Patient's Behaviour: The Perspective regarding how nurses from hospital and nursing home have dealt with their patients with dementia

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A dissertation presented to the

FACULTY OF LAW

INDEPENDENT COLLEGE DUBLIN

MA in Dispute Resolution

May 2022

Dissertation Submission Form

LEARNER NUMBER:	51713471
NAME:	Enoque Garcia Moreira
COURSE:	Master in Dispute Resolution
DISSERTATION TITLE:	Patient's Behaviour: The Perspective regarding how nurses from hospital and nursing home have dealt with their patients with dementia.
SUPERVISOR NAME:	Nadia Bhatti
WORD COUNT:	16.499
DUE DATE:	20/05/2022
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Date: 20/05/2022

Table of Contents

Acknowledgments

Firstly, my gratitude to God. I am sure that if it was not him to help me to finish this stage in my life, only on my own I do not believe that I would be able to.

Secondly, but in my heart is in the first position as well. I would like to dedicate not just this whole research but the whole Master in Dispute Resolution to my Mom. She was and always will be my inspiration. Her enormous heart and sweetness in all of her actions will be remembered forever by me. In the middle of the second semester, she was diagnosed with a cerebral abscess and unfortunately in five weeks she did not resist. It was not easy to do the final exams last December but I got all of her bravery, her courage and her strength that she taught me and I got all the exams. MUM, I LOVE YOU FOREVER

I would like to say thank you and dedicate this dissertation to my sisters and my dad. They are my support and even though they are on the other side of the ocean, I feel them beside me all the time and if necessary, I give up everything to be there with them.

Friends and Colleagues, you are my all in Ireland and I will be always here for you as I know, you are here for me. For those friends who are far away, thanks a lot for your messages in spite of you made me late to finish my dissertation.

Abstratct

Conflict would be defined as a disagreement or different ideas between two or more people, groups, companies, etc. Conflict resolution is the term used to call the action to solve these disputes. There are different approaches developed to be used in different kinds of conflicts. Techniques of communication are essential during any approach performed.

Following a different and no common environment of the conflict discussed in the studies, the research discussed conflicts in hospitals and nursing homes between nurses and patients with dementia. Dementia is an illness which can cause mental disabilities in people. Normally people most affected are older people and when these people need assistance in hospital or they will leave in a nursing home. When they are in these places, nurses should look after them.

Many techniques of dealing with people can be used. It does not matter which public will be, however, there is a lack in the health environment from health professionals with abilities to give care to dementia patients.

The research asked the nurses how often they look after dementia patients, how was their knowledge regarding conflict with patients and what they thought about a specialized nurse in dispute resolution into the nursing team.

The data showed a lack in nurse's knowledge in leading dementia patients and also the wish from them to have someone with skills in managing conflict in their nursing team.

List of Graphics

Introduction

Conflict is something that all of us have significant experience with, despite the fact that most of us avoid it and feel inadequately prepared for it. On some level, each one of us has a lot of experience with confrontation. In today's culture, conflict is almost universally seen as an unwanted and bad force that should be eliminated wherever it arises. However, conflict may also be a painful or difficult stage of a system that is experiencing a process of change. If managed effectively, it has the ability to transform and bring about good progress (Henderson, 2020).

Conflict is part of everybody's life. Most people do not even like to hear the word "conflict" however, there are some people that where there is a conflict, there will be a place to find them. Conflict can be raised in many different places and from different forms. There is a business / commercial conflict which can be found in an office between departments, employees and also clients who have to receive service. However, conflict can arise between people who are traveling together at a specific time when some of them decide to change a route and go somewhere different, between companies which want to sell more products than others or want to be more popular in their area, etc. Moreover, conflict can arise between family environments such as brothers and sisters, children and their parents, mother and father and others.

During our whole life, we will hear about conflict. Children will study about past conflicts as an example of the first and second world war. During the major age, people will be into a conflict at some time in their job for sure. Finally, people in their old age, almost all will have conflicts with their health insurance regarding cover or claim about exams or procedures.

Nowadays plenty of professional are available to manage and lead a conflict. This professional can be called as a mediator, negotiator, solicitor and others. Each of them has an approach to act in their work, also, they have lots of skills and techniques which they studied and developed to become a professional in dispute resolution. Techniques in relation to how the communication should be done in each situation, with each person and in different settings. Emotions have to be controlled, be neutral is necessary for some disputes, considering the background of people involved must be considered when it is necessary, active listening is kind of skill that a professional must have, easy vocabulary should be used with who has difficulty to understand, voice tone must be controlled, giving

opinion is not necessary depending of the approach, understanding behaviour would be a great skill and give up sometimes is necessary.

The environment that this study will be focused on will be a healthy place and the situations and conflicts discussed will be regarding health care professionals and patients. The highlighted settings are going to be hospital and nurse home. It is not unusual for healthcare staff such as doctors and nurse practitioners to find themselves in a contentious relationship with their patients. These kinds of situations are often the result of inappropriate conduct on the part of the patient, however the health care workers may on occasion be to blame. Difficult relationships between patients and providers may be a result of any number of things, but in the context of health care, some elements are more likely to contribute to these interactions than others.

Sometimes it would be possible that the issue can be from the acts of a health care practitioner. For instance, the healthcare practitioner could be impolite or dismissive toward the patient, or they might be late for an appointment, etc. Miscommunication and different perceptions of the same information may also make such problems much worse. For example, a patient could take offense at a clinician's tone and attitude, even if the provider might not realize or be conscious of the fact that this is how he or she is coming across to the patient.

It is possible for a patient to develop feelings of resentment against his or her healthcare worker owing to the strain that is caused by the patient's sickness. Additionally, he or she could be difficult to work with because of excessive expectations surrounding the receipt of certain prescriptions and the anticipation of particular results. Furthermore, he or she can act rudely, become angry unnecessarily or become aggressive. Despite the fact that medical professionals get extensive training in some institutions in how to communicate clearly and effectively with patients, patient dissatisfaction remains the most common source of disagreement. Stress may also be caused by external factors such as short appointment periods, delayed wait times and a lack of effective resources, all of which can increase the likelihood of conflict occurring.

In this study, the main topic will be regarding conflicts found in a health setting such as hospital and nursing home, with specific people such as nurses and patients and with an specific illness called dementia.

According to The Alzheimer Society of Ireland, dementia is a term that is used to describe a set of disorders that cause damage to brain cells. These conditions are together referred to as dementia. Because of this impairment, a person's capacity to recall, think, communicate and perform activities of daily living will be altered. As dementia worsens, the symptoms get more severe, and the affected person will need an increasing amount of assistance. There are a number of diseases and illnesses that may lead to dementia. Alzheimer's disease is by far the most prevalent cause. Vascular dementia, Lewy body dementia and Fronto-temporal dementia are further causes. Mixed dementia is the term used to describe the situation in which a person has symptoms of more than one kind of dementia at the same time. A diagnosis of dementia may be made for certain individuals, but it may not be feasible to determine whether the dementia is caused by Alzheimer's disease or another cause. Dementia can be classified on three levels by the World Health Organization (2021). They are early stage, middle stage and late stage which will be discussed deeply in the next chapters.

There are a lot of obstacles that families and caregivers face when they are taking care of a loved one who has dementia. Dementia is a gradual biological brain problem that makes it difficult for a person to remember things, think clearly, interact with others and take care of oneself. Additionally, dementia may cause a person to experience shifts in their behaviour and even bring about changes in their personality and conduct.

Behaviour change is one of the most symptoms that a patient with dementia will present during any stage of dementia but more on later stages. The changes of behaviour would cause some actions from the patient such as confusion, aggression, sleep problems, wandering and others (Hobson, 2021).

The majority of the 850,000 dementia patients in the United Kingdom live at home with their families according to UK Alzheimer's Society (2014). Due to the challenges associated with dementia, nurses often react to requests for assistance and guidance from family caregivers. In addition, nurses in all settings are often required to manage patients' coexisting health concerns and provide personal care. Although the majority of people with dementia live independently or with minimal support, approximately one-third reside in care homes in UK. Furthermore, although nurse education places a high value on the attitudes and skills required for best practice, this has not always been reflected in the care provided on the ground for patients with dementia (Dementia UK report, 2014).

In relation to Ireland, there are 11.000 new cases of dementia each year according to the last report from The Alzheimer Society of Ireland (2020).

As the population ages keep rising, it is anticipated that the number of persons with dementia, particularly those residing in residential facilities, will rise. Dementia patients should be able to feel happiness, comfort, significance and development in their life. Dependent on the strength of their interactions with care professionals and auxiliary personnel, the quality of life of older individuals residing in residential care relies on these ties. A social setting that fosters the development of healthy connections between staff, family and residents is conducive to optimal care (Guidance on Dementia Care for Designated Centres for Older People, 2016)

Purpose, Objectives and Methods

Based on all the tasks mentioned above regarding conflicts, dispute resolution, techniques of dealings with patients with dementia, the role of nurse on assistance and approaches to be act during the care delivered, the purpose of the research was to know an overview from nurses who work in hospitals and nursing homes in Ireland during their care and assistance delivered to patients with dementia, and also, what they know in relation to how to act with those patients and deal with them when it necessary.

The goals to be reached in this study are:

- Associate the approach in dispute resolution such as commercial, business, family and others which are not related with health settings, to the approach used by nurses from hospital and nursing homes regarding patients with dementia;
- Discover if in hospital and nursing home settings there are conflicts with people and how they manage it;
- Discover if nurses have knowledge about techniques and approaches developed to deal with people;
- Point of view from nurses regarding the importance of knowing and having skills and techniques to apply in their care delivered to dementia patients;
- Further studies in relation to managing conflicts in the health environment which can make an improvement on the assistance of a patient.

The method used for this study was quantitative descriptive. A questionnaire based on previously published principles of conflict resolution was created associated with the care given to patients with dementia and an online survey with these questions was applied to nurses who work in hospitals and nursing homes in Ireland. The results were made and showed up by graphics with percentages from each question that will be available on chapters ahead.

CHAPTER 1 - Literature Review

1.1 Conflict

Conflicts of varying degrees of severity occur on a regular basis. You share a workstation with a co-worker who is frequently sloppy and untidy, which strikes you as unprofessional given the office's patient load. Or a senior colleague insists on being the first author on a research paper despite the fact that you completed most of the work. In the preoperative area, in the presence of the patient, the anaesthesiologist expresses disagreement with your surgical plan. A more severe scenario might be a physician who screams at patients or tosses charts or tools. All of these situations above could be a cause to start a conflict.

Conflicts often arise as a result of a lack of clarity on expectations or rules, poor communication, a lack of defined jurisdiction, personality differences, conflicts of interest and organizational changes (Umiker, 1998). Employees report personality conflicts, stress, severe workloads, ineffective senior and management leadership, a lack of candor and transparency, and a lack of job definition as the most prevalent sources of conflict (CPP, 2008).

Madalina give her definition of conflict as when the beliefs or actions of one or more members of one group are either resisted by or unacceptable to members of another group, this can lead to conflict between the two groups. Conflict can also refer to some form of friction, disagreement, or discord that arises between individuals or within a group. A condition of hostile competition is referred to as conflict and it is caused when various groups engage in activities and beliefs that are in direct opposition to one another (Madalina, 2016).

By other meaning, authors (Veenema, Burkle, Jr and Dallas, 2019) have said that if it is not handled improperly, conflict really has the potential to be beneficial. It is possible for conflict to foster abilities in team building, critical thinking, fresh ideas and alternate ways to resolve conflicts. The ability to effectively manage conflicts is an essential skill for leaders to have in order to ensure the success of the teams, groups, units or workers they are responsible for.

While it is impossible to prevent conflict, it can be controlled. Due to the fact that conflict will always exist on an individual and organizational level, it is critical to learn the skills necessary to handle a tough discussion or engagement correctly. According to experts, the requisite abilities may be gained, they think that conflict competence can be defined and learnt. Conflict competency is defined as the capacity to acquire and use cognitive, emotional and behavioural skills that maximize the positive consequences of conflict while minimizing the possibility of escalation or injury (Runde and Flanagan, 2010).

When there is a disagreement, the first step is to choose whether or not to confront it. This choice requires weighing the benefit of resolving the problem against the cost of doing so; this balance is specific to each scenario. Generally, if a problem is bothersome enough to affect your conduct or weigh heavily on your conscience, it should be addressed. It is critical not to conflate the apparent difficulty of the discussion with the judgment of whether or not to continue. Although perceived disparities in power often influence a choice to resolve a problem, experiences from aviation and other sectors demonstrate the advantages of open communication and the dangers of silence even in circumstances where authority or power levels are different (Gladwell, 2008)

Many conflicts management research agrees that establishing a safe atmosphere is a vital component of effective conflict management. All participants think they will be respected and treated properly in a safe setting. Trust and Betrayal in the Workplace's authors provide a model that incorporates three distinct sorts of essential trust. One is contractual trust, while the other is character trust, which is faith in the intentions of people. The second is trust in communication or disclosures. In an atmosphere where communication is trusted, everyone is sure that others will share information, be honest, and maintain the confidentiality of private information. Finally, there is capacity trust; when it exists, individuals have faith in others' ability to keep agreements. This approach understands that trust may be broken, but also repaired, as a result of betrayal (Reina and Reina, 2006).

Another way to describe a safe atmosphere is one that fosters mutual respect and purpose. Mutual respect entails speaking in a tone of voice, utilizing words and displaying facial expressions that demonstrate regard for other human beings. The term "mutual purpose" refers to a shared objective of issue solutions. While the first model may seem impossible to fulfil in all circumstances, mutual respect and shared goal are necessary components of a good dispute dialogue (Patterson et al., 2005).

How is a safe atmosphere established ? The debate must take place in a private, ideally neutral, location with enough time for discussion. According to some experts, a potentially impartial method to set the objective of collaborative issue solving is to begin the conversation by articulating the difference between anticipated and observed behaviour. Alternatively, you might seek permission to address a subject or begin by stating the facts from your viewpoint or views. To begin the discussion with your conclusion, especially if it is unpleasant, sets the incorrect tone. One should provide all pertinent and necessary facts and avoid being evasive (Patterson et al., 2005). Conflict happens on a regular basis and often leads to major inconvenience and expense for both people and businesses. Despite the fact that conflict is often avoided or poorly handled, data shows that the skills for successful conflict management may be learnt. Several studies have shown that when conflict is properly resolved, numerous advantages flow to both business and people involved.

