environment and the relationships that exist within it, even when it is assumed that this would result in the unexpected. Additionally, conflict can arise as a result of different experiences or perceptions concerning values, beliefs, feelings, values, or acts, as well as distinct actions or ideals (Marquis and Huston, 2009).

According to Folger, Poole and Stutman (2021, p.1), conflict combines the positive, the negative, and the undetermined. On the positive side, conflicts enable us to discuss critical topics; they generate fresh and innovative ideas and alleviate accumulated stress. When handled appropriately, conflicts may help build stronger relationships; they can assist groups and organisations in re-evaluating and clarifying their goals and missions. They can also serve as a catalyst for social change by eradicating injustice. These benefits imply that conflict is natural and healthy, and they emphasise the critical nature of correctly understanding and managing conflict. However, the negative aspect of confrontation is likely more familiar. Heated discussions spin out of control, resulting in frustration, stress, ill will, and, finally, further conflict (Folger, Poole and Stutman, 2021).

The conflict process includes the factors causing the conflict and the consequences (Rabinovych, 2020). Factors were causing conflict: interpersonal factors such as individual characteristics, demographic differences, value differences, institutional factors such as poor communication, insecurity, resources consisting of being inadequate, different employees' goals, dependency, and structural changes.

In terms of workplace issues involving nurses, it may be stated that as defined by Almost et al. (2010), conflicts and their effects in the health field are the results of a complicated process influenced by dispositional, environmental, and interpersonal factors. In today's healthcare setting, conflict amongst health workers is a probability, as developments occur rapidly. The outcomes of conflict can have a negative impact on patient care and are directly connected to the resolution's success. Clinical educators and staff development educators are critical in conflict resolution because they examine current conflict resolution procedures and recommend more successful conflict resolution strategies (Eason and Brown, 1999).

1.3 A critical review of Culture and its role in conflicts

1.3.1 Culture

Culture may be defined in a variety of ways, and the same word can be used to convey a variety of meanings, which may be described as the distinctive characteristic of a social group, where there may be the inclusion of values and conventions that are shared by those who belong to that social group, for example. The economic, social, political, and even religious variables that influence this sector might be explored. The combination of these variables has the potential to influence interactions and agreements, and this is typically true because of these values, the direction of a group changes in terms of the most and most minor significant factors, which is to the disadvantage of a particular topic. As a result, some norms are established and define specific forms of behaviour that are considered proper or inappropriate.

Lipson and Pollack (2000) state that one of the multiple definitions understands culture as a system of symbols shared, learned, and transmitted through the generations of a social group. The middle culture between human beings and chaos; influences what people perceive and direct people's interactions.

For Harris (1968), culture is the learned set of traditions and lifestyles, socially acquired, of the members of society, including their patterned and repetitive ways of thinking, feeling, and acting. Culture, as one of the structural elements of the world, determines to a high degree the interpretations of direct emissions in communication. It is the lens through which reality is viewed, the world is interpreted, and the code is read. Reality is already a cultural interpretation that the person makes of the world and life shared with other social groups.

Culture, society, and person are the symbolic structures of life, and these are reproduced in interactions based on three processes: cultural reproduction, social integration, and socialisation (Leeder and Cushion, 2020). For Leininger (1994), cultural values are diverse. They are not universally valid. They are restricted to the horizon of a group of people that make up a particular

society.

Trompenaars (1998) shows that the influence of a company's culture might differ from one location to another depending on the situation. As the country's borders have become more accessible to people from different cultural backgrounds, there is a pressing need for uniformity in business processes and procedures, which globalisation has brought into the twenty-first century. In light of this, it is possible to understand that culture may be assimilated depending on various elements, such as the surroundings. It may be seen that this is an event in which individuals from the same group get together to share and, as a result, learning is described as collective learning.

1.3.2 Migration and Communication

Over the last three decades, immigration has become a widespread activity around the world. Experts and academics have proposed various explanations for the subject. Ruxasnda and Fidrmuc (2018, n.p), in their culture-based theory, argue that migrants are generally elaborate that migrants differ from non-migrants in cultural values and beliefs. The theory assumes that individuals like social interactions with fellows of the same cultural beliefs. This is considered to be a case for several reasons. The notion is founded on people's social contacts with others who share their cultural ideas. For numerous reasons, this is considered a case. Ruxanda and Fidrmuc (2018, n.p.) say that "Humans have an evolutionarily driven tendency for social conformity in particular arenas, where standing out from the herd may lead to rejection or scorn". Different psychologists have looked at how people react when exposed to cultures that are different from their own.

The language used at the workplace is relative to the way culture is expressed in the host country. The language used at work is determined by the way the host country's culture is expressed. Language barriers have been created as a result of current cultural disparities in languages. Therefore, identifying cultural barriers to communication that may directly affect organisational processes in general and the public relations model, in particular, may result in another step toward comprehending

the current state of institutions. This will also enable you to get familiar with methods, tactics, tools, and procedures capable of promoting consistent and appropriate transformation in the face of adversity in each geographical place or region.

The difficulties that people from different countries encountered resulted in their adaptation to culture-specific verbal and non-verbal expressions (Zanjani et al. 2018, n.p.) (Zhong et al., 2017). A significant amount of people make one of the most difficult selections in various regions of the planet. To emigrate from their own nations to seek better pastures in other industrialised countries (Kaihlanen, Hietapakka and Heponiemi 2019, n.p). Migration is a broad term that refers to a number of movements and circumstances involving individuals from various walks of life and ethnicities (Hughes et al. 2019, n.p). Intercultural communication can play a vital role in enhancing good relationship conditions, increasing participation within groups and organisations, contributing to the improvement of life quality and reducing stressors, as well as leveraging affective states as a powerful problem-solving factor between individuals and teams with divergent identities. However, communication is not the only factor that is significant (Leever et al., 2010). As a result of globalisation, migration impacts a large number of nations and individuals. It is ingrained in commerce and society, enabling individuals to seek more significant overseas opportunities.

In the modern healthcare industry, nurse managers necessarily focus their work, time, and energy on problems (Andrews Boyle, 2003), such as cost-benefit results, which would ultimately be efficient. The managers realise the critical importance of the practice, based on transculturality, that will positively influence quality results. The considerable increase observed in citizens of diverse cultural origin in the different health systems has the challenge of developing and practising a new type of management known as cross-cultural nursing management.

Models and theories are essential in the organisation of thought in such a complex and extensive field. Transcultural nursing models are American-European in origin and tend to guide thought rationally and linearly. Any discourse on cultural care, transcultural nursing should begin with Madeleine

Leininger. Before referring to Leininger's theory, identified as Theory of Cultural Nursing Care of Diversity and Universality, the most relevant terms will be defined for a better understanding:

Care: in a generic sense, it refers to acts of assistance, support, or facilitation towards or for another individual, or group, with evident or anticipated needs to improve their human condition or their way of life.

Caregiver: refers to the actions, processes, and direct or indirect, supportive and expert decisions, related to the assistance to people in such a way that they reflect a supportive, compassionate, protective, helpful, educational, and other behaviour, according to the needs, problems, values, and goals of the individual or group being assisted.

Culture: Culture is the set of values learned and transmitted; beliefs, norms of conduct, and practices of a particular people's way of life 1984, Leininger considers culture as the blueprint for thought and action, a dominant force in determining care patterns and behaviours of health-disease. Cultural values and behaviours vary enormously in all humans and between each human group.

Cultural values: Cultural values are the powerful directing forces that give order and meaning to people's thinking, decisions, and actions.

Cultural variations: Constituted by slight or substantial variability between cultures or subcultures, making them different or unique in traditional or non-traditional ways of life.

Nursing: A learned and humanistic art and science that focuses on personalised care behaviours (individual or group), functions and processes directed towards the promotion and maintenance of health behaviours or the recovery of diseases that have physical, psycho-cultural significance and social, for those who are generally assisted by a professional nurse or with skills in similar functions.

1.3.3 Cross-Cultural Conflicts

To focus the scope of this research, a conflict that may arise between people from diverse cultural origins is referred to as “cross-cultural conflict.” Conflict can arise within the same social group for

various reasons, including family, language, religion, ethnicity, nationality, socioeconomic factors, education, and employment. As a result, each civilisation comprises many “subcultures,” and people of any community are “multicultural.” (Kawar, T. I. 2012).

Conflict results can be positive or negative; forming strong close relationships, developing team commitment, increasing creativity and interest, and encouraging change. Its negative consequences are job stress, job dissatisfaction, negative emotions, absenteeism, psychosomatic complaints, desire to quit, communication restriction, negative perception and hostility towards others, decreased productivity and cooperation, and economic loss. The consequences of conflict in terms of patients and their relatives are decreased trust in the health institution, anger towards the working team, feelings of anger, irritability, difficulties in adaptation, and deterioration of cooperation.

Avruch, K (1998) defines cross-cultural conflict as “a competition by groups or individuals over incompatible goals, scarce resources, or the resources of power needed to acquire them. This competition is also determined by individuals’ perceptions of goals, resources, and power, which may differ greatly. One determinant of perception is culture, the socially inherited, shared and learned ways of living possessed by individuals in virtue of their membership in social groups.”

Employees in healthcare settings are more likely to experience conflict. One group of workers in these environments is nurses. The most common forms of conflict experienced by nurses in the workplace are among nurses - nurses, nurses - patients, nurses - patient relatives, nurses - nurse managers, nurses - other clinic workers, nurses - support workers, and nurse-nurse assistants. Communication plays a vital role in conflicts in the field of nursing. Inadequate flow of information regarding communication, difficulties in meaning, problems in the communication channel are the main factors causing conflict. In addition, conflict may occur due to different cultures and values. According to Warshawsky and Cramer (2019), the American Management Association states that when nurse managers, 20% of them stated that they are interested in conflict. Therefore, conflict management skills are essential for nurse managers and planning, communication, motivation and

decision making.

Özkan, Yaşar, and Sevimligül (2018) found in their study that conflict resolution skills training, including communication skills, increased nurses' conflict resolution skills and caused a decrease in emotional exhaustion. Erdenk and Altuntaş (2017) emphasised the importance of giving feedback, talking about what individuals want to say, and developing relationships in their article on preventing mild and moderate conflicts in health centres. In their study, Sotile et al. stated positive interpersonal dynamics in seven steps in conflict resolution in hospital settings. This defence against the complaint, listening, resisting, encouraging the development of positive relationships, benefit, advise for practice. They emphasised the importance of empathy, especially listening, from these steps. The development of communication skills can prevent conflicts and can be effective in maintaining relations with positive results. However, increased interpersonal sensitivity, which causes relationships, can negatively affect communication and cause conflicts.

According to Leininger(1990,1994), it is essential to establish the similarities and the need to homogenise the disciplines of Nursing and Anthropology since both are dedicated to studying the human being in a holistic way (Leininger, 1994). They saw the need for nursing to be competent in caring for people of different beliefs and ways of living since this world has become more diverse and complex. It is necessary to understand and know the people who speak and behave about another Thus. Nurses have a unique role in knowing and understanding these people and their families when they are cared for.

The Theory of Cultural Care for Diversity and Universality by M. Leininger (1991) aims to discover diverse (different) and universal (similar) human care to generate new knowledge to guide the practice of care that improves health. This theory can be synthesised visually in the figure of the Rising Sun. From the theory of M. Leininger, other authors emerge, scholars of cultural care, who from different models or theories, allow us to appreciate the fundamental components of human care from a cultural perspective.

Juliene Lipson's (1996, 2000) model is called the Cultural Perspective; for the author, culturally competent nursing care focuses on knowledge about a patient or cultural group, which coincides with Campinhe-Bacote.

For Lipson et al. (1996), the nurse professional have to look at care from three perspectives:

- The context focuses on the health system's culture, the comprehensive social system, and how these two affect the health providers and the patient, their family, and their community.
- The objective component, cultural and socioeconomic characteristics of the patient and community.
- Subjective component, focused on the nurses themselves. Based on the idea that one must self-assess one's cultural values, prejudices, and forms of communication, recognise their influence on nursing care, and change these forms of communication to improve care.

However, this work aims to face cross-cultural conflicts between nurses. Another research can be conducted in another moment, considering migrant nurses and the patients' culture.

1.4 Nursing Context

Research shows that disagreements might arise in healthcare settings, and some personal beliefs can be read into the conviction. The healthcare sector is constructed to provide health services and resolve any individual concerns as a starting point.

