

## Workplace conflicts and psychological work-related injuries: our experience in Italy

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### Abstract

In Europe, all countries regularly recognise mental disorders as workplace accidents (mainly post-traumatic stress disorders). However, there has been little emphasis on this emerging issue in Italy. Our discussion focuses on a recent case report regarding an employee who was affected by an acute anxiety disorder after a common workplace conflict with a coworker. Given that prolonged and unresolved relationship conflicts may result in more extreme forms of conflict known as workplace bullying, relationship conflicts should be minimised or prevented as early as possible. These conflicts can also lead to acute stress disorders, particularly in workers who are at-risk for stress disorders. To prevent psychological work-related injuries, occupational stakeholders should use assessments for work-related stress as a framework for addressing all organisational risk factors that are related to workplace relationships and conflict.

**KEY WORDS:** occupational injuries; risk assessment; psychological trauma; stress disorders traumatic.

## Riassunto

In tutti i Paesi europei è previsto che le patologie della sfera psichica (soprattutto il disturbo post-traumatico da stress), siano riconosciuti come infortuni di origine lavorativa. In Italia, invece, tale riconoscimento, ancora oggi, al di fuori di situazioni di particolare valenza psicotraumatica, resta di difficile ed eccezionale applicazione. Nel nostro studio si vuole ricordare il caso clinico, recentemente pubblicato, di un lavoratore che, a seguito di un litigio con i colleghi di lavoro, lamentando un episodio di agitazione psichica, si è rivolto al pronto soccorso di riferimento dove è stata posta la diagnosi di “crisi d’ansia reattiva all’ambiente di lavoro”. In considerazione del fatto che i contrasti irrisolti nei rapporti lavorativi possono portare a forme più severe di conflittualità come per esempio il “bullying”, ogni forma di conflitto relazionale dovrebbe essere prevenuto, individuato e risolto il prima possibile. Infatti, i conflitti relazionali possono esitare anche in forme patologiche acute da stress, soprattutto nei lavoratori portatori di condizioni di fragilità psichica che, quindi, sono “ipersuscettibili” al rischio.

Per prevenire gli infortuni psichici sul lavoro, tutti gli attori della prevenzione dovrebbero utilizzare la valutazione del rischio da stress lavoro-correlato come uno strumento utile per studiare ed affrontare i fattori organizzativi di rischio lavorativo che possono condizionare le relazioni sul luogo di lavoro e quindi favorire la comparsa di situazioni di conflittualità.

### TAKE-HOME MESSAGE

*In Italy, all occupational stakeholders should address work-related psychological injuries in a timely manner.*

**Competing interests** - none declared.

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Workers' psychological and physical health can be adversely affected by occupational exposure to fatigue, bullying, harassment, workplace violence or a traumatic event [1]. A poorly designed or managed work environment and excessive or prolonged work pressures can also increase the likelihood that workers will experience stress responses. Mental injuries generally associated with work-related stress include conditions like anxiety, depression, adjustment disorder and post-traumatic stress disorder (PTSD) [2]. In Italy, there is little support for recognising mental disorders as workplace accidents. Moreover, psychological injuries are often addressed by employers on an individual level without adequate consideration at the organisational level. The Italian Authority for Workers Compensation (INAIL) is responsible for protecting and insuring workers against both work-related accidents and occupational diseases. Italian legislation acknowledges that a work-related accident occurs when a worker suffers physical and/or psychological injury from a violent cause during the course of their work. It further stipulates that the injury must prevent the worker from continuing their work, which may last for either a long or short period of time. Conversely, an occupational disease is any disease contracted primarily as a result of exposure to risk factors that arise from a work activity. Work-related diseases may have multiple causes. Factors within the work environment, together with other risk factors, may play a role in the development of these diseases [3]. Therefore, occupational diseases are different from an injury sustained in the workplace because occupational diseases often develop slowly and silently over a number of months or even years. Nevertheless, both work-related injuries and occupational diseases have one essential element in common: the causal relationship between a specific disease or injury and exposure to a specific environment or work activity. This causal relationship is established on the basis of clinical and pathological data, occupational background and job analysis and the identification and evaluation

