Understanding Conflicts - an autoethnographic trajectory.

Perspectives of a frontline worker during the pandemic of Covid-19.

By

Dayse Christielle Alves Martins Morales

Student Number: 51704315

Master's in Arts In Dispute Resolution

Independent College Dublin

Submitted to Independent College Dublin on May 21st, 2021

Independent College Dublin
learn to succeed

Independent College Dublin

Assessment Cover Page

Course: Master's in Arts In Dispute Resolution

Module Name: Dissertation

Assignment Title: Understanding Conflicts - an autoethnographic trajectory. Perspectives of a frontline worker during the pandemic of Covid-19**.**

Supervisor's Name: Sharon Morrissey

Student Name: Dayse Christielle Alves Martins Morales

Student Number: 51704315

Due date: 21/05/2021

Date of Submission: 21/05/2021

Request length words: 20.000

Actual word length: 19.638

INTELLECTUAL PROPERTY STATEMENT

By checking the box below: I certify that this assignment is my work and is free from plagiarism. I understand that the assignment may be checked for plagiarism by electronic or other means and may be transferred and stored in a database for the purposes of data-matching to help detect plagiarism. The assignment has not previously been submitted for assessment in any other module or to any other institution.

☒ **Agree** Date: 21/05/2021

Table of Content

1. Introduction 8

1.1 Who am I? 8

1.2 When Everything started 10

1.3 Research objectives and scope 12

1.4 Research contribution and novelty 13

1.5 Document structure 14

Chapter 1 15

2 Literature Review 15

2.1 What is a Pandemic? 15

2.2 Coronavirus – Covid-19 19

2.2.1 Social distance and Lockdown 20

2.3 Understanding conflicts 22

2.3.1 What is conflict? 22

2.3.2 Types of Conflicts 27

2.4 Frontline Works – Essentials Jobs 29

2.5 Immigrants 32

2.6 But after all, how can a pandemic be related to conflicts? 34

2.6.1 Synopsys 34

Chapter 2 36

3. Research Methodology and Methods 36

3.1 Introduction 36

3.2 Autoethnography 36

3.3 Research Limitation 38

3.4 Ethical Issues 39

Chapter 3 ..... **40**

4. An Autoethnography trajectory **40**

4.1 My trajectory on the health path 40
4.2 Cultural difference and conflicts. 53
4.3 Being a Health Care Worker during the pandemic. 56
4.4 The last unsaid goodbye 63
4.5 Dealing with conflicts. 67
4.6 The light at the end of the tunnel – Vaccines x The World outside - The fake news .. 70

Chapter 4 ..... **74**

5. Reflection **74**

5.1 There will be no winner or loser, but a different world. 74

Chapter 5 ..... **77**

6. Final Considerations – Conclusion **77**

6.1 Epilogue 77
6.2 The Autoethnography narrative experience 79

7. Bibliography **81**

Acknowledgements

It took me many years to understand what gratitude was. Perhaps, I have practiced it for a long time, but the clarity of its power represented by just one word only came to the fore when I needed to make a “self-cut” in my umbilical cord, in the distance of my parents, brothers, friends and my “comfort space”, so that this condition was re-signified to me.

I could understand and feel. Then, something started to change in the way I faced gratitude when I began to review my childhood, my parents, brothers in a self-commitment to look back and retake my past leveraged by physical and geographical distance. It was necessary to write a journal for my subject of Understanding Conflict to understand the meaning of so many events in my life and to be grateful for each one.

Gratitude is not present on supermarket shelves; it is something that is received when the other sees it, which may have been insignificant for those who did it, an immeasurable value.

I could make a massive list with names of people to thank. Perhaps, I could forget someone because of my recently brain fog. So, to not forget anyone, know that if you somehow received this manuscript and are reading it. I am thankful to you.

Abstract

This research represents a highly personalized account of the complexities, interpretations and reflections of a frontline worker during the beginning of the pandemic of Covid- 19 in Ireland, Using myself as the subject researcher of the social context of being employed as a frontline worker during an event of worldwide proportions.

From an insider's point of view, I did chronicles and tracked experiences of my own immigration from Brazil to Ireland and the conflicts experienced using the methodology of autoethnography. This genre of qualitative research brings the reader closer to the object studied through the author's experiences.

Autoethnography is a research and writing technique that attempts to explain and critically interpret human experience to comprehend the cultural experience. The methodology of autoethnography dramatically facilitates the understanding of the processes experienced under the optic of the researcher yet polishes how autoethnography can be used as an example of reflexive practice. The experiences I have encountered, the problems I have faced and continue to face will strengthen my own practice in the endless path of understanding conflicts and how they affect us in our daily lives.

"Conflict is light and shadow, danger and opportunity, stability and change, strength or weakness, the impulse to move forward and the obstacle that opposes it. All conflicts contain the seed of creation or destruction" –

Sun Tzu: The Art of War, 480-211 B.

1. Introduction

1.1 Who am I?

Through this study of autoethnographic nature, it is permissible to analyze my own experiences in a given social context, and thus, it allows me to describe what I lived, felt, learned and did during the pandemic working as a health care assistant, being a frontline worker during the Coronavirus outbreak.

Nevertheless, first, I would like to introduce myself. Who am I?

To simplify, my name is Dayse Christielle Alves Martins Morales, too long. I know. So for it to be more accessible, my name can be just Dayse Morales. I am 33 years old, and I am from a small town in Goias, the middle of Brazil.

I am a graduate as a Nurse since 2010 and have the title of specialist in Nursing in Dermatology.

I worked for years in an emergency hospital. I produced some scientific works, published chapters in books and dropped everything after falling in love with the emerald island in 2017.

I currently live in Dublin, doing a Master's degree in Arts in Dispute Resolution, and working as a health care assistant in a long-standing institution for the elderly, while seeking my approval from the Irish Nurse Board e to be able to work as a nurse here in Ireland.

When I graduated as a nurse n 2010, I never thought this would be my future after so many years of study. When I finally achieved everything I wanted to, I dropped everything and everyone to Dublin and started working with low-paid jobs that do not need any kind of higher qualifications. I started again from zero because of my visa and English level. It was not what was in my plans ten years ago.

Also can tell that think about a pandemic that stopped the entire world also was not even in my worst nightmares.

Let us begin this journey with some of the various questions that came to my mind, along with many typical fears of early research. Notice how the questions I asked reflect both my research side and my student side, the one who cares about grades and approval:

"Who can write an autoethnography?"; "Can I? I mean, can I ever consider that I have enough age and experience for this?"; Will anyone wants to read and know about my life/research?"; "Will you find it relevant?"; " Where do I start?"; " What can/should I (or should not) talk about myself?"; " Will such research be well received by the college?";

These questions demonstrate my insecurity regarding this type of research and, even knowing more about it later, this was the greatest of sensations during almost every master's period. It was in the midst of all these questions that I decided, nevertheless, to accept the autoethnographic challenge, to cause the reader an empathic look at the research since this is still, in fact, a great challenge.

I emphasize the importance of reiterating that autoethnographic research has the character of self-analysis in its most diverse aspects. Among some factors, this methodology helps us question our own practices, our wills, and our identities. At the same time, it provides us with subsidies to promote change from the critical reflection about our performance.

1.2 When Everything started

Shyness, fear, and fear of writing, in my case, converge to the possible imbalance between reason, emotion and scientific thinking. Exposing my ideas, imagery, assumptions, and theories will instantly allow what I say to interact with others in this constantly changing world.

In this sense, I clarify that from the chosen methodological perspective, discussed in the following chapters. I do not resort to research that raises a hypothesis, generates a problem, general and specific objectives, and research questions. I choose to focus on a whole composed of parts without one being more important than the other - a horizontal perspective, which is not limited to science in search of solutions or desiccation of practices; It occurs in crises and on a sporadic basis. The initial project of my master's process did not contemplate what is done here in this thesis. Initially, with a conventional view of research, I was looking for something to discuss conflict in an obvious way.

However, everything changed. Suddenly, the world changed.

This text is written in the middle of the Covid-19 pandemic. We are not before, Not after, But somewhere between the beginning and the end. We have no idea who we will be by the end. Nor how many we will be. We are now at the point where anything can happen.

Toward the end of 2019, the world encountered another situation never envisioned to be conceivable again, since the Spanish Flu in 1918. China was the first to be influenced by this new novel, called Covid-19. From that point onward, in the preceding months of the year 2020, the world saw this new infection spread from one nation to more than 100 others in a span of months. (WHO, 2020).

An infection with high intensity of contagiousness in few months was all around the globe. While most people infected experience mild to moderate flu-like symptoms (mainly influencing the

respiratory system), older individuals, and those that experience underlying illnesses or medical conditions, are bound to develop regrettable manifestations that can even lead to death in a short period (WHO, 2020).

The virus is spread mainly through saliva droplets or secretions from the nose of an infected person. It is perceived that the ideal methods of prevention are to rehearse respiratory behaviour (for example, hacking into a flexed elbow or tissue), consistently wash hands or utilize an alcohol-based rub, abstain from contacting one's face and keep a protected separation of in any event 2 meters from other people (WHO, 2020).

Coronavirus has changed the way we work, socialize, and go through our daily lives. To keep up a level of reasonably ordinariness, organizations and individuals are beginning to adjust to another reality.

When case zero began, China seemed to be a long way off. When I saw the news and reports explaining the new disease that had begun in late 2019, I could not believe that it had arrived so closer. Much sooner than I expected, the virus was here. Face to face to me.

1.3 Research objectives and scope

The driving force of the research is to understand the particularities of being an immigrant and a frontline health worker during the greatest pandemic of the century.

I spent months trying to understand and explore how a research topic could be guided by an autoethnographic method.

However, the more I read, the more I was concerned about having to discuss autoethnographic processes in this work; I could finally find a space between so many things that I should say/theorize/discuss/narrate/explore and where this discussion was within the course of Dispute resolution. It was then that a connection happened, and suddenly everything fit perfectly.

Every person, every human being, is unique and perceives the world differently. Conflicts are seen differently and have entirely different weights and measures, and solutions between the parties involved.

I decided to use self-reflection to determine the meanings attributed to these experiences from an anthropological perspective of understanding and dealing with the conflicts experienced during this period using Autoethnography as a research method.

As a tool, autoethnography is both process and product. Autoethnography is a research and writing technique in which an author uses self-reflection to explain and systematically analyse personal experience to understand cultural experience in order to examine personal experience and relate this autobiographical tale to broader cultural, political, and social meanings and understandings.

This kind of methodology fits perfectly to explore a self-reflection approach and add meaning to the experiences that happened to me during the first, second and third wave of coronavirus in Ireland while as an immigrant and frontline worker.

1.4 Research contribution and novelty

The work contained in this thesis addresses several important events and experiences during the outbreak of Covid-19 in 2020 and early 2021.

The researcher's experience as a part of the research object and the methodology chosen aims to discuss themes such as the pandemic situation itself and a new perspective and clarity, with a self-reflection approach about reality through the perception and perceived of reality of a frontline worker in an attempt to understand how the covid has impacted our lives, generated conflicts, and created a new model of living. The research is addressing conflicts related to issues such as social distance, quarantine and lockdown, losses, and deaths.

To more deeply approach this perspective, further research was conducted on the concept of coronavirus and on the effects of other pandemics that have happened before. Also, to make up the scientific content of this dissertation, a comprehensive analysis of conflicts was also carried out to understand the theme better.

The experience is unique for those who live it and, as much as two people go through the same situation, their experiences will be different. The knowledge of experience is a particular knowledge, subjective, contingent, personal, and underlying autoethnography elements. Similarly, in the reflection about the research, even if an investigation is carried out on the same subject, the results will be different because the views, paths, discoveries, and results of each researcher will differ.

1.5 Document structure

This thesis is structured into chapters according to the themes presented:

- Chapter 1- Presents a detailed review of three bodies of literature central to this research. The first body of literature approaches the Coronavirus Outbreak, the pandemic situation and how it has affected society to the present day.

The second body of literature approaches understanding conflicts, definition and type, and cause of conflicts.

The Third body of literature approaches a literature review in relation the frontline workers, immigrants, and their labours in Ireland.

After that, a short synopsis of how the themes are connected is presented to the reader.

- Chapter 2- Presents the methodology, beginning with presenting the methodological aspects of autoethnography in which this research is based.

- Chapter 3- Presents the views and perspective of the author through an autoethnographic narrative, explaining my background and my experience through the pandemic and its facets.

- Chapter 4- Presents a reflection on the conflicts that were presented in the previous chapters.
- Chapter 5. Presents the conclusion of this dissertation.

Chapter 1

2 Literature Review

2.1 What is a Pandemic?

According to the World Health Organization (WHO), a pandemic is the worldwide spread of a new disease. The term comes to be used when an epidemic, an outbreak that affects a region, spreads across different continents with sustained transmission from person to person. (WHO, 2020)

Pandemic situations are not new in the world. The most recent pandemic occurred in 2009, with the so-called swine flu caused by the H1N1 virus. The WHO raised the status of the disease to a pandemic in June of that year, after accounting for 36,000 cases in 75 countries. In total, 187 countries registered cases, and almost 300,000 people died. The end of the pandemic was decreed by WHO in August 2010. (WHO, 2020)

However, many other diseases have been identified as pandemic throughout time.

