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Original Article

The Italian implemented de-escalating aggressive behavior scale (IIDABS): development and validation of a comprehensive de-escalation assessment tool

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ABSTRACT

Introduction: Workplace aggression and violence are significant psychosocial risks. While de-escalation is a critical skill for prevention, there has been a lack of objective, quantitative assessment tools. Building on the original German DABS and its English version, the EMDABS, which focused on verbal de-escalation skills, this study aims to validate the Italian Implemented De-escalating Aggressive Behavior Scale (IIDABS). A key innovation is the addition of an item on non-verbal language, making it a more complete measure.

Methods: The study involved a convenience sample of 73 workers from the Veterinary Department of the University of Pisa. The effectiveness of a conflict management training program was assessed using the IIDABS. Three independent, trained raters measured participants' skills during role-playing scenarios before and after the training.

Results: The IIDABS demonstrated strong psychometric properties, with excellent inter-rater reliability (ICC) and an internal consistency (Cronbach's alpha) of 0.957. The "non-verbal language" item had a strong ICC of 0.733. A comparison of pre- and post-training scores showed a statistically significant improvement in all evaluated skills, confirming the training program's effectiveness.

Conclusion: This study provides a validated and objective Italian tool for the quantitative assessment of de-escalation skills. The inclusion of the non-verbal language item strengthens the scale, making it a valuable instrument for evaluating training programs and improving worker safety.

Keywords: Conflict management; De-escalation; Effective communication; Evidence-based training; Performance evaluation; Psychosocial risks.

Introduction

Workplace aggression and violence are pervasive global concerns and are recognized as significant psychosocial risks. These risks can have a severe impact on the mental and physical health of workers, leading to negative consequences for both individuals and organizations, such as increased stress, psychological disorders, and higher absenteeism[1,2].

These phenomena are becoming more prominent due to changes in the world of work and recent global events that have exacerbated existing risks and brought new ones to light. The rise of new working models and global crises have accelerated these changes, bringing increased attention to the importance of mental health and well-being in the workplace. This has spurred a national and international debate on prioritizing psychosocial risks in workplace policies and strategies[1-3].

In the healthcare sector, recent studies and systematic reviews have highlighted the urgent need for effective tools and interventions to prevent and manage aggression. Workplace violence against healthcare workers is a growing global problem, with incidents reportedly increasing in both severity and frequency[3]. While this violence has been documented across global healthcare systems without a clear link to a country's wealth or cultural factors, high rates of it are increasingly common due to factors such as unmet patient expectations, poor communication, long wait times, and organizational issues like resourcing[4,5]. Studies in Italy also show that the data on aggression against healthcare workers are high[6,7].

Given these pervasive challenges, there's a pressing need for structured, adaptable, and evidence-informed educational interventions. These programs are crucial for equipping professionals with the practical skills needed to prevent conflicts and effectively manage crises, highlighting the critical importance of effective de-escalation strategies[8,9].

De-escalation is a collective term that encompasses a wide range of complex communication skills, both verbal and non-verbal[5]. It is correctly framed as a psychosocial intervention that requires a multidisciplinary competence, integrating core communication abilities with emotional regulation and risk management strategies. This holistic approach is essential for mitigating conflict escalation and preventing aggressive behavior effectively. The term was first used in health and social care discourse in the mid-1980s, and it's described as a psychosocial intervention. In an effort to better guide professionals, UK NICE guidance recommends the use of de-escalation techniques for managing aggression and violence, based on experience in clinical practice[10]. Although de-escalation is a crucial skill for preventing aggressive behavior, there has been a lack of objective and quantitative tools to measure its effectiveness[5].

To address this gap, some German researchers developed a scale called the De-Escalating Aggressive Behavior Scale (DABS)[11], followed by a modified and validated English version, the English Modified De-Escalating Aggressive Behavior Scale (EMDABS)[12]. The EMDABS is a 7-item evaluation tool designed to measure verbal de-escalation skills, with responses on a Likert scale from 1 (Strongly disagree) to 5 (Strongly agree).

However, these initial scales focused primarily on verbal techniques. For this reason, a new Italian version, the Italian Implemented De-Escalating Aggressive Behavior Scale (IIDABS), was developed with the dual objective of providing a validated tool for the Italian context and incorporating the other crucial element of de-escalation: non-verbal language expressed as an eighth item[9,10].

This inclusion acknowledges the essential role of non-verbal communication in managing tension and conveying sincerity, making the IIDABS a more comprehensive measure of de-escalation skills.

The use of a validated tool in high-risk Italian work contexts, such as the healthcare sector, and the evaluation of training programs are fundamental steps to improve the safety and well-being of workers in high-stress environments, offering a proactive strategy for the prevention of workplace violence.