This has been well established that many healthcare professionals often encounter six essential patterns of cultural differences in their professional roles. They are altering their culture as a whole to tend and vary from one to another. According to this, reactive factors resulting from cross-cultural communication challenges might result in and initiate numerous obstacles to collaboration and contact with the patient. As such, the nursing staff is employed to develop some of the interventions and strategies necessary to administer appropriate medicine on a timely basis. However, the barrier created by culture and princesses obliterates the natural and seamless function. Cross-cultural variations are both an unneeded and significant component in the delivery of treatment to the patient

in this case. Generally, medicine and therapy are safe unless they cause harm to the patient or develop complications associated with a life-threatening condition (Karami-Matin et al., 2017).

This section discusses some of the variables that contribute to the difficulty of providing high-quality care and treatment to patients. This article discusses many of the cross-cultural challenges that contribute to conflict in nursing care.

While several cultural perspectives can contribute positively to conflict, others can detract from it and foster a lousy attitude toward conflict. As a result, while conflict is not always desired, people frequently interpret it negatively and urge direct dealing, exacerbating the dispute. Additionally, the face-to-face meetings and recommendations help resolve a variety of issues that arise in nature. In comparison to healthcare, it is generally established that nurses have an enjoyable attitude and approachable demeanour in order to deliver health and care to the patient in a very experience-based manner nowadays. However, it can occasionally be an embarrassment owing to the disparity in the pattern of cultural repercussions. They occasionally feel strange and uneasy in response to the patient's conduct, which may alter as a result of the interchange of attitudes and rays of conflict that establish a point of distinction between them (Saunders and et al., 2021).

Nurses and families from various cultural backgrounds bring their own ideas and understandings to the care scenario, which might affect how the care is delivered. Some nurses are not culturally aware, making it difficult for such families to keep their customs alive. Such conflicts have been the subject of a range of studies (Høye and Severinsson, 2010).

Conflict resolution accounts for approximately 20% of managerial time, according to some estimations. Conflict management is on par with, if not somewhat more important than, planning, communication, motivation, and decision-making in terms of overall importance (McElhaney, 1996). According to research, nurses tend to take a passive approach to conflict management, which is not in the best interests of contemporary work environments for nurses. Nursing understanding of conflict management tactics is essential during this moment of rapid change in healthcare systems when

nurses are asked to take on additional responsibilities and responsibilities (Valentine, 2001).

Fari et al. (2021) found that 50.3% of nurses had high levels of interpersonal sensitivity in their study using the Mental Symptom Screening Scale. High interpersonal sensitivity causes indecision, hopelessness, fragile approach, personal inadequacies, easy exaggeration of minor problems and difficulties in relationships, avoidance of conflicts, interpersonal stress, low tolerance, in short, increased negative affect. Negative emotions caused by high interpersonal sensitivity negatively affect physical and psychological health and may lead to conflict. If conflicts cannot be resolved effectively, they prevent interpersonal relations, productivity, and efficiency and cause burnout, job dissatisfaction, stress, and quitting. Therefore, high interpersonal sensitivity in nurses; conflicts with the patient, their relatives, and team members cannot be resolved effectively and may prevent coping with problems; even nurses can go from giving help to needing help.

When interpersonal sensitivity and conflict that forces interpersonal interaction cannot be resolved effectively, this can negatively affect nurses, service areas, team members, and institutions. Nursing care, by its nature, is based on the relationship and interaction between the nurse and the patient. Hypersensitivity and conflicts, which can cause problems in this interaction, can lead to deterioration of the patient-nurse relationship and thus to disruption of care in various ways. This situation directly affects the patient and their relatives and may lead to a decrease in the Quality of care given by nurses. The first step in preventing problems arising from these factors in the health care environment is to determine the situation. Therefore, there is a need to determine nurses' interpersonal sensitivities and conflict resolution approaches.

According to Fari et al. (2021), Egan lists the psychological needs such as survival, belonging, power, and freedom that lead to unmet behaviour, limited resources such as money, goods, time, and differences in values and beliefs as factors causing conflict. Erdenk and Altuntaş (2017), on the other hand, groups the factors causing interpersonal conflict as cognition, emotion, communication skills, and behavioural styles.

The mental activities in the perception, remembering, and thinking of the organism are called cognition. Healthy communication comes with a solid and rich cognitive life. A group of thoughts is realistic, while a group of thoughts is unrealistic. Unrealistic thoughts are called cognitive distortions.

Such thoughts lead to conflicts in daily life. Cognitive distortions that cause conflicts are as follows:

- Overgeneralisation is the individual's belief and prejudice in the face of a specific situation, behaviour, or event without seeing the whole.
- In polarised thinking (all or nothing), the individual thinks of two opposite situations in the face of an event and cannot find the middle way.
- Individuals who make personalisation distortions hold themselves responsible for the problems of others even though they have no effect and associate the problem with themselves.
- Individuals with high interpersonal sensitivity introspection in events by stating that they are the source of the problems. He tends to think that he is the only one responsible for unfulfilled goals. He often inhibits his behaviour in order not to make mistakes.
- Disaster is emphasising the negativeness of a small event and perceiving it by exaggerating. It is always seeing the situation as unfavourable without adequate evaluation and without considering the possible consequences.
- Absolutism (thinking should or should) is the thought that the internal rules that are unique to the individual will not change in the face of time and space but must be realised. Since flexibility cannot be shown, it causes strain and tension in the individual.

Nurses approach accomplishing tasks and attaining their goals in unique ways from culture to culture. Several areas contain resource allocation and various reversals that are delivered after the work is completed. As a result, the healthcare industry has a large number of patients who previously had treatment. When they work together, they have a different concept of time and a different set of ideas. When they work together, they have a different concept of time and a different set of ideas. However,

their distinct approaches to completing this process result in instances when irrelevancy and unprofessional behaviour are assumed throughout therapy as a result of cultural beliefs. This is not to say that individuals from this cultural background are more motivated to complete the goal and value their connection in order to do this. The interaction between nurse and patient is analogous and demonstrates the method in which cultural behaviour may cause conflict and have an effect on patient treatment. To do this, an individual's role is employed to play a decision-making style that varies significantly among cultures. The decision-making style is determined by the assigned perception in psychology and healthcare. This is a well-analysed fact that if an individual believes in making decisions based on their religion, their decisions differ in many ways, including whether the duties and roles that are suitable in healthcare are various as a result of the patient's decision. The patient does not initiate this conflict, but occasionally, the nurse initiates conflict by making decisions on cultural issues. This barrier is negotiable, but if the patient cannot achieve their desired degree of comfortability during treatment and diagnostic, this therapy component can result in numerous hyperconjugations between the patient and nurses. This contradiction is often resolved by developing suitable treatment scenarios and providing a standard level of health care to those dealing with health difficulties (Schaller et al., 2020).

Many elements contribute to the diversity of methods to understanding cultural groupings. The European culture and to evaluate information collected by cognitive behaviour, such as counting and measuring, which is more valid for areas of significant conflict associated with cultural groups in order to gain an understanding of the diverse cultures. It is the most often used method for deciphering people's psyche for a variety of reasons. At times, it has produced the devilish structure necessary to establish a framework for understanding the cultural themes of many communities. In contrast to healthcare, there are several symbolic and rhythmic cues that patients use to determine the nurse's approach or that nurses use to determine the patient's approach in order to take and administer therapy.

Additionally, other conditions are utilised to demonstrate resistance and resonance while administering a prospective drug or treatment to the patient. In order to eradicate, establish a clear understanding with the patient, identify their complications and consequences, and convince the patient to accept the intervention created by the doctor and physician (Siau et al., 2017). However, they used to refuse due to their religious beliefs, which created conflict within the workplace. To counteract this component, healthcare providers must respect agriculture, treat each individual as a grant with their religion, and attempt to bargain with patients while providing outstanding care. Because, as a nurse, it is critical to have a plan for resolving cross-cultural conflicts that emerge and impair the delivery of patient care (Sivathanu et al., 2018).

This section cannot be concluded without mentioning Bennet's (1986) Intercultural Sensitivity Model. This model, usually used by anthropologists, sociologists, and social workers, is not considered included in the framework of Transcultural Nursing. Its final objective is to promote the care professional towards high levels of cultural sensitivity by presenting content specific and exposure to different cultural experiences. In the Intercultural Sensitivity Model, six phases are highlighted for the achievement of said sensitivity:

- rejection of cultural differences
- defending one's own culture
- minimising other cultures to protect one's own cultural identity
- cultural acceptance
- adaptation to cultural differences
- The integration of cultural awareness in everyday interactions.

This model provides a framework for examining attitudes towards one's own culture, how it is possible to understand one's own culture, and how it fits in with other cultures' thoughts. We can finish this review on the models of cultural care of cross-cultural nursing, stating that they all focus on the different elements of culturally competent care. All accept and include the importance of

cultural knowledge in various areas about the patients cared for. They also value recognising the skills to act on that knowledge on nurses and responsible managers of that cultural care.

1.4.2 The Work Environment for Nurses

Nursing is one of the professions in which individuals interact with each other, including perception, decision making, initiative, reaction and fulfilment of responsibilities in interpersonal relations, and providing direct service to people. Providing uninterrupted 24-hour service and close relationships with other team members also bring some responsibilities for nurses. To be professional, to communicate in a relationship, do the job, manage, and facilitate (Johansen, de Cordova and Weaver, 2021). A nurse's ability to successfully fulfil her profession is related to her ability to communicate effectively. Nurses' ability to establish healthy relationships with individuals by using their communication skills during care services; will improve interpersonal relations and increase the satisfaction of individuals served. Correct use of these skills not only prevents problems but also guides them in solving problems.

Suliman and Aljezawi (2018) state that excessive interpersonal sensitivity includes interpersonal stressors such as negative social interaction and conflict. However, nurses may face some difficulties in the initiation, continuation, and termination of interpersonal relationships. Interpersonal sensitivity, characterised by being overly sensitive as a personality trait, and interpersonal conflicts, whose negative consequences also affect the nurse, the institution, and the individuals it serves, are among the factors that cause these difficulties.

Each individual internalises and applies their care according to their customs, their beliefs. Since the beginning of the world, these techniques have in some way served to survive and maintain themselves over time. Leininger (1991) identifies the importance of providing nursing care according to the culture of the patient to whom the care is being applied since it determines the patterns and lifestyles that influence people's decisions. It can be considered that cultural care forms the broadest

comprehensive nursing theory that exists since it takes into account the totality and holistic perspective of life human life and existence over time, including cultural and social factors, worldview, history and values, environmental context, expressions of language, and popular and professional models.

Numerous healthcare system characteristics contribute to the generation of misunderstandings and conflicts; for example, conflicts typically involve multiple parties and occur at multiple levels concurrently. The healthcare system contains significant disparities in knowledge, power, and control experienced by different people; ethnic diversity, whether experienced by patients or professionals, can create barriers; and finally, healthcare (Cornish et al., 2005)

Riahi (2011) demonstrates how stress is a principal element among nurses working in healthcare settings and how it can function as a substantial stressor for conflict to occur. Stress is a term frequently used in contemporary research, particularly when healthcare professionals' health is linked in any way. According to Mojuyinola (2008), stress is a condition in which an individual adjusts to their environment. It is also characterised as a random reaction of the body to the pressure placed on the individual, which has physiological and socioeconomic implications when the pressure is significant. Additionally, Lazarus (1966) defines stress as a state shared by humans and animals that can be categorised as solid and disturbing, resulting in possible behavioural changes. According to Van der Colff, stress is caused by three things (2005) study. The first is when the organisation does not receive adequate help, namely in personnel shortages, inefficient remuneration, underperforming colleagues, and a lack of excitement within the workforce. Second, are occupational expectations defined by an excessive workload, high patient demand, and health concerns associated with exposure? Finally, there are the specific nursing responsibilities, which Milton (2014) defines as performing difficult jobs and procedures and observing patients suffer (Van der Colff, 2005).

1.4.3 The Nursing Situation in Ireland

Nurses worldwide confront various obstacles and accomplishments as they adjust to their new working environments in different nations (Balante, Broek and White, 2021). While the number of nurses trained in Ireland has grown, the number of nurses provided on the foreign market has gradually increased (Hea. ie, 2017). Recruitment campaigns for nurses from developing countries are conducted in order to attract nurses from developed countries. According to Humphries, Brugba, and McGree (2012), migrant nurses have become a vital part of Ireland's healthcare system. It was stated that if migrant nurses were not present in Ireland, the country would be obliged to close hospital beds. According to Humphries, Brugba, and McGree (2008), Ireland's need for migrant nurses to provide its nursing workforce is the product of policy failure, with global ramifications. For example, active foreign nurse recruiting may decrease the sending nation's capacity to satisfy its nursing demands. This point should resonate with Ireland, a country with significant experience with workforce loss due to emigration. India and the Philippines, from which most of Ireland's migrant nursing workforce originates, have reported a loss of more experienced nursing staff due to emigration (Lorenzo, F.ME, 2007) (Khadria, B., 2007).