When we talk about the pandemic, it is not exactly clear, what are the effects of this on our own society. How much does the pandemic affect us as a person and as a society, not just the disease itself? What are the problems that happen together or in the consequence of a pandemic of precedents never seen before?

I decide here to make a brief account of the most significant pandemics that have happened in our society and exemplify with them how they affected society at the time.

Plague of Athens (430 B.C.) - typhoid fever killed a quarter of Athenian troops and a quarter of the city's population during the Peloponnesian War, notably the Athenian Leader Pericles. This

fatal disease weakened the hold of Athens on the surrounding area and its control over the Delian League. Interestingly, the complete virulence of the disease, combined with the siege of Sparta along Athens so-called “long walls”, prevented its spread to other regions; the disease exterminated its hosts at a rate faster than the speed of transmission. (Horgan and Horgan, 2021)

Antonine Plague (165–180 A.D) - possibly caused by smallpox brought from the East; killed a quarter of those infected. Five million in total.

Plague of *Cyprian* (250–271 A.D) - possibly caused by smallpox or measles, started in the eastern provinces and spread throughout the Roman Empire. As reported, at its peak, it killed up to 5,000 people a day in Rome. (Morens, 2010)

Plague of Justinian (541- 543 A. D). The first recorded contamination of bubonic plague. It started in Egypt and arrived in Constantinople the following spring, while killing (according to the Byzantine historian Procopius Caesarea) 10,000 people a day, reaching 40% of the city's population. Up to a quarter of the population was wiped out in the Middle East.

Black Death (1346-1453 A.D) - eight hundred years after its last appearance, the bubonic plague had returned to Europe. With the onset of pollution in Asia, the disease reached the Mediterranean and Western Europe in 1348 (possibly from fleeing Italian merchants fighting in the Crimea), killing twenty million Europeans in six years, a quarter of Europe's total population and up to half in most parts of the world. In urban areas affected, one in three Europeans died from the disease, which brought significant changes to the European economy, social thought and medicine in the sixteenth and seventeenth centuries.

Spanish Flu (1918-1920) - The "Spanish flu" was a pandemic of the influenza virus that, between January 1918 and December 1920, infected 500 million people, about a quarter of the world population at the time. The death toll is estimated to be between 17 million to 50 million, with

some projections indicating up to 100 million. Regardless of the difference between the numbers, it is one of the deadliest epidemics in human history. (Morens, 2010)

One of the deadliest natural disasters in human history, the Spanish flu, influenced cultural practices and government norms to combat infectious diseases during the following years. All efforts employed during its outbreak were documented and later used by WHO in defining its conduct. (WHO, 2020)

When the Spanish flu spread across the continents, states had to provide rapid responses at their various levels of activity: municipal, provincial (or state) and national. Unlike the medieval context where the Black Death, technologies allowed rapid communication between continents at the beginning of the 20th century.

Many factors influence how far a condition can spread and affect new communities. Two of the most important things to consider in such cases are the ease with which the condition is transmitted from one person to another and the movement of people, mainly by plane, because the infection can be transmitted to new parts of the world within hours. At present, which contributes to an easier global spread. (Grennan, 2019)

Connecting the dots

At this point. I want to underline some important points that will connect topics in the following chapters.

A pandemic is more likely to occur when the lethality of the virus is not so high, which allows the circulation of the patient with mild symptoms and does not lead to initial isolation of all those infected.

The pandemics that the world went through significantly changed the way societies that dealt with them worked. The pandemics made reduced entire civilizations, ended wars, and destroyed empires. It reduced the population on the planet from time to time and was not limited by race or area.

Pandemics typically affect all people; however, it does not affect all people equally. Poverty and low sanitary conditions are common factors to the spread of those diseases. Furthermore, these are also the people who will be more negatively affected by the pandemic's consequences. The loss of jobs, because of the failure of economies and premature deaths, related to a lack of access to adequate healthcare, contributes to the disproportionately negative effect of pandemics on the poor.

When we looked at the black death, for example, the impact on Europe was so significant that the continent only recovered the lost population 200 years later. The effects on society were extreme, and the disease entered folklore as a symbol of death and fear for many years. The black death also generated social transformations with the reduction of the labor force in the countryside and the decrease in the population of the cities. The first phenomenon caused new agricultural methods to be developed to improve labor productivity. The second was responsible for a fall in the price of rents in cities that contributed to the consolidation of an urban aristocracy.

2.2 Coronavirus – Covid-19

Since the onset of the Coronavirus- Covid-19 on 2 of May 2021, there have been 151,803,822 confirmed cases of COVID-19, including 3,186,538 deaths, reported to WHO. (WHO Coronavirus (COVID-19) Dashboard, 2021)

Coronaviruses are a large family of viruses common in many different species of animals, including camels, cattle, cats, and bats. Coronaviruses that infect animals can, although rarely infect people. In December 2019, a new coronavirus was detected in Wuhan, China, and caused COVID-19, which was then spread and transmitted from person to person worldwide. (WHO, 2020)

COVID-19 is a disease caused by the coronavirus called SARS-CoV-2, which spans the clinical spectrum from asymptomatic infections to life-threatening conditions. And to the World Health Organization, the majority (around 80%) of COVID-19 patients have no or few symptoms (few symptoms), however, about 20% of diagnosed cases require hospital treatment for breathing difficulties, with approximately out of 5% requiring ventilator support. (WHO, 2020)

Transmission of Covid-19 occurs from one sick person to another or through close contact through, Touching contaminated handshakes, Droplets of saliva; Sneeze; Cough, and yet, touching contaminated objects or surfaces, such as cell phones, tables, cutlery, and door handles.

2.2.1 Social distance and Lockdown

The Covid-19 is often transmitted from one contaminated person to another through close contact or contaminated objects and the subsequent contact of the hands with the mucous membranes (mouth, nose, eyes).

One of the main recommendations is to keep a minimum distance of 2 (two) meters between people in public and social places. Avoid hugs, kisses, and handshakes. In addition to it, to support the prevention wash your hands frequently up to the wrists with soap and water, or clean them with 70% gel alcohol (hand sanitizer) and covering mouth and nose by wearing masks.

Staying away from other people and avoid agglomeration, therefore, is the best form of protection.

Remote work has become a reality, many institutions worldwide are adopting online classes, and sizeable basic income programs have been created in several countries, such as the COVID-19 Pandemic Unemployment Payment (PUP) here in Ireland, which is a social welfare payment for employees and self-employed people who have lost all their employment due to the COVID-19.

A recent study published in The Lancet (Chu et al., 2020) gathered results from 172 studies on the impact of physical distance on coronavirus transmission carried out in 16 different countries.

The study demonstrates that virus transmission is reduced when physical distance is adopted. In addition, transmission is less when the distance between people is 1 meter or more when compared to a distance of 1 meter or less. (Chu et al., 2020)

When previous social distance and quarantine (for confirmed or suspect cases) are not sufficient to reduce cases of the disease, some cities begin to implement lockdown.

Lockdown consists of restricting the population's circulation in public places, allowing only, and in a limited way, for essential issues, such as going to pharmacies, supermarkets, or hospitals. In

practice, it limits the movement of people for non-essential activities. In some countries, such as in Ireland, people can penalized with fines for those who do not comply with the restrictions.

Thus, the government seek to flatten the curve of infections and deaths, and yet to reduce the flow of patients to hospitals and prevent the health system from collapsing.

In Ireland, according to the HSE (Health Service Executive), since the beginning of the pandemic, there have been 226.742 infections and 4.534 coronavirus-related deaths. This data was found on the 15 of March, exactly one year after the beginning of the lockdown on the country. (Coronavirus, 2021)

2.3 Understanding conflicts

2.3.1 What is conflict?

Here, in this chapter, I think it is important to bring the definitions of conflict in every way.

It is important to try to understand that conflict is a routine of our life and has different definitions.

The word conflict comes from the Latin *conflictus*, which means the clash between two things, clash of people, ideas, or opposing groups that fight each other. That is, it is a clash between two opposing forces.

According to Mayer (2000), conflict can be defined based on three dimensions: perceptive (cognitive), emotional(feelings) and behavioral (actions). Conflict arises when one person believes that his or her desires, needs, or values are incompatible with those of another person.

Rage, fear, and sorrow are all emotions that may arise during a conflict. Conflicts are manifested through the actions of the parties, from discourse to violence. (Mayer, 2000)

Each of these three dimensions can vary independently from each other, although they usually affect each other. (Mayer, 2000)

In the perceptual dimension, we feel conflicted when we perceive an incompatibility of interests, needs or values. Even if this perception is only from one of those involved, there is already a potential conflict.

Note that several of the definitions found in the literature starting from this dimension:

"A conflict exists when incompatible activities occur. An incompatible activity prevents or interferes with the occurrence or effectiveness of a second activity. These activities may originate in one person, between two or more people, or between two or more groups". (Deutsch, 1977)

"A form of competitive conduct between people or groups. It occurs when two or more people compete over goals perceived as incompatible or incompatible, or on limited resources". (Boulding, 1982)

"Perceived divergence of interests, or a belief that the parties' current aspirations cannot be achieved simultaneously". (Rubin and Hee, 1994)

"It is the interaction of interdependent people who perceive incompatible objectives and mutual interferences in achieving these objectives". (Folger, 1997)

Conflict in the emotional dimension can be identified when we see fear, annoyance, boredom, anger, hopelessness, sadness, among so many other emotions, we feel that we are in conflict. The conflict involves an emotional reaction that signals a disagreement of some kind. The mere fact that we feel this way, even if we do not know the factor of disagreement, already indicates a conflict. Even if these feelings are not reciprocal, the conflict is quite real for those who are living these feelings. (Mayer, 2000)

In the behavioral dimension, conflict is also represented by the actions we take to express our feelings, articulate our perceptions, and meet our needs. It can be an activity of domination, or violence, or destruction. However, it can also be a conciliatory, constructive, and friendly action. (Mayer, 2000)

The three dimensions of the conflict are not static but vary in intensity and duration. In addition, one dimension affects the other two. If you believe that someone is trying to hurt you in some way (perception), you will feel that you conflict with that person (emotion) and will be prone to take specific actions (behavior). (Mayer, 2000)

Mayer uses the metaphor of the wheel to describe the causes of the conflict. Human needs are the main causes of the conflict - the "center". On the other hand, basic needs are articulated and

fulfilled by other nearby causes: culture, structure or meaning, feelings, beliefs, and communication. These immediate causes constitute the "wheel of conflict". (Mayer, 2000)

The aspects evaluated by the Wheel of Conflict are:

- Structure - parties, directly and indirectly, involved, dynamics of participants.
- Emotions – the instigating emotions of conflict, decision-making processes.
- History – people's past experiences, the history of the relationship.
- Communication - the current, verbal, and non-verbal forms of communication.
- Values - needs and objectives of those involved; as they think, belief system.

Human needs vary from basic survival to substantive, procedural, and psychological issues and identity-based community needs, which means intimacy and autonomy. (Mayer, 2000)

Often, we try to understand a conflict by isolating it from its historical roots, and, as a result, we are perplexed by the animosities of those involved. The history of the people who participate in a conflict, the systems in which the conflict is taking place, and the issues involved themselves, constitutes a powerful influence during a conflict. These conflicts cannot be solved without understanding the complicated systems of interaction developed over time and to what extent the conflict became part of the identity of the disputers. These different sources of conflict interact with each other. People's history affects their values, their style of communication, their emotional reactions and the structure in which they operate. And history, too, is affected by these other sources. (Mayer, 2000)

People have different attitudes towards the conflict in general. These attitudes shape their behaviour in specific conflicts. People may believe that conflict is harmful or beneficial, that it is fixable or unsolvable. They may have different standards for conflict behaviour. Some people tend to avoid conflict, while others are willing to get involved. Denial, hopelessness, passivity,

capitulation, and passive-aggressive tactics are all strategies for avoiding confrontation. Individuals may attempt to bully the other party in order to avoid the issue, or they may try to shift the dispute to another party or announce an early "solution." Power-based tactics, rights or desires, calls to justice, indirection, and manipulation are all examples of conflict-based techniques. (Mayer, 2000)

People's conflict styles are influenced by history, even though they are often unaware of the impact of their own culture on their own type. Cultures differ in terms of how feelings are conveyed, the emotions are permissible, and what constitutes acknowledgement. Aside from language variations, different societies have different communication styles and norms. Many cultures share fundamental values. However, different cultures can prioritize these values in different ways. All cultures have formal structures based on rights and formal structures to deal with conflicts, although the shape of the structures varies. Although each culture has its own unique history, shared historical experiences can foster understanding. Participants in a conflict should be aware of cultural nuances while being focused on responding to one another as a single person. Recognize that intercultural understanding has its boundaries but push beyond them. Parties must become aware of their own cultural styles. Instead of stereotyping races, learn to understand them for what they are. Professionals in conflict resolution should seek out diversity in their teams or organizations. Be wary of ostensible ethnic clashes that are really efforts by one culture to subjugate another. (Mayer, 2000)

Berg (2012, p.18) also states that: "*The conflict in the present times is inevitable and always evident. However, understanding it, and knowing how to deal with it, is fundamental to your personal and professional success."*

Burbridge and Burbridge (2012) argue that conflicts are natural and, in many cases, necessary. They are the engine that drives change.