1.2 - Conflict Resolution

Conflict resolution is the process of putting an end to a disagreement and coming to an agreement that is acceptable to all parties concerned. Because conflict is an inherent aspect of being human, conflict resolution is not intended to prevent conflicts from occurring. Alternative dispute resolution techniques are used to enhance dialogues, improve understanding and maintain emotional control (Imm, 2021).

Strong sensations are prompted by conflict, which may ultimately result in harmed feelings, disappointment and discomfort. When it is handled in an unhealthy way, it has the potential to generate rifts, resentments and breakups that are impossible to repair. But when disagreements are worked out in a manner that is beneficial to all parties involved, it

deepens the awareness of the other person, fosters trust and fortifies their relationships (Segal, Robinson and Smith, 2020). People will not be able to comprehend their own requirements if they have lost contact with their sentiments or if they are under such a great deal of tension that they can just focus on a select few of their sensations. Because of this, it will be difficult to interact with other people and figure out what is really bothering to them.

Methods of conflict resolution are procedures that enable two disagreeing parties to work toward reaching an agreement that is mutually agreeable to both sides. The successful settlement of a dispute is one in which all parties involved walk away with the sense that their issues were addressed and that some or all of their requirements were satisfied. People will become a more open and collaborative on the dispute if the dealer has participated in conflict resolution training and practice conflict management tactics and used that to its benefit. During the process of conflict resolution, demonstrating that a person has strong communication skills can assist establish trust and respect on dispute (How to Develop Successful Conflict Resolution Skills, 2020).

Conflicts studies has long been carried out in a variety of domains, including psychology and sociology, among others. A process that begins when one feels that others have had or are trying to have a negative influence on items that one deems significant was characterized by Robbins as follows: There are no other difficulties that are as closely associated with emotion as when a conflict emerges in interpersonal interactions and emotional changes occur as a result of the onset of a dispute. In other words, Robbins said that disputes cannot be handled successfully if the emotional part of the issue is ignored and the conflict is settled only on the basis of logic and reason (Robbins, 2009).

Conflict is a typical and inevitable aspect of every job, yet it may lead to absenteeism, decreased productivity, and mental health problems. Understanding that each individual has a unique approach to dispute resolution is a crucial skill for today's professions (Benoliel, 2017).

The Thomas-Kilmann Conflict Mode Instrument (TKI) identifies five primary conflict management styles: competing, accommodating, avoiding, collaborating and compromising (Thomas-Kilmann Conflict Mode Instrument (TKI), 2015).

Each tactic has its own advantages and there is no right or wrong approach to dispute resolution. Understanding how you react intuitively to disputes and having a greater knowledge of alternative management styles may improve how people handle certain circumstances and lead to the efficient and successful settlement of disagreements.

Competing - Individuals that engage in competitive behaviour seek their own interests at the cost of others. This is a power-oriented style in which people utilize whatever power they see acceptable to gain their position, such as their argumentative skills, their status or economic punishments. Competing entails "standing up for their rights," defending a stance they feel to be true or even attempting to win (TKI, 2015).

Competitors are forceful, uncooperative and prepared to pursue their own interests at the cost of others. Dr Benoliel adds that this technique is effective when the result is more essential than the connection, such as when competing with another firm for a new customer. However, she warns, "Do not employ competition inside your business, it does not foster connections." (Benoliel, 2017)

Accommodating - The exact opposite of competing, accommodating is submissive and collaborative. There is an element of self-sacrifice in accommodating, in which the individual disregards his own interests in order to meet those of the other individual. Accommodating may take the shape of altruistic giving or compassion, submission to another's command when you would rather not, or submission to another's viewpoint (TKI, 2015).

When adapting to please the other person, there is an element of self-sacrifice, the reverse of competition. It may seem kind, yet it may take advantage of the vulnerable and generate animosity. Use accommodating when you care little about the result but want to keep or strengthen the connection (Benoliel, 2017).

Avoiding - A person who avoids is passive and uncooperative, it pursues neither his own or the other person's interests. Therefore, it does not address the conflict. Avoiding may include discreetly sidestepping a problem, delaying an issue until a better moment or retreating from a potentially dangerous situation (TKI, 2015).

Those who avoid confrontation are often passive and uncooperative, tactfully avoiding a problem or just retreating from a potentially dangerous scenario. Use this when it is safer to

delay dealing with the problem or when the result does not interest you as much (Benoliel, 2017).

Collaboration - Collaboration combines assertiveness with cooperation, it is the polar opposite of avoidance. Collaboration requires working with others to create a solution that addresses all of their concerns. It involves delving into a matter to determine the underlying needs and desires of the two parties. Exploring a debate to learn from each other's perspectives may be an example of two people collaborating, as could attempting to discover a creative solution to an interpersonal issue (TKI, 2015).

Using a mix of assertiveness and cooperation, individuals who cooperate strive to develop a solution that addresses all parties' concerns. In this approach, which is the reverse of avoidance, both parties may achieve their objectives and unpleasant emotions are reduced. Collaboration is most effective when the long-term connection and result are crucial, such as when planning the merger of two departments and you want the best of both in the newly created department (Benoliel, 2017).

Compromising - In terms of aggressiveness and cooperation, compromising is modest. The idea is to discover a mutually acceptable, expeditious solution that somewhat satisfies both parties. It lies between being competitive and accommodating. Compromising yields more concessions than competing, but less than accommodating. Similarly, it handles a problem more directly than avoiding, but not as thoroughly as cooperating. In some circumstances, compromise may include dividing the gap between the two sides, swapping concessions or finding a rapid solution on the middle ground (TKI, 2015).

This approach seeks a quick, mutually acceptable resolution to a problem that partly satisfies both sides, while retaining some assertiveness and cooperation. This method is most effective when the conclusion is unimportant and you are wasting time, such as when you simply want to make a choice and move on to more important matters and are prepared to make some concessions to get the decision made. However, individuals should be conscious that no one is really content (Benoliel, 2017).

Each of person is capable of using all five techniques of conflict resolution. None of its can be described as having a singular approach to dispute resolution. However, some individuals use specific modes more effectively than others and as a result, depend more heavily on certain modes, whether due to temperament or training.

Moreover, there are styles which a person who will be act on the dispute will be allocate as it is appropriate, this person should be aware about some abilities that can be helpful to understand and lead the conflict. A conflict management may be addressed in a number of ways, each with its own set of characteristics. Despite the fact that these techniques vary, each strategy makes use of the same managerial talents (Imm, 2021). To effectively handle conflict, a person needs to hone these abilities and understand when it is appropriate to use them. Some of the fundamental abilities and qualities are detailed below.

- Emotional intelligence: A person's capacity to recognize and comprehend their own emotions as well as the emotions of others is referred to as emotional intelligence. When it comes to conflict management, this ability is critical since it keeps the problem from escalating. Knowing how to read and comprehend the emotions of the opponents will make it simpler to converse with them without offending them or irritating them. It creates room for everyone engaged in the disagreement to think creatively and rationally about a solution when the uncertainty, anger and frustration that has resulted from the conflict are recognized and reduced (Amaresan, 2021).

- Patience: Despite the apparent clarity of the solution, it is essential to realize that the problem may not be resolved instantly. In an ideal case, you would take the time to listen to each person and give their viewpoint equal weight. Even though there is a straightforward solution, people may feel alienated from the decision-making process if a resolution is reached too quickly. Despite the fact that there is one exception to this rule, taking the time to investigate all of your options thoroughly can help you design a long-term solution that will save you time in the future (Imm, 2021).

- Impartiality: Another reason why disagreements might be difficult to settle is because the parties involved are not necessarily committed to resolving the problem at hand. It is possible that the disagreement may provide a chance for the persons involved to voice old grievances that have accumulated between them over the course of time. Now, unless the previous concerns are addressed, it will be impossible to settle the current dilemma. Whenever possible, it is preferable to keep the dispute distinct from the individuals who are engaged in it. Keep your attention away from the individuals and their particular traits. Instead of it, focus the attention on the issue at hand and devoting the efforts to find a solution (Amaresan, 2021).

- Open communication: When a dispute is settled, it is not always the case that the relationships between the persons engaged in the disagreement return to normal. After a solution has been reached, it is important to continue to nurture this connection in order to

avoid new troubles from occurring. Building an open channel of communication between the parties is the most effective strategy for building a strong, long-term connection after a fight has ended. The precedent of open communication should make it simpler for participants to resolve any new difficulties that occur without jeopardizing any past gains (Amaresan, 2021).

Although learning these abilities may assist people in managing disputes and preventing them from escalating, it is crucial to understand how to put them into action when a problem arises in the first place.

1.3 – Dementia

Dementia is a syndrome that leads to a deterioration in cognitive function that is beyond what might be expected from the usual consequences of biological aging. Dementia is typically of a chronic or progressive nature and can affect people of any age. Memory, reasoning, orientation, understanding, computation, learning ability, linguistic capacity and judgment are all negatively impacted by it. There is no alteration to the state of consciousness. Alterations in one's disposition, emotional control, behaviour or motivation almost always come hand in hand with a decline in cognitive performance and in certain cases, these phenomena may even come before (World Health Organization, 2021).

According to WHO (2021) dementia is the seventh highest cause of mortality globally among all illnesses and it is also one of the biggest causes of impairment and reliance among older people all over the globe, particularly in developed countries. Dementia has physical, psychological, social and economic consequences not just for the person who has dementia, but also for their caregivers, families and society as a whole. Dementia has physical, psychological, social and economic consequences. Many people are not aware of or understand dementia, which leads to social stigma and obstacles to receiving proper diagnosis and treatment.

Around 55 million individuals worldwide suffer from dementia, with more than 60% of those suffering from the disease residing in low- and middle-income nations. As the share of older persons in the population rises in practically every nation, it is predicted that this figure will climb to 78 million in 2030 and 139 million in 2050, from its current level of 60 million (WHO, 2021).

Chertkow, Feldman, Jacova and Massoud (2013) said in their study that when we talk about dementia, we are talking about a clinical illness defined by gradual cognitive deterioration that makes it difficult for people to operate independently.

In addition to being a debilitating illness, dementia also has a tremendous financial and emotional impact on those who suffer from it, as well as on their families and society as a whole by The Alzheimer Society of Canada. In Canada, around 564,000 people are living with dementia now and by 2031, the number is expected to rise to 937,000 (Chambers, Bancej and McDowell, 2016).

In relation to Ireland, according to the "Dementia Pathways website", there are currently 64,142 people who are suffering from dementia. Due to the fact that age is the most important risk factor for dementia, this figure is predicted to climb in tandem with the population's aging to 150,131 by 2045. People suffering from dementia will need care and assistance in a variety of care settings throughout their lives (Dementia Resources for Primary Care in Ireland, 2022).

Health experts often describe dementia in terms of "stages" which relate to the progression of dementia disease. Defining the stage assists clinicians in determining the most effective therapy and facilitates communication between physicians, nurses and carers. Typically, there are three phases of dementia: mild/early, moderate/middle, and severe/late (Stages of Alzheimer's & Dementia: Durations & Scales Used to Measure Progression (GDS, FAST & CDR), 2020).

Mild Dementia - During this early stage of dementia, a person may often still drive and maintain social relationships. Symptoms may be related to the natural aging process. There may be minor memory lapses, such as misplacing eyeglasses or having trouble finding the appropriate term. There may also be difficulty with planning, organizing, focusing on tasks, and completing assignments.

Moderate Dementia - In this middle stage of dementia, which is often the longest stage of the illness, brain impairment makes it difficult for a person to express their views and do everyday duties. Memory difficulties are more serious than they were before. A person in this stage may forget their address, be unable to recollect their personal history, and become disoriented. Communication gets more difficult. The person may lose track of their ideas, struggle to follow discussions, and have difficulty comprehending what others are saying.

Changes in mood and behaviour may be seen, including aggression, trouble sleeping, melancholy, paranoia, repeating behaviours or phrases, hoarding, roaming, and incontinence.

Severe Dementia - Individuals with late-stage dementia, often known as severe dementia, have considerable communication difficulties. They may not speak vocally at all. Individuals may be unable to recall what they ate for lunch when their memory deteriorates. They may forget the names of family members. It is conceivable that they will believe they are in an entirely other time period and regress to their younger years. It may be too difficult to walk, and substantial assistance is required for all activities of daily life, including personal hygiene and feeding. At the conclusion of this phase, the patient will likely be bedridden.

Up to 50 percent of dementia patients are admitted to nursing homes because of their disruptive behaviour. Disruptive behaviours include roaming, restlessness, screaming, throwing, striking, rejecting treatment, asking constant questions, interfering with the work of personnel, sleeplessness, and sobbing. The behavioural and psychological symptoms of dementia have not been well described, and their treatment is not well recognized (Huang, 2021).

Many habits such as roaming, asking constantly, and being disagreeable, are more tolerable during the day. Unknown is whether sundowning, exacerbation of disruptive behaviours around sundown or early evening, indicates caregivers' diminished tolerance or genuine daily fluctuation. 12 to 14 percent of dementia patients in nursing homes exhibit greater disruptive behaviour at night than during the day (Huang, 2021).

When dealing with a scenario in which a person with dementia exhibits unusual behaviour, it is critical not to see the behaviour as merely another symptom that has to be treated. A problem-solving strategy is required to determine why the individual's behaviour has changed. If a person does exhibit behavioural changes, numerous non-drug therapy should be attempted. (Stages of Alzheimer's & Dementia: Durations & Scales Used to Measure Progression (GDS, FAST & CDR), 2020).

1.4 - Conflict between nurse and patient

A nurse's job is to notice and react to the sentiments and emotions of a patient in such a way that the patient realizes that he or she is getting high-quality health care. When a patient's expectations are not satisfied and trust is not formed, nurse-patient conflict may emerge as a result. Patients have sentiments that they are unable to express to nurses and this may lead to a possible conflict between the two parties (Uno, 2019).

The examination of patients' emotions and the reaction to their feelings have long been recognized as critical in the area of nursing care. Nurses are expected to move beyond the surface engagement with patients and react in a manner that is supported by academic importance if they are to enhance the overall quality of nursing care. The assessment of patients is critical to providing high-quality nursing care. In order to speak, document, conceptualize and generalize such phenomena, it is necessary to acknowledge that patients experience chaotic sensations (Uno, 2019).