In this context, the present study aims to achieve two primary objectives:

1. To translate, adapt, and validate the psychometric properties (including inter-rater reliability and internal consistency) of the Italian Implemented De-escalating Aggressive Behavior Scale (IIDABS), adding the validation of a novel, non-verbal language item.

2. To evaluate the effectiveness of a structured conflict management training program by objectively comparing pre- and post-training de-escalation scores, using the IIDABS.

Methods

The present study aimed to explore the psychometric properties of the IIDABS using a sample from a multidisciplinary occupational medicine-based intervention protocol for conflict prevention and crisis management[15]. The effectiveness of this intervention was evaluated through immersive role-playing scenarios, with performance assessed both before and after the training program. However, this article does not report all the findings from that larger initiative, focusing instead only on the data related to the effectiveness as measured with the IIDABS scale. The overall initiative is discussed to explain the methodology of the present study. A brief overview of the methodology is provided below.

The study was conducted with a convenience sample of workers from the Veterinary Department of an Italian University, who were voluntarily enrolled in a conflict prevention and crisis management training program. All participants provided informed consent, and ethical approval for the study protocol was obtained from the Bioethical Committee of the University of Pisa (Resolution n° 73/2024 of 17/12/2024).

The Italian Implemented De-escalating Aggressive Behavior Scale (IIDABS) was used to quantitatively assess de-escalation skills. The original seven items of the English Modified De-escalating Aggressive Behaviour Scale (EMDABS), developed by Mavandadi et al. (2016)[11], were professionally translated and adapted for the Italian context. The items focus on verbal skills and include the following: Validate the patient/colleague/client's reasons; Reduce the patient/colleague/client's fear; In-quire about the patient/colleague/client's doubts and motivations for anxiety; Provide guidance to the patient/colleague/client's; Develop possible agreements; Maintain calm; Implement prudent attitudes/behaviors to protect oneself from risks.

The process was carried out by two native Italian-speaking translators who independently translated the items, followed by a comparative analysis to reconcile the versions and reach a consensus. This final version was then reviewed by a native English-speaking with experience in scientific publications to ensure its linguistic and cultural suitability in compliance with the guidelines for the translation and adaptation of tests[16].

The behavioral descriptors for each score on the Likert scale were also translated, and the seventh item, which originally used a reverse-scored coding, was adjusted to be scored in the same direction as the others to maintain consistency.

The eighth item, "non-verbal language," was developed de novo by our research group as part of a scoping review of the literature on workplace aggression[5]. The development and content validation of this new item followed a rigorous process, anchored in both contemporary literature and recognized international clinical guidelines for de-escalation, specifically those published by the National Institute for Health and Care Excellence (NICE, 2015)[17]. The item was initially defined following a scoping review[5], which systematically identified key non-verbal parameters essential for effective de-escalation strategies. These parameters, such as maintaining a non-threatening posture (aligned with NICE Domain 2: hands should be visible and not clenched) and ensuring controlled eye contact, were established as fundamental behaviors necessary to mitigate conflict escalation and prevent aggressive actions. Crucially, the content validation was further strengthened by explicitly aligning its operational descriptors with the NICE guidance on managing violence and aggression.

Our item directly addresses and integrates several of the core de-escalation domains identified by NICE. The item assesses a series of detailed behavioral indicators. For example, the operational definition of "controlled eye contact" was critical because, in high-tension situations, eye contact must be carefully managed: too little can be interpreted as avoidance or disinterest (NICE Domain 6: Active Listening), while too much or a fixed stare can be perceived as challenging or aggressive (NICE Domain 2: Non-Provocation). Our item's descriptors were specifically calibrated to assess the appropriate intensity and duration, distinguishing between inappropriate (e.g., staring or complete avoidance) and correct (i.e., controlled, intermittent, and non-challenging) eye contact. To ensure the accurate and objective measurement of this complex construct, the content validation and the precise definition of the operational descriptors were supervised by an expert in non-verbal communication and de-escalation training. Subsequently, to ensure maximum objectivity and comprehensibility for the raters, the operational definitions were discussed and refined by the research team together with the raters during their training session, guided by a specialist psychiatrist. This consensus-based refinement process was specifically aimed at making the descriptors understandable even to raters with non-psychological backgrounds, ensuring objective measurement.

This robust process ensured the item was grounded in literature and clinical standards, and was sufficiently clear for practical application, as demonstrated by its excellent inter-rater reliability (ICC = 0.733).

Specifically, the item evaluates: Eye contact: whether it is absent, challenging, or, on the contrary, appropriate and not evasive; Facial expressions: it is observed whether facial expressions are tense and nervous, forced or relaxed and open; Posture: it assesses whether the posture is closed (crossed arms and legs), rigid, or, on the contrary, open and relaxed: Hand gestures: it examines whether the hands are clenched or whether the gestures are spontaneous.