For Chiavenato (2004), Conflict arises when personal goals and desires diverge. It is an unavoidable aspect of human nature; it is the polar opposite of cooperation and partnership, and the word conflict connotes disagreement and discord. For there to be conflict, there must be intentional intervention from one of the parties concerned, that is, when one of the parties, whether person or group, attempts to achieve its own objectives intertwined with some other party, which interferes in its pursuit of the objectives. (Chiavenato,2004)

It is noted that most authors agree on the inevitability of conflict because it is human nature.

If people could remain rational and focused on how best to achieve their needs and those of others, and if they could quietly work on establishing effective communication, then many conflicts would never have grown or descaled quickly. A genuine expression of feelings can help direct the conflict. (Pruitt and Kim, 2003)

Conflict is neither positive nor negative, nor destructive nor productive: it is both at once. It is the way we face it that will make it take a destructive or productive course. We must not eliminate conflict but learn to handle it in such a way that we control the destructive elements and leave the way accessible to the productive. The conflict itself is neutral in nature. That is, it is the mere signal that there is some difference of opinion. People give it, according to their perceptions, a negative or positive character. Instead of condemning conflicts, we should make them work for us.

2.3.2 Types of Conflicts

To better understand conflicts, it is essential that we know their forms and types of occurrence. When we encounter a situation of friction, we can identify it to seek the best form of resolution.

Berg (2012) argues that there are three types of conflicts: personal, interpersonal and organizational, as we will see below.

Personal conflict: it is how a person interacts with himself, it is restlessness, personal dissonances of the individual, and it shows in a gap between what is said and done, or the discrepancy between what one thinks and how one behaves. This form of dispute can result in high stress levels and tension.

Interpersonal conflict: It is the one that happens between individuals when two or more people react differently to a situation. While organizational processes trigger most disputes, most frictions and disagreements are interpersonal in nature, making them more challenging to resolve. They can also exist within interpersonal conflicts, intragroup conflicts (divergence in the same area, sector, etc.), and intergroup (dissension between areas, different sectors).

Organizational conflict: this type of conflict is not based on a system of personal principles and values but rather on the result of constantly changing organizational dynamics, many of them external to the company.

For Burbridge and Burbridge (2012), there are two types of conflicts, internal and external.

Internal conflicts are usually described as the struggle between reason and emotion. They are seen as a way to expand our ide, our achievements and acceptances. Even though there may still be many other types of conflicts, some more uncomfortable and devastating than others, they always have to do with two internal forces, not necessarily opposed but incompatible.

Every internal conflict must be resolved and, when that does not happen, we cannot focus on some activity and put ourselves in the direction we choose.

Emotional conflict is tied to the difficulty in expressing what you feel, what you want and what you think. As a result, tremendous internal tension develops, which prevents the person from living fully. What the person is expressing is not consistent with genuine emotions. Then the conflict forms.

The consequences of the conflict are several and can be judged as good or bad, according to Nascimento And El Sayed (2002). Those good or positive, known as Functional, can stimulate innovation, creativity and growth, the decision process can be optimized, decisions for problems can be found; conflicts lead to collaboration for resolutions of adversity; everyone's performance can be improved; individuals can be coerced to seek new behaviors for problems (Rahim (2001) In Mayer, Mariano, 2009, p.285). The bad or negative consequences, named as Dysfunctional, dictate that conflicts can motivate tiredness and disappointment; communication can be reduced, an atmosphere of mistrust can be magnified relations can be ruined; performance can be decreased; the determination to change can be accentuated, and responsibility and respect can be affected (Rahim (2001) in Mayer, Mariano, 2009, p.285).

2.4 Frontline Works – Essentials Jobs

The essential jobs typically include health care, food service, and public transportation, among many others that cannot stop even during the pandemic. The frontline workers are normally who are working directly in patient care.

The COVID-19 epidemic, which already affects many countries on all continents, has brought not only the increased risk of death from Severe acute respiratory infection but also psychological pressure, both for the general population, due to accelerated changes in living and working conditions, especially in large urban centers, and for frontline professionals.

In My view, all the essential workers are at the same time heroes and hostages. The general public feels better calling us heroes but, so many times, we feel like hostages: the workers that always works because we need to. In some cases, we might like what we do, and we might even do it to help. However, the truth is, we are part of a class that has no other option of sustenance besides the workforce itself. Even health professionals do not necessarily feel good, fit or safe to risk their own lives during a time like the one we live in now. And I fit myself on this part of the workers.

There has been a recurrence of cases of elevated anxiety, depression, lack of sleep quality, increased opioid use, psychosomatic symptoms, and fear of being infected or spreading the infection to family members. These are the key findings of a web report. (*Depression and Anxiety Among Essential Workers From Brazil And Spain During The Covid-19 Pandemic: a websurvey*). (Fiocruz, 2020).

According to one of Wuhan's doctors' research (Kang et al, 2020), the doctors that were interviewed on this study faced tremendous strain, including high infection risk and insufficient

protection against contamination, overwork, anger, prejudice, loneliness, lack of communication with relatives, and fatigue. This situation has resulted in mental health issues such as stress, anxiety, the onset of depressive symptoms, insomnia, denial, frustration, and fear, these issues that not only impair physicians' focus, comprehension, and decision-making ability but may also have a long-term impact on their overall well-being. Fear of infection, proximity to patients' pain or death, as well as family members' anguish associated with a lack of medical supplies, ambiguous knowledge about different services, isolation, and worries about loved ones, were also identified aspects in other work that discussed the psychological suffering and mental illness of health professionals., leading, in some cases, reluctance to work (Huang et al, 2020).

In addition to the generalized anxiety disorder, chronic stress, exhaustion or exhaustion of employees was verified in the face of intense workload, which tends to worsen in a context of lack of labor if health professionals have to isolate themselves because they contract COVID-19. In addition, some studies draw attention to the feeling of impotence in the face of the severity and complexity of cases due to the lack of beds and life support equipment.

I believe that this scene deserves great attention from the whole society. Even with studies published in scientific journals, very little has been done for us (frontline workers) so far.

The working conditions have changed little, and sometimes I think they have gotten even worse. The hourly loads, even if exhaustive, do not differ, sometimes we need even do overtime because of the lack of people to work.

I believe that other people still do not see us as human beings, with needs, fears, and anguish. It is like nothing we have done or made makes a difference. It looks like we are living in another reality, in a parallel world.

Stupid people continue to crowd because they think that everything is an exaggeration or a lie and they need to live their lives, or because no one close has suffered the consequences of having COVID. Do not matter if it is by contract the disease or working at the bedside with patients in agony.

2.5 Immigrants

Ireland has only recently become a nation of immigration; However, the changes have been very fast and completely transformed the nation.

Before World War II, fewer than 3,000 non-Irish citizens resided in the country (ICI, 2003). While most of Europe was experiencing net internal migration after the war, Ireland has long been associated with high immigration levels, particularly to Great Britain, the United States and Australia. (Garson and Loizillon, 2003),

Indeed, even in the last part of the 1980s, the nation was losing up to 40,000 of its population.

per year (Barret and Duffy, 2008).

In the year before April 2016, 82,346 people came to live in Ireland, of whom 53,708 were non-Irish. (All non-Irish nationals in Ireland - CSO - Central Statistics Office, 2016).

"Non-Irish" make up just over 12 percent (620,000 people) of the population in Ireland. (The impacts of Covid-19 on ethnic minority and migrant groups in Ireland—a new paper from NESC Secretariat - National Economic & Social Council, 2021)

Likewise, Ireland is a very predominant component of English language learning among EU and non-EU students, who come to study and work in the country for a limited time either in exchange programs, specific language courses, or to complete a degree. International students, like me, make up many immigrants who have entered Ireland in recent years - 22 percent of all immigrants in 2016. (Socioeconomic Aspects - CSO - Central Bureau of Statistics, 2021)

We are often fill in low experiences and low-paying situations to fund our stay in the country that has one of more exensive living cost in Europe.

As of April 2016, more than 17% of Dublin's population was non-Irish, with Polishes, Romanians UK, Brazilians, Italians, Spanish and French the largest portion of the non-Irish in the city. (All citizens Non-Irish in Ireland - CSO - Central Statistical Office, 2016).

Now try to imagine all this people working together, with different backgrounds, language, believes, cultural habits and costumes working together to fight in a pandemic situation.

The mix of ethnicities promotes culture shocks all the time, as well as conflicts related to believes, religion, ethics and morals and ways of seeing the world around.

It is a constant and day-to-day learning.

2.6 But after all, how can a pandemic be related to conflicts?

2.6.1 Synopsys

The world has experienced significant problems that have led to changes in social behavior and economic relations throughout history. Concerns in the past for the prevention of these ills encouraged society to generate health improvements in cities, create vaccines, among other actions that led to better well-being of the population. It is not yet possible to say when this pandemic will stabilize and begin to cool down. Meanwhile, a new social organization is taking place.

Given the severity of the pandemic caused by the coronavirus, new realities became part of our daily life of the world population: quarantine, with isolation and social distancing – and in some places like Ireland total lockdown *(total closure of a city or country)* – mandatory to implement sanitary protocols, (such as the use of masks, hand washes, use of alcohol gel), partial restrictions or total closures of essential services, among other measures to contain the spread of the disease and preserve lives.

In addition to the direct concern with the spread of the new coronavirus, another dimension of the problem needs to be looked at carefully. In addition to a health issue, it is also a social and emotional issue that affects different groups differently.

When Ebola hit West Africa between 2013 and 2016, women were considerably more affected than men (Kotilainen, 2015). This was because they were given the role of caring for victims, leaving them more vulnerable to contracting the disease.

With coronavirus, the weight remains higher on their side. It is an emotional, psychic, and physical burden placed on women, especially the poorest women in society.

In periods of forced isolation, it is common to contain the spread of the disease, an increase in the rates of domestic violence (Doyle, 2021), and teenage pregnancy.

Among the elderly, the leading risk group whose cases of covid-19 are more fatal, there are also emotional consequences that may go unnoticed. For example, the visitation to Nursing homes and hospitals has been suspended. Although it is for security, the measure also ends up isolating a population already marked by loneliness and helplessness.

Another factor present during the pandemic is the relationship of people with death, the importance of mourning and cultural rites to say goodbye to loved ones. This is also a topic still little commented on. However, the issue is already beginning to appear since funerals have been cancelled or limited to a few people.

People face situations in different ways, which can lead to internal and external conflicts. How the pandemic affects every human life is a universe of possibilities, different realities, and different approaches.

Conflicts impact on personal, relational, structural, and cultural aspects. Many conflicts arise in times of collective crises in which people become more fragile and afraid of the unknown.

Chapter 2

3. **Research Methodology and Methods**

3.1 Introduction

Research methodology implies the investigation of techniques or structure or vital instruments for the development of scientific research. The research methodology is the part of the research where the steps to be performed and utilized to get to the aim of the work will be detailed and explained. It helps to validate the results since it is logical and well developed, thus guaranteeing a reliable result within the research.

I spent months trying to understand and explore how a research topic could be guided by an autoethnographic method. I also point out that I am aware that there are resistances to this research methodology because it values subjectivity.

However, the more I read, the more I was concerned about having to discuss autoethnographic processes in this work; I could finally find a space between so many things that I should say/theorize/discuss/narrate/explore and where this discussion was within the course of Dispute resolution. It was then that a connection happened, and suddenly everything fit perfectly.

To understand a conflict, I need to be subjective. Every person, every human being, is unique and perceives the world differently. Conflicts are seen differently and have entirely different weights and measures, and solutions between the parties involved.

It is necessary to think outside the box. It is necessary to see beyond.

3.2 Autoethnography

Autoethnography is a research and writing technique in which an author uses self-reflection to explain and systematically analyse personal experience to understand cultural experience in order

to examine the anecdotal and personal experience and relate this autobiographical tale to broader cultural, political, and social meanings and understandings. This approach questions canonical ways of conducting research and representing others and views research as a democratic, socially just, and socially-conscious act. To conduct and write autoethnography, a researcher employs autobiographical and ethnographic principles. As a tool, autoethnography is both process and product. Autoethnography is a form of qualitative research.

According to Ellis and Adams (2014), the term autoethnography was used by Karl Heider (1975) to describe studies in which members of a given culture provide their own accounts of the culture. Later, anthropologist David Hayano adopted the term to describe anthropologists who “conduct and write ethnographies about their 'own peoples'” (Hayano, 1979, P. 99 Apud Ellis; Adams, 2014, P. 255).

Although the term autoethnography was not used frequently in the nineteen-eighties, the nineteen nineties witnessed a greater emphasis on this type of research, in the area of sciences with the publication of works such as the book Auto / Ethnography by Reed-Danahay, in 1997 and the Handbook of qualitative research by Denzin and Lincoln in 1994 (Ellis; Adams,2014).

Therefore, autoethnography is a method that can be used in research and writing, since it proposes to systematically describe and analyze the personal experience to understand the cultural experience (Ellis, 2004).

Thus, a researcher uses the principles of autobiography and ethnography to do and write autoethnographically.

Many academics have turned to autoethnography in response to critiques of "canonical ideas" about what research is and how it should be conducted. In particular, they wanted to focus on ways to produce meaningful, accessible and evocative research based on experience personal, a survey

that sensitized readers to questions about identity (in a political dimension), for experiences surrounded by "silence" (understood here as academic silence, referring to some social issues) and "ways representations that aim to deepen our capacity to empathize with the people who are different from us."(Adams; Bochner; Ellis, 2011, p. 274).