Conflict, according to Marquis and Huston is characterized as the result of disparities in values, expectations and backgrounds. They recommended that in order for patients and medical professionals to have a constructive connection, "cultivation of a reciprocal relationship and sharing of understanding" are essential (Marquis and Huston, 2009).

Defending the idea that nurses can be one of the most ideal people to be closer to the patients and to create a friendship with them, Mahon and Nicotera sad in their study that nurses are more likely to employ mutual discourse to settle disagreements in nursing circumstances than they are to engage in a confrontation in a severe way (Mahon and Nicotera, 2011).

McQueen infantized in her study about the relation between nurses and patients. She said that nursing partnerships are built on the foundation of a healthy nurse-patient connection and engagement is essential to keep that relationship pleasant (McQueen, 2000).

Kressel et al., (2002) were really straight in their assertion regarding how to solve conflicts with patients. They said that handling disagreements in an efficient and effective way leads in enhanced quality, patient safety, and staff morale, and reduces caregivers' job stress. The

nurse manager must approach this challenge with deliberation because it involves working relationships that are crucial to the effective operation of the unit, nurses, and other members of the interprofessional healthcare team who must collaborate while navigating overlapping responsibilities and roles. In order to successfully manage conflict situations, the nurse manager must possess the necessary competencies (Kressel et al., 2002).

In order to manage and resolve a dispute in an efficient manner, effective communication and a certain degree of comprehension of the perceived areas of disagreement are required. Because a breakdown in communication and cooperation may lead to an increase in patient mistakes, conflict resolution is a vital component of a good work environment. The standards for healthy work environments established by the American Association of Critical-Care Nurses acknowledge the significance of having a high level of proficiency in communication skills, and the revised leadership standards established by the Joint Commission place a mandate on healthcare leadership to manage disruptive behaviour that may have an effect on patient safety (Miracle, 2008).

The core of nursing care is a mutually beneficial connection between the nurse and the patient. It has a positive impact on the patients' health as well as their overall well-being. These collaborative relationships may be hindered by conflict, which prevents the nurse from providing the patient with the full assistance necessary to accomplish his or her health objectives. It involves people to work closely with those who come from different origins or cultures and who have different beliefs, which might put them in a position where they may disagree with one another. The likelihood of conflict may be reduced by developing skills in communication and conflict resolution (Conflict prevention and standard of care, 2006).

Regarding a communication with a patient with dementia does not matter it its have a dementia or not, communication is not limited to verbal exchanges. Gestures, movement, and facial expressions may all be used to communicate meaning or assist in conveying a message. When a person with dementia has difficulty speaking, body language and physical interaction become more important (Communicating with someone with dementia, 2020).

When someone is having difficulties communicating or comprehending, the author suggest:
- Be patient and have a calm demeanor, which may assist the individual in communicating more readily;

- Wherever possible, maintain a cheerful and welcoming tone of voice;

- Maintain a respectable distance from them to prevent frightening them – Being at the same level as or lower than them (for example, if they are seated) may also be beneficial;

- Pat or hold the person's hand while speaking with them to reassure them and bring you closer – observe their body language and what they say to see whether they are comfortable with you doing this;

- It is critical that you encourage the individual to articulate their desires in any way possible. Bear in mind that we all find it aggravating when we are unable to communicate properly or when we are misunderstood;

- Communicate plainly and slowly, using few phrases;

- Maintain eye contact with the individual while they speak or ask questions;

- Allow them time to react, since they may feel rushed if you attempt to hasten their responses.

Chapter 2 - Methodology

2.1 Quantitative Research

In order to comprehend quantitative technique, it is necessary to provide an outline of what research entails. Thus, research involves the pursuit of knowledge. Since research is an intellectual endeavor, it is necessary to describe it in a more precise manner. Therefore, Kothari and Garg define research as a scientific and methodical search for relevant knowledge on a particular issue (Kothari and Garg, 2004).

Research also requires innovation that is carried out in a methodical manner in order to advance human knowledge, culture and society. This suggests that research is used to explore facts, validate the outcomes of prior experiments, find answers to current or new problems, support theories and propose new ideas. In addition, research entails acquiring knowledge, conducting tests to determine the cause and effect of something and laying the groundwork for future study (Frascati Manual, 2015).

Leedy and Ormrod (2001) describe the research technique as the comprehensive procedures a researcher takes while beginning a research project. Consequently, a quantitative research approach involves quantifying and analysing variables in order to get findings. It comprises the usage and analysis of numerical data with specialized statistical approaches to answer questions such as who, how much, what, where, when, how many, and how. Aliaga and Gunderson (2003) further on this concept by defining quantitative research techniques as the explanation of a problem or phenomena by collecting data in numerical form and evaluating it using mathematical approaches; in particular statistics. According to the preceding description, the first thing research investigates is the explanation of a problem, whether qualitative or quantitative; while conducting a study, we are constantly on the point of explaining a given phenomenon.

Quantitative research entails the collecting of data in order for information to be quantified and submitted to statistical treatment in order to support or disprove alternative knowledge assertions (Williams, 2011). According to authors, quantitative research begins with the formulation of a problem, the formulation of a hypothesis or research question, the evaluation of relevant literature, and the quantitative analysis of data. Quantitative research, in the words of Creswell (2008) and Williams (2011) "employs tactics of inquiry such as experiments and surveys and collects data on specified instruments that provide statistical data."

According to Sukamolson (2007) there are several types of quantitative research. For instance, it can be classified as 1) survey research, 2) correlational research, 3) experimental research and 4) causal-comparative research. The following topic will be describing the survey research which is the one used in the study.

In quantitative research, surveys are concerned with sampling questionnaire, questionnaire design and questionnaire delivery with the purpose of acquiring information from a group or population under investigation and then conducting analyses to better understand their behaviour and characteristics (Sukamolson, 2007).

Furthermore, survey research is defined as social science study that is concerned with individuals and the key facts about them as well as their views, opinions, attitudes toward others, motives and conduct. Kraemer (1991) also outlines three essential principles of

survey research, namely, survey is used to define quantitatively a sectional feature of a given population, which entails investigating the relationship; survey research technique, in which information is gathered from individuals; and finally, survey sample a portion of population which is then used to generalize the full population. As an example, a section of a population is sampled to represent the whole population characteristics, viewpoint as well as the whole population characteristics and viewpoint.

According to the Merriam-Webster Dictionary, the term survey is derived from the Anglo-French word'surveer, which literally means to look over or examine anything. In addition, according to the dictionary, survey implies (a) to study anything in order to determine its condition, status, or value-appraisal; (b) to question (someone) in order to gather data for the purpose of analysing some feature of a group or region.

Survey research enables you to collect enormous amounts of data that can then be evaluated for trends, frequencies, and averages, among other things. Surveys are often used for a variety of purposes, including:

- Demographics of a nation or area;
- Public opinion on political and social issues;
- Satisfaction with a company's goods or an organization's services are all examples of survey methods used in public opinion research.

2.2 Descriptive Research

Description study tries to correctly and methodically characterize a population, situation or event in order to make conclusions about it. It can provide answers to what, where, when, and how inquiries, but it cannot provide answers to why ones.

A descriptive research design may use a broad range of research methodologies to study one or more variables, depending on the research question. In contrast to experimental research, in observational research the researcher does not control or change any of the variables; instead, he or she just observes and measures them.

When the goal of the study is to discover traits, frequencies, trends, and classifications, descriptive research is an effective approach.

It is beneficial when there is little information available on a subject or issue. It is necessary to understand how, when, and where something occurs before you can do study on why it occurs.

Descriptive research is often thought of as a sort of quantitative research, while qualitative research may be utilized for descriptive reasons as well as quantitative research. Research designs should be thoroughly considered and refined before being implemented to guarantee that the findings are valid and dependable (McCombes, 2019).

2.3 - Methods

Taking into consideration the methodologies discussed earlier, a quantitative descriptive approach was used for this study. The approach was employed after it was determined that there was already sufficient information and research demonstrating a great deal of information in regard to conflict resolution in a company, commercial, family, neighbourhood and other environments, and that the method was effective. However, there are not many studies that demonstrate how to resolve disputes with individuals who are suffering from dementia disorders, whether they are in a hospital or a nursing home.

As a result, the primary objectives of the research are to use previously published principles of dispute resolution in the creation of a questionnaire based on those principles, as well as to interview people who care for dementia patients about their daily routines and to determine whether or not they were familiar with techniques for dealing with those individuals.

The study's target audience consisted of registered nurses in Ireland who work in hospitals and nursing homes, according to the findings. There were no constraints on who may participate in the research based on their country, language, skin colour, amount of experience, whether they were male or female, or what department they worked in. In

addition, there is no specified hospital or nursing facility in which the nurses were required to be employed.

The questionnaire was administered using an online survey, which was conducted by a third party. Questions were developed in accordance with the study objectives previously stated, while also taking into consideration tasks in regard to how nurses used to deal with patients suffering from dementia. The poll was given out by text message, social media platforms such as Facebook, Messenger, Instagram and WhatsApp as well as email to participants. Nurses who were contacted by the study's author were given the option of sharing the link with their colleagues if they so desired. The survey was available for responses for 15 days, after which it was closed for no more responses. All of the nurses who volunteered to participate in the research were under no obligation to provide their personal information, including their names, the names of any patients they cared for, the names of any institutions where they worked, or the number of their nurse registration. In addition, all of the participants were informed of the permission form and gave their approval to take part in the research before beginning.

Mandatory multiple choice and close questions were included in the survey, with an additional two optional questions that allowed respondents to define their point of view being included as well. The manner of constructing the questions was determined by the requirement and relevance of the questions to the investigation. The obligatory questions were essential in order to achieve the research's objectives, while the optional questions were included in order to give the study greater strength in some areas. Because respondents may take more time drafting their responses, it is more likely that they will give up on doing the survey; this was the primary reason for not making those items necessary.

While the surveys were being administered, complications were discovered since the majority of the nurses who participated were requested to complete the survey during their shift, and they were always occupied. However, if they did not respond to the questions when they were given the opportunity, the likelihood that they would not respond was practically certain. Many respondents were instructed to answer the questions more than once, which made the research more challenging and difficult.

On the other hand, the quantitative research and questionnaire used yielded the following benefits, which were taken into consideration:

- Many nurses were unaware of the existence of a professional who is trained in conflict resolution, and the opportunity to participate in the research provided them with the opportunity to learn more about this job.

- The information gathered from the survey may be utilized at any moment to compare it to other studies that have been conducted in the past or to predict the future, since this field of conflict resolution is presently increasing in the country.

The results of the surveys were analysed in the context of the total number of nurses working in both nursing homes and hospitals. In addition, several points were brought to the attention of each setting. The findings will be shown in the next chapter, and the specifics of what was discovered will be discussed.

Chapter 3 - Presentation of the Data

As previously discussed in the preceding chapter, the quantitative descriptive research technique was used in this study to gather data. A survey was designed with nineteen questions, seventeen multiple-choice and close questions, and two non-mandatory questions in which the participant may provide their thoughts and suggestions. If the participant's response to question six was "Yes," the person was asked to answer just those questions seven, eight, and nine; if the participant had replied "No" to question six, the person was asked to go directly to question 10 and skip the questions seven through nine. It was permissible to make comments on questions eight and nineteen since they were optional open questions.

In all, forty-eight nurses responded to the survey questionnaire. The remaining five are not registered nurses in Ireland, but they are nurses in their home country and are through the validation procedure. They are currently working in hospitals and nursing homes as Health Care Assistants.

The facts pertaining to the applied survey will be shown in full via the use of the following images.
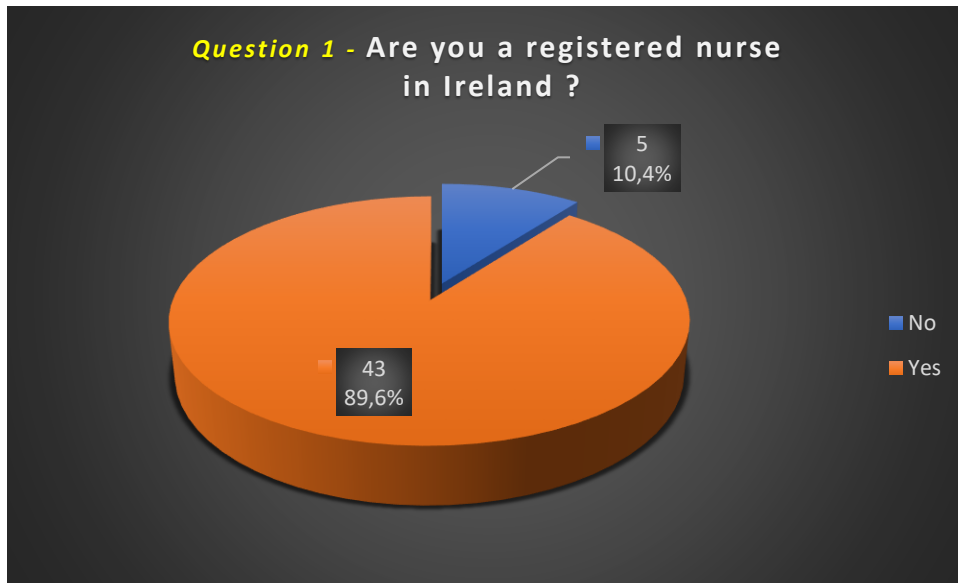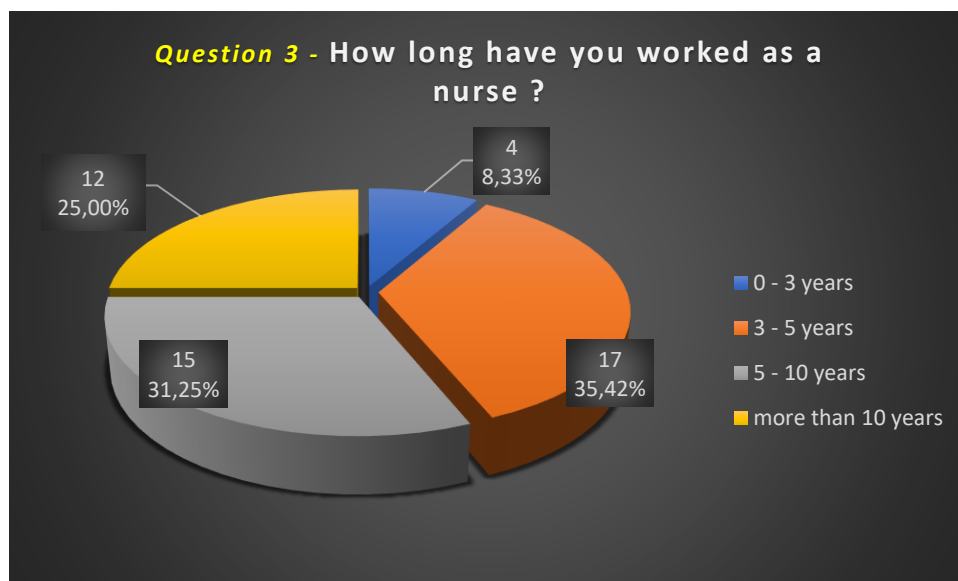

Graphic 1 - Question one of the survey.

