



***The main conflicts faced by healthcare professionals when caring for patients with dementia - By what means could these issues be tackled?***

***By***

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"If you ever have to choose between  
world and love ... Remember. If  
choosing the world will be without love, but  
if you choose to love with him you  
will conquer the world ".  
(Albert Einstein)

" When God Calls .... You arrive! "  
Indian Culture Quote

## **Abstract**

Despite the conflict being inherent in daily life, especially in the workplace, and not escaping the rule, the literature needs to present more studies related to healthcare professionals who provide care to patients with dementia and how this damages the environment and the employees involved. Furthermore, studies show that the conflict has several types of interpretation and may also require several means of analysis to resolve them in an effective and lasting way; disputes may need a different approach to resolutions even if they are lived in the same work environment.

This dissertation was based on pragmatic philosophy and cross-sectional quantitative research. Vital data was drawn from the experience provided by 100 healthcare professionals (nurses and health care assistants) who work in a nursing home or home care companies in Ireland and have agreed to be part of this study, answering an internet-based survey. All information provided by these professionals was crucial and immeasurable to achieve the main aim and objectives proposed at the beginning of this study.

The conflict faced daily by healthcare professionals presented several strands in the literature exposed in this work, which would hinder these employees from providing quality care to patients with dementia and develop better approaches. It would help the performance of their work functions, avoiding high absenteeism and complaints in the workplace.

It was identified that qualifications training would be essential to improve patient care and also to improve the quality of life for these employees in the work environment. It is also important to note that one of the most cited causes of conflict was the omission or delayed administration of the healthcare manager by many employees interviewed in the survey. Still, a critical point was found to be incorporated in a subsequent study. Healthcare managers have outdated training and not finding

excellent and effective mentoring by the directors of these companies.

Concluding then, this theme is essential and current in health organizations, both public and private, in Ireland and worldwide. Studies indicate that the population in some decades will reach double the census at the moment, with older people with dementias totaling almost 50 million with some dementia , according to WHO World Health Organization .



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## **Acronyms**

**INMO** Irish Nurse and Midwives Organization

**WHO** World Health Organization

## Introduction

Dementia is critically disabling for patients who have this syndrome, making it heartbreaking for their caregivers and families. Daily there is an increase in the statistics of individuals injured by this diagnosis; it is practically impossible for someone not to know a person committed by this disease. According to the World Health Organization (WHO,2017 ), the number of people who need to deal with dementia worldwide, where an estimated 150 million people will have dementia by 2050. The rise of this global occurrence will impact different sectors of society, such as education, economics, and health care, presenting a direct negative consequence in everyone in the circle of a patient with dementia: families, caregivers, and communities.

Furthermore, the influence of dementia on society is intensely afflicting; it also has consequences for professionals who assist these patients with dementia, their families, and health systems. A lack of staff and employees with real knowledge about the disease, analyzing not only if there is a sufficient staff to provide care, but above all verifying if these professionals have the necessary qualifications to exercise their function with merit. Also, observe and manage whether these frontline professionals are developing and any physical, emotional, or mental problems related to their service.

The health care professional when working with a demented patient can develop several aspects such as stress, fatigue, depression, burnout syndrome, and others; finding severe obstacles to perform its function. A survey of employees working in nursing home showed that the performance of employees was more challenging while they had to provide assistance to patients with a history of aggressiveness, lack of cooperation and highly deteriorated memory; where some believed that demented patients had this behavior of their own free will and not under a cause of dementia (Brodaty, Draper & Low, 2003).

Understanding what the conflict does is vital to seek and assess the root of the problem, where it materializes in different daily life experiences, such as family conflicts and the generation of catastrophic and monumental battles, citing, for example, the hundred-year war between England and France in the middle ages. These disputes were endlessly initiated by established values, rules versus interpersonal and international rivalry between opposite preferences and opinions based on power's practice and reach. Nonetheless, not everything is so black and white, and there are authors like Hussein, AFF, & Al-Mamary, YHS (2019) who declare and ratify that the conflict has as many positive as negative points and that the outcome or solution will depend on who managed it the dispute.

Thondhlana S, Makawa JD (2017), Rue and Byars (2003) and Rahim, M.A., (2010) and Kaur, D., & Singh, J. (2020). also highlight this point of view and state that because there are different types of conflict such as intrapersonal, interpersonal, intra-group, inter-group, intra-organizational, and inter-organizational, the effectiveness of a resolution would be mostly the skill of the manager to identify, evaluate, plan and employ the proper management in the dispute to obtain the best and effective resolution of the problem.

## **1.Purpose Statement**

Conflicts in the healthcare sector are exposed excruciating as devastating to those who experience them, originating emotional, physical, mental, and financial losses where settle that there is a vital responsibility to the manager who is in control of impact the progress, effects, and conclusions of the dispute.

## **2 .Research Aims and Objective**

The aim of this research is to establish how important it is to have a qualified health care professional in the assistance of a dementia patient. It will also identify the most common issues faced by Health care assistant in this context and what is the impact of the management on how to negotiate this conflict effectively. The objectives of this research are:

1. Identify the most common problems health care professionals face with dementia patients.
2. Evaluate the manager's importance to solve conflicts while the health care professional is doing their duty.
3. Determine the impacts that a qualified health care assistant has while taking care of a dementia patient.

This research will identify effective ways to solve conflicts faced by health care assistant during their shift and define how the manager could tackle these possible issues .

## **3. Background of the dissertation topic**

Working in the nursing field in Brazil over 14 years old and being a nurse has given me a more critical and accurate view of the health professional environment's conflicts. I believe that this long, dynamic, and vigorous professional experience lived before coming to Ireland has contributed immeasurably to increase my thoughts around these many issues.

I Also, having the great opportunity to get a job as a healthcare assistant in homecare companies and nursing home care. Caring for patients with dementia daily in Irish lands makes me more engaged in

discovering how could these health problems be tackled and improving their duty.

This dissertation will seek to identify the main dilemmas and conflicts faced by these health care professionals while providing assistance to patients with dementia and how the manager's role can be fundamental to avoid or resolve these disputes quickly. Also, identifying and stressing what the importance of periodic training in caring for dementia could improve the care provided by these health employers.

#### **4.Relevance and Significance**

We often see in the newspapers the growing need to increase the number of suitable places to care for and accommodate patients with dementia since the majority of the nation's pyramid already has an inversion in its base, with fewer births and more adults and older people in their territories. Doing so that several of these governments are on alert for public policies for the care of this elderly part of the population will probably present some dementia. Moreover, it urgently requires qualified labor in these occupational health environments to provide the best care for these patients and provide a quality work environment for these professionals who have proved that they are indispensable and essential in this pandemic since last year.

Findings in this study will be highly relevant to resolve these conflicts evidenced by these professionals effectively and will be significant and suitable research for managers in these sectors to improve their approach when dealing with these issues. Furthermore, these supervisors retain a crucial role in identifying and providing adequate training in dementia for their subordinates to perform their functions successfully and easily daily.

## **5 .Dissertation Road Map**

This dissertation has been divided in nine parts which sought to facilitate the clear presentation of information, references, studies and results. It is respectively followed by Introduction, Review of the Literature, Research Methodology and Methods, Presentation of Data , Data Analysis, Discussion and Conclusions .

**Introduction** -The foremost aim of the literature review is highlight credited theories and data connected to the present research which will serve as a base to contributed to that issue. It is crucial that be explained why topics, theories, concepts and models are substantial to the Dissertation.

### **Review of the Literature**

The literature review has the function of correlating current theories to the topic of its study, revealing various means of reporting literary content in this section. Retaining the need to sustain the reason why each topics and concepts are paramount to research.

### **Research Methodology and Methods**

In this part of the study, it is necessary to consider hypotheses about the methodology chosen in this research. It is highly relevant that the researcher/student discusses the research methods used, together with the strengths and weaknesses indicated in the dissertation, explaining that it is used, the literature on methodology/research methods to corroborate with their discussions.

### **Presentation of Data**

This part of your research is fundamental and most-awaited, where the results obtained will be exposed, highlighted the research method and the methodology used during primary research. The data's presentation will be at the discretion of the researcher, who can either show the original data to

be collected and, after that, make a basis with the literature, or can also "sew" the data obtained with the literature. Moreover, always taking the reader in a soft, clear, and logical way throughout the dissertation's chapters.

### **Data Analysis**

In this chapter, the results obtained are presented and demonstrated, which aim to highlight descriptively without changing the data, however, not making them trivial.

### **Discussion**

This part can follow the same organization, logic, and flow that you used earlier to expose your results here, which will prove to be coherent in evaluating the information retained earlier in this chapter. Here the merger of the first 4 chapters will take place, where it will reveal the connection of the literature review with primary research. The researcher's grounding in the theoretical part clearly exposes his findings.

### **Conclusions**

In this chapter, the researcher must make a complete evaluation of the study, if the objectives were reached, if there were failures and if any of the exposed data was surprising of great evaluation for the academic environment. The results, conclusions in this episode must be presented without flowering, without any substances that could pass false information or impressions to the reader. This final reflection must be reflective, critical, coherent, and analytical, connecting theory and concepts.

### **Reflection**

In this chapter, it is essential that academics faithfully report their reflections based on their understanding and experience during the realization of the dissertation.

### **Bibliography**

In this section, All references used in the work must be placed in alphabetical order of the researcher's surname and follow the Harvard formatting structure. The format used will be with the use of Word or PDF.



## **Chapter 1 . Review of the Literature**

The literature review in this research aims to provide the reader with information on a specific theme. This material is essential to inform about vital details around dementia and what knowledge health professionals have or not about the subject. The main topic is to reveal how the challenges of caring for a patient with dementia are managed and how to resolve possible conflicts in this daily care.

### **1.1 What is Dementia**

According to the World Health Organization(WHO) (2012), Dementia is defined as a syndrome caused by diseases of the brain - which can be associated with a chronic or progressive diagnosis - where there is a deterioration of various functions that include memory, thinking, guidance, understanding, calculation, learning ability, language, and judgment. The cognitive function deficits are conducted and previously preceded by emotional damage and social behavior, leading this syndrome to several situations that predispose a significant influence on the brain.

Dementia is a massive issue in public health, is seen almost entirely in the criteria that the world population ages. It is commonly dismissed as a huge responsibility that Dementia generates in people, families, society and health services, and governments. It is described that Dementia seriously compromises 11.2% of the years lived with the syndrome in people over 60 years of age and that stroke (9.5%), musculoskeletal disorders (8.9%), cardiovascular diseases (5.0%), and all forms of cancer (2.4%).( (Chen , et al.,2011)

### **1.1.1 Types and symptoms of dementia**

Alzheimer's disease is the known as common type of Dementia, and 60-70% of other occurrences, other would be vascular dementia, frontotemporal Dementia , Dementia with Lewy bodies, behavioural variant frontotemporal dementia; language variant frontotemporal dementia. (Smits, et al., 2015). Dementia unequally affects each patient; the disease can be affected by the type of disease and what pre-comorbidities the host has. The diagnosis of the syndrome can be reported in three stages: Initial stage - between the first two years; Intermediate stage - between the second and fifth year; Advanced stage - reported after the fifth year of the disease. These stages are not exact, and each patient may present a different evolution of the clinical picture, for example, not presenting all symptoms of the disease. (WHO, 2012)

Some behavioral and psychologic symptoms of dementia would be: paranoid and delusional ideation; apathy and depression ; hallucinations; activity disturbances; aggressiveness and diurnal rhythm disturbance. (Chiu, et al ., 2006) . Also states by (Cerejeira, J., Lagarto, L., & Mukaetova-Ladinska, E ( 2012) that these neuropsychiatric symptoms are factors that represent important aspects of dementia syndrome, presented by agitation, aberrant motor behavior, anxiety, euphoria, irritability, depression, apathy, disinhibition, delusions, hallucinations and changes in sleep or appetite.

### **1.1.2 Dementia – Diagnosis ,Treatment and Cure**

The first diagnosis in patients with dementia is exposed as essential and vital in the disease's care; however, this clinical identification often occurs late (Ellis, J. M, 2005). It shows that identify the disease in the initial stages is essential for the treatment to be created and prescribed individually. In various situations, patients with dementia present a mix of types of the syndrome, making it even

more challenging to propose exclusive clinical approaches. The diagnosis of dementia Alzheimer's disease needs to be diagnosed by a specialized doctor, where the analyzes must retain cognitive and behavioral functioning, daily activities, and treatment adherence profile. (Overshott, R., & Burns, A., 2005).