The profession of nursing in Ireland has seen a significant transformation in the last decade as a result of the gradual promotion of higher levels of quality care and professionalism, as well as the enforcement of relevant regulations (Department of Health and Children, 2007). By 2001, foreign recruitment had increased dramatically, with two-thirds of new registered nurses within the Nursing and Midwifery Board of Ireland (NMBI) coming from countries other than Ireland (Buchan and Sochalski, 2004).

1.4.4 Quality of care

The Counseling and Intervention Model authors refer to the variability in nursing approaches in the care needed by the patient so that these are culturally appropriate and competent. The need for nurses

to use cross-cultural knowledge skillfully and with good training is valued to respond quickly to the needs in terms of culturally competent care and with a heterogeneous client population. Culturally diverse or different nursing care takes into account cultural phenomena. Its manifestations vary both within and between cultural groups.

The Counseling and Intervention Model in Transcultural Nursing emphasises that it is essential to remember that the individual is culturally unique and the product of past experiences, beliefs, and assumed cultural norms for culturally competent and appropriate care.

The concept of Quality is widely used with multiple definitions and with a difficult consensus in its conceptualisation. Quality is generally understood as specific subjective characteristics by which a client values a provider's services. Perhaps the simplest definition of Quality has been inspired by the work of a pioneer in the quality movement in the industry, W. Edwards Deming (1950), cited by D'Angelo, R., and Yazdani, for whom providing good Quality means "doing the right thing in the right way. In the health field, it would mean offering a range of safe and effective services that meet the needs and wishes of the client. Gallen, Kodate, and Casey (2019) define Quality in Healthcare as "that kind of care that is expected to provide the patient with the maximum and most complex well-being after assessing the balance of gains and losses that can accompany the process in all its parts". For this study, we start from the concept of Quality described by Donabedian since it is considered the most adapted to the subject of health care and the subjective perception of the patient-client towards the management of care, of the health process.

Talking about Quality is talking about services. Services are intangible (Parasuraman-Zeithaml and Berry, 1985, 1993,1994). They are benefits and experiences rather than objects. Intangibility refers to the fact that in services, although they are only possible thanks to tangible or physical elements offered, such as facilities, furniture what is bought is a service. It is an action, that is, a service delivery process. Users or clients cannot touch, watch or taste a service but only experience it.

1.4.5 Patient Safety and Adverse Events

Nursing must remember that there is much diversity within a given cultural group. The goal of Transcultural Nursing is to discover the facts culturally relevant about the client to provide competent and culturally appropriate care. Giger and Davidhizar (1995) consider that cross-cultural nursing is becoming a highly specialised field of well-trained professionals. Thus, due to their past clinical and academic experiences, each nurse must use knowledge in culturally sensitive care to facilitate culturally appropriate care. According to White, Butterworth, and Wells (2017), the nurse preparing in cross-cultural nursing must make an effort, with this knowledge, to provide culturally sensitive care free from any type of prejudice in gender, race, or religion.

In the Brennan et al. (2019) study, examining the interpersonal sensitivity and conflict resolution approaches of nurses, approximately one-fourth of the nurses are in the age group of 39 and over, the majority of them are women, more than half of them are married and have children, approximately one-third of them have two or more children. More than half of them have a bachelor's degree. More than half of the nurses have been working in public hospitals, one third in internal units, one fifth has been working as nurses for 5-10 years and 20 years or more, more than a quarter of them have been working in the department for five years or more, more than half of them are in shifts, and the majority It works for 50 hours. Most nurses who did not take courses/seminars/training involving conflict or conflict resolution constitute the majority. More than half of the nurses mostly conflict with their patient relatives in their professional lives.

In the modern healthcare industry, nurse managers necessarily focus their work, time, and energy on problems (Andrews Boyle, 2003), such as cost-benefit results, which would ultimately be efficient. The managers realise the critical importance of the practice, based on transculturality, that will positively influence quality results. The considerable increase observed in citizens of diverse cultural origin in the different health systems has the challenge of developing and practising a new type of management known as cross-cultural nursing management.

The works are scarce regarding the Central Europeans and the USA, but it is worth highlighting (Purnell and Pontious, 2014). However, it only deals with German immigrants-residents of the United States and does not speak specifically of their perception of the health system or your satisfaction.

A study by Zoucha (1998) is located on the experiences of Mexican Americans who receive professional nursing care and with nurses who have an appreciation and understanding of health and disease from different culturally relevant points of view, and how these care, applied to people from different cultural backgrounds, they are highly valued, defining them as friendly, respectful, personal nurses who increased their confidence and even promoted healthy practices with their attitude towards the patient, also towards the family and community. One of the adverse events could be a space issue. A lot of spatial behaviours are spontaneous and unintentional. Communication in this regard can be managed to provide favourable and desired impressions. For example, a nurse may stand up when it comes to receiving a patient to show respect.

However, this sensation of personal space will be influenced by the distance or proximity to which the other person is, but by how we perceive this space, and here all of the sense organs come into play and even the way they interrelate with each other. Culture, again, can also influence this perception. The characteristics and intensity of the smell, the way to discriminate or not the visual or auditory stimuli, whether or not it is accepted that we touch or that they touch us are just some variables that come into play.

1.5 Literature Conclusion

In conclusion, the overview of the literature above indicates the importance of this work. It is important to note that a more comprehensive examination of the issue might be required.

The concise review of the literature by books, journals, and the World Health Organization provides us with a significant starting point for this thesis, which will help us finish it. All of the information gathered above may be vital to the ultimate development of this work since it will be this crucial

information that will include every participant in the collecting data. After this brief literature, the readers will have a better understanding of a topic that has been stigmatised for many years; however, humanity would have to be conscious of the fact that it is essential to know cross-cultural conflicts because of the multicultural and globalised world we live in, and particularly the necessity of understanding when working in a team.

This study aimed to assess nurses' understanding of cross-cultural conflicts and the potential for adverse events compromising patients' safety. A solid theoretical foundation is necessary to support this study's socio-clinical components of nurses' contextual realities that may influence their development.

Chapter 2. Research Methodology and Methods

2.1 Introduction

The terms Research Methodology and Research Method have frequently been used interchangeably in numerous publications and articles; nonetheless, it is crucial to understand the distinction between the two concepts. The term ‘methodology’ refers to the philosophy or the foundation upon which the research will be based. In contrast, the term method refers to the procedures or steps that must be followed to obtain and analyse the data that will support or provide additional information in a research investigation (Saunders, Lewis and Thornhill, 2007). Creswell (2002) defines research as a series of steps used to gather and evaluate information to improve our overall understanding of a topic or situation. In conclusion to this explanation, Walliman (2010) also mentions that a more academic perspective is that research entails discovering things that no one else was aware of at the time of discovery. It is all about pushing the boundaries of knowledge even further.

The purpose of this chapter is to describe the Methodology and Methods on which this dissertation will be based and the procedures that will be taken to create a comprehensive investigative process that produces a good and reliable final result. It is worth mentioning how important it is to have a well-thought-out technique to promote honest and accurate research. In addition, it is crucial to comprehend what it includes. As a result, the framework for the investigation will be described in this chapter. This will include elements such as the philosophy, approach, strategy, choice, ethical issues, and so on. It will be discussed and justified why each part of the study technique was chosen and implemented.

2.2 Research Design

According to Saunders, Lewis and Thornhill (2007), the “methodology” may be split into layers analogous to an onion; in other words, it is worked precisely according to portions or subjects. To

look at it another way, during the research process, a researcher should use the following components in order to create a methodology that adheres to: Research Philosophy; Research Approach; Research Strategies; Time Horizon; Data Collection and Data Analysis.

The following is the research onion that summarises the current study:

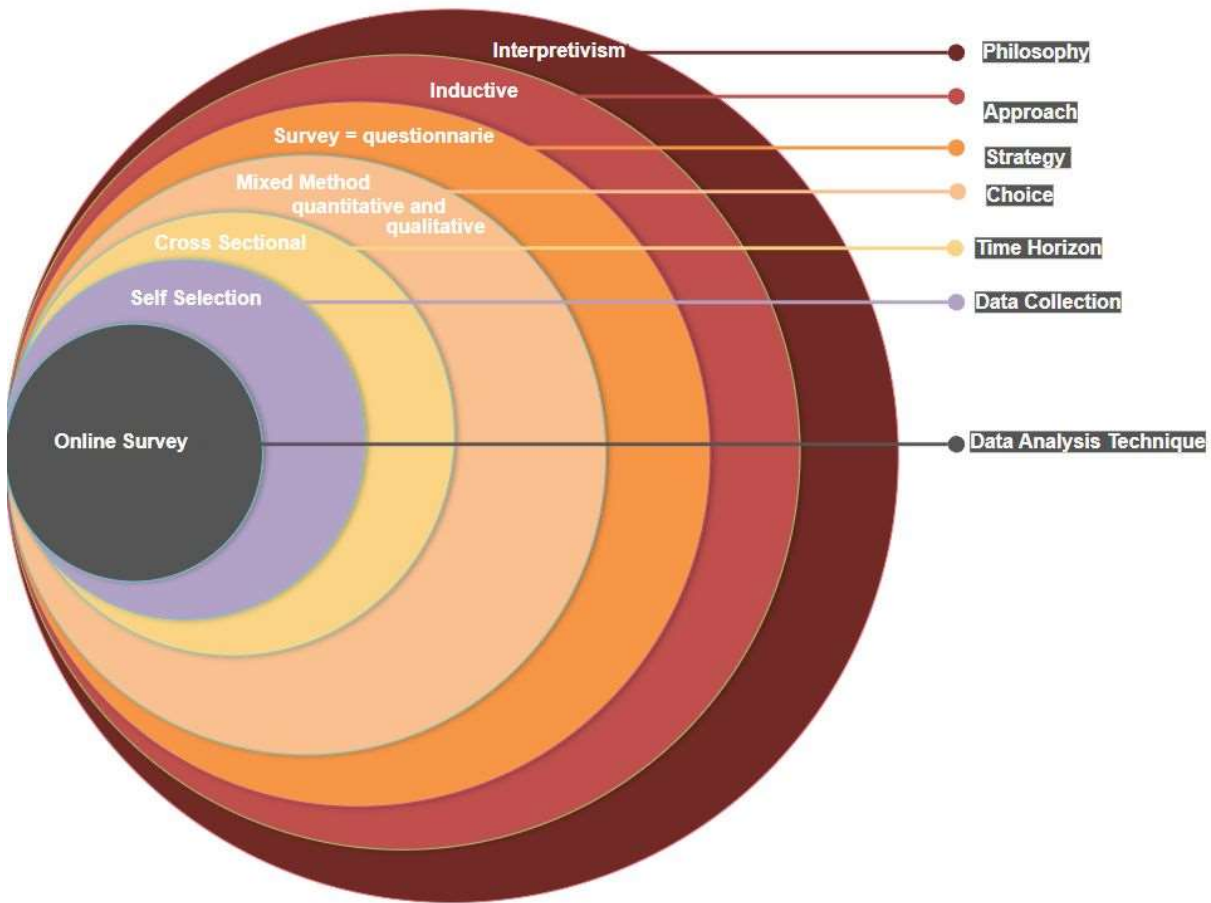


Figure 1: Research Onion (Adapted from Saunders et al., 2007, p. 102)

2.3 Research Philosophy

Conducting research entails a variety of distinct aspects in order to conclude. The research philosophy is used to guide the interpretation of the data; the research philosophy embraced incorporates significant assumptions about the researcher's worldview. These assumptions will serve as the foundation for the research approach and strategies to carry it out (Saunders, Lewis and

Thornhill,2007). Additionally, these elements aid in knowledge acquisition, hypotheses, and new understandings of concepts.

After migrating and starting working abroad, nurses face daily differences related to cross-cultural conflict, and this will assist them in overcoming the obstacles they confront when practising their home cultures at the workplace. This study is being conducted through the philosophy of interpretivism. According to Walliman (2010), interpretivism is founded on the philosophical theories of idealistic and humanistic.