of risk factors, including occupational risk factors. Aside from considering interventional studies, the judgement should include specific criteria like the strength, consistency, specificity, time sequence, biological gradient, biological plausibility, and coherence of the relevant factors (Table 1) [4, 5]. In a recent study by Taino et al. [6], an employee was taken to the emergency room after a disagreement with a coworker. Doctors diagnosed the employee with acute anxiety disorder, which is a generalised anxiety disorder. For this reason, the worker was sick for 105 days. After a legal medical examination, the INAIL recognised the disorder as a workplace accident and provided compensation for 30 days. The employee's diagnosis of a 'chronic adjustment disorder with a combination of depressive and anxiety symptoms' was not recognised by the INAIL as either an occupational disease or an occupational injury. Across Europe, numerous mental disorders are covered as accidents at work (primarily PTSD). In such situations, unexpected, traumatising events that last for a brief span of time are recognised as the cause behind mental disorders. Moreover, it is necessary for any such traumatic events to have taken place over one work cycle (about 8 hours) at most. In Italy, little attention has been directed toward understanding and resolving this issue. According to a recent European Report (2013), 2010 data were not available from Italy concerning the number of mental disorders recognised as workplace accidents. Specifically, the INAIL only recognised a single case of suicide in 2010, and it was identified as being caused by an occupational disease [7]. In Italy, it is only possible to recognise a suicide if the act was the consequence of an accident at work (acute risk) or an occupational disease (chronic risk). It is well-known that workers within certain categories of employment are particularly exposed to traumatic events, like fatigue, bullying, harassment or workplace violence, and are more likely to be affected by PTSD. Consequently, the INAIL covers both PTSD and chronic adjustment disorders caused by stress sustained in the workplace—in-

cluding mobbing—for situations that have been created by inconsistencies in the usual workplace routine. These psychosocial risk factors were reported as ‘organizational constraints’ in the INAIL Circular n.71/2013 and in a Ministerial Decree from April 2004 (updated by the 10th June 2014 Decree), which established a new list of diseases with possible work-related origins. Incidences of these diseases must be reported by law in accordance with art. 139 of Italian law n. 1124/65. Nevertheless, the Circular was declared void by the Italian administrative courts for two reasons. First, it considers mental disorders caused by mobbing to be a real occupational disease. Second, psychosocial risks covered in the INAIL’s Circular could refer to mobbing and task-related bullying while excluding any organisational factors that are related to common dynamics within an occupational environment and the purely subjective attitudes adopted by people in that workplace [8, 9]. Conversely, our case report shows that organisational stressors at work can lead to mental disorders which may in turn be considered workplace accidents. Specifically, a psychological injury can arise from a common workplace conflict, without a severe traumatic event, workplace violence or the phenomenon of mobbing/bullying. Instead, conflicts that affect organisations can occur within individuals, between individuals and between groups. Relationship conflicts amongst workers can be harmful to both individuals and the organisation. Relationship conflicts can also present themselves in various ways, including animosity, social conflict and abusive supervisory styles [10]. Conflicts within work groups are often caused by struggles over control, status and scarce resources. Conflicts between groups within organizations have similar origins. However, a conflict can only become a stressor if it remains unre-

solved, becomes particularly intense or becomes workplace bullying. According to Magnavita [11], although some jobs can expose workers to high-intensity trauma that can cause PTSD, such as firefighting, law enforcement, military activities and other first-response occupations, psychological injury may also be associated with work-related stress in ordinary occupations. Work-related risk assessments for stress are mandatory in all of Europe, including Italy. At the organizational level, a ‘poorly managed relationship’ is a risk factor that can lead to workplace conflict. Solutions should ensure that workers have clearly defined roles, encourage communication among workers, educate workers on appropriate workplace behaviour and train workers to defuse difficult interpersonal situations [10]. In our opinion, a poor work organization can lead to work-related psychological injuries, which may ultimately cause mental disorders and occupational diseases. Employers should therefore address all the risk factors within work organizations, including workplace relationships and conflicts. Prolonged and unresolved relationship conflicts may result in more extreme forms of conflict known as workplace bullying. Furthermore, relationship conflicts should be minimised or prevented as early as possible because they can also lead to acute stress disorders, particularly in workers who are at-risk for stress disorders. In response, occupational physicians can use the Psychological Injury Risk Indicator (PIRI), which is a recently developed instrument designed to identify the presence of psychological injury and assess the degree of that injury [12, 13]. In Italy, all occupational stakeholders should address this emerging issue within the framework of risk assessments for work-related stress.

Table 1. Bradford Hill Criteria [4, 5]

N°	Criteria	Description
1	<i>Strength of association</i>	The greater the impact of an exposure on the occurrence or development of a disease, the stronger the likelihood of a causal relationship.
2	<i>Consistency</i>	Different research reports have generally similar results and conclusions.
3	<i>Specificity</i>	The exposure to a specific risk factor results in a clearly defined pattern of disease or diseases.
4	<i>Temporality or time sequence</i>	The exposure of interest preceded the disease by a period of time consistent with any proposed biological mechanism.
5	<i>Biological gradient</i>	The greater the level and duration of exposure, the greater the severity of diseases or their incidence.
6	<i>Biological plausibility</i>	From what is known of toxicology, chemistry, physical properties or other attributes of the studied risk or hazard, it makes biological sense to suggest that exposure leads to the disease.
7	<i>Coherence</i>	A general synthesis of all the evidence (e.g. human epidemiology and animal studies) leads to the conclusion that there is a cause-effect relationship in a broad sense and in terms of general common sense.
8	<i>Interventional studies</i>	Sometimes, a primary preventative trial may verify whether removing a specific hazard or reducing a specific risk from the working environment or work activity eliminates the development of a specific disease or reduces its incidence.

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