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AN ANALYSIS OF CHALLENGES AND DISPUTES AROSE AS A RESULT OF STAFF SHORTAGE IN NURSING HOMES IN DUBLIN

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Acknowledgments

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Abstract

Background: Staff shortage in a healthcare environment remains a concern in a worldwide level, in a public and private management. This fact can be associate to several reasons to justify, but at the same time can bring some challenges and disputes due to this shortage, such as harm to the professional's health and resident's safety.

Objective: The objectives of this study were related to assessment of the challenges and disputes that may arise due to shortage due to the shortage of staff in long-term facilities in Dublin, Ireland. It was further explored how these challenges and disputes can affect professionals who work in these places and residents who live in Nursing Homes.

Methods: A cross-sectional study under a questionnaire containing 20 questions was developed using the 5-point Likert scale for better data analysis and distributed in an online platforms. Based on interpretivism philosophy, the data collected from fifth seven healthcare professionals working in nursing homes in Dublin.

Conclusion: The findings revealed that all the participants of the survey have reported that the occurrence of understaffing on their workplace is considered at least frequent, resulting in an increase on workload, demotivation and stress level, turning to a snowballing effect causing more shortage of staff due to sickness or injures. The results even showed that in a staff shortage situation, errors related to medication, risk of fall and missed care events are more susceptible to happen, causing a rise on resident's dissatisfaction as well. Management must address the roots of this shortage of staff and adopt resolute measures, promoting a healthy environment for professionals and safe facility for the residents.

Key words: staff shortage; nursing home; safety.

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Introduction

When the theme is related to the patient's safety in a healthcare environment, several factors can be associated to result in a successful achievement of this principle. Examples of these factor can be cited: the facilities' structure in general, emergency signs and fire alarm, rooms equipped according to the resident's needs, staff trained to support and work according to the resident's needs and others, but the main point to be considered that guarantee this security is the presence of a sufficient number of healthcare staff, whose are the professionals that are acting closer to the resident at all time, providing the care and attention required from them and guaranteeing their safety in a general manner.

As a healthcare assistant (HCA), the professional is expected to assist and promote the well-being of the resident, encouraging them on doing their daily activities with most independence as possible, prevailing the respect and dignity for the elderly people who live in a long-term facility. Unfortunately, is not at all times that there will be a sufficient number of staff to be dedicated to a residents as it should be, impacting directly on their safety.

Even though the professional is the most important piece to build a strong and efficient healthcare environment, unfortunately, in another hand, a shortage of healthcare professionals can be commonly observed in every healthcare sector in a worldwide spectrum, and this fact can be due to several and different reasons. This shortage of staff is directly associated to an important increasement on the number of professionals that are more vulnerable to get sick, injured, suffering of "Burnout Syndrome" and causing this shortness of staff a new "normal" standard (Eastern Michigan University, 2019).

Different authors say that a understaff can directly affect the patient satisfaction about the service provided, becoming vulnerable to suffer from medication or procedure errors higher risk of infection, bed sores, dehydration or falls. At the same time, the patient satisfaction is very important for the healthcare industry, for maintain and gain the consumers of their venue (NurseGrid, s.d.).

Another author says that a understaffing can make the patient or resident feel miss cared from the staff and at the same time the confidence and relationship can be weak or lost during these periods, due the lack of attention dedicated (Eastern Michigan University, 2019).

Corroborating with the statement above, the Nursing Homes Ireland (2019) in the same report mentioned before confirms that a shortage of staff can cause severe outcomes, due the fact that in a long-term facility the elderly resident will demand a high level of attention and skills from healthcare workers to attend the resident's requirements.

In the last pre-budget 2020 published and available from the Nursing Homes Ireland in 2019, the representative body of the nursing homes in Ireland, states that as the number of people aged 85+ is expected to increase around 49% in the next ten years, it is necessary an increasement in a direct proportion on care needs and also on carers, in other words healthcare assistants (NHI, 2019).

As a common situation that happens in a healthcare scenario, the shortage of staff was stated in the same report mentioned above, by the NHI in 2019. In this report, the NHI makes an expectation that until 2031, there will be a necessity of creation of almost 13,000 new long-term beds to accommodate the older population, so in the same direction will be necessary the recruitment of thousands of new healthcare workers in the same period of time (NHI, 2019).

When is talked about numbers, according to a publication from Nursing Homes Ireland in 2018, there was 448 Nursing Homes in all counties in the Republic of Ireland, including private and voluntary Nursing homes, employing 25,176 professionals on that time (2017/2018), so we can presume that in the present year the number of people employed as a healthcare worker in Nursing Homes can be considered much higher and at the same time there is a shortage of staff situation still happening (NHI, 2018).

Extensive amount of work and hours of work plus stress and the potential chances of nurse burnout, are the main causal association between health care professional percentage and patient outcomes. Due to of the obvious high-intensity nature of nurses' duties, they are at higher position to make avoidable mistakes when providing routine care. (Malliaris, A. P. et al , 2021)

Apart from all the concerns that a shortage of staff may cause in the environment, one important point to be considered is that it can cause a huge loss of money to the establishment due to the need of close beds, since there is not enough staff to provide the care, the admission of new residents is not possible and no capital will be insert on the facility (Eastern Michigan University, 2019).

After exploring all the common reasons that a shortage of staff can bring, the purpose of the present research is to evaluate how the shortage of healthcare staff can affect somehow the care delivered to the resident living in a nursing home in Dublin. Furthermore, the research will perform an analysis of challenges and disputes that may arise due to this shortage of staff, both to staff relationship but also for residents' relationship.

.
Research aims and objectives

Assessing the perception of healthcare assistant and staff nurses working in nursing homes in Dublin, regarding how the shortage of staff can bring any type of challenge or dispute due to this fact, the present work has some objectives to achieve:

- Determine the main risks to the resident that this shortage of staff can cause;
- Determine how the management deal or should deal with this shortage of staff;
- Underline the relationship between shortage of staff and care delivered to the resident;
- Underline the main reasons that can cause the current shortage of staff in healthcare sector.

Furthermore, there are some research questions that will be used to get the main objective of this dissertation project:

- What are the main reasons for a shortage of staff happening in your workplace?
- How the shortage of staff can impact on the safety and care delivered to the resident?
- What are the challenges and disputes that can arouse due to this fact?

Personal background and beliefs

Having a background as a Registered Nurse back in Brazil, bringing a baggage of a four years of professional experience working in large Hospitals and at the present moment I am currently working as a healthcare assistant in Ireland, my perception is that shortage of staff is a worldwide problem that happens in a frequent manner and unfortunately is mistreated as "normal" in this field.

Due the fact that healthcare professionals are dealing with people who are depending on them in a delicate moment of their lives, such as pain, suffering or even depending on them to do basic duties on their routine in a Nursing Home, the professional needs to be prepared to work under pressure coming by all sides and at the same time be prepared to deal with unexpected situations, like a more time dedicated to the resident/patient, a less dedicated care to the patient, shortage of staff during the shift, meaning that the daily work that needs to be done will become more but to less staff than usual.

Many authors have already described about how healthcare professional across the globe are being end up staying out of work. This fact can be justified due to some injuries that can be caused by the hard working or psychological/mental issues due to stress, demotivation and burn out syndrome or many other reasons that can cause this absence from work.

The main point here is that a shortage of staff is a fact in health care sector, independently where it happens. Healthcare professionals can be working more that is necessary to cover the job

that needs to be done, putting their lives in risk and sometimes receiving the payment less than deserved.

This dissertation aims to provide a more nuanced comprehension of how this shortage of staff can impact on the resident and what are the main challenges and disputes that can arouse due to this, so a better perception can be taken and at some point improvements can be made.

At the end of this work, the most important result to be gained will be a possibility to comprehend what are the point of view of the healthcare professionals about their feelings, challenges and what could be done differently from management's part.

Contributions

The need to improve the global health system is evident, the shortage of employees in the sector is enormous and the lack of compliance will only increase. The lack of professionals and professionals to the important system of protection for patients and residents who receive the care provided by these doctors, causing severe consequences for the safety of elderly patients.

The occurrence related to the health environment, a reference to this event of lack of change and as causes of this finding made can bring, the findings, a significant impact for this understanding and possible possibilities of reference to it.

Dissertation road map

The present academic dissertation is organized in seven sections for better comprehension and organization of the information collected.

Introduction

This section is dedicated to an opening to the research subject, the aims and objective alongside with the research question, objectives, the personal background and beliefs and contributions, especially for healthcare professionals. To make it simple, this section is about enabling the understanding of the purpose of this research.

Chapter 1 – Literature Review

The information presented in this chapter will bring for whoever is reading this paper, a gain of acknowledgment around the challenges and disputes involving shortage of staff in the healthcare sector and what this shortage can cause, focusing on long-term facilities (Nursing Homes) in Ireland.

Chapter 2 – Research Methodology and Methods

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

Chapter 3 - Presentation of Data

This chapter is destinated to present the graphs in a visual and written manner all the results obtained through the survey elaborated to support this research.

Chapter 4 - Data analysis and findings

In this chapter, the results obtained from the survey are analysed in detail, descriptively for an in-depth comprehension of the data acquired.

Chapter 5 – Discussion

This chapter takes into consideration the theory and literature review related to the results obtained.

Conclusions

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

1 LITERATURE REVIEW

1.1 Overview

Long-term facility residents are often considered frail, with a higher likelihood of requiring specialized physical, cognitive, and social care. Nursing home residents are more susceptible, displaying a lack of energy and difficulties with daily chores. The majority of residents require assistance with basic and daily activities such as showering, dressing, and using the toilet. Furthermore, many residents may experience age-related deterioration, such as memory, comprehension, and communication issues.

There is a direct association between number of staff, skill mix and resident's safety. In a study made in Australia, it could prove that there is a strong relationship between impact of staff on care process and results achieved, such as turnovers levels, adoption of agency staff and consistency in staffing (Eagar, K.; Westera, A. and Kobel, C. , 2020).

When is talked about providing nursing care for older individuals, dignity is a major concern. Health care providers are supposed to treat elderly people with decency, respect, and compassion, and older people also want to be treated with dignity.

The intention of achieving well-being is associated to the fact of having a secure lifestyle while also participating in an active and purposeful social life. To live a dignified life, community health providers must be associated with high quality of service and also be a place where workers have as a principle the respecting to older adult, respecting their privacy and dignity.

Residents' autonomy, engagement, and individualization must be fully recognized At the same time, dignity must be considered a relationship aspect, and whenever residents do not receive a appropriate care, it can be unpleasant for both the elderly people and the healthcare practitioners, affecting their job's satisfaction and healthcare staff must be attentive and empathic when working with them.

Complete dignity refers to the fundamental independence and responsibility that come with the fact of been a human being. Residents can frequently experience feelings of humiliation and inferiority as a result of the caregiver's lack of respect for them.

The global population of elderly persons is rising, as the society is presented with the opportunity to live a life, full of new opportunities, technologies and conditions to make it better. But, in other hand, this increase on numbers might have other effect, resulting in increased health problems and, as a result, the necessity to use several medications to "solve" the problem or even the need for hospitalization or transfer to a long-term care facility such as a nursing home.

The growing number of elderly people can be considered a multi-problem, whether it is a challenge to the system of coming years due to the existence of different comorbidities under the use of different and complex drugs requiring the need of qualified, dedicated and, specially, sufficient healthcare professionals to deal with all these issues.

1.2 Staff shortage worldwide

According to a World Health Organization assessment, the globe could be short roughly 13 million health care workers by 2035 due to an increasingly aging, a shortage of learners, and professionals departing for better-paying positions (Gulland, 2013).

Many reasons can be associate to the fact of employees leaving a health care organization due to retirements, migrations, organizational relocation, discharges or even death cases.

Staff turnover can be classified in a variety of categories, according to (Swarnalatha, C. and Prasanna, T.S., 2013), including voluntary or involuntary, functional or dysfunctional, and controllable against uncontrollable turnover. Effective workplace possibilities, better salary, effective supervision, demographic challenges, and personal motivations all contribute to voluntary staff turnover. In contrast, employees who do not follow company's guidelines and standards norms, and therefore do not reach the required performance requirements, are related to the causes of involuntary turnover.

The lack of professionals in the health area is considered a permanent issue that has been occurring for many years and without a prediction of when it will end or if there is still a chance that it will end in the near future. In 2014, (Fitzgerald) wrote in his article that in the 2020s there would be a global health crisis related to the lack of professionals for different and multidisciplinary causes.

The same author (2014) reported that the main causes for this future shortage of professionals in the health area will be due to age, with professionals getting older in the labour market while they will still be working, associated with ways of management, stressful environment at work. , dissatisfaction due to the type of care given not wholistic as it should be related to the working hours amount and inadequate payment.

Other authors have reported the same issue in other countries. In Iran, authors (Ebadi, A. and Khalili, R.) reported a severe shortage of staff in the country and related this fact to organizational, individual and socio-cultural factors, bringing consequences to the local economy, to the patients

and at the same time to the quality of care given to them. The reasons for shortage given for these authors corroborate with the reasons mentioned for the previous author.

In Poland, authors (Marć, M. et al. , 2019) have associated the nursing shortage to average age of the nurses, nursing resources, low quality on recruitment services, low supply of new staff and also universal demographic conditions.

In Brazil, the main causes of the lack of professionals in the health area can be related to the physical and material conditions of the work infrastructure, low pay rate, fragility of rights and conditions for carrying out the exercise of the profession. Most of the time, health professionals work long shifts, have more than one employment relationship, associate shifts one after the other, often totalling more than 24 hours without rest (Souza, 2017).

1.3   Health care professionals

A healthcare professional can be defined as all professionals that are currently working in a healthcare sector directly or not with the patient. This workers can be differed between healthcare assistant, Staff Nurses, Certified Nursing Manager (CNM), Director of Nurse, Doctor, . The professional working directly with the patient in a healthcare sector must have a minimum degree required that accomplish their duties, so all of them have different duties according to their position of work. Related to place of work, all facilities who provide any type of care to any type of patient can be considered a healthcare sector, like hospital, clinics, nursing homes, home care, pharmacies, paramedics and others. (HSE/HPSC, 2021)

Talking specifically about Healthcare Assistants, the HSE says that these professionals are responsible for promoting "assistance, support and direct personal care" in any healthcare facilities, where they are able to work in commute to others healthcare professional, providing a standard quality of care and always under a qualified supervision above them.

