

# Conflicts in the workplace, negative acts and health consequences: evidence from a clinical evaluation

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*Received December 31, 2021 and accepted February 28, 2022*

*Published online in J-STAGE March 15, 2022*

*DOI <https://doi.org/10.2486/indhealth.2021-0283>*

**Abstract:** Interpersonal conflicts at workplace are increasing in relation to high competitiveness and pressures at work, mainly connected with labor market globalization. Their manifestation is multifaceted in relation to different working conditions and they not only hinder health, performance, and job satisfaction, but can also harm people's rights and dignity. The study analyses issues related to work conflicts and adverse health consequences in 1,493 workers who approached a hospital service for work-related stress and harassment over a 3-year period. The subjects were examined according to a broad protocol covering working conditions, sources of conflict and negative actions suffered, and resulting impact on health status. Many critical conditions were reported in all occupational sectors with some differentiation in relation to gender (women more at risk) and employment status. Higher qualified levels were more exposed to experiencing severe personal adversities aimed at their progressive expulsion or resignation, with consequent higher risk of chronic adjustment disorders, while lower levels reported more stressful conditions in terms of interpersonal disputes and greater interference in the home-work interface. The study can provide useful indications for a better understanding of workplace conflicts in order to set up the most appropriate actions to manage and prevent them.

**Key words:** Gender differences, Health disorders, Negative actions, Workplace conflicts, Work related stress

## Introduction

Attention and reports concerning interpersonal conflicts in the workplace are increasing in recent years in relation to high competitiveness and pressures at work, mainly connected with globalization of the labor market, economic fluctuations, financial instability, restructuring and down-

sizing.

They have been identified and classified in various ways by several authors according to different postulates and perspectives concerning work processes and teams organization, task related problems, and interpersonal relationships.

The latter can refer to more or less serious disagreements, disputes, clashes of values and interests, or incompatibilities between people regarding the assignment and performance of tasks, commitment, attitudes and behaviors of people, as well as ways of interacting and communicat-

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ing<sup>1-6</sup>).

The ways in which such conflicts arise and develop can be extremely diverse in relation to both different working conditions and their course over time. Some can be very strong and end (in any way) in a short time, others may have a very subtle escalation that lasts a long time and causes severe negative emotional reactions.

As a result, the effects on mental and physical health can vary considerably, depending also on the personal characteristics and individual and team resilience of the people involved<sup>7-9</sup>).

Not only can they hinder team performance and cohesion, trust and job satisfaction<sup>10,11</sup>), but they can also degenerate into persistent psychological dis-stress and violence capable of causing serious health consequences<sup>12</sup>).

In addition, they can harm people's rights and dignity and compromise their professional life through processes of discrimination and withdrawal, thus threatening social identity and recognition<sup>1,5,6</sup>).

Although the literature is very rich in articles describing these problematic aspects from conceptual, organizational and relational perspectives, limited are the epidemiological studies that have empirically examined large groups of workers in terms of both risk antecedents and health outcomes. Moreover, these studies are essentially based on self-reported data from questionnaires<sup>2,8,13</sup>) or telephone interviews<sup>14</sup>), which may lead to information, recall and report bias, or non-differential misclassification.

The possibility of observing this issue from a clinical point of view by verifying, in addition to the subjective assessment of the person, objective evidence relating to both working conditions and state of health, can provide a contribution to improving understanding of the problem in terms of both analysis and corrective action in order to adopt appropriate conflict management strategies<sup>15-17</sup>).

By analyzing the results of the clinical assessments carried out on 1,493 workers, who attended the Center for Occupational Stress and Harassment of the Maggiore Policlinic Hospital in Milan over a 3-years period, this study had the following objectives:

- (a) to represent the critical aspects that are a source of conflicts and the related negative actions implemented, as reported and documented by people directly involved;
- (b) to check for differences in relation to gender, employment status and work sector;
- (c) to assess the associated psychophysical conditions complained of.

## Subjects and Methods

### *Study subjects*

We considered all the 1,676 subjects (43.8% men and 56.2% women) who attended, in the three-year period January 2014 to December 2016, the Centre for Occupational Stress and Harassment of the of the IRCCS "Ca' Granda - Ospedale Maggiore Policlinico" Foundation of Milano for work related stress ascribed to negative working conditions. After careful verification, 203 subjects who had not completed all the tests required by the examination protocol (see Methods) were excluded, resulting in 1493 (43.5% men and 56.5% women) eligible for statistical analysis.

All subjects have given their informed consent to the processing of their personal data by signing the declaration approved by the ethics committee of the Polyclinic Hospital according to Italian law (D.Lgs. n. 196/2003).

### *Methods*

All patients had an initial consultation session with an occupational physician to record socio-demographic, occupational and clinical conditions, as well as any documentation of reported work-related situations and visits by other specialists (e.g., psychiatrists, psychologists, neurologists, gastroenterologists, cardiologists). They then underwent a second interview with a clinical psychologist, aimed at investigating their existential and psychological conditions, the dynamics of the negative events reported and the psychophysical symptoms complained of, after completing an assessment protocol including:

- a) A form containing demographic questions: gender, age, education level and working conditions.

With regard to the latter, the various critical aspects reported by people as source of conflict were subsequently explored in depth in the clinical interviews, and then grouped by the authors into 11 categories according to their type and mode of impact on the person, namely: Experienced personal adversities (e.g., humiliation, offensive/persecutory behavior, stalking, bullying); Interpersonal disputes regarding work roles, tasks, and relationships; Organizational dysfunctions; Management constraints; Devaluation and demotion; Debasing of acquired skills; Reduction of adaptive skills; Home-work interference; Physical disability; Sexual harassment; Racial/gender discrimination.

- b) The Italian version<sup>18</sup>) of the *Symptom Checklist-90-R*<sup>19</sup>), a self-report instrument concerning psychopathological symptoms according to the following subscales: Somatiza-

tion, Obsessive Compulsive Disorder, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, Psychoticism and Sleep. The Cronbach's alpha value for the general scale (including all 69 items) is 0.96<sup>18)</sup>, and it has shown good internal consistency and test–retest reliability<sup>19)</sup>.

c) The Italian version<sup>20)</sup> of the State-Trait Anger Expression Inventory – STAXI<sup>21)</sup>, consisting of 47 items to assess both anger experience and anger expression. Internal consistency coefficients for the scales and the sub-scales range from 0.70 to 0.90. Good test–retest reliability, content, concurrent and discriminative validity, found strong support in the literature, as well as a factor structure relatively uniform across different populations<sup>22)</sup>.

d) The Italian version<sup>23)</sup> of the Minnesota Multiphasic Personality Inventory-2<sup>24)</sup>, a widely used 567-item instrument with 10 clinical scales assessing adult personality and clinical symptoms. Its reliability, validity and norms have been established for various populations<sup>25)</sup>.

e) A checklist aimed at collecting work-related stressors or negative acts, developed and used for many years by the scholars of the Center for Occupational Stress and Harassment<sup>26)</sup> according to the indications of the WHO<sup>27)</sup>. The negative acts have been grouped into three clusters concerning “Attacks on the person” (18 item), “Attacks on the work situation” (17 item), and “Punitive actions” (4 item), and the answer “often” was considered in the analysis.