The question one is to confirm if people who were answering the questions were already registered nurses in Ireland. 89,6% have their registration and 10,4 % have not yet. For those who did not have their registration yet, they were kept in the study because they are nurses in their home country and they are already working in hospitals and nursing homes in Ireland as a Health Care Assistant.
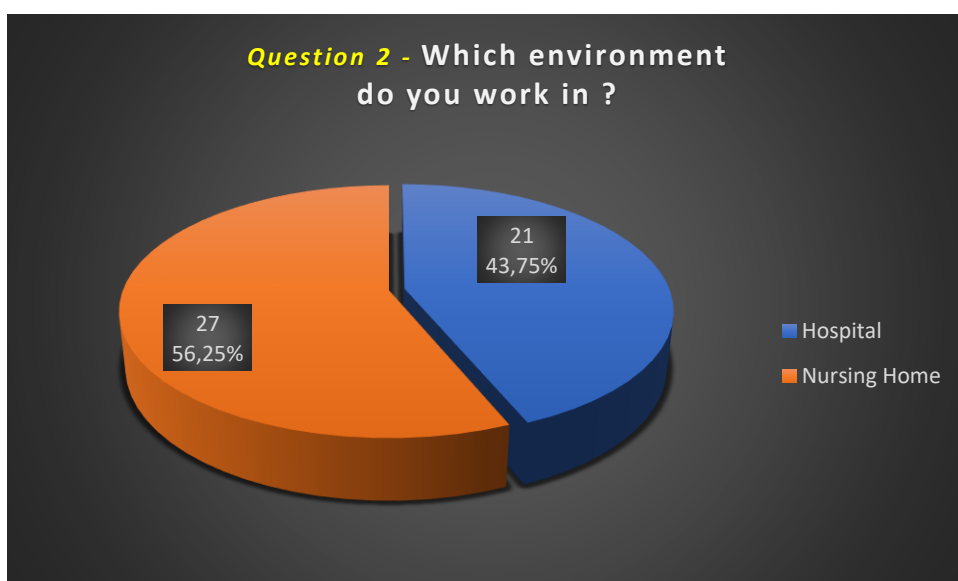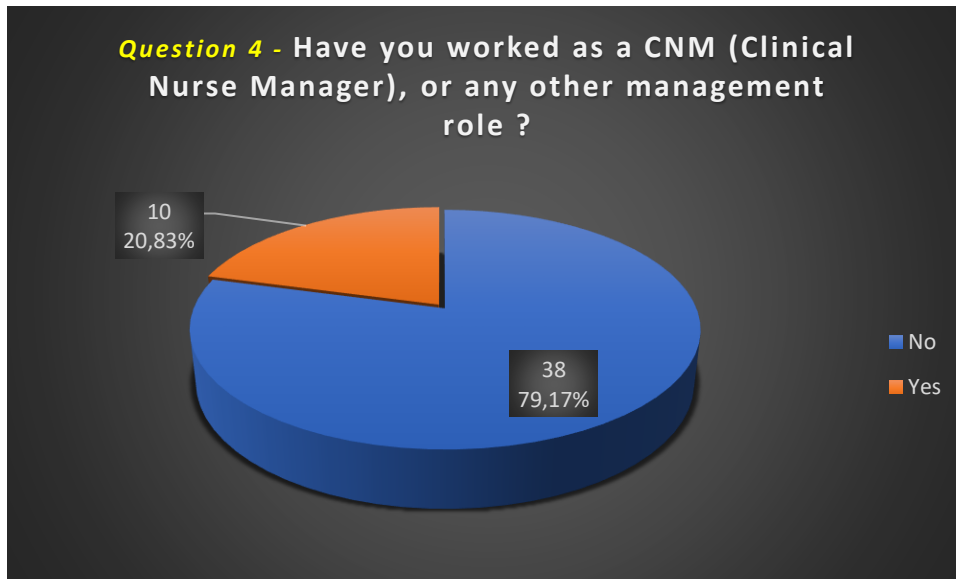

Graphic 2 - Question two of the survey.

The graphic 2 is showing which kind of environment the nurses were working in. There were 56,25 % of nurses working in nursing homes settings and 43,75% working in hospital settings. Considering that in a nursing home setting the patients will be living for a longer period of time and the profile of the patients is more likely to be a dementia's patient as most of them are older, it was great to get more nurses from there participating in the study.
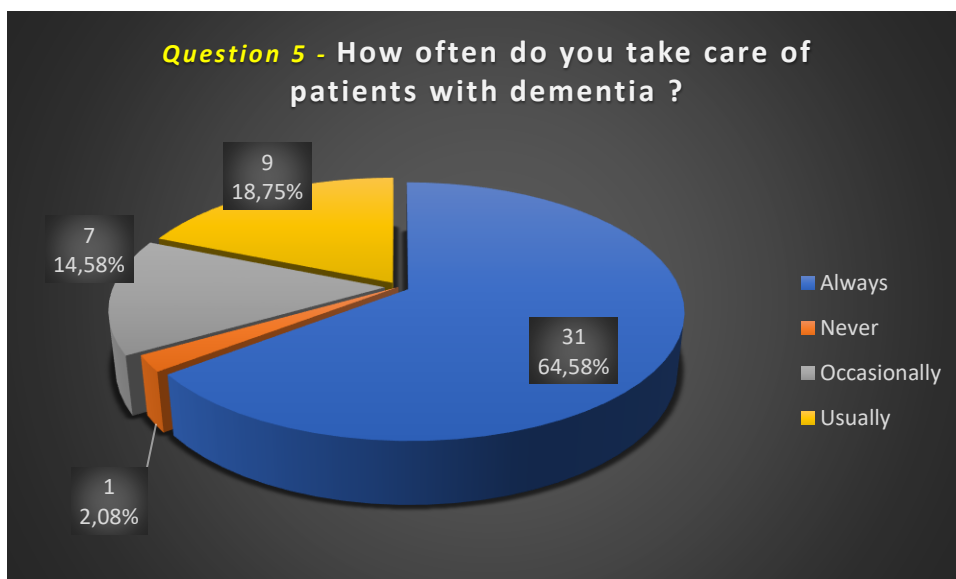

Graphic 3 - Question three of the survey.

In relation to question 3. It shows how long the nurses have been working as a nurse. It does not matter if they have their whole experience in Ireland or not, the matter for the study is the overall experience time. People who have worked for about 0 to 3 years as a nurse were only 8,33%. For those who are working already between 3 to 5 years, they were 35,42% and this group is the biggest one in this study. There are 31,25% of the nurses who have worked on for about 5 to 10 years and also 25% of them have worked on for more than 10 years. Considering the graph 3, it can be observed that most of the nurses have a quite good experience in their role.
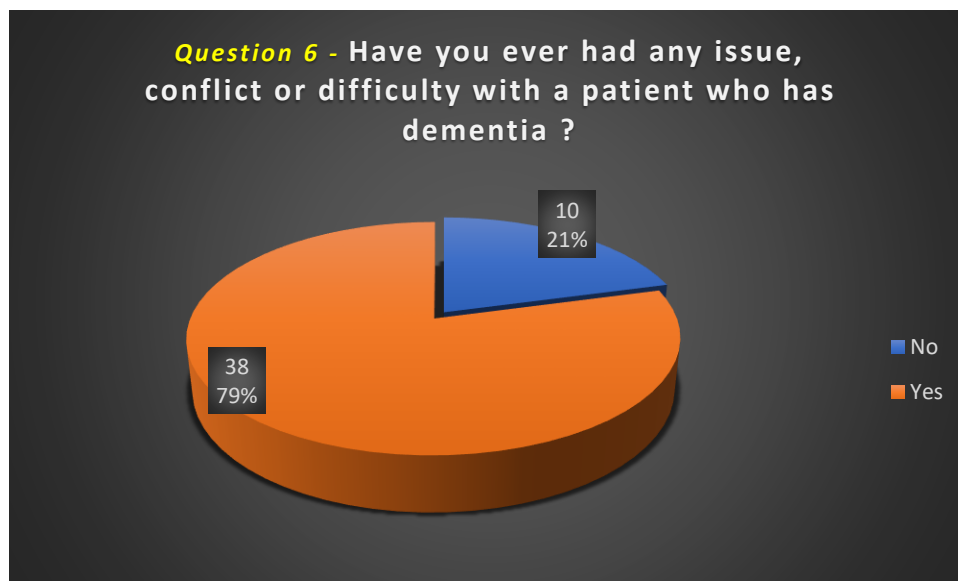
Graphic 3 – Question four of the survey.

The question 4 displayed above is regarding the question 4 on the survey. The question was asking if the nurses have ever worked as a CNM (Clinical Nurse Manager) or any other management role. CNM is a role which used to be the leader of the regular nurses. If any issues and difficulty come up with the regular nurse, the first person that the professional will request support will be to the CNM. Considering the forty-eight nurses participating in the study, only 20,83% of them already worked or are still working as a manager, in another way, 79,17% never worked in any management role.

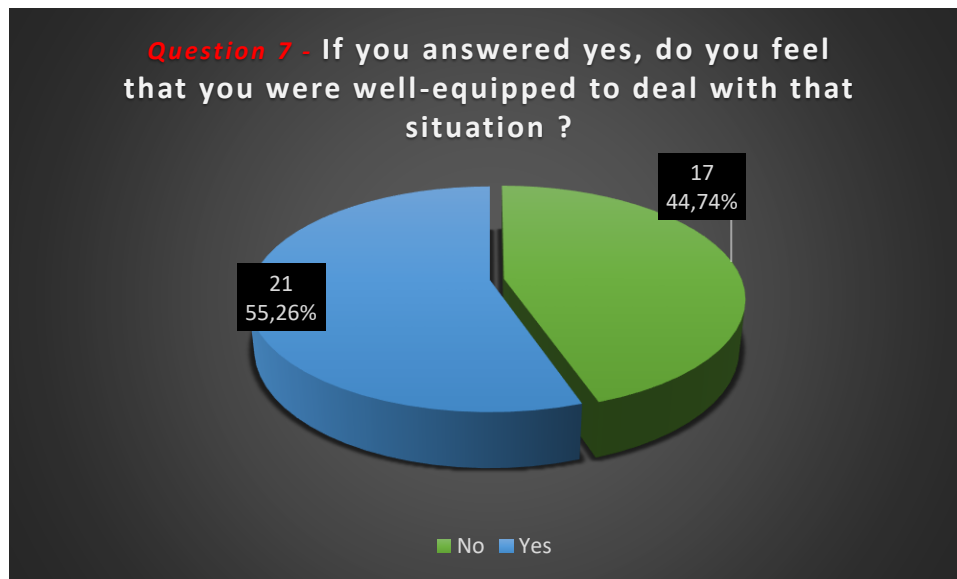*Graphic 4 - Question five of the survey.*

On the graphic, there is question 5 which asked the nurses how often they used to take care of patients who suffer with dementia. Bringing the aims of the study more relevance, 64,58 % of the nurses said that they always are looking after people with dementia; 18,75% of them usually delivery care to patients with dementia; 14,58% confirmed that they occasionally they take care of those patients and only 2,08% representing one nurse, said that it never gave any care to patient's dementia.

Graphic 5 - Question six of the survey.

The question 6 asked the nurses was if they had ever had any issues, conflict or difficulty with a patient with dementia in their place of work. The graphic 6 can show that 79% of the professionals already had some problems with patients who suffer with dementia. Only 21% said that they had never been in trouble with dementia's patient.

For the next three questions, seven, eight and nine, only people who answered "yes" for question 6 were invited to answer them. People who answered "no" were asked to go straight to question 10.

Graphic 6 - Question seven of the survey.

The graphic 7 represents only people who answered question 7, those people who answered "yes" in question 6 totalizing thirty-eight answers. Those nurses were asked if they felt confident and with enough arguments to solve the issue with the patient. Nurses who were prepared were 55,26 % and nurses who said "no", they were not prepared to manage the situation was 44,74%.

Question 8 was an open and optional question. Participants were asked if their answer for question 7 was "yes", why they felt that they were well equipped to deal with the situation. The following answers are comments from the nurses in relation to how they managed the situation.

"I knew the patient's behaviour and then I managed to convince him to remain in the hospital. However, every day while I was working had the same difficulties and some days were tougher than others."

"Employees at the firm where I work are given regular training on how to care for people who have dementia.".

"I understood that the resident was forgetful about some events so I had to reassure and orient them."

"I was able to understand the reason behind their behaviour, it is due to their disease condition their overall behaviour and perspective may be different from normal people."

"I have learnt that people with dementia need someone to be calm and have a great deal of patience and compassion especially when they are agitated. Therefore, whenever there's a misunderstanding or conflict with a patient I always act in a calm manner and try as much as I can to explain to them in very simple language to help them understand and this normally helps to calm them down."

"Not really equipped but I used my skills to convince a resident to take her medications after she had refused to take several doses."