Healthcare assistants, according to the HSE, have few main and typical duties related to their occupation:

1. Communicating: the HCA must be able to provide listening/communication skills with patients, family and other staffs.
2. Breathing: the HCA must be aware of any sign of difficulties of breathing or changes on the pattern, helping the staff nurse to reposition the patient whenever is needed.
3. Eating and Drinking: the HCA must pay attention on patients food and fluids intake and report to the nurse.

4. Intimate Care – Elimination of waste and personal cleansing and dressing: the HCA must offer assistance to the patient in these aspects, promoting the best comfort manners and personal dignity.

5. Controlling body temperature: the HCA must monitoring the patient's body temperature constantly and report to the nurse in case of changes.

6. Mobilising: the HCA and the nurse will work together in order to provide the best mobilisation assistance to the patient according their own necessity.

7. Death and dying: the HCA must provide the best support and dignity in case of death and also a compassion to the family.

8. Collaboration in other ward activities: the HCA must be able to work in different areas some days, doing different activities, as part of a team.

9. Maintenance of a safe environment: the HCA must provide a safe environment to patients, family and staff. (Health Service Executive, 2018)

According to the Health Service Executive (HSE) and Health Protection Surveillance Centre, a healthcare professional can be classified as:

"A healthcare worker is anyone who works in a healthcare or social care setting, including healthcare students on clinical placement, frontline healthcare workers and other healthcare workers not in direct patient contact." (HSE/HPSC, 2021)

Staff nurses are considered the nurses who perform duties such that involves everything related to the patients, this means assessing their health status and evaluating their performance, such as temperature, pulse frequency, respiratory frequency, blood pressure and blood sugar. They need to be able to provide direct care to patients and have a very good communication skills with patient, family, doctors and superiors. Staff nurses may have more direct contact with patients compared to registered nurses or managers, due the fact that the staff nurse are closer to them and can provide emotional support, especially for patients with mental disorders (Indeed Creator Team, 2021)

Nurses have a critical importance on making sure that a resident or patient is safe inside their institution, through their knowledge they are able to identify and take an attitude facing changes on patient's usual condition.

The professional is considered to be crucial on a good prognostic or on the stability of resident's chronic conditions, for being the closest person from the patient/resident that can have a interaction with healthcare assistant, doctors, specialist nurses and family, being able to formulate together the best treatment and care plan for the resident in a nursing home (Malliaris, A. P. et al , 2021).

1.4 Description of nursing home

According to the dictionary, nursing home can be defined as:

"1. a private residential institution equipped to care for persons unable to look after themselves, as the aged or chronically ill.
2. Chiefly British. a small private hospital; a small hospital owned by one person or a group of individuals and supported solely by the fees of patients." (Dictionary.com, 2012)

Nursing homes are institutions that can provide accommodation and care to a resident 24 hours on 365 days per year. This care include nursing and personal care, where their autonomy, dignity and opinions are respected and prioritized and also a place where all the medical assistance is needed and the care to daily basic duties can be done in the same place (Hughes, C.M. and Lapane, K.L., 2006).

The word "home" carries intense affective and metaphorical connotations. Family, safety, protection, comfort, intimacy, a feeling of belonging, precious memories, independence, and power are all implied by this word. Residents and staff, as well as fellow residents and their close relatives, often develop connections and relationships over time (Department of Health, 2020).

Every resident is assigned to a general practitioner, who is responsible for ensuring medical care and maintaining their health history. When a patient arrives from their own home to a care facility, they have the option of keeping their current general practitioner if he or she is in the area (Hughes, C.M. and Lapane, K.L., 2006).

These places can be ruled by private owners, governmental institutions or a combination of both, in different scales of sizes, structures, bedrooms availability. These nursing homes are ruled under a Quality Authority and, in Ireland, this authority is called HIQA (Health Information and Quality Authority), who is responsible for ensure that the facilities are following and providing the standards of service under the Health Act 2007 (HIQA, n.d.)

1.5 Caring for elderly people

Nursing homes have in majority elderly people as their public, and as the older population number is increasing rapidly by the time, there is a necessity of quality professionals to take care of these people.

Apart from all the difficulties that are associated to geriatric condition, is important to comprehend what are the best manners to provide a quality care to them and what are the best environment that can be created to let them feel like home instead of feeling hospitalized.

Health professionals who dedicate their work to caring for the elderly tend to experience a low professional status, facing hard work physically and emotionally. These professionals in question are susceptible to suffering violence in their workplace, as elderly people tend to develop different levels of dementia, sometimes mild and sometimes more severe, which make their behaviour become aggressive, requiring greater dedication. as much as time, knowledge, patience and preparedness for unexpected situations.

These working conditions associated with the challenging behaviour of the elderly have a direct impact on the quality of the work provided, on the mental health of the professional, which can lead to a worsening of the condition and even a withdrawal from the work environment.

The lack of health professionals in the area of geriatrics is directly related to the work environment provided, sometimes the poor management of the facility and lack of support can contribute to the discontent of professionals and thus increasing the levels of shortage of staff.

 However, (Benade, P. et.al., 2017) mention that a point to be highlighted about health professionals is their power of resilience in the face of a situation, as they acquire experiences and techniques to resolve these adversities with certain skills, especially when these are elderly people with dementia. These experiences can make the professional stronger in the face of work and promote better care for the elderly, thus being able to reduce cases of lack of professionals.

Staff nurses are the professionals responsible to administer the medication to the residents and make sure they took that, being aware of possible side effects and what that drugs can cause to the elderly people.

Authors (Wastesson, J.W. et al., 2018) have mentioned on their study that the use of polypharmacy (multiple medications used by one person) is increasing among elderly people. The use of polypharmacy can cause serious damage to the person, such as cognitive decline, higher risk of falls, constipation, bleeding, organs injury (i.e. renal failure), frailty and mortality, and at the same time polypharmacy administration can increase the chances of medication errors happen.

Elderly people are more susceptible to express feelings such as lack of recognition when institutionalized, they can feel not valued as a human being or even for their contribution to the community, so they make efforts to soften their health condition in order to become more visible and recognised by others (Clancy, A. et al., 2020).

1.6 Missed nursing care and Elderly abuse

Missed nursing care is a concept that is related to errors of omission, including the omissions that are delayed actions, not completed in any form or partially completed and can be associated to a not well-formed staff structure and patient's outcome (AHRQ, 2019).

At the same time that nurses are responsible to follow prescriptions made by doctors to treat the illness of the patient or resident, Nurses also have the responsibility to perform and assess the care exclusive to that resident, promoting health and wellbeing to them. Consequently, missed nursing care is not just a form of medical error that can interfere on their safety, but has been believed to be a specific medical neglect (AHRQ, 2019).

According to the author (2009), the factors that can contribute to this conditions of unfinished work can be related to labour or material resources and also to effective communication between all the staff and whenever one of these resources fails, the professional needs to prioritize other duties, what makes their nursing care be delayed or not done.

In other study (2013), the authors relate the missed nursing care situations to a higher number of patients just for one nurse take care, and at the same time this episodes can be associated to dissatisfaction, absenteeism, medication errors, increase on infection cases, pressure sores and others. In resume, the frequently occurrence of missed care interferes directly on patient/resident's safety.

World Health Organization describes elder abuse as:

"Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person."

(2021)

Elder abuse can be classified based on the type of abuse—psychological, physical, sexual, and financial abuse and neglect; also can be classified by the type of abuser, if is from family members, caregivers or acquaintances; and the places where it occurs—community or institutional environments. For the reason that elderly people can present a higher frailty, residents institutionalised, hospitals or nursing homes, tend to be more dependable on others for care and hence be more vulnerable to abuse and neglect than older adults living in the community.

According to the authors' research (Yon, Y. et al. , 2019) the leading risk factors for elder victims of abuse are being women, having a cognitive decline or any kind of disability, and being aged more than 74 years old. Simultaneously, there is a clear link between growing dependency of the staff and elder maltreatment happen in community and healthcare structures.

Nursing homes and other facilities for the elderly people can become stressful places to live and work. Employees ascribed their concern to staff shortages and time pressure when questioned about the main stressors. according to studies, staff who assume abusing others were observed to be psychologically fatigued. Furthermore, a link was discovered between mistreatment and a high resident-to-registered-nurse percentage.

Elderly abuse is a serious public issues that need efforts for prevention, education and improvements about this, actions need to be taken to revert this cases. Elder abuse, if not solved in a peaceful manner will have to be solved under dispute resolution manners.

1.7   Resident's safety and shortage of staff

According to the Royal College of Nursing (2019), the number of vacancies for health professionals is up to eight times higher, however there are no professionals to fill them. This means that the existence of health professionals does not happen in the same proportion as the number of patients existing in a health environment, in other words, the damage will be received by the patient.

The less health professional available, the less time will be dedicated to the patient, leading to a progressive and continuous effect, which can bring a greater risk to the patient of pressure ulcer emergence, risk of sepsis/infection, risk of mortality will be greater (Royal College of Nursing, 2019).

The quality management regarding the resident's safety in a long term facility varies by work experience, dedication from employee's part and frequency worked. These aspects in directly related to nursing staff volatility (Hughes, C.M. and Lapane, K.L., 2006).

Different authors (2018) (2020) have concluded that there is a considerable correlation between healthcare professional's workload, interruptions, distractions, missed care, nurse staff number, administrative demands, and the resident's/patient's safety, resulting in a higher number of possibilities of safety events related, morbidity and even mortality.

The quality of a healthcare team and work will depend on diverse factors, such as mix of skills involving trainings or lack of that, paperwork and management demands, frequency of distractions and interruptions will impact directly on the quality and safety of the resident (Dellefield, M.E et al., 2015).

In a healthcare environment the safety of a patient or resident is the priority, but at the same time the health and safety of the staff has the equal importance, as the quality of service provided and guarantee of safety is related to wellbeing of the staff. For these reasons, whenever this staff is poor, not well trained or overworked, the work conditions are not good the safety of both parties will be damaged.

1.8   Challenges and disputes in a healthcare scenario due to a staff shortage

1.8.1   Interpersonal conflicts

A healthcare environment is built in association of a multidisciplinary professional, therefore, as expected, several of distinct cultures, education, beliefs and point of views is involved in this scenario. At the same time all this differences have one intention in common that is to grant the best excellence of care, endeavouring not just for the treatment but mainly for the prevention of health and maintenance of patient's dignity.

Taking into account that there is an interdependence of different healthcare professionals in the environment, conflicts are easily expected to surge for different reasons and these conflicts can directly impact on the work productivity (Jerng, J. et al, 2017) (Saridi, M. et al, 2019).

A conflict that surges in a workplace can be considered an association of different factors, such as emotional, abilities, process, relationship or even personal, they can all be considered interpersonal type of conflict (Saridi, M. et al, 2019).

Nowadays, Workplace Interpersonal Conflict (WIC) is having more attention due the fact that these conflicts are causing an important impact to the system and workers. The WIC can cause a negative impact, bringing some triggers that can cause negative emotional reactions and inside the healthcare environment is directly associated to safety-compromising incidents. Consequently, many concerns regarding the impacts of WIC on the healthcare system and work have arisen (Jerng, J. et al, 2017).

According to Hayes (2010) and Goff (2018), interpersonal elements can be related to distinct members of the team and at the same time can be associated to patients under some type of personal trigger, like desire of autonomy, responsibility of provide care to the patient, relationship professional-patient, personal and professional pride.

Blackall (2010) indicates on his study that is possible to corroborate with other authors that interpersonal conflicts inside the workplace, mainly in healthcare system, can be considered a worldwide problem that is intrinsic on the healthcare professionals' lives.

In accordance with Mageda (2018), conflicts in workplace can be considered a daily phenomenon. In healthcare environment, the existence of conflicts, especially between the professional can lead to a negative outcome, resulting in a low quality and dedication to the patient care and also a high level of job dissatisfaction.

1.8.2 Job's dissatisfaction and mental health issues

In a healthcare sector, the high levels of stress can be directly related to emotional exhaustion, depersonalization, and low personal fulfilment, leading to occurrence of burnout situations and consequently staff turnover. Furthermore, these characteristics affect the essential compensation (such as job satisfaction) and extrinsic compensation (like salary and benefits) that the professional receive from their job, and there are other important elements related to employees satisfaction that may affect employee burnout and turnover rates at the same time (Banaszak-Holl, Jane; Hines A., Mailyn, 1996) .

Mageda (2018) states that a job satisfaction is directly associated to a higher productivity, while a dissatisfied employee is more susceptible to do not attend the work, causing an increasement on the occurrence of shortage or turnover staff in this sector. The author also states that healthcare workers highly exposed and susceptible to several health disorders that can affect their social well-being, resulting in a diminution on their performance, affecting straight on the quality of care and patient's safety due to high demand of work.

Lazarus (1966) and Mojoyinola (2008), describes stress as a condition that makes an individual or animal adapts to the environment in certain way and is susceptible to modifying the behavioural manners. This condition of behaviour/feeling is also associated to a random reaction of the body to a specific or continuous pressure situation, and when these pressure situations are constant or in high intensity, physiological and social consequences can be related and affect the professional.

The author Riahi (2011) underlines in his article how the stress is a significant influence, amongst nurses in healthcare workplace, that leads to an important raise on number of burnout cases and how it can be a central point of stressor for conflict to start. For this reason, there is a critical necessity of awareness and prevention measure about the vulnerability to stress in the healthcare sector.

On their study, the authors (1996) say that, the consequences of a high level of stress can result in to "emotional exhaustion, a sense of depersonalization, and feelings of low personal accomplishment", that I directly related to cases of burnout between employees and as a consequence a shortage or turnover of staff.

