"Interpersonal conflicts amongst Registered Nurses in Dublin acute care hospital-based settings: the threats to patient safety"

by

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- This dissertation has not been submitted entirely or in parts for any other purpose than Master in Dispute Resolution degree qualification.

Signed

Renata Cristina do Rego Hancio

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1st of November 2020

Table of contents

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The LORD is my strength and my shield;

my heart trusts in him, and he helps me.

My heart leaps for joy,

and with my song I praise him.

(Psalm 28:7)

Abstract

Although is widely known that conflict is an inevitable part of nurse's daily life, little study has been done to depict how nurses themselves perceive conflict among them and how this could detrimentally affect patient safety. Literature suggests that the antecedents of conflict are mostly based on interpersonal factors, such as divergence in knowledge, experience and cultures. Moreover, studies have shown that non-healthy work environment is directly connected to adverse events to occur in nursing care.

Based on pragmatic philosophy and through a a descriptive, correlational and cross-sectional quantitative research, the relevant information was analysed as forty-four registered nurses who are currently working in acute hospital-based setting in Dublin agreed to participated in an Internet-based survey. All the data gathered was of an utmost importance to explore the aims and objective, therefore answering the research questions.

Conflict was perceived, almost unanimously, as a critical part of nursing work environment and, consequently, is a serious threat to patient safety. Nursing leadership and continuous education regarding interpersonal conflicts and their resolution were implicated in contributing to an effective conflict management in order to maintain and improve quality of care.

List of Figures

Acronyms

APSEF Australian Patient Safety Education Framework

CDC Centres for Disease Control and Prevention

INAES Irish National Adverse Events Study

IOM Institute of Medicine

NIOSH National Institute for Occupational Safety and Health

NMBI Nurses and Midwives Board of Ireland

SFS Swedish Patient Safety Act

WHO World Health Organization

WIC Workplace Interpersonal Conflict

Introduction

Evolution is part of humankind. No matter which section of human's life, it will always involve throughout time. That is human's nature, to improve and become better. Health included. Since the beginning of time, patient care has advanced tremendously with the help of cutting-edge technology. Advances in the pharmaceutical sector, innovation in procedures, miraculous organs transplantation and depth knowledge in genetics have led to a pioneering patient's care with fewer complications and better outcomes than ever seen. However, even though this scientific growth enabled an excellent treatment, the patient still suffers consequences from causes rooted in the nurse's routine, especially on the workplace environment. Poor communication, bullying, stressful interpersonal conflict can lead to mistakes which could have been prevented by the implementation of well-consolidated conflict management. According to American Institute of Medicine (2005) and Gerardi (2004) "integrating collaborative conflict management strategies into the daily activities of clinical care can improve patient outcomes, improve retention of nursing staff, and create an environment that optimises scientific advances through enhancement of effective working relationships."

There is a risk of 1 in 3 million of dying while in an aeroplane. Meanwhile, the risk of patient death occurring due to a preventable medical accident is estimated to be 1 in 300. As a matter of fact, while receiving treatment in a hospital, this number is incredibly high, at least one in 10 patients is harmed by an adverse event which is 50% preventable (World Health Organization, 2019). Studies conducted by WHO (2019) have shown that 1% of the global expenditure on health is dedicated to medication errors, which represents 42 billion dollars per year. The current research is focused primarily upon the adverse events themselves rather than draw attention to the core cause and how to tackle it down. Even though staff burnout syndrome and its consequences to the professional is mainstream nowadays, interpersonal conflicts in

health workplace understanding are underestimated, especially among nurses who are the front line of direct patient care.

It is widely known that workplace conflicts in a healthcare setting are frequent. A wide range of healthcare professionals has either been involved or witnessed disputes on a daily basis (Cullati et al., 2019). Nursing is a profession based on teamwork, quality of care demand different professional from the divergent background and qualifications participate as a team and work in accordance with each other settling a care plan in the workplace (Yufenyuy, C., 2020). This variety of perceptions, beliefs and opinions are the fertile soil for conflict to arise. According to Vathsala et al. (2016), a great part of medical error and adverse events happening in patient care occurs due to poor teamwork. Especially in the hospital setting, the relationship between nurses and doctors are fundamental to team collaboration, professional gratification regarding their jobs and patient outcomes (Hayes et al., 2010).

There are a great variety of studies showing the relationship between physical and mental distress of nurses and poor quality of care, therefore, threatening patient safety. However, there is a lack of research focusing on the perception of nursing professionals of conflict within the workplace and how they had or would enforce the likelihood of the occurrence of adverse events in care. Nurses ought to understand that interpersonal conflict in the workplace is the central factor that endangers patient safety, and it needs to be tackled down. This dissertation intents to raise this self-awareness among nurses concerning interpersonal conflicts and patient safety so as there can be an improvement in patient care.

1. Purpose Statement

The purpose of this descriptive cross-sectional study was to explore the perceptions of registered nurses actively practising in an acute hospital-based setting in Dublin regarding interpersonal conflicts amongst nurses and the impacts on professional's performance and

threats to patient safety. Conflicts in the health workplace environment jeopardize teamwork, productivity and quality of care. With all of this into account, it is evident that interpersonal conflicts amongst nursing professionals are directly connected to patient safety. Countless studies are indicating that nurses across the globe are feeling stressed, unhappy and burning out. From my perspective and experience, as challenging as a nursing profession is from day one taking into account every aspect that might interfere in our mental and physical health, I believe that it is our interpersonal relationship and skills that can make the difference between bearing rough situations and tackling them down effectively. Furthermore, in my observations at the department I have had the opportunity to work in, I could notice that nurses either took the avoidance approach regarding conflicts or simply did not resolve them appropriately. After studying Dispute Resolution and its impacts, I decided to explore how nurses themselves perceive interpersonal conflicts amongst nurses and how they believe it can impact their quality of care and patient safety in the Irish healthcare system, especially in an acute hospital-based setting, which is my expertise.

2. Research aims and objective

Assessing the perspective of nurses regarding the influence of interpersonal conflict among the nursing workforce in the Irish healthcare sector in their quality of care and therefore, the risks to patient safety.

- ✓ To determine the dynamics of conflict in healthcare.
- ✓ To determine the effect of the work environment on physical and mental consequences to professional personal and professional life.
- ✓ To underline the relationship between interpersonal conflicts and low professionals' performance and poor quality of care.

- ✓ To investigate the relationship between interpersonal conflicts among nurses and adverse events in nursing care.
- ✓ To underline the negative consequences of interpersonal conflicts among the nursing workforce regarding patient safety in the nurse's perspective.
- ✓ To purpose recommendations to nurses handling workplace conflicts in terms of improving patient safety.

Below are the four questions used as the guide for this study:

How are conflicts presented in healthcare?

How does interpersonal conflict impact on the quality of care?

How can interpersonal conflict contribute to adverse events to happen in nursing care?

What are the common threats to patient safety when nurses are dealing with interpersonal conflict?

3. Personal background and beliefs

Being a Registered Nurse back in Brazil with four years of professional experience in Emergency Room, my personal insight is that Nursing is one of the main fields in the marketplace that encounter conflict every day, based on the fact that we are dealing with people at all times, especially when they are most vulnerable when it comes to patient and its family —not forgetting that Nursing Care involves teamwork and interdisciplinary effort for the greater good of patient's outcomes. Having said that, nurses are not well educated for the consequences of workplace conflicts or dispute resolution, having this skill underestimated and neglected. Interpersonal conflicts are one of the main factors which lead to adverse events to happen since it is directly related to professional's mental health and efficiency (Marshall &

Robson, 2005). This dissertation will provide a more nuanced understanding of how nurses perceive conflicts within the work environment and its influence on patient safety, so as improvements in healthcare quality can be made.

4. Relevance and Significance

It is notorious the growing interest in ameliorating the quality of healthcare service, and this has led to initiatives toward quality and patient safety improvements. Nonetheless, standardising the quality of care by improving performance indicators or involving technology does not illustrate the reality in-loco in the hospital environment, especially nurse's realism. Therefore, it does not take into account nurses' perceptions of quality of care and what may be threatening a high standard delivery. Possessing the knowledge that an unhealthy work environment can and will damage the professional physical and mental ability is not enough to understand how this can be hazardous to the patient's safety. Nurses ought to recognise that workplace conflict can be more dangerous than ever and bring attention to this matter, so there can be changes. The potential of enhancing a safe work culture and conflict management help significantly to decrease errors and incidents while providing care.

The outcomes and conclusions from this study will likely have a great significance for nursing education, clinical practice and conflict management within healthcare settings. To comprehend the nurse's perceptions of workplace conflict and how it can negatively affect patient safety could assist further improvements and advances in interpersonal studies and conflict resolution in healthcare.

5. Dissertation Road Map

This research project has been divided into seven chapters for a better understanding and organization of the information in this document.

Introduction

This section is dedicated to a small opening to the research subject, the aims and objective alongside with the research questions, the personal background and beliefs of the researcher, relevance and significance to the community, especially healthcare workers. To put it simply, this section is about enabling the understanding of the purpose of this research.

Chapter 1 – Literature Review

This chapter consists of the most significant literature studies and information which are directly linked to this research topic, in order to provide a scientific foundation and support for this study. In this chapter is also included the Theoretical Framework with concepts and definition of an existing theory used for this particular study.

Chapter 2 – Research Methodology and Methods

This chapter focuses on explaining the philosophy, approach, design and ethical considerations that this study was based.

Chapter 3 – Presentation of Data

This chapter is destinated to present in graphs in a quantitative manner of all the results obtained through the survey to support this research.

Chapter 4 – Data Analysis

In this chapter, all of the results depicted in the previous chapter are investigated in detail, descriptively for an in-depth understanding of the data acquired.

Chapter 5 – Discussion

This chapter takes into consideration the theory and literature review base to relate to the results obtained comprehensively.

Conclusions

Following the entire examination, this section consists of conclusions that this research accomplished based on every procedure carried out throughout the study.

Chapter 1. Literature Review

1.1) Workplace Conflict

1.1.1) Defining conflict

Conflict is an inevitable part of humankind daily basis lives. It arises when we least expect. Conflicts might involve two or more parties with different interests – or even with same goals -, they could range from a small-scaled perspective – like family disputes – to large-scaled related to economic or political issues. There is no such universal definition for conflict, however, according to Jeong (2010), "the definition of conflict is traditionally related to competition for resources or other interests, value differences or dissatisfaction with basic needs. Conflicting economic and political interests develop an attempt to suppress other groups often with threats and actual use of force". In another study, conflict was also reported as process in which perceptions of one or more individuals are opposed by another people, creating then a negative effect on them (Kreitner & Kinicki, 2010). In this context, conflict is perceived to be a dynamic process that can bring either positive or negative outcomes, constructive or destructive, at the workplace (Ahmed Higazee, 2015). Additionally, conflict has also outcomes of different experiences or perceptions about values, beliefs, feelings, values or actions (Marquis and Huston, 2012).

There is an argument among research regarding rather or not, conflict can be positive or negative. According to Hocker and Wilmot (1985), the conflict has negative assumptions, such as disharmonious, abnormal, pathological, it needs to be avoided or reduced at all costs, it is the result from clashes of different personalities and so on. Their study conducted a survey for the purpose of obtaining people's reaction to the word conflict, and they only found negative associations such as anxiety, rate, arguments, pain, competition and even violence. (Hocker & Wilmot, 1985).

On the flip side, some research affirm that conflict is a positive phenomenon. As a matter of fact, in organization environment, many managers find conflict as a source to improve team effectiveness, boost ideas and creativity that would not have been considered in the first place had not the conflict emerged. According to De Dreu & Gelfand (2008), the beginning of a conflict is when one person or a group possess different and opposite between them, especially when it comes to common or inverse interests, values, resources or practices. They express that conflict, work and organizations are inextricably linked that people must understand that "organizations without conflict do not exist and conflict cannot exist without people being interdependent for their task achievement" (Ahamelula, 2014). Additionally, Ramsay (2001) presents that conflict is natural, reasonable and necessary and based on real differences.

When one is hired to work in an organization, it means that one will be facing conflict at some stage of working life. This is a natural consequence of teamwork, since people come from different backgrounds and nurtures, with different beliefs, personalities and opinions. Therefore, conflicts cannot be avoided. In his study, Thomas (1999) states that the straightforward way to avoid conflict to happen is to eradicate any type of interaction between individuals. Moreover, in almost every situation, this may be impossible.

Workplace conflict had historically begun in the Industrial Revolution, the time of our history when workers started to fight back and rebel against employers, since they were feeling threatened regarding their freedom and autonomy within the workplace (Jaffee, 2008). As from then, workplace conflict has been a controversial topic and the objective of many kinds of research around the world. Still, according to Jaffee (2008), workplace conflict can have two areas of sources to happen. Firstly, he states that it can stem from individuals' stress. This can happen when two or more individuals have different objectives and goals, and must work together in an organisation with their own aims and goals (Jaffee, 2008). Secondly, there is the division of labour, or in other words, the work hierarchy. If not all, but a significant part of the

organisation's employee is assigned to a specific task, roles and departments. This division in the workplace tends to stir up tensions and provoke conflicts.

According to Teague (2015), workplace conflict can also be defined as “differences of view and conflict amongst individual employees and their employer; amongst individuals; and between groups of employees whether unionized or not, and their employer” (Teague et al., 2015).

De Dreu and Gelfand (2008) identified in their study three primary roots of conflicts between individuals in the workplace. The first one is the scarcity of resources and conflicts of interests. This happens due to limited resources every organisation faces which leads to competition among employees, and the conflict can be manifested at all levels in organizations, being individual, group or organisational itself. “This creates a continual conflict of interest situation as people continually struggle with deciding whether it is better to act selfishly for individual benefit or to cooperate and achieve a superior collective benefit” (Ahamelula, 2014). Secondly, the Identity conflict which is triggered by the searching for maintenance and promotion of a self-positive view that implicates into identity and value conflicts. According to Sedikedes and Strube (1997), “people generally attempt to a positive perception of themselves and try to convince the others that they are worthwhile individuals”. Finally, the called socio-cognitive conflict arises when there is a desire to validate opinions and beliefs socially. This happens due to three reasons, according to De Dreu & Gelfand (2008): the people’s attempts to have precise perceptions of themselves, the lack of capacity of rationality being for the restriction of information provided to them and the different understandings and opinions about equivalent matters.

Nevertheless, workplace conflict can and will happen not only because these three roots, but also because workplace conflicts are something equal to divergent interests, values and beliefs, and they are all incompatible with each other (De Dreu & Gelfand, 2008).

1.1.2) Interpersonal Conflict

Overall, conflicts occurring within an organization can be classified into four groups, being: interpersonal conflict, intragroup conflict, intergroup conflict and inter-organizational conflict (Rahim, 2003). For the purpose of this dissertation, the main objective is to highlight interpersonal conflict among registered nurses in Ireland since it is an essential work stressor that is associated with adverse performance outcomes in healthcare (Pennebaker, 1982).

Barki and Hartwick (2004) have particularly defined workplace interpersonal conflict (WIC) as a process that changes over time and happen between parties that are related to each other as they experience negative outcomes, especially emotional one, when dealing with controversial goals. Having said that, they allow this dynamic to be expressed as "disagreement, interference and negative emotions" (Barki and Hartwick, 2004). Disagreement is the core cognitive element of conflict, according to Almost et al. (2010), who say that "when a divergence of values, needs, interests, opinions, goals or objectives exists between individuals, there is disagreement". The cognitive element by itself is not enough to trigger a conflict. In this sense, there is a need for a behavioural feature of an individual. "It is only when the behaviours of one individual interfere with or oppose another's achievement of their own interests, objectives or goals that conflict is said to exist (Almost et al., 2010). These behaviours aforementioned can be exemplified as debate, undermining, backstabbing, aggression, and hostility (Cox, 2008). In fact, it is widely believed that the behavioural element of an individual is the foundation of a conflict (Wall and Callister, 1995).

Interpersonal conflict can be categorised into three groups, as per Registered Nurses Association of Ontario' guidelines (2012).

1. **Relationship conflict** which happens when there is any disagreement between two or more individuals. That may include disagreement about matters that affect them personally, like lifestyle, different values and beliefs or other thar are not related to work itself (Jehn & Bendersky, 2003). This conflict is frequently considered worthless, given that it focuses on the people instead of on the issues.

2. Task conflict exists when there are disagreements about the tasks to be done in workplace, especially with regards to differences in perspectives, ideas and opinions (Jehn & Mannix, 2001). As stated in Jehn's study in 1995, task conflicts are also the starter for relationship conflicts.

3. Process conflict emphasizes disagreements about the steps to execute a task (Jehn & Benersky, 2003). For this reason, disagreements related to work can be about "how to accomplish or approach a specific task (process) or the content or substance of the task itself (task)" (Registered Nurses Association of Ontario, 2012).

With no shadow of doubts, every nurse around the globe can name one workplace interpersonal conflict while in duty, providing care. Either being a party involved or witnessed, conflicts are a party of nurse's routine, being between nurses, nurse-doctor or even nurse-patient. Healthcare conflict can involve bullying, threats, blames, breakdown in communication which will highly lead to adverse events to arise (Johnson, 2009)**.** The National Institute for Occupational Safety and Health (1996) also defines workplace violence as "any physical attempt, threats or verbal abuse happening in the workplace".

Workplace conflict has been connected to increasing levels of emotional exhaustion, burnout syndrome and turn-over, reduced job satisfaction and increased workplace stress (Freedman, 2019).

Nursing Work Context

The profession of nursing has its beginning back in the 17th Century but is most known because of Florence Nightingale and the Crimean War. Not only was she the most notable person in nursing history, but also she is believed to be the pioneer of modern nursing and the responsible one for setting standards for nursing practice (Schorr & Kennedy, 1999). This is a well-known fact for every nursing student and professional across the world. Since then, nursing has evolved because it is considered vital to human survival and healthcare setting (Goff, 2018).

Cohen and Bailey stated in their study in 1997 that nursing professionals are to be related to interdependence with members of the health team, and the quality of this dependency and relationshipe is vital to daily conversations and discussion aiming the better outcomes for patient care (Cohen and Bailey, 1997). Nursing is also related to a broad spectrum of different demands, such as physical (associated with the high workload), emotional (trouble coping with death and the process of dying) and social demands (interpersonal conflicts) (McCarthy et al., 2010). Van der Heidjen et al. (2008) have described the nursing profession as "an emotionally demanding work alongside with physically demanding working duties, such as overwork shifts, weekend work, and high physical burden of work". The healthcare environment in which nurses are immersed 24/7 is characterized by a vast of features, being internal strategies, practices and technology (Janakiraman et al., 2011).