"I have my way to talk with people who have changed their behaviour. I used to talk calmly and repeat the information frequently."
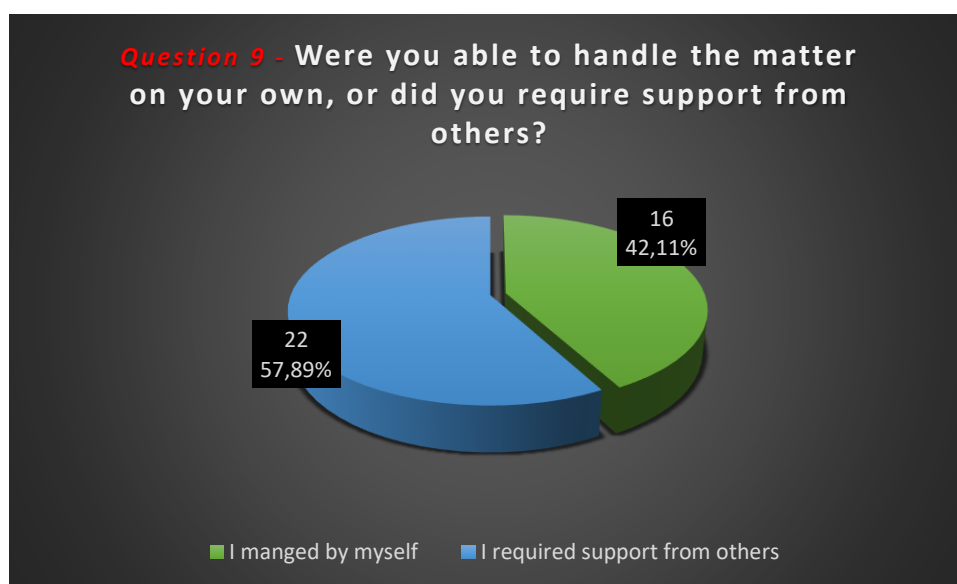
Graphic 7 - Question nine of the survey.

The graphic 8 shows question 9 results which asked the nurses who had to deal with some issues with patients with dementia, if they handled the matter on their own or if they had to require any support from others. From thirty-eight nurses, 57,89% answered that they requested support from others to manage the situation and 42,11% said that they were able to handle the situation by themselves.
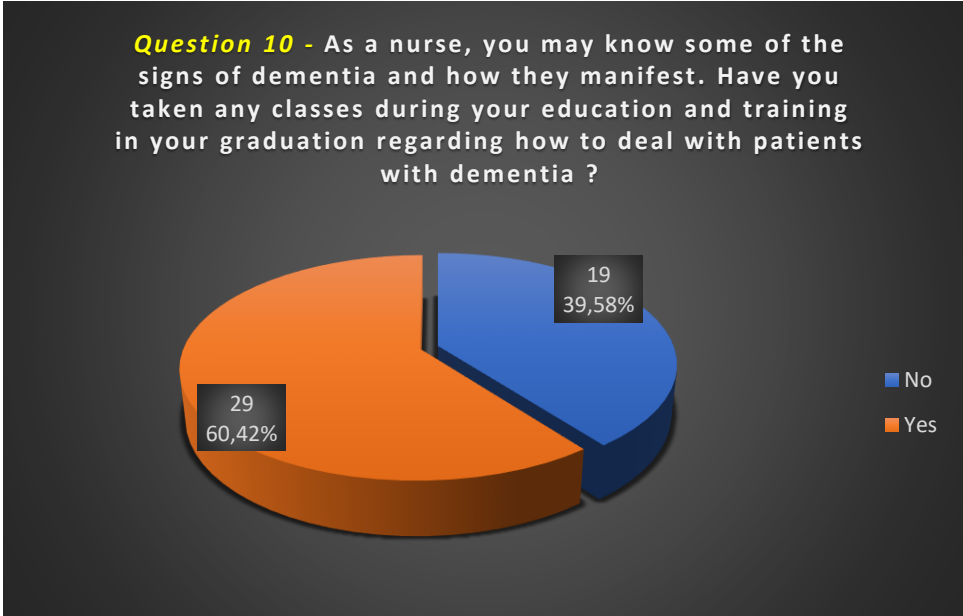
Graphic 8 - Question ten of the survey.

Question 10 asked all forty-eight nurses who took part in the study whether they had attended any classes throughout their education and training leading up to their graduation on how to deal with dementia patients. All forty-eight nurses responded affirmatively. They said that they had attended a class on how to deal with dementia patients, which accounted for 60,42% of the total. According to the survey results, 39,58% of respondents said that they had no class on the topic.
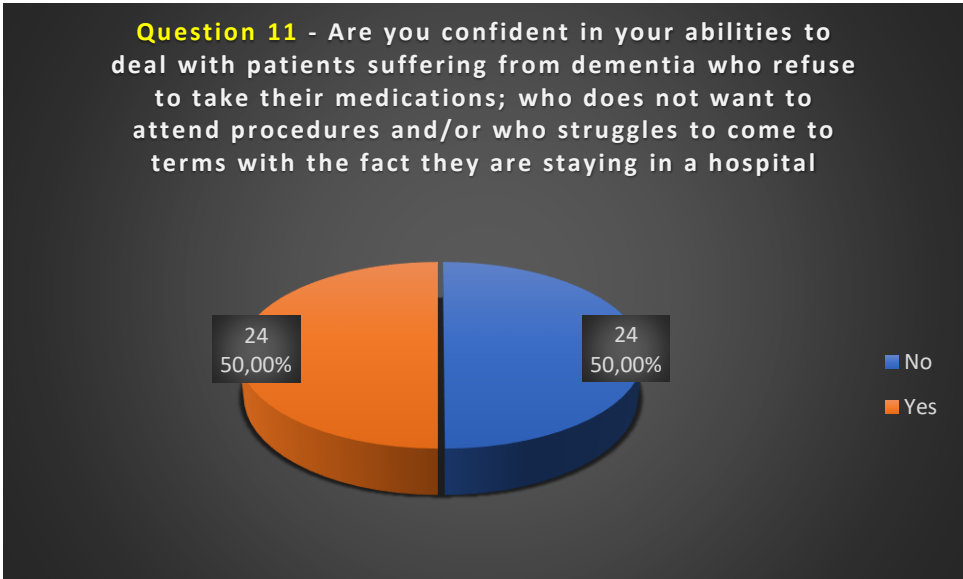
Graphic 9 - Question eleven of the survey.

Question 11 asked the nurses if they were confident in their abilities to deal with patients suffering from dementia who refuse to take their medications; who does not want to attend procedures and/or who struggles to come to terms with the fact they are staying in a hospital / nursing home. Graphic 10 is presenting that 50% of the nurses were confident in their abilities with the patients and 50% were not confident enough.

Question 12 was based on the three stages of dementia by the World Health Organization. The means of the stages was described on the survey and the participants could based their answers on the information.

Three stages of dementia by the World Health Organization

Early stage: *the early stage of dementia is often overlooked because the onset is gradual. Common symptoms may include:*

- forgetfulness

- losing track of the time

- becoming lost in familiar places.

Middle stage: *as dementia progresses to the middle stage, the signs and symptoms become clearer and may include:*

- becoming forgetful of recent events and people's names

- becoming confused while at home

- having increasing difficulty with communication

- needing help with personal care

- experiencing behaviour changes, including wandering and repeated questioning

Late stage: *the late stage of dementia is one of near total dependence and inactivity. Memory disturbances are serious and the physical signs and symptoms become more obvious and may include:*

- becoming unaware of the time and place

- having difficulty recognizing relatives and friends

*- having an increasing need for assisted self-care*

- having difficulty walking

- experiencing behaviour changes that may escalate and include aggression.

<u>*Fonte: World Health Organization*</u>
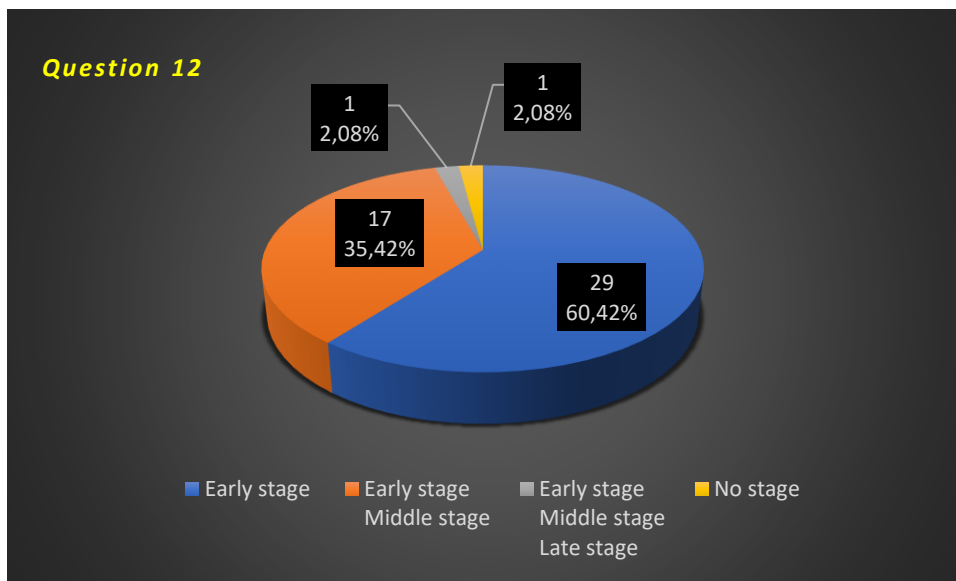
Graphic 10 - Question twelve of the survey.

Based on the stages of dementia described above, question 12 asked the nurses at what stage(s) they believed would be possible to talk with patients already diagnosed with the disease, to discuss their condition, their fears and their desires in relation to the treatment proposed by the team of the hospital either nursing home. In this question, people were allowed to choose more than one option if they find it appropriated. Graphic 11 can affirm that 60,42% of the nurses believe that patients diagnosed with early stage of dementia are able to discussed about their issues. For 35,42% of nurses, early and middle stages of dementia still give patients the ability to discuss their condition and their disagreements. For 2,8% they believe that at any stage of dementia, patients still can be able to deal with its issues. Finally, 2,08% do not believe that patients at any stage of dementia can be able to deal with their complaints.
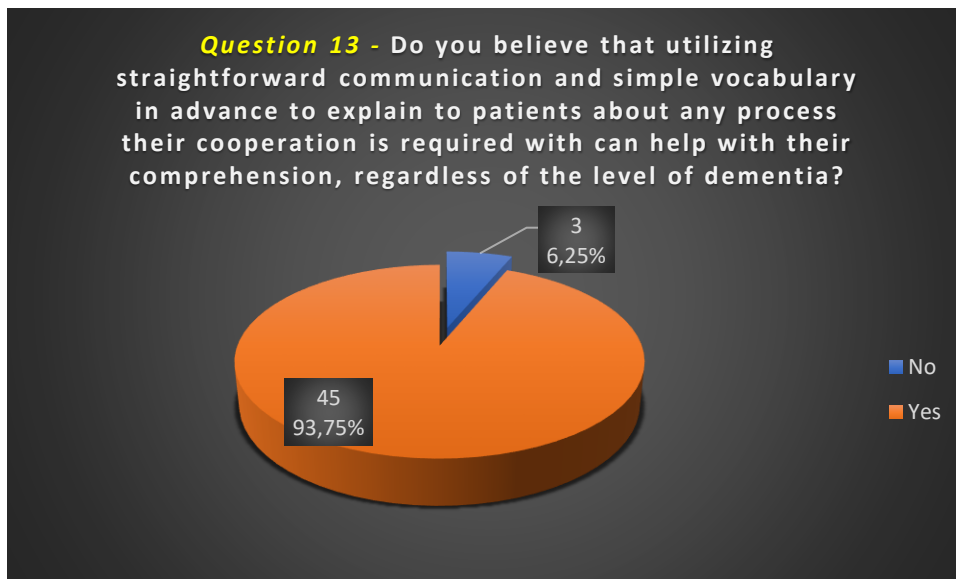
Graphic 11 - Question thirteen of the survey.

Graphic 12 shows the data from question 13. People were asked if they believe that utilizing simple vocabulary and a straight communication with the patients in advance to explain to them about any process, procedure and medication to be taken which their cooperation is required, can help patients with their comprehension, regardless of the level of dementia. For almost all of the nurses, representing 93,75%, they believe that the way described to talk with patients can facilitate their understanding. Only 6,25% of the nurses do not believe that this approach would be helpful.
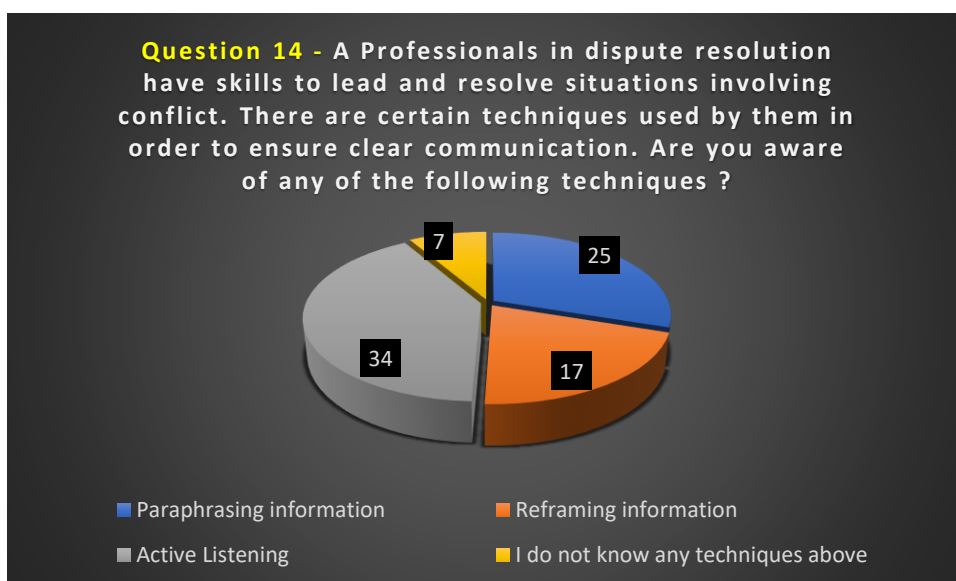
Graphic 12 - Question fourteen of the survey.