At the conclusion of the assessment, the clinical psychologist and the occupational physician agreed on a diagnostic classification according to six categories, also with reference to what is defined by the DSM-5<sup>28)</sup>, such as:

1. Chronic adjustment disorder: persistent presence of severe emotional and/or behavioral symptoms, such as to require psychological and/or pharmacological therapy, with impaired social and work functioning, in relation to prolonged exposure to organizational and managerial conditions experienced by the worker as adverse, where he/she feels the target/victim of a corporate strategy oriented towards harm and expulsion (e.g., mobbing).

2. Work-related stress disorder: recurrent emotional and/or behavioral symptoms related to stressful work conditions. In this case, there is an imbalance between the individual's resources and the demands or conditions of the job with an impact on the worker's psycho-emotional health.

3. Slatentisation of pre-existing disorders: which occurred before starting work, and were fostered or exacerbated as a result of work events experienced as stressful or adverse.

4. Emotional disorder of a multifactorial origin: where

personal existential problems carry more weight than work-related problems.

5. Disorder related to psychiatric pathologies: presence of frank pathology of psychiatric concern and where occupational distress is due to a personological interpretation.

6. Non-specific disturbances.

### Data analysis

Mean scores, standard deviations, absolute and relative frequencies (%) were used for descriptive data analysis and differences among groups were analysed by *t-test*, ANOVA and  $\chi^2$  tests.

Multiple logistic regression analyses were performed to assess the association between critical factors source of conflicts and reported negative acts with gender, employment status, and work sector mutually adjusted. Odds ratios (OR) and 95% confidence intervals (CI) were calculated using male gender, general worker, and health sector as reference categories.

To simultaneously analyse the association between clinical diagnosis and gender, employment status, and work sector, we fitted a multiple polytomous (multinomial) logistic regression model taking male gender, general worker, and health sector as reference categories, and “Emotional disorders of multifactorial origin” as the clinical diagnosis of reference, being the least specific and most commonly encountered in the general population.

All data analyses were performed using Stata 17<sup>29)</sup> statistical package.

## Results

### a) Demographic and labor characteristics

Subjects were 649 men (43.5%) and 844 women (56.5%), with a mean age of 47 years (Table 1).

Regarding the level of education, more than half had a high school diploma, but more men had a lower-middle education and more women had a higher education, with no significant differences according to age.

The employment status showed a great variety of job activities, which have been grouped into four categories: “Executive”, “Manager”, “Office clerk”, “General worker”. Most of the subjects were office clerks or general workers, with a prevalence of executives in men and clerks in women. Executives and managers showed a slightly older age than clerks and general workers (mean age: 52.0 and 48.1 vs. 46.7 and 45.7 years respectively;  $F_{3,1478}=18.07$ ,  $p<0.001$ ).

Virtually all employment sectors were represented and

**Table 1. Demographic and labor characteristics**

Variable	All	Men	Women	
No. subjects (%)	1,493	649 (43.5%)	844 (56.5%)	
Age mean (SD)	47.0 (8.6)	47.2 (8.8)	46.9 (8.4)	<i>ns</i>
<b>Education (%)</b>				
Secondary school	18.2	22.4	14.9	$\chi^2=15.36$ $p<0.001$
High school diploma	53.1	51.9	54.0	
University degree	28.7	25.7	31.1	
<b>Employment status (%)</b>				
Executive	8.0	9.4	6.8	$\chi^2=14.47$ $p<0.005$
Manager	9.7	10.4	9.2	
Office clerk	55.5	50.1	59.7	
General worker	26.8	30.1	24.3	
<b>Work sector (%)</b>				
Services	42.4	45.1	40.3	$\chi^2=48.97$ $p<0.001$
Commerce	28.3	28.5	28.2	
Industry	10.6	14.5	7.7	
Health	13.5	9.6	16.5	
School	5.2	2.3	7.3	

were grouped into five macro-sectors: “Health”, “Services”, “Industry”, “Commerce”, and “School”. More men were employed in Services and Industry and more women in Health and Education, with significant age differences: School and Health workers were slightly older (mean age 52.0 and 49.6 years respectively) with respect to Services, Industry and Commerce workers (47.3, 45.9 and 44.9 years respectively;  $F_{4,1488}=19.11$ ,  $p<0.001$ ).

*b) Exposure to adverse conditions in the workplace*

*b.1) Critical aspects source of conflicts*

The most commonly reported critical problems were experienced personal adversities, followed by organizational dysfunctionalities, and devaluation and demotion. The latter was higher in men ( $\chi^2=8.30$ ,  $p<0.005$ ), whereas sexual harassment was prevalent among women ( $\chi^2=7.58$ ,  $p<0.01$ ), but its prevalence was very low (Table 2).

Executives and managers reported greater experience of personal adversities ( $\chi^2=12.80$ ;  $p<0.01$ ), devaluation and demotion ( $\chi^2=51.34$ ;  $p<0.001$ ), management constraints ( $\chi^2=63.25$ ;  $p<0.001$ ) and debasement of acquired skills ( $\chi^2=59.40$ ;  $p<0.001$ ) than clerks and general workers. On the other hand, the latter reported greater interpersonal disputes ( $\chi^2=17.04$ ;  $p<0.01$ ), reduction of adaptive skills ( $\chi^2=14.35$ ;  $p<0.01$ ), home-work interference ( $\chi^2=10.75$ ;  $p<0.02$ ) and physical disabilities ( $\chi^2=30.24$ ;  $p<0.001$ ).

As for the work sectors, experienced personal adversities ( $\chi^2=37.48$ ;  $p<0.001$ ) and devaluation and demotion ( $\chi^2=32.16$ ;  $p<0.001$ ) were more reported in Commerce, Industry and Services, while interpersonal disputes ( $\chi^2=20.85$ ;

$p<0.001$ ) and reduction of adaptive skills ( $\chi^2=55.22$ ;  $p<0.001$ ) in Health and School.

Considering the effect of the three factors simultaneously, the multiple logistic regression analysis in general confirmed the crude analyses (Table 3). Experienced personal adversities were mainly reported by managers, particularly in the Industry, Commerce and Service sectors, regardless of gender, and management constraints were complained about most by managers and executives in Industry.

Devaluation and demotion were prevalent among white-collar men in the Commerce, Industry and Service sectors, while interpersonal disputes were more frequently reported by general workers in Health and School sectors, regardless of gender.

Compared to general workers, irrespective of gender and occupational sectors, white-collar workers reported a greater debasement of acquired skills, while a smaller reduction in adaptive skills, particularly in Industry, Commerce and Services.

Regardless of gender and occupational sectors, home-work interferences were reported less by managers and executives, while physical disabilities were declared more by general workers.

Women confirmed a much higher risk of sexual harassment irrespective of employment level and occupational sector, while gender or racial discrimination was reported in Industry.