Interpretivism pushes for the researcher to comprehend the variations between people in our function as social actors. This demonstrates the distinction between investigating people and researching things such as trucks and computers. (Saunders, Lewis and Thornhill,2007).

2.4 Research Approach

There are two approaches to research: deductive and inductive. According to Saunders, Lewis and Thornhill (2007), the deductive approach has a striking similarity to what is considered a scientific study. It entails the creation of a rigorously tested theory; an essential element of deductive is that ideas must be operationalised so that facts may be quantified. In contrast, the same authors conclude that the inductive approach is used to understand what occurred and better understand the nature of the problem. The mission then would be to make sense of the interview data collected by analysing those data. This inquiry would result in creating a hypothesis (Saunders, Lewis and Thornhill,2007). According to Walliman (2010), statistics may be used to interpret data. However, a great deal of important information cannot be quantified. Only words can adequately convey people's judgements, feelings of security, emotions, thoughts, and beliefs. Because words cannot be quantitatively manipulated, they require whole new analytical procedures.

Suppose the researcher is more interested in understanding why something occurs than describing what occurs. In that case, it may be more appropriate to do the research inductively rather than deductively (Saunders, Lewis and Thornhill, 2007).

The inductive methodology was utilised in conjunction with qualitative data collected using a questionnaire to ascertain the many obstacles, what and why they occur, and, subsequently, if anything can be done to modify this scenario.

To summarise, the researcher obtains as much detail as possible from the participants to establish a pattern. The researcher may discover several truths due to the inductive approach.

2.5 Research Strategy

The research strategy collects data that will explain the research, such as outcomes using numbers, concepts, theories, description or justification of the dissertation's purpose.

The survey was the research strategy used in this dissertation because the research's primary goal was to assess the opinions of the research respondents (nurses) to further reach conclusions about what can be done to minimise the impact of cross-cultural conflicts in nursing care. This necessitated extensive public consultation. The greater the number of nurses that engage in the survey, the more precise the results. Questionnaire surveys are an excellent tool for this, as they are effectively distributed and answered.

2.6 Research Choice

Researchers can choose between the mono method and mixed-method analysis. Mono method research uses qualitative or quantitative approaches, whereas mixed-method research uses both quantitative and qualitative methods. A multi-method analysis is like mixed methods studies in that quantitative and qualitative research are conducted separately and then triangulated. Qualitative research is frequently used to elicit information on thinking patterns and attitudes, and quantitative

research entails quantifying an issue through the generation of numerical data or data that may be transformed into useable statistics.

Mixed methods research entails collecting and analysing both qualitative and quantitative data in a single study. It is a methodological alternative to standard qualitative or quantitative research, allowing nursing researchers to conduct in-depth examinations of complicated topics. (Halcomb and Hickman, 2015). In this study, a mixed-method was used based on quantitative and qualitative data collected via a survey sent to nurses working in Ireland. The open-ended questions will yield qualitative information that, when combined, will aid in the development of a complete understanding of the information gathered during the survey.

2.7 Data Collection Technique

Globalisation and the spread of the internet have expanded people's access to computers and, as a result, increased their ability to conduct research online. Doing an online search is much faster and faster than doing a traditional search. Additionally, there are intrinsic issues associated with the pandemic period in which the research was conducted. The study population consisted of nurses employed in Ireland. This includes a variety of settings, such as hospitals, nursing homes, and home care services. A web-based survey was utilised to obtain data on nurses' impressions of the link between cross-cultural conflicts and their outcomes related to patient safety.

Survey Monkey, an online survey design tool, was used to conduct the survey in this study. The survey was written in neutral and clear language to ensure that it reached every participant without creating uncertainties or misconceptions.

The main goals of this survey are:

- Cross-cultural conflicts that might occur throughout a nursing routine.
- To identify the effect of cross-cultural conflict on the quality of nursing care in Ireland
- To make recommendations to nurses on how to solve cross-cultural conflicts in nursing care.

The questionnaires were randomly delivered to nurses working in Ireland.

2.8 Time Horizon

This dissertation will be prepared cross-sectionally over a brief period. During the research process, researchers may encounter two distinct temporal horizons: cross-sectional studies and longitudinal studies. A cross-sectional study is one in which data are collected once, sometimes for days, weeks, or months, to answer a research topic. On the other hand, in longitudinal studies, the researcher may wish to examine individuals or phenomena throughout time to address the research issue. Longitudinal research's primary strength is its ability to investigate change and development (Saunders, Lewis and Thornhill, 2007).

The longitudinal analysis is conducted over an extended period, whereas the cross-sectional analysis is conducted simultaneously. (Saunders, Lewis and Thornhill, 2007). A cross-sectional time horizon was chosen for this study since longitudinal studies might take years and would be inconvenient for the duration of this research effort.

2.9 Ethical Considerations

Ethics should be a key factor, not a side note, and it should be at the top of the researcher's priority list (Creswell, 2002). According to Walliman (2010), using research participants in research inevitably raises ethical concerns about how they are treated. Individuals should be treated with dignity, which has several consequences for interacting with them before, during, and after the research. It is critical to emphasise that each participant must be informed about the study before participation. Additionally, the researcher must be aware that subjects have the freedom to withdraw from or decline to participate in the study.

The participants' dignity must be respected during the study. Maintaining anonymity for the whole research project is critical, including subsequent research presentations at scientific conferences and

publications. The responsibility of anonymity must also be addressed when publishing the following “results of the study, and every care was taken to preserve the privacy of research subjects and the confidentiality of their personal information, including the secure storage of research materials” (Acevedo et al., 2017).

The ethical issues in this study were centred on the participants’ anonymity and access to whatever information they provided.

2.10 Research Limitations

The study’s limitations are those aspects of the design or methodology that impacted or influenced the interpretation and comprehension of the research findings. They are the necessary applications to practise, or potential utility, of discoveries that result from how was initially planned the investigation of the study to establish internal and external legitimacy and validity, or as a result of unanticipated difficulties that arose during the study (Price and Murnan, 2004).

Several challenges were encountered during the development of this work. These challenges may have affected the final output due to restrictions such as a lack of knowledge about utilising the appropriate approach. The response time was limited, necessitating a computer rather than face to face interviews, which would have been better for this task. Researching with healthcare professionals (nurses) may be considered an issue. It may impose depending upon the type of inquiries, the number of respondents have to complete the survey, or simply because working with emotions and distress may result in a hard approach from these types of professionals.

The limitations of this study were connected to the number of required responses and the limited time available to collect and analyse the data, which resulted in smaller sample size and a lower degree of confidentiality. Considering specific study questions may be subjective, the survey findings may not fully reflect the research population’s perspective.

Chapter 3. Presentation of Data

The current study used a strategy survey to acquire the information necessary to research this dissertation issue and to create meaningful and relevant data for this work. The research collected data from nurses working in Ireland. The surveys were done with the assistance of SurveyMonkey.com, an accessible online resource that assists investigators in creating questionnaires and analysing data. Using social media tools, the website link to assess the questionnaires was sent to the research population (nurses working in Ireland). It is important to note that no changes were seen in the research variables between the 11th of October and the 24th of October in 2021.

The target population consisted of nurses working in Ireland, and all healthcare institutions were involved, including hospitals, nursing homes, home cares and all the healthcare facilities. The ethical issues in this study were centred on the participants' anonymity and access to whatever information they provided.

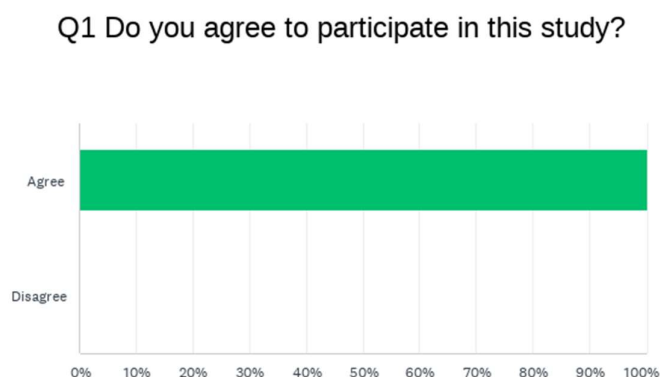
The survey was prepared to evaluate how nurses recognise and manage cross-cultural conflicts and their impact on the quality of nursing care. The term "cross-cultural conflict" was previously clearly defined for the study population. This research used both qualitative and quantitative techniques, as known as mix-method. The questionnaire has sixteen questions. Each question was concisely written and evaluated by the supervisor before distribution to study participants. The participants (nurses) were explained the research purpose, key facts, and ethical considerations about data security concisely. The questions ranged from personal to professional, such as nationality and current place of employment for nursing professionals.

This paper aims to explore nurses' perspectives on the link between cross-cultural disputes among nurses and impacts the quality of nursing care, consequently patient safety measures. As described in Chapter 2, the dynamics of cross-cultural disputes in healthcare settings consider a variety of possible triggers, most notably amongst nurses. The open-ended questions provided unlimited writing space and an indeterminate time restriction to ensure that all respondents felt safe sharing their beliefs,

concepts, and personal observations. All questions have been handled and are still accessible via SurveyMonkey.com. The whole research question is in Appendix B.

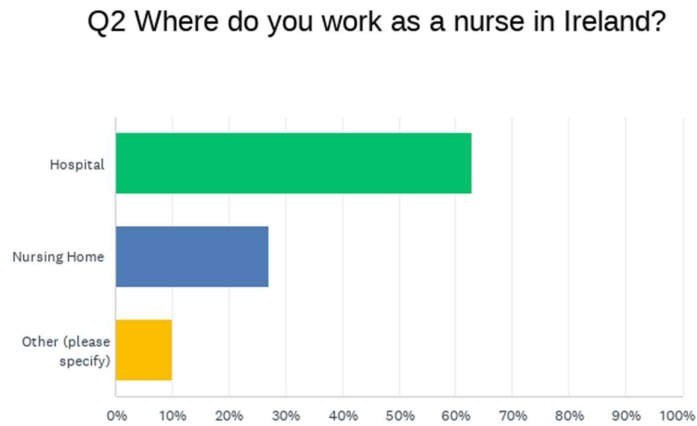
Question one was meant to allow respondents to begin the survey by checking “agree.”

Figure 1. Graphic of Question 1



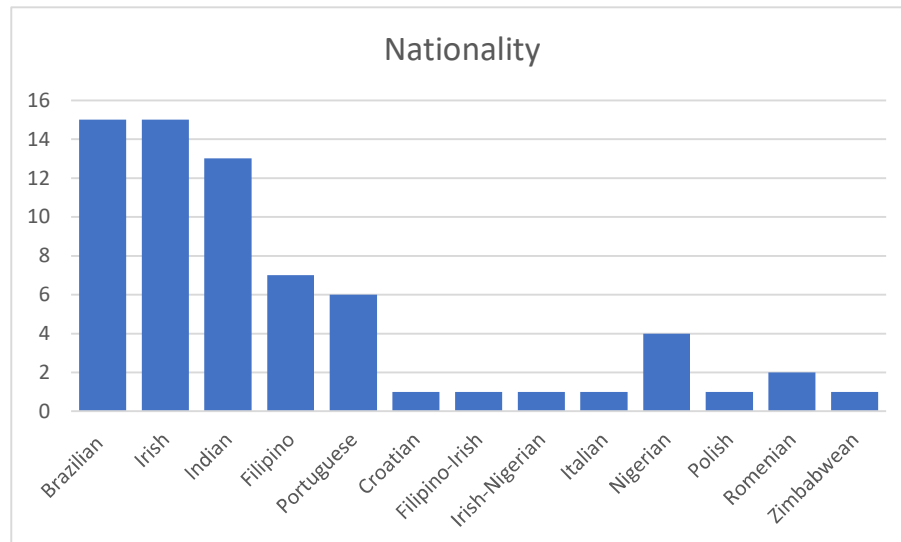
On the first page of the survey, a permission form was supplied. Participants must have read the entire contents of this page prior to beginning the survey. The permission form included information about the study’s eligibility requirements, benefits and concerns, and ethical issues. After checking the mandatory box ‘Agree,’ participants automatically consented to participate in the study and moved on to the survey itself. Respondents did not consent by checking the ‘Disagree’ box and were subsequently forwarded to a page appreciating them for their attention. They were not provided access to the questions to maintain secrecy.