Question 14 was regarding techniques used by a professional in dispute resolution. Nurses were asked if they knew and had any knowledge in relation to usual techniques to make the communication clear when dealing with people. Graphic14 shows how many people have knowledge in each technique described. Participants were able to give more than one answer for this question. Of forty-eight persons, thirty-four said that they had knowledge about "Active Listening" that represent 70,83%. Regarding the techniques of "Paraphrasing Information" thirty-five nurses knew about and it represented 52,08% of all the interviewees. Seventeen people know about "Reframing Information", representing 35,41% of who were asked and people who do not have any knowledge in relation to any techniques were seven, that represent 14,58%.
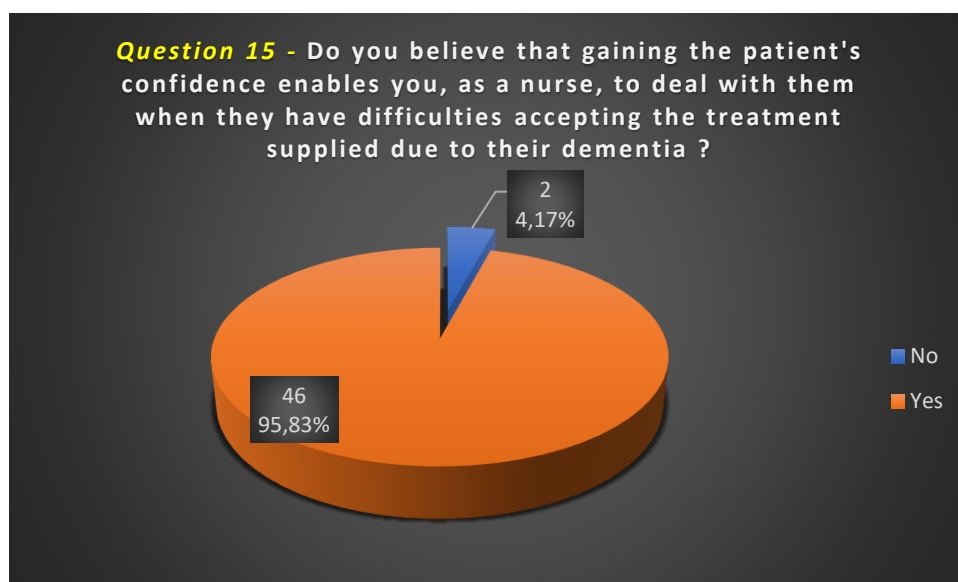
Graphic 13 - Question fifteen of the survey.

Graphic 14 refers to question 15 which was asking if the participants believed that nurses who gain patient's confidence would find it easier to deal with patients with dementia due their difficulty to accept the treatment proposed. The majority of the nurses answered "yes", which means they believe in how important it is to gain confidence from patients, it represented 95,83% of the opinions. Only 4,17% do not believe that this approach is not relevant in this situation.
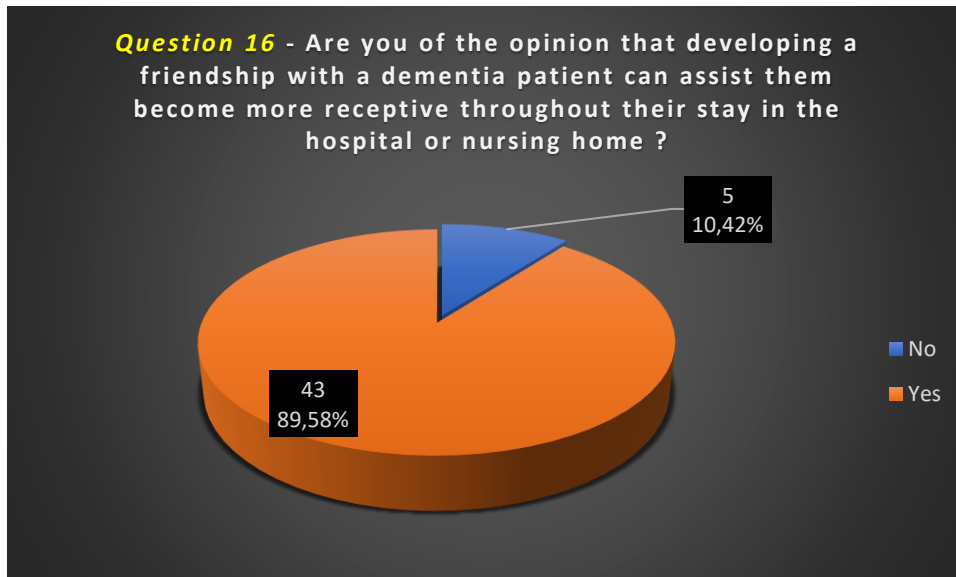
Graphic 14 - Question sixteen of the survey.

Graphic 15 shows the answers from the nurses regarding question 16. They were asked if they agreed that when a friendship is developed with patients who suffer dementia, it can help to make it easier for the patient to stay in the hospital and nursing home whenever they need it. Only 10,42% of the nurses believe that this relationship cannot make a difference to convince the patients that they need to be on the spot. Otherwise, 89,58% of the nurses agree that a friendship with those patients can make a big difference and help them to be dealing with patients in case of no acceptance.
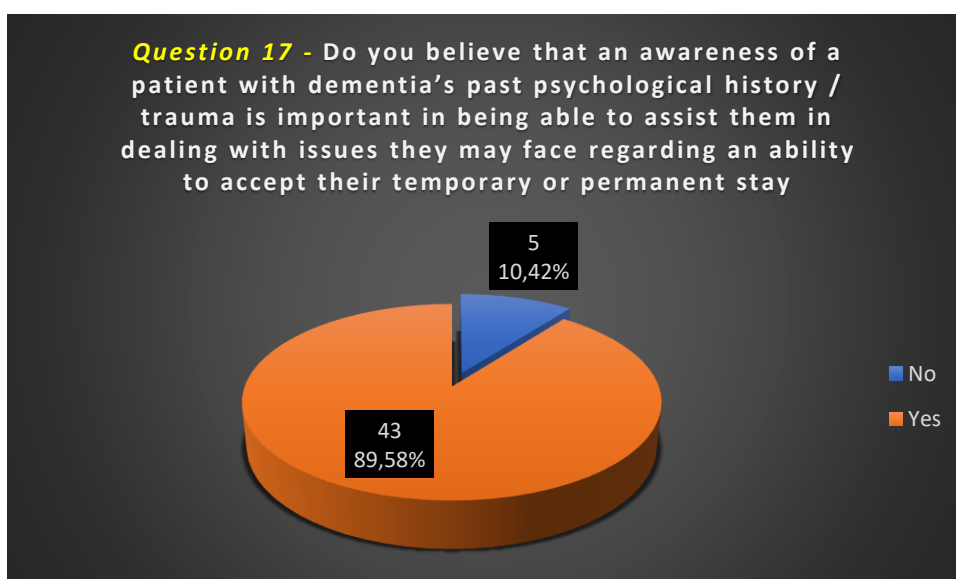
Graphic 15 - Question seventeen of the survey.

Question 17 asked the nurses if they believed that an awareness from them in relation to a patient with dementia's past psychological history / trauma was important in being able to assist them in dealing with issues they may face regarding an ability to accept their temporary or permanent stay. The graph 16 presents that 89,58% of the nurses believe that being informed and considering the patient's past trauma/issues is really important and necessary and it could make a difference in the care delivered. In another way, 10,42 % do not believe that this knowledge could be relevant.
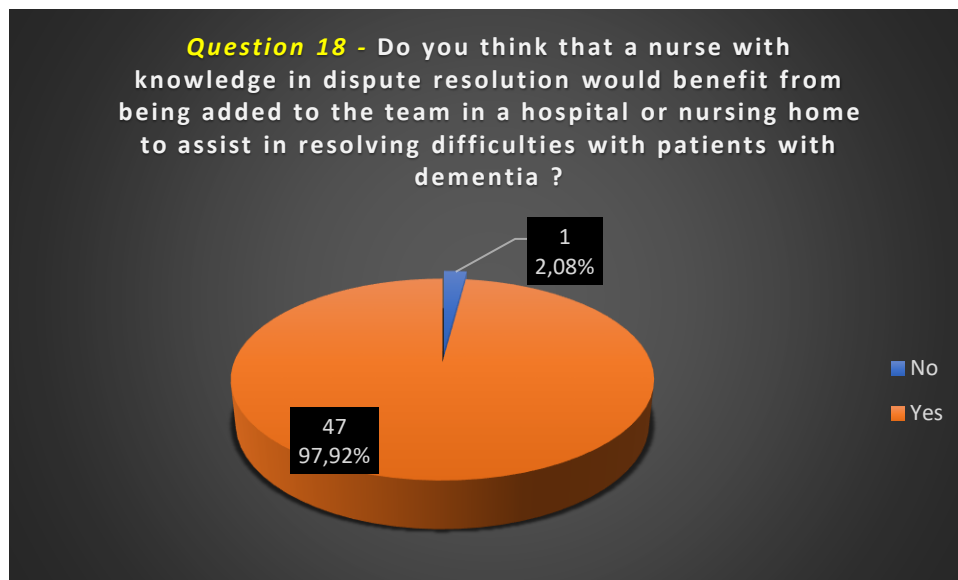
Graphic 16 - Question eighteen of the survey.

Graphic 17 shows the result regarding question 18 of the survey. People were asked if they believe that a nurse with knowledge in dispute resolution would benefit from being added to the team in a hospital or nursing home to assist in resolving difficulties with patients with dementia. The answers were almost unanimous and 97,92% of the nurses said "yes" and agreed that a specialized nurse with knowledge and abilities to solve conflicts and issues with patients with dementia would be a ground value. Only 2,08% said that they did not believe it would be necessary to make a difference.

Question 19 was an optional and open question. It was just asking the nurses to give their explanation regarding their answer on question 18 which was saying if they agreed that a nurse with abilities in dispute resolution would be helpful in their hospital or nursing home. The next paragraphs are some of the comments from the participants.

"I believe someone with knowledge of dispute resolution can be of added help in resolving difficulties with people with dementia as they have in-depth knowledge on how to deal with such cases. Sometimes it takes more than just patience and compassion to deal with dementia patients when they are agitated/aggressive."

"Handling patients with dementia needs knowledge about the disease condition. At the same time, it needs specialized skills to understand their problems, concerns and needs. Afterall, a nurse should work as a liaison between patients and their doctors as well as other families."

"It would be of benefit because the situation will be handled professionally."

"Often nurses have too many immediate urgent tasks and are pulled away from situations that need time to resolve, like patients with dementia not taking their medications. Above situations require time and a good relationship with the patient. Different nurses may have acquired resolution skills throughout their career through experience. A nurse who has these specific skills is invaluable to a nursing team."

"As a nurse, I have many things to do and being struggling to deal with patients in some moments can take much time as I don't really know how to deal with patients in some cases."

"It will be a great help in communication and understanding for dementia patients."

"Nurses with experience and knowledge of dementia would be valued as part of the team"

Chapter 4 - Data Analysis / Findings

Taking into account the statistics that were discussed in the previous chapter, there are a few results that are worth highlighting and investigating further. The first issue has to do with the profile of the job experience of the nurses who participated in the research and is related to that. Only four of the nurses have reported having between zero and three years of experience, while the remaining forty-four have reported having more than that amount of experience. This indicates that the majority of the nurses have a good deal of relevant work experience. In addition, employees who have been working in their current position for a longer period of time, regardless of the field, are typically better able to handle easier problems when they arise. Despite this, when nurses were asked if they believed that they were confident and equipped to deal with issues and patient behaviour, more than half of them responded that they did not feel this way, as shown in graphics 8 and 7. It makes one

wonder why such individuals don't have more self-assurance. Should they go through some kind of training?

A further essential aspect to investigate is the almost eightieth-percentage of nurses who reported experiencing some problems and disagreements with patients who had dementia. These nurses were the ones who reported the statistic. If it is very usual for nurses to take care of such patients, how are the institutions addressing that demand in connection to staff being able to respond in this situation? As it was explained previously, people with dementia have frequent changes in their behaviour, and their comprehension is impacted. Based on this comparison, there is a lack which should be discussed more deeply.

In addition to the percentage of nurses who experienced an issue, it was made an analysis separated when considered hospital and nursing home. Considering the profile of people in the hospital and nursing home, the expectation was that in nursing home the problems regarding understanding, changes behaviour and other issues with patients with dementia were more frequent than in hospital, once that hospital is a place just for treatments, therapies and kind of, differently of nursing home where people used to live there and all of their routine and life happen there. The following graphic below shows an analysis separately of the two settings.
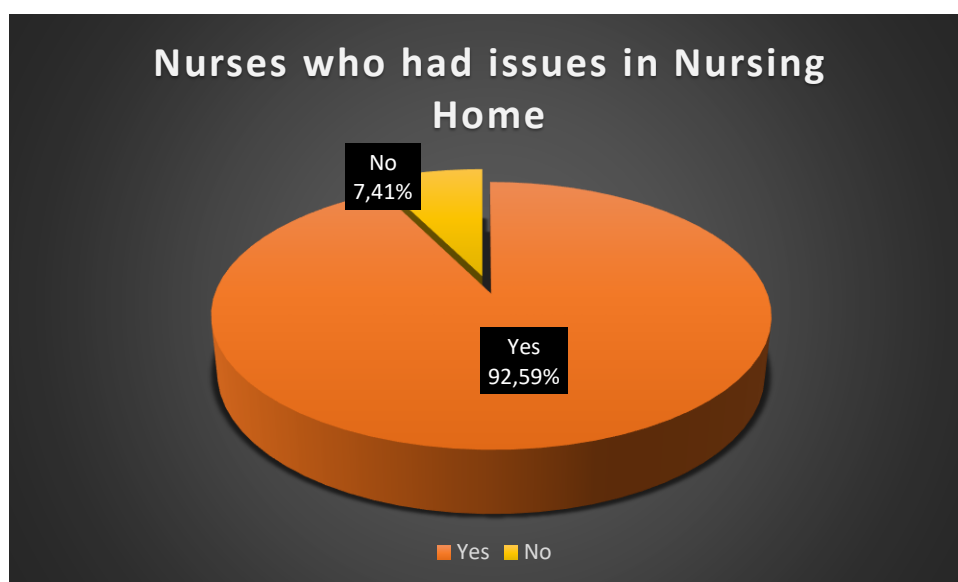
Graphic 17 - Nurses from nursing home who answered question six of the survey.