In their study, Barnes and Lefton (2013), attested that nurses might feel more pleased if the organizational structures are modified to foster independent practice environments, recognition of professional work and financial incentives. According to Blake et al. (2014), an adequate

environment should target components that aim ameliorating the nurses' quality of care and the outcomes of healthcare systems. These factors are, namely, "evidence-based practice, collaboration and teamwork, safety, and patient-centred care" (Blake et al., 2014)

1.2) Dynamics of conflicts in healthcare

The healthcare environment is based on multidisciplinary professions, therefore, consisted of distinct cultures, education, believes and opinions intending to provide the best quality of care aiming not just treatment but also the preservation of health and personal integrity of patients (Benjamin, 2014). Considering this interdependence of healthcare teams and shared objectives, such divergences make easy for conflicts to occur, especially interpersonal ones. According to Jerng et al. (2017) and Kennison (2019), Workplace Interpersonal Conflict (WIC) is a compelling interchange between people with an interdependent relationship that triggers negative emotional reactions and within the work environment is linked to safety-compromising incidents. Consequently, many concerns regarding the impacts of WIC on the healthcare system and worker have arisen.

According to Hayes et al. (2010) and Goff (2018), interpersonal elements are defined as being exchanges between nurses and distinct members of the team, and also patients under interpersonal factors triggers, such as "autonomy, providing patient care, professional relationships, leadership, and professional pride".

Studies have found that nurses more likely experience conflict with medical team, nurse themselves, families and patients (Boychuck-Duchscher & Cowin, 2004). However, in a recent study, there is a high incidence of nurses perceiving that conflicts mostly happens between their managers and nursing colleagues, being amongst nurses the hardest one to cope with, generating a great level of stress (Almost et al., 2010).

Research indicates that interpersonal conflict within in workplace, specifically within the healthcare system, is a global matter and it is an inevitable part of healthcare professionals lives (Blackall et al., 2009). In contemporary healthcare, nurses are in the centre of interpersonal conflict (Su et al., 2007) and it can lead to more adverse effects, such as breakdowns in relationships and increase work pressure (West, Dawson and Admaschew, 2011). In line with Mageda et al. (2018), “nurses are more than any other profession, at risk from exposure to many health disorders and disturbed mental and social well-being, resulting in a reduction of job performances which can affect both the quality of care and patients' safety because of the nature of their work and work schedules”.

There are a vast number of features in the healthcare system that foster the generation of misunderstandings and conflicts, for instance: in the healthcare system, conflicts usually involve different parties and happen at several levels at the same time; the healthcare system comprises a significant divergence in knowledge, power and control experienced by different people; ethnic diversity either by patients or professionals can provoke barriers and finally, healthcare consists of people interactions in order to treat, prevent and preserve the health integrity of patients (Etchells et al., 2005) (Marshall & Robson, 2005).

Riahi (2011) underlines how the stress are a fundamental factor amongst nurses in healthcare workplace and how it can be a significant stressor for conflict to arise. Stress is a concept widely used in modern studies, especially when healthcare professional’s health is involved somehow. According to Mojoyinola (2008) stress is a state of an individual which adapts to the environment and it is also described as a random response of the body to the pressure made on the individual, and when these pressure is in high level, there are physiological and socio-consequences. Lazarus (1966) also describes stress as a condition experienced by both human and animals, which can be classified as intense and distressing leading to possible behavioural changes. There are three factors associated with stress, as reported in Van der Colff (2005)

study. First, is when the organisation is not given the proper assistance, namely: staff shortage, inefficient compensation, colleagues underperforming and lack of stimulation within the workforce. Secondly, are the job demands being characterized for overwhelming workload, patient high demand and health risks due to exposure. Finally, there are the precise nursing demands identified as conducting painful duties and procedures and witnessing patients suffering (Milton, 2014) (Van der Colff, 2005).

1.3) Irish Nursing Context

Nursing profession in Ireland has transformed significantly in the past decade as a result of the progressively promotion of a greater quality of care and professionalism, enforcing the legislation (Department of Health and Children, 2007). There was a massive nursing shortage in Ireland in the late 1990s, mainly due to the increasing emigration of Irish nurses to other countries, such as Canada, Australia and USA (Government of Ireland, 2002a; McCarthy et al., 2002). This situation was reversed by enormous recruitment of overseas nurses to come to Ireland. This international recruitment rose significantly by 2001 when two-third of new registered nurses within Nursing and Midwifery Board of Ireland (NMBI) was out of Ireland (Buchan & Sochalski 2004).

The excellence of working lives and job satisfaction was the main objective and policy for healthcare workers in Ireland prior to the turn of the century (Government of Ireland, 2002a). According to Attree et al. (2011) and the Government of Ireland (2002a) “the implementation of a management competency framework had as main objective to transform health service structures from a traditional hierarchical to a more participatory structure”. Therefore, the Action Plan for People Management was launched by the Irish Government (2002b) seeking improvement on workplace conditions and job satisfaction of healthcare workers. This Action was able to underlined seven critical areas of staff management, namely: managing people

virtually, improving the "quality of working life, best practice employment policies and procedures, development of partnership, training and education, improve employee and industrial relations and performance management" (Attree et al., 2011) (Government of Ireland, 2002).

As Irish nursing was evolving, so was the levels of stress experienced by Irish nurses (McCarthy et al., 2010). According to a study carried out by Fealy (2002), there was a clear outcrying amongst nurses regarding their alarming concern about working conditions, pay scale and also promotional limitations. Suresh et al. (2012) advocated that there was "a profound effect on the development of modern nursing as a professional discipline and has, in many ways, changed the role of the nurse in Ireland".

An Bord Altranais (2005) has designed the Scope of Practice which determines a range of competencies and responsabilities that a registered nurse in Ireland "is educated, trained, competent and has the authority to perform" (Suresh et al., 2012). In Ireland, registered nurses are required to obtain proficiency in five domains of competence: interpersonal relationships, holistic approach to care and integration of knowledge, professional/ethical practice, organisation and management of care and personal and professional development (An Bord Altranais, 2005).

As per Registered Nurses' Association of Ontario (2012), some Canadian nurses stated that one of the consequences of getting into a conflict with another nurse within work environment was the reduction of workload (Warner, 2001). Meanwhile, Japanese nurses who were, likewise, dealing with conflict with nursing colleagues, showed a high likelihood to resign from their current position (Registered Nurses' Association of Ontario, 2012). In their guideline reports, Registered Nurses' Association of Ontario (2012) have shown that, generally, among

healthcare providers, the occurrence of burnout, especially emotional exhaustion, can be based on interpersonal conflict.

1.4) Impacts on professionals

Interpersonal conflicts among members of the healthcare team generate miserable experiences that result in detrimental consequences and behavioural distress. From the above information gathered in this literature review, it is evident that interpersonal conflicts are an element which is inevitable in the worldwide scope. The nursing workforce is gradually facing interpersonal conflict as a result of personal or companies' structures factors which is directly linked to effects on the professional physical and mental health (Milton, 2014). As De Dreu et al. (2008) stated "negative emotions, low self-esteem, and overwhelmed cognitive effort after facing interpersonal conflict can impact an individual's physiological in multiple of ways". On top of that, Kelly (2006) affirmed that conflict amongst nurses professionals has traditionally built negative feeling and has been considered as draining energy, lack of focus, and causing discomfort and hostility.

In several studies, workplace conflict has been connected to stress level of stress in nursing work environments (Bishop, 2004)(Dijkstra et al., 2005)(Rolleman, 2001). The stress experienced by nurses as a result of a workplace conflict can have numerous impacts. According to McVicar (2003), stress can have negative consequences within nursing work environments, including: "staff turnover, almost zero nursing retention, medical illnesses, decreased quality of care, increased cost of health care, less job satisfaction and breakdowns in employment relationships". In this scenario, stressful work environment creates detrimental outcomes, such as "job dissatisfaction, weak organisational commitment, lack of involvement, low morale, poor working relationships, a diminished sense of well-being, emotional

exhaustion, a lack of trust and sense of support in the workplace, absenteeism, burnout and turnover" (Registered Nurses' Association of Ontario, 2012).

Occupational stress can be defined as episodes in the workplace environment with another co-worker in which there is a changing in one's physical or mental condition in a way that the individual is compelled to behave unnaturally (Sarafis et al., 2016). In accordance with Lawrence & Callan (2006) nurses report that conflict with other nurses is the most stressful in comparison to conflict with doctors or patient. Work-related stress can deteriorate an individual's physical and mental health. Moreover, the high incidence of workplace conflict has been related to a significant increase in staff low levels of productivity (Sarafis et al., 2016). The nursing profession is widely perceived as an exhausting task with high demands. These factors, combined with excessive responsibility and lacking authority, have been identified as the primary sources of occupational stress among nurses, stated by Sarafis et al. (2016).

The Centers for Disease Control and Prevention (CDC) within the National Institute for Occupational Safety and Health (NIOSH) (1998) affirms that stress "may manifest by the presence of headache, sleep disturbances, difficulty in concentration, short temper, upset stomach, job dissatisfaction and low morale". There are other manifestations such as muscular tensions and ache, high blood pressure, heated problems, arguments with others, aggressive or hostile behaviour, blaming others (Dasgupta, 2012).

Another factor that might have a connection with occupational stress is job satisfaction. Locke (1976) defines job satisfaction as "the pleasurable emotional state resulting from the appraisal of one's job as achieving or facilitating the achievement of one's job values". Besides, Speakman and Ryals (2010) and Spector (1997), assert that job satisfaction is how people perceive their jobs, either by liking it or disliking it. There is a correlation between low job satisfaction with a high workload and the levels of productivity and production in any

institution (Dasgupta, 2012). Job satisfaction is also connected with the need of individuals and the happiness of performing a job (Mageda, 2018).

The nursing profession is believed to be connected to burnout syndrome (Dasgupta, 2012). According to two European epidemiological studies, burnout affects approximately 25 per cent of all nurses (Landau 1992). Studies have shown high levels of nurses in North America, Europe, and Asia suffering from burnout (Aiken et al., 2002; Poghosyan, Aiken and Sloane, 2009).

Burnout has been conceptualized by Maslach et al. (1996) as a disorder of feelings and emotional exhaustion, causing people to lost their personalities, therefore diminishing personal achievements. Moreover, exhaustion is defined as a consequence of increasingly physical, affective and cognitive pressures and as a "long-term consequence of prolonged exposure to specific job demands" (Dasgupta, 2012). It is believed that burnout sabotages the way professionals are giving their care, especially by demotivating them and distracting them from their tasks and duties. The most likely professions that might suffer from this are the one in most contact with humans, such as teachers, police officers, lawyers, nurses, and others (Leiter, Harvie, & Frizzell, 1998; Vahey et al., 2004).

Burnout is associated with deleterious health consequences for nurses, such as psychologic distress, somatic complaints, and alcohol and drug abuse (Duquette et al. 1994). Burnout has become a major concern for healthcare organizations because of how negatively can impact on workforce retention, job satisfaction, and performance (Aiket et al., 2002). When it comes to organizations, burnout can lead to increased employee absenteeism, turnover, low performance and difficulty in recruiting and retaining staff, which is a costly disadvantage (Parker & Kulik, 1995).

1.5) Quality of care

Nursing is a profession that is direct caring of people at all stages of life at all times. Having said that, nursing plays a primordial role in establishing a therapeutic relationship and improving quality of care due to the high interaction with patients. Furthermore, Bjertnaes et al. (2012) revealed in their study that patient's satisfaction is directly connected to their experiences with nursing services. One of the main objectives of nursing care is to engage "patients and family members in their care and including their preferences and needs (principles of patient-centred care) in their care plan".

Quality of care is not a narrow concept, and it cannot be defined in a total once it is affected by different opinions, perspectives and interests of professionals and also patients. It is also influenced by organizational health care facilities characteristics (Lee et al., 2017). Moreover, quality is a complex principle that requires a combination of interventions.

Therefore, quality of care is not a single definition, but includes different proportions, such as "accuracy, reliability, efficacy, effectiveness, empathy, safety, and affordability" (Mohammad Mosadeghrad, 2013). According to the World Health Organization (2020), quality of care is "the extent to which health care services provided to individuals and patient populations improve desired health outcomes". It also states that with the purpose of achieving these outcomes, health care must be safe, effective, timely, efficient, equitable and people-centred" (WHO, 2020). Similarly, the Institute of Medicine (2001) also determined that quality care should put patient in the centre, be as safe as possible, without lost in effectiveness, time mannerly and equal to every single. It is important to stress that, no matter what definition is being used, safety is the vital element of quality and it needs to be tackled down alongside.

Figure 1. Elements of Health Care Quality

Source: World Health Organization, 2018

Per the World Health Organization's guideline (2018), there are seven categories which are routinely considered when trying to improve health quality system, being: "changing clinical practice at the frontline, setting standards, engaging and empowering patients, families and communities, information and education for healthcare workers, continuous quality improvement policies, establishing performance-based incentives and legislation and regulation" (WHO, 2018). When people are treated at the right time, for the right care, that means that a high quality of care is being achieved. Consequently, harms are reduce and there is no wastage of resources (WHO, 2018).

Taking Ireland as an example, the Nurses and Midwives Board of Ireland (NMBI) addresses quality of care in their Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2018) as being one of the principles for a high-standard and safe practising of nursing. It focuses on safety, competence, kindness, compassion, caring and protection of harm (NMBI, 2018).

World Health Organization takes the quality of care as the primordial element to be sorted and improved. A high standard of quality of care is fundamental to create trustiness in health

services. Moreover, quality of care is the key to global health security which depends directly on high-quality of frontline healthcare workers (WHO, 2018). As stated in their guideline, there are five critical foundations for high-standard quality of care, namely: first and foremost, healthcare workers, health care facilities, medicines and technology, information systems and financing (WHO, 2018).

"Highly skilled doctors, nurses and other healthcare professionals are crucial for delivering high-quality health care to individuals" (WHO, 2018). According to WHO (2018), the first step in establishing a high-quality workforce should be strategies to address the quantity, distribution and retention, not only for the moment, but also for a long period.

Kennedy et al. (1997) could show in his study evidences endorsed that a healthy work environment for nursing staff is one of the ways of solving the problem of stress and burnout related to their profession. He found that nurses who were capable to provide high-standard of patient care would find their workplace healthy enough, therefore showing a satisfaction with their jobs (Olanrewaju, 2015).

1.6) Patient Safety

It is undoubtedly that patient safety is a matter that has been considerably increasing attention among healthcare professionals. The World Health Organization is aiming at achieving a world where people can access healthcare services freely and a high quality of care, meaning the safest health services possible. According to their Global Safety Action Plan for 2021-2030, named "Towards Zero Patient Harm in Health Care", patient safety can be described as "a framework of organized activities that creates cultures, processes, procedures, technologies, and environments in health care that lower risks, reduce the occurrence of avoidable harm, make the error less likely and reduce its impact when it does occur" (WHO, 2020). Historically, the critical challenge for the healthcare system was to control infectious diseases and managing

injuries in a whole. However, healthcare is dynamic and adaptive, therefore, with the evolution of technologies and practices, infection diseases were tackled down, and new challenges arose (OECD, 2018).

According to Kohn, Corrigan & Donaldson (2000), the health professionals should be requesting improvements in patient safety by tracing patterns, training staff about safety and draining the proper attention to the importance of patient safety. Institute of Medicine in the late 90s provided a report, To Err is Human: Building a Safer Health Care System which changed the healthcare thoughts about safety, since it emphasized the occurrence of adverse events in hospitals, in the majority caused by human failures. The study was conducted through a large-scale analysis of epidemiological cases in hospital across the United States. This report was of an utmost importance due to the emphasis of rethinking care models in order to improve patient safety. (To Err Is Human, 1999)

Patient safety is being required to be a fundamental part of healthcare professionals care into everyday practice. However, safety is not just the prevention of possible adverse events and identify errors occurrences and statistics. Safety is also defined as "the outcomes of exchange between material, components and processes in the system" (Burstrom, 2014). According to the American Institute of Medicine in 2005 (Committee on the Work Environment for Nurses and Patient Safety, 2005), "conflict management strategies into the daily activities of clinical care can improve patient outcomes, improve retention of nursing staff, and create an environment that optimizes scientific advances through enhancement of effective working relationships".

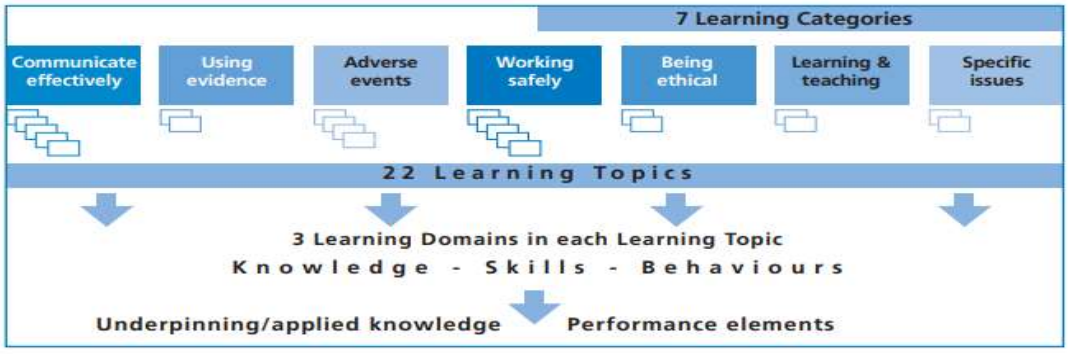
Even though the Institute of Medicine (IOM, 1999) defined safety as "freedom from accidental injury," there is a controversial definition of safety itself, since it is a challenge to distinguish safety from quality. This is the reason why Burstrom (2014) stated in his study that patient safety could not be measure precisely, and this is the main reason why we can only estimate

what are the real advantages and the disadvantages. For this reason, improving patient safety depends on learning the interactions and their components.

While providing care to a patient, healthcare professionals are vulnerable to process risks. Having said that, the main challenge for healthcare providers is to early detect and improve safety procedures and standards, and also to address effectively any harm made. When talking about patient safety, there are two frameworks that we need to highlight for an in-depth understanding: the Australian Patient Safety Education Framework (APSEF) and the Canadian Framework Safety Competencies.

The APSEF is an evidence-based tool which describes the knowledge, skills and behaviours of healthcare professionals must have in order to ensure the safest patient care (Preckel et al., 2020). It is divided into four levels depending on the professional's position and clinical responsibility within the health organization.

Figure 2. APSEF Learning Categories



Source: World Health Organization, 2020.

Besides, since APSEF has become a model in terms of patient safety, Canada built a framework named "The Safety Competencies – Enhancing patient safety across the health professions" in 2009 (WHO, 2020). As in the Australian framework, the Canadian offers an "interprofessional,

practical and useful patient safety framework that identifies the knowledge, skills, and attitudes required by all health-care professionals" (WHO, 2020).

Figure 3. Canadian Safety Competencies

Source: World Health Organization, 2020.