Figure 2. Graphic of Question 2



This inquiry was designed to understand better the research population’s workplaces, which were 63% (43 nurses) works in hospitals. 27% (18 nurses) work in nursing homes, and 10% (7 nurses) specified their allocation, which was all Home Care or Residential Services, also known as Home Care Facilities.

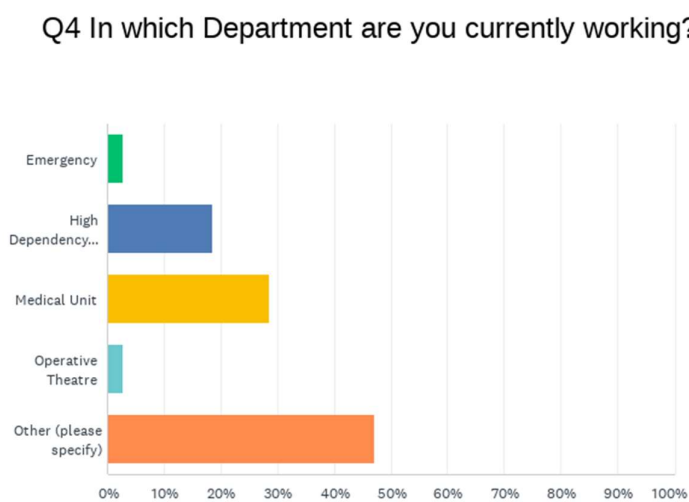
Figure 3. Graphic of Question 3



‘What is your nationality?’ was the third question. Although seventy-one individuals consented to the informed consent process, three persons thus question, only 68 responses were considered for this

question. There were thirteen distinct nationalities in all, including dual citizenship, as follows: 15 Irish nurses (22.06%); 15 Brazilian nurses (22.06%) ; 13 Indian nurses (19.12%); 7 Filipino nurses (10.29%) ; 6 Portuguese nurses (8.82%) ; 4 Nigerian nurses (5.88%); 2 Romanian nurses (2.94%); 1 Italian nurse (1.47%); 1 Croatian nurse (1.47%) ; 1 Polish nurse (1.47%) ; 1 Zimbabwean nurse (1.47%); 1 Irish - Nigerian nurse (1.47%); 1 Filipino - Irish nurse (1.47%).

Figure 4. Graphic of Question 4



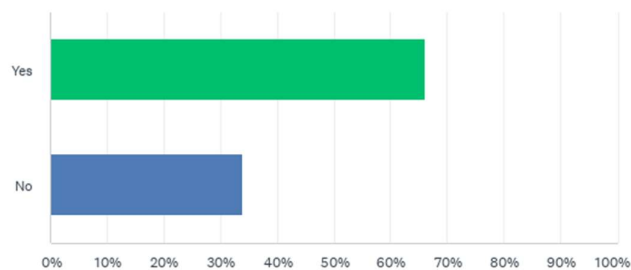
This question aimed to learn more about the workplaces, mainly those who worked in hospitals in different wards. This question was answered by 70 participants and skipped by 1.

As mentioned previously, 63% of participants work in hospitals, 27% work in nursing homes, and 10% home care. These are the specific departments that the research population are located in their workplaces: Emergency (2.86%); High Dependency (ICU) 18.57%; Medical Unit (28.57%); Operative Theatre (2.86%). The other sectors specified by the participants was “High dependency unit for epileptics; Canter for Nursing Education; Surgical; Urology; Telemetry Ward; Clinical site manager; Medical / surgical; Alzheimer Care Centre; Intellectual Disability; Oncology 2;

Community; Orthopaedics; Dementia; Cardiology/Cardiothoracic Unit; Rehabilitation; Eye Centre; Palliative Care”.

Figure 5. Graphic of Question 5

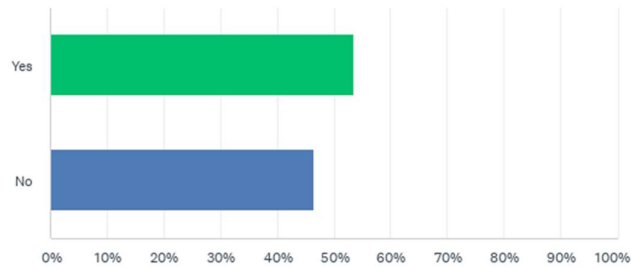
Q5 Have you ever experienced or witnessed a cross-cultural conflicts in the workplace?
Context: Cross-cultural conflict is defined as a conflict between individuals or social groupings separated by cultural borders. (Chaudhary and Yadav, 2018)*



One of the study questions is to examine if nurses know the existence of cross-cultural conflicts in their routine. Thus, it was essential to understand the nurses’ opinions on cross-cultural conflicts inside their organisations. Seventy-one participants answered this question, nobody skipped. 66.20% of the respondents answered ‘Yes’ (47 participants), and 33.80% answered this question as ‘No’ (24 participants). It is worth mentioning the importance of the brief explanation regarding cross-cultural conflicts.

Figure 6. Graphic of Question 6

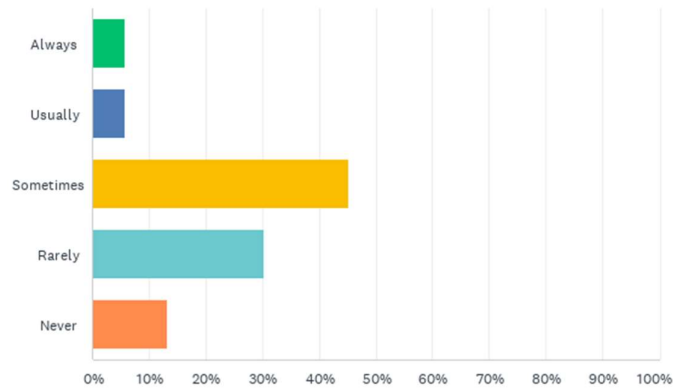
Q6 Bearing the above statement in mind, have you ever found yourself in workplace conflict related to cultural differences in your workplace?



The primary purpose of this research was to identify nurses' views of cross-cultural conflicts between nurses and the impact on their quality of care and, consequently, patient safety. 71 nurses replied to this question in which 38 participants (53.52%) answered 'Yes' and 33 participants (43.48%) answered 'No'.

Figure 7. Graphic of Question 7

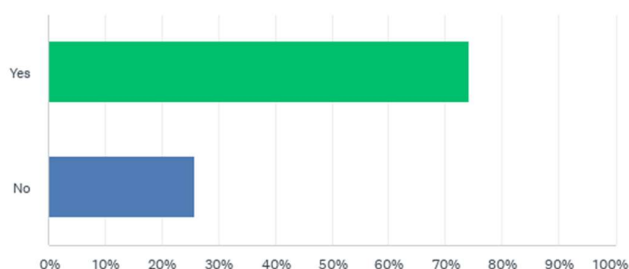
Q7 If you answered 'Yes, in your experience, how often do cross-cultural conflicts occur at your organisation?



53 nurses replied to this question, 18 skipped in which 5.66% (3 participants) answered 'Always'; 5.66% (3 participants) answered 'Usually'; 45.28% (24 participants) answered 'Sometimes'; 30.19% (16 participants) answered 'Rarely' and 13.21% (7 participants) answered 'Never'.

Figure 8. Graphic of Question 8

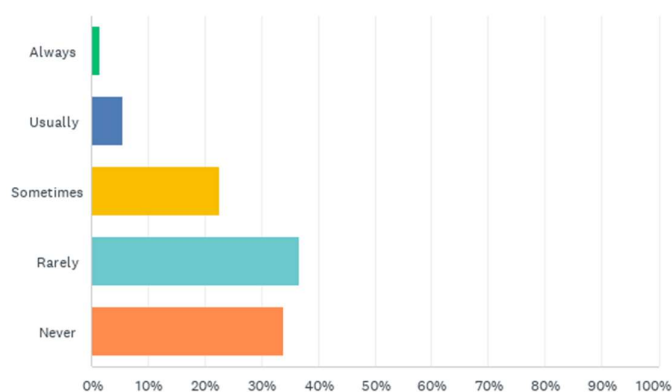
Q8 In your opinion, do cultural conflicts impact the quality of nursing assistance in Ireland?



Seventy nurses replied to this question, one skipped. Fifty-two participants (74.29%) answered 'Yes', and 18 participants (25.71%) answered 'No'.

Figure 9. Graphic of Question 9

Q9 How often have you been personally involved in a cross-cultural conflicts in your workplace?

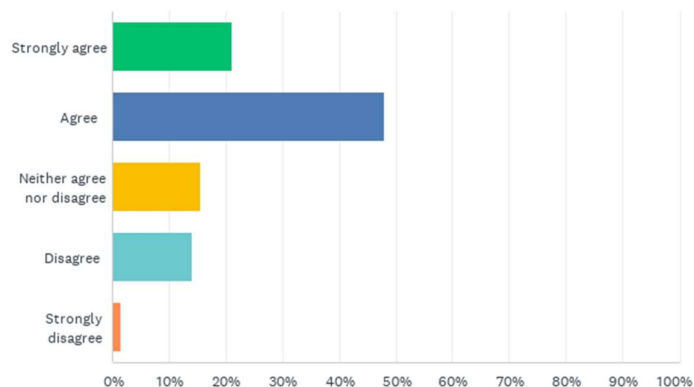


71 nurses replied to this question in which 1.41% (1 participant) answered 'Always'; 5.63% (4 participants) answered 'Usually'; 22.54% (16 participants) answered 'Sometimes'; 36.62% (26

participants) answered 'Rarely' and 33.80% (24 participants) answered 'Never'.

Figure 10. Graphic of Question 10

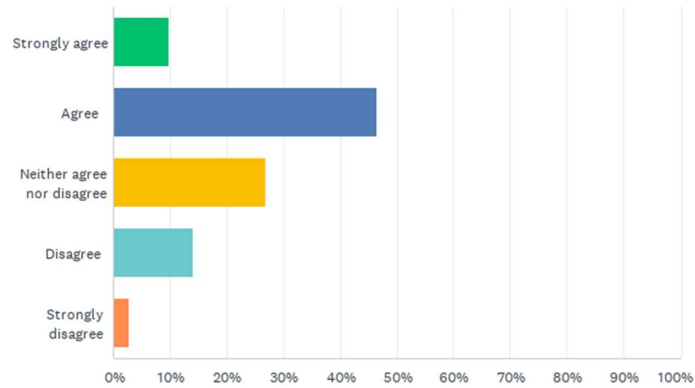
Q10 In relation to the statement “Cross-cultural conflicts may impact the quality of nursing care in Ireland, do you



71 nurses replied to this question in which 21.13% (15 participants) answered 'Strongly agree'; 47.89% (34 participants) answered 'Agree'; 15.49% (11 participants) answered 'Neither agree or disagree'; 14.08% (10 participants) answered 'Disagree' and 1.41% (1 participant) answered 'Strongly Disagree'.

Figure 11. Graphic of Question 11

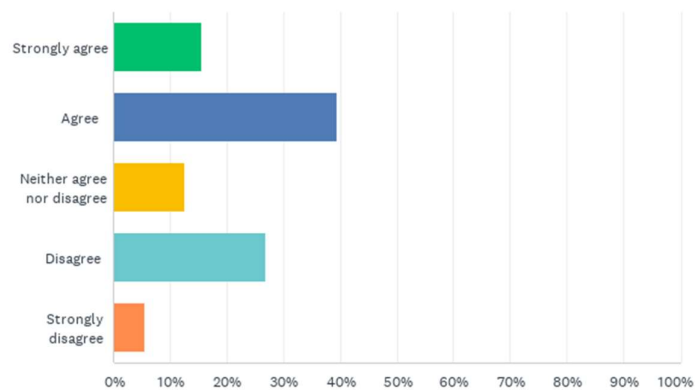
Q11 In relation to the statement “When dealing with cross-cultural conflicts in your workplace, errors (adverse events) are more likely”, do you



Seventy-one nurses replied to this question in which 9.86% (7 participants) answered 'Strongly agree'; 46.48% (33 participants) answered 'Agree'; 26.76% (19 participants) answered 'Neither agree or disagree'; 14.08% (10 participants) answered 'Disagree' and 2.82% (2 participants) answered 'Strongly Disagree'.