According to Soh's publication (2016), there are three main factors that are related to stress situation. Firstly is related to the company's fault, as not given sufficient compensation/rewarding, constantly shortage of staff situations, maintaining underperforming staff. In second stance, the job

demand is considered overwhelming workload, high demand of patients and also the high risk of exposures. To finalize, there are the demands related to the professional's duties regarding the management of pain and suffer from the patients (Jacoba Johanna van der Colff, 2005) .

The Centres for Disease Control and Prevention (2016) says that the stress can lead to a low mental and physical health, affecting the way we think, feel or act in a situation. In a healthcare system, the professional is exposed to situations that are highly stressful and emotional at the same time, for involving sickness, suffering and loss moments, adding to the presence of relatives in scene. Apart from the emotional situations, the healthcare professional are still exposed to hazardous elements, risk of injuries, long and unpredictable shifts and financial worries.

After the exposure of COVID-19 pandemic, the rate of anxiety, psychological issues, post-traumatic stress disorders or even the permanence of symptoms of COVID-19 infection between the professional have increased (CDC, 2016).

On his study, Fitzgerald (2002) says that due to the frequently shortage of staff the environment turns to a different atmosphere about the care delivered by the nurses, as they judge themselves. This judgment and feeling of guilty associated to the other factors like worked hours, shortage of staff, exhaustion and low pay rates can be the reason for them to leave the profession and change career sometimes.

Even though the dedication to the patients from the healthcare workers is recognized in certain way and seem admirable, their mental health end up not being prioritized and sometimes this can bring serious damage and cause a progressive turnover in the system (CDC, 2016).

1.8.3   Long Shifts

We are all aware that since 2020 the occurrence of a pandemic has interfered in all areas related to health. COVID-19 appeared in the world in an unexpected way and caught everyone in a totally unprepared way. Due to this unpreparedness in the face of handling the virus, Covid-19 highlighted and intensified the demand of the health system in sectors, from home care to the highest level of care within a hospital, increasing in the same proportion the pressure on the professional and often increasing the occurrence of staff shortages in the sector (Gurková, E. et al, 2021).

A common problem listed between the healthcare workers is related to the quantity of working hours, usually the shifts are 12 or 13 hours, with short breaks during the day and a longer one for lunch or dinner. Is more than common that nurses and all healthcare professionals work more than 39 hours per week, as recommended.

Working long shifts and having no day offs that is considered enough to rest, have a direct corelation with occupational injuries, burnout, decrease in job satisfaction, exhaustion and depersonalization (Sung-Heui, B. et al, 2021).

At the same time, this overtime working hours is totally related to the manners that the care is delivered to the resident, compromising the patient's safety and their comfort and then, consequently, it can brings a dissatisfaction from patients and their families point of view and a difficulty to achieve goal on health development on the sector (Sung-Heui, B. et al, 2021).

A healthcare worker can be exposed to different hazards in a healthcare environment, such as infectious agents (2017) as bacteria, virus, fungus, parasites; chemical hazards (2017) like drugs, gases, cleaning products, medical supplies, chemical substances and physical hazards (2016), or in other words, occupational disorders due to patient's handling. Working long shifts can increase the chances of this exposure and at the same time the attention of infection prevention and control manners can be missed.

As a infection prevention control manners to be taken are completely immunization for healthcare workers, correct and complete use of personal protective equipment (PPE) according to the agent necessity, correctly performance of hand hygiene and correct performance on cleaning and disinfection of surfaces (HSA, 2022).

According to researches, healthcare professionals who are under work periods over than 12 hours on more than two successive days are three times more susceptible to commit medication errors. This can be avoidable whenever the professional shows any of the symptoms such as lack of attention, a reduction in alertness, poor judgment, and a loss of concentration (Malliaris, A. P. et al , 2021).

1.8.4   Risk of falls

Getting old is a natural biological process for everyone, which has a range of impacts specially on elderly people. When people get older, their biological systems deteriorate, their cognitive abilities degrade, and their risk of falling and experiencing injuries increase (Stanetic, K. et al , 2014).

Multiple risk conditions can be related to this fact, such as medical concerns, behavioural or cognitive impairments, environmental or social circumstances, might cause the elderly to fall. Parkinson's disease, dementia, and Alzheimer's disease are all conditions that aggravate the situation. Dementia has been linked to a 40–60% increase in the chance of falling, and the most part of the residents living in Nursing Homes has some level of dementia (Bell, A. and Sherratt, A. , 2014).

In this study, the authors were able to conclude that on their sample analysed, between other reasons, a shortage of staff was present as a reason for risk of fall on residents in nursing home, that this fact had an impact on how well managed the situation could have been done (Chapman, L.J.; Newenhouse, A. C., 2013).

Being in a shortage staff situation and providing care to the resident can be very delicate, for the reason that whenever the professional is dedicating his/her time to a resident, it can cause a non-response from the bell call, so the other resident might try to do the thing by their own, increasing the chances of falling. Fallings can cause severe injuries and at the same time can be very expensive to the facility to recover that damage (NurseGrid, n.d.).

Whenever falls management programs can be truly effective, this can improve the conditions for older people to live their lives, facilitate for nursing home professionals to provide the essential and needed care, and at the same time this programs can reflect on reduction on the average cost of care (Chapman, L.J.; Newenhouse, A. C., 2013).

1.8.5 Medication Errors

Working in a healthcare sector can make the professional feel under pressure and rushed, resulting in a lack of attention on aspects that cannot be missed. Even though the environment has a number of fail safes, the person giving or administrating the medication to a patient is the final step (NurseGrid, n.d.) .

Working several hours in a row can make the nurses feel exhausted, tired and work in an "automatic mode" and this fail safe can be broken very easily, especially when they are under a short-staffed shift. (Barber, N.D et al, 2009) could prove on their study that a significant cause for medication errors is associated to the staff, that is included shortage turnover and even their experience/knowledge is counted.

The author (2009) even mention that feeling of tiredness, hungry or any other cause that makes the professional not feeling well can impact on dispensation, administration and awareness of side effects about the medication.

Medication errors can cause significant harm to the patient, even bring to death, especially in elderly people, whose usually have several diseases and take different medications for that. It is clear how important a professional needs to be concentrate and feeling well when handling this products.

1.8.6 Risk of Bed Sores

Bed sores is a condition that are, unfortunately, common in a healthcare sector, but in another hand this can be prevented through continuous skin assessment, patient rotation and good nutrition and hydration levels.

Since ever preventing pressure sores has been a healthcare concern. Florence Nightingale have stated on that time that is a patient has a bedsore, it is not the disease's faut, but of the nursing care. Related to that, others considered a pressure sore as a bad attitude and miss care from the professional conduct, and this miss care is not just associated to the nurse or healthcare assistant fault, but with the whole health system, such as physical therapist, dietitian, doctors and others.

Elderly people, due to age, have a difficulty on mobility and sometimes they choose been in bed to avoid movements, for this reason, residents who are in bed and under restrictions of movements have a higher risk to develop bed sores. Due this fact, a constant rotation, that requires two staff members at least, will help to prevent the appearance of pressure sores, but in another hand, is not always that two member of staff are available to do this turning of patient (NurseGrid, n.d.).

In his study, the author (2006) found some barriers for bed sores risk assessment, such as patient, lack of time, short staffed, lack of training and others and when is evaluated the barriers related to the prevention of bed sores, the author found as the most common reason the lack of staff and time.

Even though the professionals are aware of the necessity, are trained and know the purpose of rotation on bed to prevent the bed sores, the shortage of staff can promote a huge and negative impact on the patient. Due to this shortage the professionals won't have time enough to dedicate to these rotations every 2 hours, assessing their skin conditions and relieving the pressures on specific areas of the body (Russe, T. and Logsdon, A. , 2003).

Literature conclusion

To conclude, the overview of the literature above indicates the importance of the present study. It is important to observe that a more comprehensive analysis and comprehension of the present problem might be required.

The elaborated review of the literature made through books, journals, articles and organizations information provide us with a considerable starting point of this thesis, which help the author to finish it.

All of the information gathered in the literature review above can be considered essential to the definitive development of this work as it was this common issue that have included each participant in the collecting data. After this brief literature, the reader will have a better comprehension about the topic that has been discussed for many years and unfortunately is a currently problem in the sector.

Having the proper theorical framework was fundamental to support this study to corroborate with the reality lived by the professionals in a healthcare sector worldwide.

The shortage of staff can cause several damages both to the professionals and mainly to the resident living in a long term facility who is totally depending and trusting on the professional who is taking care of them. An association of working in a healthy environment, with available resources and with professionals dedicated to providing a care of quality, alleviate the challenges and disputes with quality related to the quality of professionals in the health environment.

The present research aimed to evaluate the perceptions of healthcare professionals that are currently or were working in Nursing homes in Dublin regarding the impacts, challenges and disputes that might arise due to a shortage of staff. It is important to highlight how important it is to observe how are the conditions that healthcare professional are working, what are the reasons that are causing this currently and permanent shortage and turnover of staff and mainly how management, society and government need to put more effort to find a solution for this.

2   RESEARCH METHODOLOGY AND METHODS

The terms Methodology and Methods associated to research can be used in a wrongly form of expression in some publications, therefore, it is essential to comprehend the difference between both concepts. The term "methodology" refers to the philosophy or presumptions that the research will approach, more associated to comprehension about the reasons that the research is been done. In another hand, the term "method" is related to the techniques and procedures that will guide the data collection and analyses of that, such as questionnaires, observation or interviews, all supporting and providing extra information in a research (Saunders, M. et al., 2009).

The purpose of this chapter is to cover in detail the methodologies and methods adopted in the process of this research about the challenges and disputes that can arise due to a shortness of staff in Nursing Homes in Dublin and evaluate the healthcare professionals' point of view about this event.

In this chapter will be possible to observe and comprehend all the components involved in collecting data and analyses of the useful results for the research topic. The methodologies chapter will embrace topics such as philosophies, approach, strategies and choices, type, and size of the sample, method of data collection and how it will be analysed.

2.1 Research design

According to Saunders et al. (2009), the "methodology" in a research can be compared to a onion, due the fact that a research needs to follow different stages for better production and comprehension about specific subject. In this model presented by the authors, they split the research methodology in six components: research philosophy, research approach, research strategies, time horizon, data collection and data analysis .
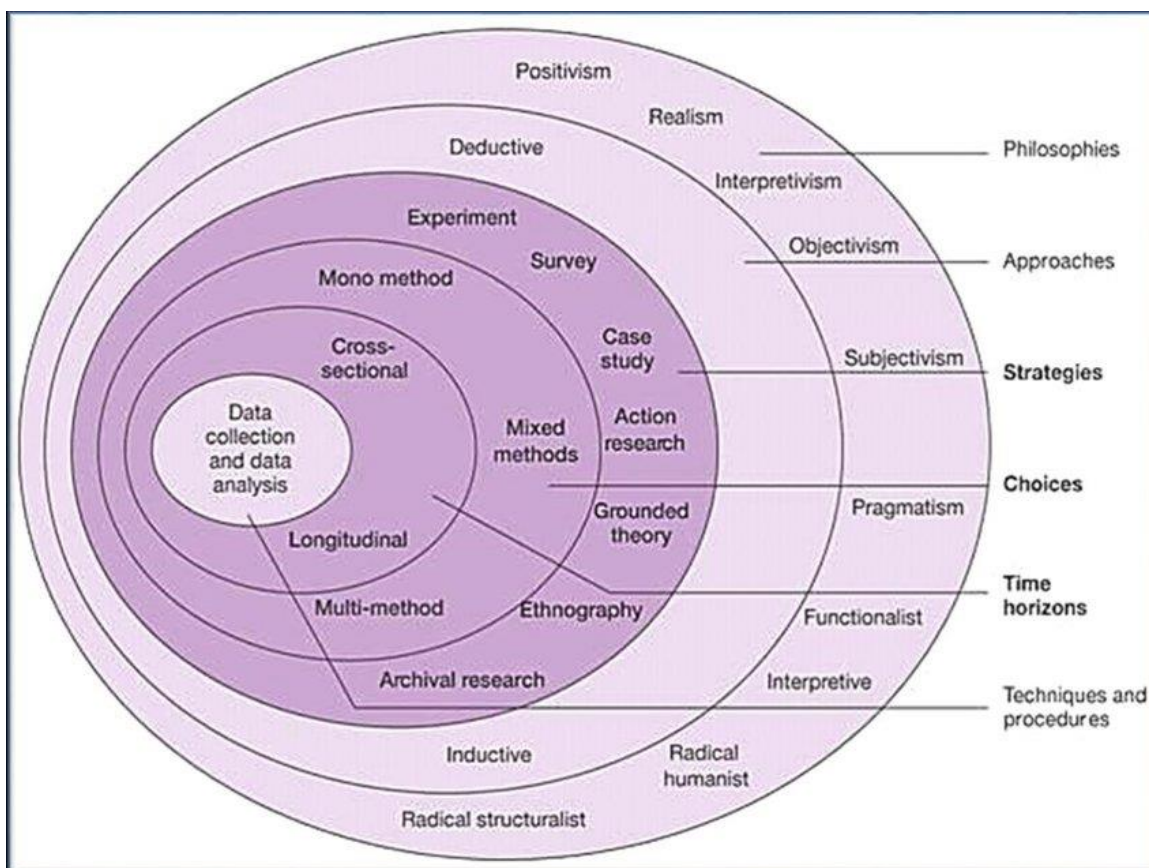

Figure 1: Research Onion (Saunders, M. et al., 2009)

In the present study, the research onion can be showed in the following manner:

- Research philosophy: interpretivism;
- Research approach: inductive
- Research strategies and choices: survey/questionnaire under a mixed methods;
- Time horizon: cross-sectional;
- Data collection: self-selection;
- Data analysis: online survey.

2.2 Research Philosophy

An association of beliefs and assumptions related to the development of a knowledge is basically the definition of a research philosophy, or in other words, it means what are the efforts that the author(s) of a research is making on developing the knowledge in a specific field, addressing a specific problem in a specific theme **(Saunders, M. et al., 2009)**.

The authors **(Saunders, M. et al., 2009)** bring a typical distinction of assumptions as ontological, epistemological or axiological assumptions, when are associated to assumptions related to realities, human knowledge or values influences on the process of a research, and the choice of philosophy will influence how the author comprehend the research questions and interpret the findings.