Auto-ethnographers recognize the countless ways in which personal experience can influence the investigation process. For example, a researcher decides who, what, when, where and how the investigation is likely to occur. The researcher (or researchers) can also change names and places for the protection of their research subjects, to compress years of research in a single text, build a study in a predetermined way, for example, using an introduction, literature review, methods section, results and conclusion (Ellis; Adams; Bochner, 2011). However, while some researchers continue to believe that research can be conducted from a neutral, impersonal, and objective standpoint, others recognize that such an assumption is no longer viable. (Denzin; Lincoln, 2000).

Anderson (2006, p. 384) points out a central feature of self-ethnography:

"[...] the researcher is a highly visible social actor within the written text". The researcher's own feelings and experiences are incorporated into the story and considered "vital data" to understand the social world that is being observed.

It is accurate, and this was emphasized by Atikson (2006, p. 401-402), that all Ethnographic work implies a degree of personal involvement with the field and with data (which are constantly constructed and not "data".

3.3 Research Limitation

The study's limitations are those aspects of design or methodology techniques that impacted or influenced the interpretation and comprehension of the research findings. There are the

imperative applications to practice or the potential utility of discoveries that result from how you initially decided to plan the investigation of the study to set up internal and external legitimacy and the validity or the consequence of unanticipated difficulties that arose during the study. (Price and Murnan, 2004)

So it is essential to frame that in this research, just the author's point of view is shown based on experiences and facts that happened.

3.4 Ethical Issues

The research guaranteed that all private information such as names and location were not placed on the paper to guarantee confidentiality and anonymity.

Chapter 3

4. An Autoethnography trajectory

4.1 My trajectory on the health path

I am not quite sure when the desire to be a nurse appeared in my life.

I had just finished high school. I was only 16 years old and went ahead to do a technical course. At this moment my idea was just to find a job soon as possible.

I choose to do a technical course in Nursing, a course that does not exist in Europe but is quite popular in Brazil and South America.

Now you are probably asking, what a technical nurse can do?

There are three types of nursing professionals in Brazil, each with a specific training and different tasks to perform: the nursing assistant, the nursing technician, and the nurse.

The limits of the activities of nursing professionals (auxiliary, technician and nurse) are defined by law. The Decree No. 94,406/87, which regulates Law No. 7,498/86, on the professional practice of Nursing. The activities of nurses are described in Articles 8 and 9, the competencies of the nursing technician, in Article 10 of that decree. (Kletemberg et al., 2010)

The functions are divided by levels of complexity and cumulative; that is, the technician competes in their specific functions. The nurse is responsible for their private activities; others more complex and can still perform the tasks of the other categories.

The three categories incubate to integrate the health team and promote health education and management (activities such as planning of health programming, preparation of care plans, participation of architectural projects, in comprehensive care programs, in training programs, in

the development of appropriate technologies, in the hiring of nursing staff), the provision of childbirth care and prevention (of hospital infection, damage to the patient, accidents at work) are the responsibility of the nurse.

Of these activities, it is up to the nursing technician to assist the nurse in the planning of care activities, in the care of patients in serious condition, the prevention and execution of comprehensive health care programs and participating in occupational hygiene and safety programs, in addition, obviously, of nursing care, except for the nurses' private ones.

Privately, the nurse is responsible for the direction of the nursing service (in health and teaching institutions, public, private and the provision of services); management activities such as nursing care planning, consulting, auditing, among others; the nursing consultation; the prescription of nursing care; direct care for patients at risk of death; the prescription of medicines (established in health and routine programs); and all the care of greater technical complexity. (Kletemberg et al., 2010)

The nursing technician is a professional with a professional certificate which is part of the nursing team. The technical course can last from three to four semesters. During training, the student needs to complete mandatory hours of supervised internship, which is usually performed in health units and different areas within the hospital, accompanied by professionals and teachers in the area.

At the end of the course and receive the diploma, it is necessary to register with the Regional Nursing Council (COREN) of the state in which you reside and will practice the profession.

It acts in an auxiliary degree of patient care, always with the supervision of the nurse, who coordinates the actions. The technician can perform care procedures on patients in cases of medium and high complexity. Pre- and postoperative patient care is also the technician's role. But

they are not restricted to that. Also, they can work in intensive care clinics and surgical centers. If supervised by the nurse, they attend to more severe cases in health facilities.

My internships during the technical course have shown another side of life that perhaps many people of my age are not prepared to see or to be part of.

During my internships as a nursing technician, I touched the other one for the first time. I have discovered the importance of proper hygiene and how a shower bath can be refreshing. Bare skin came to be seen as a protective mantle, which needs to be kept clean and integrated.

I learned to look at the other's body as a puzzle searching for answers to explain the causes of symptoms.

During these stages, I gave the first bath to others of the opposite sex, and I learned to respect the limits of each one, including mine.

It was during this period, too, that I witnessed my first death. And I cried.

Death becomes a different meaning when you are working in the health's area. Not that it becomes ordinary and banal; however, it becomes to look like more with something natural and part of the process of life.

I learned there to take care of the living body and also of the dead. A few years ago, the nursing technicians and nurses tamponed the body before it went to a funeral home. And that was part of my internship, too.

In my internship, I also saw life born. And I cried too.

Attending a birth and hearing a baby cry for the first time impacted my life in a way I cannot explain.

I realized it was amazing to be part of such important moments as the birth of life and the end of it, death. I guess that was when I decided I wanted to be a nurse.

The first definition of nursing That I heard was when I was attending the Nursing Graduation. My professor of Nursing Fundamentals presented us the definition of Wanda de Aguiar Horta: *"nursing is the science and art of assisting the human being in his basic needs, of making him independent of this care through education; to recover, maintain and promote their health, counting on the collaboration of other professional groups*". (Horta, 1979)

I did not know what it was like to be a NURSE.

At first, it was hard to believe that I was attending nursing because the first subjects are very rough. Biochemistry, biophysics, histology, embryology. Of human life, only death, in anatomy classes. I remember the first one: in the vast room, lots of tables with pieces of dead people. Corpses.

Nursing is a profession that, over time, has been deconstructing and building its history. Its relationship with society is permeated by the concepts, prejudices and stereotypes that have been established in its historical trajectory and that influence to this day the understanding of its meaning as a health profession composed of people who care for people.

From the times before Christ, the conviction that the disease was a punishment of God led primitive peoples to turn to priests or sorcerers, who accumulated doctor, pharmacist, and nurse functions. The treatments were intended to alleviate the deities through atoning sacrifices and ward off evil spirits.

In feudal times, religious philosophy, the supernatural view of the disease, and other means of dominance exerted a strong influence on nursing work, which was exercised by religious who helped as a form of atonement for their sins and salvation of their souls. The model of nursing practice was essentially religious in nature. With the fall of the feudal system and the loss of the

supremacy of the church, the religious were expelled from hospitals, being replaced by women of "low moral qualification", who assumed care to the sick in exchange for low wages. However, these women, prostitutes, and drunks are part of the profession's origins, whose historicity cannot be denied. This period was very significant for the history of nursing.

That is why I believe that we continue to live on low wages until now compared to other categories. Whether in Brazil or here in Ireland.

In the 18th century, capitalism reinforced the pressing need for a workforce, and the disease was seen as a threat to productive forces. In this scenario, in the mid-nineteenth century, Florence Nightingale emerged, who implemented the technical division of nursing work, developed the first model of nursing care through the systematization of work, besides contributing to the development of public health. Based on its revolutionary vision, nursing began its organization and was scientifically consolidated as a profession. From Florence, nursing developed, based on science, emerging conceptual and care theories and models.

Florence Nightingale was born in 1820, the daughter of wealthy English parents. Her culture was far above the common of the young women of her time. She had the opportunity to study Latin, Greek, modern languages, mathematics, statistics, philosophy, history, and religion. Florence was considered the first theorist, the first philosopher in nursing and the first epidemiologist nurse. Florence developed a theory that the goal of nursing should be to help patients so that they could maintain their vital abilities and meet their basic needs.

These theories are the same that are currently used in nursing diagnoses.

As a nurse, I learned to look at the other with a holistic view, where every little detail can make a huge difference.

I learned to identify, plan, coordinate, and implement strategies that could make a difference in someone else's life.

As soon as I left, after going through almost a thousand hours of mandatory internships. I had decided that I would like to go further and delve into an area that has always fascinated me, the skin.

The skin is our wrap; it is our individuality, for it and with it, we connect with the others, with the world, for it, we establish the senses of distance and proximity. Without the biggest organ of the human body, we cannot survive.

When I started my specialization course in Nursing in Dermatology, I thought that I would learn to take care of the skin and choose the bests soaps, creams, aesthetic procedures, and rejuvenation. In fact, I learned all that. But so much more.

I understood the importance of basic activities such as bathing, hygiene, diaper changed and dressings; I keep reflecting on all those I have cared for, those who have had important changes in skin integrity, which are often due to stress, maltreatment, lack of self-esteem and primary care, highly stigmatizing dermatological diseases, and disabling diseases such as lupus, leprosy, vitiligo, acne, chronic ulcers, wounds of the body and soul. I think about how much affection and disaffection affect skin health.

I started to reflect and think a lot about how internal conflicts can be associated with some.

It is incredible to know, and today I understand that internal and external conflicts can be related to everything that happens in your skin.

The skin helps in regulating body temperature, participates in the control of blood pressure and blood flow, plays an important role in the immune system, synthesizes vitamin D, is the touch and

mirror of the soul. When embarrassed, we blush. In the face of a threat or situation of anger, we pale. Scared, we sweat.

Understanding the skin made me have a much broader view when I started studying dispute resolution. Understanding conflicts involve a broad list of aspects that should be considered, mainly by the mediator, the third part.

My specialization in dermatology had opened me to a path full of possibilities. Because of the course and all the expertise that I gained, I had the opportunity to make my first international trip, not on tour, but as a guest to teach doctors and nurses the importance of foot care for people with diabetes in Peru.

It was a fantastic experience. I could know the realities of so many other health professionals, and second, I knew that my knowledge could help many other people.

After five years working as a nurse in an emergency unit, I was exhausted. During my last year in the position, I agreed to be a leader of the nursing team, and the stress and pressure made me rethink what I wanted as a professional. I was tired and needed some time to review my concepts. Not tired of being a nurse, but to work in a hostile environment, without human and physical resources, without recognition and low salaries.

With journeys of 24, 36 and up to 48 hours in a row inside a hospital, staying healthy is a constant challenge. Body and mind had started to give signs that it was time to take time off.

Tired of this stressful routine, I had decided that I wanted to explore the world and know other realities besides mine.

With a lot of fear and no English at all, I decided to take three months of leave without pay at work and get to know Europe. Putting all the savings together, I bought an exchange course for ten weeks to learn English in Ireland.

If I tell you, I knew anything about Ireland, I will be lying. And so you should be wondering then why Ireland? I am not going to deny that this was not my first choice. Canada and England were my first desires. However, Ireland was the one that fit in my pocket at that time.

It was weeks of research and planning before boarding. At this time, I had no idea that, among leprechauns, fairies, lots of rain, wind and cold accompanied by pints of Guinness, my life would change forever.

In March 2017, I was on my way to the Emerald Isle for the first time. It was ten weeks discovering new colors, aromas, and tastes. I visited dozens of cities and seven countries in all.

I have had a lot of shocks of reality and culture since I arrived here. Although I was born in a small town in the middle of nowhere, I grew up, studied, and always worked and lived in a big metropolis, São Paulo.

São Paulo, In addition to being the financial center of Brazil, is among the most populated cities in the world, with about 12.33 million people. Life in Sao Paulo never stop. The city is known as the city that does not sleep.

I grew up with the idea that I lived in an underdeveloped country, a third-world country. What a mistake!

My first impression upon arriving in Dublin, the capital of Ireland, with a population of about 544,107 thousands of people, I was in amazement.

Walking on the streets of the city center of the nation's capital Dublin, I could see many homeless people without basic hygiene care, without teeth and many, many immigrants, whether working or walking around as tourists.

Many old buildings, houses with a boiler to heat water and so be able to take a hot shower. Absence of elevators in buildings, and a lack of accessibility for people with disabilities, narrow doors, and many stairs everywhere. Whether in schools, pubs, or establishments such as restaurants and shops.

It made me rethink that we are significantly evolved in Brazil. Perhaps to be a third country is not that bad.

With a very different accent from what I was used to hearing in Brazil, which is always more focused on American English, the English spoken here in Ireland is a mixture of accents depending on which part the person comes from, sometimes almost impossible to be sure that is really English.

It took weeks to understand something and be able to formulate phrases that could make some sense. And four years later, here I am, writing my dissertation. I think I can consider this a remarkable evolution.

After three months of adventures, it was time to return to Brazil. To get back to my reality. The return was one of the strangest experiences I have ever experienced. It was a mixture of so many feelings together.

I was happy to go back to my origins and had realized how many good things there are there, and I had never valued before. I missed the food, the seasoning, the strong coffee and the sunshine—things we do not even realize or value in day-to-day life.

Furthermore, another part of me knew that I would never be the same. I would not be able to see things with the same eyes, and I would not go back to my routine without reflecting on everything that had happened in those three months away from home.

I had experienced the freedom to be what I wanted to be. I had visited countries that were far from my financial possibilities when I was a child. I did everything I ever wanted and heard from other people I could never do.

Travelling alone made me aware of who I was and who I am today. My limits were actually what others dictated or said for a long time, and being away from some people freed me from those limits.