Figure 12. Graphic of Question 12

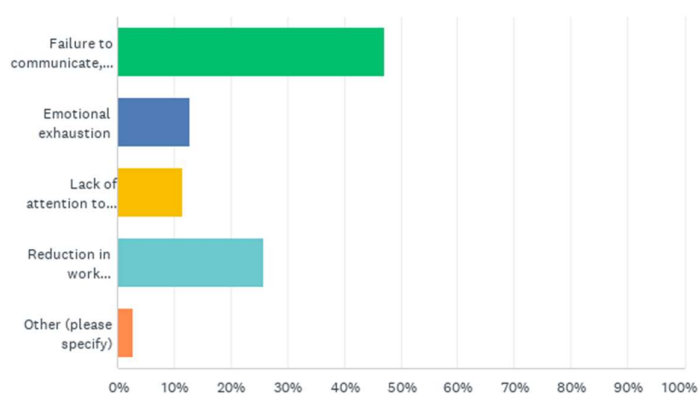
Q12 In relation to the statement “Cross-cultural conflicts are a serious threat to patient safety”, do you:



71 nurses replied to this question in which 15.49% (11 participants) answered 'Strongly agree'; 39.44% (28 participants) answered 'Agree'; 12.68% (9 participants) answered 'Neither agree or disagree'; 26.76% (19 participants) answered 'Disagree' and 5.63% (4 participants) answered 'Strongly Disagree'.

Figure 13. Graphic of Question 13

Q13 Where cultural conflict occurs in the workplace, which of the following if any, do you believe is the most likely consequence of such conflict:



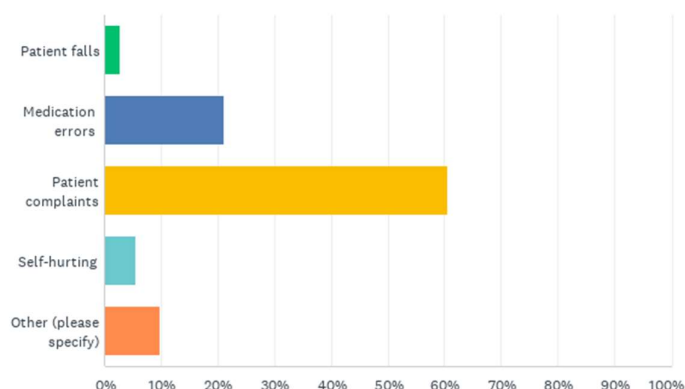
Seventy nurses replied to this question, one skipped. Thirty-three participants (47.14%) answered, 'Failure to communicate, leading to poor patient outcomes.' Nine participants (12.86%) answered 'Emotional exhaustion.' Eight participants (11.43%) answered, 'Lack of attention to detail, leading to poor patient outcomes.' 18 participants (25.71%) answered 'Reduction in work satisfaction', and 2 participants answered 'Other (please specify)', listed below:

'Very rarely communication' - Respondent 9.

'When there is cultural conflict in the workplace, there is always failed to communicate emotional exhaustion lack of attention to detail reduction work satisfaction' - Respondent 16.

Figure 14. Graphic of Question 14

Q14 If a cross-cultural conflict occurs in the workplace between nursing staff, which of the following event do you believe is most likely to result while providing direct care:



71 nurses replied to this question in which 2 participants (2.82%) answered 'Patient falls'; 15 participants (21.13%) answered 'Medication errors'; 43 participants (60.56%) answered 'Patient complaints'; 4 participants (5.69%) answered 'Self-hurting'. 2 participants answered 'Other (please specify)', and 2 participants answered 'Other (please specify)', listed below:

'Poor patient care' - Respondent 2.

'I believe a stale atmosphere. I don't believe the pt is ever at risk. But the morale of the team' -

Respondent 5.

'Misunderstanding' - Respondent 9.

'Lack of confidence' - Respondent 12.

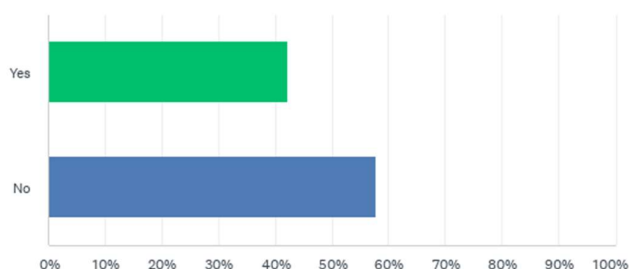
'Emotional trauma' - Respondent 44.

'Anything is possible' - Respondent 68.

'Conflict must be resolved with communication. No conflict should affect patient care. We resolve conflicts in the background, professionally, with the other staff we have the conflict with. And the patient still receives high quality care.' - Respondent 70.

Figure 15. Graphic of Question 15

Q15 In your view, does the management on your current job require more education and guidance on approaching cross-cultural conflicts between the nurses?



Seventy-one nurses replied to this question, in which 30 participants (42.25%) answered 'Yes' and 41 participants (57.75%) answered 'No'.

Question 16 – 'If you answered Yes, how do you believe management could better manage cross-cultural conflicts?'

30 participants replied to this question, as stated below:

'Regular unit meeting and addressing concerns related to patient care' - Respondent 1.

'Talk to staff and residents to identify issues that could be happening in the work place and discuss possible resolution' - Respondent 2.

'Communication at an early stage is the only tool' - Respondent 5.

'Provide more teamwork skills' - Respondent 6.

'Treat all employees fairly regardless of their nationality.' - Respondent 11.

'I think can be some specific situations and not always seen by the managers, similar to bullying' - Respondent 12.

'Courses, training and open talks about the subject' - Respondent 18.

'Through training to get everyone more enlightened' - Respondent 19.

'Educate all the staffs during their induction period' - Respondent 22.

'Improve communication' - Respondent 24.

'understanding the point of view of each person' - Respondent 26.

'Training about cross-cultural conflicts' - Respondent 28.

'Yes, more communication' - Respondent 30.

'management should arrange an emotional control course, and also when a worker is working for longer hours they are more likely to be tired and control by what they feel.' - Respondent 36.

'By encouraging diversity among staff, and educating staff to learn how to work and accommodate each other no matter the individuals socio-cultural backgrounds or beliefs' - Respondent 41.

'Understanding staff cultural differences, improving communication, promoting meetings and discussions.' - Respondent 43.

'It is basically an individual thing. Most staff are not satisfied with their job coupled with stress from home. They bring all the stress to work place and becomes terror on other staff. Secondly, racist caucasians find it difficult to cope with the coloured.' - Respondent 44.

'Education, team building' - Respondent 48.

'Better education on cross-cultural conflicts can lead to informed clinical choices in the workplace when keeping in mind how a health provider's cultural background can influence one's choice that can have an effect on the patient's outcome who may or may not share that person's cultural experience or cultural belief.' - Respondent 50.

'Training and understanding the globalisation issue as a part of existing situation of lack professional staff in nursing environment' - Respondent 51.

'Creating self-awareness about those differences' - Respondent 54.

'They should learn more about leadership and people management' - Respondent 55.

'By making a deliberate effort to address the problem, 1. Acknowledge existence of the problem 2. have multicultural representation in the committees that handle such conflicts, 3. make an effort to get 1st hand information without possibility of victimisation when resolving conflict, 4. Consider & prioritise health & wellbeing of the nurse as she plays a pivotal role in patient care 5. advocate for

training to fill identified gaps’ - Respondent 57.

Sessions on communication’ - Respondent 58.

‘look into this issue further and not to neglect it’ - Respondent 63.

‘Training’ - Respondent 65.

‘Educating all employees about cultural differences, team building’ - Respondent 66.

‘Avoiding give a different treat among employees of different nationalities’ - Respondent 69.

‘There is a strong culture of training in the hospital I work. Communication is always included in them. Clarifying any issues and bringing people together to a common ground is an effective way to address a conflict.’ - Respondent 70.

‘Promote unity amongst social groups Make it clear by staff meetings and posters that cross-cultural conflicts are unacceptable’ - Respondent 71.

Chapter 4. Data Analysis and Findings

Data analysis is the process of making sense of the research beyond the data. In addition, it consolidates, states, and interprets what the research population said and what the researcher can interpret. When it comes to starting the analysis data gathered from the survey completed by the research population (nurses were working in Ireland), the reader is already aware of how difficult and challenging it is to work in the healthcare sector. The challenge is known, especially when the nurses are personally involved in cross-cultural conflicts that may affect the quality of nursing care and patient safety. Dealing with stress and emotional exhaustion, the reader will have the opportunity to understand what some nurses wrote down how they would advise their workplace management in better dealing with cross-cultural conflicts.

The purpose of this study is to combine the benefits of qualitative and quantitative data. According to VanderStoep and Johnson (2009), analysis and interpretation of data can support and provide the following: quantitative data, such as frequencies and percentages, accompanied by qualitative descriptions that are typically necessary to help clarify the applicability of the inquiry's key topics. It is critical to understand why each question was created and why it was worded in the manner it was in terms of the context of the literature and data gathered.

Profile of the participants

The survey's first four questions aimed to elicit a more comprehensive demographic profile of the research population (nurses) because this evidence connects cross-cultural prevalence in healthcare environments. This research surveyed 71 nurses from 13 different nations. Even though seventy-one participants agreed to the informed consent procedure, only 68 answered question 3: 'What is your nationality?', for this reason, there were a total of thirteen different nationalities, including those with dual citizenship. While most participants are 15 Irish (22.06%) with the same amount of Brazilian 15 respondents (22.06%) followed by 13 Indian (19.12%); 7 Filipino (10.29%) ; 6 Portuguese (8.82%) ;

4 Nigerian (5.88%); 2 Romanian (2.94%); 1 Italian nurse (1.47%); 1 Croatian (1.47%); 1 Polish nurse (1.47%); 1 Zimbabwean (1.47%); 1 Irish - Nigerian (1.47%); 1 Filipino - Irish (1.47%).

Workplaces

The population of the study consisted of nurses working in Ireland. Luckily, nurses' interviewees work in different healthcare settings, with the vast majority, 63% (43 nurses) working in Hospitals. In comparison, 27% (18 nurses) work in Nursing Homes, and 10% (7 nurses) defined their position as Home Care or Residential Services, generally referred to as Home Care Facilities.

As previously stated above, 63% of participants work in hospitals, 27% in nursing homes, and 10% at home care facilities. These are all the various departments in which the research population works: Emergency (2.86%); Intensive Care Unit (ICU) (18.57%); Medical Unit (28.57%); Operative Theatre (2.86%). 'High dependency unit for epileptics; Center for Nursing Education; Surgical; Urology; Telemetry Ward; Clinical site manager; Medical / surgical; Alzheimer Care Center; Intellectual Disability; Oncology 2; Community; Orthopedics; Dementia; Cardiology/Cardiothoracic Unit; Rehabilitation; Eye Center; Palliative Care.'

Nurses' awareness of cross-cultural conflicts

One of the study's objectives is to determine if nurses are aware of cross-cultural conflicts in their daily routines. Thus, it was critical to understand nurses' perspectives on intra-organizational cross-cultural conflicts.

In question 5 was stated if the nurses have ever experienced or witnessed cross-cultural conflicts in the workplace. Seventy-one nurses responded to this question, with no one omitting. The vast majority, 66.20% (47 participants), said 'Yes,' while 33.80 % responded 'No' (24 participants), which means that the more significant part of nurses surveyed already faced this type of conflict in their nursing routines. It is essential to emphasise the significance of the quick explanation of cross-

cultural disputes to avoid different interpretations and misunderstandings. Just right below the question, cross-cultural conflict was explained succinctly.

The incidence of cross-cultural conflicts

The principal objective of this study was to investigate nurses' perceptions of cross-cultural conflicts and their effect on the quality of care and, subsequently, on patient safety. In question 6 was asked: "Bearing the above statement in mind, have you ever found yourself in workplace conflict related to cultural differences in your workplace?" Seventy-one nurses responded to this question, with 38 replying 'Yes' (53.52%) and 33 stating 'No' (43.48%).

The following question was made to identify the periodicity of these events faced by the study population. Identifying the incidence of cross-cultural conflicts in the workplace is crucial because it enables the development of a range of results, goals, and measures to address them.

Questions 7 were developed to elicit information on the frequency with which cross-cultural conflicts occur in individual perspectives. Almost half of the respondents, 45.28%, reported that cross-cultural conflicts occur 'sometimes' in their workplace. More than a 1/4 30.19% said that it occurs 'rarely,' followed by 'never', which received seven responses and accounted for 13.21% of the research population, and finally by those who stated that it occurs 'always' and 'usually' representing for 5.66% each of the research population. It is critical to emphasise that more than 1/4 feels that cross-cultural conflicts never occur at their organisation, demonstrating just how cross-cultural conflicts might not occur in some healthcare context. Although 30.19% of the nurses have never been involved in cross-cultural conflicts in workplaces, more than half, 66.2% of them had seen cross-cultural conflicts in the workplace at some time throughout their nurse professions.