Some pharmacological treatments use, for example, donepezil, galantamine, and rivastigmine; however, it is essential to note that some of these remedies may not work in some patients. It is crucial to quickly change the medical prescription and obtain a new clinical and individual evaluation. Also, concomitant use of non-pharmacological treatments is important, having been presented as a vital help to delay the progress of dementia, such as "Verbal therapies  
And Non-verbal therapies ( Overshott, R., & Burns, A., 2005)

**Figure 1. Table of Verbal and Non-Verbal therapies**

" Verbal therapies

Non-verbal therapies

Behavioral therapy	Aromatherapy
Cognitive-behavioral therapy	Bright light therapy
Interpersonal therapy	Exercise and activities
Reality orientation	Multisensory therapy
Reminiscence therapy	Music therapy.
Validation therapy	

Source : Table (Overshott, R., & Burns, A., 2005).

Currently, no therapy offers a cure for dementia, but some means can be used to provide a better quality of life, which can be administered through pharmacological or non-pharmacological treatments. With a focus on that, three steps are recommended, as of paramount importance to allow and facilitate an excellent therapeutic intervention for both the patient, health caregivers, and family members. A diagnosis would report these at the initial stage of the disease; preserve health, both physical and mental; discover and act on compartmental and psychological symptoms; Provide

details on the patient's state of dementia to continuous and long-term health professionals who care for the patient. (WHO, 2012)

## **1.2 Evolution of dementia**

Dementia is in the first place of urgency in world public policies, being one of the predominant factors of disability and dependency among the elderly globally, correlated with adverse results throughout the care provided by caregivers, families, and society. (WHO2017)

Currently, thirty-two countries have developed their National Dementia plans themselves; even though there are some minor differences between the strategies, social citizenship principles in common are maintained, aiming to advance society's awareness. These plans are fundamental because it raises and provides new opportunities as each new awareness, subtracting risks, and producing new knowledge in the experience of everyone who has direct or indirect contact due to dementia. (Cahill, S. 2020)

WHO (2017) also affirms that dementia quickly generates an enormous expansion of the financial amount for government officials, families, and patients, leading to an unprecedented monetary deficit in the world economy. It is assumed that the countries will disburse an amount of about two trillion US dollars to protect individuals with dementia until the year 2030, indicating that this amount may jeopardize advances in the social, educational, health, and economic spheres if there are no rigid policies in the long run.

### **1.3 A health care professional taking care of a patient with dementia**

According to WHO (2017) highlights that health care professional who care patients with dementia, have an essential and primordial relationship with the patient with dementia because by retaining proximity for long periods of care, they retain indispensable details on the evolution of the disease in the elderly. They are becoming indispensable to evaluate and apply individual treatment and care strategies. These professionals deserve to be seen and dignified as elementary and relevant partners in the long-term care and treatment plan given the premises of the care provided.

Glasby, J., & Thomes, S. (2018) present and collaborate WHO (2017) where revealing research data on the work of health care professional in 2018 which shows the colossal representative and alarming confirmation of the growing demand in the health service by these professionals; where about HCA 700,000 take care of 850,000 people living with dementia who most of that have a lack of knowledge and skills about dementia disease .

#### **1.3.1 Challenges faced by a health care professional**

Emphasizing that exercising the profession of a health care professional related to dementia's patient influences and inserts a great concern regarding how this source of care damages their physical and mental health. Adding a significant risk factor to be evaluated by health services and management, how to provide specific services to productively coordinate future requests related to physical( worse health results,including obesity, higher metabolic risk (293), higher levels of stress hormones, compromised immune response), mental(apathy ,depression,anxiety,burnout,stress) and social(isolated ,fatigued) complications during a role as caregiver. (WHO 2017)

A study by Kazuko Hiyoshi-Taniguchi, Carl B. Becker & Ayae Kinoshita (2017) explained that it provides a strong link between behavioral and psychological symptoms of dementia of distress and burnout cited by caregivers. The research brought to significant light data on the connection between the caregiver's suffering and the level of dementia of the cared patient; Related to caregivers who presented with burnout, where retain irritability and agitation, hallucinations, apathy and depression.

It is firmly express some problems during their shifts in the organizational or management environment, which often brings great plastification for providing services in such a sensitive and arduous area, as in the care of patients with dementia.(Schneider, J. et al.2010).

Schneider, J. et al.(2010) also relates that Some of these conflicts include high workload due to lack of health care professionals in the sectors; lack of adequate training on the disease and on the most appropriate way to manage the patient with better skills (providing better care for the patient as well); conflicts exposed and how this will be changed; communication between superiors about treatment change and patient care disease; policies aimed at improving quality in the work environment, such as aiming to recognize the efforts made by these professionals during long and exhausting hours of work.

## **1.4 Understanding Conflict**

The word conflict, wherein the dictionary it is defined by some meanings as "profound lack of understanding between two or more parties," "confrontation between opposing or incompatible elements," "Opposition of interests, feelings, ideas. Struggle, dispute, disagreement . Fight, confusion, turmoil, disorder ". Since the dawn of humanity, it has been present, such as in the religious chapter, between the dispute's brothers of Cain and Abel in the Bible; or In Classical literature, the

war between Troia and Greece when Helena betrayed The Greek king by the Prince of Troy. Alternatively, one of the indisputable and overwhelming moments in world history occurred in the middle ages, called the war of the hundred years between England and France between 1337 and 1453.

We can see that some disputes are committed due to the divergence of interests, ideologies, cultures, and communications, which are dangerous in human history. However, we must not forget that non-aggressive conflicts are also highly deteriorating due to the chance to transform the population's behavior and the environments in which they live.

According to Jeong, H. W. (2008), understanding the root of the dispute becomes vital to assess the reasons for the conflict and determine the type of relationship between the parties to facilitate a possible solution to end the latent problem at the moment. In order to have an intermediary action in the conflict, it is essential to know the environment, factor, and situation of the dispute, where defining possible solutions is exceptionally relevant to avoid the expansion of the problem.

It might be confirmed by Tjosvold, D., & Sun, H. F. (2002). His research, which was based on a questionnaire answered by 85 Chinese managers in South China enterprises, has shown that most administrators have avoided methods to increase relationships, motivation, and strategies inside their companies. However, it is observed among the employees that the great majority have a fear of suffering retaliation, and many times, they could get another way to be heard as talking directly with their supervisor but not telling the truth about their interpersonal conflict. Furthermore, it could be seen as undermining their chances to grow up for a better job position in their work, sometimes choosing to continue to live to deal with conflict instead of seeming weak on their duty.

### **1.4.1 Defining Conflict**

Deutsch, M. (1973) has addressed the definition of conflict as a contradictory task, interest and used social-psychological conduct to assess conflict management. He cited that the leading individuals in the dispute have characteristics of cooperation and positivism and a high communication ability to show their desires to solve the problem for themselves or reveal aggressive and harmful goals to raise a resolution to the detriment of the other party or participants, thus being able to increase the effects of the problem dramatically.

The conflict is shown as the product of a society with established values , rules versus interpersonal and international rivalry between opposite preferences and opinions based on the practice and reach of power. The conflict experience can be seen at levels so elementary and straightforward, from everyday life to high astronomical financial negotiations, that its harmful scope is fallaciously propagated and recognized, amplifying their losses to different principles, rules, beliefs, and personalities (Jeong, H. W. 2008).

On the other hand, we can retain and evaluate a different point of view where Tjosvold, D. (2006), brings to light a perspective that conflicts, an erroneous idea that the existence of a conflict would be something degenerative for those involved or for companies was widely spread. Those involved in this situation should win, lose at any cost, in a rivalry and highly complex scenario. Nonetheless, the author explains that conflict can be seen as a positive and mutual growth aspect if there is a vital element: an appropriate negotiation of the problem. Conducting disagreements in collaborative ways would be the solution to an effective solution.

Hussein, A. F. F., & Al-Mamary, Y. H. S. (2019) offers this discussion a broader view, not choosing



sides of the problem, but noting that the conflict would be like two sides of the coin where it would have negative and positive aspects which would depend on how the manager would deal with the difficulties, as shown below :

#### Negative effects of conflict

- With no intention of staying in the work environment.
- total lack of motivation during the activities performed.
- workers giving the notice to leave the company.
- conflicts caused by bullying, traps to cause tension and anger due to some situation experienced.
- can drastically affect employees both physically and mentally due to unresolved conflicts.

#### Positive effects of conflict

- It would include the incentive to realize more fantastic strategies to achieve goals, both personal and evolutionary and financial, making it possible to reach new promotions in the company in constructive ways.
- Generating an expectation to lead the creation of new ideas would be like a good foundation for producing healthy and fair environments from problematic experiences.
- The possibility to generate changes, social and behavioral, in the work environment and society would consequently favor the development of new intergroup and interpersonal concepts.

### 1.4.2 Types of Conflicts

Thondhlana S, Makawa JD (2017). The conflict is intrinsically in human experience and explains that Rue and Byars (2003) have classified four types of conflicts: intrapersonal, interpersonal, intra-group, inter-group, intra-organizational, and inter-organizational. Stressing that due to being listed different disputes, it also requires several forms of resolutions. Rahim, M.A., (2010) and Kaur, D., & Singh, J. (2020). they also corroborate with this knowledge mentioning that different strategies must be employed to reach the best agreement, thinking about which of the four types of conflict was established by the manager, requiring appropriate planning and evaluation for an effective solution.

#### Intrapersonal Conflict

This type is almost predominantly hierarchical and structural. For instance, a worker is indicated to perform a function for which he does not have an equivalent qualification; Despite the high demand for qualified professionals, an inferior capacity to supply these positions also prevails. This employee often makes this employee exercise demands that put him at immediate risk of a problem, primarily influenced by its bad management. (Riaz, M. K., & Junaid, F. A. 2011).

#### Interpersonal conflict

Interpersonal conflict occurs between two or more parties involved in any dispute connected to cause emotional presenting divergent characteristics that lead to generating the conflict. (Thondhlana S, Makawa JD .2017) . There are endless strands of sources of the conflict generated due to different personality, attitude, and perception

cited by Rahim, M.A., (2010) and Kaur, D., & Singh, J. (2020)

### Inter-Group Conflict

According to Thondhlana S, Makawa JD (2017) they argue that the roots of the problems between groups are due to the rivalry for resources, disaffected by the person responsible for specific situations and undermined dialogue generating misjudgment, data not correctly informed to those involved, and the constant search for power in the company. Meantime, It reveals some positive aspects of the conflict, such as the addition of group interaction, objectivity to achieve proposed goals with agility, assuming that the group is governed with the mentality that every product will be affected by everyone's decisions, making the team more cohesive and organized if obtain proper conflict management.

### Intragroup Conflict

The intra-group conflict develops due to the existence of different personalities between groups and managements. Different aspects of the problem can be cited as Task conflict and relationship conflict, where a clash occurs between thoughts and values ahead of demand.

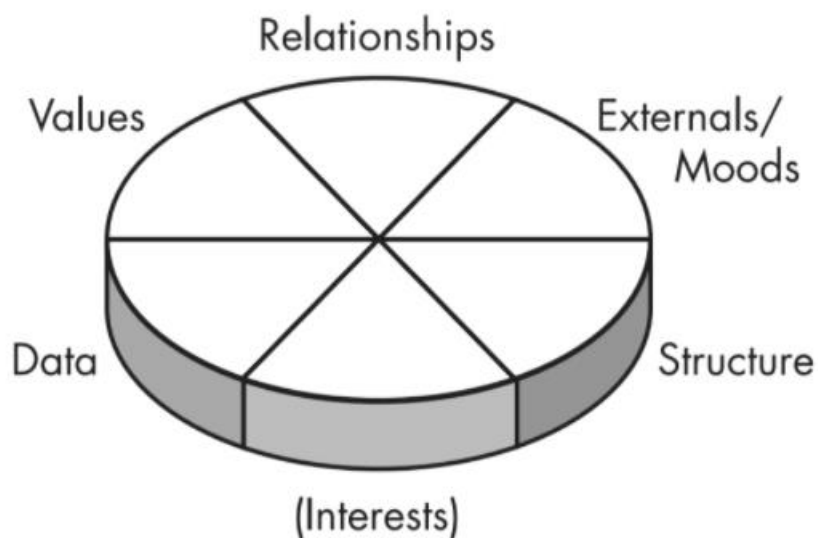
It is also related to the division of policies, management, financial sources, and analysis of information collected. Rahim, M.A., (2010) and Kaur, D., & Singh, J. (2020)

## 1.5 Different paths to approach and look at Conflicts

To know how to identify and find the cause of the problem in a situation is vital, which approach will be chosen to eliminate this dispute. Several skills and techniques are needed to help the person in charge to obtain the maximum effective and positive results in these occurrences. Because having this expertise to unite theory and practice will make this manager vital for the institution and the sector of work to perform its diagnostic work.

### 1.5.1 The Circle of Conflict

Figure 2. The Circle of Conflict



Source : Furlong, G. T. (2020)

According to Furlong, G. T. (2020) This circle above created by Christopher Moore is used as a method to identify and assess conflicts and is divided into five parts, such as Values, Relationships, Moods / Externals, Data, and Structure.