In the light of recent situations due to the outbreak of COVID-19 worldwide, governments and healthcare leaders across the world are being pressed to address the threats to the health and safety of health care professionals and patient persistently. The WHO Director-General, Dr Tedros Adhanom Ghebreyeus has explicitly stated that "No country, hospital or clinic can keep its patients safe unless it keeps its health workers safe" (Who.int, 2020). The COVID-19 pandemic has emphasized the importance of protecting health care workers in order to achieve and ensure a functioning health system.

In this desperate moment of a modern society facing a pandemic that has been destructive in so many ways, the World Health Organization outlines five actions to protect health care professionals better: "to protect health workers from violence; to improve their mental health; to protect them from physical and biological hazards; to advance national programmes for

health worker safety, and to connect health worker safety policies to existing patient safety policies" (who.int, 2020).

On top of that, the World Health Organisation is heavily demanding healthcare leaders and organizations to invest in, measure and improve the quality of healthcare professional's health over the year of 2021. This means addressing to main five areas: "preventing sharps injuries; reducing work-related stress and burnout; improving the use of personal protective equipment; promoting zero tolerance to violence against health workers, and reporting and analyzing incidents" (who.int, 2020).

Patient safety is directly linked to the healthcare worker's physical, cognitive and social performance processes (Carayon et al., 2014). As expressed by Hoffmann & Rohe (2010), several factors can influence professional's performance and behaviour, such as attention, clinical skills, education/training, fatigue, goals, personal health, level of experience, motivation, perception, self-efficacy and stress levels.

The quality of personal life of a nurse is directly affected by occupational stress, therefore impacting on their quality of care. The profession of caring is described as an "interpersonal procedure defined by nursing expertise, sensitivity and inner relationships, including positive communication and implementation of professional knowledge and skills" (Finfgeld-Connett, 2008) (Serafis et al., 2016). As perceived in their study, Teng et al. (2010) concluded stress as a consequence of work conflict has as a consequence nurses losing their ability of sympathy for patients and, subsequently, rising the likelihood of adverse events, being harmfully associated to the quality of care.

1.7) Adverse Events

Humans are not robots programmed to execute tasks with near perfection. Therefore, humans are vulnerable to errors. Since health services are based on human performance to carry

out procedures and processes, adverse events occur in the healthcare system. According to Vincent et al. (1998), “adverse events are incidents in which a patient is unintentionally harmed by medical treatment”. The Swedish Patient Safety Act (SFS, 2010) defines adverse event as being error with no intention which causes, at some extent, harm to the patient not caused by the underlined disease. Errors that did not reach patients or were effectively spotted in advance are called "near miss"; when errors do happen and reach the patient, but with no harm, they are called incidents without harm, and when errors generates harm, these errors are called incidents with harm or adverse event (Duarte et al., 2015; WHO, 2020). In their study, Duarte et al. (2015) go further stating that that the “daily perception of risk situations contributes to the appropriate management of care with a focus on error prevention and establish a safety culture in the institution”. Furthermore, there must be a whole understanding regarding adverse events, once there is an entire environment behind their occurrences, such as overwhelming workloads, lack of sufficient staff, poor clinical practice and knowledge, poor communication and no organisational support (Duarte et al., 2015).

In conclusion, for the purpose of this study, the adverse event was defined as a physical or emotional impact on the patient that could have been avoided during the patient`s length of hospitalization, as per the Swedish Patient Safety (SFS, 2010). In terms of nursing care, adverse events happen due to failures to monitoring, no detection of patients clinical state decline, medical errors, nursing care plans that are not in line with diagnosis, poor communication among team and no reports of adverse events themselves (Ammouri et al. 2014; Rothschild et al. 2006).

According to the World Health Organization article in September 2019 (Who.int, 2019), unsafe care and therefore the occurrence of adverse events is one of the ten leading causes of deaths and disability in the world. Additionally, it is estimated that one in every ten patients harmed

under hospital care and this could have prevented in almost 50% of the cases. Moreover, the most detrimental errors are related to diagnosis, prescription and medication administration.

Still taking the World Health Organisation (who.int, 2019) statistics and studies, there is nine central patient safety situation that concern them most: medication errors – the cost associated with medication errors has been estimated at US$ 42 billion annually; healthcare-associated infections – the incidence of 7 in 10 out of 100 hospitalized patients; unsafe surgical care procedures – causing complications in up to 25% of patients; unsafe injections practices – likely transmission of HIV and Hepatitis B and C; diagnostic error – occur in about 5% of adults in outpatient care settings; unsafe transfusion practices – the risk of transfusion reactions and infections; radiation errors – overexposure to radiation and cases of wrong patient or wrong site; sepsis – not being diagnosed early enough – and venous thromboembolism – the most common and preventable causes of patient harm.

According to Matlow et al. (2005), in Canada, at least 7.5% of patients admitted to acute-care settings experience adverse events. This was the main reason why they have launched a campaign called “Safer Healthcare Now!” in order to reduce the incident of consequences to adverse events, such as injuries or deaths. The campaign has consisted of six main strategies: “rapid response teams, reliable and evidence-based care delivery for acute myocardial infarction, prevention of medicament errors, prevention of central line infections, prevention of surgical site infections and finally, prevention of ventilator-associated pneumonia” (Matlow et al., 2005).

The Irish context of adverse events occurring in hospitals takes into consideration the Irish National Adverse Events Study (INAES) which quantifies the frequency and nature of adverse events in acute hospitals in the Republic of Ireland using a retrospective chart review methodology (Rafter et al., 2016). Their study carried out in public hospitals in the Republic

of Ireland showed that Irish adverse event prevalence was of 12.2% of admissions of patients who stayed hospitalized more than 24 hours, and incidence of 10.3 events per 100 admissions. Over 70% of INAES adverse events were considered preventable (Rafter et al., 2016).

Adverse events comprise the healthcare context for a better understanding. This context includes environmental factors, such as physical space, organizational factor, such as culture and foremost, the human factors, for instance, teamwork skills (Zadivinskis, 2015). According to Smiths et al. (2010), human factors are considered one of the leading causes of adverse events and states that "human-based adverse events occur through knowledge-based deficits, and rule-based failures regarding monitoring, intervention and/or verification". Organizations also contribute to the incidence of adverse events due to protocol failures and a lack of knowledge transfer (Smiths et al., 2010). Furthermore, adverse events can also happen as a result of technical failures as a consequence of equipment design, construction and materials (Smiths et al., 2010).

In her study back in 2009, Manser (2009) expressed that many factors that contribute to adverse events occurrence were originated from inconsistent teamwork rather than clinical skills deficits. Hospitals with better teamwork tend to have lower rates of patient safety markers (Mardon et al., 2010) and adverse events (Deilkas & Hofoss, 2008). Similarly, a Dutch study found that human factors were part of the incidence of 65% of surgical adverse events (Zegers et al., 2011). Human factors are consisted of behaviour, performance or communication, and they may contribute to safety failures (Duckers et al., 2009).

Patient safety culture and its implementation is carried out by team and individuals "share responsibility, capitalize on individual talents, trust one another, and use open communication skills to accomplish goals" (Zadvinskis, 2015). Leonard & Frankel (2011) declare that effective teamwork is necessary for consistent and high-quality healthcare. Moreover, it is through

teamwork that staff members share responsibility for the greater good of patient safety, as per their study, there are fundamental elements for teamwork to be effective, such as communication itself with assertive language, self-awareness, leadership skills and psychological stability (Leonard & Frankel, 2011).

In accordance with Marshall & Robson (2005), there is the existence of so-called "Fear Factor", which means that healthcare professionals fear litigation, professional discipline or breakdown in relationships and this leads to high levels of conflicts among and between healthcare workers. They stated that "as a result, mistrust persists, anxiety grows and conflict increases, creating and perpetuating an unsafe culture" (Marshall & Robson, 2005).

1.8) Theoretical Framework

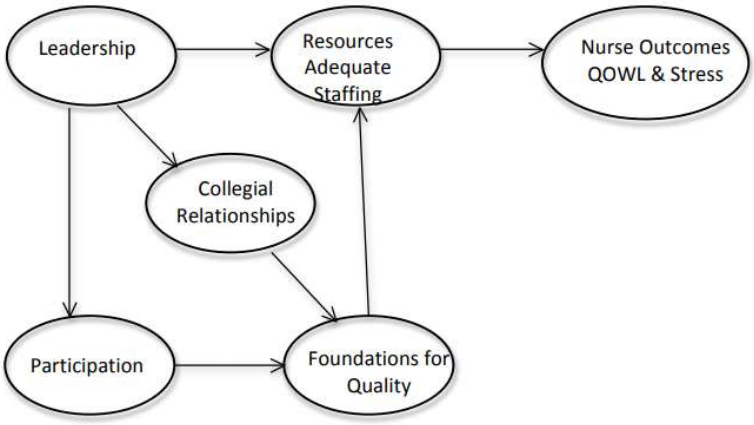
Following Kerlinger (1973) which defines theory as "a set of interrelated [concepts], definitions, and propositions that present a systematic view of a phenomenon by specifying relations among variables", theoretical models are beneficial to describe, explain or even predict relationships among concepts (Current Nursing, 2012). This research aimed to evaluate the perceptions of registered nurses working in acute hospital settings in Dublin regarding the relationship between interpersonal conflicts amongst nurses and the likelihood of adverse events to occur, therefore threatening the patient safety. Having the proper theoretical framework is fundamental to support this study socio and clinical aspects regarding nurse's environmental reality that may impact on their performance.

The Nursing Work life Model, developed by Spence Laschinger & Leiter in 2006, was served as a theoretical framework for this study. This model was built based on the model previously created by Lake (2002), and the main aim is to explain how the work environment affects a nurse's efficiency in the workplace using burnout and other adverse events as the main factor (Laschinger & Leiter, 2006). According to Lake (2002), the model is "based on five practice

domains of the hospital practice environment that have been associated with magnet hospital properties and nurse's perceptions of professional practice environments". The five work-life factors are the following: (1) effective nursing leadership, (2) staff participation in organizational affairs, (3) adequate staffing for quality care, (4) support for a nursing (vs medical) model of patient care, and (5) effective nurse/physician relationships. In this model, the most crucial factor to be considered and that influences other aspects is Leadership. This model can be applied to other facets of the nurse's work life, such as work effectiveness and self-efficacy (Manojlovich & Laschinger, 2007).

Theoretically, according to Laschinger & Leiter (2006), the Nursing Work-Life Model, as illustrated in Figure _, commences with Leadership as the central variable which influences directly in resource/staffing adequacy, the nurse`s participation in policies and collegial relationships. Additionally, leadership is connected with nurse's outcomes regarding exhaustion once staffing and resources are not adequate, increasing the individual's workload (Manojlovich & Laschinger, 2007). Furthermore, nurses` participation in policies and collegial relationships has a significant influence on the quality of care, taking into consideration a nursing model of patient care (Laschinger & Leiter, 2006). In their theory and model, Laschinger & Leiter (2006) speculated that exploring and evaluating the five domains as mentioned above of the Nursing Work-Life Model could potentially recognize the nursing environment and areas which impact nurses outcomes that need to be improved.

Figure 4. Nursing Work-life Model Domains



Source: Laschinger & Leiter, 2006.

The Nursing Work-Life Model was used in this study in order to explore the relationships between the nurse`s work environment, including nurse's interpersonal relationship with co-workers, and nurse` outcomes of quality of care. I further tested the model by adding patient safety as an outcome of this process. A potential limitation to the Nursing Work-Life Model built by Laschinger & Leiter (2006) is the lack of determining personal factors of nurses that might impact on nurses' perceptions of their quality of care. For instance, the Conceptual Model for Healthy Work Environment for Nurses, developed by Registered Nurses Association of Ontario (2008) takes into account different components regarding personal factors that might impact nurses outcomes, such as physical and policy, cognitive and psychological aspects and also, professional features (Registered Nurses' Association of Ontario, 2008). One point that is primordial to take into consideration about this study is that age, gender and education were not incorporated into the assessment of nurse's perceptions.

Chapter 2. Research Methodology and Methods

There is a difference between the terms Methodology and Methods. The term Methodology, according to Saunders et al., 2007) is referred to the philosophy or theory from which the study will be approached. Meanwhile, the term Method is referred to the procedures or techniques that must be followed to acquire and analyse the data which will support and provide broader information in an investigation (Saunders et al., 2007).

The main aim of this chapter is to present the Methodology and Methods on which this research will be based and all the steps that were followed to accomplish a complete and narrow investigation process, in order to provide excellent and reliable results.

2.1) Methodology

2.1.1) Research Philosophy

Research philosophy takes into consideration the way the researcher sees the world. The philosophy that will be adopted will have a significant influence on practical procedures and steps carried out. At the same time, the assumptions that will or might be made regarding the world are the base that will define the methods used and that will support a strategy (Saunders et al., 2007).

In this context, Pragmatism alleges that the essential feature of the research philosophy adopted is the research question. The intention of this is the avoidance of a ikelihood of to the researcher to engage in what they consider a meaningless debate between abstract concepts such as truth and reality (Saunders et al., 2007). Furthermore, Pragmatism widely rejects the pre and existence of absolute and unobjectionable truths. Oppositely, it alleges that ideas are provisional and are in constant change since future studies could modify them (Abbas Tashakkori and Teddlie, 1998).

In other words, the word pragmatism means that researches should focus on what we can change in a possible manner rather than just stick to an idea. Instead, pragmatism judges the importance of knowledge by its context-dependent, extrinsic usefulness for addressing practical questions of daily life (Talisse and Aikin, 2008). According to Cornish and Gillespie (2008), pragmatism is pluralist, meaning that accepts the variety of forms of knowledge; it is also critical since it focuses on the interests served by the knowledge instead of whose interests are being served; it is also action-oriented, meaning that everyday problems and actions are the primary reality, therefore being the test of our knowledge.

Rather than taking evidence-based or complexity theories and approaches so well-known in healthcare research, studies have shown that these approaches have had limited success in healthcare, with low rates of modelling implementation (Brailsford et al., 2009). As pragmatism states that contexts change throughout the time, and so does the knowledge, this philosophy was used in this research, since it seeks a problem-solving and action-based approaches which align with the holistic system care in the nursing profession.

2.1.2) Research Approach

This research has chosen to pursue a deductive approach. According to Saunders et al. (2007), the deductive research approach is outlined when a hypothesis is created, and therefore, strategies are designed to test it.

Per Robson (2002), there are five steps that deductive research needs to take, being: deducing hypothesis with a proposition that can be tested; operationalizing the hypothesis by explaining how the variables between two concepts will be measures; testing the hypothesis by developing strategies to get a reasonable outcome; examination of the specific outcome; modifying the proposals according to the findings.

Had given a range of propositions, the deductive method would have referred to a specific manner of thoughts or reasoning, leading to logical and valid conclusions. Based on this, when creating a hypothesis, the conclusions of the reasoning are determined beforehand, meaning that only a thorough analysis is required to recognize the results. As this research is predicated on the hypothetical-deductive method implying that will be carried out from the observation of a phenomenon. A hypothesis is then subjected to a thorough comparison with logical deductive reasoning (Saunders et al., 2007).

2.2) Research Design

Based on gaps in the literature, more studies are required to a deep understanding and to outline the relationship between interpersonal workplace among nurses and threats to patient safety. The purpose of this research was to understand nurses' perceptions of interpersonal conflict and its relationship with patient safety. Therefore, I used a descriptive, correlational and cross-sectional quantitative research.

The research questions will be given to a quantitative design. The intent of quantitative methodology, as noted by Polit and Beck (2010), is to collect numeric information that can be analysed using statistical methods and generalised to understand the phenomenon in a broad sense. Above all, the quantitative research will have as main objective to obtain personal perceptions of nurses in the Irish healthcare sector regarding interpersonal conflicts in the workplace, the impacts on patient safety and develop interpretations. As this study is being based on correlational method, further studies shall be conducted, especially experimental one, to fundament the finding of this dissertation.

Glass and Hopkins (1984) state that descriptive research involves collecting data that describes an event and then "organizes, depicts and describes all the information". To understand the data distribution, descriptive research has as tools tables, graphs and charts. Considering that

human mind cannot fully import large quantity of information at once, descriptive statistics are significantly important to ensure the reader understanding. According to the Handbook of Research for Educational Communications and Technology (Members.aect.org., 2020), descriptive studies "report summarized data such as measures of central tendency including the mean, median, mode, deviance from the mean, variation, percentage, and correlation between variables".

This study is also defined as correlational, which means that it refers to a relationship between two variables. In this study, they are interpersonal conflicts among nurses in the Irish healthcare sector, and the likelihood of adverse events occur, threatening patient safety. There are three possible outcomes from correlational studies, being: positive, negative or no correlation (Schneider, 2012). There are three types of correlational research methods: naturalistic observation, survey and archival. This study is based on survey method.

As this study happened at one point in time, there was no assessment about changings in the findings over time. This is the reason why this is study is also defined as cross-sectional. Brink and Wood (1998) and Franfort-Nachmias et al. (2015) stated that cross-sectional methods are frequently used when performing correlational studies. This is due to the main objective of investigating the relationships between variables and not focusing on the changings how they can change over the time.

2.2.1) Data Collection

As we live in a modern society in which the Internet is a prominent part of our daily basis lives, I benefited from this tool to collect the information that I needed. As declared by Frankfort-Nachmias et al. (2015) online surveys are a suitable method to gather information due to their facility and potential to increase participants "responsiveness about potentially sensitive topics" such as workplace interpersonal conflicts and their professional consequences.

A Internet-based survey was used as a method of data collection that was developed to determine nurses' perceptions toward the relationship between interpersonal conflict among nurses' co-workers and the threats to patient safety. The survey method is used in research that aims a large amount of data in a short period of time, since it is likely to be the fastest, easiest, and cheapest option (Heath, 2018). It is also believed to be the most flexible method since it lets the researchers build data-gathering tools which will help ensure they the information needed will be collected. The survey used in this study is going to be administered using Survey Monkey, an online survey design tool. The survey was built with neutral and understandable language which could achieve every participant selected without raising any sort of doubts or misunderstandings.

The purpose of the survey is to assess the perception of registered nurses in the Irish hospital sector about interpersonal conflicts between nurses' co-workers and how it can affect patient safety. The objectives of the survey are: 1) To assess the perception of nurses' interpersonal conflict in different units and shifts. 2) To determine nurses' perception of the consequences of these conflicts in nursing care. The surveys were distributed randomly to registered nurses working in acute care hospital-based settings in the city of Dublin, Ireland.