And sometimes, I think that every conflict begins when the freedom of the other is somehow interrupted whether they do not agree with the same values, or by simple disagreements, or by clashes of cultures or religion.

I went back to my routine; however, I was not the same even though everything there was precisely like when I left. More and more, I realized that there was no longer my place. I needed to expand. I needed to be living in freedom again.

On 30 December 2017, I arrived again in Dublin to stay for two years studying English. The plan was to study until I could pass the English proficiency and thus act as a nurse here.

However, nothing in this life is simple. The process of validating the nursing diploma here in Ireland is slow and bureaucratic. It has different phases, has a relatively high cost and yields a lot of headache during the process.

Now it is at this stage that I find myself, with a lot of headaches, waiting to know whether I am accepted to work as a nurse.

According to research about the profile of nursing in Ireland, non-Irish nurses accounted for 50% of nurses newly registered with the Irish Nursing Board (NMBI). (Humphries, Brugha, and McGee, 2009)

Abandoning my career and start it again from scratch in another country was a tough decision. However, necessary. Add to that the fact that I did not speak the language and still think it is sinister the idea of living on an island. It was quite a challenge and still.

My first job here was as a cleaning, one of the first opportunities immigrants have here in Ireland when they do not speak English. A month later, I interviewed and started working as home care, which includes visiting people in their homes, talking, reminding them to take the medicine, offering a meal, many of them elderly and younger people with some physical or intellectual disability.

I was happy to contact people again and somehow be part of the health system again.

Over again, it was a cultural shock. Even if assisted by a home care service, some people are living in precarious and vulnerable situations. Some of the houses are extremely dirty and the hygiene conditions very poor, many of them live abandoned by their families and only have contact with the home care people. I feel sad.

Food is flawed and not supervised by nutritionists or dietitian, And apparently, the home cares services do not provide this type of assistance for the patients. I have met people who have only been eating bread and drinking tea and all day long. Others that only ate cooked potatoes with butter and drinks 7up.

Several times I thought with myself. Why does anyone not do anything about this situation? Where is the nurse to educate this patient and watch him better? Does it just bother me?

To work as a health care assistant (HCA) is necessary a course FETAC 5, that can be done in few months or even online, however when it comes to home care, many companies do not require it, and any person that has a desire can work as a caregiver.

Little time got to step up, and I decided it was time to get out of home care life and work in a slightly better environment. An environment to give me a better dimension of how Health works in Ireland. My English was not enough to try to work in a hospital yet. So, the opportunity arose to work at Nursing Homes.

I worked for an agency that offers staff for the nursing homes around Dublin when they are short staff(always), such as when someone calls sick, are taking holidays or maternity leave.

In the beginning, it looked lovely and an excellent opportunity to see how Nurses, in fact, works, and an opportunity to improve my English skills and learn some technical vocabulary.

Nevertheless, in real life, not everything is made like a dream. Nightmares are part of everyday life. Starting to work in a nursing home was, for me at the first moment, a terrifying experience.

I found myself having to act against everything I learned in years as a nurse in Brazil. Cultural differences were much more complicated and a much more laborious obstacle to face than language barriers. The idea that my country is third world and Ireland first world make no sense when it comes to health. I wanted to give up several times; every shift, the desire was to run away and never come back.

I worked with people from different nationalities and with different backgrounds, people who carry different opinions about what Caring for someone means. That has been one of the biggest challenges of living abroad.

The limitations of language have made me remain silent rather than argue so often, even though I am an expert on specific subjects.

I learned in a cruel way to deal with internal conflicts caused by intercultural conflicts.

The first obstacle was learning to deal with Irish culture and understand and respect all the other different nationalities who work by providing care.

Sometimes when I see something That I consider wrong, I wonder, is that normal for this person? Did she ever learn otherwise? Will the person be offended if I say something about it?

And so, it has been my day to day since then. However, something unprecedented was to come and change our lives forever.

4.2 Cultural difference and conflicts.

Working with people from different nationalities and with different backgrounds is the biggest challenge of living abroad. It was likely when I realized that maybe doing a masters in dispute resolution was necessary and essential to me.

I think it is important to mention that when you move to another country. We do not change. We are even moving houses, countries, languages. Our customs remain very deep. Our essence remains the same.

Language is undoubtedly the first obstacle, but it is not the only one. With a new language, we need to learn how to deal with a new culture, new customs, new ways of seeing the world, new flavors, and new colors.

We learn about new religions, new ideas and concepts on ethics and morals. And yet new ideas of what can be right or wrong.

Ethics is the set of values and principles that we use to decide the three big questions of life: Do I want?", "Should I?," "Can I?".

There is something I want, but I should not. I owe something I cannot, and there is something I can, but I do not want.

Dublin has thousands of people from around the world. So, I needed to learn not just Irish Culture but about a lot of others.

Many things surprised me during the time I am living here. Undoubtedly the first of them was about hygiene habits, and I probably had some innumerous arguments because of it.

Why do some people not have a shower every day? This is a reality in nursing homes, but not limited to it.

Showers for Brazilian`s people are almost like a sacred ritual. It is more than necessary. Many people do it more than once a day, whether it is to start the day well or even when you get home after a long day of work.

Be weeks without a proper shower and wash the hair was something disgusting at the first moment.

Until I try to understand about the weather, and how people`s life was before. It made me see things with a new perspective and understand (even that I disagree) why things are different.

The food was also another department that surprised me. I missed the colors, the flavors, the seasonings. From the variety of fruits for breakfast and the strong coffee. Rice and beans for lunch. Barbecues on the weekend.

I had to learn how to enjoy the gastronomy of Ireland. However, showers still being sacred for me.

It is so strange that I lived in a huge city, but it was necessary to move to a smaller one to notice the variety of races and ethnicities in their own traditions and customs.

In Brazil, it is widespread to meet people of different nationalities. It is insane to think that it is possible to fit 121 times Ireland in Brazil in terms of size and geographic space. It is a mix of cultures, people, and costumes. There are people from all over the world in Brazil but in particular in São Paulo. However, I may never have noticed or had reflected on it because I was part of the majority, not the minority like I am now. That so many groups there are living in there.

We have hundreds of accents from our Portuguese -Brazilian language and about 280 different languages spoken by the indigenous peoples that remain. A great deal of degradation of colors on our skin and dozens of religions with the most different influences. Everybody is different.

Although I came from a country where there are so many differences, it was strange to come here and realize that I was the different one. The feeling of not belonging here when I arrived was a mix of a strange sensation.

The human being to live in society creates understandings, perceptions, classifications and concepts of kinship, group, clan, race, and ethnicity. There is a need for classification and order. And in my view, this is born of the human being. Just as we are also able to generate bonds of belonging and exclusion, the boundaries that mark the "I" and the "Other" are what defines us as equal or different:

And so, after some time here, I understood how to recognize who my equals were in Ireland. I learned that I am part of a group. And this group provides help and support in difficult times. They are people who create bonds of friendship and connected by one thing in common, our country of origin.

However, this concept of different needs to be better explained. I learned that being different is part of our society. We all live mixed in a globalized world.

The critical matter is not to try to make everyone equal, but to know the differences and see the differences as another way to do or go. The difference broadens our horizons and our possibilities. It is a new way of doing the same, but with another look. The most important lesson is to respect the perspectives of others.

4.3 Being a Health Care Worker during the pandemic.

This text is written in the middle of the Covid-19 pandemic. We are not before, Not after, But somewhere between the beginning and the end. We have no idea who we will be by the end. Nor how many we will be. We are now at the point where anything can happen.

The whole situation could just be a joke on April 1st. But it was not, is, and continues to be accurate.

In April 2020, I received the news that the first case of COVID-19 had been confirmed in my work environment, and a resident had died the day before and had the diagnose confirmed.

I was incredulous. That first resident was the first of many others that would be lost as the Coronavirus Pandemic progressed. What was so far away became suddenly so close. What we used to see and be terrified by on the television, or the internet had indeed become a problem.

Going back in time and remembering everything that happened and turning this fact into an academic-like autoethnographic narrative is undoubtedly a challenge. As a researcher being part of the research itself, it is a task that needs discipline and attention. Exposing my vision can be somewhat biased and perhaps somewhat emotional.

When case zero began, China seemed to be a long way off when we saw the news and reports explaining the new disease that had begun in late 2019.

Going back in time, I can say with certainty that no one had any idea what was coming for the entire planet.

In the face of this unprecedented challenge, the most visible change in human behaviour has been the impossibility of ignoring what is happening in the world. There came the need for reflection.

We were all being affected somehow. Whether it is always the bombing of news or the awareness that everyone is in the same storm on the high seas, even with different boats, the threat of Covid-19 is against health and the social and economic functioning of society. That ends up affecting everyone.

Reflecting more on one's own actions, on what we think of the other, to value relationships, to understand how an action can affect another person. All these behaviors can be structural, or they can last only until the end of the pandemic.

When I study the past to understand the present, I recall that people developed an instinct for survival with the Spanish flu, guided mainly by existing fear, which made them understand the gravity of the situation and act.

I want people to know that this is much more than difficult. This is not the world of health care that I expected to enter; none of us expected it. I studied to save lives. I applied to take care of the sick and dying, and, yes, I recognize that this all puts my health at risk. But do not confuse my choice of profession with a diminished sense of self-esteem; I did not apply to die.
Until there is a cure or effective treatment, people will continue to die indiscriminately from this disease. Even after social isolation measures are taken, everyone is always at risk. Even after a peak, there is still a plateau and a slope journey, and people will continue to die along the way.
I got sick two weeks before the first death was confirmed. I was scared.

My cough lasted for more than seven weeks. I had shortness of breath to small efforts. Even small activities like talking and eating made me extremely tired.

It was the beginning of everything, the beginning of the lockdown, doctors answering only by telephones, the health system almost collapsing due to lack of personal protective material and lack of tests for detecting the disease.

My test was cancelled the first time, and I only went to perform it two weeks later because I was considered a population at risk for working as a Health Care Assistant. My exam was performed less than a mile from my residence, which would probably take me about 10 minutes walking to get there. I made the one-way trip in about 40 minutes, and yet it looked like I was running a marathon,

The exam consists of placing a swab on your throat and nose. No doubt, very uncomfortable.

The feeling of helplessness and fear probably predominate at this moment. Fear of contaminating someone in the high-risk group, fear of needing medical support and not having it. Fear of being abroad and far from our beloveds.

The result only came after another three weeks as a negative result. A mixture of joy and insecurity took hold of me. I was delighted to have no new virus detected and worried about what was wrong with me and why I was still sick without improvement after so long. And without the possibility to see a doctor.

As a nurse that had worked for years in my country's public system, I thought I had seen almost everything in this life. I never imagined living to see human stupidity to the point it has come to.

I truly believed when they declared to isolate themselves to fight the virus, it was going to be super easy to follow and that in a short time, we would have won the virus and back to normal.

Instead, what I saw was people rushing to buy toilet paper and endless lines at the markets to stock food as the world was ending or being attacked by zombies.

After the first case was confirmed where I was working, almost as a domino effect, several nursings home employees and people that worked on the health path(hospitals, clinics and home care) and other residents became ill at the same time.

What we feared most happened. When the Care gets sick, who takes care of the one who cares?

The proper procedure to be followed, a procedure that we as cares put our faith in to protect us, is as follows; Sanitize hands (Remove all adornments) Put on the mask (Adjusting the mask on the face ensuring proper sealing). Sanitize your hands. Put on the personal protective goggles or the display. Put on the apron (Tie at the neck and waist). Put on the cap Put on the gloves (Cover the cuffs, if necessary secure with adhesive tape). And so, it had been and has been the daily routine before entering the room of each patient/resident for the last year.

I often joke that we need to dress up as an astronaut for every room we visit. The work environment, which was once full of smiles and laughter, turned into a tense, sad and pain-filled place hidden underneath the mask and all other personal protective equipment.

The ageing process develops gradually and slowly, with losses in the biological, psychological, and social space. Getting older is a dynamic, progressive process in which morphological, physiological, biochemical, and psychological changes are performed. The concept of ageing most often translates into a pure and straightforward conception of chronological age.

When I moved to Ireland, I was surprised at the age of the residents who lived in the Nursing Home I worked in.

Irish life expectancy has drawn my attention not only because of chronological age itself but also because many are incredibly healthy, if I may say so, with few co-morbidities and only signs of old age, such as dementia or loss of mobility. Working with centenarians in the covid pandemic certainly deserves a separate study for the future; however, I would like to share my experience as a caregiver in this pandemic context.

If we have information and all the mental abilities preserved, it has been challenging to understand and go through the lockdown. Imagine explaining that to an older man with dementia, that lives in a nursing home how to say that he cannot leave the room or see his daughter or wife.

Suddenly everyone started to walk around, fully dressed in protective equipment. There is little talk to avoiding contaminating anything. Visits from family and friends are suspended. All utensils become disposable: plates, cutlery, glasses. Leaving the room is no longer allowed. Activities are all suspended. Finding meaning and purpose at the end of life has become even more complicated and painful.

It has been difficult, and it continues to be complicated.

We all will spend a long time discovering and understand all the effects and how Covid has affected and is still affecting people's life.

The price that we are paying is really high. Not just with money, but with lives.

Even though the virus's mortality is more negligible when compared to other diseases, it has taken the lives of many people.

Unfortunately, I have met many of them, whether in Ireland or my home country, Brazil.