In this process, there will be several facets that will assess the possible origin of the disputes. As negative experiences that any of the participants had, and which compartment is presented in these situations. It will also check what type of communication was exposed by them, which could cause the trigger of the problem.

What values do these stakeholders bring to the situation, such as different religions, cultures that have been created and exposed during their lives; What external factors may have been the cause to start the situation if it involves emotional and psychological interference in the context.

If there was a lack of information, or delivery of erroneous information that triggered the problem, what may also have been caused by the lack of physical structures such as time, money, organizational or geographic structure. (Furlong, G. T. 2020)

### 1.5.2 The Triangle of Satisfaction

Figure 3. The Triangle of Satisfaction

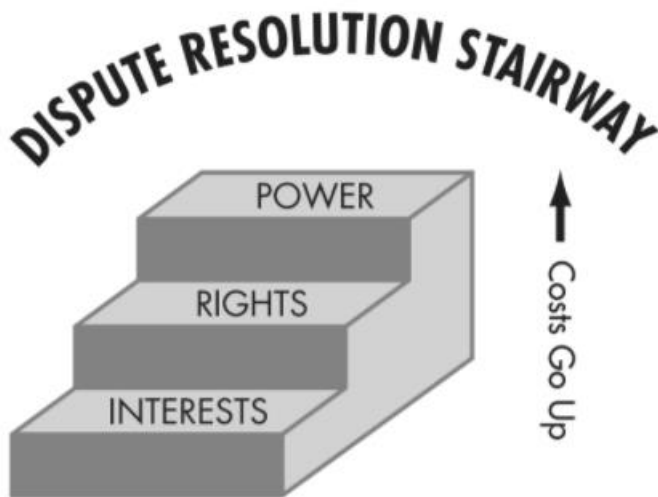


Source : Furlong, G. T. (2020)

This model insert a different approach to define conflict, in three different new ways : Result , Process and Emotion which also was developed by Christopher Moore .This path seeks to verify and implement if the interests of those involved were reached during the negotiation of the conflict, aiming at who will win over whom but trying to understand the reason for the conflict and seeking a natural solution that is good for the participants financially and emotionally. Besides always aiming at transparency and honesty during conflict management which there are no grooves that can undermine the agreement, possibly reaching times later due to misconduct. (Furlong, G. T. 2020)

### 1.5.3 The Interest ,Rights and Power

Figure 4. Dispute Resolution Stairway

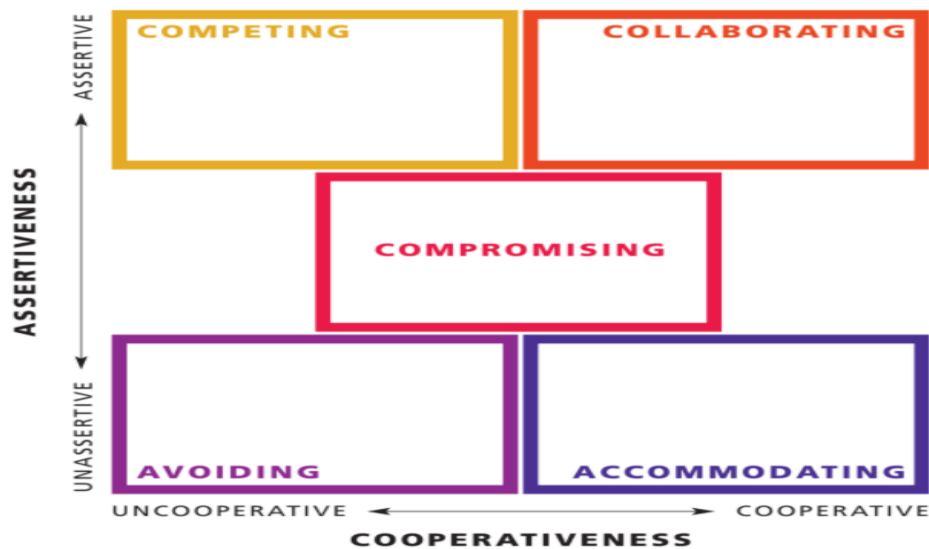


Source : Furlong, G. T. (2020)

Furlong, G. T. (2020) states that This model aims to assess how each person sees, feels, and reports a conflict, providing a particular means of managing the conflict based on interest, power, and rights. This approach aims to find out what those involved want, how they feel, what they are afraid of, what they need and need at the end of the dispute negotiation. This same method can also be followed with another more consensual view, aiming to seek the right within the law for those involved and not utilizing other subterfuges; and the third approach would be all tactics and methods against the opponent, not thinking about how the result would be for the same .These types of results are cited by Fischer, R., Ury, W., & Patton, B. (1981), refer that to WIN-WIN, WIN-LOSE-LOSE-LOSE, widely used and considered an essential reference source in several negotiations by specialists worldwide.

### 1.5.4 The Dimensions of Conflict Management Styles

Figure 5. Thomas Killmann Conflict Mode Instrument



Source : Thomas, K. W. (2008)

This instrument was designed to assess those involved in the conflict in two areas, such as assertiveness and cooperativeness, which contain five modes: Competing, Collaborating, Compromising, Avoiding, and Accommodating.

These five different styles of approach in a dispute can vary between various characteristics and behaviors, such as showing hesitation find an agreement with another person; it can also present a more malleable manager's style, which shares and accepts other points of view different from their in a conflict seeking a good agreement for all involved; another approach would be not easy to accept agreements that would benefit another party, but would instead give in trying to be fair in the conflict though; It also has highly conflicting styles that seek in any way not to provide anything to their opponent, only not to be seen as a weak party in the dispute; and the last style would be that of someone who is unable to negotiate or give negatives as answers in the conflict and ends up accepting



any agreement, even though it is not the best solution in the situation.( Thomas, K. W. 2008)

Conflict management presents a greater degree of difficulty in having a practical solution when those involved have different rules, styles, personalities, and cultural values. Being fundamental, an administrator who has extensive knowledge and skills in managing conflict management styles.

This task around solving conflict is an administrative process vital and essential in a company's organizational structure. It is defined as the dispute not being related to the exposed conflict but itself due to divergences in the conflict management styles proposed by the managers. (Al-Hamdan, Z., Shukri, R., & Anthony, D.2011).

## **1.6 Conflict in the healthcare workplace**

Kfour, J., & Lee, P. E. (2019) settle and endorse that It is undeniable that there are several reports of the occurrence of conflict in the healthcare sector, leading to negative experiences of the dispute, wherein many moments it generates an avalanche of emotional disturbances and stresses free for these individuals. Furthermore, adding numerous issues to the company, the outcomes are felt and seen in several sectors, from the corporate hierarchy, as in the final work delivered to the client. It shows an unprecedented calamity affecting all organizational aspects such as employee absenteeism, productivity, profits, medical management, patient security, and care for the patient.

Where Briles, J. (2003) brings terrifying` reports from some employees of the health sector who lived conflicts in their work environment frequently, comparing it to the air aspired daily by humans, and citing a record about this situation experienced: " Yes, we know there is bad behavior and conflict among staff member, physicians, and manager- even the patients and their families agree with us often. "

Michael A. E. Ramsay (2001) ratifies and asserts the previous paragraphs and authors that maintaining that handler with conflicts in the workplace is a gradual and consistent duty. Disputes exist between several different functions such as doctors, health staff (nurse, physiotherapist, nutritionist), and the patient's patient or family. There will easily be a reverse and unproductive domino effect on the health staff in patient-related care, resulting in recurrent employee layoffs directly affecting its efficiency and morale.

Patton, C.M. (2020) also brings us another account of the health sector's work environment, telling that many employees stated that they had panic attacks, bourn-out, trouble to do their task at work, getting infinite mistakes, and developing anxiety. Patton believes that lengthened contribute directly to create a negative effect on staff and the companies. Requiring in this way agile management of the administrators about possibly the new creation of policies and procedures that aim to extinguish or reduce these harmful conflicts.

### **1.6.1 Managers dealing with conflict in the health care sector**

Schneider, J. et al. (2010) state that companies and their managers need to implement a change in the supervision of health care professional to improve the workers employed by them (as with adequate training and management with a focus on quality and recognition of the given service), to retain these essential collaborators in the care of the elderly with dementia.

Conflicts in the workplace are almost predictable and expected because they are interactions between people whose different points of view, knowledge, emotions, and needs. Thus, in the work environment related to health and care provision, they occur daily, but with the setbacks that can affect patients and the whole team. However, it is reported that this can be alleviated by management who provide the right conflict management style and often performing extra functions in addition to supervision. (Ylitörmänen, T., Kvist, T., & Turunen, H. 2015).

(Ylitörmänen, T., Kvist, T., & Turunen, H. (2015). also states that management in the health sector, such as register nurses, employ multiple functions in the health sector, such as related duties to patient administration, health professionals (pharmacist, nutritionist) and direct assistance to family members and health organizations. Showing that these health managers require to present several skillful negotiations to develop and maintain a high level of satisfaction for a large group. Even if conflicts are seen with a negative perception, this may be the chance to improve services and improve the quality of care provided to patients and health sector employees as well; mentioning a vital opportunity for health management, a nurse in many cases, to intervene in the conflict in a constructive way for the whole team.

## **1.7 Quality of Care in the Health care environment**

Corkin, D., & Kenny, J. (2017). Affirm and describe that the urgency of renovation and development in leadership and service focused on service quality and security. However, few managers can modify teams to accept and apply continuous improvement in practice. Quality is essential in the assistance provided in creation sectors, and there are specific policy strategies and management to reform and transcend old aspects of assistance. Unfortunately, it is common for disagreements to occur in patterns and rules in applying quality activities, leading to a lack of understanding between health

professionals.

Furthermore, clinical governance is a fundamental pillar in these protocols to be followed because it is a systematic method that aims to reach, spread, and keep high standards of quality of care in patient safety. This clinical governance, which makes the NHS seek ceaselessly for the review and progress the quality of the service in the environments of health and pursuing high levels of benefit and utility in the health care in environments. A fundamental and unique aspect of vital clinical governance would be risk management, which is contained in all areas of clinical practice, such as application of medications, and infection control.

The human being is flawed and not perfect. In other words, it is impossible not to happen risks and errors in an employed job performed by a person, so the use of risk management is a prerequisite decisive for pinpoint, appraise and deflate losses to patients, staff, and public health. Professionals need to gather, develop and expand new commanding competencies to have a greater mastery in communication interprofessional with subordinates, team, and facilitate leadership and risk management.

**Figure 6. Process of managing opportunities to enhance quality patient care**



Source : Corkin, D., & Kenny, J. (2017).

Irish Nurse and Midwives Organization (INMO) (2021) reports that HIQA National Standards for Safer Better Health Care aims to achieve a high level of quality in providing patient service in leadership and management in the healthcare sector. Also, HSE prioritizes the pursuit of this excellence by promoting hospital groups and community health, which is constantly advancing and introducing new frameworks for a significant evolution.

Governance is crucial for the organization's effectiveness and improvement, which seeks to maintain quality and safety as a vital factor where each employee understands his role in the working group and the objective in individual and collective terms to promote good assistance quality.

It is highly necessary for each group member to know and master their job requirements and duties and, above all, maintain respect and trust between the work team and the patient seen at the unit. The spread and employability of all protocols aiming at quality and safety are immeasurable. The service provided clarifying that the work environment's internal policies are followed and put into practice and not just mentioned in papers implemented.

The indispensable factors for management with quality and security in the healthcare sector are the promulgation of Knowledge and skills where managers are qualified to perform their leadership and responsibility roles. One of the primary skills is the correct use and handling of information retained about the site's functioning and how to use this data to evolve and maintain the level of quality and safety in the service.

Culture and relationship are two keywords in this framework's vision as it has similar targets and goals that aim to ensure continuous learning for company employees for patient care. Serving as a bridge to the patients who receive this assistance and are the primary evaluators if the quality is

maintained or needs immediate corrections and changes. These protocols are united, connected, and administered by various organizations and sectors, an arduous and often joint effort by public and private sectors seeking a balance and leveling of a state or country's health services.

**Figure 7. The Framework for Improving Quality**



Source: INMO (2021)

## **1.8 Summary of the literature**

In conclusion, through research, the literature review shows us that the topic regarding the service provided by a health care professionals and how health managers deal with their conflicts during work are increasingly current and necessary studies and interventions.

Understanding, evaluation, and planning are crucial when the type of conflict is identified and should be resolved with lively knowledge by the manager responsible for the case.

Where conflicts exist in the health sector as highly damaging for employees and the health organization, making it critical to create new policies and procedures to remedy these occurrences. Conflicts are exposed excruciating as devastating to those who experience them, originating emotional, physical, mental, and financial losses—establishing that there is a vital responsibility to the manager who is in control of impact the progress, effects, and conclusions of the dispute.