*b.2) Negative acts at workplace*

Overall, one or more “Attacks on the person” were reported by 81.6% of the subjects, “Attacks on the work situ-

**Table 2. Relative frequencies (%) of critical factors source of conflicts, according to gender, employment status and sector of work**

Criticality	Sex		Employment status					Work sector				
	All (1,493)	Men (649)	Women (844)	Worker (397)	Clerk (823)	Manager (144)	Executive (118)	Health (201)	Services (633)	Commerce (423)	Industry (159)	School (77)
Experienced personal adversities	43.9	43.8	44.0	45.8	40.3	55.2	48.3	30.8	41.4	52.2	53.5	32.5
Organization dysfunctionalities	34.1	32.8	35.1	33.8	34.5	33.1	33.9	30.5	32.5	38.5	34.0	32.5
Devaluation and demotion	29.6	33.4	26.6	17.8	31.3	43.4	42.4	16.4	34.0	31.2	31.4	14.3
Management constraints	19.2	20.3	18.2	13.7	16.2	37.9	33.9	15.4	20.1	18.0	25.2	15.6
Interpersonal disputes	18.4	19.0	18.0	22.9	18.5	8.3	13.6	25.9	16.0	15.6	20.1	31.2
Debasement of acquired skills	16.1	15.7	16.4	6.6	16.6	29.7	28.0	13.4	19.7	15.6	9.4	9.1
Reduction of adaptive skills	9.9	8.9	10.7	11.2	11.2	2.1	5.9	21.4	8.7	5.7	5.7	22.1
Home-work interference	5.8	5.9	5.7	7.9	6.1	2.8	0.9	8.0	5.4	6.4	5.0	1.3
Physical disabilities	4.3	3.4	5.0	8.6	3.3	0.0	0.8	7.0	3.5	4.3	3.8	5.2
Sexual harassment	0.9	0.1	1.5	0.8	1.0	1.4	0.8	0.0	1.1	1.2	1.3	0.0
Racial / gender discrimination	0.5	0.1	0.8	0.0	1.4	0.6	0.2	0.5	0.6	0.5	0.6	0.0

**Table 3. Multiple logistic regression analysis assessing the association between critical factors source of conflicts and mutually adjusted gender, employment status and work sector**

Criticality	Gender			Employment status				Work sector			
	Men (649)	Women (844)	Worker (397)	Clerk (823)	Manager (144)	Executive (118)	Health (201)	Services (633)	Commerce (423)	Industry (159)	School (77)
	Ref.	OR 95% CI	Ref.	OR 95% CI	OR 95% CI	OR 95% CI	Ref.	OR 95% CI	OR 95% CI	OR 95% CI	OR 95% CI
Experienced personal adversities	1	1.12 0.90-1.39	1	0.93 0.72-1.20	1.59 1.07-2.35	1.42 0.93-2.18	1	1.63 1.15-2.30	2.51 1.75-3.61	2.72 1.75-4.23	1.02 0.56-1.86
Organization dysfunctions	1	1.13 0.90-1.41	1	1.10 0.84-1.43	1.01 0.67-1.52	1.12 0.72-1.75	1	1.12 0.79-1.59	1.48 1.03-2.14	1.23 0.78-1.94	1.19 0.67-2.14
Devaluation and demotion	1	0.76 0.60-0.96	1	2.33 1.70-3.19	3.57 2.32-5.47	4.06 2.54-6.50	1	2.41 1.58-3.66	2.71 1.74-4.23	2.61 1.55-4.41	0.97 0.46-2.07
Management constraints	1	0.93 0.71-1.22	1	1.29 0.90-1.84	3.97 2.53-6.24	3.50 2.14-5.74	1	1.33 0.85-2.07	1.32 0.82-2.12	2.03 1.17-3.52	0.92 0.41-2.07
Interpersonal disputes	1	0.88 0.66-1.16	1	0.73 0.54-1.00	0.32 0.17-0.60	0.47 0.26-0.84	1	0.56 0.38-0.83	0.48 0.31-0.73	0.66 0.39-1.10	1.28 0.70-2.36
Debasement of acquired skills	1	1.07 0.80-1.43	1	2.73 1.74-4.29	5.55 3.23-9.55	5.56 3.11-9.94	1	1.49 0.93-2.37	1.44 0.87-2.39	0.76 0.37-1.52	0.72 0.29-1.75
Reduction of adaptive skills	1	0.97 0.67-1.41	1	0.82 0.54-1.23	0.16 0.05-0.54	0.34 0.15-0.80	1	0.36 0.23-0.57	0.20 0.12-0.35	0.18 0.08-0.40	1.07 0.55-2.07
Home-work interference	1	0.94 0.60-1.47	1	0.79 0.48-1.29	0.34 0.12-0.99	0.09 0.01-0.71	1	0.66 0.35-1.24	0.70 0.36-1.34	0.54 0.22-1.32	0.16 0.02-1.23
Physical disabilities	1	1.57 0.90-2.73	1	0.32 0.18-0.56	NC	0.08 0.01-0.57	1	0.63 0.31-1.29	0.48 0.23-1.01	0.47 0.17-1.30	0.43 0.09-1.97
Sexual harassment	1	12.1 1.56-93.3	1	1.24 0.31-5.06	1.69 0.27-10.6	1.71 0.16-18.1	1	0.89 0.26-3.03	NC	1.39 0.26-7.40	NC
Racial/ gender discrimination	1	5.58 0.68-46.0	1	2.16 0.24-19.7	5.17 0.44-60.1	NC	1	1.20 0.13-11.1	1.00 0.09-11.4	1.63 1.00-26.8	NC