The elderly and the people with underlining conditions were the firsts to suffering from the lethality of the virus. However, others that were considering healthy also lose the battle against the virus.

As a person who works with health and tries to keep people alive or at least comfortable until the time of finally die, see people dying so quickly and out of control impacted my way of seeing the world.

When the professionals started to be part of the statics of people were dying, and some of them were colleagues of work, I started to question myself if putting my life at risk to save other lives was an act of heroism or stupidity.

To have the ability to make hearts come back to life after they have stop may be a gift of God. Still, at times like the pandemic, that same ability makes us hostages to a society that believes it is our obligation to be there, to work long hours per days that the vast majority of people would not endure, wearing protective equipment that does not allow us to eat or use the bathroom.

The world sells an idea that every health professional is an angels, heroes, the world claps us, but the truth is that we are human, flesh and blood. Feelings we have pains, fears, family, friends, and a life beyond our work. I am sure many colleagues like me preferred decent working conditions, consistent remuneration such as the type of activity carried out and recognition of the general public, not only in times of pandemic.

When all need to stay at home to protect themselves, you need to leave to face the unknown. We start to reflect on what is essential in our life.

What are my limits as a human being? How far can I go without letting myself be affected by everything that is going on around me?

How to manage losses and not let this affect my mental health in times of distancing and lockdown?

I realize that a point of view is something very personal and intimate. Some people are the reason, and others are emotional. Some continued to act as if nothing had happened or could not do anything to change the situation. Others will go unfaced, cry for nights in a row, try to study all possible scenarios and situations and will not stop until they can do something about it.

I can say that in my case, it was learning how to say no. For the first time in years, I think that I said no for my profession for more than ten years being a nurse. I assumed, first to myself, that I am not a hero. I am a human being with feelings, fears and a kind of hope. To understand it all together at this moment is a mix of relief and also grief. I want to screen for the entire globe that I am a hero, and I can help the world and save humanity.

However, I am not a hero. I will not save humanity. If I could save myself, is a big prize. I have felt a coward, and I cannot say that I am proud of myself. In fact, when I see my friends, I am ashamed. Therefore, each message that arrives telling me that a colleague of mine in Brazil is now dead freeze me.

However, to step out for a while and give time to me was the most valuable experience of the pandemic.

I learned how to use emotional intelligence, which can be translated as learning how to cope with our own feelings and emotions and use it to or own benefit and learn how to do the same with the other behaviours and emotions. The importance of emotional intelligence is for life. Its essence occurs when we manage to reconcile the emotional and rational side of the brain, neutralizing negative emotions, which produce destructive behaviours and then potentiate positive emotions to generate the desired results. However, it was not an easy task at all.

The idea of being far away from home at this moment causes thousands of queries in my mind. What if someone that I really love dies? How will I cope with the idea of not say god bye?

4.4 The last unsaid goodbye

"This pandemic kills twice. First, it isolates you from your loved ones just before you die. So, it does not allow anyone to come near you."(Unknown author)

Death is perhaps our only certainty while we are alive. Every being born one day sooner or later dies. However, how this happens depends on many factors.

When working in a nursing home, death is always expected. Many of those who live there go exactly to wait for death.

It is a sad reality, but it is the truth. People are living in a nursing home waiting for the day of departure.

When the first case and consequently the first death happened because of COVID-19, things got out of control, and in a short time, almost half of all residents died in a short period.

Death was never taboo for me; I always knew how to handle it very well. However, losing so many people in a brief period to me was disturbing.

I thought I was prepared to see death; I have seen enough for years working in emergency hospital. However, in the last year, I have seen more people die than most people see in their entire lives. Now, I am not so sure anymore that death is something I am prepared to see. Death is different now. Death could have chosen me.

Except for the first case, no other residents left the nursing home. They were all getting sick and dying right there with a lot of respiratory distress and little intervention.

And even though everyone is there waiting for death, dying like that struck me a lot, especially for the absence of a farewell from the family, the absence of someone to hold the hand or even provide a minimum of comfort well-being.

Although they were not my family, it was sad to see them dying that way. On Covid's account, properly saying goodbye will never be possible.

To get an idea of the scale of the unprecedented crisis, there was a need for abbreviation or interruption of traditional rituals celebrated to honor the dead and comfort the bereaved individuals. Thus, the global pandemic of COVID-19 has reformulated many aspects of the experience of dying and its rituals. (Cardoso et al., 2020)

In addition to dealing with the traumatizing experience of loss, because it occurs in the context of an acute illness, it does not allow the gradual emotional preparation of family members. The high risk of contamination prevents the bodies from being veiled.

Thus, together with the brutal loss of the family member, one experiences the impossibility of celebrating the final rites that create a space of communion, collaboration, connection with the sacred and beginning of the necessary process of dismissal to pay the last respects to the loved one is a gesture of mental health, which makes it possible to make reparations and reconcile with life. However, in the regime of exceptionality installed by the pandemic, the funeral was abolished, and the burial, with the necessary limitations imposed, tends to disturb rather than comfort. The feeling that remains is that one "skipped a stage". . (Cardoso et al., 2020)

The emotional value and structuring role of performing rites and rituals in various societies and cultures has long been recognized by psychology. As a rite of passage or healing, the rite is a broader category, whereas the ritual is the collection of gestures and actions that comprise the rites. Human rituals are common to all peoples and are symbolic actions, repetitive, standardized and highly valued behaviors that help the individual to channel emotions, share with their peers their beliefs and transmit their values (Wallace, Wladkowski, Gibson and White, 2020)

Funeral rituals have always been present in the history of humanity to demarcate a state of grief in recognition of the value and importance of that being that has been lost and favoring changes in roles and allowing the life cycle to transition. The significance of funeral rituals for psychological maturation should also be considered. Since they contribute to individuals confronting substantial loss and triggering their mourning process, enabling the public manifestation of their grief. (Wallace, Wladkowski, Gibson and White, 2020)

The absence of farewell rituals of the body hinders the psychic realization of loss. Allied to this, sudden and unexpected deaths make it impossible to prepare the bereaved to deal with loss since the temporality of physical death does not accompany that of social and psychic death, which can generate difficulties in elaborating the mourning process. When intense, such barriers can favor the *so-called complicated* mourning, characterized by prolonged disorganization that hinders or prevents psychic reorganization and the resumption of activities before the loss. Furthermore, exacerbated symptomatic manifestations such as the expression of intense feelings, somatizations, social isolation, depressive episodes, low self-esteem, self-destructive impulses, frequent thoughts directed at the deceased person, inability to accept loss, self-blaming, and difficulty imagining a meaningful future without the person who is gone are possible. (Crepaldi et al., 2020)

In the context of the COVID-19 pandemic, several factors can hinder the elaboration of grief, such as sudden death and in circumstances of total isolation in a hospital unit, the experience of dying in a situation of intense suffering and physical pain, suppression of the time necessary to give meaning to lose, exposure to stigma and social discrimination, rarefaction of rites and rituals, lack of social support, the tension of family relationships and occurrence of other losses simultaneously to death. (Souza and Souza, 2019)

Since the pandemic began, my body freezes whenever I receive the news that another colleague is sick, a relative or even some acquaintance.

When I watched on social media the first funeral procession(of many) of one of my colleagues in Brazil who died because of covid, tears rolled on my face, and a feeling of helplessness, sadness and again fear was part of my life.

Afraid for what is still to come. For my family, who also are part of the front line of the fight against COVID. Impotence for not doing anything to help, besides trying not to make the virus circulate. Sadness for the lives of so many friends who died trying to save others, so many young people who lost their lives to a tiny virus.

The first was followed by many, and today I can no longer count on the fingers of my hands.

This virus was very unfair. It expressed us from the opportunity to say goodbye in a dignified way. To pay one last respect. It separated us from important moments in society. It has deprived us and deprived us day by day of all that brings us together as human beings. Be those moments while alive or dead.

Every time I leave the house, I wonder if I am going to be next. I think and rethink, what can happen with me, with my friends and family? What if I get sick? What if someone I love dies?

How will it be the feeling of not having the opportunity not to say goodbye?

Sometimes I still cannot believe some of them are gone. It all went so fast.

The person was fine, and in a matter of hours, he was no longer there anymore.

4.5 Dealing with conflicts.

What was so far away suddenly became so close. What we used to see terrified by television or the internet has indeed become a problem. The coronavirus arrived in Ireland in proportions that required more drastic measures.

Saint Patrick's Day celebrations such as the parade have been cancelled twice in a row. Everyone's life has somehow been affected. Being in lockdown, locked home without a social life is, without doubt, a considerable challenge of these times.

Relationships between people have changed drastically. Living together is one thing; being in the same space 24 hours a day is entirely different.

Confinement, loss of habitual routine, and reduced social and physical contact with other people result in boredom and frustration and a sense of isolation from the rest of the world. Even then, thanks to the internet, we can be connected with the world.

The big question is that we are now forced to share the same space 24 hours a day with people who think and act differently from us, making this coexistence a challenge. Therefore, it is important to reflect on how confinement can affect our interpersonal relationships and what to do to maintain serenity, strengthen these relationships with our families, friends and avoid unnecessary friction.

New interpersonal difficulties may have presented themselves at that time, but the truth is that most of them already existed and were only enhanced by intense conviviality. This period of

pandemic and social distancing imposes several changes and adaptations on us, besides bringing many uncertainties and concerns. For this reason, it is natural that people are more stressed and therefore more impatient and intolerant of others. In this state, we are commendable to start a discussion with someone for small reasons and more sensitive to perceive a simple attitude as a provocation.

That is why we need to hear each other first. The current crisis has forced most people to slow down the pace of life, which can be seen as an opportunity for us to devote more time to look inside ourselves. We can be more attentive to our thoughts, feelings, behaviours, and the needs behind them. We can revisit and evaluate how we interact with ourselves, others, and the world. Self-knowledge and self-awareness will help us better evaluate the situation, understand our responsibility, and curb behaviors that are harmful to our lives that weaken/erode relationships.

It seems obvious, but it is always important to remember we are unique, singular beings. Every human being has a worldview and a way of being of their own, constructed by their experiences throughout their history. We do not see things as they are, but as we are. We give meaning to everything and everyone according to our past experiences, beliefs and values formed. From our interpretation of the situation, we will have corresponding feelings and behaviors. And if reality is an individual construction, there is only a correct or true one. We must try to understand the needs and respect the way of thinking, feeling, and acting of the other.

Precisely because of the singular and complex nature of each individual is that inevitably conflicts will arise.

Culturally, we tend to consider the conflict as always unfavorable. Consequently, we seek to deny or avoid it. But the truth is that conflict can be an excellent opportunity for personal maturity and strengthening relationships when viewed positively. If there is conflict, it is because there is an

investment in the relationship, desire to resolve differences. So, the problem is not the conflict itself but the violence we usually employ to account for the problem. And in this sense, healthy conflict resolution involves dialogue and communication.

Conflict resolution involves assertiveness. Assertive communication consists of saying what is thought, with honesty, clarity, and objectivity, taking into account that another also needs to be heard.

Understand that every conflict begins within us. Before being manifested in harsh words, the elevation of the tone of voice or aggressive behaviors, the conflict begins with an internal discomfort, signaling that our need is not being met in that situation.

I believe that conflicts will always exist in relationships and that, not necessarily bad, we can face them more lightly and positively. We need to dive deeper and deeper into self-knowledge, discovering our patterns of thoughts, feelings and behaviors and the consequences of these in our relationships. Thus, we can be more attentive and vigilant to choose new, more beneficial patterns consciously. Suppose you choose to develop more assertive communication. In that case, you are choosing to express your feelings and your needs clearly and honestly to the other, seeking to listen to it and understand it also so that the problem is solved satisfactorily for both. Practicing assertive communication can improve your relationship with yourself and others.

4.6 The light at the end of the tunnel – Vaccines x The World outside - The fake news

The covid-19 was so overwhelming that it stopped economies and changed behaviors in the year 2020. Meanwhile, we started 2021 with the light at the end of the tunnel.

The year 2020 was a race against time in search of a vaccine that would stop the transmission of Covid-19, a virus that since December 2019 has left the world on alert. The rapid spread of the new coronavirus and the high mortality rate has caused scientists to work more than ever to find ways to treat the disease and prevent it from spreading, whether through medicines or research that sought to develop an effective and safe vaccine for the population.

And that day has finally come. In January 2021, I received the first dose of the vaccine, and already at the end of February, I was utterly immunized against coronavirus. The announced effectiveness of more than 90% hoping that the chaotic situation in which we live today will one day return to normality.

It was a great way to be among the first groups that would be vaccinated. It was a moment that. I felt that things could finally go back to usual little by little.

However, numerous conflicts arose because of the release of the vaccine and the beginning of its use. Anti-vaccine, anti-mask, and anti-lockdown groups grew as well as protests and the dissemination of fake news.

The possibility of being connected because of the internet facilities and smartphones makes us get closer in times of quarantine and isolation. However, so easily can also be a great villain.

The false content shared in social media profiles due to the ease and speed of dissemination and the impact that can generate a great disorder for part of the population that ends up being convinced by the lie and pass on fake news.

Despite being a fairly old phenomenon, fake news is in evidence due to the speed of distribution and the reach that digital media provides to information, especially fake ones, which is worrisome.