2.2.2) Population

The target population of the study was Registered Nurses practising in full-time or part-time on inpatient units across all specialities in acute care hospital-based setting of the city of Dublin, Ireland. I further defined the target population as per their level of the nursing hierarchy, the length of professional practice and the current department of employment. There were no restrictions on gender, age, country of origin or workload standard. However, I excluded Registered Nurses who worked in any other setting other than hospital-based for this study. For the purpose of this study, I defined hospital-based setting as being any facility across the

city of Dublin that cares for patients at any stage of their lives, and this includes acute and critical care, urgent and emergency care, short-term stabilization, observation units and procedural areas.

2.2.3) Sampling

The sample for this study was defined as a population of Registered Nurses who were employed in direct patient care in an acute care hospital-based setting in the city of Dublin, Ireland. According to Nurses and Midwives Board of Ireland Annual Report of 2018 (NMBI, 2018), there are 75.000 nurses actively registered in the Republic of Ireland. I recruited the participants by distributing the Internet-based survey hyperlink through social medias, such as Facebook groups and Instagram, to facilitate the spread. The introduction of the survey was consisted of an introduction of the study, the researcher, a description of criteria and requirements of the population and an invitation to any eligible registered nurse to participate in the study.

This study acquired the informed consent once the participants accessed the hyperlink for the online survey. Subsequently, they were redirected to an inicial page which was consisted of the explanation of the study, the eligibility criteria, advantages and disadvantages of the study. Having ticked the box `Yes`, the participants automatically gave permission to be part of the study.

The data then were analysed using the proper tool on the SurveyMonkey website to determine the relationship between interpersonal conflicts among nurses and endangerment to patient safety according to the nurse's perspective. The methods of data collection and sampling will provide a background to allow for an in-depth understanding of the results, as well as implications for nursing and further recommendations.

2.3) Ethical Considerations

2.3.1) Social value

There must be a social or scientific interest and benefits when it comes to undergo any research. The expectation is that the finding shall contribute to the society in order to provide to the "knowledge of the nursing discipline, health or wellbeing of people, or to the understanding of unresolved health problems that could generate health care improvement proposals". (Acevedo et al., 2017)

2.3.2) Scientific validity

There is a specific flow that a research must follow regarding scientific methodology to ensure the "methodological rigour" in each type of research, especially in those involving human beings (Acevedo et al., 2017). If a research is not properly structures, then the finding will be put in doubt, therefore not being applicable to the scientific world. In the quantitative research, the selection of the participants must be correct, with "precise selection criteria and a description of how the sample size calculation was done and of the sampling technique for the inclusion of the subjects of the study" (Acevedo et al., 2017). These steps are taken so there is no bias accusation of the selection of the participants underlined as follow.

2.3.3) Selection of participants

The most critical factor of scientific research methodology is how the participants are going to be selected. In other words, which criteria will the research use. The quantitative research involves "different types of sampling depending on the purpose and nature of the study, but, above all, studied sample should include participants from different socioeconomic levels who comply with the selection criteria" (Acevedo et al., 2017). This study is including registered

nurses who are currently employed in the Irish hospital sector, being private or public health system.

2.3.4) Dignity of research participants

Dignity of the participants shall be respected at all times throughout the study, and it is crucial to ensure the confidentiality throughout the whole research process, afterwards included, such as research presentations in scientific events and publications. The obligation of anonymity must also be considered to publish the following “research results, and every precaution was being taken to protect the privacy of research subjects and the confidentiality of their personal information, including the storage of the research documents in a safe place” (Acevedo et al., 2017).

Chapter 3. Presentation of Data

As aforementioned on the previous chapter, in order to gather the information needed to investigate more about this dissertation topic and to produce significant and representative finding to this study, the research strategy chose the online survey.

As modern society has been increasingly depended on cutting-edge technologies, the Internet is a fundamental part of our daily basis lives. Internet-based surveying offers exclusive new capacities if compared to traditional methods. For instance, online surveys can incorporate graphics and multimedia, which can help the population to get a broad vision of what is being asked. Furthermore, online surveys provide other features, such as real-time measurement and randomization of questions and answers, once restricted to more expensive and time-demanding modes, like interviews (Fricker and Schonlau, 2012).

In light of the world situation regarding the COVID19 outbreak in 2020, Ireland had taken measures to tackle down the spread of the virus throughout the country, full lockdown inclusive. This meant that people could not visit other households; non-essential retailers were closed alongside schools and colleges. This had worsened student's reality regarding data collecting. Having said that, internet-based surveys not only is the fastest method but also is the safest taking into consideration the Irish reality at the moment. For the purpose of this study, the online tool chosen was SurveyMonkey. The complete survey with all questions is available in Appendix A.

Our target population, as mentioned in the previous chapter, was registered nurses practising in acute hospital-based settings in the city of Dublin, Ireland. Ethical considerations in this study were oriented to the confidentiality protection of the participants or the access to any information given by them.

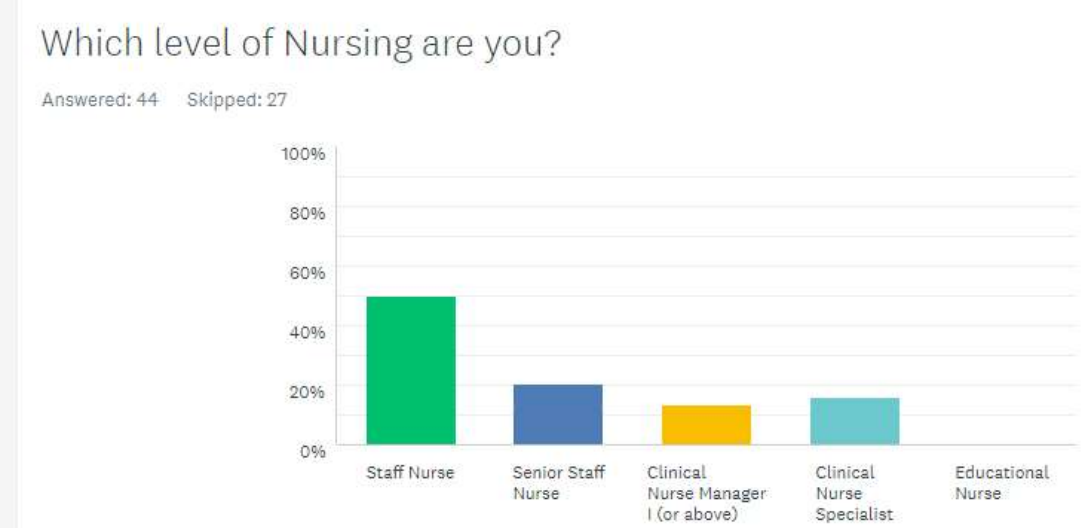
A consent form was included as the first page of the survey. Participants must have read all the information on this page prior to the commence of the survey itself. The consent explained the eligibility criteria, advantages and disadvantages of the study and ethical considerations. Having ticked the box 'Agree', the participants automatically gave permission to be part in the study and proceeded to the survey question. Having ticked the box 'Disagree', participants did not give consent and therefore were automatically directed to a page thanking them for the interest. They were not given access to the questions for confidentiality measures.

The survey consisted of eleven questions. Only closed-ended questions were used in this survey. Also, the pattern for this survey was single choice, meaning that the participants could only tick one box per question, apart from those who ticked box 'Other' and could provide a more accurate answer. All questions were marked as required, meaning that the answer to all the eleven questions was compulsory in order to submit successfully.

The purpose of this research is to gather nurse's perceptions regarding the relationship between interpersonal conflicts amongst nurses and threats to patient safety. As discussed in Chapter 2, the dynamic of interpersonal conflicts in healthcare settings takes into account several factors that might trigger the occurrence, especially between nurses. Given this fact, it was of utmost importance to outline the demography of the participants. There were no restrictions on gender, age, ethnicity, shift worked, or hours worked per week. Although seventy-one participants have agreed in the informed consent, twenty-seven skipped questions one to eleven. That being said, only forty-four answers were taken into account for the purpose of this study.

Question one was aimed to explore the difference between the levels of nursing hierarchy within our sampling. The answers provided to this question were segmented covering five of the Irish nursing hierarchy level. Higher levels, such as Director of Nursing, were not provided for limitation and difficulty in approaching such high positions in hospitals.

Figure 5. Graphic of Question 1



As years of experience and departments were highlighted in Chapter 2 as being two of the most common characteristics of a nursing professional that interfere the most on the likelihood of interpersonal conflict to happen and also the link to burnout occurrence, question two and three are intended to establish social demography within the hospital environment of our participants.

Figure 6. Graphic of Question 2

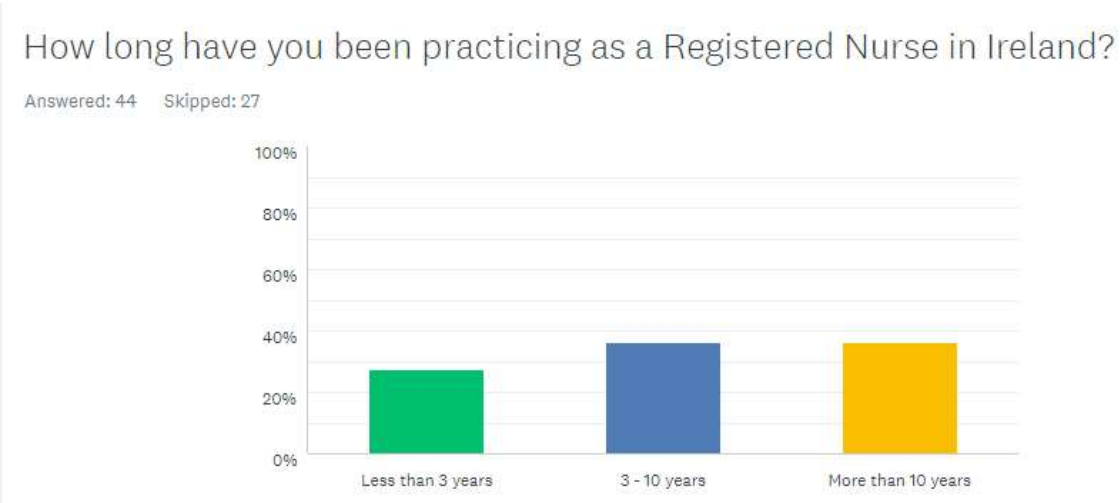
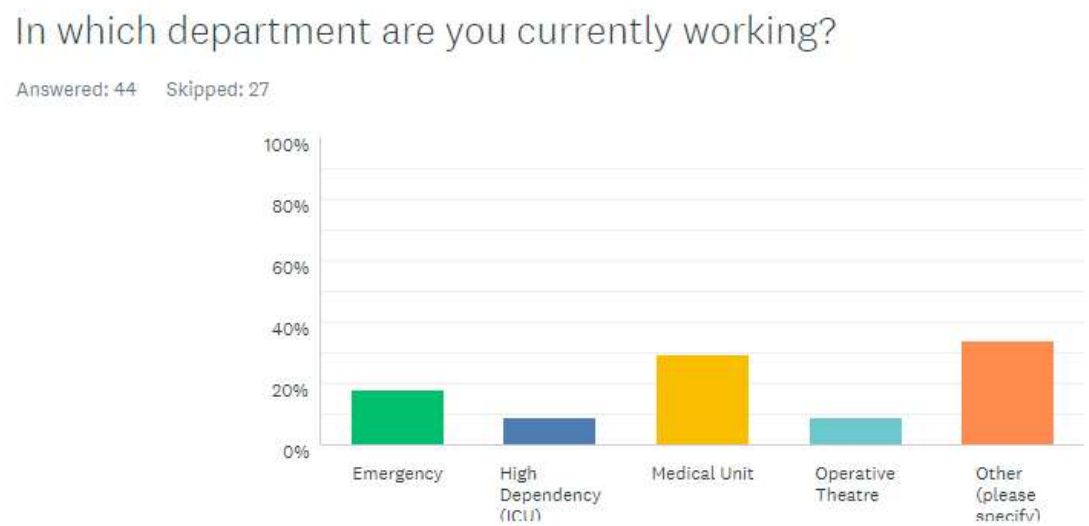
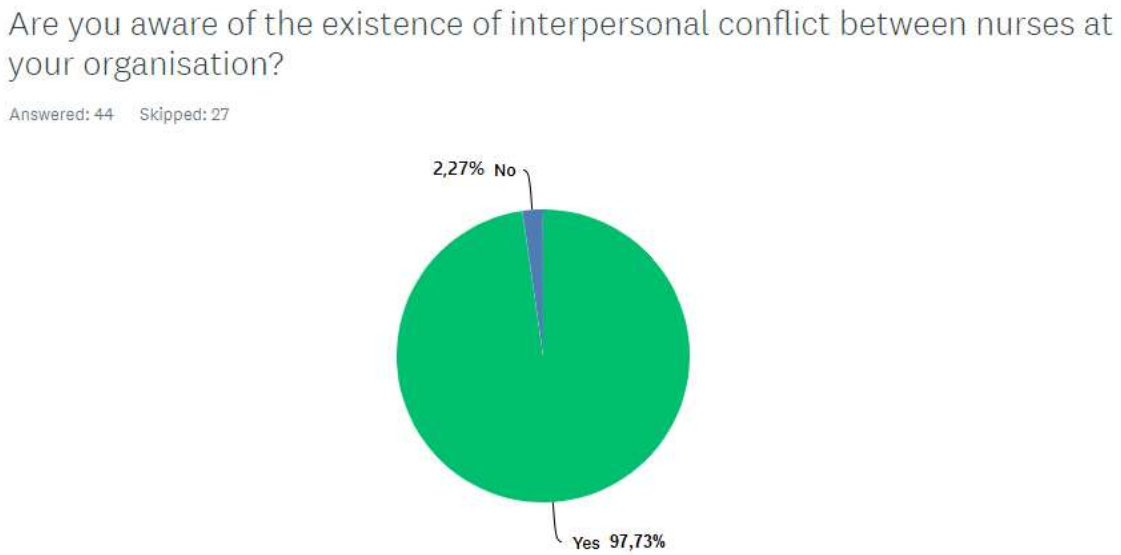


Figure 7. Graphic of Question 3



The first question of this research is to determine how interpersonal conflicts are presented in the healthcare setting. Therefore, underlying the perspective of nurses regarding the existence of conflicts within their organisational was fundamental, and this was the question four of this survey.

Figure 8. Graphic of Question 4



The core intention of this study was to establish the perceptions of nurses in regard to interpersonal conflicts amongst nurses and how this would affect their quality of care and therefore, patient safety. When it comes to perceptions, we were asking for their opinions on this subject. This was the reasons why Likert scale questions were used on question five, six, seven, eight and nine. Likert scale question is a question in which uses five to seven point-scale that ranges from one extreme attitude to another. Named after its creator, American social scientist Rensis Likert, this type of question is popular once it is the most reliable way to measure opinions, perceptions and behaviours (SurveyMonkey, 2020). These five questions were designed to answer the objectives of underlining the relationship between interpersonal conflicts amongst nurses and their performance, quality of care and the likelihood of adverse events to occur.