All the information collected will be fundamental to guide, promote, and polish this dissertation shortly. Showing that the chosen topic is crucial and highly relevant to health services and research developed in this area of health care. Hoping that in the future, data analysis collected in the first survey will be relevant to dispel the lack of information on dementia and underline the relevance of this research.

## **Chapter 2 . Research Methodology and Methods**

To begin with this research, we should define the characteristics and discrepancies of two words in this dissertation, which would be Methodology and Method. Saunders, Mark N.K. (2015,p.04). clarify this, affirming that methodology would be how the theory might be initiated and tackled for getting the best results. On the other hand, the word Method is indicated to describe techniques and procedures used to gather and interpret, scrutinize the data.

Still, referring to Saunders, Mark N.K. (2015, p.05). research means action, a study that presents three essential aspects: data gathered and explained, illustrated systematically, and having an objective crystal of having several chances to outline infinite purposes for the research. Creswell, J. W. (2012,p.26) also corroborated with this information and added that perform research could be highlighted by choosing a question, compile data and evaluate data to obtain an adequate return the question asked. Additionally, this research could conclude in a document that would be exposed defining the information collected evaluated and would have enormous chances of being useful in an educational way by society.

The research is carried out step by step using topics, including methods referring to techniques and procedures used to retain and verify the data. It has questionnaires, observation and interviews, and quantitative (statistical) and qualitative (non-statistical) analysis techniques. The methodology can be separated into layers like an onion to deal with the steps per step. To exemplify the research process, a researcher can use the following steps and cycles to report a methodology, showed below (Lewis, Saunders & Thornhill, 2009).

- Research Philosophy
- Research approach



- Research strategies
- Time horizon
- Data collection and data analysis

## **2.1 Methodology**

### **2.1.1 Research Philosophy**

The research philosophy is used to show how research is examined; This research embraces vital considerations about how it is seen in the world and where These considerations will support the research plan and the methods which will define as part of this tactic. It includes five types of philosophies: positivism, critical realism, interpretivism, postmodernism, and pragmatism. This dissertation will use the " pragmatism " in agreement with the reports that its concepts were created in the late 19th century in the USA and were present in some books of philosophers such as Charles Pierce, William James, and John Dewey, uncountable knowledge and multiple experiences. (Lewis, Saunders & Thornhill, 2009, p.108)

Looking through a pragmatic view, this line of study would begin conflict and would focus on presenting some practical resolutions .The researcher would act intuitively to discover and remedy something that does not follow the same normal flow and bring a reclarification about a dispute. Showing that the crucial target for research would surround the conflict retains the urgency of

addressing the research question, seeking to reach practical, elucidative, and useful conclusions.  
(Saunders, Mark N.K. 2015, p.143)

### **2.1.2 Approaches**

The research can be carried out using three types of approach: "deductive, inductive, and abductive." This research will be done through the deductive approach, which presents an approach that includes the progress of a theory that is evaluated in a test through different steps and levels, addressing a wide range of knowledge-based on a satisfactory explanation that helps to anticipate their actions to be controlled. Containing six linear levels through which a deductive approach will progress: present a speculative idea or set hypotheses; getting by the literature a theory which might be able to determine propositions; analyse the experiment and checking their conditions; verify affordable information, data to check concepts and variables; if the product gathered were different from the premises, so the research must be initiated again, being false; if the result is matched with premises the study is confirmed. (Lewis, Saunders & Thornhill, 2019, p.152,154).

(Lewis, Saunders & Thornhill, 2019, p.152,154). The deduction approach includes several aspects where need to find explanations between concepts and variables such as high absenteeism in a company. Its made essential to get enough samples because the study would not have a problem due to insufficient data. There are the creation and correlation of numerous hypotheses for the lack of adherence of the employees.

In contrast, Walliman, N. (2011) exemplifies this by saying that theories are experimental dilemma responses, being ascertained by analysis and measure. For a theory to be proven, it must contain the

hypothesis as a word. The essential root of this word would be that something could be viable to create factual observational statements that would have contact with the problem with the hypothesis, thus having the bias of falsifying it.

## **2.2 Research Design**

In the current context of the literature, more studies are needed to clarify the conflicts experienced by health professionals in daily contact with demented patients. The purpose of this dissertation will be to find solutions that aim to reduce or remedy these obstacles, which have shown to be highly damaging to the length of the service, and also to highlight the role of the health manager of these teams in the work environment that often face disqualified leaders to identify, evaluate and establish effective and appropriate solutions in these health workplace disputes.

The present study will use cross-sectional and quantitative research to determine these issues. Quantitative methods require the researcher to use an instrument made with pre-analyzed responses and instituted to obtain multiple views and experiences from the selected participants. These surveys refer to a high number of reports, defined at random to provide researchers with the opportunity to find, analyze and present their initial purpose. The best choice of this method would be to verify the selected responses among a limited number of questions, promoting a statistical analysis of the data. The surveys' gathered results would benefit the identification of a general guide to reach an acceptable and irrefutable group of responses.(Yilmaz, Kaya 2013).

Hupp, Stephen; Jewell, Jeremy (2019) point out that Quantitative methods are those research processes based on collecting and interpreting numerical information to assess, justify, and conduct the variables and existing phenomena. This approach's initial structure is a philosophical thought that our human existence is relatively constant and linear, defining that there are great chances in the

horizon of the data analysis to be identified and decoded to reach a higher level of knowledge about the problem.

Gay et al. (2009) and Fraenkel et al., (2012). complement by citing that at the top the line of quantitative research infers that outcome from humanity would be null or unproven until they had been authenticated by examination and elevated judgment. As a result of having this context unique, operating strictly with established foundations, which would guide the study's development and measured techniques.

Creswell, J. W. (2012) affirms that Survey Research is a means used in a quantitative approach, aiming to help researchers in a given case outline identify and report the population's attitudes, opinions, behaviors, or characteristics. This evaluation method quantitative data information is collected and numbered by the survey, which may involve interviewing or not, appraisal of the selected material, and clarifying the report attained by connecting with possible data from previous cases. This dissertation will use these Research Strategies.

Time horizon- When conducting research, the researchers include two types of horizon shapes: cross-sectional studies and longitudinal studies. This study will be done through transversal time in a short period of time. This research can be done through data collection. It is collected only once, perhaps over days, to clarify a doubt of the study known as a cross-sectional study; many kinds of research use this method fostered in interviews conducted in a short time. (Lewis, Saunders, and Thornhill 2009, p.155)

### 2.2.1 Data Collection

The data collection will be through answers obtained through a survey , which will be applied to the health care professional to receive ideas and thoughts about the conflicts and obstacles that this function experiences daily during the assistance of a patient with dementia and their experience with the manager's role. Using the computer will be a means to collect the answers since the questionnaire may not be done in person. The device will analyze and make graphs for some answers and verify the result; the researcher will analyze this content to define the ideas and reflections given to the study. (Creswell, 2012, p.204).

There are many cross-sectional research projects where research can assess attitudes, beliefs, opinions, or practices that can reveal how thoughts, experiences, and actions are carried out and determined. Choosing survey research for doing this study will be the best practical way to achieve goals; it will provide flexibility and guidance of investigation in an agile space of time and without losing data collection quality.(Creswell, 2012, p.377). (Saunders, Mark N.K. 2015, p.182)

During this study, the Survey Monkey website will be used to create, collect data, store and evaluate applied questionnaires; Based on the aim of selecting interviewees who work providing care to patients with dementia who are health care professionals and might have various levels of education, from Fetac 5 to post-graduate level of education (caregiver, nurse). The objectives of this research are 1. Identify the most common problems health care professionals face with dementia patients.2.Evaluate the manager's importance to solve conflicts while the health care professional is doing their shift .3. Determinate the impacts that a qualified health care assistant has while taking care of a dementia patient.

### **2.2.2 Population**

The purpose of this study was addressed to health care professionals who assist patients with dementia and work at Homecare Companies or Nursing Homes in Ireland; A mix of health care professionals with different levels of education, from Fetac 5 to post-graduate level of education (caregiver, nurse) was pre willing for this study.No distinction was made about gender, age, ethnicity, work shifts, or hours worked per week; Nonetheless, It was chosen not to include professionals working in the hospital environment. I believe that a greater flow of work in these work environments involves various sectors that do not provide care for patients with dementia often.

The survey was concluded with thirteen questions that aimed to retain the maximum of the interviewees' experience and vision, which contained only closed questions. Nevertheless , it will not be so far from the topic though ,it will be helping to delimit the research, maintaining the focus, and avoiding possible bias from the researcher's evaluation.

### **2.2.3 Sampling**

This sampling was outlined in this research to reach the health care professional population who directly contacts demented patients daily. According to Health Service Executive, HSE, there are currently living with the prognosis of dementia in Ireland, and each year more than 4,000 people are added to this list. This Irish health department believes it will have around 100,000 people diagnosed with dementia by 2036 in the country, representing a critical and crucial public health problem to be managed by the Ministry of Health. (HSE,2021).

Respondents were selected through Internet-based survey links over social media, such as Facebook groups and WhatsApp groups. It was explained to the interviewees the criteria of this research, the participation requirements, why their contributions would be precious for those who know how to determine future changes in their work environment and how each experience and vision were fundamental for the successful conclusion of this initial stage of the investigation.

Furthermore, authorization was previously included before the questionnaire was answered, aiming to retain a compulsory acceptance to participate in the research. After clicking to read this document in Appendix B of this work, the participant was authorized to fill in the proposed survey which is Appendix A in this work as well. If the participant did not accept, they would automatically be brought to the end of that page without seeing the survey. With the questionnaires being administered and stored on the Survey Monkey website, the responses were analyzed using analytical data resources of immeasurable guidance and support for applicability and posterity interpretations from SurveyMonkey's website. In appendix C is inserted all responses from all the participants who answered this survey.

## **2.3 Research Ethics**

If there are people involved in research, ethical methods have an essential role in integral work. Where to have contact with individuals in their study, there will always be ethical questions about how this dissertation is obtained; the participants need to receive respect. It depends on the researcher to issue and treat this vital part of the study with great sensitivity, ethics and neutrality before, during, and after the research (Walliman 2011, p.42-47)

Mentioning Walliman still (2011, p.42-47), It must be aware of the outcome obtained from a study because, in case of any illegality or breach of ethical procedures, the research will instantly lose its validity. Two crucial ethical foundations are predisposed in research: the ethical and moral values of the researcher in question and secondly, what is the researcher's attention and support concerning the interviewees, essential factors such as confidentiality, anonymity, and courtesy during all stages of the study.

Respondents will have complete freedom to decide to be part of the study or not after having their doubts resolved and feeling comfortable to be involved in the object of study form. Moreover, establishing and following an ethical and moral path is not just following rules but requires an odd assessment and discernment of all aspects and stages during the study, thus facilitating the avoidance of bias, uncertainties, and irregularities. (Saunders, Mark N.K.2015).

In this dissertation, the proposed methodology will be strictly followed. Moreover this seeks to avoid errors during its application, which will not withstand failure events as it will involve human beings. It is crucial and fundamental in this study a punctual selection of the criteria and techniques used to collect the data, in order to avoid failures and avoiding biased judgment.(Acevedo et al., 2017 )

The selection of participants is vital to the study as it may include multiple socioeconomic levels of participants (Acevedo et al., 2017 ) .This research will be done with participation of nurses and health care assistant who provide care to patients with dementia in homecare and Nursing home sectors in Ireland.

It is imperative and essential that participants are kept anonymous throughout the process, preserving their dignity above all. Also being totally based on confidentiality, in case there is publication of the



study, there will be no data vulnerability break which will be done in a restricted storage.( Acevedo et al., 2017 )

### **Chapter 3 . Presentation of Data**

The strategy chosen to enable this dissertation's research was through the SurveyMonkey website, which was selected due to its quality and efficiency in collecting and storing the questionnaire data collected after being filled out by the interviewees. This questionnaire is available to see in Appendix A, also permit to check Informed Consent gathered, which has collected permission from the participants before answered the survey in Appendix B. In appendix C is inserted all responses from all the participants who answered this survey.

According to Evans, JR, and Mathur, A. (2005), there are several advantages of using online surveys to collect primary research for a study, such as flexibility, speed, timelessness, convenience, low financial cost, green environment, ease to administer and catalog. However, the author also cites the disadvantages of data collection: a low collection of respondents, being evaluated as electronic waste, doubts about a certain question to be answered, lack of confidentiality, and impersonality. With that, every care was taken so that these negative points did not deteriorate this research; as said before, Informed Consent explained this, and besides, each participant was informed in detail, and in case of doubts, he could send an email to this researcher or text message via telephone. At the end of the collection, no bias was received, nor was there any problem from the interviewees to this researcher or the teaching university that he is currently studying.