Considering the participants of the study who work in Nursing homes, when they were asked if they have had any issues with patients with dementia, 92,59% said "yes" and only 7,41% said "no". To be more precise, of the twenty-seven nurses in the nursing home, only two said that they have never had any problems with patients with dementia.
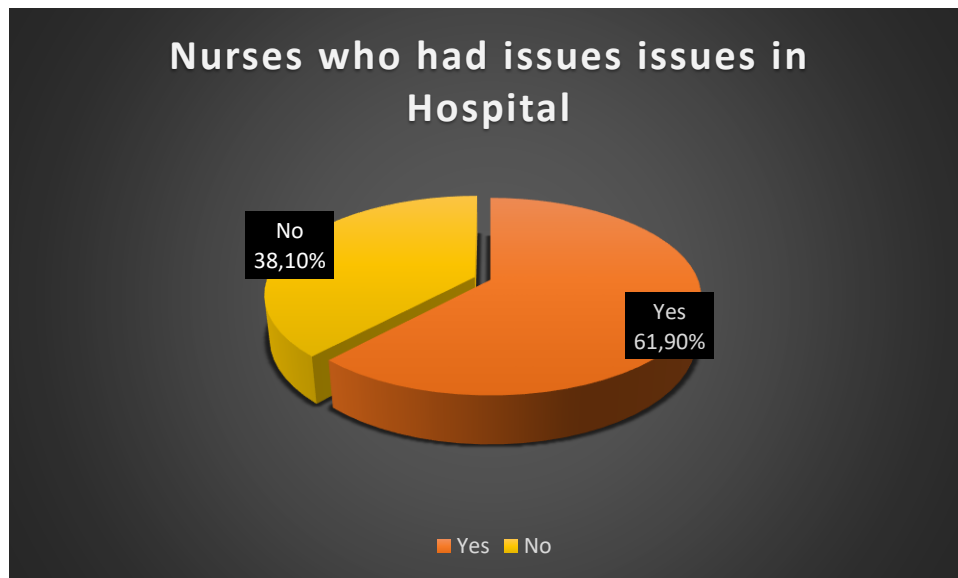
Graphic 18 - Nurses from hospital who answered question six of the survey.

In relation to the participants who work in hospitals, the rate of the nurses with issues with patients with dementia is lower when compared with nursing homes. In hospitals 61,90% said they already had troubles with patients with dementia and 38,10% said they never had it. Becoming in numbers exactly, of the twenty-one nurses, thirteen have an issue and eight did not have it.

Highlighting one more topic, on question ten which was asked the nurses if they had had any class and training regarding how to deal with patients with dementia, their behaviour and other dementia's changes and of the forty-eight participants, more than 60% said that they had not have any class and orientation in how to deal with patients with dementia. Taking the data from the World Health Organization in relation to the estimated number of people with dementia in the world and the expectation for the next years mentioned earlier in this research, bring up an awareness that aspects of the education of health professionals should be reviewed and strategies must be developed by the institutions.

To support the findings from the last paragraph, the results from question nine, in which people who had issues with patients with dementia and had to manage the situation, were asked if they were able to handle the situation on their own or they had to ask someone for assistance. Almost 60% of them said that they were not able to lead the situation alone and had to request support from another person. Thinking about this situation, two nurses or more had to be separated to manage a situation and the question that came up is if someone who has experience and skills in dealing with patients with dementia and their changes, how much would the team benefit with this person? How many other things that second person who had to support their colleague, would be doing if it did not need to attend the patient?

The level of dementia was the topic of question twelve, and when the results were analysed, the majority of the nurses stated that despite the fact that the patient has dementia, they believe that patients in the early stage and middle stage of dementia can still be able to discuss aspects of their illness so long as the professional has an intelligent approach and good communication with them. When the responses to the questionnaire are taken into consideration, 60.42 percent of respondents feel that despite the early stage of dementia, a patient still has the ability to discuss, and 35.42 percent believe that a patient in the early and medium stages of dementia still has the ability. When these two points of view are combined, the percentage of people who believe that a competent professional who has the essential abilities may make a difference in the treatment of dementia patients rises to more than 95 percent. After going through these previously stated arguments, more research should be conducted on the subject in order to reframe this advantage in a more positive light. It used to be common practice for people to believe that a person who had been diagnosed with dementia, regardless of the severity, was insane, that their viewpoint could not be taken into consideration, that their brain no longer functioned, and other similar ideas. Studies have shown that human cerebrum is far more intelligent than most people realize, contrary to popular belief.

Reflecting more technically about abilities of a professional in dispute resolution, question fourteen asked nurses if they had any knowledge in relation to three different basic techniques that a mediation, negotiator and other professional who need to deal with people should have to use, these techniques are in relation to the communication with people and can be used to lead a dealing with someone. Active listening was the most common technique that people knew and thirty-four out of forty-eight nurses had knowledge. twenty-

five nurses knew about paraphrasing information and seventeen knew about reframing information. The rate of people who know only about active listening is satisfactory and even though it is about 70%, the percentage regarding other techniques mentioned is lower and it may justify nurses not being confident in their abilities to deal as it was shown already.

All the questions on the final part of the survey have some connection with the ability to communicate and also, considering the patient's side, their fears and their thoughts. A valuable professional in dispute resolution must have the mastery to use and to consider all these points and a nurse who has these abilities, being part of the team, should make a big difference.

Chapter 5 – Discussion

Actually, conflict is a situation that everyone has, had, or will have at some point in their life. As it was mentioned in the previous chapters, there are many kinds of conflicts, such as commercial, family, business, political, and others. Techniques and approaches of different forms were developed and still are to help people manage and resolve conflicts. When conflict comes up to table, the most common will be because of money, because of power, because of relationship, because opinions, etc.

Considering a health environment, it is hard to think that a place where people used to be there to be cared for because of any health issue, to recover from disabilities, and generally to be better than they were before can also face a situation of conflict between health professionals and patients, health professionals and their colleagues, health professionals and patients' families, or even between patients and their families or between members of the same family.

A lot of studies regarding dispute resolution in many places, situations, and groups have been published frequently. However, for health settings, it is not the same. Therefore, it was one of the reasons for choosing the task of the research. When we think about a healthy environment, we can find innumerable professionals from different areas. Considering that nursing is an area in which all of the health places will need to have some, nurses were the category of professional more appropriate to be part of the study.

In relation to the places, firstly, the principal place to be looked at by people in relation to their health is a hospital. The hospital has the largest number of people who need to receive any treatment, and that is why the hospital was chosen to be categorized in the study. Secondly, because of the number of elderly people in Ireland, which according to the report of the population aged 65 or over in the Republic of Ireland was estimated to have reached 696,300 in 2019 according to the last report in 2020 from the Institute of Public Health in Ireland (Ageing and Public Health – an overview of key statistics in Ireland and Northern Ireland, 2020), nursing homes could be a good place as there are lots of them in the country and the most affected public, affected by the illness highlighted in the study, that is dementia, would be there. Based on the information given, it was decided to choose nurses from hospitals and nursing homes to be part of the research.

When people talk about experience, most of the time, it is thought that the longer the professional experience is, the more abilities he/she should have in their role and area. Unfortunately, nowadays, many people who have recently graduated in their profession have difficulty getting a job because companies usually request experience in the area to give a job opportunity. Considering this point of view, analysing the profile of nurses who were participating in this study, more than 90% had more than three years of experience working as nurses, and their abilities to be effective in their job should not be a problem or should be less than when in the company there are many professionals with no experience. If we compare. According to Eastern Illinois University, lifelong nurses who have been in the profession for a significant amount of time, have developed the critical thinking and problem-solving abilities necessary to address any challenges they may have while providing care for patients. When nurses are kept up to speed on the most recent practices, policies, and procedures, they have the potential to positively affect healthcare in a number of ways, including the development of robust, collaborative relationships with patients and colleagues (Being a Nurse Means Pursuing Lifelong Learning, 2019).

If we compare the high number of nurses with experience in the study with the percentage of people who said that they were not comfortable dealing with patients with dementia and also that they were not confident in their abilities to act in this situation, there is a lack that should be discussed. As we know, any person is not perfect in their performance in their role or profession, and a great professional is a professional who, whatever their experience, their job, their area of expertise, etc., always updates their knowledge with new techniques,

new approaches, and discoveries that will make them a gold standard professional. Kim Sikorski, a clinical documentation specialist at Sarah Bush Lincoln Health Center in Mattoon, Illinois, is an advocate of lifelong learning. He said, "Nursing is a profession that requires a commitment to lifelong learning in order to be successful." Taking care of patients with dementia should be for gold standard nurses who are able to use technical techniques regarding its profession but also, techniques of communication, dealing, and dispute resolution.

A Clinical Nurse Manager - CNM is a nurse who has the role of supervising a team of regular nurses. The CNM is the professional who usually performs more specific nursing procedures. Normally, to become a CNM, a nurse should have some experience as a regular nurse, once it's a ground value to know about the daily routine of a regular nurse, their challenges, their demands, and even to get more abilities to do procedures. The expectation regarding a CNM and other nurse management roles is that they have more skills to act in an uncommon and complex situation. Training and courses in management in different ways are usually done for them. Therefore, in a situation with a patient with dementia, if the regular nurse is not able to manage, the CNM will be the person called to give assistance. Considering this idea, the data collected by the study makes sense when we compare the rate of nurses who had worked as a CNM and management roles. The rate shows that just about 10% of the nurses had worked as a CNM and it can justify the rate of people who were not able to manage a situation with a patient with dementia and had to request assistance, which was more than 50% of the interviewed.

As it was mentioned before, globally the number of people who are suffering with dementia has grown every year and the expectation is that in the next decades it is going to be more and more. In Ireland the situation is not different and the data shows that up to more than 64 thousand people live with dementia currently. Dementia cannot affect only old people however, a considerable number of people are elderly that means more than 65 years old, which gives them more chances to become a person with dementia. As elderly people normally go to hospital more frequently and also, are the most public living in nursing homes, it can justify the number of nurses who answered the survey saying that they have taken care of patients with dementia. Matching the data from the rate of people who have dementia and the rate of how often nurses give care to these patients, it is valuable that new studies

would discuss this task as a resource to improve the quality of care that these patients can receive and approaches that health professionals can use to act.

Considering the number of nurses who were in the study which "always" and "usually" are giving care to patients with dementia, it is more than 80%, and considering the number of nurses who related that they had some conflict and difficulty with these patients are almost 80%, it would be understood that a big part of the nurses who look after dementia's patient frequently, they have issues coming up. Still very important, even though those nurses are frequently attending to dementia's patient, about half of them still cannot feel confident to act and manage some situations with patients.

On question eight of the survey that was an open question and nurses could give their comments regarding how they managed and dealt with patients during a situation with issues/conflicts, most of the answers were saying that they had to understand about the part of the behaviour which was affected on the moment and from that point, work on this behaviour to become the patient calm. In addition, a common explanation from the nurses was that they had to be calm, speak clearly, and try to convince them to do the action that they needed. Be patient and repeat the information where others answered from the nurses. Summarizing and thinking about an overview of the comments, the ability to communicate and use tools of the communication were the most effective action to deal with the patient.

If we compare the skills which a mediator and negotiator use to act in their approach which the skills with nurses are using inside their work environment, basically the approach is similar however, the difference is that nurses also, must have knowledge about a health area and the illness. And from this point of view, one more time is evident how important it is for nurses to be trained and have knowledge about dispute resolutions.

When nurses were asked on question ten if they had done any class or training about how to act and to deal with patients with dementia, nearly 40% said "no", that they never had it. The next question asked if nurses were confident regarding some situations with patients with dementia and half of them said "no". These two data bring the necessity of preparing professionals to deal with dementia. If there is a gap inside a task and there is a fault regarding this task, it means that something has to be done, and if the necessity is supplied, the performance would be improved. Unfortunately, many institutions are currently struggling to hire health professionals, as it seems on websites which offer jobs, LinkedIn,

and health institution websites from Ireland. The time to be trained is short as the demand is busy, and then many professionals sometimes start to work insecure and without confidence, which can make it difficult to look after dementia patients when it is necessary. In addition, however, lots of graduated nurses have taken classes regarding techniques of dealing with dementia patients, communication, and understanding their behaviour, there are still many universities that do not have this subject offered during the graduation course, and it can make it harder for graduated nurses from there. Data from the research could show that the training of nurses has affected their performance. Despite the expectation that the classes and training to the professionals would make a big difference, there is no expectation that 100% of people will have a great performance and all of them will act similarly.

The World Health Organization defines and explains dementia as it was mentioned in the chapters before and classifies it into early stage, middle stage, and late stage. One of the main injuries from dementia is the ability to understand, and it could affect the autonomy of the patients to talk with others, give their opinions, express their needs, and argue when necessary. In the theory, there are limits defined in each stage, and in the research, nurses were asked, based on their knowledge and practice, at what stage patients would still be able to discuss their condition, their expectations, and the treatments offered. More than 95% of the nurses said they believe that patients in the early stage of dementia are still able to discuss and be aware of all the information. More than 35% added that patients in the middle stage of dementia can be informed and are able to discuss their condition.

Considering the research data and the stages described by WHO, there are lots of patients who, even though they are diagnosed with dementia, they can still be considered able to discuss their conditions. It means that despite the gap and instant moments of confusion that would make the patient refuse some therapy and medication, techniques of dealing such as active listening, clear communication, re-framing information, paraphrasing difficult details to understand, etc., must still be used to achieve the aim needed.

Communication is power, and just like any other kind of power, how it's used is very important. Communication has the ability to draw attention to issues, making it simpler to recognize their existence and providing a platform from which to make solutions more widely known. Each and every company engages in daily communication. However, not every company makes full use of the power that its communications provide in order to go forward

with its goals. Every day, leaders make decisions about how they will communicate and make wise decisions (Kristen Grimm, 2021).

Many authors cited in the study said something about the importance of communication during the process of dispute resolution in any dispute. Considering the health environment, communication is also essential, no matter if it is a patient with dementia or whatever illness. The nurses who answered the survey were asked if they believed that straightforward communication and simple vocabulary could make a difference during the care given to dementia patients, and it was almost unanimity, more than 90% said "yes" and one more time the power of communication was proved. Pettrey (2003) reassured the importance of communication for nurses. She said that nurses must be proactive and learn how to communicate successfully with their patients, their patients' relatives and friends, and their colleagues. Good communication skills enable the nurse to settle his or her personal issues and to support the resolution of disputes between others.

During the process of mediation, one of the most common approaches of dispute resolution, there are some techniques used by mediators which are related to communication and are considered essential for leading a deal between people. They are "active listening," "paraphrasing information," and "reframing information." On question fifteen of the survey, nurses were asked if they had any knowledge about those techniques.

5.1 Active Listening

Of the forty-eight nurses asked, thirty-four said that they knew something about active listening. It is a good number. However, the success of the negotiation with the patient will not be just because of this technique. Active listening may help defuse tensions since patients can see that their caregivers are hearing their concerns and taking them into consideration. Even if they disagree with what is being conveyed, healthcare professionals should take the time to attentively listen to patients' concerns. This strategy is most successful when clinicians repeat patients' questions back to them and emphasize that they have heard and comprehended what has been said.