Figure 8. Graphic of Question 5

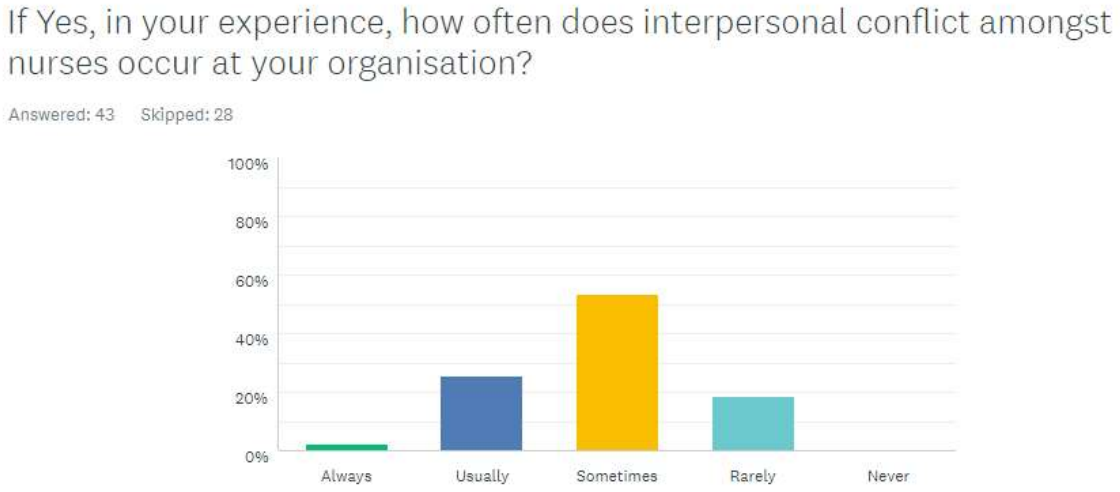


Figure 9. Graphic of Question 6

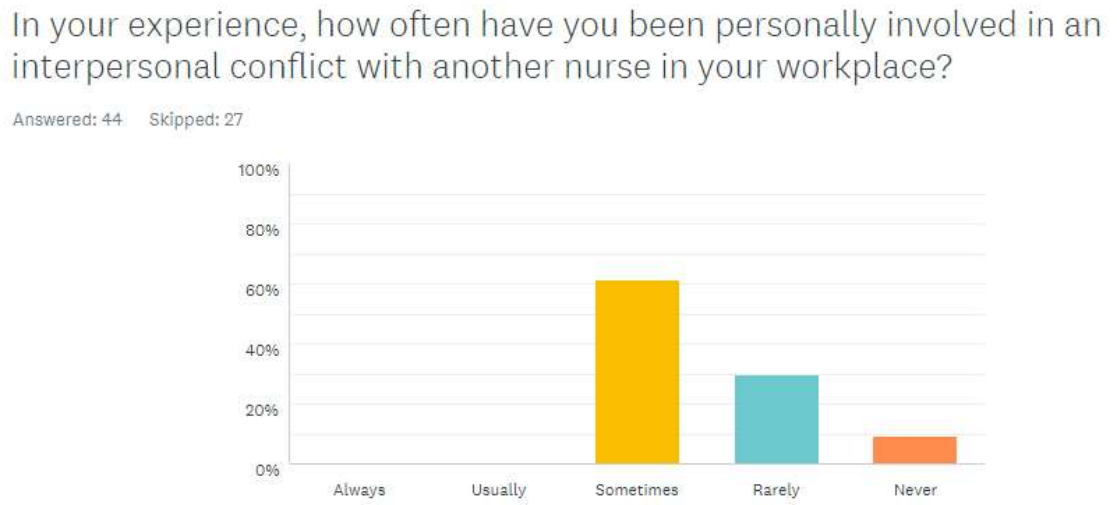


Figure 10. Graphic of Question 7

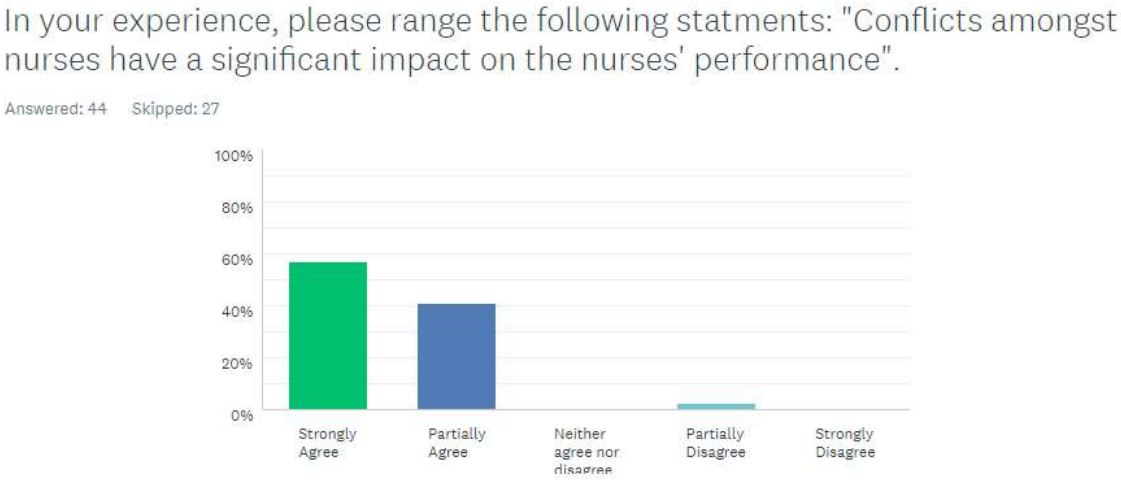


Figure 11. Graphic of Question 8

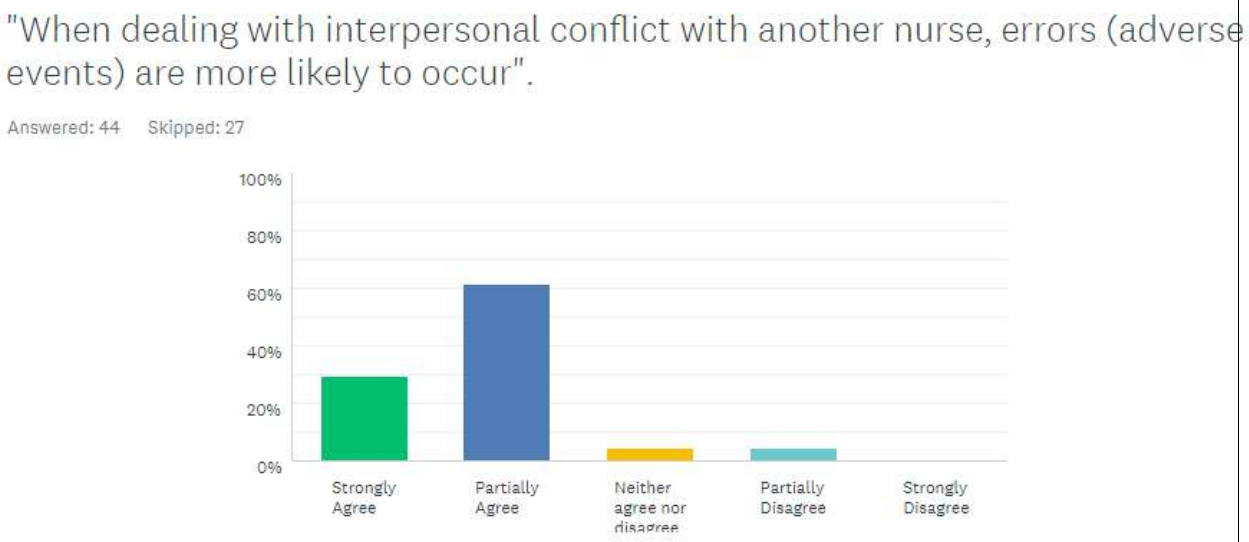
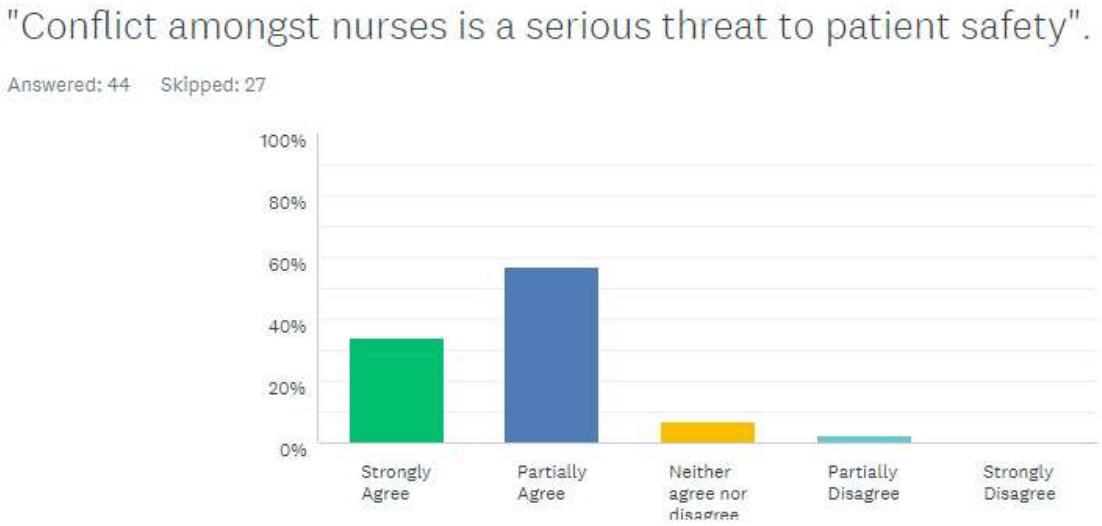


Figure 12. Graphic of Question 9



The last two questions are related to the remained objectives of determining the impacts of interpersonal conflicts amongst nurses on the professional physical and mental health, and to determine the negative consequences of the conflicts threatening patient safety according to

their opinions. Question ten is related to the impacts on the professionals, and question eleven is related to the threats to patient safety.

Figure 13. Graphic of Question 10

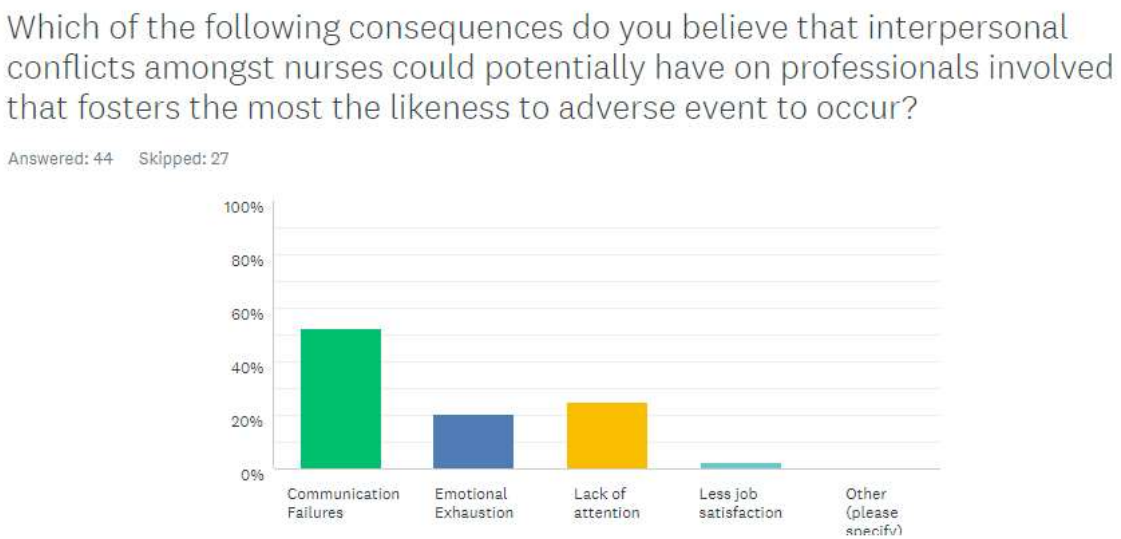
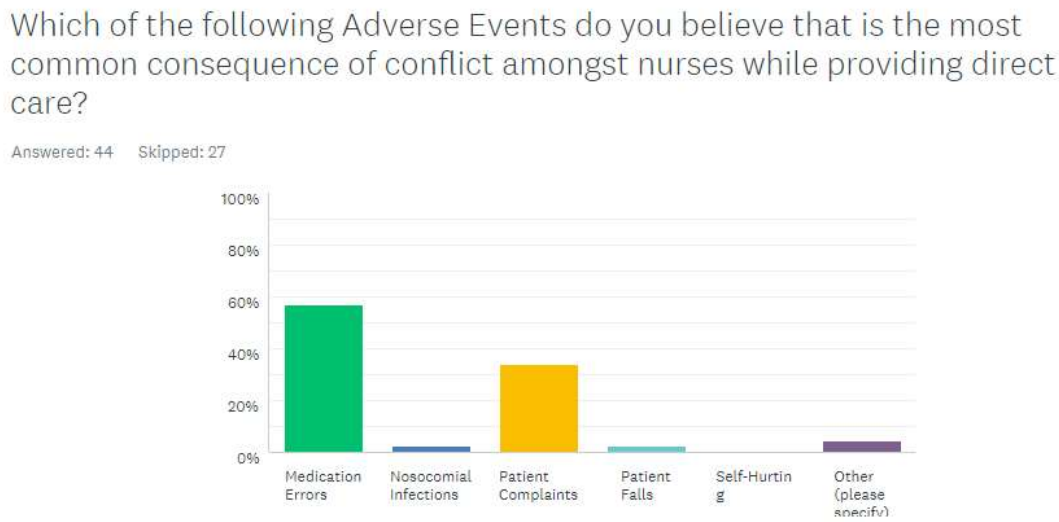


Figure 14. Graphic of Question 11



Each question of the survey was essential for the progress of this research. The SurveyMonkey platform incredibly easy to use, not only for the researcher but for the participants in a such.

There were no complaints or reports regarding difficulties of the website design or regarding the questions themselves. Several trials and tests were carried out before sending the final and official survey to our participants. Our sample was of forty-four participants from different acute hospital-based setting across Dublin and who met the eligibility criteria of the target population.

The answers and results acquired will be analysed and explored in the following chapter, Data Analysis and Findings.

Chapter 4. Data Analysis and Findings

Although seventy-one participants have agreed in the informed consent, twenty-seven skipped questions one to eleven. That being said, only forty-four answers were taken into account for the purpose of this study.

4.1) Demography

The opening three questions of this survey were designed to provide more accurate demography of our participants, once it has a direct relation to the occurrence of interpersonal conflicts in healthcare settings, as mentioned in chapter two.

4.1.1) Nursing Hierarchy

In question one, a total of five options were given to be chosen from regarding nursing hierarchy. The results show that Staff Nurse was the one with the highest score, with a total of 50%. Based on our sample, this implies that this first level of hierarchy outweighed the other ones. Senior Nurse Staff was the second highest, with a total of 20,45%. The lowest scores belong to Clinical Nurse Manager I (or above) and Clinical Nurse Specialist, representing 13.64% and 15,91% respectively. These percentages show that Staff Nurses portrays mainly with half of the participants, meaning 22 people out of forty-four, that Irish nursing hierarchy majorly consists of lower levels.

4.1.2) Length of Practice

As years of experience has been depicted as one of the factors that contribute to the occurrence of misunderstanding and conflicts in healthcare, as indicated in chapter 2, question two was designed to determine the length of practice of the professional in Irish healthcare. The highest position represents, equally, three to ten years, and more than ten years, with 36.36% each. Less than three years of practice obtained 27,27% answers, with only 12 participants. A

highlighted aspect in the responses obtained is that more than half of the participants, comprising 72,72% are practising in Irish healthcare for more than three years, which is a reasonable period to get familiar with healthcare dynamics and organizational standards.

4.1.3) Hospital department

Regarding the hospital department, studies have shown that some departments are more likely to experience interpersonal conflicts than others. According to Patton (2014) and Hizagee (2015), fast-paced and critical departments are more exposed to experience interpersonal conflicts among healthcare professionals in comparison with other departments in a hospital setting. Therefore, to have a better insight into the perceptions of our participants, it was crucial to acknowledge which department they are practising.

The results varied between the five options provided. If the participant did not fit in any of the other options, they could tick box 'Other' and then specify their department. Analyzing the results, Medical Ward depicted the highest position, with a score of 29,55%, thirteen out of forty-four participants. It was followed by the Emergency Department at 18,18%, representing 8 of our participants. Oncology comes at third, comprising 6 of the participants. Surgical ward constituted 10%, with 5 participants. High Dependency (ICU) and Operative Theatre were equal, each with 4 participants, comprising 9,09%. Finally, at the bottom score are Psychiatry, Hematology and Nurse Practice Development, each representing one participant.

4.2) Awareness of interpersonal conflicts at the organization

The primary purpose of this research was to establish a relationship between interpersonal conflicts amongst nurses and the impacts on patient safety, all based on the nurse's perceptions about interpersonal conflicts. Having said that, identifying and ascertain that the nurses who participated in the survey are aware of the incidence of interpersonal conflicts at their organization was fundamental.

The results show that the vast majority is aware that interpersonal conflicts do happen in their organization, consisted of 97,73% of our population. This means that 43 of the nurses who answered the survey know and acknowledge that interpersonal conflicts are part of the healthcare environment. Meanwhile, only one participant answered No to this question.

4.3) Frequency of interpersonal conflicts episodes

Understanding the frequency that interpersonal conflicts occur in an organization is crucial to outlines a variety of outcomes, expectations and implementations of actions to tackle it down.

Question five was designed to understand how often interpersonal conflicts occur according to their experiences. More than half, 53,49% of the participants stated that interpersonal conflict 'sometimes' happens at their organization. A little more than a quarter (25,58%) expressed that it 'usually' happens, followed by rarely, which obtained eight votes compromising 18,60% of our population and then by those with 'always' answer, with 2,33%. It is important to note that no participant believes that interpersonal conflicts at their organization never occurs, which emphasizes even more that conflicts are an inevitable part of the healthcare environment.

On top of that, question six was related to their frequency as being involved in an interpersonal conflict in their workplace. Still, in accordance with the previous question, a large majority judged that they were a part in an interpersonal conflict sometimes, with 27 of participants, as 61,36%. Out of forty-four, thirteen participants were rarely involved in interpersonal conflicts at the workplace, while four participants never were involved in interpersonal conflicts at the workplace.

These results show that, even though 9,09% of our participants have never been involved in an interpersonal conflict at the workplace, all of the participants, meaning 100% of our sampling has witnessed an interpersonal conflict episode at the workplace at some point of their experience practising as nursing professionals.

4.4) Relationship between interpersonal conflicts, nurse's performance and patient safety

The following questions were developed to relate the relationship between interpersonal conflicts at workplace amongst nurses and the impacts on their performance and quality of care, the likelihood of adverse events in nursing care, therefore patient safety. In all the three questions, the participants were given five options to different statements on a scale that ranged from 'strongly agree' to 'strongly disagree'.

Question seven was linked to the objective of establishing the relationship between interpersonal conflicts amongst nurses and nurse's performance and quality of care. The statement was 'Conflicts amongst nurses have a significant impact on the nurse's performance'. The vast majority, comprising 97,73% of the participants, believes that conflicts make an impact on nurse's performance at some level, being 56,82% strongly agreeing and 40,91% partially agrees with the statement. On the flip side, only one participant partially disagrees with the statement.

Question eight considers the relationship between interpersonal conflicts and the likelihood of adverse events to happen in nursing care. The participants were given the statement 'When dealing with interpersonal conflicts with another nurse, errors (adverse events) are more likely to occur'. 61,36% of the participants partially agreed with the statement, followed by a stronger believer with a total of thirteen participants, representing 29,55%. Equally, with 4,55%, two participants are neutral, and two participants partially disagree with the statement.

Question nine considers the relationship between interpersonal conflicts and patient safety. Participants were given the statement 'conflict amongst nurses is a serious threat to patient safety'. 90,91% of the participants agree with the statement at some extend, 34,09% strongly believes in the statement, while 56,82% partially agrees. Three out of forty-four participants neither agree nor disagree, and only one participant partially disagree.

4.5) Impact on the professionals

As discussed in chapter 2, interpersonal conflicts in the healthcare workplace can have extremely detrimental impacts on professional's mental and physical health. Having said that, as per the objective of this study, participants were asked in question ten among four options about the consequence on the professional that could potentially contribute to an adverse event in nursing care when dealing with interpersonal conflict. More than half of the participants, consisted of twenty-three responses, considered 'communication failures' as the main consequence that interpersonal conflict could have on the professional, therefore impacting on their quality of care. With similar results, 'lack of attention' had the second-highest score with 25% of the participants, followed by 'emotional exhaustion' with 20,45%. Only one participant believed that 'less job satisfaction' could foster the likelihood of adverse events to happen.

4.6) Threats to patient safety

Finally, the last question correlated with patient safety threats. Participants were given the statement 'which of the following adverse event do you believe that is the most common consequence of conflict amongst nurses while providing direct care'. The larger part of the participants believes that 'medication errors' is the most common consequence, with a total of 56,82%, followed by 'patient complaints' with 34,09%. Almost 5% equally believe that either 'nosocomial infections' or 'patient falls' are severe consequences of conflicts amongst nurses. Surprisingly, none of the participants believes that 'self-hurting' is a common consequence of conflicts amongst nurses in the healthcare workplace.

Chapter 5 – Discussion

Conflicts are inevitable in human daily basis lives. It has been happening since the beginning of humankind, even in the animal kingdom. It does not matter what factor has triggered the commence of a conflict, it is sure to say that it will happen at some stage of the lifespan, and it will continuously happen once people and the world are in constant evolution. Conflicts are not simple; they are complex, and it can be manifested at different levels and types. Similarly, healthcare organizations are likewise complex, characterized by countless complicated interdependent relationships, which fosters to build stress and conflicts. Nurses are the frontline in healthcare services and work under pressure and stressful conditions which contribute to conflicts to happen.

The negative consequences of conflicts amongst nursing professionals not only have impacts on their personal and professional lives but also affect patient safety directly. As a nursing professional, ensure the high standard of quality of care and therefore, creating a safe environment to patient care by reducing the incidence of adverse events is our primary objective.

Even though medicine and nursing are progressively evolving, adapting cutting-edge technologies to facilitate our daily tasks in order to promote and deliver excellence in care, conflicts among professionals are still underestimated once it is considerate ‘normal’, therefore no enough efforts to diminish them are being made. In especial, nurses’ perceptions regarding interpersonal conflicts among them and how it might impact on their performance, therefore affecting patient safety, is extremely important to trace measurements to improve quality of care by imposing great strategies of dispute resolution.