The epistemology philosophy associated to interpretivism position was chosen to guide this research, due to involve studies on culture without cross-cultural focus, without no value influence, making use of qualitative data through a questionary with opened questions and as the research will be based on feelings, own perceptions or point of views from the professionals.

2.3 Approaches

According to the authors **(Saunders, M. et al., 2009)** there are two different types of approach that can be used in a research, the deductive and inductive approach. While the deductive approach is associate to a development of a theoretical or conceptual structure and then will corroborate using data. Differently, when the research aims to explore the data and develop theories

from that and then related that to the literature, the approach is called inductive. In this second type of approach, any predetermined theories or conceptual structure can be involved.

In the present research, the approach chosen to conduct the process will be the inductive approach, in association of a data collection under a questionnaire and at the same time a review of literature will be developed to associate to the results found.

2.4 Strategies and choices

The research strategy is associated to the form that the data will be collect to explain in the best way the research purpose, such as theory, number of participants, literature review. The strategy chosen in the present research will happen through an online questionnaire delivered to healthcare professionals, who work or have worked in nursing homes in Dublin, and will be answered in a voluntary and anonymous way. This method was chosen to attempt the intention to evaluate the respondent's point of view and associate the answers to the literature available.

The questionary will allow the researcher to collect a qualitative data, using open and close question related to the subject that will enable the researcher to collect sufficient data to associate with the literature reviewed and draw a conclusion.

Regarding the choices, the author is able to choose between mono method or mixed-method analysis. The first method uses qualitative or quantitative approach, while the second method mentioned uses both quantitative and qualitative method.

Intending to achieve the objectives of the present dissertation, the quantitative and qualitative research were used to conduct the study. The characteristic of qualitative research is to collect information that are not measurable or quantifiable, related to thoughts patterns, attitudes and behaviour, while the quantitative method aims to classify features and quantify what was observed, generating a numerical or statistical data **(Langkos, 2014)**.

2.5 Time Horizons

Time horizons is related to the duration of the study and it can be separate in two different classification: cross-sectional or longitudinal. Cross-sectional means that the observation and data collection was applied in a single moment in time, most used in researches that are under a surveys. On the other hand, longitudinal data refers to observation and collection of data for a certain variable time, involving weeks, months, years, usually used to find a pattern or investigation.

In the present study, the method chosen was a cross-sectional data, in order to analyse the findings in a specific time for finalizing the present dissertation.

2.6 Data collection techniques

Living in a modern world where everything is associated to technology and internet access, this facilitates the people's lives and also increase the connection and collection of information using the tools available in the system. An internet-based survey was the method chosen for collection of data on healthcare professionals' point of view regarding the shortness of staff on their workplace, nursing homes in Dublin.

Google forms is an option available on google services that allows users to create their own surveys and was the tool chosen to conduct the present survey. The questionnaire was written in neutral and clear language, aiming to achieve a higher number of participants with no intention to create misconceptions or induct the participants to answers.

The questionnaire was produced using the 5-point Likert scale for better data analysis. This type of response option was chosen for the reason that this allows to analyses of individual's perception to an matter and is more precise involving a range of possibilities than a just basic yes/no or agree/disagree option (Oppenheim, 1992b).

The research population in the present research the non-probability sampling will be applied and an approximately and expected quantity of 100 healthcare professionals will be used as the sample to be analysed. The professionals must be living in Dublin and currently working or have worked in nursing homes in Dublin – Ireland. The ages, nationality of participants will not be differed during the analysis.

The intention of the survey is to assess the perception of healthcare professionals regarding the challenges and disputes that may arise due to shortness of staff in Nursing Homes. The survey was distributed in an online way, randomly to healthcare professionals (Nurses and Healthcare Assistants) in groups, platforms and apps.

The data collection will be taken through a questionnaire as mentioned before. After the collection of data, the results will be process and analysed compared to a literature.

The analysis of the data will happen through a deep analysis and comparison of the results obtained with the purpose of finding a pattern that is able to justify the main topic of research. During this process, the usage of a data analysis tool won't be discarded, for the purpose of guarantee the best analysis of the data.

The interpretation and visualization of the data will take in form of words describing the results and at the same time charts or graphs can be used for better comprehension.

2.7 Research Limitations

The study's limitation involves the aspects of the design or methodology that had some interference or influence on understanding and comprehension of the research outcomes. They are the limitations on the generalisation and usability of conclusions that are a result of the research approach or the method adopted to achieve reliability and validity during the study. (Price, J.H and Murnan, J., 2004).

The present research have shown some limitations during the data collection process, such as the sample size, lack of reliable data, lack of useful bibliography material. The sample size was a limitation due the fact that, even though online survey could facilitate our lives, most part of the professionals didn't answered the questionnaire for some reason. Some professionals can feel intimidated or afraid of participating for exposing a problem related to work and the population expected can be lower. Therefore, the importance of highlight that the whole data collection process was anonymous, voluntary and confidential.

The lack of useful bibliography available can be considered a limitation during the process of research, due the fact that even though there are many materials available about shortness of staff and nurses there is not much material related specifically to healthcare assistant or even related to the purposed topic in nursing homes in Dublin - Ireland.

2.8 Ethical Considerations

In accordance with the author, ethics is a field of philosophy concerned with how individuals might behave, how they might judge those actions, and how they might construct norms to validate those actions. Ethics in research consists of setting research guidelines, assessing and evaluating research, and establishing disciplinary measures to ensure ethical research (Adams, G. and Berzonsky, M. , 2004).

According to Saunders et al. (2009), "Research ethics, therefore, relates to questions about how the researcher formulates and clarify the research topic, design the research and gain access,

collect data, process and store the data, analyse data and write up the research findings morally and responsibly."

Walliman (2010) also highlight that research participants must be treated under dignity values, since they are interacting to the researcher in all process of the research. At the same time, the author emphasises that the participant must be informed about the steps of the study and how the information collected will be used and also that the process is voluntary and anonymous, so they are able to withdraw at any time.

The present study was conducted in a respectfully and attentive manners related to the ethical standards, without any type of bias, aiming to extricate the most valuable information from the literature available and from the participants who responded to the questionnaire with maximum reliability.

The researcher aimed to detail the literature associating it to the topic addressed associating to secondary information. The researcher assessed all information intending to produce reflections about the recurrent shortage of staff that happens in Nursing Homes especially.

The answers were collected from the questionnaire and at any time any personal details were request, and it needs to be highlighted the these answers won't be exposed or published in any media channel apart from the present document containing the study.

The expectation is that the findings shall contribute to the society in order to provide to the society in order to provide a better comprehension about the main topic, covering reasons, causes and consequences of the shortage of staff.

3   PRESENTATION OF DATA

As mentioned in the previous chapter, intending to collect the information necessary to reach the conclusion of the topic presented in this dissertation, the choice strategy used to make this collection was through an online survey with the assistance of the platform offered by Google, the Google Forms.

As society is extremely dependent on the use of the internet these days, the use of this tool tends to make everyone's life easier. Using this tool to collect data, the participation of the population in focus can be more adhered to compared to the traditional method of data collection. Online surveys through some platforms can generate the formulation of graphs, tables and other visualization methods that facilitate data analysis for both the author and the reader in a simple and fast way.

The questionnaire was disseminated on social networks through a link sent to the target audience of this research in the period of 14th March and 14th May, only people who agreed to participate in the research answered the questionnaire. The target population of this research was professionals, such as healthcare assistants and staff nurses who are currently working or have worked in Nursing Homes in Dublin, Ireland.

The questionnaire consisted of twenty questions, closed-ended questions and some of the question could have more than one option selected, the questions intend to cover different topics related to the different types of impact, challenges and disputes that may arise due to the lack of professionals. All questions were marked as mandatory for the best data analysis.

A consent form was included in the first section of the questionnaire containing all the necessary information, purposes, research intent, confidentiality, ethical considerations, and disclosure of the collected data, so the participant can only proceed with the answers from the moment they have selected the option "Agree". Otherwise, if the person selected the "Disagree" option, they were automatically directed to end the participation, however no "Disagree" response was observed, hence, 100% of the people who had access of the present research agreed to participate.

The purpose of this research was to collect the healthcare professionals' perceptions regarding the impact of staff shortage, analysing what type of challenges and disputes can arise due to this fact. As described in the chapter above, there was no restriction regarding the age, gender, nationality, private or public sector workers or day or night workers.

Question one aimed to evaluate how long the professionals are working or have worked in nursing homes, the options of answers were less than 1 year, between 1-3 years and more than three years. This question was elaborate to evaluate and correlate the time the professionals are working and witnessed the shortage of staff on their place of work.

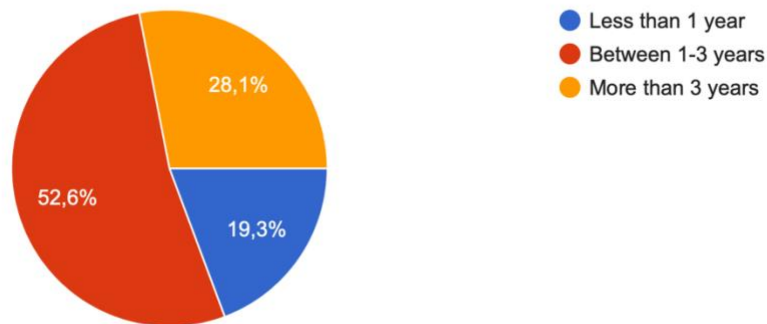## 1) HOW LONG ARE YOU WORKING/ HAVE WORKED IN A NURSING HOME?

57 respostas

Figure 2: Graphic of Question 1

Questions two and three are intended to establish a social demography and a correlation between number of staff and number of professionals, including health care assistants and staff nurses, working in a daily roster.

2) HOW MANY RESIDENTS LIVE IN THE NURSING HOME YOU'RE WORKING/ WORKED?
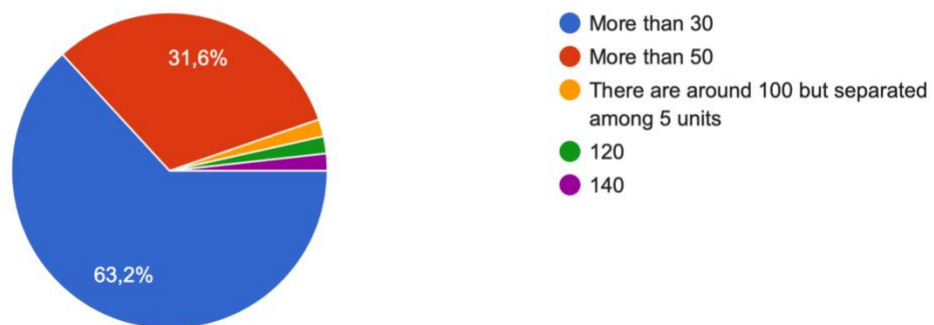
57 respostas

Figure 3: Graphic of Question 2

3) HOW MANY PROFESSIONALS MAKE PART OF THE DAILY ROSTER? (INCLUDING NURSES AND HCA)

57 respostas

- ● More than 10 professionals
- ● Less than 10 professionals
- ● Between 15-20 professionals
- ● 5 HCA and 2 nurses
- ● Average staffs for 30 residents
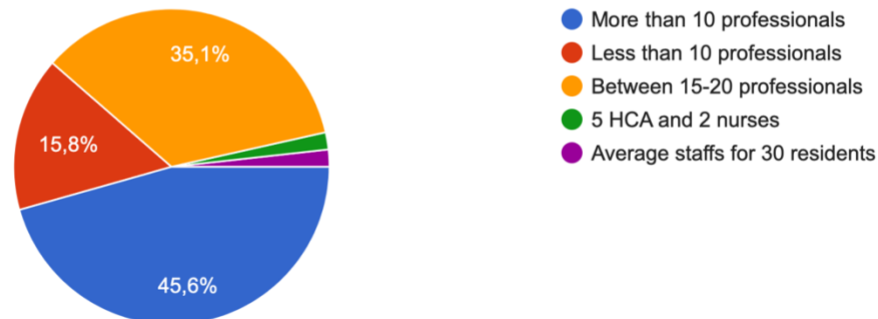
Figure 4: Graphic of Question 3

The main intention of the present study is to analyse the challenges and disputes that may arise due to shortage of staff, for this reason, the Likert scale was used on questions four, five, seven, eight, ten, eleven, twelve, thirteen, fourteen, fifteen and sixteen, to range the responses from one extreme to another, been possible to collect and analyse in a more reliable manner.

These questions were developed to answer how often does the shortage or turnover of staff happens in the nursing home you work, how well does the management deal with this situation, how the professional deal with this situation, how they deal with the necessity of reallocation, how they evaluate the care given to the resident and the care received by the residents and perceptions regarding the interruptions, communication, principles of safety and protection

On question four, was asked about the frequency that a shortage or turnover of staff happens on their workplace, and was given options using Likert scale between always to never. On question five the question was related to how well management deal with this event, with options between very well to very bad.