The world plunged into storms and conflict since the beginning of 2020 due to the covid-19 pandemic, putting the planet's lives in a dark way that has not been seen since the black plague pandemic. Social relations since then have changed dramatically to try to survive in this scenario of calm and obscurity,

and gratifyingly, relief has come from technological means. Because these invisible and impalpable resources made the rare, almost unique way to keep in touch with other human beings without spreading or becoming contaminated with this deadly virus. Therefore, this research was also only possible to be carried out safely and effectively with the help of online websites that would collect this essential information for this study's conclusion without losing its accuracy, reliability, and ethics.

The population chosen was health care assistant and nurse who work in a Nursing home or Home care company in Ireland, assisting patients with dementia. Before, during, and after collecting the information, it was kept strictly confidential without risk of ethically violating this study.

According to the criteria already mentioned above, all those previously selected to answer this survey had to read and accept the Informed Consent, which explains the study, pros, and cons and maintaining respect and ethics for them in clear and objective terms.

This Consent had two response options; if the choice was YES, the selected one could start answering the survey, but if he chose no, this would be instantly taken to the end of the survey without seeing the survey's content.

The questionnaire contains 13 questions, which have only closed answers to avoid any biased by the researcher, but the interviewee was given the right not to answer any question that he/she did not feel comfortable with, even no answer any of them without prior information. The on line's survey was gathering answers between 13 march 2021 to 20 march 2021 .

This study intends to bring to light the main conflicts faced by healthcare professionals when caring for patients with dementia, and by what means could these issues be tackled?

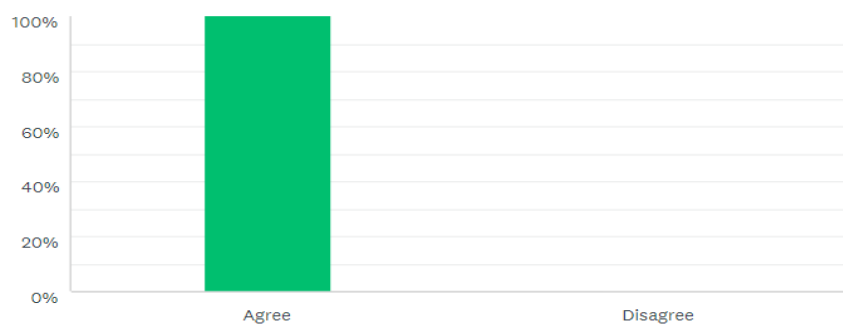
In the review literature, some of the conflicts reported in some studies that these health professionals

face daily were brought up, and the role of the manager in dissolving these expenditures in his labor administration was also highly emphasized. No impediment was imposed regarding gender, age, nationality, and workload, in order not to reveal a mistaken idea to the interviewees. Twenty-one respondents abstained who did not want to share their experience in any of the survey's thirteen questions, presenting a hundred people who completed all of the survey's answers.

## Figure 8. Graphic of Question 1

Do you agree to participate in this study ?

Answered: 121 Skipped: 0

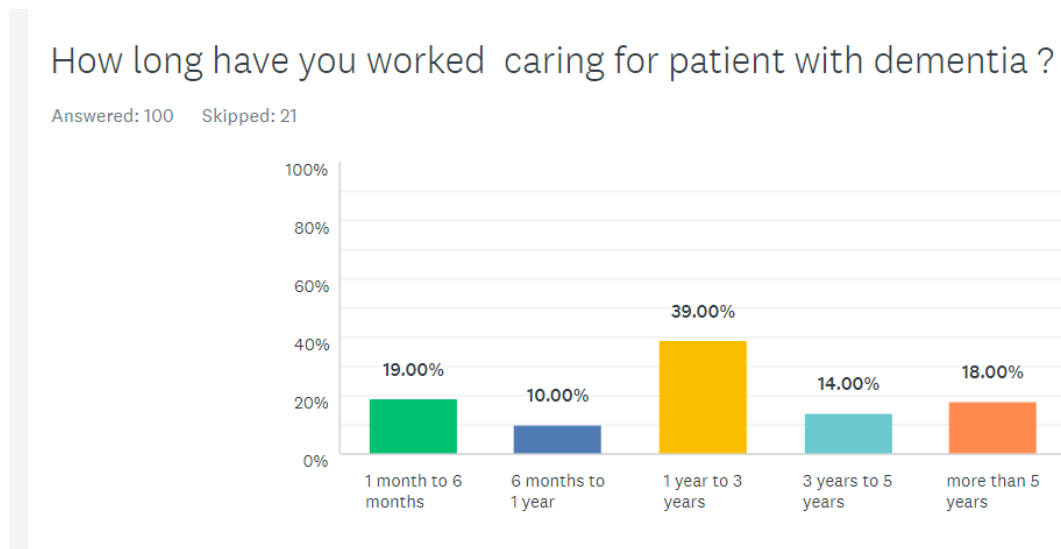


ANSWER CHOICES		RESPONSES	
▼	Agree	100.00%	121
▼	Disagree	0.00%	0
TOTAL			121

The first question of this survey was essential to define this research. After reading the Informed Consent, the respondent would have to agree or not answer the rest of the questionnaire. In total, one hundred and twenty-one clicked on the Yes option, and no respondent refused to answer the first question.

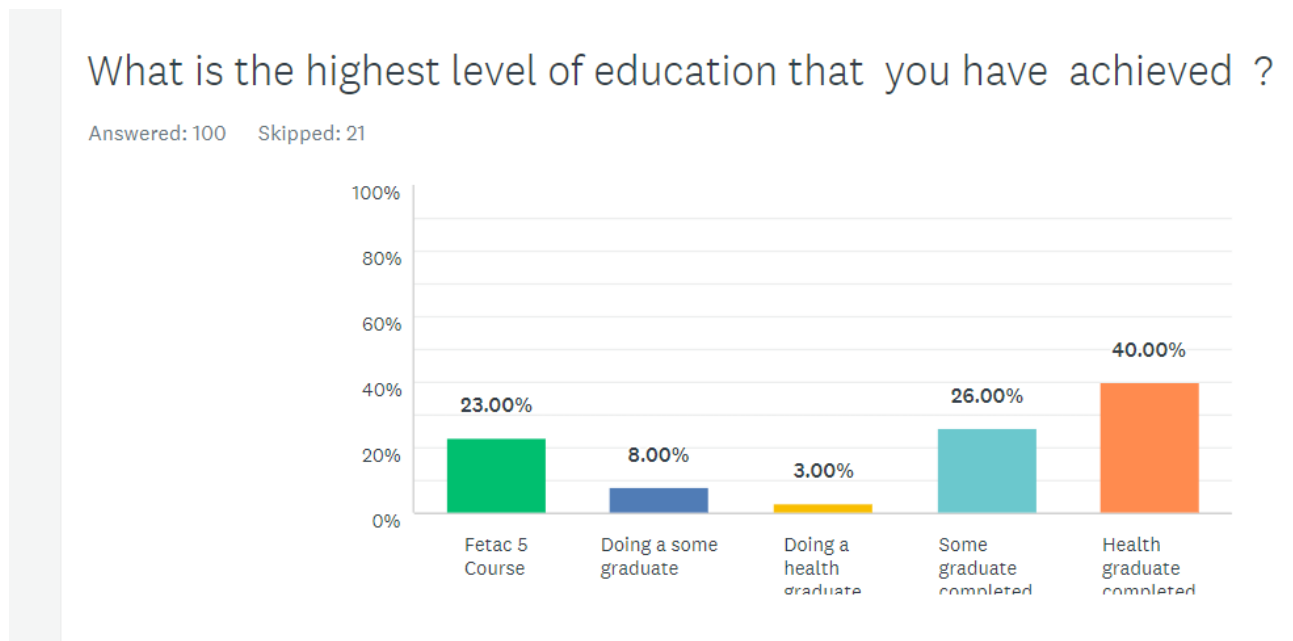
However, questions among 2 and 13 of the questionnaires were 21 that did not answer any of the questions, leaving then 100 respondents concluding /answering all the questions. This number of 100 respondents makes this study unique and essential. It expresses the knowledge and experience of a significant number of professional health care working in the care of patients with dementia in Ireland.

**Figure 9. Graphic of Question 2**



This question is judicious and has an essential aspect in evaluating the health professionals' experience. It refers to the period in which they provided direct assistance in the required scope of the diagnosis and directly reflected that the conflicts exposed were not isolated facts.

**Figure 10. Graphic of Question 3**

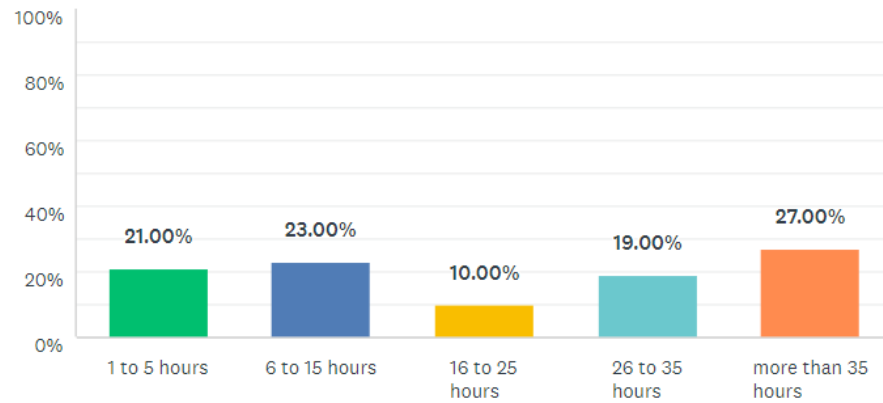


Question three shows that the basic level to work would be FETAC 5. However, several professionals have a higher education level, such as graduation, and many even with degrees in other fields other than the health sector. To work in Ireland as an elderly caregiver, FETAC 5 is required, and many of these professionals also have other degrees in various fields of study.

**Figure 11. Graphic of Question 4**

How many hours a week do you care for patients with dementia?

Answered: 100 Skipped: 21

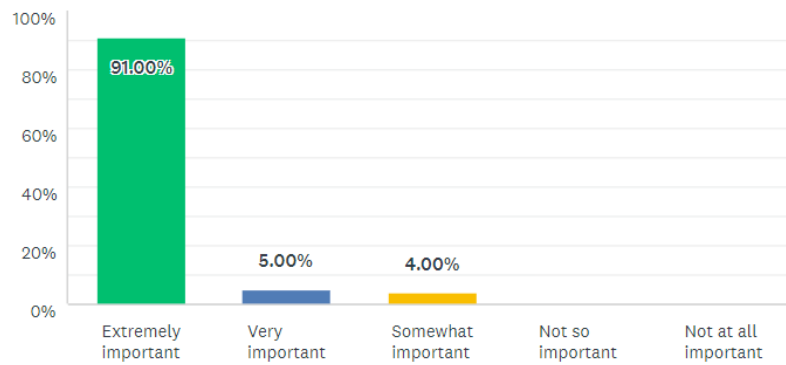


Question four is crucial to assess whether there is a lack of staff in caring for patients with dementia, which would be one of the previously exposed conflicts in the review literature of this study. Furthermore, it would also be a key point in assessing the manager's dimensioning when appointing these professionals to provide care to these patients, who require a more attentive and careful service depending on the degree of dementia they have.

**Figure 12. Graphic of Question 5**

What level of importance would you give to receive appropriate dementia training ,which could improve your duty ?

Answered: 100 Skipped: 21

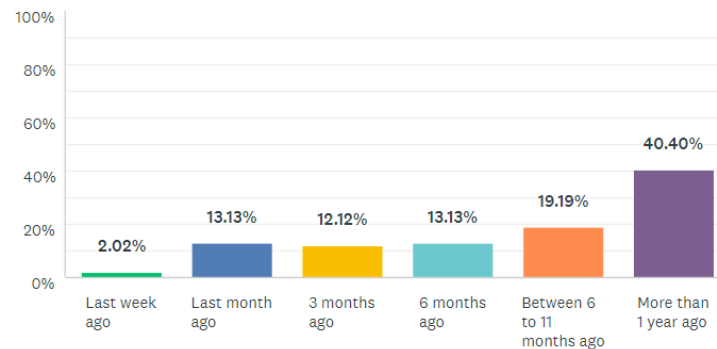


With a proportion of more than 91%, respondents say that conducting periodic training on dementia would be highly important and valuable to assist and facilitate their work functions. It could also be linked to the manager's role, who has one of his duties to verify the need for supervised staff training and maintain a high degree of service, which is constantly required by qualifying bodies and government public sectors.

**Figure 13. Graphic of Question 6**

When was the last time that did you conclude a training related to Dementia care?