We live in an endless evolution world. Circumstances changes from one day to another. This was the reason why this dissertation adopted the pragmatism philosophy, which explains that there is no such thing as absolute truth, but that ideas are temporary and subject to changes.

One of the main objectives of this research was to define the dynamics of conflicts in healthcare, once interpersonal conflicts amongst nurses were our priority. To understand how and why nurses are involved in interpersonal conflicts, we must understand how the healthcare environment operates, the antecedents and the factors that could trigger conflicts. It was found that the nursing profession is all about relationships and interdependence between a multidisciplinary team. Therefore, it is subjected to different cultures, education and beliefs (Benjamin, 2014). Considering these factors, divergences make a fertile sole to conflicts to happen, especially interpersonal ones.

The results of the study indicate that, even though a small part of the registered nurses who participated has never been involved in an interpersonal conflict personally, all of them have witnessed an episode at some stage of their professional experience practising in Dublin, Ireland. This emphasises that conflicts are present in healthcare environments, regardless of the length of professional experience, the nursing hierarchy or the hospital department.

In terms of the impacts of interpersonal conflicts on the nurses' performance and quality of care, the review literature has depicted that nurses do suffer negative consequences from workplace interpersonal conflicts, such as negative feelings, energy drainage, reduced focus, discomfort and hostility (Kelly (2006). Nurses are more than other health professionals, exposed to health disturbance, either physically or mentally, or even both, resulting in lack of job performance, therefore putting patient safety at stake. It was noted in this study that the vast majority of registered nurses who participate believes, at some extent, that interpersonal conflicts make an impact on their performance, with an incredible total of 97,73%; and is to be

considered a serious threat to patient safety, being a total of 90,91% of the participants. On top of that, when it comes to safe practice, adverse events are strongly connected to the professional's quality of care, which reflects immediately on patient safety. Having said that, the results obtained show, once again, with a large share, 90,91% - curiously the same total of those who consider interpersonal conflicts a serious threat to patient safety - that nurses in Dublin believe, at some extent, that interpersonal conflicts amongst nurses do contribute to the likelihood of adverse events to occur. This similarity portrays that interpersonal conflicts amongst nurses are an immediate feature that generates adverse events by lowering the professional performances and exposing the patient to risks that could have been prevented.

On the same wavelength, adverse events do occur in the healthcare system once it depends on human performance. People are not programmed like robots; humans are not flawless, therefore are vulnerable to errors. In healthcare environments, rather than blaming on lack of clinical expertise and skills, errors do happen due to inconsistent teamwork (Manser, 2009). All things considered, it is essential to highlight that human factors and effective teamwork is extremely necessary to create a safe culture in healthcare organisations; and communication is the necessary component for an effective team (Leonard & Frankel, 2011). In this scenario, this research pointed that, following the literature review, the majority of registered nurses in Dublin (52,27%) considers Communication Failures as being the most critical consequence of interpersonal conflicts amongst that potentially fosters the occurrence of errors in nursing care.

At least 42 billion dollars per year is destinated to medication errors, according to the World Health Organization (WHO, 2019). A medication error is considered an adverse event, and it could have irreversible consequences for the patient. Nurses are the professionals who are responsible for administering the medication prescribed by doctors in a hospital-based setting. To undergo this task, it takes not only clinical skills to understand the medicine, and its potential adverse reactions and contra indicators, but also massive attention to what has been written.

Under this instance, if the professional is affected by interpersonal conflicts consequences, the chances are that medication error will be happening. The results obtained show that the central concern of registered nurses who participated is exactly medication error as being the most common consequence of interpersonal conflict amongst nurses.

According to the Nursing Work-Life Model built by Laschinger & Leiter (2006), which served as the Theoretical Framework for this dissertation, the work environment affects a nurse's efficiency in the workplace context. It was evident that registered nurses in Dublin believe that stressful environments enhanced by interpersonal conflicts amongst nurses do impact their performances, consequently affecting their quality of care, putting patient safety at risk. Since this model takes into account Leadership which is connected with nurses outcomes regarding external factors within the workplace environment, this study's results show that interpersonal conflicts amongst nurses directly interfere on this skills according to the nurse's perceptions, snowballing into less job effectiveness, increasing risks to patient safety and so on.

Conclusions

This dissertation aimed to assess the perspective of nurses regarding the influence of interpersonal conflict among the nursing workforce in the Irish healthcare sector in their quality of care and therefore, the risks to patient safety. In order to undergo this assessment, four questions need to be answered to provide a reasonable conclusion: How are conflicts presented in healthcare? How does interpersonal conflict impact on the quality of care? How can interpersonal conflict contribute to adverse events to happen in nursing care? What are the common threats to patient safety when nurses are dealing with interpersonal conflict?

For years, researchers have studied the problem of the incidence of interpersonal conflicts amongst healthcare professionals with no definite resolutions. Interpersonal conflicts in the health segment are a real issue with real consequences which endanger patient well-being. Hospital organisations must recognize interpersonal conflicts, and its resolution as a problem impacting the registered nurses' workforce.

Firstly, with the help of a detailed literature review and the results from the survey, interpersonal conflicts amongst nurses are evidently part of the Irish healthcare system, especially in hospital-based settings. It is determined that, from registered nurses' perspective in Dublin, interpersonal conflicts amongst nurses in the acute hospital-based setting are a fundamental factor that enhances the susceptibility of adverse events to occur, consequently jeopardizing patient safety.

After analysing and discussing all the findings, it was concluded that Irish registered nurses who are practising in an acute hospital-based setting in Dublin perceive interpersonal conflicts amongst nurses as a serious threat to patient safety. Moreover, they consider medication errors as a major negative consequence from these conflicts, resulting from communication failures between nursing professionals. In other words, even though the Irish healthcare system is

considerably evolving throughout the past decades, conflicts are still a crucial part of the work environment, and it impacts immediately on nurse's quality of care.

The finding of this study emerged from the perceptions of 44 registered nurses who work in acute hospital-based in Dublin. I relied on the nurse's knowledge of interpersonal conflict and their personal experiences. One potential limitation of this study is the tiny percentage of registered nurses in Dublin who participated. Although there are no statistics regarding the total number of registered nurses actively practising in an acute hospital-based setting in Dublin, it is clear that 44 sample is just a tiny share.

The findings of this study, as aforementioned, emphasizes the importance of tackling down as much as possible the issue of interpersonal conflicts amongst nurses in the healthcare workplace, as it was evident that it is considered a firm root of escalation to threats to patient safety. To prevent the incidence of interpersonal conflicts, conflict management and resolution skills must be taught to registered nurses. Hospitals should:

- Develop continuous education regarding interpersonal conflicts in the health workplace and the skills to de-escalate them.
- Provide a safe work environment. Registered nurses must be encouraged to report incidents of interpersonal conflict of any kind without fear of retaliation.
- Build a transparent and efficient Dispute Resolution policy within the organization, with detailed information of conflict escalation and the steps to further investigation in case of reports.
- Allow registered nurses to assume an active role in interpersonal conflicts prevention in the hospital workplace.

The findings of this study could also be disseminated to a national nursing organisation, such as the Nursing and Midwifery Board of Ireland and Irish Nurses and Midwives Organisation.

Seminars and workshops could be carried out in schools of nursing across the country to enhance and empower knowledge from the beginning. Registered nurses should receive conflict resolution training continuously throughout their professional lives and learn practical communication skills to address interpersonal conflicts effectively. Handling interpersonal conflict in the workplace with effectiveness will highly result in a healthy work environment, improvements in quality of care and patient safety, therefore leveraging the hospital's reputation.

Reflections

When I took up the opportunity of studying a master's degree in an English-spoken country, I knew that I would be a hard path to go. After the conclusion of this dissertation, I reckon that, even with all the obstacle along the way, I overcame all the difficulties and was able to provide an exemplary and excellent final work, which makes me proud of myself. As an international student with Portuguese as my native language, writing a complete dissertation entirely in English was an arduous task and very demanding. However, I am thankful that I could use this opportunity to improve my language skills, once my main objective is to pursue my career in Ireland.

Living away from hometown is tough almost every second of the days. We learn to overcome situations with the best of us, we adapt ourselves to blend among native people, and this makes us a better person. I believe that learning to suppress the difficulties and learning from them has helped me throughout my experience as a master's student.

From the day one in the course I knew and was very convinced that I would take advantage of the lectures and knowledge of Law Studies and Dispute Resolution to put into practice on my background field, which is Nursing. I knew that thorough research on conflict in nursing would aggregate much significance not only to community and nursing education but foremost to myself. Dealing with professional's perspectives and opinions is a sensitive method that shall be handled with extreme care, which I believe I was able to do in the most professional manner possible.

Writing this dissertation gave me a chance to learn immensely about Irish Law, Irish healthcare system and particularly about Irish nursing context in an acute hospital-based setting, which is my passion. It was a paramount opportunity to boost my knowledge and improve my professional career.

This dissertation also helped me to view Ireland and Irish healthcare system from another perspective. Coming from a country with a healthcare system totally different from the Irish one, I came with so many preconception and biased information. After the conclusion of this study, I could understand that countries have different cultures, and that is absolutely normal the health practices in Ireland. In fact, some of them made more sense than the Brazilian ones.

Overall, it has been a long journey so far writing this dissertation, but the learning from it far outweigh all the challenges and struggles.

Bibliography

Acevedo, I., Rapiman, M., Cáneo, M. and Castro, L., 2017. Seven ethical requirements for quantitative and qualitative research in nursing: experiences of three research ethics committees from Santiago, Chile. International Journal of Humanities and Social Science, [online] 7(7), 19–24. Available at: < https://www.ijhssnet.com/journals/Vol_7_No_7_July_2017/3.pdf> [Accessed 10 September 2020].

Ahmed Higazee, M., 2015. Types and Levels of Conflicts Experienced by Nurses in the Hospital Settings. *Journal of Nursing and Health Studies*, [online] 02(03). Available at: <https://www.hsj.gr/medicine/types-and-levels-of-conflicts-experienced-by-nurses-in-the-hospital-settings.php?aid=7838> [Accessed 1 November 2020].

Ahamefula, O.P., 2014. Conflict Management in the Workplace: Case Study of Centro Comunitario S. Cirilo (CCSC). Universidade Fernando Pessoa – Faculty of Human and Social Sciences, Brazil. [online] Available at: < https://bdigital.ufp.pt/bitstream/10284/4309/3/THESIS.pdf> [Accessed 10 August 2020].

Aiken, L., 2002. Hospital staffing, organization, and quality of care: cross-national findings. International Journal for Quality in Health Care, [online] 14(1), pp.5-13. Available at: <https://pubmed.ncbi.nlm.nih.gov/12386653/> [Accessed 2 October 2020].

Almost, J., Doran, D., Hall, L. and Laschinger, H., 2010. Antecedents and consequences of intra-group conflict among nurses. Journal of Nursing Management, [online] 18, 981-992. Available at: <https://pubmed.ncbi.nlm.nih.gov/21073570/> [Accessed 2 October 2020].

Almost,J., Doran, D., Hall, L. and Laschinger, H., 2010. Antecedents and consequences of intra-group conflict among nurses. Journal of Nursing Management, [online] 18(8), pp.981-992. Available at: < https://pubmed.ncbi.nlm.nih.gov/21073570/> [Accessed 10 August 2020].

Ammouri, A., Tailakh, A., Muliira, J., Geethakrishnan, R. and Al Kindi, S., 2014. Patient safety culture among nurses. International Nursing Review, [online] 62(1), pp.102-110. Available at: <https://onlinelibrary.wiley.com/doi/abs/10.1111/inr.12159> [Accessed 3 October 2020].

An Bord Altranais, 2005. Requirements and standards for nurse registration education programme (3rd edition), Dublin: An Bord Altranais. [online] Available at: < https://www.nmbi.ie/nmbi/media/NMBI/Publications/nurse-registration-education-programme.pdf?ext=.pdf> [Accessed 1 October 2020].

Attree, M., Flinkman, M., Howley, B., Lakanmaa, R., Lima-Basto, M. and Uhrenfeldt, L., 2011. A review of nursing workforce policies in five European countries: Denmark, Finland, Ireland, Portugal and United Kingdom*/England. *Journal of Nursing Management*, [online] 19(6), pp.786-802. Available at: <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2834.2011.01214.x> [Accessed 1 November 2020].

Barnes, B. and Lefton, C., 2013. The Power of Meaningful Recognition in a Healthy Work Environment. AACN Advanced Critical Care, [online] 24(2), pp.114-116. Available at: <https://pubmed.ncbi.nlm.nih.gov/23615007/> [Accessed 23 September 2020].

Benjamin, A., 2014. [online] Theseus.fi. Available at: <https://www.theseus.fi/bitstream/handle/10024/79359/DEGREE%20THESIS%20EDITED%20%2012.05.2014%20version%202%20TO%20SUBMIT.pdf?sequence=1> [Accessed 17 September 2020].

Bishop, S. R., 2004. Nurses and conflict: Workplace experiences. M.N. dissertation, University of Victoria (Canada), Canada. [online] Available at: < http://dspace.library.uvic.ca:8080/bitstream/handle/1828/669/bishop_2004.pdf?sequence=1> [Accessed 2 October 2020].

Bjertnaes, O.A., Sjetne, I.S. and Iversen, H.H., 2012. Overall patient satisfaction with hospitals: effects of patient-reported experiences and fulfilment of expectations. BMJ Qual Saf. [online] 21(1):39-46. Available at: < https://pubmed.ncbi.nlm.nih.gov/21873465/> [Accessed 27 September 2020]

Blackall, G., Simms, S. and Green, M., 2009. Breaking the cycle: How to turn conflict into collaboration when you and your patients disagree. American College of Physicians. [online] Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2894730/> [Accessed 1 October 2020].

Blake, N., Gilmore, K., Dang, P. and Villareal, D., 2014. Reducing Worker Fatigue to Create a Healthy Work Environment. AACN Advanced Critical Care, [online] 25(4), pp.326-

329. Available at: <https://pubmed.ncbi.nlm.nih.gov/25340413/> [Accessed 23 September 2020].

Blanton, B. M., Lybecker, C. and Spring, N. M., 1999. A horizontal violence position statement. [online] Available at: <http://members.shaw.ca/raestonehouse/horizontal_violence_position_s.html> [Accessed 8 August 2020].

Boychuk Duchscher, J. and Cowin, L., 2004. The experience of marginalization in new nursing graduates. Nursing Outlook, [online] 52(6), pp.289-296. Available at: <https://pubmed.ncbi.nlm.nih.gov/15614267/> [Accessed 1 October 2020].

Brailsford, S., Harper, P., Patel, B. and Pitt, M., 2009. An analysis of the academic literature on simulation and modelling in health care. Journal of Simulation, [online] 3(3), pp.130-140. Available at: <https://www.researchgate.net/publication/245492010_An_Analysis_of_the_Academic_Literature_on_Simulation_and_Modeling_in_Health_Care> [Accessed 2 October 2020].

Brink, P. J. and Wood, M. J., 1998. Advanced design in nursing research (2nd ed.). Thousand Oaks, CA: Sage Publications. [online] Available at: < https://onlinelibrary.wiley.com/doi/10.1002/nur.4770130510> [Accessed 10 September 2020].

Buchan, J. and Sochalski, J., 2004. The migration of nurses: trends and policies. Bulletin World Health Organisation, [online] 82, 587–594. Available at: < https://pubmed.ncbi.nlm.nih.gov/15375448/> [Accessed 1 October 2020].

Burström, L., 2014. Patient Safety in the Emergency Department. Culture, Waiting, and Outcomes of Efficiency and Quality. Digital Comprehensive Summaries of Uppsala Dissertations from the Faculty of Medicine 1009. [online] 100 pp. Uppsala: Acta Universitatis Upsaliensis. Available at: < http://uu.diva-portal.org/smash/record.jsf?pid=diva2%3A714718&dswid=mainwindow> [Accessed 30 September 2020].

Carayon, P., Xie, A. and Kianfar, S., 2014. Human factors and ergonomics as a patient safety practice. BMJ Quality & Safety, [online] 23(3), pp.196-205. Available at: <https://www.researchgate.net/publication/243968765_Human_factors_and_ergonomics_as_a_Patient_safety_practice> [Accessed 4 October 2020].

Cdc.gov. 1996. CDC - The National Institute for Occupational Safety and Health (NIOSH). [online] Available at: <https://www.cdc.gov/niosh/index.htm> [Accessed 17 October 2020].

Cdc.gov. 2020. Stress at Work | NIOSH | CDC. [online] Available at: <https://www.cdc.gov/niosh/topics/stress/default.html> [Accessed 31 October 2020].

Cohen, S. and Bailey, D., 1997. What Makes Teams Work: Group Effectiveness Research from the Shop Floor to the Executive Suite. Journal of Management, [online] 23(3), pp.239-290. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S0149206397900349> [Accessed 23 September 2020].

Committee on the Work Environment for Nurses and Patient Safety, 2005. Keeping patients safe: transforming the work environment of nurses. [online] 42(05), pp.42-2844-42-2844. Available at: <https://pubmed.ncbi.nlm.nih.gov/25009891/> [Accessed 30 September 2020].

Cornish, F. and Gillespie, A., 2009. A Pragmatist Approach to the Problem of Knowledge in Health Psychology. Journal of Health Psychology, [online] 14(6), pp.800-809. Available at: <https://www.researchgate.net/publication/26748185_A_Pragmatist_Approach_to_the_Problem_of_Knowledge_in_Health_Psychology> [Accessed 3 October 2020].

Cox, K., 2004. The Intragroup Conflict Scale: Development and Psychometric Properties. Journal of Nursing Measurement, [online] 12(2), pp.133-146. Available at: <https://pubmed.ncbi.nlm.nih.gov/16092711/> [Accessed 10 August 2020].

Cullati, S., Bochatay, N., Maître, F., Laroche, T., Muller-Juge, V., Blondon, K., Junod Perron, N., Bajwa, N., Viet Vu, N., Kim, S., Savoldelli, G., Hudelson, P., Chopard, P. and Nendaz, M., 2019. When Team Conflicts Threaten Quality of Care: A Study of Health Care Professionals' Experiences and Perceptions. Mayo Clinic Proceedings: Innovations, Quality & Outcomes, [online] 3(1), pp.43-51. Available at: < https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6408685/> [Accessed 8 August 2020].

Curtis, E. A., Comiskey, C. and Dempsey, O., 2016. Importance and use of correlational research. Nurse Researcher, [online] 23(6), 20-25. Available at: <https://www.researchgate.net/publication/305413155_Importance_and_use_of_correlat

ional_research> [Accessed 10 September 2020].