OR: odds ratios, 95%CI: 95% Confidence Intervals, NC: not computable

**Table 4. Relative frequencies (%) of negative acts reported to have occurred “often” in the workplace**

Negative acts	All (1,493)		Gender		Employment status				Work sector			
	Men (649)	Women (844)	Worker (397)	Clerk (823)	Manager (144)	Executive (118)	Health (201)	Services (633)	Commerce (423)	Industry (159)	School (77)	
<b>Attacks on the person</b>	<b>81.6</b>	<b>83.8</b>	<b>82.4</b>	<b>80.9</b>	<b>84.7</b>	<b>78.8</b>	<b>82.6</b>	<b>76.6</b>	<b>85.6</b>	<b>76.6</b>	<b>88.3</b>	
Dissemination of false rumors	43.5	47.2	47.7	41.1	40.7	47.5	49.2	38.9	47.3	39.0	54.5	
Instigate other people against me	43.0	46.0	45.2	40.5	45.5	48.3	48.3	36.8	47.5	42.1	57.1	
I got taunts to make me lose control	41.1	43.8	48.5	38.3	45.5	32.2	40.8	34.9	46.8	47.8	48.1	
Refuse to collaborate with me	36.3	39.7	37.1	35.6	36.1	36.4	40.3	32.7	37.0	40.2	44.2	
Exclusion from social activities	33.6	37.3	34.0	34.3	29.0	32.2	34.8	33.0	35.9	28.3	33.8	
Silence when I enter the room	32.8	38.2	33.0	33.4	30.3	28.8	34.8	29.1	34.5	34.6	44.2	
Physical or relational isolation	31.6	34.6	35.5	30.6	24.8	33.1	36.3	28.6	30.3	34.0	45.5	
Assignment of hazardous tasks	20.4	21.3	29.7	17.5	15.2	13.6	24.9	17.8	20.8	22.0	23.4	
Attacks on my private life	20.2	25.0	28.9	18.2	11.0	16.1	16.9	18.8	24.3	20.7	16.9	
Intercepted mail or phone calls	18.1	20.7	10.9	20.4	26.9	15.2	11.4	21.8	14.9	21.4	16.9	
Damaged workstation	12.3	13.9	12.7	12.6	10.3	9.3	12.9	9.8	13.0	16.3	19.5	
Offensive comments on my life	11.5	12.0	14.7	11.8	6.9	5.9	11.4	9.3	12.7	14.5	11.7	
Bad taste jokes	9.5	10.7	15.0	7.7	6.9	5.9	9.9	8.5	11.3	8.8	7.8	
Controls outside the workplace	9.3	9.6	10.9	8.7	6.9	11.9	9.4	10.1	9.0	7.5	7.8	
Sexual harassment	7.6	10.1	10.7	7.3	5.5	3.4	7.5	5.4	9.7	10.1	10.4	
Threatening or defamatory letters	7.6	8.3	8.9	7.4	3.4	9.3	7.0	6.6	8.7	6.9	11.7	
Anonymous phone calls	3.1	2.5	3.8	2.8	3.4	2.5	4.5	3.5	2.6	2.5	1.3	
Physical violence	2.1	2.4	3.3	2.1	0.0	0.8	1.5	1.6	1.7	5.0	5.2	
<b>Attacks on work situation</b>	<b>92.1</b>	<b>92.8</b>	<b>91.9</b>	<b>92.8</b>	<b>88.2</b>	<b>94.9</b>	<b>87.1</b>	<b>91.5</b>	<b>94.1</b>	<b>93.7</b>	<b>88.3</b>	
Belittle or ignore my proposals	60.0	62.2	54.8	59.8	70.3	64.4	52.7	57.7	61.7	64.8	61.0	
Lower profit ratings	55.2	56.2	52.0	55.9	54.5	61.9	45.8	55.4	58.4	56.0	58.4	
Criticism without reason	53.6	55.4	42.4	49.6	4.7	47.8	48.3	49.1	60.0	59.1	57.1	
Undue attribution of blame	46.5	47.9	50.0	44.2	46.9	48.7	39.3	41.9	51.8	56.0	54.5	
Refusal of direct communication	43.6	44.4	41.6	43.0	46.2	49.1	38.3	44.5	42.8	47.2	46.7	
Exclusion from business meetings	43.1	43.1	33.5	44.6	54.5	50.8	37.3	47.6	36.9	54.7	32.5	
Assignment of jobs not suited	40.2	40.6	33.8	42.2	46.9	39.0	62.7	58.1	60.0	59.1	66.2	
Overload with impossible deadlines	37.1	32.7	37.3	37.5	35.9	33.9	32.8	34.6	40.4	44.6	35.1	
My merits attributed to others	36.5	40.0	31.5	37.7	44.1	37.3	66.7	62.1	62.6	66.7	64.9	
Tasks assigned without instructions	34.6	35.8	27.9	36.7	43.4	28.8	25.9	35.2	36.2	39.6	32.5	
Denied right to perform my duties	32.5	34.8	21.7	32.8	49.0	49.1	33.3	31.8	31.9	32.7	39.0	
Tasks requiring skills unforeseen	31.4	32.1	29.7	33.3	33.8	22.0	26.9	31.6	34.7	34.0	18.2	
Progressive reduction of tasks	30.2	30.8	22.8	31.5	35.9	40.7	29.3	30.2	30.0	36.5	20.8	
Denied education courses	29.9	3.9	76.4	68.8	57.9	72.0	26.4	35.4	24.6	27.0	29.9	
Meaningless task assignment	27.2	28.1	25.6	27.5	31.0	26.3	19.9	28.9	28.4	30.8	19.9	
No assignment of tasks	19.6	19.4	16.2	19.1	22.1	31.4	18.4	21.3	15.1	23.9	23.4	
Undue contacts during absence	19.2	21.9	16.7	18.5	28.3	22.9	15.9	18.8	19.6	23.3	19.5	
<b>Punitive actions</b>	<b>53.2</b>	<b>53.0</b>	<b>62.5</b>	<b>51.0</b>	<b>47.9</b>	<b>43.5</b>	<b>54.7</b>	<b>49.1</b>	<b>58.2</b>	<b>53.5</b>	<b>55.8</b>	
Work permits refused for no reason	28.7	31.3	37.6	27.7	19.4	15.3	32.3	25.9	31.5	27.0	29.9	
Misuse of disciplinary procedures	27.7	26.1	36.5	24.8	20.0	27.1	27.9	24.0	29.8	30.2	41.6	
Transfers to uncomfortable places	15.7	14.2	17.5	15.5	13.8	12.7	16.9	15.2	18.0	11.3	13.0	
Misuse of medical tax audits	15.1	14.0	17.3	15.1	14.5	10.2	12.4	16.0	14.4	17.0	14.3	

ation” by 92.1%, and “Punitive actions” by 53.2% (Table 4).

All but one of the “Attacks on the person” were prevalent in women, with the highest frequency (over 40%) for “Dissemination of false rumors”, “Behaviors to instigate other people against me”, and “I got taunts to make me lose control”. Also among the “Attacks on the work situation” there was a prevalence in women, the most frequent (over 50%) being “Behaviors aimed at belittling or ignoring my proposals or ideas”, “Lower profit ratings than my actual performance”, and “Continuous criticism not corresponding to reality, without specifying the reasons”. Among the “Punitive actions”, “Permits, holidays, exchanges refused or granted with difficulty without reason” were prevalent in women ( $\chi^2=6.48$ ;  $p<0.01$ ), while “transfers to uncomfortable places” in men ( $\chi^2=3.11$ ;  $p<0.05$ ).

With regard to the employment status, managers and executives reported more frequently “Behaviors designed to belittle or ignore my proposals or ideas” and “Exclusion from business meetings or corporate projects”, “Right or authority denied to perform my duties” and “Flanking by an unannounced collaborator with progressive reduction of tasks and responsibilities”. On the other hand, general workers reported more frequently “Assignment to hazardous tasks” and “Attacks on my private life”, as well as more “Punitive actions” ( $\chi^2=22.41$ ;  $p<0.001$ ), in terms of “Work permits, holidays or exchanges refused or granted with difficulty without reason” and “Misuse of disciplinary proceedings”.

According to the work sectors, overall, “Attacks on the person” were reported slightly higher in School, Commerce and Health sectors ( $\chi^2=19.55$ ;  $p<0.001$ ) and “Attacks on the work situation”, slightly higher in Commerce, Industry and Services ( $\chi^2=10.89$ ;  $p<0.05$ ), while “Punitive actions” were similar in all sectors.

By analysing the effect of the three factors simultaneously, the results of the multiple logistic regression analysis (Table 5) confirmed women as the object of most “Attacks on the person” irrespective of employment status and occupational sector, with only evidence for clerks and managers in Industry regarding “intercepted mail or phone calls”, and for general workers regarding “bad taste jokes”.

With regard to “Attacks on the work situation”, “Belittle or ignore my proposals” was complained about most by white-collar women, managers in particular, regardless of the work sector, as well as “exclusion from business meetings”, particularly in Services and Industry. Besides, “Criticism without reason” and “overload with impossible deadlines to meet” were denounced more by women of Commerce and Industry, whereas “undue contacts during

absence” by female managers and executives in Industry.