Quality of Care

The set of inquiries was created to evaluate the correlation involving cross-cultural conflicts in the

field and their effect on nurses' productivity and level of care, the incidence of negative occurrences during the delivery of care, and hence on quality care might patient safety. Question 8 inquired about the impact of cross-cultural conflicts on the quality of nursing assistance in Ireland. 74.29% (52 participants) replied 'Yes' to the impact on the quality of care, which means that the vast majority agreed that cross-cultural impacts on the delivery of care and quality of assistance. In addition, in the following question, the participants were given five answers on a spectrum ranging from 'strongly agree' to 'strongly disagree' for each one.

In question nine, the participants were asked: 'How often have you been personally involved in cross-cultural conflicts in your workplace?' 36.62% reported that they are 'rarely involved in cross-cultural conflicts on their institution, followed by 33.08% who replied that they 'never faced' such as conflict, 22.54% answered 'sometimes', 5.63% 'usually' and 1.14% 'always' which contradicts the question 8 while 74.29% of the respondents affirmed relation to cross-cultural conflicts and their impacts on the quality of nursing assistance. However, 33.08% answered that they 'Never faced' cross-cultural conflicts in their workplaces. When splitting the research population to Irish and Non-Irish, we can identify that from 33.08% that never face such conflicts, 22.05% (10 participants) are Irish, when it comes to mind that they are already inserted on their cultures and probably do not face it. This means that from the experience of Irish nurses, these conflicts are rarer compared to non-Irish nurses. Another possibility for this study is to complete an analysis comparing and contrasting Irish nurses with non-Irish nurses; however, this would need more time and responses.

Question 10 was related to determining the connection among cross-cultural conflicts between nurses and nurses' productivity and level of care. The question was: 'Do cultural conflicts impact the quality of nursing assistance in Ireland?' The great majority of individuals, 47.89%, 'agree' that cross-cultural conflicts have some consequence on the quality of patient care, while 21.13% 'strongly agree' with the statement. On the other hand, 14.08% 'disagree' and 1.41% 'strongly disagree' and 15.49% 'neither agree nor disagree'.

In question eleven, the participants were inquired concerning the statement “When dealing with cross-cultural conflicts in your workplace, errors (adverse events) are more likely” 46.48% ‘agree’, followed by nine participants (9.86%) who ‘strongly agree’. On the other hand, 14.08% ‘disagree’ and 2.82% ‘strongly disagree’ and 26.76% ‘neither agree nor disagree’.

The twelfth question examines the link between cross-cultural conflict and patient safety. The sentence ‘Cross-cultural conflicts are a serious threat to patient safety, 39.44% of the respondents ‘agree’ while 15.49% ‘strongly agree’, 26.76% ‘disagree’ and 5.76% ‘strongly disagree’ and 12.68% ‘neither agree nor disagree’.

Patient Safety

As previously stated, cross-cultural conflicts might have a significant influence on the emotional well-being of healthcare professionals.

As stated about the study’s purposes, participants were then asked in question 12 to choose one of 4 potential scenarios for the professionals that might lead to an adverse occurrence in nursing care while coping with cross-cultural conflicts. 47.17%, represented by thirty-three replies, identified ‘Failure to communicate, leading to poor patient outcomes’ as the primary effect of cross-cultural conflicts between nurses. Followed by 25.71% indicating ‘Reduction in work satisfaction’, 12.86% (9 participants) related ‘emotional exhaustion and 11.43% ‘Lack of attention to detail, leading to poor patient outcomes.’ The open-ended question received two other responses: ‘When there is cultural conflict in the workplace there is always failed to communicate emotional exhaustion lack of attention to detail reduction work satisfaction’, which the participant included more than one answer stated previously and the other response: ‘Very rarely communication’.

Question 14 was presented: ‘If a cross-cultural conflict occurs in the workplace between nursing staff, which of the following event do you believe is most likely to result while providing direct care.’ Most participants (60.56%) believe that the most prevalent result is ‘Patient Complains’,

followed by 21.13% that answered 'medication errors. Nearly 6% say that either 'self-hurting' and 2.82%'patient falls' are severe implications of nurse cross-cultural conflicts. 2 participants answered 'Other (please specify)', and 2 participants answered 'Other (please specify)', listed: *'Poor patient care'; 'I believe a stale atmosphere. I don't believe the pt. is ever at risk. But the morale of the team; 'Misunderstanding'; 'Lack of confidence'; 'Emotional trauma'; 'Anything is possible'; Conflict must be resolved with communication. No conflict should affect patient care. We resolve conflicts in the background, professionally, with the other staff we have the conflict with. And the patient still receives high quality care.'*

Managers Role

At the end of the questionnaire, the following question was stated: 'In your view, does the management on your current job require more education and guidance on approaching cross-cultural conflicts between the nurses?'. Even though 57.75% (41 participants) replied 'No' and 30 participants answered 'Yes'. The next question was open-ended 'If you answered 'Yes, how do you believe management could do better to manage cross-cultural conflicts?', we have the following responses: *'Regular unit meeting and addressing concerns related to patient care'; 'Talk to staff and residents to identify issues that could be happening in the work place and discuss possible resolution'; 'Communication at an early stage is the only tool'; 'Provide more teamwork skills'; 'Treat all employees fairly regardless of their nationality.'; 'I think can be some specific situations and not always seen by the managers, similar to bullying'; 'Courses, training and open talks about the subject'; 'Through training to get everyone more enlightened'; 'Educate all the staffs during their induction period'; 'Improve communication'; 'understanding the point of view of each person'; 'Training about cross-cultural conflicts'; 'Yes, more communication'; 'management should arrange an emotional control course, and also when a worker is working for longer hours they are more likely to be tired and control by what they feel.'; 'By encouraging diversity among staff, and educating staff*

to learn how to work and accommodate each other no matter the individuals socio-cultural backgrounds or beliefs'; 'Understanding staff cultural differences, improving communication, promoting meetings and discussions.'; 'It is basically an individual thing. Most staff are not satisfied with their job coupled with stress from home. They bring all the stress to work place and becomes terror on other staff. Secondly, racist caucasians find it difficult to cope with the coloured.'; 'Education, team building'; 'Better education on cross-cultural conflicts can lead to informed clinical choices in the workplace when keeping in mind how a health provider's cultural background can influence one's choice that can have an effect on the patient's outcome who may or may not share that person's cultural experience or cultural belief.'; 'Training and understanding the globalisation issue as a part of existing situation of lack professional staff in nursing environment'; 'Creating self-awareness about those differences'; 'They should learn more about leadership and people management'; 'By making a deliberate effort to address the problem, 1. Acknowledge existence of the problem 2. have multicultural representation in the committees that handle such conflicts, 3. make an effort to get 1st hand information without possibility of victimisation when resolving conflict, 4. Consider & prioritise health & well-being of the nurse as she plays a pivotal role in patient care 5. advocate for training to fill identified gaps'; Sessions on communication'; 'look into this issue further and not to neglect it'; 'Training'; 'Educating all employees about cultural differences, team building'; 'Avoiding give a different treat among employees of different nationalities'; 'There is a strong culture of training in the hospital I work. Communication is always included in them. Clarifying any issues and bringing people together to a common ground is an effective way to address a conflict.'; 'Promote unity amongst social groups Make it clear by staff meetings and posters that cross-cultural conflicts are unacceptable'.

Even though the vast majority do not think the management could do something, the ones who replied yes fundamental their arguments.

Chapter 5 – Discussion

Conflict is an inherent, fundamental, and vital component of human relationships. Facing conflict has been a part of humans since the start of history. Conflict can be defined as the disagreement of at least two motives that affect the individual simultaneously, which varies according to the motives' severity, type, and environment (Pilbrow, 2020). Conflict can occur within the individual, between individuals, within groups, and between groups. Causes of interpersonal conflicts: cognition, perception, emotion, unconscious, needs, communication skills, personal and cultural factors, roles, social and physical environment, and message quality.

According to Giddens and Sutton (2013), culture refers to the habits and practices or lifestyles inside a particular civilisation. In this view, culture and society are inextricably linked - for a society to survive, culture must exist on an equal footing. Societies may be seen as inter-relationship systems that link individuals, and within these societies, a wide variety of cultural differences exist. Culture, as it is expressed in communities, has a variety of facets. The intangible components of culture are the beliefs, ideas, and values that define it, whereas the physical aspects are the items, symbols, and technologies used to convey such material (Giddens and Sutton, 2013).

Nurse migration to other nations entails the introduction of new cultural identities, resulting in diversity. Morrice (2017, p. 415) discusses the differences in 'cultural identities' and their development in different societies. A recent study has emphasised the need for nurses to retain their indigenous cultures while concurrently acclimating to new cultures in a new context without losing touch with any. After some time, the cultural modifications associated with acculturation become successful, and the existence of nurses may continue to exist in environments where 'cultures interact' (Al-Komah, Khraim, Forgrave and Saabneh, 2020).

One of the essential aims of this study was to identify the mechanisms of conflict in healthcare settings, emphasising cross-cultural conflicts between nurses. To comprehend how nurses interact in cross-cultural conflicts, there is the need to analyse how the healthcare settings works, their origins,

and potential causes of conflicts. The nursing profession was discovered to be all about interactions and interdependence among members of a multidisciplinary team. As a result, it is influenced by other cultures, education, and values (Feichtinger and Cohen 2014). Considering these characteristics, divergences provide a fertile ground for conflict, particularly cross-cultural conflicts.

When a company invests in cultural diversity policy, it may implement a long-term value development plan through developing and enhancing human capital. In this context, companies with effectively integrated culturally varied personnel and a well-managed cultural diversity force have lower employee turnover or demotivation, resulting in cost savings. Following this definition, Cox and Smolinski (1994) assert that ‘organisations will entice the finest available professionals on the market and urge other employers to emulate their technique, therefore remaining equally competitive and growing their companies.

The study's findings reveal that, although only a tiny proportion of the nurses who participated had directly experienced cross-cultural conflicts, those who have all observed an occurrence during their experience in the field practising in Ireland. This emphasises the fact that disagreements exist in healthcare settings independent. International medical organisations, according to Keefer and Rider (2006), demand expertise in communication skills. These abilities have been linked to better health care results.

Throughout the effects of cross-cultural conflicts on nurses' performance and standard of care, the review writings indicate that nurses suffer significant repercussions of workplace relationship issues, including bad emotions, exhaustion, decreased focus, and unpleasantness (Kelly, 2006). Nurses are susceptible to health problems, either physically or mentally, or perhaps both, which results in decreased work performance and jeopardises patient safety. In this survey, the vast number of nurses who participated felt that cross-cultural conflicts affect their performance to some level.

It was noticed in this survey that the large number of nurses who participated felt that cross-cultural conflicts affect their performance, with more than half (69.01 %) believing that conflicts pose a severe

danger to patient safety. Additionally, when it comes to safe practice, adverse occurrences are inextricably linked to the professional's level of care, which directly impacts patient safety. The data indicate that a significant proportion of nurses in Ireland, 56.34 %, feel that interpersonal disputes among nurses do add to the chance of unfavourable events occurring. This pattern demonstrates that cross-cultural disagreements among nurses directly cause some of the bad outcomes by impairing professional performance and exposing patients to avoidable risks.

In this case, if cross-cultural issues impact the professional, the likelihood of a prescription mistake increases. The findings indicate that the primary worry of the registered nurses who participated is precisely patient complaints followed by medication mistakes, which links them and cross-cultural conflicts between nurses.

Human rights nowadays include almost everything in the context of employment—racial discrimination, pregnancy discrimination, physical ability discrimination, and more. Even though human rights are 70 years old, they have been integrated into the workplace. Until recently, the equal employment opportunity statute was primarily believed to apply only to hiring, promotion, and, in rare instances, remuneration. According to Cox and Smolinski (1994), job options might still be somewhat limited. Nonetheless, in an ideal world, colour, ethnicity, and diversity do not appear to be an issue in today's enterprises, as they formerly were.

Concerning management advice, even though 57.75% of the participants do not believe management could better manage cross-cultural conflicts, the ones to reply most talked about communication and educational need. Communication is critical, but it is not the only element (Leever et al., 2010). Intercultural communication can be critical in fostering positive relationship conditions, increasing participation within groups and organisations, enhancing life quality and reducing stressors, as well as leveraging affective states as a powerful problem-solving factor between individuals and teams with divergent identities.