4) HOW OFTEN DOES THE SHORTAGE OR TURNOVER OF STAFF HAPPENS IN THE NURSING HOME YOU WORK?
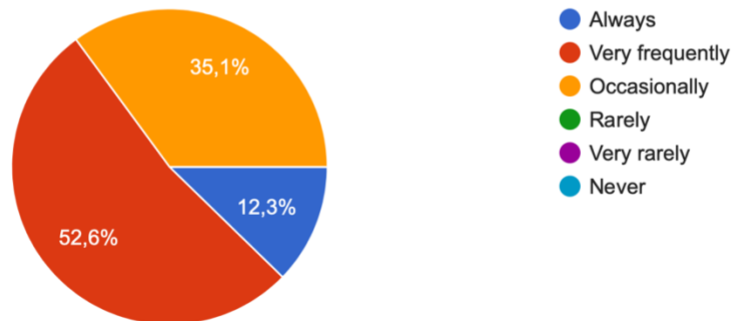
57 respostas

Figure 5: Graphic of Question 4

5) HOW WELL DOES THE MANAGEMENT DEAL WITH THE SHORTAGE OF STAFF?
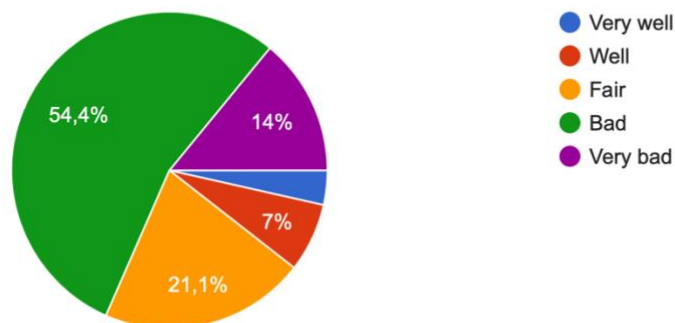
57 respostas

Figure 6: Graphic of Question 5

There were six questions (six, nine, seventeen, eighteen, nineteen and twenty) that didn't follow a closed-ended format, so the participant could select more than one option available, and they are more associated to feelings, opinions, reasons and suggestions.

On question six it was asked about the manners that the management uses to solve this problem of shortage. The options were: leave the shift short of staff, try to call other staff member to cover, if the worker is a HCA, the staff nurse will help on the floor, if the worker is a staff nurse, they can receive help from the CNM or even help the HCAs on the floor, and there was a option where the participant could insert other options.

6) WHAT ARE THE USUAL MANNERS THAT ARE USED TO SOLVE THE "SHORTAGE OF STAFF" USED BY YOUR MANAGEMENT? (MORE THAN ONE CAN BE SELECTED)
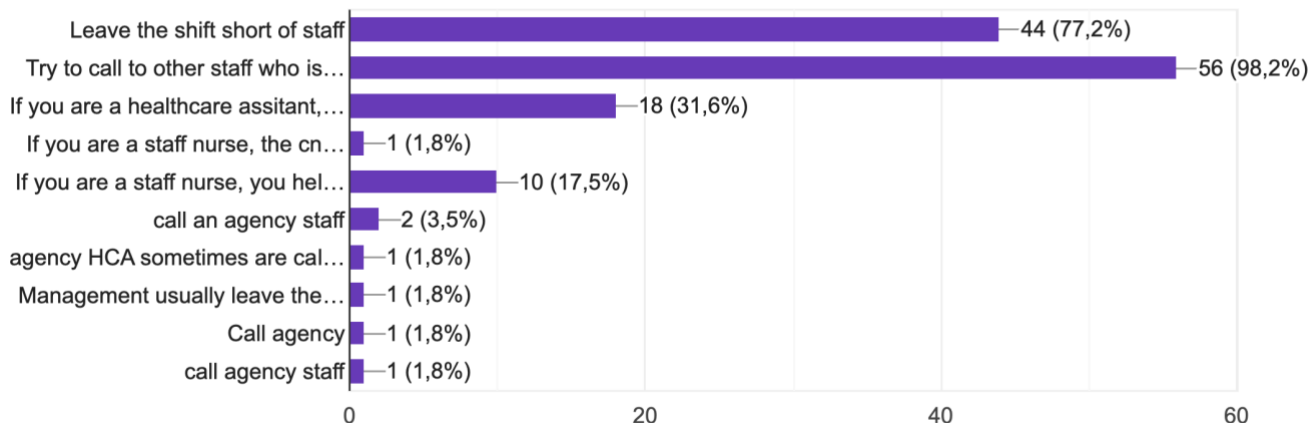
57 respostas

Figure 7: Graphic of Question 6

Back to the use of Likert Scale, question seven evaluate how well the professional deal with the shortage of staff, from very well to very bad.

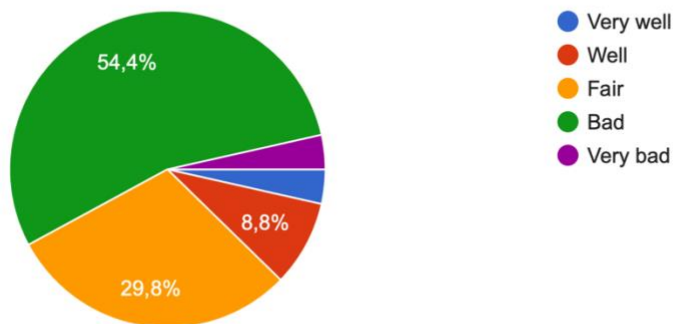## 7) HOW DO YOU DEAL WITH THE SHORTAGE OF STAFF?

57 respostas

Figure 8: Graphic of Question 7

Question eight approached the team reallocation during the shift, how the professional deal with that. The options were: do not agree with the relocation and do not accept; do not agree with the relocation but accept; agree with the relocation easily; it doesn't make any difference for you.

40

8) IN CASE OF THE NECESSITY OF RELOCATION AND CHANGES ON THE WORKBOOK, HOW DO YOU DEAL WITH THAT?

57 respostas

- ● Do not agree with the relocation and do not accept
- ● Do not agree with the relocation but accept
- ● Agree with the relocation easily
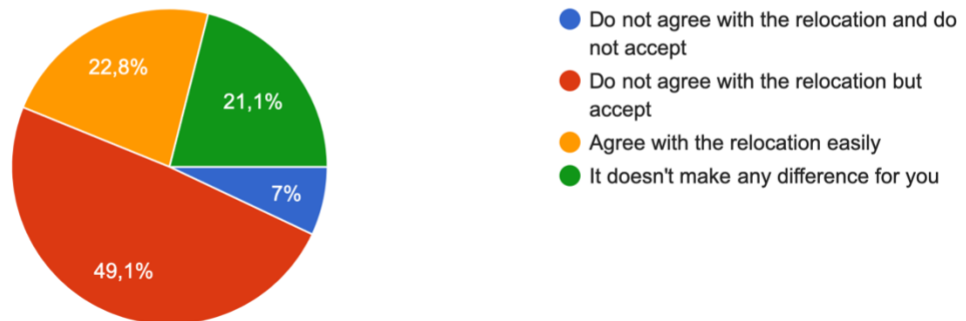- ● It doesn't make any difference for you

Figure 9: Graphic of Question 8

Question nine aims to evaluate the main feeling and impressions from the healthcare professionals when they realize about a shortage of staff. In this question, more than one option could be selected. The options of the present questions were: stressed; overwhelmed; under pressure; tiredness; lack of recognition; lack of support; demotivated; don't see any problem, as this can happen, non-specific feelings.

9) WHAT ARE YOUR "FEELINGS"/IMPRESSIONS" WHEN YOU REALIZE THAT THE STAFF IS SHORTAGE? (MORE THAN 1 CAN BE SELECTED)
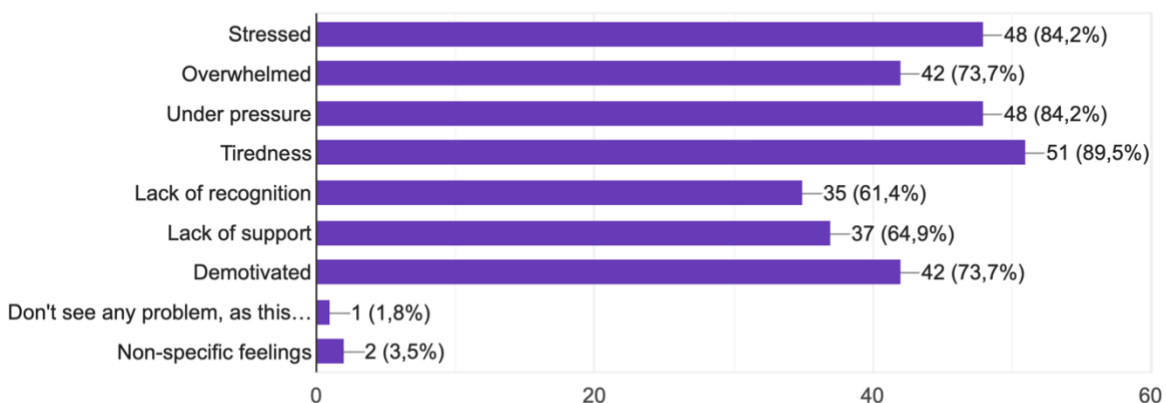
57 respostas

Figure 10: Graphic of Question 9

Question ten intend to evaluate, through Likert Scale again, if they agreed or not that in these situations of shortage the care delivered to the resident could be different compared to day when the staff is complete.

10) IN A SHORTAGE STAFF SITUATION, CAN YOU SAY THE RESIDENTS UNDER YOUR CARE RECEIVE A DIFFERENT CARE COMPARED TO THE DAY WHEN THE STAFF ROSTER IS COMPLETE?
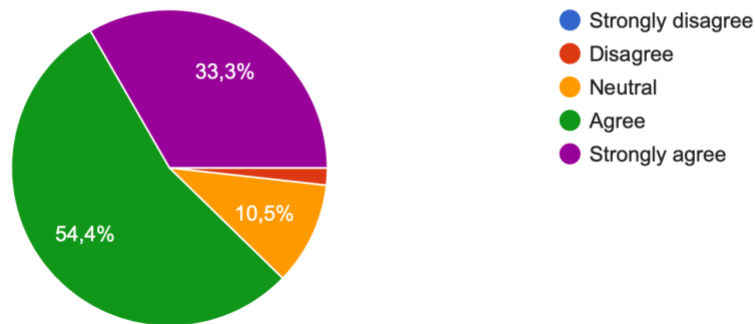
57 respostas

Figure 11: Graphic of Question 10

On question eleven, the theme was related to principles of safety and protection and the Likert scale was used other time. It was asked if in these situation, the professional could not prioritize these principles, such as proper manual handling, infection control and hand hygiene, for example.

11) DO YOU FEEL THAT IN SHORTAGE OF STAFF SITUATIONS, YOU CAN END UP NOT PRIORITIZING THE PRINCIPLES OF SAFETY AND PROTECTION? ...ANDLING, INFECTION CONTROL, HAND HYGIENE.
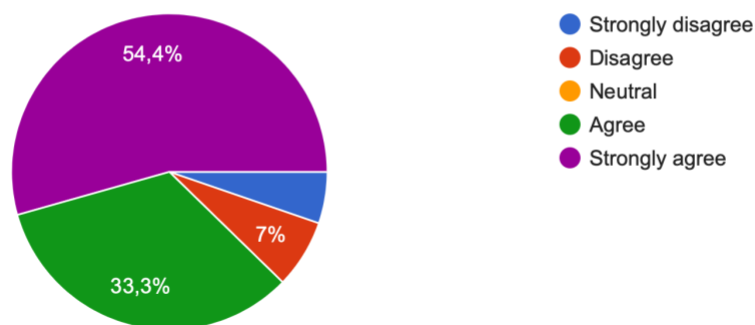
57 respostas

Figure 12: Graphic of Question 11

Question twelve approach the theme communication and intend to evaluate how important the professionals think that a good communication is for a better result on quality of care delivered to the resident.

12) WHAT IS THE IMPORTANCE OF GOOD COMMUNICATION THROUGHOUT THE SHIFT BETWEEN ALL MEMBERS OF STAFF FOR GOOD CARE DELIVERED TO THE RESIDENT?
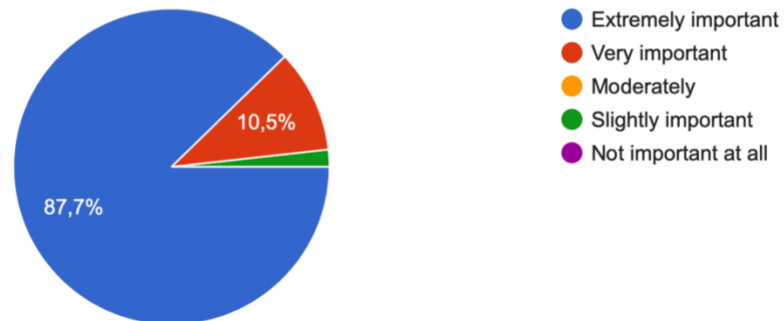
57 respostas

Figure 13: Graphic of Question 12

Question thirteen and fourteen intend to evaluate how often the interruptions during their activities happens and if these interruptions interfere on the care delivered to the resident.

13) IN THIS SCENARIO OF SHORTNESS OF STAFF, HOW OFTEN ARE YOUR ACTIVITIES/DUTIES INTERRUPTED THROUGHOUT THE SHIFT FOR HELPING YOUR COLLEAGUE?
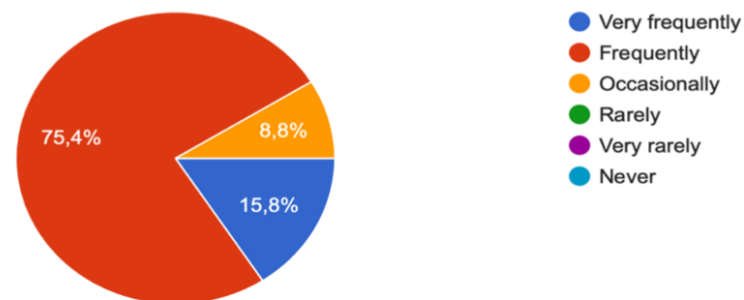
57 respostas

Figure 14: Graphic of Question 13

14) IN YOUR POINT OF VIEW, THESE INTERRUPTIONS DURING YOUR DUTIES CAN DIRECTLY INTERFERE WITH THE CARE DELIVERED TO THE RESIDENT?

57 respostas
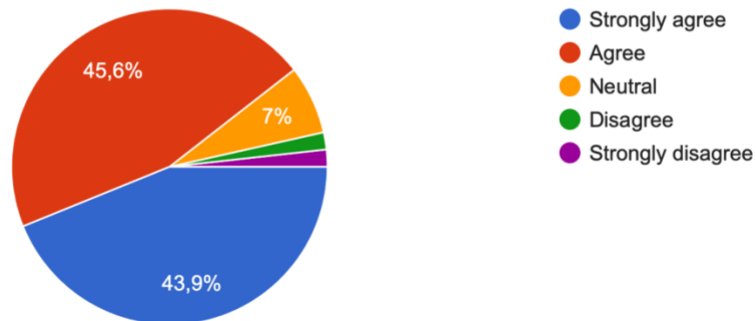
Figure 15: Graphic of Question 14

Question fifteen and sixteen aim to analyse the resident's perceptions about the shortage of staff. Respectively, the questions cover the resident's feeling, if they may feel mistreated and how frequently they report this dissatisfaction to the management.