In addition, all white-collar women complained more about “denied right to perform my duties” and “my merits attributed to others”, in particular managers and clerks, regardless of their work sector. Furthermore, irrespective of gender and sector of work, “progressive reduction of tasks” was denounced by all white-collar workers, “assignment of jobs not suited” by clerks and managers, and “no assignment of task” by executives. In Service, Commerce and Industry sectors, there was a prevalence of “Lower profit ratings” among executives, “Tasks assigned without instructions” in clerks and managers, and “meaningless task assignment” in general.

With regard to “Punitive actions”, “work permits refused without reason” was more common among female general workers, and “transfers to uncomfortable places” among men in general. In addition, “misuse of disciplinary procedures” was prevalent in the School sector, and “misuse of medical tax audits” among general workers, regardless of their gender and work sector.

### c) Clinical diagnoses

The final clinical diagnosis was the result of the comprehensive evaluation of all the elements included in the protocol assessment, such as the risk factors denounced by the subjects, the objective data reported (e.g., work documentation, other specialists’ diagnosis and therapies), and the psychological tests submitted. The latter in particular can be summarised as follows:

a) Most subjects showed scores above the cut-off in almost all subscales of the Symptom Checklist 90-R, and women showed significantly higher scores in somatization ( $t=8.94$ ,  $p<0.001$ ), depression ( $t=7.81$ ,  $p<0.001$ ), anxiety ( $t=7.01$ ,  $p<0.001$ ) and obsessive-compulsive disorder ( $t=4.52$ ,  $p<0.001$ ), regardless of employment status and occupational sector.

b) Intense anger was evident in most subjects, showing a tendency mainly to restrain or suppress feelings of anger and to control or limit their overt expression, greater in women than in men ( $t=6.93$ ,  $p<0.001$ ). General workers showed a lower Anger-Control ( $F=3.24$ ,  $p<0.05$ ), and the actual expression of aggression was higher in Industry and Commerce ( $F=4.65$ ,  $p=0.001$ ).

c) As for personality, more than two thirds of the subjects scored above the clinical cut-off on the Hypochondria, Depression, Hysteria and Paranoia scales. Men presented higher scores on the Social Introversion ( $t=3.24$ ,  $p<0.001$ ) and Mania ( $t=2.81$ ,  $p<0.001$ ) scales, while women on the Hypochondria ( $t=3.90$ ,  $p<0.001$ ) and Schizophrenia

**Table 5. Multiple logistic regression analysis assessing the association between negative acts at workplace and mutually adjusted gender, employment status and work sector**

Negative acts	Gender		Employment status						Work sector					
	Men	Women	Worker	Clerk	Manager	Executive	Health	Services	Commerce	Industry	School			
	Ref.	OR 95% CI	Ref.	OR 95% CI	OR 95% CI	OR 95% CI	Ref.	OR 95% CI	OR 95% CI	OR 95% CI	OR 95% CI			
Attacks on the person														
Dissemination of false rumors	1	1.37 1.10–1.69	1	0.77 0.60–1.00	0.79 0.56–1.17	1.03 0.68–1.58	1	0.72 0.52–1.00	0.94 0.67–1.34	0.70 0.46–1.08	1.16 0.66–2.01			
Instigate other people against me	1	1.27 1.03–1.58	1	0.88 0.68–1.13	1.12 0.76–1.66	1.24 0.81–1.90	1	0.66 0.48–0.92	1.00 0.71–1.41	0.84 0.54–1.28	1.35 0.77–2.35			
I got taunts to make me lose control	1	1.31 1.06–1.63	1	0.72 0.55–0.92	0.99 0.67–1.46	0.57 0.37–0.90	1	0.82 0.59–1.14	1.21 0.86–1.72	1.36 0.89–2.10	1.33 0.76–2.31			
Refuse to collaborate with me	1	1.39 1.12–1.74	1	0.96 0.74–1.25	1.03 0.69–1.54	1.02 0.66–1.58	1	0.76 0.54–1.06	0.90 0.63–1.27	1.06 0.69–1.64	1.11 0.64–1.94			
Exclusion from social activities	1	1.42 1.13–1.77	1	1.00 0.77–1.31	0.79 0.52–1.49	0.95 0.61–1.49	1	0.99 0.70–1.39	1.11 0.77–1.59	0.80 0.51–1.28	0.78 0.43–1.41			
Silence when I enter the room	1	1.73 1.38–2.19	1	1.02 0.78–1.33	0.94 0.62–1.43	0.89 0.56–1.41	1	0.83 0.59–1.17	1.04 0.73–1.50	1.11 0.70–1.74	1.42 0.81–2.48			
Physical or relational isolation	1	1.33 1.06–1.68	1	0.77 0.59–1.00	0.62 0.40–0.95	0.88 0.56–1.38	1	0.78 0.55–1.10	0.77 0.54–1.12	0.95 0.61–1.48	1.54 0.88–2.70			
Assignment of hazardous tasks	1	0.90 0.69–1.17	1	0.50 0.37–0.67	0.43 0.26–0.72	0.35 0.19–0.62	1	0.70 0.48–1.04	0.68 0.45–1.02	0.70 0.42–1.17	0.84 0.43–1.65			
Attacks on my private life	1	2.15 1.63–2.85	1	0.53 0.39–0.71	0.29 0.16–0.52	0.52 0.30–0.90	1	1.45 0.94–2.23	1.62 1.03–2.52	1.44 0.83–2.51	0.94 0.44–1.99			
Intercepted mail or phone calls	1	1.56 1.18–2.08	1	1.95 1.34–2.84	2.81 1.71–4.61	1.52 0.82–2.79	1	2.08 0.89–2.54	1.51 0.89–2.54	2.59 1.43–4.69	1.14 0.51–2.56			
Damaged workstation	1	1.37 0.99–1.91	1	1.07 0.73–1.57	0.89 0.48–1.65	0.79 0.39–1.60	1	0.76 0.46–1.24	1.4 0.32–1.73	1.45 0.79–2.64	1.19 0.55–2.57			
Offensive comments on my life	1	1.10 0.79–1.53	1	0.85 0.59–1.23	0.47 0.23–0.96	0.41 0.18–0.93	1	0.82 0.49–1.39	1.17 0.69–1.98	1.28 0.68–2.41	1.11 0.48–2.55			
Bad taste jokes	1	1.44 0.99–2.09	1	0.46 0.31–0.69	0.41 0.20–0.84	0.36 0.16–0.83	1	1.00 0.57–1.73	1.02 0.58–1.80	0.85 0.41–1.78	0.59 0.19–1.81			
Controls outside the workplace	1	1.10 0.77–1.58	1	0.72 0.47–1.09	0.56 0.27–1.16	1.02 0.53–1.98	1	1.19 0.69–2.07	0.96 0.53–1.73	0.81 0.37–1.74	0.98 0.37–2.58			
Sexual harassment	1	2.46 1.57–3.85	1	0.69 0.44–1.07	0.54 0.25–1.20	0.35 0.12–1.03	1	0.82 0.43–1.56	1.33 0.71–2.49	1.64 0.77–3.50	1.51 0.60–3.77			
Threatening or defamatory letters	1	1.24 0.83–1.86	1	0.83 0.53–1.32	0.38 0.14–0.99	1.15 0.55–2.39	1	1.07 0.57–2.03	1.37 0.72–2.64	1.09 0.47–2.51	1.81 0.72–4.55			