Conclusions

The purpose of this research was to investigate nurses' perspectives on the impact of cross-cultural conflicts between professionals on the healthcare system inside Ireland health system on their quality of services and, subsequently, on the consequences to patient care.

At this point, to finish this research, some variables must be replied to achieve a plausible summary: Conflicts are described in the health care system variously; Cross-cultural conflicts influence the quality of care provided by healthcare professionals in specific nurses (the research population); Cross-cultural conflict possibly plays a role in the occurrence of potential complications in nursing care, the most frequent risk to patient care that nurses experience when they are involved in cross-cultural conflicts related to patients complain as result of low patient care.

It is worth mentioning that familiarity with cultural concepts and a thorough knowledge of cultural awareness are necessary for multicultural settings. The advantage of multiculturalism and ethnicities in the workforce has been demonstrated through better worker originality, development and equitable opportunity. When heterogeneity is handled well, the employee's performance should improve. Also, if it is not effectively managed, diversity in the workplace can result in cross-cultural conflicts and provide lesser value. Healthcare facilities must be aware of the variations among multiculturalism and cultural backgrounds in the workplace. Culture contributes value and advantages to the organisation.

Researchers have studied the prevalence of cross-cultural disputes between health care workers for years, lacking conclusive findings. Cross-cultural conflicts are a legitimate concern in the healthcare field, with actual implications that affect patients. Health care organisations would acknowledge cross-cultural conflicts and management as an issue affecting the staff of nurses.

First, based on a thorough examination of the literature and the research findings, cross-cultural conflicts between nurses are a component of Ireland healthcare field, including hospitals, nursing homes, and home care settings. It is established that, from the point of view of nurses in Ireland,

cross-cultural conflicts between nursing staff are a critical component that raises the risk of adverse occurrences, hence affecting patient safety.

This study highlights the need of increasing nurses' cultural understanding. Thus, nurses must overcome the cross-cultural conflicts that result from various perspectives on culturally diverse individuals. Cultural awareness may be increased via nursing school curriculums of education and through continuous professional development programmes. Furthermore, the data underlines the importance of contextualising the findings in light of the participants' circumstances.

After analysing and debating the data, it was stated that nurses working in Ireland saw cross-cultural conflicts between nurses as a severe danger to healthcare quality and patient care. Additionally, nurses view medication mistakes as a significant adverse outcome of these disagreements caused by staff nurses' communication breakdowns. Even though Ireland healthcare has evolved significantly over the last years, disputes remain an integral component of the workplace setting, directly influencing the nurse's quality of service.

The study's findings are based on 71 nurses who work in Ireland in different healthcare facilities, mainly from hospitals and nursing homes. One possible main limitation of the research is the low number of nurses who replied to this survey. Also, if more nurses volunteered to participate in this study, the data could compare different healthcare settings and their cross-cultural influences and impacts. However, there are no data on the overall number of nurses active in working in Ireland. The 71 sample represents a minor proportion.

Since previously stated, the results of this research underline the crucial function of the ability to understand and resolve cross-cultural disputes between nurses in the health sector, as it was shown that they represent a significant source of aggravation to risks to patient care.

Communication problems, managerial disputes, role conflicts, a lack of resources, misconceptions, and professional dedication are all familiar sources of conflict.

It is critical to emphasise the importance of cultural concepts and cultural knowledge in the

employment setting.

To minimise cross-cultural conflicts between nurses, managers must be provided with conflict management and resolution skills for the nursing workforce. Institutions should:

- Provide continuing training on cross-cultural conflicts in the health care setting and the expertise to reduce them.

- Maintain a safe working condition. Nurses must be supposed to notify any instance of cross-cultural conflicts without punishment.

- Providing a compelling and open Resolving Disputes plan inside the company, complete with full details about conflicts and the procedures to take in the event of disputes.

- Enable health professionals (nurses) to participate actively in preventing cross-cultural conflicts in the healthcare setting.

Governments and the broader population could perhaps take a greater interest in cross-cultural conflicts and their impacts on the quality of nursing care in consequence on patients safety.

Educational programs like conferences and symposia might be held at healthcare schools around the country to expand and boost students' information from the start. Nurses ought to get ongoing conflict management courses over their careers and develop practical communication abilities for efficiently resolving cross-cultural disagreements. Successfully resolving cross-cultural conflicts in the workplace will almost always result in a healthy workplace, increasing the quality of treatment and patient safety. Nurse management teams must acquire and cultivate diverse demographic factors to shape how workers view workgroup connections, affecting work efficiency. It is critical to emphasise that scientific knowledge allows creating new technologies, solving real issues, and making good decisions individually and collectively. However, for this subject studied, a more in-depth investigation of the issue will be necessary. The findings create nationally representative research that may shape public debate and policy on demographic change and healthcare problems.

Reflections

I am an experienced nurse, and I have been working as a nurse since 2012; and in that period, I have managed numerous workplaces and different types of conflicts.

Workplace conflict is shared across all industries, especially in a fast-paced and stressful field like Nursing. I worked as a coordinator in Nursing. This experience showed me how Nursing relies on communication and how this reflects on patient's care. Handling conflicts efficiently and effectively improves quality, patient safety, and staff morale and limits work stress. Being a nurse and, therefore, engaged in teamwork, this challenge of doing a master's degree was vital because it involves critical working relationships to function effectively. I honestly believe that dispute resolution is an essential element of a healthy work environment because a breakdown in communication and collaboration can lead to increased patient errors. The future of healthcare will demand a workforce with a specialised skillset. The Masters increased my knowledge and skills.

After completing my dissertation, I managed to beat them and construct good work despite the problems encountered during the journey. As an international student with producing an entirely English thesis was a time-consuming and challenging process. However, I am grateful that this chance allowed me to strengthen my language abilities, as my primary goal is to pursue a profession in Ireland. Now, talking about writing my dissertation and constructing this work, I can say that it was a situation in which my understanding was put to the test. It was not straightforward for a variety of reasons. Pick a suitable topic first, as there are plenty of interesting things available, particularly in my field of specialisation, nursing. Second, I am considering how to connect a subject from my field to Dispute Resolution. Numerous thoughts sprang to mind, but some of the subjects were too unclear to comment about. The cross-cultural conflicts that I encounter daily grabbed my attention in discussing them as a nurse living abroad and facing cross-cultural conflicts. After deciding on a theme, it was time to discuss the methods employed—challenging for anyone unfamiliar with the area. It was essential to understand and choose the ideal study method using publications, papers, and

the internet. Third, elaborating a survey was critical since the requirement to design a research instrument that did not take excessive time to respond by nurses was critical. Working in the health care system may be demanding, tedious, and stressful at times, and hence I would refrain from asking professionals to complete a long and repetitive form.

Finally, the outcome was better than I assumed since I had initially expected more complications around the matter because my point of view was already binding. That was confirmation that whenever someone begins an investigation, it is critical to consider how much time they have in their day, if the topic is engaging sufficient, and what they want to accomplish in conclusion. Time to work on research is critical.

Completing this research allowed me to gain extensive knowledge of Irish health services. That was a critical chance to enhance my perspectives and develop my journey. Additionally, this dissertation helped me gain a new perspective on Ireland and the Irish healthcare system. Talking about a country with a healthcare system deeply opposed to the Irish, I arrived with many preconceptions and misleading facts. By completing this research, I realised that nations have cultural identities and that the health practices in Ireland are wholly acceptable. Indeed, some of them worked better than the statements from my hometown. In general, completing this master's thesis has been a lengthy process, but the knowledge gained far exceed the difficulties and frustrations.

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Appendix A – Survey Informed Consent

Figure 16. Survey Disclaimer and Informed Consent

How cross-cultural conflicts can impact the quality of nursing care in Ireland

Consent Form for Online Survey

Master Of Arts In Dispute Resolution

You are invited to participate in a web-based online survey on " How cross-cultural conflicts can impact the quality of nursing care in Ireland ". This is a research project being conducted by Thais Terencio Pereira, a student at Independent College Ireland. It should take approximately 5 minutes to complete.

IMPORTANT NOTES

PURPOSE

This research has an academic purpose only.

PARTICIPATION

Your participation in this survey is voluntary. You may refuse to take part in the research or exit the survey at any time without penalty. You are free to decline to answer any particular question you do not wish to answer for any reason.

BENEFITS

You will receive no direct benefits from participating in this research study. However, your responses may help us learn more about if cross-cultural conflicts can impact Ireland's quality of nursing care.

CONFIDENTIALITY

Your survey answers will be sent to a link at SurveyMonkey.com, where data will be stored in a password protected electronic format. Survey Monkey does not collect identifying information such as your name, email address, or IP address. Therefore, your responses will remain anonymous. No one will be able to identify you or your answers, and no one will know whether or not you participated in the study.

CONCERNS

In case you have any doubts or concerns concerning this research, you are welcome to contact the research supervisor Nadia Bhatti (nadia.bhatti@independentcolleges.ie) and the research candidate Thais Terencio Pereira (thais.terencio@gmail.com), who is a registered student at Independent College Ireland undertaking the degree of Master of Arts in Dispute Resolution.

In case you feel that this research has not been able to maintain ethical principles, do not hesitate to get in touch with Independent College Dublin at the contacts below:

Independent College Dublin at Block B, The Steelworks, Foley St, Dublin 1, or by email: info@independentcolleges.ie

ELECTRONIC CONSENT

Please select your choice below. You may print a copy of this consent form for your records. Clicking on the "Agree" button indicates that:

- You have read the above information
- You voluntarily agree to participate
- You are 18 years of age or older

* 1. Do you agree to participate in this study?

- ☐ Agree
- ☐ Disagree

Appendix B –Survey Questionnaire

Figure 17. Complete Survey Questionnaire

* 1. Do you agree to participate in this study?

- ☐ Agree
- ☐ Disagree

2. Where do you work as a nurse in Ireland?

- ☐ Hospital
- ☐ Nursing Home
- ☐ Other (please specify)

3. What is your nationality?

4. In which Department are you currently working?

- ☐ Emergency
- ☐ High Dependency (ICU)
- ☐ Medical Unit
- ☐ Operative Theatre
- ☐ Other (please specify)

5. Have you ever experienced or witnessed a cross-cultural conflicts in the workplace?

Context: Cross-cultural conflict is defined as a conflict between individuals or social groupings separated by cultural borders. (Chaudhary and Yadav, 2018)*

- ☐ Yes
- ☐ No

6. Bearing the above statement in mind, have you ever found yourself in workplace conflict related to cultural differences in your workplace?

- ☐ Yes
- ☐ No

7. If you answered 'Yes, in your experience, how often do cross-cultural conflicts occur at your organisation?

- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

8. In your opinion, do cultural conflicts impact the quality of nursing assistance in Ireland?

- ☐ Yes
- ☐ No

9. How often have you been personally involved in a cross-cultural conflicts in your workplace?

- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

10. In relation to the statement "Cross-cultural conflicts may impact the quality of nursing care in Ireland, do you

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

11. In relation to the statement “When dealing with cross-cultural conflicts in your workplace, errors (adverse events) are more likely”, do you

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

12. In relation to the statement “Cross-cultural conflicts are a serious threat to patient safety”, do you:

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

13. Where cultural conflict occurs in the workplace, which of the following if any, do you believe is the most likely consequence of such conflict:

- ☐ Failure to communicate, leading to poor patient outcomes
- ☐ Emotional exhaustion
- ☐ Lack of attention to detail, leading to poor patient outcomes
- ☐ Reduction in work satisfaction
- ☐ Other (please specify)

14. If a cross-cultural conflict occurs in the workplace between nursing staff, which of the following event do you believe is most likely to result while providing direct care:

- ☐ Patient falls
- ☐ Medication errors
- ☐ Patient complaints
- ☐ Self-hurting
- ☐ Other (please specify)

15. In your view, does the management on your current job require more education and guidance on approaching cross-cultural conflicts between the nurses?

☐ Yes

☐ No

16. If you answered 'Yes', how do you believe management could do better to manage cross-cultural conflicts?

17. Thank you for your time and for assisting me in the completion of my master's degree.

*Chaudhary, N. and Yadav, R., 2018. Cross-cultural conflicts: Concept, causes, and elucidations. IN: Management techniques for a diverse and cross-cultural workforce. IGI Global, pp.79-96.