The issue is so delicate that even the World Health Organization (WHO) used the term infodemic to refer to the practice of a rapid and far-reaching spread of both accurate and inaccurate information about something, such as false news or incorrect information related to the pandemic, since, in the current context, disinformation represents a more severe problem because it has the ability to endanger the health and integrity of many people. Since Covid-19 spread globally, misinformation has caused, among other things, people with symptoms of the disease to take medication without any scientific evidence that could demonstrate efficacy in treatment or even believe in the rumour that people living in countries with the tropical climate would not have to worry about the new coronavirus. (Infodemic, 2021)

Denialism concerning the pandemic present in some discourses of people and anti-mask or anti-vaccine groups is not exclusive to our time.

The statements that mitigate the severity of Covid-19 and its repercussions could have been inherited from rulers who had to deal with another pandemic 100 years ago, the Spanish Flu.

At certain times in history, such as in more recent cases of Ebola illness, for example, the relationship between communities and professionals who dedicate their lives to the care of infected people has been negatively affected at first. And that is thanks to rumours, or the so-called "fake news."

In African countries such as Congo, people came to believe and spread information through WhatsApp that those responsible for taking the disease there would be doctors sent to help treat the virus. The issue became so severe that many health professionals began to be physically attacked in the country. (Spinney, 2019)

The fake news about the pandemic circulated from news, messages, audios, and videos, in which even the existence of the virus was questioned (which led many people to ignore sanitary measures), to the spread of sensational information that contributed to the increase in fear and anguish of people. (Dealing with fake health information during the COVID-19 pandemic)

In addition, they use the human impulse to allow themselves to be attracted by alarmist or fantastic content, or that attests to the correcting of their beliefs, be they moral, political or religious.

Fake news had made those difficult time even more brutal. Made people denied the disease, facilitated the spread of the virus, and extended the lockdown for more than one year in Ireland.

Denialism has to be taken seriously. It cannot be dealt with in a folkloric way. And the way to face it is with evidence, with concrete. And with accountability to who spreads it.

Although the vaccine was a light at the end of the tunnel, by the end of April 2021, only 3.5% of the entire world population was totally vaccinated. In Ireland, 9% of the population was entirely vaccinated with the two doses required. (Coronavirus (COVID-19) Vaccinations - Statistics and Research, 2021)

We are walking in slow steps, but with the hope that soon, everyone will be vaccinated.

When I get the news that a loved one or friend has been vaccinated, it is a relief. Happiness became part of life again. It is the hope that hugs can be given again without the fear of them being lethal.

The hope that perhaps the next Christmas can be celebrated with the family and that soon the world will have finally won this Virus.

The suffering of millions and millions of people reveals the irreplaceable need to take the vaccine, to wear the mask and to maintain social distancing; shows us mainly that it is no use to face the virus or think that it does not exist, we must respect it as a ruthless enemy and unite to encourage vaccination for all

Chapter 4

5. Reflection

5.1 There will be no winner or loser, but a different world.

Isolation, quarantine, pandemic, these words, usually related to the outbreak of bubonic plague, which occurred in Europe during the Middle Ages, gained new interpretation with the recent spread of the Coronavirus . Spread by most of the world's territorial extension in 2020, the covid-19-causing virus has had its effects on the planet, leading to the indispensability of the presentation of swift responses to society as a whole.

Habits had to be quickly changed so that work, education and family, life could continue differently from "normal", representing "the new normal". And all over the world, working hours have been reduced or suspended.

Quarantine means a sudden change in the routine of people who, in general, have never had to spend so much time trapped indoors. Suddenly, hugs, kisses, closeness to speaking in a face-to-face conversation became a medical prohibition. Even a simple handshake, so familiar and commonplace, has gained new meaning.

Nobody takes anybody's hand. Nobody sees anyone. And social relationships take place through technology. But then what? Who will be the first person you will want to hug when all this goes away? How are you going to be after this?

You have possibly made plans about what you want to do when you can get out on the street as you did before. Maybe go to a party with all your friends, run to hug your parents, see your team at the stadium, visit that relative you have not seen in a long time, catch a plane with no destination.

What was common or considered normal now, in fact, no longer exists. This may sound bad, but the search for new ways of seeing and living life is part of human nature.Social distancing also brought more profound reflections. I have thought about how I have already been in the company of people and, for many times, did not give much attention to the moment. Now I have realized the importance of seeing, talking, and touching another human being in life. Even a simple "good morning" is missing.

The world transformation, verified as a reality before the impossibility of returning to normal, reinvents us as a society and reconnects us with our roots of social responsibility, questioning our roles before the collective. In such an unpredictable and innovative moment, the context caused by coronavirus tells us to the oldest and most intrinsic feelings of individuals, in which, although physically distant, only the use of the first person of the plural is allowed, reminding us of the memory that the other, whatever language speaks, which religion or which culture is founded, is still human.

The hugs have been left aside, and the handshakes now sound almost like an offence. There is a concern everywhere. Some fear their jobs, others for their lives, some still bear the fear of losing the people who are dear to them, those who are incredibly esteemed and who cannot even consider living without. The order of things has shifted.

Changing is complicated but stay still is perishing.

In Shakespeare's Act 4, there is a time when the character, in front of a difficult situation like this that we have today in the pandemic, says, ¬or sink or swim'. We are living a circumstance like this, or sink or nothing; either we move, or we cannot overcome the barriers, the adversities we have to do.

A person only accepts change, in fact, when he realizes that he will benefit from the process. We are all afraid. Nature has put in us two mechanisms to survive: fear and pain.
We need to have the courage to take advantage of the opportunities. It is worth remembering that courage is not the absence of fear but the attitude to face it.

We must do our best while we do not yet have the ideal conditions to do even better what we have already done very well. Those who do what they can, the basics, fall into mediocrity and live a warm, tiny life.

Mediocrity is a lack of whimsy, of zeal, of quality. It is choosing to do everything more or less, although if you could do your best. Whim, on the contrary, is to do the best in the circumstances in which the individual is, even if this best is not the best in the world.

Chapter 5

6. Final Considerations – Conclusion

6.1 Epilogue

We have come this far and it seems, for those who read, that I am concluding however, I realize more and more that I am just starting (or restarting) every moment of reflection I do, and I redo my practices and beliefs, with my Dayse's way of being, more flexible, fluid, and renewed with each learning.

It is very strange to conclude an autoethnographic study on something that still exists. As I said earlier, this text is written in the middle of the Covid-19 pandemic. We are not after, but somewhere between the beginning and the end. We have no idea who we will be by the end. Nor how many we will be. We are now at the point where anything can happen.

Humanity is going through its worst health and economic crisis in a long time. Its impacts are felt in the economic and social dynamics and on the health of the population throughout the planet. However, how these impacts affect the various groups are different.

I see things in a way that most people do not allow themselves to see. To want to see life in another way, follow another path because life is brief and needs value, meaning and meaning. And death is an excellent reason to seek a new look at life.

Almost everyone thinks the norm is to escape the reality of death. But the truth is that death is a bridge to life.

I am a critical optimist. I am that person who sees the possibility of doing what is best, but you do not think it will be automatic, that you are just going to come and just waiting for things to happen.

We have to put a question mark and be able to rewrite and reinvent our path. Critical optimism is that of active hope, of those who come together and seek the best. It is not the hope that awaits.

The only way we can deal with everything that is happening in a way that's not traumatic is to be able to imagine that, in all our previous moments of life, we have overcome not as dense and damaging phases as this, but we can do it. After all, we are not born ready. We are building ourselves within our trajectory. Life is a process, and the process is changing. We will have to relearn, redo, recreate, but we are going to do that.

Situations of conflicts, in general, are not yet so noticed because they are dispersed in the midst of this other group that we are living in. But the mourning that will be lived, which is not only mourning concerning people losses, but all the losses, employment, economic condition, conviviality, projects, time in isolation, will undoubtedly leave scars.

We cannot pretend that is not going to come out. The possible outbreak of depressive disorders has a very high possibility of hatching. And then, you need not underestimate the depressive condition that some people will have. It will be necessary to understand that we may not be faced only with demonstrations of weakness. Still, of the result of a series of functional circumstances, in the field of mind, organic, in the chemical field, and that cannot be disregarded. So, if now the emergency is to take care to avoid contamination, the next step, in general, will be to deal with mental health.

The only way we can deal with everything that is happening in a way that is not traumatic is to imagine that, in all our previous moments of life, we have overcome not as dense and damaging phases as this, but we can do it. After all, we are not born ready. We are building ourselves within our trajectory.

Awareness of our mortality became much more evident in the pandemic. Some people forget that death is not a threat but a warning that we are not infinite. And that, therefore, we have to take care that the life we have, while we have it, is not banal, useless, futile, disposable. In no way do I understand death as a threat. It is just a condition of any living being. In this sense, it is necessary to understand that this danger does not mean an impossibility to face it. Living is dangerous, but facing danger is necessary.

And quitting to live is not something that happens when you die. You stop living when you live in a banal, selfish, and foolish way. In this sense, I insist living is hazardous, but we do what we want and what we can to have this danger faced, and life, as long as it can, does not stop.

6.2 The Autoethnography narrative experience

Autoethnographic research aims to maintain the subject (or researcher) and the social context studied in simultaneous vision with a particular culture. A self-narrative presents the most significant opportunity to examine the challenges and experiences of frontline work during the Covid-19 pandemic.

Reflecting, I realized that the experience of collecting, analyzing and organizing my story greatly improved my own understanding of the facts. A lot of them might never have been analyzed by me before. Separating myself from the facts for some time until I reflect on them allowed me to look objectively at a very personal and intimate matter. The study allowed me to rely on my own personal experiences to help, perhaps. others understand the feelings experienced during this time so atypical.

For me, having the opportunity to carry out this research allowed me, in addition to self-reflection, which has fatally changed me in some aspects, also gave me the opportunity to reaffirm to other stakeholders about the importance of knowing and recognizing each other from adverse points of

view (which is pressing in contemporary times of current polarizations, discrimination and lack of perception and dialogue with the other).

Well, I managed to start it, but my writing time (although I felt that I did a lot) was exhausted, according to the "scientific model of what would be the time necessary to make a dissertation ". The research, however, is not over. On the contrary, the feeling is that it has just begun because the number of issues to be observed in the midst of the relationships of so many individuals during the pandemic and the conflicts experienced there will be a new reflection and new learning, as well as a new person will be (re)built with each deeper reflection.

We experience an increasingly imprecise, uncertain time, with texts and discourses that point to different directions. However, at the same time, it often seems that everything relates.

At the same time, talking about yourself can be rewarding but also painful. I realized that it took a lot of courage and love with myself to be able to open myself to the reader, especially when going through phases of vulnerability, discomfort, awareness, and compassion during autoethnographic writing. Being different has this: differences can be seen positively or negatively, depending on the "lens" chosen.

7. Bibliography

1. Adams, Tony; Jones, Stacy Holman; Ellis, Carolyn. Autoethnography. NovaYork: Oxford University Press, 2015.
2. Allen-Collinson, Jacquelyn. Autoethnography as the Engagement ofSefl/Other, Self/Culture, Self/Politics, Selves/Futures. In: JONES, Stacy; Adams, Tony E; Ellis, Carolyn. Handbook of Autoethnography (org.).Walnut Creek, CA: Left Coast Press, 2013.
3. Atkinson, P., French, J. Lang, E. McColl, T. and L. Mazurik. Just the Facts: Protecting frontline clinicians during the COVID-19 pandemic. Canadian Association of Emergency Physicians, 2020. CJEM 2020:1–5
4. Ayanian, J.Z. Mental Health Needs of Health Care Workers Providing Frontline COVID-19 Care. JAMA: Editor's Comment COVID-19, 2020.
5. Bartleet, Brydie-Leigh. Artful and Embodied Methods, Modes of Inquiry, and Forms of Representation. In: Jones, Stacy; Adams, Tony E; Ellis, Carolyn. Handbook
6. Benitez, J., Courtemanche, C. and Yelowitz, A., 2020. Racial and Ethnic Disparities in COVID-19: Evidence from Six Large Cities. *Journal of Economics, Race, and Policy*, 3(4), pp.243-261.
7. Berg, Ernesto Artur. Administração de conflitos: abordagens práticas para o dia a dia. 1. ed. Curitiba: Juruá, 2012.
8. Bochner, Arthur P. Putting meanings into Motion: Autoethnograpy's Existential Calling. In: JONES, Stacy; ADAMS, Tony E; ELLIS, Carolyn. Handbook
9. Cardoso, É., Silva, B., Santos, J., Lotério, L., Accoroni, A. and Santos, M., 2020. The effect of suppressing funeral rituals during the COVID-19 pandemic on bereaved families. *Revista Latino-Americana de Enfermagem*, 28.