Table 5. Continued

Negative acts	Gender		Employment status					Work sector				
	Men	Women	Worker	Clerk	Manager	Executive	Health	Services	Commerce	Industry	School	
Anonymous phone calls	1	1.52 0.81-2.85	1	0.64 0.32-1.29	0.82 0.29-2.36	0.56 0.16-2.02	1	0.85 0.38-1.91	0.54 0.22-1.35	0.58 0.17-1.94	NC	
Physical violence	1	1.57 0.72-3.41	1	0.60 0.27-1.33	NC	0.28 0.03-2.18	1	1.28 0.34-4.76	1.06 0.27-4.21	3.66 0.93-14.4	2.94 0.57-15.2	
<b>Attacks on work situation</b>												
Belittle or ignore my proposals	1	1.25 1.01-1.55	1	1.32 1.02-1.70	2.12 1.40-3.21	1.66 1.07-2.56	1	0.90 0.65-1.26	1.16 0.82-1.65	1.37 0.88-2.13	0.95 0.54-1.66	
Lower profit ratings	1	1.10 0.89-1.36	1	1.21 0.94-1.56	1.11 0.75-1.63	1.69 1.10-2.60	1	1.52 1.10-2.10	1.82 1.29-2.58	1.66 1.08-2.54	1.53 0.88-2.67	
Criticism without reason	1	1.25 1.01-1.54	1	0.83 0.64-1.06	1.17 0.79-1.73	1.03 0.68-1.58	1	1.09 0.79-1.50	1.63 1.16-2.31	1.68 1.09-2.58	1.27 0.73-2.21	
Undue attribution of blame	1	1.17 0.95-1.44	1	0.87 0.68-1.12	0.96 0.65-1.42	1.13 0.74-1.73	1	1.18 0.85-1.64	1.71 1.21-2.42	2.01 1.31-3.09	1.73 0.99-3.02	
Refusal of direct communication	1	1.11 0.90-1.38	1	1.05 0.81-1.35	1.19 0.80-1.75	1.41 0.92-2.15	1	1.32 0.95-1.84	1.26 0.88-1.78	1.53 0.99-2.35	1.33 0.76-2.32	
Exclusion from business meetings	1	1.07 0.86-1.32	1	1.58 1.21-2.06	2.33 1.56-3.46	2.08 1.35-3.19	1	1.46 1.04-2.03	1.06 0.74-1.52	2.23 1.44-3.45	0.76 0.42-1.36	
Assignment of jobs not suited	1	1.04 0.84-1.30	1	1.45 1.12-1.89	1.72 1.16-2.55	1.29 0.84-1.99	1	1.15 0.82-1.60	1.15 0.81-1.64	1.20 0.77-1.84	0.79 0.44-1.41	
Overload with impossible deadlines	1	1.47 1.18-1.83	1	1.09 0.84-1.41	1.00 0.64-1.50	1.00 0.64-1.56	1	1.13 0.80-1.60	1.46 1.02-2.10	1.91 1.23-2.96	0.96 0.53-1.72	
My merits attributed to others	1	1.43 1.14-1.78	1	1.29 0.99-1.69	1.70 1.14-2.52	1.36 0.88-2.12	1	1.24 0.88-1.74	1.29 0.90-1.85	1.17 0.74-1.83	1.00 0.74-1.83	
Tasks assigned without instructions	1	1.15 0.92-1.44	1	2.59 1.21-2.1	2.04 1.37-3.06	1.19 0.74-1.89	1	1.45 1.01-2.09	1.69 1.15-2.47	2.03 1.28-3.22	1.13 0.62-2.08	
Denied right to perform my duties	1	1.30 1.03-1.64	1	1.89 1.41-2.54	3.85 2.55-5.83	3.95 2.52-6.18	1	0.90 0.63-1.27	1.10 0.76-1.60	1.23 0.78-1.96	1.43 0.81-2.54	
Tasks requiring skills unforeseen	1	1.10 0.87-1.37	1	1.28 0.98-1.69	1.24 0.45-1.22	0.74 0.45-1.22	1	1.2 0.84-1.73	1.45 0.99-2.12	1.46 0.92-2.31	0.47 0.23-0.96	
Progressive reduction of tasks	1	1.11 0.88-1.40	1	1.67 1.25-2.24	2.00 1.31-3.05	2.54 1.62-3.98	1	1.02 0.71-1.45	1.17 0.80-1.70	1.59 1.01-2.51	0.70 0.37-1.34	
Denied education courses	1	1.10 0.87-1.39	1	1.29 0.96-1.72	2.10 1.39-3.17	1.12 0.70-1.81	1	1.45 1.01-2.08	0.92 0.62-1.35	1.06 0.65-1.71	1.16 0.63-2.12	
Meaningless task assignment	1	1.16 0.92-1.47	1	1.12 0.84-1.49	1.28 0.83-1.96	1.12 0.66-1.82	1	1.64 1.11-2.43	1.65 1.09-2.49	1.88 1.15-3.07	0.82 0.4-1.68	

Table 5. Continued

Negative acts	Gender		Employment status					Work sector				
	Men	Women	Worker	Clerk	Manager	Executive	Health	Services	Commerce	Industry	School	
No assignment of tasks	1	1.00 0.76–1.30	1	1.13 0.81–1.58	1.40 0.86–2.27	2.23 1.37–3.62	1	1.24 0.82–1.87	0.87 0.55–1.37	1.49 0.88–2.52	1.55 0.80–3.00	
Undue contacts during absence	1	1.62 1.23–2.13	1	1.14 0.81–1.59	2.03 1.28–3.21	1.66 0.99–2.79	1	1.28 0.82–1.97	1.41 0.89–2.24	1.94 1.13–3.34	1.43 0.72–2.87	
<b>Punitive actions</b>												
Work permits refused for no reason	1	1.31 1.04–1.67	1	0.30 0.17–0.52	0.41 0.26–0.65	0.63 0.45–0.83	1	0.80 0.56–1.14	0.88 0.61–1.28	0.73 0.45–1.17	0.71 0.38–1.33	
Misuse of disciplinary procedures	1	0.80 0.63–1.01	1	0.66 0.41–1.05	0.45 0.28–0.72	0.56 0.45–0.77	1	0.87 0.61–1.26	1.01 0.69–1.48	1.00 0.62–1.60	1.88 1.05–3.36	
Transfers to uncomfortable places	1	0.74 0.55–0.98	1	0.68 0.37–1.25	0.76 0.44–1.31	0.91 0.65–1.27	1	0.85 0.55–1.31	1.00 0.64–1.58	0.56 0.30–1.05	0.66 0.29–1.51	
Misuse of medical tax audits	1	0.84 0.62–1.12	1	0.53 0.27–1.02	0.78 0.45–1.34	0.82 0.59–1.16	1	1.31 0.81–2.12	1.09 0.65–1.80	1.31 0.72–2.38	1.35 0.62–2.94	

OR: odds ratios, 95%CI: 95% Confidence Intervals, NC: not computable, Ref.: reference category

( $t=2.79$ ,  $p<0.005$ ) scales, regardless of occupational status and sector.