15) DO YOU THINK THE RESIDENT CAN FEEL UPSET OR "MISTREATED" DUE TO THE SHORTNESS OF STAFF?
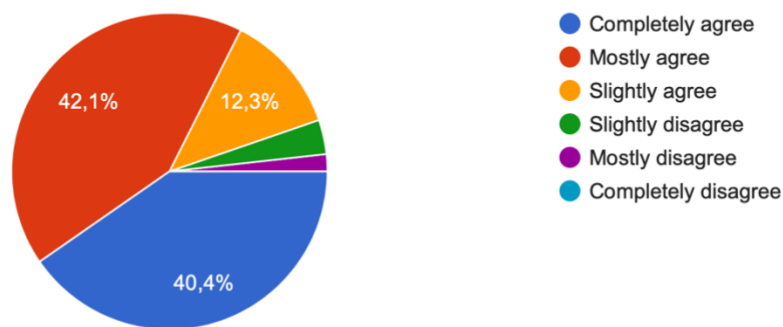
57 respostas

Figure 16: Graphic of Question 15

16) HOW COMMON IS A RESIDENT REPORTING/COMPLAINING ABOUT SOME DISSATISFACTION RELATED TO THE CARE/ATTENTION RECEIVED FROM THE STAFF?

57 respostas
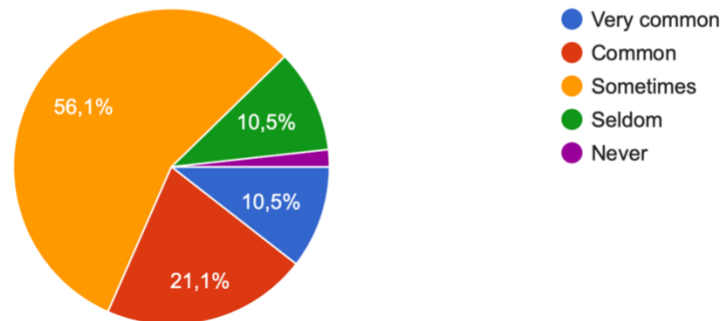
Figure 17: Graphic of Question 16

As mentioned before, questions seventeen to twenty intend to evaluate what are the challenges, disputes, conflicts that can arise, what are the reasons for that, what are the main causes of shortness of staff and suggestions to solve this problem in a better manner, respectively. All these last questions have the option that the participant could insert a new response in the "Other".

17) IN YOUR POINT OF VIEW, WHAT ARE THE MAIN CHALLENGES AND DISPUTES/ CONFLICTS THAT CAN ARISE DUE TO A SHORTAGE OF STAFF? (YOU CAN CHOOSE MORE THAN ONE)

57 respostas

Figure 18: Graphic of Question 17

18) WHAT ARE THE MOST COMMON REASONS THAT GENERATE DISPUTES/CONFLICTS/CHALLENGES? (MORE THAN ONE CAN BE CHOSEN)

57 respostas
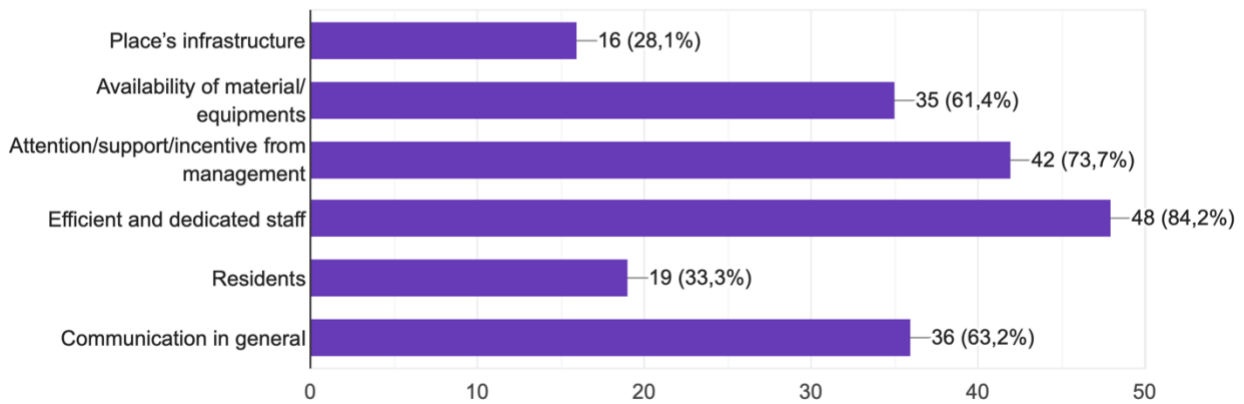
Figure 19: Graphic of Question 18

19) REGARDING THE CAUSES OF SHORTNESS OF STAFF SITUATIONS, WHAT ARE THE MAIN REASONS?

57 respostas
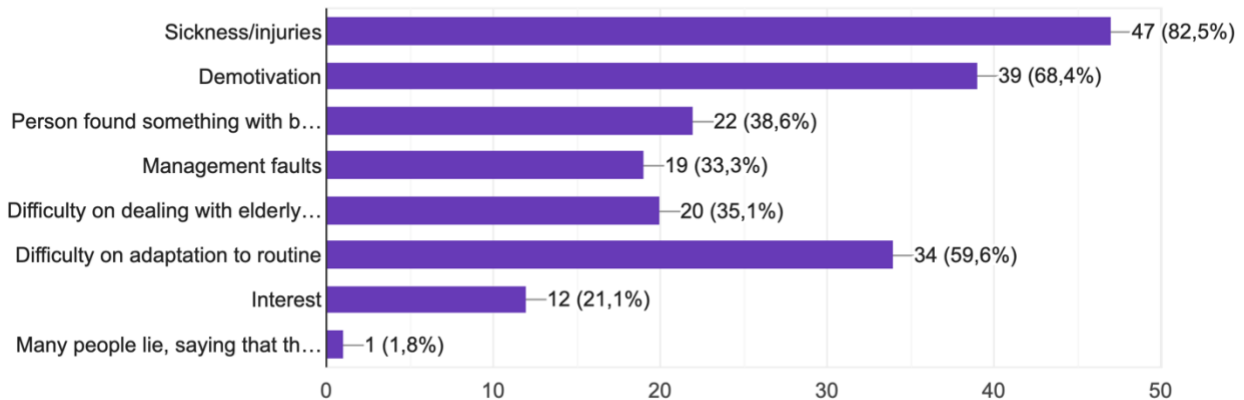
Figure 20: Graphic of Question 19
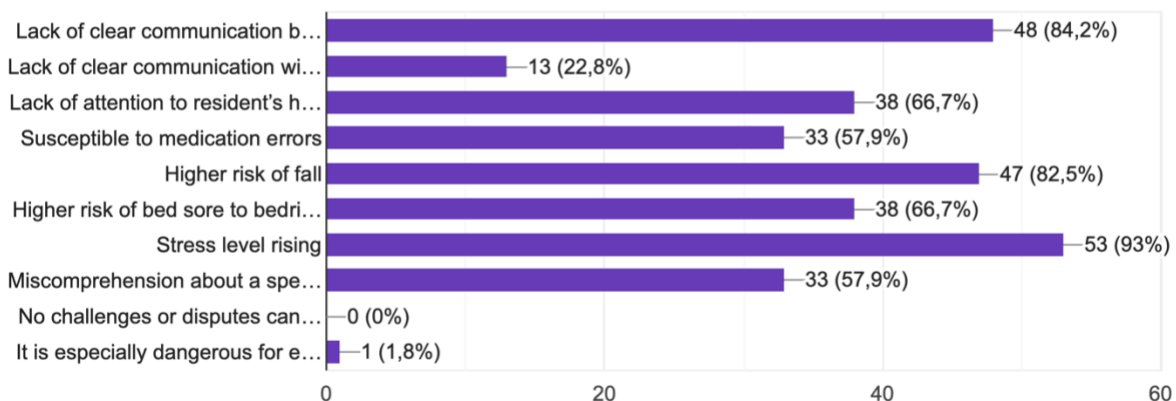
20) WHAT IS YOUR SUGGESTION TO SOLVE IN A BETTER WAY OR REDUCE THE SHORTAGE OF STAFF IN THE HEALTHCARE SECTOR, MAINLY IN NURSING HOMES?

57 respostas
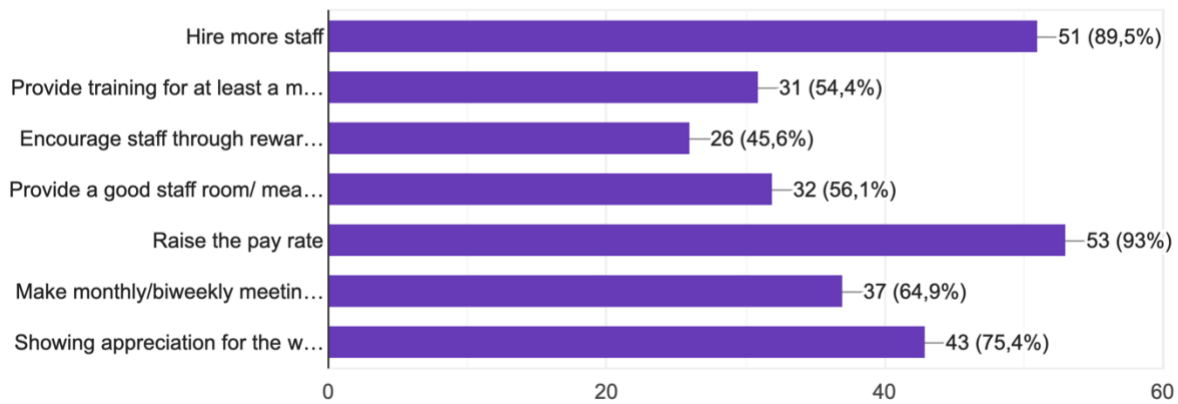
Figure 21: Graphic of Question 20

All questions of the present survey was formulated for the best progress of this dissertation project. Google Forms platform was essential and absolutely useful both for the research and participants.

During the process of collecting data, no complaints or reports were received about difficulties regarding the access or misinterpretation about the questions.

Our sample contain 57 participants , being that all of them match the criteria of the target population, healthcare professionals from different nursing homes across Dublin, Ireland.

The data collect and results will be analysed and explored in the subsequent chapter: Data analysis and findings.

4   DATA ANALYSIS AND FINDINGS

According to VanderStoep and Johnson (2009), data analysis and interpretation can be directly facilitate and provided through quantifiable research, such as percentages and frequencies, accompanied by qualitative descriptions, which are usually expected to facilitate elucidate the applicability of the investigation's main issue. Comprehending the purpose of each question and why they were created and why it was framed the way it was in terms of the literature and data gathered is crucial.

The compilation and comparison of the literature using the information acquired is known as data analysis. Furthermore, it summarizes, states, and interprets what the study population has said as well as what the research can comprehend.

4.1   Professional population and length of practice

The collection of data was compose by a total of fifth seven people who completed the questionnaire, representing 100% of the sample of the survey, it was noted that most of the participants were healthcare professionals (n=46), representing 80,70% of the sample, while just 11 staff nurses participated of the survey, representing 19,30% of the sample.

On question one was asked about the time the professionals were working in Nursing Homes in Dublin, 52,6% said that they were working between one and 3 years, corresponding to 30 answers, 28,1% are working for more than three years, equivalent to 16 professionals and just 19,3% are working for less than one year, or eleven professionals. On this question, there was no discrepancy related to hierarchy of profession, if they were healthcare assistant or staff nurse.

On question three was asked about how many professionals compound the daily roster, including nurses and healthcare assistants, the findings have a variety of professionals working in a daily roster from 7 (1.8 % of the sample) to 20 (35.1%) professional, but the majority part of the professional report a number of professionals more than 10 professionals, but less than 15 in a daily roster (45,6%), while one professional reported the roster containing the average staff for 30 residents.

4.2   Residents population

When related to the quantity of residents living in the nursing home, the amount reported by the participants have a variety between 30 (63.2%) to 140 (1.8%) residents, or in other words, 36 people have said that in the nursing home they work, there are more than 30 residents living, while 31,6% have said that there are more than 50 residents. It was provided three options of answers, and if the professional didn't fit to any of these options, they could tick the option "Other" and specify the quantity, for this reason was possible to observe one professional reporting that there are around 100 residents, another professional mentioned that there are 120 residents and other professional reported that there are 140 on his/her facility. All these three last results are equivalent to 1.8% each of the sample.

4.3 Frequency

Comprehending the frequency that a shortage of staff occur in the facility is crucial to determine the reasons, causes and outcomes and possible interventions due to this scenario.

Regarding the frequency, question four was elaborated to analyse the frequency of the shortage or turnover happens on their workplace, the most common answer was very frequently, responded by 30 professional, representing   52.6% of the sample, followed by occasionally, representing 35.1% and always, representing 12.3% or seven participants. No answers were counted reporting that these situations never happen or are rare or very rarely to happen.

4.4 Management approaches

Question five and six aimed to cover management attitudes in front of this situation of understaffing.

According to the professional's perception related on how well the management deals with this shortage of staff, most of the participants, equivalent of 31 professionals, have reported that the management deals in a bad form (54.4%), while twelve people reported that the management deals in a fair manner (21.1%) and eight people said that they deal in a very bad way (14%), just four participants among the sample have answered that the management deals in a well manner, representing 7% of the sample and two of them have said that the management deals in a very well manner, same as 3.5%.

Related to the topic above, the participants were asked what are the usual manners that the management chooses to solve the shortage, the participant could select as many reasons as they think that would comply with what their routine.