10. Chang, Heewon. Individual and Collaborative Autoethnography as Method. In: Jones, Stacy; Adams, Tony E; Ellis, Carolyn. Handbook Of Autoethnography (Orgs.). Wallnut Creek, CA: Left Coast Press, 2013.
11. Chu, D., Duda, S., Solo, K., Yaacoub, S. and Schunemann, H., 2020. Physical Distancing, Face Masks, and Eye Protection to Prevent Person-to-Person Transmission of SARS-CoV-2 and COVID-19: A Systematic Review and Meta-Analysis. *Journal of Vascular Surgery*, 72(4), p.1500.
12. Colyar, Julia e. Reflections on writing and autoethnography. In: Jones, Stacy; Adams, tony e; Ellis, Carolyn. Handbook of autoethnography (org.). Wallnut creek, ca: left coast press, 2013.
13. Covid19.who.int. 2021. *WHO Coronavirus (COVID-19) Dashboard*. [online] Available at: <https://covid19.who.int/> [Accessed 8 March 2021].
14. Crepaldi, M., Schmidt, B., Noal, D., Bolze, S. and Gabarra, L., 2020. Terminality, death and grief in the COVID-19 pandemic: emerging psychological demands and practical implications. Estud Psicol (Campinas). 2020 June;37:1-2. DOI: https://dx.doi.org/10.1590/1982-0275202037e200090
15. Crotty, M. (1998). The Foundations of Social Research: Meaning and Perspective in the Research Process. London: Sage
16. Cso.ie. 2021. *All non-Irish nationals in Ireland - CSO - Central Statistics Office*. [online] Available at: <https://www.cso.ie/en/releasesandpublications/ep/p-cp7md/p7md/p7anii/> [Accessed 15 March 2021].
17. Cso.ie. 2021. *Socio-economic aspects - CSO - Central Statistics Office*. [online] Available at: <https://www.cso.ie/en/releasesandpublications/ep/p-cp7md/p7md/p7sea/> [Accessed 7 April 2021].

18. Deutsch, M., 1977. *The Resolution of Conflict*. New Haven: Yale University Press

19. Doyle, J., 2021. *Domestic violence and COVID-19 in Ireland*. [online] Data.oireachtas.ie. Available at: <https://data.oireachtas.ie/ie/oireachtas/libraryResearch/2020/2020-06-09_l-rs-note-domestic-violence-and-covid-19-in-ireland_en.pdf> [Accessed 30 March 2021].

20. Ellis, Carolyn. The ethnographic I a methodological novel about autoethnography. Eua: Altamira press, 2004.

20 Fessell, D. and Cherniss, C. COVID-19 & Beyond: Micro-practices for Burnout Prevention and Emotional Wellness. J Am Coll Radiol.2020

21 Fiocruz, Ministério da Saúde. Saúde mental e atenção psicossocial na pandemia Covid. Recomendações para gestores. 2020.

22 FWD.us. 2021. *Immigrant Essential Workers: Crucial to COVID-19 Recovery*. [online] Available at: <https://www.fwd.us/news/immigrant-essential-workers/> [Accessed 15 March 2021].

23 Galvin, Treasa. 2006. “From emigrant to immigrant society”, Journal of Immigrant & Refugee Studies, 4(3): 73-95.

24 Garson, Jean-Pierre and Anaïs Loizillon. 2003. "Changes and challenges: Europe and migration from 1950 to present." Paper presented at the Conference on the Economic and Social Aspects of Migration. Brussels: European Commission, 21-22 January 2003.

25 Gilmartin, Mary and Gerald Mills. 2008. "Mapping migrants in Ireland: The limits of cartography." Translocations 4(1): 21-34.

1. Grennan, D., 2019. What Is a Pandemic?. *JAMA*, 321(9), p.910.

26 Hayano, David. Auto-ethnography: Paradigms, problems and prospects. In: Human Organization 38 , pp. 113-120, 1979.

27 Haynes, J., Haynes, G. and Fong, L., 2004. *Mediation*. Albany: State University of New York Press.

28 Hernandez, Kathy-Ann C; Ngunjiri, Faith Wambura. Relationships and Communities in Autoethnography. In: Jones, Stacy; Adams, Tony E; Ellis, Carolyn. Handbook of Autoethnography (orgs.). 1ª edição. WallnutCreek, CA: Left Coast Press, 2013

29 Honohan, I. 2010. "Citizenship Attribution in a New Country of Immigration: Ireland." Journal of Ethnic and Migration Studies 36:811-827.

30 Horgan, J. and Horgan, J., 2021. *The Plague at Athens, 430-427 BCE*. [online] World History Encyclopedia. Available at: <https://www.ancient.eu/article/939/the-plague-at-athens-430-427-bce/> [Accessed 8 March 2021].

31 Horta, Wanda A . Processo de enfermagem. São Paulo: EPU, 1979. 99p.

32 Huang, L., G. Lin, L. Teng, J. Chen, J. Zhao, X. Wang and R. Wu. Care for the psychological status of frontline medical staff fighting against COVID-19. Clin Infect Dis, 2020.

33 Hughes, Gerard, McGinnity, Frances, O‟Connell, Philip and Emma Quinn. 2007. "The impact of immigration." in Fahey, Tony, Russell, Helen and Christopher T. Whelan (eds.) Best of Times? The Social Impact of the Celtic Tiger. Dublin: Institute of Public Administration.

34 Humphries, Niamh; Brugha, Ruairi; McGee, Hannah (2009): A Profile of Migrant Nurses in Ireland. Nurse Migration Project Policy Brief 4. Royal College of Surgeons in Ireland. Report. https://doi.org/10.25419/rcsi.10776482.v1

35 Jianbo Lai et al. Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019. JAMA Netw Open. 2020;3(3):e203976.

Jiaojiao Chu et al., Clinical characteristics of 54 medical staff with COVID-19: A retrospective study in a single center in Wuhan, China, 2020

36 Jupp, V., 2006. *SAGE Online Dictionary Of Social Research Methods*. 1st ed. London: Sage Publications.

37 Kang, L., Li, Y., Hu, S., Chen, M., Yang, C., Yang, B. X., Wang, Y., Hu, J., Lai, J., Ma, X., Chen, J., Guan, L., Wang, G., Ma, H. and Liu, Z. 2020. The mental health of medical workers in Wuhan, China dealing with the 2019 novel coronavírus. Lancet Psychiatry.

38 Kletemberg, D., Siqueira, M., Mantovani, M., Padilha, M., Amante, L. and Anders, J., 2010. The nursing process and the law of professional exercise/ O processo de enfermagem e a lei do exercício profissional. *Revista Brasileira de Enfermagem*, 63(1), pp.26-32.

39 Kotilainen,, L., 2015. Study On The Gendered Impacts Of Ebola In Liberia. *Study commissioned by Finn Church Aid*, [online] Available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/Study_gendered_impacts_of_Ebola_in_Liberia_Feb_2015.pdf> [Accessed 30 March 2021].

40 MacÉinrí, Piaras and Allen White. 2008. “Immigration into the Republic of Ireland: a bibliography of recent research”, Irish Geography, 41(2), 151-179.

41 Mayer, B., 2000. *The dynamics of conflict resolution : a practitioner's guide*. 1st ed. Jossey-Bass.

42 McGinnity, Frances, Philip O‟Connell, Emma Quinn and James William. 2006. Migrants’ Experience of Racism and Discrimination in Ireland, Dublin: The Economic and Social Research Institute. McVeigh, Robbie. 1992. "The specificities of Irish racism." Race and Class 33(4): 31-45.

43 Messina, Anthony. 2009. "The Politics of Migration to Western Europe: Ireland in Comparative Perspective." West European Politics 32:1-25.

44 Moore, Christopher. O processo de mediação. Estratégias práticas para a resolução de conflitos. Porto Alegre: Ed. Artes Médicas, 1998.

45 Morens, D., 2010. Historical perspective: Lessons Learned from past Pandemics. *International Journal of Infectious Diseases*, 14, pp.e20-e21.

46 National Economic & Social Council. 2021. *The impacts of Covid-19 on ethnic minority and migrant groups in Ireland—new paper from NESC Secretariat - National Economic & Social Council*. [online] Available at: <https://www.nesc.ie/news-events/press-releases/the-impacts-of-covid-19-on-ethnic-minority-and-migrant-groups-in-ireland-new-paper-from-nesc-secretariat/> [Accessed 6 April 2021].

47 Ní Chonaill, Bríd. 2009. "The impact of migrants on resources: A critical assessment of the views of people working/living in the Blanchardstown area." Translocations 2(1): 70-89.

48 O‟Brien, Carl. 2009. "Lack of jobs brings change in attitudes to migration." The Irish Times, 24 November 2009

49 O‟Connell, Philip and Frances McGinnity. 2008. Immigrants at Work. Ethnicity and Nationality in the Irish Labour Market. Dublin: The Equality Authority/The Economic and Social Research Institute.

50 OpenLearn. 2020. *Understanding Different Research Perspectives*. [online] Available at: <https://www.open.edu/openlearn/money-management/understanding-different-research-perspectives/content-section-6> [Accessed 28 November 2020].

51 Our World in Data. 2021. *Coronavirus (COVID-19) Vaccinations - Statistics and Research*. [online] Available at: <https://ourworldindata.org/covid-vaccinations?country=IRL> [Accessed 2 May 2021]

52 .Price, JH and Murnan, J. “Research Limitations and the Necessity of Reporting Them.” *American Journal of Health Education* 35 (2004): 66-67.

53 Pruitt, D. and Kim, S., 2003. Social Conflict: Escalation, Stalemate and Settlement. New York: McGraw-Hill, 2003.

54 Quinn, Emma and Gerard Hughes. 2005. Policy Analysis Report on Asylum and Migration: Ireland 2003 to mid 2004. Dublin: European Migration Network.

55 Quinn, Emma. 2007. Policy Analysis Report on Asylum and Migration: Ireland 2006. Dublin: European Migration Network.

56 Ruhs, Martin. 2005. Managing the Immigration and Employment of Non-EU Nationals in Ireland. Dublin: The Policy Institute, Trinity College Dublin.

57 Ruhs, Martin. 2009. Ireland: From Rapid Immigration to Recession. Migration Information Source [website: http://www.migrationinformation.org/Feature/display.cfm?ID=740;

58 Russell, Helen, Emma Quinn, Rebecca King O"Riain and Frances McGinnity. 2008. The Experience of Discrimination in Ireland: Analysis of the QNHS Equality Module. Dublin: Equality Authority/The Economic and Social Research Institute.

59 S, S. and S, F., 2009. *[The Antonine Plague and the decline of the Roman Empire]*. [online] PubMed. Available at: <https://pubmed.ncbi.nlm.nih.gov/20046111/> [Accessed 8 March 2021].

60 Saylordotorg.github.io. 2020. *Inductive Or Deductive? Two Different Approaches*. [online] Available at: <https://saylordotorg.github.io/text_principles-of-sociological-inquiry-qualitative-and-quantitative-methods/s05-03-inductive-or-deductive-two-dif.html> [Accessed 28 November 2020].

61 Sim , M. R. The COVID-19 pandemic: major risks to healthcare and other workers on the front line. Occup Environ Med: first published as 10.1136/oemed-2020-106567 on 1 April 2020. Editorial.

62 Snape, D., & Spencer, L. (2003). The foundations of qualitative research In J. Richie & J. Lewis (Eds.), Qualitative Research Practice (pp. 1-23). Los Angeles: Sage.

63 Souza, C. and Souza, A., 2019. Funeral rituals in the process of mourning: meaning and functions. Psic Teor Pesq. 2019 Jul;35:1-7.

64 Spinney, L., 2019. *Fighting Ebola is hard. In Congo, fake news makes it harder*. [online] Science | AAAS. Available at: <https://www.sciencemag.org/news/2019/01/fighting-ebola-hard-congo-fake-news-makes-it-harder> [Accessed 2 May 2021].

65 Support The Workers. 2021. *Support The Workers*. [online] Available at: <https://www.supporttheworkers.org/> [Accessed 15 March 2021].

66 Thesismind. 2019. *Analysis Of Saunders Research Onion - Thesismind*. [online] Available at: <https://thesismind.com/analysis-of-saunders-research-onion/> [accessed 28 november 2020].

67 Turner, Tom. 2009. "Why are Irish attitudes to immigrants among the most liberal in Europe?" European Societies 12(1): 25-44.

68 UCSF Department of Psychiatry and Behavioral Sciences. 2021. *Emotional Well-Being and Coping During COVID-19*. [online] Available at: <https://psychiatry.ucsf.edu/copingresources/covid19> [Accessed 15 March 2021].

69 Wallace, C., Wladkowski, S., Gibson, A. and White, P., 2020. Grief During the COVID-19 Pandemic: Considerations for Palliative Care Providers. *Journal of Pain and Symptom Management*, 60(1), pp.e70-e76.

70 Watson, Iarfhlaith, Máire Nic Ghiolla Phádraig, Fiachra Kennedy and Bernadette Rock-Huspatel. 2007. "National identity and anti-immigrant attitudes." In Hilliard, Betty and Máire Nic Ghiolla Phádraig (eds.) Changing Ireland in International Comparison, Dublin: The Liffey Press.

71 Who.int. 2020. *Coronavirus*. [online] Available at: <https://www.who.int/health-topics/coronavirus#tab=tab_1> [Accessed 8 March 2021].

72 Who.int. 2021. *Infodemic*. [online] Available at: <https://www.who.int/health-topics/infodemic> [Accessed 5 April 2021].

73 World Health Organization. 2021. *Disease Outbreak News (DONs)*. [online] Available at: <https://www.who.int/csr/don/en/> [Accessed 8 March 2021].

74 Www2.hse.ie. 2021. *Coronavirus*. [online] Available at: <https://www2.hse.ie/coronavirus/> [Accessed 15 March 2021].

75 Www2.hse.ie. 2021. *Dealing with fake health information during the COVID-19 pandemic*. [online] Available at: <https://www2.hse.ie/wellbeing/dealing-with-fake-health-information-during-the-coronavirus-pandemic.html> [Accessed 5 April 2021].