Dasgupta, P., 2012. Effect of Role Ambiguity, Conflict and Overload in Private Hospitals' Nurses' Burnout and Mediation Through Self Efficacy. Journal of Health Management, [online] 14(4), 513–534. Available at: <https://www.researchgate.net/publication/269601078_Effect_of_Role_Ambiguity_Conflict_and_Overload_in_Private_Hospitals'_Nurses'_Burnout_and_Mediation_Through_Self_Efficacy> [Accessed 2 October 2020].

Dawson, J.F., West, M.A. and Admasachew L., 2011. NHS Staff Management and Health Service Quality: Results from the NHS Staff Survey and related data. Report to the Department of Health. [online] Available at: <www.dh.gov.uk/health/2011/08/nhs-staff-management/> [Accessed 1 October 2020].

De Dreu, K. and Gelfand, M., 2008. Conflict in the workplace: Sources, functions, and dynamics across multiple levels of analysis. The psychology of conflict and conflict management in organizations. [online] 3-54. Available at: < https://www.researchgate.net/publication/228079118_Conflict_in_the_workplace_Sources_functions_and_dynamics_across_multiple_levels_of_analysis> [Accessed 10 August 2020].

Deilkas, E. T. and Hofoss, D., 2008. Psychometric properties of the Norwegian version of the Safety Attitudes Questionnaire (SAQ). BMC Health Services Research, [online] 8(191), 1-10. Available at: <https://www.researchgate.net/publication/23274430_Psychometric_properties_of_the_Norwegian_version_of_the_Safety_Attitudes_Questionnaire_SAQ_Generic_version_Short_Form_2006> [Accessed 4 October 2020].

Dijkstra, M. T. M., Van Dierendonck, D. and Evers, A., 2005. Responding to conflict at work and individual well-being: The mediating role of flight behaviour and feelings of helplessness. European Journal of Work and Organizational Psychology, [online] 14, 119-135. Available at: < https://papers.ssrn.com/sol3/papers.cfm?abstract_id=602043> [Accessed 2 October 2020].

Duarte, S.C. M., Stipp, M.A.C., Silva, M.M., Oliveira, F.T., Duarte, S.C.M., Stipp, M.A.C., Silva, M.M. and Oliveira, F.T., 2015. Eventos adversos e segurança na assistência de enfermagem. Revista Brasileira de Enfermagem, [online] 68(1), 144–154. Available at: <https://www.scielo.br/pdf/reben/v68n1/0034-7167-reben-68-01-0144.pdf > [Accessed

10 September 2020].

Duckers, M., Faber, M., Cruijsberg, J., Grol, R., Schoonhoven, L. and Wensing, M., 2009. Safety and risk management interventions in hospitals: A systematic review of the literature. Medical Care Research and Review, [online] 66(6), s90-119. Available at: < https://www.researchgate.net/publication/26817064_Safety_and_Risk_Management_Interventions_in_Hospitals_A_Systematic_Review_of_the_Literature> [Accessed 4 October 2020].

Duquette, A., Kérowc, S., Sandhu, B. and Beaudet, L., 1994. Factors Related to Nursing Burnout A Review of Empirical Knowledge. Issues in Mental Health Nursing, [online] 15(4), pp.337-358. Available at: <https://pubmed.ncbi.nlm.nih.gov/8056566/> [Accessed 2 October 2020].

Etchells, E., Lester, R., Morgan, B. and Johnson, B., 2005. Striking A Balance: Who Is Accountable for Patient Safety?. *Healthcare Quarterly*, [online] 8(sp), pp.146-150. Available at: <https://www.semanticscholar.org/paper/Striking-a-balance%3A-who-is-accountable-for-patient-Etchells-Lester/073dd8e8953e523fe8f21cbb41273acb7a6701ec?p2df> [Accessed 1 November 2020].

Finfgeld-Connett, D., 2008. Meta-synthesis of caring in nursing. Journal of Clinical Nursing, [online] Available at: <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2702.2006.01824.x> [Accessed 4 October 2020].

Frankfort-Nachmias, C., Nachmias, D. and DeWaard, J., 2015. Research methods in the social sciences (8th ed). New York, NY: Worth Publishers. [online] Available at: < https://www.semanticscholar.org/paper/Research-Methods-in-the-Social-Sciences-Nachmias-Nachmias/71ea0327752d10bc5c4e1f2db0ade41a4b592a3d?p2df> [Accessed 10 September 2020].

Freedman, B., 2019. Risk factors and causes of interpersonal conflict in nursing workplaces: Understandings from neuroscience. *Collegian*, [online] 26(5), pp.594-604. Available at: <https://www.collegianjournal.com/article/S1322-7696(18)30307-X/fulltext> [Accessed 1 November 2020].

Fricker, R. and Schonlau, M., 2002. Advantages and Disadvantages of Internet Research Surveys: Evidence from the Literature. Field Methods, [online] 14(4), pp.347-367.

Available at: <https://www.researchgate.net/publication/280906100_Advantages_and_Disadvantages_of_Internet_Research_Surveys_Evidence_from_the_Literature> [Accessed 09 October 2020].

Gerardi, D., 2004. Using Mediation Techniques to Manage Conflict and Create Healthy Work Environments. *AACN Clinical Issues: Advanced Practice in Acute and Critical Care*, [online] 15(2), pp.182-195. Available at: <https://www.nursingcenter.com/journalarticle?Article_ID=593915&Journal_ID=230572> [Accessed 1 November 2020].

Glass, G. V. and Hopkins, K.D., 1984. Statistical Methods in Education and Psychology, 2nd Edition. *Englewood Cliffs, NJ: Prentice-Hall*. [online] Available at: < https://1lib.eu/book/882266/f80f75> [Accessed 1 November 2020].

Goff, J.A., 2018. Interprofessional Conflict among Registered Nurses in Hospital Nursing: A Phenomenological Study of Horizontal Violence and Bullying. Doctoral dissertation. Nova South-eastern University. NSUWorks, College of Arts, Humanities and Social Sciences – Department of Conflict Resolution Studies. [online] (82). Available at: < https://nsuworks.nova.edu/shss_dcar_etd/82/> [Accessed 23 September 2020].

Government of Ireland, 2002a. The Nursing and Midwifery Resource: Towards Workforce Planning. Stationary Office, Dublin. [online] Available at: < https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_health/submissions/2019/2019-11-13_opening-statement-phil-ni-sheaghdha-general-secretary-irish-nurses-and-midwives-organisation-inmo_en.pdf> [Accessed 1 October 2020].

Government of Ireland, 2002b. Action Plan for People Management. Stationary Office, Dublin. [online] Available at: < http://hdl.handle.net/10147/45024> [Accessed 1 October 2020].

Hayes, B., Bonner, A. and Pryor, J., 2010. Factors contributing to nurse job satisfaction in the acute hospital setting: A review of recent literature. Journal of Nursing Management, [online] 18, 804-814. Available at: < https://pubmed.ncbi.nlm.nih.gov/20946216/> [Accessed 1 October 2020].

Heath, W., 2018. Psychology research methods: Connecting research to students' lives. Cambridge University Press, [online] 71(12), pp.2680-2680. Available at: <https://tmbukz.ga/read.php?id=httLDwAAQBAJ> [Accessed 9 September 2020].

Hocker, J. L. and Wilmot, W. W., 1991. Interpersonal conflict. Dubuque, IA: William C. Brown. [online] Available at: < https://1lib.eu/book/5232681/ce43a4> [Accessed 8 August 2020].

Hoffmann, B. and Rohe, J., 2010. Patient safety and error management: What causes adverse events and how can they be prevented? Dtsch Arztebl Int, [online] 107(6), 92-99. Available at: < https://pubmed.ncbi.nlm.nih.gov/20204120/> [Accessed 4 October 2020].

Horrigan, J., 2018. Evaluating the Quality of Work Life of Registered Nurses in Urban, Rural and Remote North-eastern Ontario. [online] Core.ac.uk. Available at: <https://core.ac.uk/reader/222897390> [Accessed 17 October 2020].

Institute of Medicine, 2001. Crossing the quality chasm: A new health system for the 21st century. Washington, DC: National Academies Press. [online] Available at: <https://pubmed.ncbi.nlm.nih.gov/25057539/> [Accessed 27 September 2020].

Institute of Medicine, 2020. Committee on Quality of Health Care in America. 2020. To Err Is Human: Building a safer health system. [online] Available at: <https://www.nap.edu/resource/9728/To-Err-is-Human-1999--report-brief.pdf> [Accessed 16 October 2020].

Jaffee, D., 2008. Conflict at work throughout the history of organisations.. The psychology of conflict and conflict management in organisations. Taylor & Francis Group/Lawrence Erlbaum Associates, [online] pp. 55-77. Available at: < https://www.semanticscholar.org/paper/Conflict-at-Work-Throughout-the-History-of-Jaffee/71049c997212b15d13f28b1d28761559070fd03e> [Accessed 8 August 2020].

Janakiraman, R., Parish, J. and Berry, L., 2011. The Effect of the Work and Physical Environment on Hospital Nurses' Perceptions and Attitudes: Service Quality and Commitment. Quality Management Journal, [online] 18(4), pp.36-49. Available at: <https://www.researchgate.net/publication/283413566_The_Effect_of_the_Work_and_Physical_Environment_on_Hospital_Nurses'_Perceptions_and_Attitudes> [Accessed 23 September 2020].

Jehn, K. and Bendersky, C., 2003. Intragroup conflict in organizations: a contingency perspective on the conflict-outcome relationship. Research in Organizational Behaviour, [online] 25, pp.187-242. Available at: <https://www.researchgate.net/publication/248563664_Intragroup_Conflict_in_Organiz

ations_A_Contingency_Perspective_on_the_Conflict-Outcome_Relationship> [Accessed 21 September 2020]..

Jehn, K. and Mannix, E., 2001. The Dynamic Nature of Conflict: A Longitudinal Study of Intragroup Conflict and Group Performance. Academy of Management Journal, [online] 44(2), pp.238-251. Available at: <https://www.jstor.org/stable/3069453?seq=1> [Accessed 21 September 2020].

Jehn, K., 1995. A Multimethod Examination of the Benefits and Detriments of Intragroup Conflict. Administrative Science Quarterly, [online] 40(2), p.256. Available at: <https://www.jstor.org/stable/2393638?seq=1> [Accessed 21 September 2020].

Jerng, J., Huang, S., Liang, H., Chen, L., Lin, C., Huang, H., Hsieh, M. and Sun, J., 2017. Workplace interpersonal conflicts among the healthcare workers: Retrospective exploration from the institutional incident reporting system of a university-affiliated medical centre. *PLOS ONE*, [online] 12(2), p.e0171696. Available at: <https://www.researchgate.net/publication/313413554_Workplace_interpersonal_conflicts_among_the_healthcare_workers_Retrospective_exploration_from_the_institutional_incident_reporting_system_of_a_university-affiliated_medical_center> [Accessed 6 August 2020].

Kelly, J., 2006. An Overview of Conflict. Dimensions of Critical Care Nursing, [online] 25(1), pp.22-28. Available at: <https://www.researchgate.net/publication/7276890_An_Overview_of_Conflict> [Accessed 2 October 2020].

Kennedy, P. and Grey, N., 1997. High pressure areas. Nursing Times. [online] 93(29), 26-27. Available at: < http://europepmc.org/article/med/9277224> [Accessed 2 October 2020].

Kennison, M., 2019. Overcoming Workplace Interpersonal Conflict. *Reflections in Nursing Leadership,* [online] 45(1), 1-6. Available at: < https://doi.org/10.1080/08832323.2019.1689770> [Accessed 9 August 2020].

Kreitner, R. and Kinicki, A., 2010. Organizational behaviour (9th ed.). New York, NY: McGraw-Hill. [online] Available at: <https://www.academia.edu/43629641/Organizational_Behavior_by_Robert_Kreitner_Angelo_Kinicki> [Accessed 19 August 2020].

Lake, E., 2002. Development of the practice environment scale of the nursing work

index. Research in Nursing & Health, [online] 25(3), pp.176-188. Available at: <https://onlinelibrary.wiley.com/doi/abs/10.1002/nur.10032> [Accessed 18 September 2020].

Landau, K., 1992. Psycho-physical strain and the burn out phenomenon amongst health care professionals. In M Potter (Eds), Ergonomie al hospital (Hospital Ergonomies). International symposium Paris , Edition Octares , Toulouse. [online] Available at: <https://medwinpublishers.com/EOIJ/EOIJ16000200.pdf> [Accessed 2 October 2020].

Lawrence, S. and Callan,V. J., 2006. Interpersonal conflict and support mobilization: Nurses' experience in coping in the workplace. Paper presented to the Health Care Management Division of the Academy of Management Meeting, Atlanta, GA. [online] Available at: < https://www.researchgate.net/publication/29462063_Interpersonal_conflict_and_support_mobilisation_Nurses'_experience_of_coping_in_the_workplace> [Accessed 2 October 2020].

Lee, S., Scott, L., Dahinten, V., Vincent, C., Lopez, K. and Park, C., 2017. Safety Culture, Patient Safety, and Quality of Care Outcomes: A Literature Review. Western Journal of Nursing Research, [online] 41(2), pp.279-304. Available at: <https://pubmed.ncbi.nlm.nih.gov/29243563/> [Accessed 27 September 2020].

Leiter, M., Harvie, P. and Frizzell, C., 1998. The correspondence of patient satisfaction and nurse burnout. Social Science & Medicine, [online] 47(10), pp.1611-1617. Available at: <https://pubmed.ncbi.nlm.nih.gov/9823056/> [Accessed 2 October 2020].

Leonard, M. W. and Frankel, A., 2011. Role of effective teamwork and communication in delivering safe, high-quality care. Mount Sinai Journal of Medicine, [online] 78(6), 820-826. Available at: < https://pubmed.ncbi.nlm.nih.gov/22069205/> [Accessed 4 October 2020].

Locke, E. A. (1976). The Nature and Causes of Job Satisfaction, *Handbook of Industrial and Organizational Psychology, Chicago,* [online] p. 1297-1349. Available at: < https://www.researchgate.net/publication/238742406_The_Nature_and_Causes_of_Job_Satisfaction> [Accessed 1 November 2020].

Mageda, A., Hanan, N. and Elkashif, M., 2018. The correlation between interpersonal conflict and job satisfaction among intensive care nurses. Journal of Nursing and Health Science, [online] 7(6), pp.59-68. Available at:

<https://www.researchgate.net/publication/329402479_The_correlation_between_interpersonal_conflict_and_job_satisfaction_among_intensive_care_nurses> [Accessed 1 October 2020].

Manser, T., 2009. Teamwork and patient safety in dynamic domains of healthcare: A review of the literature. Acta Anesthesiologica Scandinavica, [online] 53(2), 143-151. Available at: < https://onlinelibrary.wiley.com/doi/full/10.1111/j.1399-6576.2008.01717.x> [Accessed 4 October 2020].

Mardon, R., Khanna, K., Sorra, J., Dyer, N. and Famolaro, T., 2010. Exploring relationships between hospital patient safety culture and adverse events. Journal of Patient Safety, [online] 6(4), 226-232. Available at: < https://pubmed.ncbi.nlm.nih.gov/21099551/> [Accessed 4 October 2020].

Marquis B.L. and Huston C.J., 2012. Leadership roles and management functions in nursing: Theory and application. (7 eds) Lippincott Williams and Wilkins, [online] Philadelphia. Available at: < https://www.academia.edu/1438143/Leadership_roles_and_management_functions_in_nursing_Theory_and_application> [Accessed 8 August 2020].

Marquis, B.L. and Huston, C.J., 2012. Leadership roles and management functions in nursing: Theory and application. (7 eds) Lippincott Williams and Wilkins, Philadelphia. [online] Available at: < https://www.academia.edu/1438143/Leadership_roles_and_management_functions_in_nursing_Theory_and_application> [Accessed 19 August 2020].

Marshall, P. and Robson, R., 2005. Preventing and Managing Conflict: Vital Pieces in the Patient Safety Puzzle. Healthcare Quarterly, [online] 8(sp), pp.39-44. Available at: <https://pubmed.ncbi.nlm.nih.gov/16334070/> [Accessed 16 October 2020].

Maslach, C., Leiter, M. and Jackson, S., 2011. The Maslach Burnout Inventory Manual. Journal of Organizational Behaviour, [online] 33(2), pp.296-300. Available at: <https://www.researchgate.net/publication/277816643_The_Maslach_Burnout_Inventory_Manual> [Accessed 2 October 2020].

Matlow, A., Flintoft, V., Orrbine, E., Brady-Fryer, B., Cronin, C. M. G., Nijssen-Jordan, C., Fleming, M., Hiltz, M. A., Lahey, M., Zimmerman, M. and Baker, G. R., 2005. The development of the Canadian paediatric trigger tool for identifying potential adverse

events. Healthcare Quarterly (Toronto, Ont.), [online] 8 Spec No(June 2014), 90–93. Available at: < https://pubmed.ncbi.nlm.nih.gov/16334079/> [Accessed 16 September 2020].

McCarthy, G., Tyrrell M. and Cronin, C., 2002. National Study of Turnover in Nursing and Midwifery. Department of Health and Children, Dublin. [online] Available at: < https://www.researchgate.net/publication/280494172_National_Study_of_Turnover_on_Nursing_and_Midwifery_Ireland> [Accessed 1 October 2020].

McCarthy, V., Power, S. and Greiner, B., 2010. Perceived occupational stress in nurses working in Ireland. Occupational Medicine, [online] 60(8), pp.604-610. Available at: < https://pubmed.ncbi.nlm.nih.gov/20889816/> [Accessed 2 October 2020].

McCarthy, V., Power, S. and Greiner, B., 2010. Perceived occupational stress in nurses working in Ireland. Occupational Medicine, [online] 60(8), pp.604-610. Available at: <https://pubmed.ncbi.nlm.nih.gov/20889816/> [Accessed 23 August 2020].

McVicar, A., 2003. Workplace stress in nursing: A literature review. Journal of Advanced Nursing, [online] 44(6), 633-642. Available at: <https://pubmed.ncbi.nlm.nih.gov/14651686/> [Accessed 2 October 2020].

Members.aect.org. 2020. 41.1 WHAT IS DESCRIPTIVE RESEARCH?. [online] Available at: <http://members.aect.org/edtech/ed1/41/41-01.html> [Accessed 1 November 2020].

Milton, D. R. (2014). Assessing the Dynamics of Conflict among Nurses in Public Hospitals. Master Thesis. Campus of the North-West University. [online] Available at: < http://dspace.nwu.ac.za/bitstream/handle/10394/13391/Milton_DR.pdf?isAllowed=y&sequence=1> [Accessed 1 November 2020].

Mohammad Mosadeghrad, A., 2013. Healthcare service quality: Towards a broad definition. International Journal of Health Care Quality Assurance, [online] 26, 203-219. Available at: < https://www.researchgate.net/publication/237013496_Healthcare_service_quality_Towards_a_broad_definition> [Accessed 27 September 2020].