The Australian College of Nursing (2021) said that communication is not unidirectional. It needs at least two parties: the sender and the recipient. Active listening demonstrates to the

speaker that their message has been heard and comprehended. To improve your listening abilities, you must demonstrate that you are paying attention to what the other person is saying. Active listening is a talent that may be acquired through practice.

When nurses are having any issues with patients with dementia in relation to misunderstanding, refusing medication, and agitation, they should go to a calm place, and then the nurses should control their voice's tone, speak slowly, and listen carefully to all that the patient wants to say.

5.2 Paraphrasing

Of the forty-eight nurses, twenty-five said that they knew how to paraphrase phrases to make it clear to patients. McNamara (2012) defines paraphrasing as restating in your own words what you have perceived another person to have said. Rephrasing is a potent tool for enhancing the other person's and your own knowledge, and may significantly enhance the impact of another's statements. It may translate remarks so that even more individuals can comprehend them.

In the health environment, it is common that the language used by professionals is more specific, and patients and their families can have difficulty understanding in relation to what they are saying. During the situation with dementia patients, a misunderstanding is really easy to happen, and nurses should be aware that they must facilitate the vocabulary to be said. In a moment of agitation or any disagreement with dementia patients, no understanding of the meaning of the conversation will make the situation harder to deal with.

The lack of knowledge in relation to the paraphrasing technique by almost half of the nurses in the study, would be one of the factors contributing to their having difficulty in dealing with patients. Some advice regarding how to paraphrase would be described as:

- Put the emphasis of the paraphrasing on what the other person really conveyed, not what you wished he or she would suggest;
- Focus the emphasis on the other individual;
- In the paraphrase, utilize parts of the original speaker's words. For example, if the other person said, "I believe we should do more planning in this area," you would

respond as follows: You may say, "If I understand you correctly in this strategic planning workshop, you feel that our community needs more strategic planning?"

- The paraphrasing should be shorter than the other person's original remarks.

5.3 Reframing

Reframing is the simple act of guiding a discourse into a new context or frame, thereby shifting from the present viewpoint to another. The majority of reframing is done to alter a person's viewpoint on a topic, such as to prevent objections, lessen the likelihood of confrontation, and shift attention to more positive aspects in order to solve an issue. It is a strategy for reframing a discussion to achieve a more favourable outcome. (What is Reframing in Communication?, 2021)

There are many instances in which reframing is ideal. By reframing the conversation in particular, you may alter the playing field in your favor. Conflicts with others are difficult to manage. By addressing issues and identifying their fundamental causes, people can prevent them from occurring again. Reframing difficulties enables us to see problems and symptoms from alternative perspectives.

When addressing subjects with a strong emotional background, it is crucial to reframe the discussion. If the lead makes a mistake or fails to reframe the dialogue, hostility may escalate and some individuals may feel victimized. Alternately, if done properly, leaders will be making progress toward resolving the causes of conflict. Reframing interactions enables us to maintain control while positioning our words and context in a less confrontational manner.

In the context of a hospital or nursing home, when nurses have the ability to reframe affirmations from patients, it will make a big difference during the process of dealing. The power of converting the patient's speeches to the nurse's side, would be easier for the nurse and more valuable for the patient. Unfortunately, only seventeen nurses said that they had knowledge of this technique, and based on the benefits mentioned, I believe that more nurses with this skill, the rate regarding the difficulty to deal with dementia patients would be lower.

5.4 Relationship between nurse and patient

A key component of high-quality nursing care is the establishment of a therapeutic connection between the nurse and the patient. It is possible to make patients feel more included and appreciated by communicating with them in a kind manner, demonstrating respect for the uniqueness of each patient, and recognizing the abilities they possess. The use of short phrases, familiar terminology, a pleasant tone, and smiling during discussion are all simple alterations that may assist enhance communication with those who have challenges with their short-term memory (Jenkins and Keenan, 2016). It is essential that staff members be assigned in the same manner at all times in order for them to develop a rapport with patients and acquire an understanding of the patients' individual preferences regarding personal care, such as whether or not the patient has a preferred method by which their hair is brushed or if they have a particular set of clothes they like to wear.

Question fifteen, nurses answered if they believed that gaining patient's confidence would help them to deal and solve issues with patient when necessary and more than 95% of the nurses said "yes", that they believe and the authors Jenkins and Keenan highlighted this point in their citation above to support the opinion of the nurses interviewed.

Sensitivity, compassion, and empathy are essential traits that all nurses should respect as professional strengths, and these are abilities that nurses acquire while providing care for patients diagnosed with dementia. In a similar way, the capacity to listen attentively and communicate clearly to provide care that satisfies the requirements of patients while still recognizing the patients' uniqueness, and to offer assistance to family members who provide care, are all essential to the wellbeing of people who have dementia. Many patients had traumas in the past and other issues that could have contributed to their actions when diagnosed with dementia and the team who is looking after these patients should strongly consider those facts in their approach during the deal with patients. About 90% of nurses said that they believe these considerations could be valuable to plan an approach to talk with the patients.

Finally, the nurses were asked if they believed that a nurse with skills in dispute resolution would give any benefit to the team to assist and leading conflicts with dementia patients when necessary and only one nurse said that did not believe that it could help the team,

forty-seven nurses agreed that a nurse specialized in conflict resolution could be an excellent upgrade in the nursing team.

In the end of de survey, nurses were asked to give their comments justifying why they believed that a nurses with abilities in manage conflicts would be necessary and an overview of the answers were that taking care of dementia patients is heavy because they have lots of other things to do and talking with these patients will spend too much time. They also said that the situation led by an experienced nurse would have a better outcome because they would follow phases of dealing and use techniques which they did not have knowledge of.

No less important, the last point to discuss is in relation to the two environments used in the research. As it was mentioned in the previous chapters, hospitals and nursing homes are the two most popular health places where patients will be looked after. Dementia patients will be found in both places however, analysing the data separately in relation to the rate of nurses who had any issues with dementia patients, the study showed that in nursing homes is considerably higher if we compare with hospitals. 61,90% of the nurses from the hospital said that they had some troubles with dementia patients and in nursing homes the number was 92,59%. It was said before about the probability that in nursing homes because of the elevated age of the patients, there was a chance to have more patients with dementia, and the research just confirmed this information and gave the insight that nursing homes should give more attention and more training to their nurses regarding how to deal with dementia patients.

Chapter 7 – Conclusion

After having read and discussed different meanings of conflict, a simple definition can explain my point of view. Conflict is when two ideas, opinions, wants, etc., are not matching. It would be into a family, into a company, into our community and whenever. Most of the time conflict cannot be considered a positive thing, however, sometimes conflict can show up new ideas and new outcomes if it is managed correctly. There are many studies and many articles on the internet about conflict that people can research if they are interested to understand deeply about conflict.

Conflict resolution is the term popularly used to refer to the approaches and techniques which are used by professionals specialized in dispute resolution. Depending on the scenario of the conflict, different approaches can be used to help parties to reach an agreement or even to give the parties solutions regarding their issues.

Dementia is a mental disability which can affect the ability to understand their thoughts. Dementia is commonly presented in stages which can start with small changes in people's cognitive, but in its presented is late stage, people's performance can be affect simple activities such using toilet, walking properly, delirium, and in advanced stage, miss the control of their wishes, their movement and their muscle strength. The most affected people by dementia are older people.

In this study it was possible to check that hospitals and nursing homes are the place where lots of people with dementia would be found. People who use to go to hospital because they need some specific treatment and people from nursing homes, normally they live there because their family found it safer, considering the support 24 horas that is given to patients by healthcare professionals.

At the beginning of the dissertation project, I was not confident that the study would be done, once it is very hard to depend on people to answer the questionnaire as they were busy. However, when the project was finished and the goals were defined, the task became really interesting and I was excited to start the research. The aim of study was to associate the approaches and techniques of dispute resolution with the approach used by nurses in hospitals and nursing homes to look after dementia patients. The idea was to know if the techniques used in no health environment were used in health environment. Also, the expectation was to know the point of view from nurses about these approaches and techniques in dispute resolution.

The questionnaire was applied and when the data were released, the aims which were proposed were so much clarified. As the chapters described, conflicts with dementia patients are real and it is part of the routine with the nurses, however, the data showed that part of the nurses were not prepared to lead with these situations. The information given by the nurses show that abilities em communication, abilities in techniques of dealing with patients and training should be given to them to improve the quality of service offered to patients and also to improve their performance as a nurse.

The comparison of the studies regarding techniques of negotiation and the studies showing the abilities necessary that nurses should have, made total sense and in my opinion can give the brief that new research in relation to dealing with dementia patients should be started. Also, as the comparison in the study was made only with health environments and nurses, new studies should be conducted regarding other departments or other occupational areas.

The poor abilities of knowledge in techniques of dispute resolution by nurses in the study, the benefits of a nurse with knowledge and skills in conflict resolution, and the opinions from nurses that negotiate with dementia patients spend too much time, I totally agree that a nurse prepared to act in disputes in hospitals and nursing homes should be added to the nursing team.

Finally, in my opinion, the care delivered to dementia patients should not just be improved by hospitals and nursing homes, but should be discussed by the government as well. As it was mentioned in the study, every year the number of people who suffer from dementia is growing, and based on the expectation of the growth for the next decades, social programs involving training of the community to look after dementia patients should be implemented. In this study, it was mentioned that care is given in institutions, but the biggest number of people with dementia live at home. If health professionals who studied for years to practice their profession still have some difficulties, we can imagine how challenging it would be for families at home to take care of dementia patients without any knowledge.

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Appendix 1

Patient's Behaviour: The Perspective regarding how nurses from hospital and nursing home have dealt with their patients with dementia.

Dear Participant

My name is Enoque Garcia, I have my background in Brazil as a nurse and currently I am a master student in Dispute Resolution at Independent College Dublin.

You are being invited to take part in a research study which aims to further understand and explore the techniques used by nurses to deal with patients with dementia, considering the variation of their behaviors. Also, the study aims to research whether nurses have difficulty dealing with dementia patients, as well as comparing the techniques of dealing with those patients used in a health setting by nurses and no health setting by other professionals in different areas.

The community to be reached are nurses who work in Hospitals and Nursing Homes in Ireland. If you are not nurse, please do not go ahead into the questionnaire.

The questionnaire will take about 5 minutes to answer.

All the information given will be confidential and used only for the research. No personal information will be necessary, just your point of view regarding the subject.

If you have any questions, feel free to email me on enoque.gm@hotmail.com and also, my supervisor Nadia Bhatti nadia.bhatti@independentcolleges.ie.   We will be glad to answer your questions about this study at any time.

( ) I agree to participate in the study answering the questionnaire

Questionnaire

1 - Are you a registered nurse in Ireland ?

( ) yes   ( ) no

2 - Which environment do you work in ?

( ) Hospital   ( ) Nursing Home

3 - How long have you worked as a nurse ?

*You can consider the nursing experience outside of Ireland if you have it from other countries.

( ) 0 - 3 years

( ) 3 - 5 years

( ) 5 - 10 years

( ) more than 10 years

4 - Have you worked as a CNM (Clinical Nurse Manager), or any other management role ?

( ) yes   ( ) no

5 - How often do you take care of patients with dementia ?

( ) always

( ) usually

( ) Occasionally

( ) never

6 - Have you ever had any issue, conflict or difficulty with a patient who has dementia ?

( ) yes   ( ) no

If you answered **Yes** on the last question (6), go through the questions **7, 8** and **9**.

If you answered **No**, go straight to the question number 10.

7 – If you answered yes, do you feel that you were well-equipped to deal with that situation ?

( ) yes   ( ) no

8 – If you answered yes, why do you feel that you were well equipped to deal with that situation ? Please explain your answer.

_____

_____

9 - Were you able to handle the matter on your own, or did you require support from others?

( ) I managed by myself

( ) I required support from others

10 - As a nurse, you may know some of the signs of dementia and how they manifest. Have you taken any classes during your training and education on how to deal with dementia patients ?

( ) yes   ( ) no

11 - Are you confident in your abilities to deal with patients suffering from dementia who refuse to take their medications; who does not want to attend procedures and/or who struggles to come to terms with the fact they are staying in a hospital or nursing home ?

( ) yes   ( ) no

12 - Based on the three stages of dementia from the World Health Organization and considering people already diagnosed with the disease, at what stage(s) do you believe it would be possible for the patients to discuss their condition, their fears and their desires in relation to the treatment proposed by the team of the hospital either nursing home ?

Early stage: the early stage of dementia is often overlooked because the onset is gradual. Common symptoms may include:

- forgetfulness
- losing track of the time
- becoming lost in familiar places.

Middle stage: as dementia progresses to the middle stage, the signs and symptoms become clearer and may include:

- becoming forgetful of recent events and people's names
- becoming confused while at home
- having increasing difficulty with communication
- needing help with personal care
- experiencing behavior changes, including wandering and repeated questioning

( ) early stage

( ) middle stage

( ) late stage

( ) no stage

*** you can answer more than one option.

13 - Do you believe that utilizing straightforward communication and simple vocabulary in advance to explain to patients about any process their cooperation is required with can help with their comprehension, regardless of the level of dementia?

( ) yes   ( ) no

14 - A Professionals in dispute resolution have skills to lead and resolve situations involving conflict. There are certain techniques used by them in order to ensure clear communication. Are you aware of any of the following techniques:

( ) paraphrasing information

( ) reframing information

( ) active listening

( ) I do not know any techniques above

*** you can answer more than one option.

15 - Do you believe that gaining the patient's confidence enables you, as a nurse, to deal with them when they have difficulties accepting the treatment supplied due to their dementia ?

( ) yes   ( ) no

16 - Are you of the opinion that developing a friendship with a dementia patient can assist them become more receptive throughout their stay in the hospital or nursing home ?

( ) yes   ( ) no

17 – Do you believe that an awareness of a patient with dementia's past psychological history / trauma is important in being able to assist them in dealing with issues they may face regarding an ability to accept their temporary or permanent stay in a residential or hospital setting ?

( ) yes   ( ) no

18 - Do you think that a nurse with knowledge in dispute resolution would benefit from being added to the team in a hospital or nursing home to assist in resolving difficulties with patients with dementia ?

( ) yes   ( ) no

19 - Please explain your answer

_____

_____

_____