The prevalent conclusive clinical diagnoses (Table 6) were “Work-related stress disorders” (53.8%) and “Chronic adjustment disorders” (28.3%). “Slatentisation of preexisting disorders” and “Emotional disorders of multifactorial origin” accounted for 8.6% and 7% respectively, whereas “Disorders related to psychiatric pathologies” (2.1%) and “Nonspecific disorders” (0.2%) were very rare. In all cases there were no significant differences between the sexes.

With regard to employment status, “Chronic adjustment disorders” were higher in managers and executives ( $\chi^2=49.83$ ;  $p<0.001$ ), whereas “Slatentisation of preexisting disorders” ( $\chi^2=9.93$ ;  $p<0.05$ ) and “Emotional disturbances of a multifactorial origin” ( $\chi^2=8.22$ ;  $p<0.05$ ) were prevalent in general workers and clerks.

As far as work sectors are concerned, both “Job-related stress disorders” ( $\chi^2=16.28$ ;  $p<0.005$ ) and “Chronic adjustment disorders” ( $\chi^2=10.63$ ;  $p<0.05$ ) were highest in Commerce, Industry and Services. On the other hand, School and Health showed a prevalence of “Slatentisation of preexisting disorders” ( $\chi^2=14.09$ ;  $p<0.01$ ), “Emotional disorders of multifactorial origin” ( $\chi^2=25.07$ ;  $p<0.001$ ), and “Disorders related to psychiatric pathologies” ( $\chi^2=15.61$ ;  $p<0.05$ ).

Considering the influence of the three factors simultaneously, the adjusted polytomous logistic model in general confirmed the results observed with crude analysis (Table 7). There was no significant difference between genders for any of the specific diagnoses, while both “Work-related stress disorders” and especially “Chronic adjustment disorders” showed a significant upward trend associated with the increasing level of employment and in the service, commerce and industry sectors.

## Discussion

The results allow us to make some considerations on the factors taken into account in the study, in particular age, gender, level of employment and occupational sector, with regard to their relationship with the reported work conflicts and the consequent impact on the health of the subjects who came to our Centre over a period of three years for a clinical assessment and possible therapeutic support.

The general picture that emerges highlights the presence of widespread critical conditions in all occupational sectors, but with some significant differentiations in relation to gender and employment status.

**Table 6. Clinical diagnosis (%) according to sex, employment status, and work sector**

Clinical diagnosis	All (1,493)		Sex				Employment status				Work sector			
	Men (649)	Women (844)	Worker (397)	Clerk (823)	Manager (144)	Executive (118)	Health (201)	Services (633)	Commerce (423)	Industry (159)	School (77)			
Work-related stress disorders	55.8	52.3	57.4	54.7	48.3	44.9	46.3	53.4	60.8	50.9	44.2			
Chronic adjustment disorders	28.0	28.4	20.8	26.4	46.2	44.1	24.4	29.4	27.9	35.2	16.9			
Stigmatisation of pre-existing disorders	8.6	8.9	10.2	9.1	2.1	6.8	11.4	8.2	6.4	7.5	18.2			
Emotional disorders of multifactorial origin	7.0	7.8	8.6	7.3	3.4	2.5	11.9	7.1	3.5	5.0	15.6			
Disorders related to psychiatric pathologies	2.1	2.0	2.5	2.2	0.0	1.7	5.5	0.2	1.2	1.3	3.9			
Non-specific disorders	0.2	0.4	0.2	0.2	0.0	0.0	0.5	0.2	0.2	0.0	0.0			

**Table 7. Multiple polytomous logistic regression analysis assessing the association between clinical diagnosis and mutually adjusted gender, employment status and work sector**

Clinical diagnosis	Sex		Employment status				Work sector				
	Men (649)	Women (844)	Worker (397)	Clerk (823)	Manager (144)	Executive (118)	Health (201)	Services (633)	Commerce (423)	Industry (159)	School (77)
	Ref.	OR 95% CI	Ref.	OR 95% CI	OR 95% CI	OR 95% CI	Ref.	OR 95% CI	OR 95% CI	OR 95% CI	OR 95% CI
Work-related stress disorders	1	0.81 0.52-1.26	1	1.52 0.94-2.46	2.43 0.90-6.56	4.01 1.17-13.8	1	1.80 1.03-3.15	4.90 2.44-9.87	2.78 1.16-6.64	0.88 0.38-2.05
Chronic adjustment disorders	1	0.93 0.58-1.48	1	2.09 1.24-3.55	6.67 2.42-18.4	11.4 3.27-39.9	1	1.88 1.02-3.46	4.91 2.32-10.4	4.38 1.75-10.9	0.51 0.18-1.41
Stigmatisation of pre-existing disorders	1	0.89 0.51-1.55	1	1.20 0.66-2.20	0.55 0.12-2.50	2.72 0.66-11.2	1	1.21 0.59-2.47	2.05 0.86-4.86	1.64 0.56-4.85	1.27 0.46-3.55
Disorders related to psychiatric pathologies	1	0.67 0.29-1.57	1	1.13 0.45-2.87	NC	2.15 0.31-15.0	1	0.47 0.17-1.31	0.75 0.21-2.65	0.26 0.03-2.36	0.69 0.15-3.08
Emotional disorders of multifactorial origin (Ref.)	1	1	1	1	1	1	1	1	1	1	1

OR: odds ratios, 95%CI: 95% Confidence Intervals, NC: not computable, Ref.: reference category

*a) Age, job position and work conflicts.*

The majority (62.2%) of subjects examined were between the ages of 40 and 55, a very critical age for both obtaining and keeping a job or finding viable alternatives. Most of them were highly educated and their job position required continuous updating of their skills in relation to the rapid changes in work organization as a function of the growing demand for innovation, competitiveness and globalization of the labor market.

This often makes it less attractive for companies to invest in these senior professionals with expensive employment contracts, than hiring younger workers with lower social security contributions and greater familiarity with new technologies.

This may explain the fact that executives and managers were more exposed to experiencing severe personal adversities, management constraints, devaluation and demotion, and debasement of acquired skills, as part of a company strategy aimed at their progressive expulsion or resignation, mainly through the removal of discretionary decision-making space, non-involvement in corporate projects, and progressive underhand replacement with another equivalent figure. Thus, conflicts relating to tasks and those relating to interpersonal relationships intertwine and influence each other, triggering an escalation of strong emotional and aggressive reactions in which the reasons for the dispute are often lost sight of, while actions aimed at destroying the self-esteem and social identity of the person are exacerbated (e.g., bullying)<sup>1, 6, 10, 30</sup>.

On the other hand, less qualified people (particularly general workers) were at risk of exclusion especially in relation to reduced working capacity due to disability, resulting both from the development of chronic degenerative diseases linked to the ageing process (e.g., cardiovascular and musculoskeletal diseases) and from persistent stressful working conditions. They reported a greater number of interpersonal disputes, often due to a lack of leadership on the part of managers, who did little to clearly establish roles, tasks and rules, as well as a greater reduction in their acquired skills, due to inadequate appreciation and recognition of their professional contribution<sup>31, 32</sup>. They also complained of greater interference in the home-work interface, mainly due to non-standard work schedules (e.g., shift and night work) or inflexible working hours<sup>33</sup>.

