

Interpersonal conflicts at work

– The relationship with workplace factors, work characteristics and self-rated health

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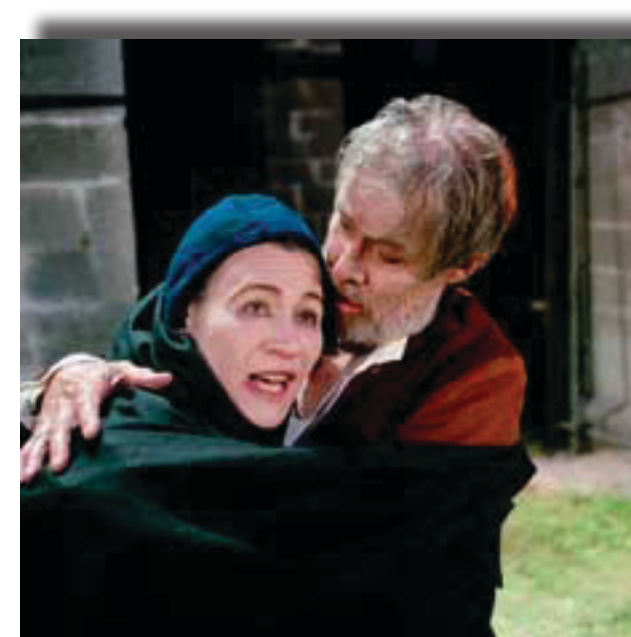
Much of the research on workplace conflicts finds an explanation in psychological factors; the personality and behaviour of the individual. Far less research points in the direction of the workplace environment as engenderer of conflict and only a relatively few psychosocial work environment factors have been included. On the whole in work environment research, only little research has been produced on the consequences of workplace conflicts in terms of employee health.

Aims and issues

In this study we aim to describe workplace conflicts (frequency, source, importance and result), scrutinize work and workplace factors to see which of those may be related with workplace conflicts and what relationship these conflicts may have with employee self-rated health.

Method

The study population was derived from the Swedish Longitudinal Occupational Survey of Health 2006 (SLOSH n= 5141). The data analyses were mainly carried out through logistic regressions.



Bilder ur Romateaterns uppsättning av King Lear med Sven Wollter. Foto: Stig Hammarstedt.



Results

The matrix

Level		Risk	Protection
Work factors	Group 1	Involvement in decisionmaking	Fairness of decisions
	Group 2		Effective co-operation between departments
	Group 3	Manifest freedom of speech	Confidence in management Relationship with immediate manager Social support
Workplace factors	Group 4	Conflicting demands Emotional demands	Resources
Individual factors	Group 5	Employment insecurity Small career changes	

Among employees at workplaces with more than 20 employees, 1126 (33.7 %) responded that they had been involved in some type of conflict during the last two years. Associations between workplace and work characteristics and conflicts, as well as between conflicts and self-rated health were estimated with multiple logistic regression analysis. The results of the logistic regression analyses were presented as odds ratios with 95 % confidence intervals. All work characteristics were entered into the same model for mutual adjustment. A similar model was fitted including all workplace characteristics.

When studying the influence of work and workplace characteristics on conflicts, the results were adjusted for potential confounding from age, marital status, birth country, education, and principal employer. Separate models were first fitted for men and women as well as for supervisory duties. The final analyses were, however, combined as no significant interactions were detected in regression analyses by means of including regression terms in the logistic regression models. Sex and supervisory duties were therefore included among the other covariates. When studying the relationship between conflicts and poor general health, financial situation and relationship with friends were also considered. In subsidiary models we further considered lifestyle factors (smoking, alcohol consumption, body mass index) and general life satisfaction. The riskfactors and the protective factors are shown in the matrix.

After adjustment for a large number of social conditions the excess risk for low self-rated health appeared to be around 100 %. After further adjustment for work and workplace factors, the excess risk was reduced to about 50 %. The observed risk factors and protective factors provide a good starting point for effective intervention and prevention work.

CONTACT