Answered: 99 Skipped: 22

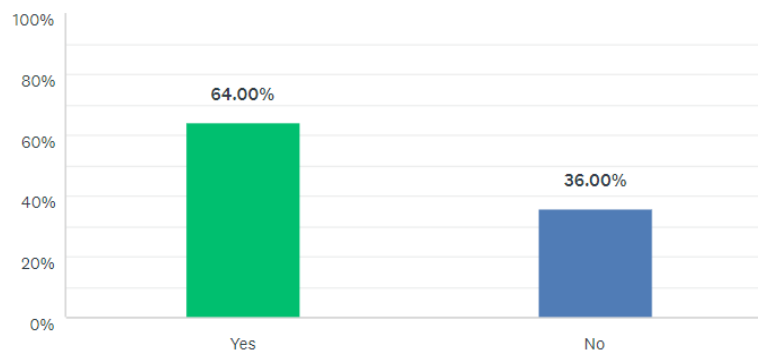


Question seven corroborates with the previous question, showing the period in which the last dementia training was administered to employees; it exposes a deficit in the control of qualification and continuous training of these professionals in the daily and arduous work in the care of these patients.

**Figure 14. Graphic of Question 7**

Have you ever experienced any conflict ,when dealing with demented patient that could have been avoided ,if you had previously had assertive training in this area?

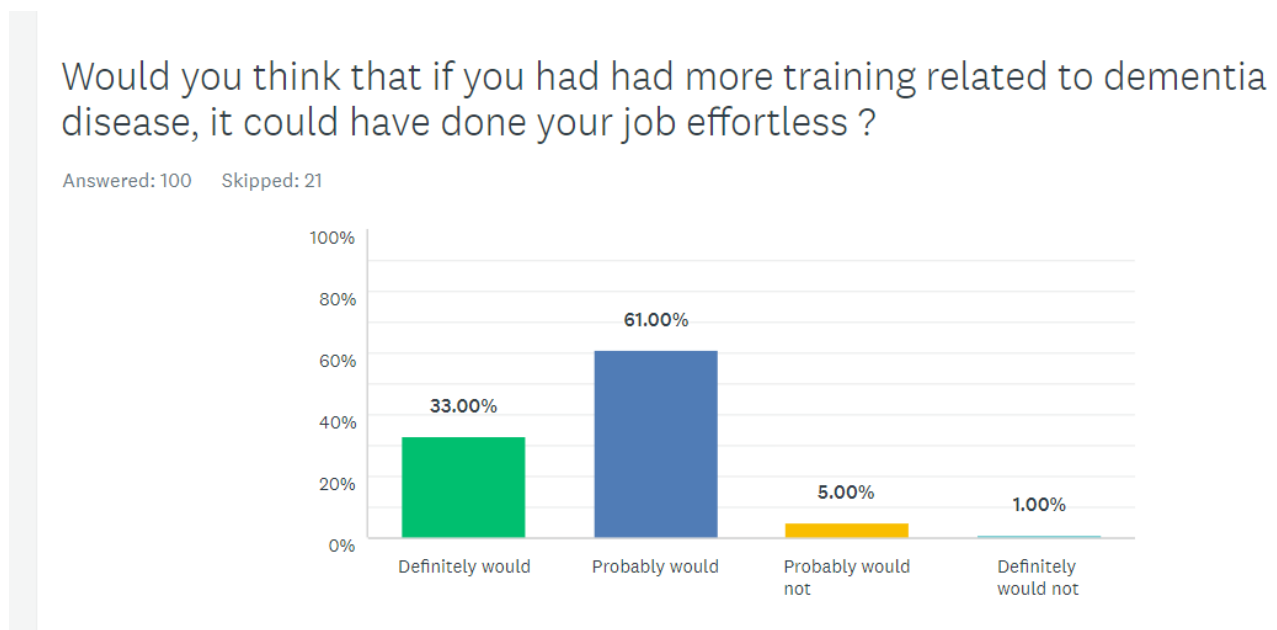
Answered: 100 Skipped: 21





This issue reinforces that almost three-quarters of health professionals could have benefited from training, appropriate qualifications, such as periodic training provided by the employer if this were a standardized part, for example, annual / semester training organized by the sector manager.

**Figure 15. Graphic of Question 8**

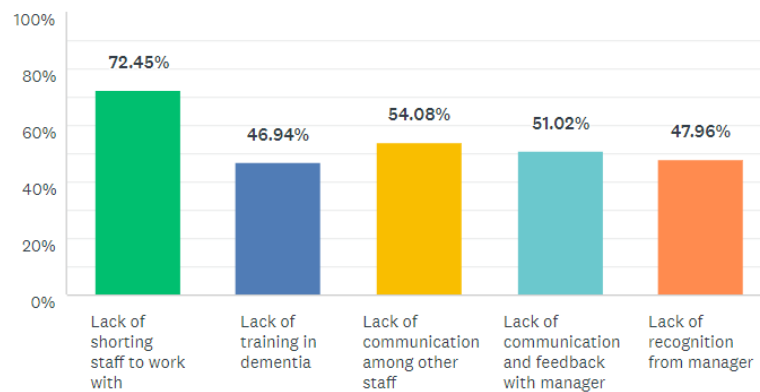


The last question of the survey only confirms one of the critical factors and key issues of this research, which would be with almost 70% stating that periodic training in dementia would make them perform their functions with more agility, quality, and effectiveness during care provided to patients with dementia, in a nursing home or at the patient's home through Homecare agencies.

**Figure 16. Graphic of Question 9**

Have you ever faced any conflicts ,when working at your health care unit ? It can be checked in more the one box if you wish.

Answered: 98 Skipped: 23

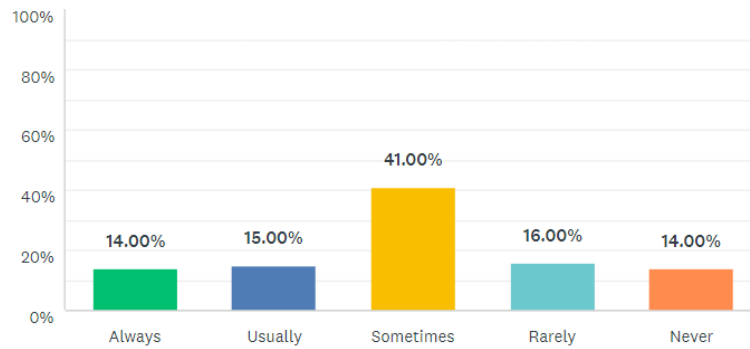


This question is one of the most relevant in the survey because it brought together several health professionals' conflicts referenced in several works previously mentioned in the literature review. Clearly, the high percentage of options that almost practically a hundred respondents of the survey face or have already experienced these problems shows by the high percentage of options. Interestingly, it shows that two of these conflicts in the labor sector would be directly linked to the manager, who plays a crucial role in employees' leadership and organization.

**Figure 17. Graphic of Question 10**

Have you experienced an increase in dispute ,which could have been solved if your manager had intervened initially ?

Answered: 100 Skipped: 21

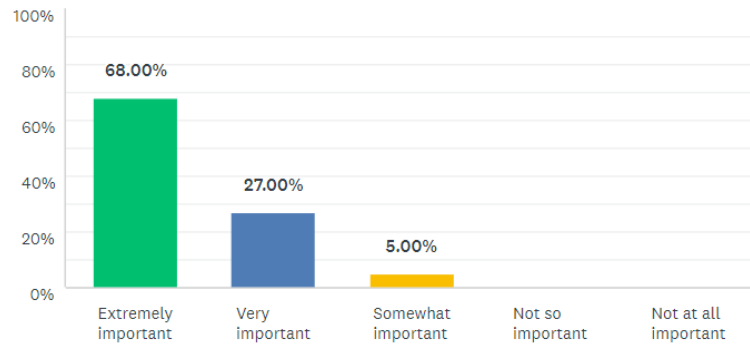


In this question, we can see one key issue in this survey, which reveals that almost all of the respondents have already witnessed conflicts that could have been resolved or prevented from taking more significant proportions that would harm the work sector if it had been addressed initially by the manager. This data will be discussed later, also based on management styles that were previously exemplified in the literature review of this dissertation.

**Figure 18. Graphic of Question 11**

Do you think management's role is important to solve, and prevent conflicts in the health care sector?

Answered: 100 Skipped: 21

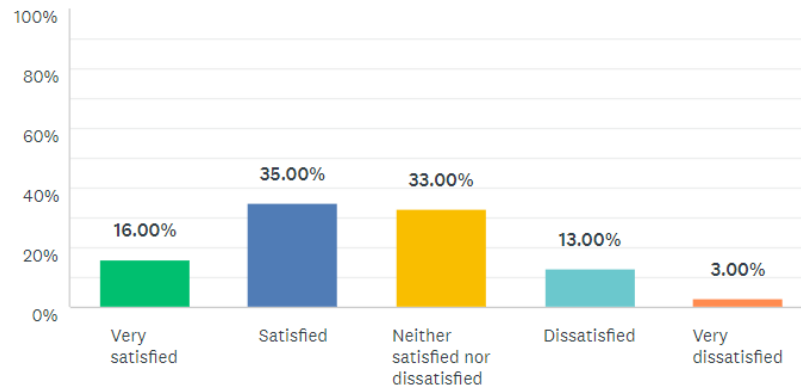


Almost 70% of the interviewees cite that the manager has a strong influence and a decisive role in controlling and restraining conflicts and disputes in the work sector. It shows that new studies are needed that focus on evaluating and finding new forms of management that aim to improve these shortcomings found and provide new leadership knowledge in service sectors in health facilities.

**Figure 19. Graphic of Question 12**

Are you currently satisfied of working in your role ,as a health care professional ?

Answered: 100 Skipped: 21



This question presents a curious date, which exposes a mixture of doubt to the interviewees. Almost the same percentage report that they are satisfied; however, the other percentage says that they do not know whether they are satisfied with the current position.

**Figure 20. Graphic of Question 13**



We see an explicit and worrying factor in this data, which would be almost 70% of the respondents, revealing that they have already thought about changing their work area due to the conflicts faced in their profession. This information is urgent if we connect to the high labor shortage of these professionals already existing in the health sector; an increasing increase in layoffs would make scarce further prejudice to the care provided to patients in these health facilities, such as in nursing homes that already face enormous problems in recruiting skilled labor for their staff.

## **Chapter 4 . Data Analysis and Findings**

One hundred twenty-one health care professionals answered yes with informed consent, but twenty-one skipped all 13 questions in the survey; thus, one hundred answers were used for this study.

The first three survey questions ,after the first question which required informed consent answered, were used to verify how long ago the health professionals worked in direct care for patients with dementia and how long the assistance lasts in hours per week; it also identified the degree of qualification they had, with more specific details.

### **4.1 Length of practice**

In question two, it aims to check The duration of work in the care provided to patients with dementia and analyze the impact that this service has had on these interviewees. Verifying also, if there is a high turnover sector caused by the various conflicts that have already been mentioned in chapter 1 will and will be further discussed in chapter 5.

The large percentage referenced was 39% of respondents stating that they perform this direct assistance to demented patients between 1 and 3 years. The smallest percentage was exposed, with 10% of respondents citing that they provide this assistance between 6 months and one year. Interestingly, a second high percentage with 19% is shown, answering that they have recently been working in this function for 1 to 6 months. Thirdly, we see professionals working in this area for over five years connected to 18% of respondents. Would it be interesting to study whether this result would be due to the high turnover factor in these sectors due to the arduous service and conflicts?

## **4.2 Educacional qualifications**

In question three, 40% of respondents confirm that they have health graduated completed in front of the second percentage of 26%, citing that they retain a degree, but in a different area of the health sector, and the last position with 3% they are currently studying a degree in the health sector. In the fourth position, we also see that 23% affirm that they only have the FETAC Level 5 course in the health care area. In the Irish health sector, it is possible to exercise the function of health care assistant with this FETAC 5 course, which can show an important detail related to these professionals who are not trained in the field of health in their graduations but who provide direct assistance to their patients with dementia.

## **4.3 Patient care time per week**

In question four, and reported on how many hours per week are worked in, these employees weekly give off to patients with dementia. More than 35 hours was the highest percentage exposed by most respondents with 27%, followed by 23% assisting between 6 and 15 hours. A third percentage was reported by 21% of respondents confirming a work duration 1 to 5 hours - the last position with 10% between 16 and 25 hours of work. Could we think that the first percentage of 27%, 35 hours per week, would be due to the lack of staff in these sectors? In the chapter and mentioned constantly, in the literature review in general, when researched or read articles in the health sector, unfortunately, it presents an immense gap in the dimensioning in the work environment in several countries. Additionally with the first 3 question showing which level of education these professional have gathered .