Nmbi.ie. 2020. NMBI - The Code – Principle 3: Quality of Practice. [online] Available at: <https://www.nmbi.ie/Standards-Guidance/Code/Quality-of-Practice> [Accessed 5 October 2020].

OECD. 2020. [online] Available at: <http://www.oecd.org/health/health-systems/The-

Economics-of-Patient-Safety-in-Primary-and-Ambulatory-Care-April2018.pdf> [Accessed 16 October 2020].

Olanrewaju, M. K., 2015. Predictive Influence of Job Stress on Mental Health and Work Behaviour of Nurses in the University College Hospital, Ibadan, Oyo State, Nigeria. *Research on Humanities and Social Sciences* [online] Vol. 11 pp. 31-38. Available at: <http://iiste.org/Journals/index.php/RHSS/article/view/23423/24139> [Accessed 1 November 2020].

Parker, P. and Kulik, J., 1995. Burnout, self- and supervisor-rated job performance, and absenteeism among nurses. Journal of Behavioural Medicine, [online] 18(6), pp.581-599. Available at: <https://www.academia.edu/1601719/Burnout_self_and_supervisor_rated_job_performance_and_absenteeism_among_nurses> [Accessed 2 October 2020].

Patton, C., 2014. Conflict in Healthcare: A Literature Review. College Literature, [online] 30(1), pp.188-190. Available at: <https://www.researchgate.net/publication/330967993_Conflict_in_healthcare_A_literature_review> [Accessed 10 August 2020].

Pennebaker, J., 1982. The Psychology of Physical Symptoms. Social Science & Medicine, [online] Available at: <https://1lib.eu/book/686898/b58dc0> [Accessed 10 August 2020].

Poghosyan, L., Aiken, L. and Sloane, D., 2009. Factor structure of the Maslach burnout inventory: An analysis of data from large scale cross-sectional surveys of nurses from eight countries. International Journal of Nursing Studies, [online] 46(7), pp.894-902. Available at: <https://pubmed.ncbi.nlm.nih.gov/19362309/> [Accessed 2 October 2020].

Polit D.F. and Beck C.T., 2010. Essentials of Nursing Research: Appraising Evidence for Nursing Practice, 7th ed. *Wolters Kluwer Health / Lippincott Williams & Wilkins, Philadelphia*. [online] Available at: <http://opac.fkik.uin-alauddin.ac.id/repository/Denise_F._Polit_Essentials_of_Nursing_Research_Appraising_Evidence_for_Nursing_Practice_Essentials_of_Nursing_Research_Polit____2009.pdf> [Accessed 14 September 2020].

Preckel, B., Staender, S., Arnal, D., Brattebø, G., Feldman, J., Ffrench-O'Carroll, R., Fuchs-Buder, T., Goldhaber-Fiebert, S., Haller, G., Haugen, A., Hendrickx, J., Kalkman, C., Meybohm, P., Neuhaus, C., Østergaard, D., Plunkett, A., Schüler, H., Smith, A., Struys,

M., Subbe, C., Wacker, J., Welch, J., Whitaker, D., Zacharowski, K. and Mellin-Olsen, J., 2020. Ten years of the Helsinki Declaration on patient safety in anaesthesiology. *European Journal of Anaesthesiology*, [online] 37(7), pp.521-610. Available at: <https://journals.lww.com/ejanaesthesiology/Fulltext/2020/07000/Ten_years_of_the_Helsinki_Declaration_on_patient.1.aspx> [Accessed 1 November 2020].

Rachhpaul S., 2018. A comparative study on job satisfaction among staff nurses working in private and government hospitals. International Journal of Advanced Research and Development. [online] Available at: < http://www.advancedjournal.com/download/1368/3-2-210-273.pdf> [Accessed 2 October 2020].

Rafter, N., Hickey, A., Conroy, R., Condell, S., O'Connor, P., Vaughan, D., Walsh, G. and Williams, D., 2016. The Irish National Adverse Events Study (INAES): the frequency and nature of adverse events in Irish hospitals—a retrospective record review study. BMJ Quality & Safety, [online] 26(2), pp.111-119. Available at: < https://www.researchgate.net/publication/293807863_The_Irish_National_Adverse_Events_Study_INAES_The_frequency_and_nature_of_adverse_events_in_Irish_hospitals_-_A_retrospective_record_review_study> [Accessed 4 October 2020].

Rahim, M., 2003. Toward a Theory of Managing Organizational Conflict. *SSRN Electronic Journal*, [online] Available at: <https://www.researchgate.net/publication/228182312_Toward_a_Theory_of_Managing_Organizational_Conflict> [Accessed 1 November 2020].

Ramsay, M., 2001. Conflict in the Health Care Workplace. Baylor University Medical Center Proceedings, [online] 14(2), pp.138-139. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1291328/> [Accessed 9 August 2020].

Registered Nurses' Association of Ontario, 2008. Workplace Health, Safety and Well-being of the Nurse. Toronto, Canada: Registered Nurses' Association of Ontario, [online] 1-100. Available at: <http://rnao.ca/sites/rnao-ca/files/Workplace_Health_Safety_and_Wellbeing_of_the_Nurse.pdf>[Accessed 01 October 2020].

Registered Nurses' Association of Ontario, 2012. Managing and Mitigating Conflict in Health-care Teams. Healthy Work Environment Best Practice Guidelines. Toronto, Canada.

[online] Available at: <https://rnao.ca/sites/rnao-ca/files/Managing-conflict-healthcare-teams_hwe_bpg.pdf> [Accessed 23 September 2020].

Riahi, S., 2011. Role stress among nurses at the workplace: concept analysis. Journal of Nursing Management, [online] 19, 721-731. Available at: < https://pubmed.ncbi.nlm.nih.gov/21899625/> [Accessed 1 October 2020].

Robson, C., 1993. Real World Research. A Resource for Social Scientists and Practitioner-Researchers. British Journal of Occupational Therapy, [online] 57(4), pp.150-150. Available at: <https://www.researchgate.net/publication/31754529_Real_World_Research_A_Resource_for_Social_Scientists_and_Practitioner-Researchers_C_Robson> [Accessed 10 October 2020].

Rolleman, R., (2001). The nature of interpersonal and informal conflicts in the West Kootenay Region of the British Columbia Nurses' Union: A general inquiry. M.A. dissertation, Royal Roads University (Canada). [online] Available at: < https://www.researchgate.net/publication/34752269_The_nature_of_interpersonal_and_informal_conflicts_in_the_West_Kootenay_region_of_the_British_Columbia_Nurses%27_Union_microform_a_general_inquiry> [Accessed 20 October 2020].

Rothschild, J., Hurley, A., Landrigan, C., Cronin, J., Martell-Waldrop, K., Foskett, C., Burdick, E., Czeisler, C. and Bates, D., 2006. Recovery from Medical Errors: The Critical Care Nursing Safety Net. The Joint Commission Journal on Quality and Patient Safety, [online] 32(2), pp.63-72. Available at: <https://pubmed.ncbi.nlm.nih.gov/16568919/> [Accessed 3 October 2020].

Sarafis, P., Rousaki, E., Tsounis, A., Malliarou, M., Lahana, L., Bamidis, P., Niakas, D. and Papastavrou, E., 2016. The impact of occupational stress on nurses' caring behaviours and their health-related quality of life. BMC Nursing, [online] 15(1). Available at: < https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-016-0178-y> [Accessed 2 October 2020].

Schorr, T. and Kennedy, M., 1999. 100 years in American nursing: Celebrating a century of caring. Hagerstown, MD: Lippincott William and Wilkins. [online] Available at: <http://underground-library.club/0781718651-100-Years-of-American-Nursing-Celebrating-a-Century-of-Caring.pdf> [Accessed 23 September 2020].

Science, 1999. To Err Is Human. [online] 284(5419), pp.1457b-1457. Available at: <https://pubmed.ncbi.nlm.nih.gov/25077248/> [Accessed 15 September 2020].

Sedikedes, C. and Strube, M., 1997. Self-evaluation: To thine own self be good, to thine own self be sure, to thine own self be true and to thine own self be better. Advance in experimental psychology. [online] Available at: < https://www.semanticscholar.org/paper/Self-Evaluation%3A-To-Thine-Own-Self-Be-Good%2C-To-Own-Sedikides-Strube/ff3b07e4f6b33dfa49e2f051c32b446e2019a002> [Accessed 10 August 2020].

Smith, M., Droppleman, P. and Thomas, S.P., 1996. Under assault: The experience of work-related anger in female registered nurses. Nursing Forum, [online] 31 (I), 22-33. Available at: < https://pubmed.ncbi.nlm.nih.gov/8700749/> [Accessed 8 August 2020].

Smiths, M., Zegers, M., Groenewegen, P. P., Timmermans, D. R., Zwaan, L., van der Wal, G. and Wagner, C., 2010. Exploring the causes of adverse events in hospitals and potential prevention strategies. Qual Saf Health Care, [online] 19(5), e5. Available at: < https://pubmed.ncbi.nlm.nih.gov/20142403/> [Accessed 4 October 2020].

Sofield, L. and Salmond, S.W., 2003. Workplace violence: A focus on verbal abuse and intent to leave the organisation. Orthopaedic Nursing, [online] 22(4), 274-283. Available at: < https://pubmed.ncbi.nlm.nih.gov/12961971/> [Accessed 8 August 2020].

Spector, P. E., 1997. Job satisfaction: Application, assessment, cause and consequences. *London, England: SAGE.* [online] Available at: <https://www.academia.edu/41859513/Job_Satisfaction_Application_Assessment_Causes_and_Consequences_Advanced_Topics_in_Organizational_Behavior_by_Paul_E_Spector> [Accessed 1 November 2020].

Suresh, P., Matthews, A. and Coyne, I., 2012. Stress and stressors in the clinical environment: a comparative study of fourth-year student nurses and newly qualified general nurses in Ireland. Journal of Clinical Nursing, [online] p.no-no. Available at: < https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2702.2012.04145.x> [Accessed 2 October 2020].

SurveyMonkey. 2020. Likert Scale: What It Is & How to Use It | SurveyMonkey. [online] Available at: <https://www.surveymonkey.com/mp/likert-scale/> [Accessed 24 October 2020]

Swedish Code of Statutes (SFS), 2010. Patient Safety Act (2010:659). Stockholm. [online] Available at: < https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4802598/> [Accessed 3 October 2020].

Talisse, R., 2008. Pragmatism: a guide for the perplexed. SSRN Electronic Journal, [online] Available at: <https://www.academia.edu/654372/Pragmatism_a_Guide_for_the_Perplexed> [Accessed 16 October 2020].

Teague P., Roche W.K., Gormley T. and Currie D., 2015 Managing Workplace Conflict: Alternative Dispute Resolution in Ireland. Dublin: Institute of Public Administration. [online] Available at: < https://www.researchgate.net/publication/287608593_Managing_Workplace_Conflict_Alternative_Dispute_Resolution_in_Ireland> [Accessed 10 August 2020].

Teng, C., Hsiao, F. and Chou, T., 2010. Nurse-perceived time pressure and patient-perceived care quality. Journal of Nursing Management, [online] 18(3), pp.275-284. Available at: <https://www.researchgate.net/publication/44671695_Nurse-perceived_time_pressure_and_patient-perceived_care> [Accessed 4 October 2020].

Thomas, K. (1999).Conflict management: a handbook of industrial and organization psychology. Journal of Organizational Behaviour. [online] Vol 13. Available at: < https://onlinelibrary.wiley.com/doi/abs/10.1002/job.4030130307> [Accessed 10 August 2020].

Vahey, D., Aiken, L., Sloane, D., Clarke, S. and Vargas, D., 2004. Nurse Burnout and Patient Satisfaction. Medical Care, [online] 42(Suppl), pp.II-57-II-66. Available at: <https://pubmed.ncbi.nlm.nih.gov/14734943/> [Accessed 2 October 2020].

Van der Colff, J., 2009. Work-related well-being of Registered Nurses in South Africa. SA Journal of Industrial Psychology, [online] 35(1). Available at: <https://dspace.nwu.ac.za/handle/10394/936> [Accessed 1 October 2020].

Van der Heijden, B.I.J.M., Demerouti, E., Bakker, A.B. and Hasselhorn, H.M., 2008. Work-home interference among nurses: reciprocal relationships with job demands and health. Journal of Advanced Nursing, [online] Vol. 62, pp. 572-84. Available at: < https://pubmed.ncbi.nlm.nih.gov/18489450/> [Accessed 1 October 2020].

Vathsala, J., Sepali, G., Bawantha, G. and Sherry, E., 2016. Interprofessional work in operating

rooms: a qualitative study from Sri Lanka. Journal of BMC Surgery. [online] 16:61. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5011874/> [Accessed 8 August 2020].

Vincent, C., Taylor-Adams, S. and Stanhope, N., 1998. Framework for analysing risk and safety in clinical medicine. BMJ (Clinical Research Ed.), [online] 316, 1154–1157. Available at: < https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1112945/> [Accessed 3 October 2020].

Wall, J. and Callister, R., 1995. Conflict and Its Management. Journal of Management, [online] 21(3), pp.515-558. Available at: <http://leadership102-gower.weebly.com/uploads/1/6/1/9/16193964/wall__callister_1995.pdf> [Accessed 10 August 2020].

Who.int. 2019. Patient Safety. [online] Available at: <https://www.who.int/news-room/fact-sheets/detail/patient-safety> [Accessed 16 October 2020].

Who.int. 2020. Keep Health Workers Safe to Keep Patients Safe: WHO. [online] Available at: <https://www.who.int/news-room/detail/17-09-2020-keep-health-workers-safe-to-keep-patients-safe-who> [Accessed 16 October 2020].

World Health Organisation. 2020. Towards Zero Patient Harm in Health Care: Global Patient Safety Action Plan 2021-2030. [online] Available at: <https://isqua.org/world-patient-safety-day-blogs/towards-zero-patient-harm-in-health-care-global-patient-safety-action-plan-2021-2030.html> [Accessed 16 October 2020].

World Health Organization. 2020. What Is Quality of Care and Why Is It Important?. [online] Available at: <https://www.who.int/maternal_child_adolescent/topics/quality-of-care/definition/en/> [Accessed 5 October 2020].

World Health Organization. 2020. WHO Multi-Professional Patient Safety Curriculum Guide. [online] Available at: <https://www.who.int/patientsafety/education/mp_curriculum_guide/en/> [Accessed 16 October 2020].

Yufenyuy, C., 2020. The Impact of Interprofessional Conflict on Quality Care – The Nurse's Role. [online] Semanticscholar.org. Available at: <https://www.semanticscholar.org/paper/The-Impact-of-Interprofessional-Conflict-on-Quality-Yufenyuy/1ed6cf285e7b8b8bfdba6a2b96bc0faa01e894fb> [Accessed 15 August

2020].

Zadvinskis, I., Salsberry, P., Chipps, E., Patterson, E., Szalacha, L. and Crea, K., 2018. An Exploration of Contributing Factors to Patient Safety. Journal of Nursing Care Quality, [online] 33(2), pp.108-115. Available at: < https://pubmed.ncbi.nlm.nih.gov/29466259/> [Accessed 4 October 2020].

Zegers, M., deBruijne, M. C., deKeizer, B., Merten, H., Groenewegen, P. P., VanderWal, G. and Cordula, W., 2011. The incidence, root-causes, and outcomes of adverse events in surgical units: Implication for potential prevention strategies. Patient Safety in Surgery, 5(13). Available at: < https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3127749/> [Accessed 4 October 2020].

Appendix A – Complete Survey Questionnaire

1) Which level of Nursing are you?

a. Staff Nurse

b. Clinical Nurse Specialist

c. Clinical Nurse Manager I (or above)

d. Educational Nurse

2) How long have you been practicing as a Registered Nurse?

a. Less than 3 year

b. 3 – 10 years

c. More than 10 years

3) In which department are you currently working?

a. Emergency

b. High Dependency (ICU)

c. Medical Unit

d. Operative Theatre

e. Other (specify)

4) Are you aware of existence of interpersonal conflict between nurses at your organisation?

a. Yes

b. No

5) If 'Yes, in your experience, how often does interpersonal conflict between nurses occur at your organisation?

a. Regularly

b. Often

c. Occasionally

d. Rarely

e. Never

6) In your experience, how often have you been personally involved in an interpersonal conflict with another nurse in your workplace?

a. Often

b. Occasionally

c. Rarely

d. Never

7) In your experience, please range the following statement “Conflicts among registered nurses have a significant impact on the nurse’s performance”.

a. Strongly Agree

b. Partially Agree

c. None

d. Partially Disagree

e. Strongly Disagree

8) When dealing with an interpersonal conflict with another nursing co-worker, errors (adverse events) are more likely.

a. Strongly Agree

b. Partially Agree

c. None

d. Partially Disagree

e. Strongly Disagree

9) Conflicts among nurses is a serious threat to patient safety.

a. Strongly Agree

b. Partially Agree

c. None

d. Partially Disagree

e. Strongly Disagree

10) Which of the following consequences do you believe that interpersonal conflicts among nurses could potentially have on the professional involved that might foster the most the likeness to adverse event to occur?

a. Communication failures

b. Emotional Exhaustion

c. Lack of attention

d. Less job satisfaction

e. Other (specify)

11) Which of the following Adverse Events do you believe that are the most common consequence of a conflict among nurses while providing direct care?

a. Patient Falls

b. Medication Errors

c. Nosocomial Infections

d. Patient Complaints

e. Self-Hurting

f. Other (Specify)

Appendix B – Survey Informed Consent

Figure 15. Survey Disclaimer and Informed Consent

Nurse's perspective regarding interpersonal conflict amongst nursing professionals and it's impact on patient safety

Consent form for Online Survey

You are invited to participate in a web-based online survey on "Interpersonal Conflicts amongst Registered Nurses in Ireland's acute care hospital-based setting: the threats to patient safety". This is a research project being conducted by Renata Cristina Hancio, a student at Independent College Dublin. It should take approximately 5 minutes to complete.

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

BENEFITS
You will receive no direct benefits from participating in this research study. However, your responses may help us learn more about the relationship between interpersonal conflicts

amongst nurses and the negative consequences to patient safety.

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

CONTACT
If you have questions at any time about the study or the procedures, you may contact me via phone at 0833494899 or via email at renatahancio@gmail.com

If you feel you have not been treated according to the descriptions in this form, or that your rights as a participant in research have not been honored during the course of this project, or you have any questions, concerns, or complaints that you wish to address to someone other than the investigator, you may contact the Independent College Dublin at Block B, The Steelworks, Foley St, Dublin 1, or email info@independentcolleges.ie

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

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

1. Do you agree to participate in this Study?

- ◯ Agree
- ◯ Disagree

Next