*b) Job sectors and work conflicts.*

A good work organization is essential to set appropriate boundaries in terms of clearly defining roles, tasks, func-

tions and hierarchies. Often an apparently well-structured organization at the formal level does not correspond in practice. This represents a favorable terrain for the onset of work conflicts, especially where there is a lack of willingness to investigate the causes of a possible labor discomfort and lack of mediation figures responsible for their analysis and effective resolution.

In our case history the organizational dysfunctionality was always the master in all work sectors. This generated confusion, ambivalence, and the feeling of being subjected to third parties with the development of real learned helplessness.

The expulsion mode was more evident in private companies of Industry and Commerce than in sectors with a greater public component, where there are greater job guarantees and protections. In the latter, workers manifested predominantly discomfort and intolerance relating to critical issues that do not expose them as designated victims to the risk of dismissal, but rather to relational stress with mainly attacks on the person and a more punitive corporate attitude, as a result of a prevailing authoritarian leadership style.

In School and Health sectors in particular, the forms of power and decision-making are very hierarchical and bureaucratized in the face of greater contractual protection that makes expulsion extremely difficult. This condition generates a situation in which conflicts often manifest themselves in a subtle manner, whereby non-meritocratic behavior, managerial and/or organizational dysfunctions trigger conditions of deep unease and frustration that undermine interpersonal relationships. The latter are deteriorated by backbiting, miscommunication, sterile competitiveness, acts of isolation and blaming. This is often accompanied by poor social recognition of the person, especially the less professional. Moreover, in these sectors, more than in others, we have found a greater number of people with unassertive personality traits and reduced ability to adapt to the organizational system.

It should also be pointed out that many companies were small and not very unionized, particularly in Industry, Commerce and Services, so the claim of “violated rights” facilitated the emergence of conflicts between peers. In fact, the labor market in Italy is still characterized by small and medium-sized enterprises, 63.5% of which have fewer than fifty employees and 43% fewer than ten<sup>34</sup>.

*c) Gender and work conflicts.*

Women reported more attacks on the person than men, especially on spreading false rumors, behaviors to incite

other people against, and taunts to get people out of control. Moreover, the company's attacks on the work situation were more subtle and aimed at hitting the person in order to make her feel inadequate through belittling or ignoring ideas or proposals, overloading with deadlines impossible to meet, and denying the right or authority to perform tasks.

It is worth commenting on the work overload of which they complained most, since it is well known that, on the one hand, women at work must demonstrate greater capacity and productivity and, on the other, their nature often pushes them to total self-denial at work. This last condition is widely exploited by companies, which is why, for example, maternity is often perceived as an act of "betrayal" in the face of a future reduced presence and dedication to the company. Pregnancy and motherhood are still significant critical factors, and have a strong impact on both staying and returning to work, as well as on career progression and attaining more rewarding and higher paid positions, despite higher education<sup>35</sup>.

Punitive actions also follow the same reasoning. In fact, women complained that it was more difficult or impossible for them to have a reduction (e.g., part-time) or greater flexibility in their working hours, as they interface more with other non-work tasks, including childcare, assistance to elderly relatives and household management. In men, on the other hand, punitive actions relate more to purely work-related aspects, such as disciplinary sanctions and transfers to more disadvantaged places.

The study has some limitations. Obviously, these evidences can be closely related to the Italian socio-economic situation characterized, as already mentioned, by small-medium sized companies and with a clear prevalence of male employment, equal to 58.1% vs. 41.9% in 2014 according to the National Institute of Statistics<sup>36</sup>. It should also be considered that the sample we examined is somewhat selected. They are people who arrived at the Center after months or years of working in conditions of hardship and after having turned to many other consultants (doctors, psychologists, lawyers, unions). Moreover, it is likely to be people with a more severe health condition or with a higher level of perception or vulnerability, in any case more determined to assert their reasons even at a legal level, or people who have more possibilities (including economic) to resist the prolongation of the conflict, or even the person who has less hesitation in questioning or denouncing their condition. However, other studies conducted on this topic in other countries with different population characteristics and methodological approaches have reported substantially similar results.

The prospective study by De Raeve *et al.*<sup>13</sup>) in a large cohort of Dutch employees reported that higher psychological job demands, higher levels of role ambiguity, and higher levels of job insecurity were among the main risk factors predicting the onset of interpersonal conflicts at work. In contrast, higher levels of social support, more autonomy and decision latitude, esteem rewards, and more career opportunities were protective factors against the onset of conflict.

In a Swedish population-based study, Oxenstierna *et al.*<sup>2</sup>) reported that workplace factors associated with ongoing conflicts were a higher degree of emotional and conflicting demands, poor promotion prospects, risk of transfer or dismissal, as well as lacks relating to level of influence and manifest freedom of expression, confidence in the management, procedural justice, and social support. They also reported a significant relation between conflicts in general and poor general health (OR=1.45, 95%CI 1.08–1.95) after adjusting for many personal and work factors.

In a large sample of Canadian construction workers, Chen *et al.*<sup>8</sup>) reported that interpersonal conflicts at work were positively associated with physical safety outcomes and with job stress symptoms, and negatively with individual resilience.

A recent 3-year prospective study of a large sample of the general working population in Norway<sup>14</sup>) reported a significant association between exposure to three adverse social behaviors, namely bullying, sexual harassment and workplace conflict, and the risk of mental distress. The prevalence of workplace conflict was 13.4%, much higher than threats/acts of violence (7.1%) and bullying (3.0%). Overall, adverse social behaviors were more prevalent among women, younger workers, workers with lower levels of education, as well as in service and sales workers than other occupational groups. After adjustment for gender, age, education and occupation, workplace conflict was associated with a 1.51-fold (95%CI 1.07–2.13) increase in the odds of mental distress, compared with 1.64 (95%CI 1.03–2.61) for sexual harassment and 2.07 (95%CI 1.19–3.60) for bullying.

Despite the peculiarities and limitations reported, we believe that our study has its strengths in the broad clinical approach and the large number of people examined, thus making a useful contribution to a better understanding of conflicts in the workplace in order to direct the most appropriate actions to contrast and prevent them. With this in mind, future studies should focus more on monitoring the development of such situations over time in order to verify the effectiveness of the interventions put in place to reduce

or avoid conflicts on the one hand, and their detrimental effects on health and social conditions on the other<sup>16, 37</sup>.

Good organization and working relationships are based on respect and dignity of the person both as an individual and a worker. There are many ways and behaviors by which they can be threatened or harmed with serious consequences on the psychophysical health and existential well-being of the person, as well as on the functioning, cohesion and social image of the company.

The inevitable conflicts that can arise in any work situation must therefore find an organizational and managerial condition capable of preventing them as much as possible, of containing them within the limits of mutual respect and recognition, and of resolving them to the mutual satisfaction of the parties. This implies not only clear and effective legal rules, but above all a solid cultural and educational basis to make the process of conflict analysis, mediation and resolution effective.

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