Questions 5 through 8 were developed to determine information related to dementia training. As an example, what importance is given by the health professionals to the practical and theoretical education provided by the company, last time it participated in any training, if these training would facilitate their daily work and if they would be valid to avoid conflicts related to direct assistance to patients. Connecting this question to 3 objective in this study which be to Determinate the impacts that a qualified health care assistant has while taking care of a dementia patient.

#### **4.4 Relevance to access to dementia training by Healthcare professional**

In Question five, With 91% of respondents saying that having appropriate training periodically on dementia would be crucial for improving their service, leaving practically the other alternatives with very low adherence and presenting options citing that these courses would not be meaningful without any choice by any of the interviewees in this survey. It should be noted that almost the majority of these professionals recognize the value and effectiveness of keeping up to date in the assistance provided to these patients, who are physically and mentally vulnerable.

#### **4.5 Last time that the health care professional accessed a training**

Question six shows that shocking data where 40.40% of respondents say that the last time they did training in dementia would have been more than a year ago. In the second place, we see 19.19% with the professionals citing that they participated in a course between 6 to 11 months ago. An almost equal percentage of values between the 3 to 5 place with approximately 13% in each option saying that they were part of training in dementia between 1 to 6 months ago. Leaving the last position with 2.02% who reported having taken a course a week ago. It is one of the main objectives of this study to evaluate, identify and show that periodic and strategic training in this assistance area can be highly

conducive to improving the quality of the work of these employees and also avoiding possible conflicts that happen due to the lack of qualification in the diagnosis of patients.

#### **4.6 Could this training in dementia be avoided by any conflict experienced?**

Question seven seeks to identify whether the interviewees faced any conflict during care for demented patients, which could have been avoided, if they had participated in recent and periodic courses in the area of diagnosing dementia. With a percentage of 64% saying yes, it is confirmed that almost three-quarters of employees are already struggling due to this deficiency in educational qualifications, and 36% saying that they are not.

#### **4.7 Would Training in dementia facilitates providing an effortless duty?**

Question 8 shows a sample similar to question 7, with 61% responding that probably yes, against 33% stating that they do not think that they would have had any facility in their work employed for these patients with dementia if they had had constant courses the area.

Perhaps one of these explanations for this 33% thinks that it would not have helped in the performance of their functions would give rise to the challenge of facing so many other conflicts in the work environment, as mentioned in the literature review of this study such as lack of short staff and communication among other staff.

Question 9, was a compiled date to analyze and diagnose what the main conflicts faced by these workers would have been while providing their assistance in Health workplace environment,

It is a vital issue in this study because it has revealed high rates of problems already faced by them, highlighting the immeasurable importance of this research for this area of health. It can also be valuable information for health care managers to understand and know which are the most pertinent problems referred by these professionals that retain relevant and indispensable details about the evolution of the diagnosis of dementia in patients. Often with the daily confrontation of these problems in the work environment, they can erase and frustrate the assistance provided by these primordial employees since they are the ones who identify the first signs of change in the patient's disease. It is crucial and totally relevant with the first objective of this research that identifies the most common problems healthcare professionals face with dementia patients.

#### **4.8 Conflicts faced by the HealthCare professional**

Question 9 concerns health professionals' most common conflicts, consisting of 5 options that they could have chosen according to their experiences in their duty. Lack of shorting staff to work with was by far the most cited, ranking first with 72.45%. The second position we see with 54.08% lack of communication among other staff followed in an almost draw by the third position with 51.02% which refers to the lack of communication and feedback with their manager. The fourth position with 47.96% and fifth and last position with 46.94% also almost lacks recognition of their manager's lack of recognition and lack of dementia training. It is noteworthy that the conflicts cited and chosen by the respondents are inextricably linked to the administration carried out by the manager, which raises the alert for health institutions that perhaps also their employees with superior positions of leaders need to update themselves on new one's management approach.

Questions 10 and 11 were relevant and fundamental to show the point of view of these professionals on the manager's role in resolving conflicts. To verify if they are performing their functions with proficiency in analysing the need for periodic training to the employees' Subordinates. Showing and revealing 2 objective of this research that is Evaluating the manager's importance to solve conflicts while the health care professional is doing their duty.

#### **4.9 Analyse of initial intervention from the health manager in conflicts**

Question ten, the highest percentage, is highlighted in the first position, with 41% saying that they sometimes experienced an increase in the work environment that could have been solved if the manager had had an initial approach to resolve the dispute. The other four options present almost the same percentage between 14 and 16% for the answers always, generally, rarely, and never. In the literature review, it was exposed that the manager often has a profile of avoiding problems and an avoiding style, which could be why almost 75% of these respondents are not sure that the leader could have made a difference with an initial approach.

#### **4.10 Is manager 's role crucial to solve and prevent conflicts?**

Question eleven presents a critical mark of 68% (extremely important), stating that they believe that the manager's role should be vital to resolve and prevent conflicts in the health sectors. This is followed by 27% saying it is very important and soon after in third place with 5% somewhat important. Options referring that it would not matter in conflicts did not present any choice for the study participants. We can then refer this to the chapter of the literature review that refers to the leader's role being paramount in these disputes in the work environment. The role of leader and manager would be connected to the great responsibility of knowing how to deal with these challenges , and in the best way in order to improve the quality of their work and the local assistance employed.

The last two questions, 12 and 13, were used as a thermometer to determine the degree of job satisfaction and find out if the challenges while assisting patients with dementia would trigger a perhaps career change. It is essential and urgent that managers reevaluate the search for new alternatives to resolve these conflicts faced in order to minimize a possible increase in problems in the workplace by analyzing and managing staff in the wrong way.

#### **4.11 Are these professionals satisfied?**

Question twelve shows that the first position was almost tied by the participants' opinion, who cited that 35% were satisfied with the occupation performed, followed by 33% who did not know whether or not they were satisfied with the current role. The third position, with 16%, interviewees deferred they were satisfied, and in the fourth position, with 13% choosing the option that they were dissatisfied with at the moment. The last position with 3% stated a high dissatisfaction in the position held. Today, it is common for companies to apply a survey of the climate to check early on employees' problems to reduce absenteeism. It was mentioned in this study in chapter one as being recurrent for other personal reasons not mentioned in this survey due to avoiding future ethical issues, such as physical, mental, and personal problems.

#### **4.12 Does any chance of changing for a new career due to conflicts faced ?**

Question thirteen, presented as the last question in this survey, presented a question seeking to discover the perspective, the current and future point of view of the participants related to whether doubts had already arisen about whether or not to continue in this profession. In the first position with 35% of the respondents stated that sometimes they had already considered this possibility, followed

by 25% saying that they always thought of following another profession which usually or never had such plans. Lastly, with 8%, they said they never had the desire to change professions. This question becomes clear and attentive to management and approach changes, even by the superiors of these managers who do not present a good administration as mentioned in other studies in chapter one of this research.

## Chapter 5 . Discussion

Dealing with conflicts has never been and will never be an easy solution as this is inextricably linked to human beings. So, although there are currently several courses and methods, the resolution of this kind of problem will always be due to more diverse skills seeking to generalize the same solution. It is noticeable and with a touch of intuition and a hint of sensitivity that in many cases will depend on the mediator or manager to analyze, understand and find effective and lasting solutions for each type of dispute. Making this topic extremely relevant because if it is well arched and thinking, as in a chess game, the best resolution would always be to foresee a potential conflict, and try to avoid increasing it, thus having a more secure effect for the company and the responsible manager.

In addition, it will be something so unique and particular to find a single method or simple administrative management; it should be added to this factor that the potential conflict will happen in health workplace, often with direct consequences in the assistance provided to patients that could trigger unprecedented repercussion for the company and its workers.

This study aimed to determine the relevance of the health professional in caring for patients with dementia. Aiming to find out the most recurring conflicts with their duty and check the manager's role in analyzing, finding, and resolving these disputes that affect both the work environment and the employees themselves regarding the type of assistance that it provides. Would it be fundamental and advantageous for the health care company to provide periodic training, and if that would make the performance of more accessible workers, reducing several of the conflicts reported in this dissertation?

This research's survey results reveal a clear and undoubted explanation about how conflicts in healthcare involvement can further exacerbate other problems for the team and the company itself. These questionnaire results confirm the information collected and exposed in the literature review of this dissertation, where it elucidates and endorses that many of these conflicts would be connected to lack of staff, lack of communication between employees and management, lack of management by superiors. Continuously reaffirming to each line of the study verified that the lack of adequate and periodic training for these health professionals and a manager with good attitudes and administrative skills and specific approaches in conflict resolution would be crucial to reduce or remedy the problems faced by these frontlines' workers.

It is a tireless struggle for companies and managers, especially in the health sector, both private and public, who constantly face disputes related to their employees due to multiple causes that end up culminating in high absenteeism, reports, and processes to physical, emotional problems—correlated the origin in almost 100% of the cases coming from work problems. They are generating a collapse many times in the governmental health system, which, despite more studies and funding they provide to find solutions to these conflicts in the health sector, has been erroneously invalidated as an effective way to combat greater consequences.

It has also been corroborated by (Elshaer et al., 2018), who confirms that long working hours, high levels of stress in the workplace have caused an incalculable physical and emotional exhaustion in healthcare workers. One of the main reasons for conflicts in the health environment is the lack of adequate time to assist the patient and the lack of staffing. Thus, the diagnosis of burnout syndrome in these professionals would have become more frequent, which would considerably increase the level of absenteeism in companies, both public and private. Still, a report by (Elshaer et al., 2018) his article presents that conflicts, both intergroup and intragroup, would be one of the biggest reasons for



stress presented by employees, and also overwork, which would have a connection with absenteeism from some employees, would cause these conflicts in health workplace.

Wright, K. B. (2011). critically exposes that these conflicts would have harmful and permanent effects both on the health organization and on its healthcare workers, as it would result in heavy patients workload, higher level of stress, difficulty in performing their functions, communication problems, and also a high reduction in the assistance provided to patients causing a growing dissatisfaction among subordinates. The author makes a fundamental observation that the cause of most of these conflicts and the increase in them would be due to the lack or the management of the company managers who would not have enough skilled management to identify the conflicts in the initial stages and effective approaches to address them. Furthermore, this would be linked to the manager's leadership style, which was already mentioned in chapter 1 of this study with more information, and that possibly this manager would have a dominating or avoiding style; leading his team to have severe problems in the communication part essentially and generating others like lack of recognition and feedback.

Montoro-Rodriguez and Small (2006) state that the lack of specific resolutions in constant conflicts in the work environment would leave health professionals highly dissatisfied with their role and increase the level of local conflict, prejudicing highly more their duty provided. It is confirmed in the survey made for this dissertation when interviewees report that they have already thought about changing jobs or areas of work due to these labor disputes.

Although many works of literature show that the manager would be the only one responsible for almost 100% of the cases of conflicts in the labor sector, this brings a critical alert and reflection.

Would these companies be attentive to these failures in management by their leaders? Would these health directors think that this could be happening due to the lack of training and qualifications of the managers and not only of these health professionals? Dellve, L., & Wikström, EWA (2009) brings us this crucial and elucidated information saying that there is an urgent need to recycle the knowledge of these managers by their companies, and the lack of this would be having drastic consequences such as conflict management, failure of adequate assessment technical assistance and high demand for frequent hiring of labor. Many of these leaders have second thoughts on whether they could also change the form of management, as some companies insist on maintaining plastered and archaic systems and would not give space for the management of new leadership strategies, which would leave these managers with fear of ethical processes in the work environment.

Durgante et al. (2020) cite a study carried out in the public health system in Brazil and the UK on assisting patients with dementia, which reiterates that many of the problems mentioned in this review literature during the assistance provided to patients would be alleviated with training these professionals to understand the diagnoses of dementia and its approach. Recommend implementing systems to monitor this training, periodic multi-professional development, increased recognition of these professionals, public investment for these new guidelines.

Mosadeghrad, A. M., & Mojbafan, A. (2019). that health environments alone already present a stressful and heavy climate due to the health of patients and high workload. It would be easily compromising on creating labor conflicts if there is not good management and systematic analysis by the administrators. Poor communication, lack of satisfaction promotes disharmony, low productivity, stress, and apathy. These employees would cease to promote their best assistance and focus on these

work problems being the determining manager to evaluate, determine, and implement effective intervention strategies for these disputes.

Mosadeghrad, A. M., & Mojbafan, A. (2019) further states that two words would be essential and vital for effective and lasting solutions: education and training. The application of training for health professionals in the direct management of patient care would be essential to exercise their functions with more knowledge, methodology, and quality, promoting a work environment with less stress and, consequently, a low level of conflicts. Specifics Training for health managers who are directly responsible for supervisor these employees would be grateful for the understanding and initially solving the problems of these health service units for the assistance given to patients. With health managers and their subordinates receiving adequate and constant education in terms of emotional awareness, effective communication, stress control, and time management, they would achieve their organizational goals and maintain a channel of communication and respect between subordinates and those linked to management.