In majority, the participants reported that they try to call to any other staff to cover the shift, there were 56 responses or 98,2% of the sample or the shift is left short in staff, reported by 44 responses or 77,2% of the sample. Five participants (8.9%) have reported that in last instance the management calls for an agency staff to cover the shift. The professionals in majority who made part of the sample were healthcare assistant and just a few staff nurses made part of the sample, the nurses reported that in case of shortage, they would help the healthcare assistant on the floor (10 responses or 17,5%), only one staff nurse have reported that in case of shortness of staff the CNM will help on the floor (1.8%).

4.5   Professionals perception

One of the main objectives of the present study was to analyse how the shortage impact the professional and residents, so the question seven to fourteen covered the professionals perceptions about shortage of staff.

Aiming to analysing what are their own perceptions and how they deal with this, in majority, thirty one professionals, representing 54.4% of the sample, have said that they deal with this scenario in a bad manner, while two professionals (3.5%) deal in a very bad form and 29,8 %, or seventeen professionals deal in a fair way. In contrast, five respondents (8,8%) said that they deal in a well manner and two people (3,5%) said that they deal in a very well form.

Another point to be analysed is that in some cases there is a necessity of relocation, changes on their duties for better care delivered to the residents. On question eight they were asked about this situations in specific and 28 professionals said that they don't agree with the relocation but accept, while 22,8%, or thirteen people, agree easily with relocation and twelve of them, or 21,1% have said that they don't see any problem, as it doesn't make difference to them, just 7% of them said that they don't agree with relocation and don't accept, this represent four professionals.

When asked about what feelings or impressions that the professionals can express, question nine had the intention to assess the main feeling and impressions from the healthcare professionals when they realize about a shortage of staff on their shift. In this question, more than one option could be selected and there was an space to insert other feelings, in case of another feeling had to be expressed. A total of fifth one responses, equivalent to 89,5% was observed related to "tiredness",

forty eight people expressed as stressed and under pressure, forty two responses was observed to overwhelmed and demotivated. Feelings of lack of support and lack of recognition got thirty seven and thirty five respectively. One professional respond as he or she doesn't see any problem, as this can happen and two professionals selected the option as non-specific feelings. Any other feelings or expressions were added by the participants.

Regarding the importance of communication, in majority, 87.7% of the participants have said that a good and effective communication throughout the shift is extremely important, 10.5% very important and just one person (1.8%) have said that communication is slightly important.

4.6 Professional's perception about the care delivered

Other important objective of the present study was the perception of the professionals regarding the residents and what impact a shortage of staff would have on the care delivered. On question ten they were asked if they could say that in understaffing shifts the residents receive a different care, compared to the day that there's no understaffing.

Thirty one participants have agreed that the resident can receive a different care, this represent 54,4% of the sample, while 33,3 % represented by 19 professionals says that they strongly agree about this statement. In other hand, six participants or 10,5% of the sample are neutral regarding this supposition and on professional disagree, representing 1,8% of the sample.

When asked about the properly following of protocols, specially to prevent and control of infections, hand hygiene or prevent injuries following the manual handlings, 54,4% or 31 participants strongly agreed that these protocols can be forgotten in s shortage situation, while 10 professional agree and in contrast four participants disagree and three strongly disagree about this statement.

4.7 Missed care and interruptions

Regarding the perceptions of resident's, the data collected shows that the participants mostly agree (42,1%) to the fact about residents can feel mistreated, 40,4% completely agree with the statement, 12,3% slightly agree, while only 5.2% of the study's population disagree in certain level with this fact.

Related to the fact that residents can report to management about the occurrence of these situations of missed care or feeling mistreated, thirty two professionals, or 56.1%, refers that this situations of complains sometimes happen on their workplace, while twelve (21,1%) says that is a common or and six participants says that is very common, the same amount refers that the occurrence of this reports are seldom and only one person refers that this never happen.

Deeming the interruption situations that happen during the shift, most part of the participants have said that these interruptions happen in a frequently form (75.4 %) while 15.8% of them report that the interruption are very frequently in their workplace and 8,8% says that this occurs occasionally, due to this fact, it can be associate to a certain number of residents feeling mistreated when there are many interruptions and reporting this to the management.

In the same wavelength, 45,6% and 43,9% agree or strongly agree, respectively, with the fact that interruptions can interfere on the care delivered to the residents, while 7% or four professionals are neutral regarding this situation and 1,8% is the representation of professionals who disagree or strongly disagree.

4.8 Reasons for raising challenges and disputes and reasons for shortage

The respondents were asked about what are the most common reasons that can generate disputes/conflicts/challenges. The option that was selected most was related to efficient and dedicated staff, being selected forty eight times, representing 84,2%, followed by attention/support or incentive from management, selected forty two times by the participants, other options were selected such as communication (36 participants), availability of material/equipment (35 answers), residents(19 answers) and the lower percentage was related to the place's infrastructure.

Respondents were asked to select between seven options given, being possible to select more than one option, what are the main reasons that "justify" or cause a shortness of staff, in majority the professionals associate this fact to sicken and injuries (82.5%), demotivation (68.4%) and difficulty on adaption to routine (59,6%). Other options were also select, such as the professional found a better place to work (38.6%), management faults (33.3%), difficulty on dealing with elderly people (35.1%), professional's interest (21.1%) and also one person reported that is a common situation some professionals pretending that they are sick just to not go to work.

The last question on the questionnaire covered the participant's suggestions to solve this shortage according their own point of view that they would give to the management to solve the situation. The most common answers involved the "raise of pay rate", select fifty three times (93%),

"hiring more staff", representing by 51 answers (89,5%) and "showing appreciation for the work done", totalizing forty three answers (75,4%). The following options, such as "make monthly/biweekly meetings" was select 37 times, "provide good staff room/ meals/ benefits" had 32 selections, "provide training for at least one month" by 31 "professionals and encourage staff trough reward schemes" by 26 professionals.

5   DISCUSSION

Nursing home can be considered an extension of both the hospital and the home care received by the resident, who are mostly elderly people who need support and continuous supervision to perform minimal tasks and who at the same time need daily medical attention in the administration of nursing home. medication, dressings or promotion of their personal safety, adequate nutrition or even prevention of falls for the most part.

The existence of a constant shortage of professionals in the health environment is a problem that has been occurring for many years, at a global level. There is not a big discrepancy regarding geopolitical issues, country development, cultural factors, the main motives that can be related as the cause of this.

Understanding the causes of the lack of professionals in nursing homes and understanding what this lack can cause was one of the objectives of this research, with the aim of analysing the possible challenges and disputes that may arise from this lack of professionals, associating it with the issue of dispute resolution.

The fact of majority of people working for at least one year in a long term facility can be associated the ability to accurately describe the situations to the time of experience in the field, knowing the routine, the residents, management and what to do under expected and unexpected situations that might occur in the facility.

The hours worked daily are mostly 12 hours of shift and the activities of each team member tend to be distributed according to the needs of each unit. Following the same principle, distribution of necessary equipment and equipment formation will happen according to the needs of each sector, joining a nurse and healthcare assistant who had the same knowledge or skills (Griffiths, P. et al. , 2021).

The results found in this study indicate that the vast majority of professionals responded that the occurrence of lack of professionals happens very often or often enough to cause some type of damage. This lack of health professionals, as mentioned throughout the study, can have many consequences for both the health professional and the safety and quality of care provided to the resident residing in a long-term facility that depends on the professional 24 hours a day, 7 days in the week. On the same wavelength, the vast majority of the participants reported that during a shift where they are short on staff, basic safety principles are left aside, compromising the safety of the resident and the professional, increasing the infection levels in the institution and consequently the need application of new control measures.

Following protocols is essential to prevent infection, injuries and promote a safe environment for everyone who uses the place must be followed in a healthcare sector, such as hand hygiene,

infection prevention and control, correct use of personal protective equipment (PPE), manual and people handling, safeguarding adults and awareness of risk of abuse, especially in elderly people and whenever in a understaff situation, the professional can be rushed trying to complete their duties and can end up failing on this principles of safety and harming the residents/patients and also themselves.

Authors have conclude that the right number of staff in a healthcare sector associated to the experience promote a significant lower rate of infection risk (Rogowski, J. A., 2013) and, in contrast, other authors associate to a understaffed shift in hospitals has directly relationship with consequences that could be avoided in case of over or regular staffed shift, such as risk of wound infection, urinary tract infection, pressure injury, pneumonia, risk of bleeding and some metabolic derangement (Twigg, D.E et al. , 2015)

All notwithstanding, authors (2011) (2014) refers on their articles that it's critical to emphasize the importance of human elements and successful teamwork in maintaining a healthy atmosphere, with excellent communication being the most significant attribute of an effective team. The most serious effect of interpersonal disagreements among personnel is a failure to communicate amongst them, which can lead to nursing care blunders, such as medication errors or falls, in elderly people living in a long term facility, especially when related to side effects from medication use.

Previously in this study was mentioned about missed care associated to understaff situations, and it is notable that there are consequences in critical situations can be related to worse resident/patient associated with worse patient responses due to this care delivered, being missed, delayed or omitted care (Senek, M. et al., 2022).

According to the same authors (Senek, M. et al.) and also analysing the collected data, is possible to correlate that the residents who are under a care of a staff under pressure due to a shortage of members on the rosters, can perceive some outcomes from a missed care, they can feel mistreated and some cases they report the situation to the management.

An attitude from management to solve the shortage of staff was calling another staff, leave the shift short on even call for an external agency staff to cover the shift, but according to the author (Boling, 2009), transitional care offered by agency staff can have two opposing points, being effective and with an improvement in care, it was reported regarding the way and safety of the patient, avoiding a readmission, as, in another hand, this transition from care by different professionals, following a care plan or not knowing the medical history of the resident tend to not promote the same quality of care as a permanent member of staff would delivery and can also lead to a greater susceptibility to error and hospital readmission (Senek, M. et al., 2022).

It was noted in this work that the consequences of this shortage of staff causes damage to the health professional that will directly impact this care provided. Reports such as feeling tired, stress,

over pressure, overwhelmed, demotivation and lack of support were the most mentioned by the evaluated public.

As mentioned during the literature review chapter, an important reason that can cause a shortage or turnover of staff is the professional's mental health, that is directly related to the demotivation about the job and associated to lack of recognition from management's part. Healthcare professionals are highly susceptible to develop health problem, both physically or mentally, that can bring impacts to their performance in work routine and jeopardises on the residents safety.

The psycho-emotional impacts can bring consequences that are directly related to the care of the resident, which due to the lack of "dedication" expected in the delivery of care to the patient, due to this physical and mental exhaustion caused by the overload at work, reported by 87.7% of the participants, the chances of possible damage, errors, risk of falling of the resident and occurrence of musculoskeletal injuries in professionals increase significantly.

Working in a health care scenario can be very exhausting due to all demanding working, dealing with sickness, suffering and a tough environment. Dealing with dementia, the most popular disease between elderly people, especially in a nursing home can be very hard and require more effort, dedication and patience than expected, for these reasons some professionals that are not used to this, they can feel as they are not providing the enough care to the residents and also never faced these situations or even don't get used to this do not adapt their selves to the routine in a nursing home, causing this shortness of staff (Saarnio, R. et al., 2012).

In this scenario of working in a healthcare environment, the occurrence of stressful situations during the workday can be considered common, however, in a situation of lack of employee this stress can increase and cause some problems, as mentioned by 53 research participants as one of the main challenges, disputes or conflicts that may arise due to this lack of professionals during the shift (Soh, M. et al, 2016).

Making a relationship with Maslow's hierarchy, associating the basic needs of the human being, they may not be promoted during the care provided, as for example at the base of the pyramid of Maslow states that the physiological needs refer to air, heat, light, water, eliminations, food, clothing, personal hygiene, sleep, shelter and reproduction. In a state of lack of professionals, not all these needs considered basic will be able to be met in a satisfactory way for the resident, because many times, unfortunately, they will be left aside or performed in a less effective way compared to when the roster is complete (Caudill, M. and Maxine, P. , 2021).

Elevate amount of work, staff shortage and excessive labour lead the list of susceptible errors in nursing homes, at the same time, interruptions, lower motivation and knowledge appear in the list followed by experience length and background (Cramer, H. et al. , 2013)

A study carried out by the authors (Simon, M. et al. , 2008) showed that there is a relationship between health professionals who work in hospitals, nursing homes and home care have a greater chance of injury to the spine and neck due to lifting and bending reasons, even though there are aids available for use. Is important to highlight that even though it is expected that all facilities have aids available such as hoisters, belts or other equipment, unfortunately some places still are not equipped enough with all the aids expected.

The use or not of the equipment available in the facility can be associated with the shortness of staff due to the fact that, whenever in these situations, the professional tend to push their selves more than necessary to be able to finalize all their duties as fast as they can, leaving the aids available on the side and injuring their back.

Workers may indeed be gratified by making them most fulfilled with their occupations, and job satisfaction can be obtained by rewarding nurses, promoting them promptly, preserving their job stability, and then satisfied healthcare workers can deliver the finest nursing care to patients. Healthcare shortages can be alleviated by giving nurses greater empowerment and a better working environment, resulting in nurses being content with their jobs, nursing care being enhanced, and patient safety being ensured. Motivated nurses can work with a high performance force, whereas dissatisfied nurses can make unforgivable errors that can result in a resident's death (Ghafoor, Y. et al. , 2021).

The results found can corroborate with the literature review exposed on chapter two saying that one of the main causes of shortage of staff in a worldwide level is related to low pay rate and feelings of not receiving the fair amount of payment according to the type of work done in a healthcare sector (Barnes, B. and Lefton, C., 2013).

Making a comparison from the results obtained on the present research, in contrast, (Brandis, S. et al. , 2016) says that from their study, it was possible to conclude that rewarding staff who feel or perceive some injustice doesn't affect the job's appreciation, even if getting a higher pay rate they can still feel the same dissatisfaction about the job .

All things considered, it is important to highlight that all the efforts to promote a safe environment is associated to the collaboration of all staff working in the institution, and for this reason a good management of staff, dedication from professionals taking care about them and other must be considered.