## Conclusions

This dissertation aimed to identify the main conflicts faced by health professionals during their care for patients with dementia. In connection with these disputes, it sought to demonstrate the level of responsibility of healthcare managers in the events of these conflicts in the health unit. Aim also seeks to discover the impact on the assistance provided when these professionals have periodic training on dementia.

First of all, it was intended to find in the literature results of previous research and studies that would collaborate for this study and effectively base this researcher with palpable and indispensable knowledge to guide the best scientific findings.

After creating the survey, data collection, and analysis of this collected material, it was possible to determine that these professionals face several challenges and barriers in the daily execution of their services. Although there is plausible literature on these conflicts, no significant improvement was identified in this workplace.

However, it was observed that public policies are being made and organized in more endless ways to prioritize qualifications to these professionals periodically, which would increase the satisfaction of these employees in the work sector and consequently provide superior care to patients with dementia.

This research was based on a survey collected among 120 professionals who exposed their expressive work experiences, which I believe was a good sample, even though there are thousands of professionals in Ireland. However, with the current global situation related to the covid-19 pandemic, a negative bias may have affected a larger sample.

The results of this research were rewarding and clarifying because it showed a hidden side that little literature presents as the root of the organizational problem in the health sectors, which would also be the lack of recent qualifications for healthcare managers. Based on the results of this survey and the literature shown, some gaps were identified, as well as some points that would make it easier to find definitive solutions to the objectives proposed at the beginning of this work, such as:

Maintain a systematic agenda in the company for periodic training on dementia, patient care, and how to maintain continuous improvement in the assessment of these professionals.

Identify the need for training for healthcare managers who often find themselves with outdated knowledge about conflict management.

Maintain a periodic survey of climate in the company, which would allow to initially report possible no to satisfy in the team, thus avoiding the increase in conflicts and their consequences, such as increased absenteeism, increased internal and external conflicts.

Do more in-depth research on more sensitive topics, such as the consequences of these conflicts on the personal lives of these people. However, since some essential considerations about emotional and physical problems were found, this study was not addressed because there are delimitations regarding ethical approvals.

So, it becomes noticeable and undeniable that this topic is highly current and relevant in the literature, and, in itself, the need for further studies to obtain more perspectives and new approaches to these disputes is pertinent.

## Reflections

First of all, I had never made plans to do a master's degree outside of my country of origin, Brazil. Although I always have the desire to learn a new language and have an academic experience abroad as goals of someday reaching and through the choice of starting an exchange in Dublin four years ago, it enabled me today to be writing these lines of achievement and extreme joy.

It was not easy to carry out this dissertation in no time since it would be all done in a non-maternal language, making the process difficult. I would still have to have the perseverance, organization and try to abstract as much as possible all the knowledge I could during the course to assist in this research. Therefore, I decided to choose a more palpable topic in my professional life as a nurse in Brazil, facilitating in more dynamic, attentive, and critical look in this work. The pre-project was done with some initial ideas that seemed appropriate, but throughout the continuation of it, it had the obstacle of perhaps having a significant delay because wanted to include some more relevant ethical issues in this survey. After some conversations with the educational advisor, concluded that it would not be at this opportunity to study them because I would not have enough time in three months to get approval for more sensitive material. However, after a critical and detailed analysis of how it could outline this work without losing the previous focus, I managed to deal with this problem.

With the experience, I have gathered and the vision of working as a healthcare assistant in-home care, a nursing home in Dublin, I followed a little bit of the conflicts daily by these professionals who provide such blunt and fundamental work to patients with dementia. Doing this research, it was possible to mention several sides of conflicts both in the view of managers and professionals in direct contact with patients.

At the end of this dissertation, I was not surprised by the collections of the survey or the conclusion. As I was already inserted in this work environment, and choosing to be as unobtrusive and always present different sides of the conflict situation. However, when carrying out this work, it was crucial to see the growing and constant need that this area, in particular, needs improvement without delay.

It made me feel helpless a few times for observing these problems in my daily work and not having the means to change some of these conflicts. Throughout this research, collecting primary and secondary data showed me new perspectives on approaching the problems while assisting patients with so much need for qualification of care.

Overall, having this degree in dispute resolution made me open my mind to new points of view that I had not previously thought of, as we often deal with conflict negatively or do not seek the root of the problem, and yes, looking for finding a culprit. It is so issued old and so necessary that urgently needs more professionals and companies to invest in recycling qualification courses for their employees instead of often dismissing them for fear of new organizational problems.

Regardless of the function and area that the manager or employee will always have, there will be differences in values and thoughts, and this can indeed contribute to the growth of all involved if there is an appropriate and qualified approach by some professional. I even venture to say that having a professional specialized in conflict resolution in a company is crucial, given that today with globalization and the use of technologies via the Internet, the mix of cultures and people from different countries need to work together to achieve the proposed administrative objectives.

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## Appendix A – Complete Survey Questionnaire

The main conflicts faced by healthcare professionals when caring for patients with dementia –  
By what means could these issues be tackled?

### ***2. How long have you worked caring for patient with dementia ?***

- ☐ 1 month to 6 months
- ☐ 6 months to 1 year
- ☐ 1 year to 3 years
- ☐ 3 years to 5 years
- ☐ more than 5 years

### ***3. What is the highest level of education that you have achieved ?***

- ☐ Fetac 5 Course
- ☐ Doing a some graduate
- ☐ Doing a health graduate
- ☐ Some graduate completed
- ☐ Health graduate completed

### ***4. How many hours a week do you care for patients with dementia?***

- ☐ 1 to 5 hours
- ☐ 6 to 15 hours
- ☐ 16 to 25 hours
- ☐ 26 to 35 hours
- ☐ more than 35 hours

### ***5. Have you ever faced any conflicts ,when working at your health care unit ? It can be checked in more the one box if you wish.***

- ☐ Lack of shorting staff to work with
- ☐ Lack of training in dementia
- ☐ Lack of communication among other staff
- ☐ Lack of communication and feedback with manager
- ☐ Lack of recognition from manager

**6. What level of importance would you give to receive appropriate dementia training ,which could improve your duty ?**

- ☐ Extremely important
- ☐ Very important
- ☐ Somewhat important
- ☐ Not so important
- ☐ Not at all important

**7. When was the last time that did you conclude a training related to Dementia care?**

- ☐ Last week ago
- ☐ Last month ago
- ☐ 3 months ago
- ☐ 6 months ago
- ☐ Between 6 to 11 months ago
- ☐ More than 1 year ago

**8. Do you think management's role is important to solve, and prevent conflicts in the health care sector?**

- ☐ Extremely important
- ☐ Very important
- ☐ Somewhat important
- ☐ Not so important
- ☐ Not at all important

**9. Have you ever experienced any conflict ,when dealing with demented patient that could have been avoided ,if you had previously had assertive training in this area?**

- ☐ Yes
- ☐ No

**10. Are you currently satisfied of working in your role ,as a health care professional ?**

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

**11. Have you experienced an increase in dispute ,which could have been solved if your manager had intervened initially ?**

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

**12. Have you thought about changing your career ,and working in different area ,due to your healthcare workplace conflicts ?**

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

**13. Would you think that if you had had more training related to dementia disease, it could have done your job effortless ?**

- ☐ Definitely would
- ☐ Probably would
- ☐ Probably would not
- ☐ Definitely would not

## Appendix B – Survey Informed Consent

The main conflicts faced by healthcare professionals when caring for patients with dementia – By what means could these issues be tackled?

Consent form for Online Survey

You are invited to participate in this research study . A web-based online Survey on “ The main conflicts faced by healthcare professionals when caring for patients with dementia - By what means could these issues be tackled? “ . This project is being conducted by Fernanda Lucio dos Santos, a currently student at Independent College Dublin which should take around 3 minutes to complete .

### PARTICIPATION

Your participation in this survey is voluntary .You may refuse to take part in this research or exit the survey at any time without penalty .You are free to decline 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, but your responses may help us learn more about the topic above .

### CONFIDENTIALITY

Your survey answers will be sent to 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 ,will remain anonymous .You will not be identify during this research in any part of it .

### CONTACT

If you have any doubts ,questions about this research , you may contact me by phone 0833024134 or email feluccy@hotmail.com

If you think you were treated with no respect in this research study ,or in case you have any questions ,concerns ,complaints to other investigate about this survey ,you should contact Independent College Dublin at Block B ,The Steelworks ,Foley St, Dublin 1,or email : info@independentcolleges.ie

### ELETRONIC

### INFORMED

### CONSENT

Please ,chose one answer below .Selecting on “AGREE” indicates that you :

- You have read all above text
- You agree to participate in this research Voluntarily
- You are 18 years old age or over this age

Parte superior do formulário

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

- ☐ Agree
- ☐ Disagree

## Appendix C – Ethics Form A

### Form A: Application for Ethical Approval

#### Undergraduate/Taught Postgraduate Research

This form should be submitted to the module leader for the relevant initial proposal and/or the relevant supervisor if the proposal has already been accepted.

Please save this file as *STUDENT NUMBER\_AEA\_FormA.docx*

<b>Title of Project</b>	The main conflicts faced by healthcare professionals when caring for patients with dementia – By what means could these issues be tackled ?
<b>Name of Learner</b>	Fernanda Lucio dos Santos
<b>Student Number</b>	51701651
<b>Name of Supervisor/Tutor</b>	David Smith

Check the relevant boxes. All questions must be answered before submitting to the relevant lecturer / supervisor. Note: only one box per row should be selected.

Item	Question	Yes	No	NA
1	Will you describe the main research procedures to participants in advance, so that they are informed about what to expect?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Will you tell participants that their participation is voluntary?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Will you obtain written consent for participation (through a signed or 'ticked' consent form)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	If the research is observational, will you ask participants for their consent to being observed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Will you tell participants that they may withdraw from the research at any time and for any reason?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Will you give participants the option of not answering any question they do not want to answer?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Will you ensure that participant data will be treated with full confidentiality and anonymity and, if published, will not be identifiable as any individual or group?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Will you debrief participants at the end of their participation (i.e., give them a brief explanation of the study)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	If your study involves people between 16 and 18 years, will you ensure that passive consent is obtained from parents/guardians, with active consent obtained from both the child and their school/organisation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	If your study involves people less than 16 years, will you ensure that <u>active</u> consent is obtained from parents/guardians <u>and</u> that a parent/guardian or their nominee (such as a teacher) will be present throughout the data collection period?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Item	Question	Yes	No	NA
11	If your study requires evaluation by an ethics committee/board at an external agency, will you wait until you have approval from both the Independent College Dublin and the external ethics committee before starting data collection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	If you are in a position of authority over your participants (for example, if you are their instructor/tutor/manager/examiner etc.) will you inform participants in writing that their grades and/or evaluation will be in no way affected by their participation (or lack thereof) in your research?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	If you are in a position of authority over your participants (for example, if you are their instructor/tutor/manager/examiner etc.), does your study involve asking participants about their academic or professional achievements, motivations, abilities or philosophies? (please note that this does not apply to QA1 or QA3 forms, or questionnaires limited to market research, that do not require ethical approval from the IREC)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Will your project involve deliberately misleading participants in any way?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
15	Is there any realistic risk of any participants experiencing either physical or psychological distress or discomfort?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
16	Does your project involve work with animals?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
17	Do you plan to give individual feedback to participants regarding their scores on any task or scale?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	Does your study examine any sensitive topics (such as, but not limited to, religion, sexuality, alcohol, crime, drugs, mental health, physical health, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
19	Is your study designed to change the mental state of participants in any negative way (such as inducing aggression, frustration, etc?)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
20	Does your study involve an external agency (e.g. for recruitment)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
21	Do your participants fall into any of the following special groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<i>(except where one or more individuals with such characteristics may naturally occur within a general population, such as a sample of students)</i>			

If you have ticked any of the shaded boxes above, you should consult with your module leader / supervisor immediately. **You will need to fill in Form B Ethical Approval** and submit it to the Research & Ethics Committee **instead** of this form.

There is an obligation on the researcher to bring to the attention of the Research & Ethics Committee any issues with ethical implications not clearly covered by the above checklist.

I consider that this project has **no** significant ethical implications to be brought before the relevant Research & Ethics Committee. I have read and understood the specific guidelines for completion of Ethics Application Forms. I am familiar with the codes of professional ethics relevant to my discipline (and have discussed them with my supervisor).



**Name of Learner** Fernanda Lucio dos Santos

**Student Number** 51701651

**Date** 10/03/2021

I have discussed this project with the learner in question, and I agree that it has no significant ethical implications to be brought before the Research & Ethics Committee.



**Name of Supervisor/Lecturer** David Smith

**Date** 10/03/2021