This study's results show that a number of serious consequences are associated to the staff shortage, both internal and external , according to healthcare professionals perceptions who are working in Nursing Homes in Dublin, that can be associated to a snowballing effect into less job satisfaction, resulting in a constant and, can be said, permanent shortage of staff at all level of healthcare system if serious and effective attitudes were not taken. Even in a worldwide level, the

governments need to have some attitude to improve the manners that the health system is ruled, developing in all levels, since training to advanced levels, to work condition and payment reviews to health workers.

6   CONCLUSION

The present dissertation aimed to evaluate health professionals, nurses and health assistants, regarding the challenges and disputes that may arise due to the shortage of staff in nursing homes in Dublin, Ireland, relating how this scarcity factor can impact on life. of professionals and also impact resident care and safety.

To guide this concluding chapter, three questions need to be answered to provide a better conclusion: What are the main reasons for understaffing in your workplace? How can staff shortages impact the safety and care provided to the resident? What are the challenges and disputes that may arise due to this fact?

For years, search and lack of efforts as main research efforts are the main reasons for this area of health and permanent consequences for the system, which can cause enormous dementia to the resident or well-being patient.

As the nursing system can be met with the association of the literature review, it can be noticed that the lack of staff in the system occurs frequently, as it occurs in participants, in Dublin homes.

After analysing and contesting the findings, it was concluded that health assistants and nurses are working in nursing homes reporting that one of the main aspects of the profession of professionals is related to illness or work that makes it impossible for the employee to work and secondly due to demotivation. related to work, for issues related to finances, management or even the non-adaptation to the routine of a nursing home.

It was possible to conclude that reducing staff shortages is an important factor in increasing the quality of patient care. When the staffing issues parameter is assigned to the patient level, it is possible to record vulnerability in unit changes, increasing the resolution with which this parameter may be assessed.

Health care professionals need to be aware that elderly individuals require expert care from specialists who understand not only their necessities, but also their aspirations and continued contributions to society. Being treated with respect will help the elderly feel safe and encourage them to be open about their vulnerabilities and limitations. As a result, they may feel more liberated and hopeful about the future.

To summarise, healthcare professional's shortage impact not only the care delivered, but at the same time it affects the entire health care system. Several reasons can be associated to this shortage of staff, that includes insufficient government financing, a lack of quality colleges and training period, a socioeconomically disadvantage level.

Nurse shortages influence not only patient care but also entire health care in any country. There are several reasons for this crucial shortage of nurses, including insufficient government

financing, a lack of nursing schools, socioeconomically disadvantaged level, and a lack of nursing scholarships.

Nurse shortages in care environments have an impact on nurses' wellness since they keep increasing their volume of work, which can contribute to employee stress, anxiety, overburdening, and physical as well as psychological issues. On the other hand, nations with lower shortages of nurses indexes, consequently will provide a better quality of nursing care due to less less stress level and dissatisfaction

At the same time, there are a number of factors contribute to the understaffing, including employee dissatisfaction, financial constraints, delayed promotion, and low motivation. The percentage of retirements as well contributes to the scarcity when a country does not invest on new recruitment, the responsibility on the profession grows, resulting in a shortage of young employees.

A recommendation to the top management of the facility to overcome the constant employee turnover or shortage is adopting different techniques. It could be linked to attitudes that will ensure that all the staff members will be working in a healthy environment, where the resources needed will be supplied when the care is provided, also identifying the causes of this shortage, reviewing their pay rate, supporting the staff members and hearing what they need to say could be a good start.

7   REFLECTION

The lack of professionals is a constant problem, which I noticed from the first moments that I started my career, and this without a doubt causes some kind of damage, whether minimal or extremely large, such as death cases.

Having the responsibility of taking care of someone else's life, keeping them safe and healthy, as a way of your work, can be extremely rewarding, but at the same time it can be extremely exhausting, especially when there is a lack of professionals in your environment and you need to dedicate twice as much to guarantee of survival of that person keeps alive.

Having an experience working in the health environment and also as a registered nurse back in Brazil for a few years, I was able to observe that the lack of numbers of professionals in the health area is still very large and as the World Health Organization itself predicts, the trend is that this shortage of professionals continues to increase and reaches alarming levels.

Currently living the reality of the Irish health system, working as a healthcare assistant in Nursing Home and a few months to becoming a registered nurse in Ireland, I can make a comparison between the lack of staff in my country of origin and in the country where I've decided to live and act professionally for the next few years.

Making a small comparison between the two countries to which I have experience and knowledge, factors such as professional's pay rate, amount of work and the ease of "call in sick" are the main differences. While in one country you have better working conditions associated with a higher pay rate, in the other the professional has the need to work in two or more places to obtain a decent salary to maintain a quality of life, but while in one country the professional can just call work reporting that he is sick and not show up, in the other country it is necessary that a certificate with a medical signature is presented as a form of proof of inability to work.

Cultural, geopolitical and social issues were not taken into account in the present work, and I personally believe that this does not have a great impact on the crisis related to the lack of professionals that occurs in the world, since it is possible to perceive that both in more developed and less developed countries developed, this deficiency is perceived in the health area, unfortunately.

It is urged and clear that attitudes need to be taken to solve or at least reduced the number of staff shortage and harm situations caused to the residents or patients in a healthcare institution. Medical errors, number of falls among elderly people, cases of elder abuse, reduction on number and cases of pressure sore to bedridden people need shouldn't happen to any human being, we all deserve. Better quality of life when getting old.

There will always be this lack of professionals, so it is extremely important and relevant that measures are taken from the lowest to the highest level of responsibility, both governmental and

personal level. It is also important to highlight about the necessity of caring for the professionals, due the fact that working in this environment can be really stressful, challenging and susceptible to high levels of burnout between professionals, so comprehend why this shortage of staff is still happening is vital to change the healthcare system, intending to change the quality of care delivered to the patient but also providing a healthy work environment to the professional.

When I needed to decide to stay in this country and do a Master's degree in a different language, I knew that it would be a new challenge to face, among so many that have already been completed. And concluding another challenge that scared me at first, made me realize my power of resilience in the face of difficulties that arise.

Writing a master's thesis in English, doing daily readings of articles in the health area, conducting the survey and analysing all the data collected improve my knowledge about the field I love and made me feel more proud of myself and realize that I'm on the right track. . I hope the dissertation produced could be useful for other students as well.

Obtaining all the knowledge I gained during the "Dispute Resolution" course made me grow in all aspects, I was able to acquire new knowledge that I will apply both in my personal and professional life.

Overall, it was a pleasure studying this master, producing this dissertation and gain knowledge day by day from everyone surrounding me.

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APPENDIX 1

INFORMED CONSENT

The purpose of this research project is to find out what are the main challenges and disputes that can arouse due to a shortness of staff in Nursing Homes in Dublin. This research will help the management to identify what can be the reason that causes the shortness of staff and what how this affect the staff, routine or residents directly.

You have been invited to participate in this research project for been currently working or have been worked in Nursing Homes in Dublin. Therefore, your participation and expression of point of view is essential to this research.

Highlighting, in this project, your participation is completely voluntary and anonymous. If you feel uncomfortable, you can choose not to participate or can withdraw at any time. The process will mainly answering the present online survey. Your responses will be confidential and will not be identified any information related to your name, email address or IP address. The survey questions will be related to dealing of the shortness of staff situations by the staff and management, the staff's perception, the impact on residents and how these situations could be handled in different manner.

All data is stored in a password protected electronic format. To help protect your confidentiality, the surveys will not contain information that will personally identify you. The results of this study will be used for scholarly purposes only and may be shared with academic staff in Independent College Dublin.

This research is being carried out by Jhessey Lourenço as part of a Dissertation Project of Master of Dispute Resolution in Independent College Dublin. The study is been conducted under the supervision of Professor Klaus Walter. If you have any questions about eh research project, Professor Klaus Walter can be contacted by the following email: Klaus.walter@independentcolleges.ie

This research has been reviewed according to Independent College Dublin procedures for research involving human subjects.

Clicking on the "agree" button below indicates that:

• you have ready the above information

• you voluntarily agree to participate

• you are at least 18 years of age

If you do not wish to participate in the research study, please decline participation by clicking on the "disagree" button.

Appendix 2

AN ANALYSIS OF CHALLENGES AND DISPUTES AROUSED AS A RESULTS OF STAFF SHORTAGES IN NURSING HOMES IN DUBLIN.

QUESTIONS

1) HOW LONG ARE YOU WORKING/ HAVE WORKED IN NURSING HOME?

   - LESS THAN 1 YEAR
   - BETWEEN 1-3 YEARS
   - MORE THAN 3 YEARS

2) HOW MANY RESIDENTS LIVE IN THE NURSING HOME YOU'RE WORKING/ WORKED?

   - MORE THAN 30
   - MORE THAN 50
   - OTHER: _____

3) HOW MANY PROFESSIONALS MAKE PART OF THE DAILY ROSTER? (INCLUDING NURSES AND HCA)

   - More than 10 professionals
   - Less than 10 professionals
   - Between 15-20 professionals

4) HOW OFTEN DOES THE SHORTAGE OR TURNOVER OF STAFF HAPPENS IN THE NURSING HOME YOU WORK?

   - Always
   - Very frequently
   - Occasionally
   - Rarely
   - Very rarely
   - Never

5) IN A SCALE, HOW WELL THE MENAGEMENT DEALS WITH THE SHORTAGE OF STAFF?

- Very well
- Well
- Fair
- Bad
- Very bad

6) WHAT ARE THE USUAL MANNERS THAT ARE USED TO SOLVE THE "SHORTAGE OF STAFF" USED BY YOUR MANAGEMENT?

- Leave the shift short of staff
- Try to call to other staff who is off to come to work
- If you are a healthcare assistant, the nurse will help somehow on the floor
- If you are a staff nurse, the CNM will help somehow on the floor
- OTHER: _____

7) HOW DO YOU DEAL WITH THE SHORTAGE OF STAFF?

- Very well
- Well
- Fair
- Bad
- Very bad

8) WHAT IS THE MAIN "FEELING"/IMPRESSION" THAT YOU HAVE WHEN YOU REALIZE THAT THE STAFF IS SHORTAGE? (MORE THAN 1 CAN BE SELECTED)

- Stressed
- Overwhelmed
- Under pressure
- Tiredness
- Lack of recognition
- Lack of support
- Demotivated
- Non-specific feelings
- OTHER: _____

9) CAN YOU SAY THAT, IN A SHORTAGE STAFF SITUATION, THE RESIDENTS UNDER YOUR CARE RECEIVE A DIFFERENT CARE COMPARED TO THE DAY THAT THERE IS NO SHORTAGE STAFF? IF YES, HOW CAN YOU DESCRIBE THAT?

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

10) DO YOU FEEL THAT IN SHORTAGE OF STAFF SITUATIONS, YOU CAN END UP NOT PRIORITIZING THE PRINCIPLES OF SAFETY AND PROTECTION? EX: MANUAL HANDLING, INFECTION CONTROL, HAND HYGIENE.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

11) REGARDING COMMUNICATION, WHAT IS THE IMPORTANCE OF A GOOD COMMUNICATION THROUGHT OUT THE SHIFT BETWEEN ALL MEMBER OF STAFF FOR A GOOD QUALITY OF CARE DELIVERED TO THE RESIDENT?

- Extremely important
- Very important
- Moderately
- Slightly important
- Not important at all

12) IN THESE SCENARIO OF SHORTNESS OF STAFF, HOW OFTEN ARE YOUR ACTIVITIES/DUTIES INTERRUPTED THROUGH OUT THE SHIFT, SO THAT YOU CAN HELP YOUR COLLEAGUE?

- Very frequently
- Frequently
- Occasionally

- Rarely
- Very rarely
- Never

13) IN YOUR POINT OF VIEW, THESE INTERRUPTIONS DURING YOUR DUTIES CAN DIRECTLY INTERFER ON THE QUALITY OF CARE DELIVERED TO THE PATIENT YOU ARE NURSERING?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

14) DO YOU THINK THAT THE RESIDENT CAN FEEL UPSET OR "MISTREATED" DUE TO THE SHORTNESS OF STAFF?
- Completely agree
- Mostly agree
- Slightly agree
- Slightly disagree
- Mostly disagree
- Completely disagree

15) HOW COMMON IS A RESIDENT REPORT/COMPLAIN ABOUT SOME INSATISFACTION RELATED TO THE CARE/ATTENTION RECEIVED FROM THE STAFF?
- Very common
- Common
- Sometimes
- Seldom
- Never

16) IN YOUR POINT OF VIEW, WHAT ARE THE MAIN CHALLENGES AND DISPUTES/ CONFLICTS THAT CAN ARISE DUE TO A SHORTAGE OF STAFF? (YOU CAN CHOOSE MORE THAN ONE)

- Lack of clear communication between staff
- Lack of clear communication with the residents/ family
- Lack of attention to resident's hydration and nutrition
- Susceptible to medication errors
- Higher risk of fall
- Higher risk of bed sore to bedridden residents
- Stress level rising
- No challenges or disputes can be noticed
- Others:_____

17) WHAT IS THE "AREA" THAT TEND TO BE THE MOST CHALLENGABLE AND SUSCEPTIBLE TO APPEARANCE OF DISPUTES? (MORE THAN ONE CAN BE CHOSEN)

- Place's infrastructure
- Availability of material/ equipment
- Attention/support/incentive from management
- Efficient and dedicated staff
- Residents
- Communication in general
- OTHER: _____

18) REGARDING THE REASONS THAT CAN CAUSE SHORTNESS OF STAFF SITUATIONS, WHAT ARE THE MAIN REASONS?

- Sickness/injuries
- Demotivation
- Person found something with better benefits provided
- Management faults
- Difficulty on dealing with elderly people
- Difficulty on adaptation to routine
- Interest
- Others: _____

19) WHAT IS YOUR SUGGESTION TO SOLVE IN A BETTER WAY OR REDUCE THE SHORTAGE OF STAFF IN HEALTHCARE SECTOR, MAINLY IN NURSING HOMES?

- Hire more staff
- Provide training for at least a month for new staff
- Encourage staff through rewards schemes
- Provide a good staff room/ meals/ benefits
- Raise the pay rate
- Others: _____