Each of the eight items is rated on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree) based on a participant's observed behavior during a simulated scenario. The scale includes specific behavioral descriptors for each point of the Likert scale for each item, to guide the raters in their evaluation (see table 1).

The training program on conflict prevention and crisis management was developed and administered by a multidisciplinary team from the Occupational Health Department of the University Hospital of Pisa. The team included occupational physicians and a psychiatrist with specific training in work and organizational psychology. The program utilized a blended approach, combining didactic instruction with active, immersive learning through tailored role-playing scenarios. The scenarios were designed to simulate realistic and challenging situations that participants might encounter in their professional environment, allowing for the practical application of de-escalation techniques. The training focused on key theoretical concepts, including the phases of aggressive behavior, communication strategies (both verbal and non-verbal), and techniques for managing personal emotions and ensuring safety.

The effectiveness of the training was evaluated through a pre- and post-training assessment using the IIDABS. The performance was assessed by three independent, blinded, and trained raters.

The raters were three occupational medicine residents from different years of their training. They were chosen for this diversity and for their lack of a formal psychology background to ensure a more naive perspective and to minimize potential bias related to a homogeneous level of experience and theoretical knowledge. To prepare them for the task, the specialist psychiatrist provided a 30-minute training session on the scale's use. Following this, the raters watched three de-escalation simulation videos, which were prepared by the psychiatrist and acted by other

residents. They then had a technical discussion with the psychiatrist to analyze and compare their ratings, discussing differences and seeking consensus.

The de-escalation skills of the veterinary staff were then evaluated. Participants' skills were rated during their performance in two different immersive role-playing scenarios: one before the training intervention and a second, different scenario, after the training. The raters observed each participant's performance and completed the IIDABS rating form for both the pre-training and post-training sessions.

The psychometric properties of the IIDABS were assessed using the data from the three independent raters. The inter-rater reliability of the scale was evaluated using the Intraclass Correlation Coefficient (ICC) (1979)[12]. The internal consistency of the scale was measured using Cronbach's alpha.

The effectiveness of the training was evaluated by comparing the pre- and post-training scores. Due to the ordinal nature of the data (Likert scale), non-parametric statistical tests were used. Specifically, the median and Tukey's Hinges, which correspond to the first and third quartiles, were calculated to summarize the data. To assess the statistical significance of the change between pre- and post-training measurements, the Wilcoxon test was used. All analyses were performed using SPSS technology v29.

Table 1: IIDABS Characteristics and 5-Point Likert Scale Gradient of De-escalation Skills

IIDABS Item	Description of 5-Point Likert Scale Gradient of De-escalation Skills
1. Validation (validate the reasons of the colleague/client/patient)	From a dismissive approach (1) to a genuinely empathetic and validating one (5). Assesses respect for the other person's perspective.
2. Reduce the fear of the colleague/client/patient	From a complete lack of empathy (1) to a proactive, hopeful approach (5). Distinguishes passive listening from active, constructive empathy.
3. Inquire about doubts and anxiety motivations of the colleague/client/patient	From a dismissive approach (1) to a genuinely empathetic and validating one (5). Assesses ability to show respect for the other person's perspective.
4. Provide guidance to the colleague/client/patient	Evaluates the quality and variety of solutions: dismissive (1), generic/unhelpful (3), comprehensive/helpful (5).
5. Develop possible agreements	Measures responsibility and commitment: avoiding responsibility (1), partially engaging (3), fully committing to a resolution (5).
6. Maintain calm	Observable indicators of emotional regulation: losing control (1), partially managing emotions (3), maintaining a calming presence (5).
7. Implement prudent attitudes/behaviors to protect oneself from risks	Criteria for physical safety: creating risk (1), being overly cautious (3), acting prudently (5).
8. Implement appropriate body language	Detailed non-verbal cues: defensive/aggressive stance (1), forced/unnatural (3), open/relaxed/spontaneous (5).

Note: Each item is rated on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree) based on observed behavior during simulated scenarios. Descriptions guide raters in the objective assessment of de-escalation skills.

Results

The sample consisted of 73 workers, with 12.3% (9) being Clinical University staff, 38.4% (28) Non-clinical University staff, 28.8% (21) Technical staff, and 20.5% (15) Administrative staff. In terms of age, 35.6% (26) were in the 20-49 age group, 57.5% (42) were between 50-64, and 6.8% (5) were 65 or older.

The psychometric properties of the IIDABS demonstrated strong reliability and consistency. The inter-rater reliability among the three raters

was measured using the Intraclass Correlation Coefficient (ICC)[12], and all values were significant with p<0.001. The ICC for the "Non-verbal language" item was 0.733 (See table 2). The internal consistency of the scale, measured with Cronbach's alpha, was 0.957 (95% CI: 0.940 – 0.970).

The effectiveness of the training was objectively measured using IIDABS. The results demonstrate a significant improvement in all assessed skills from the pre-training to the post-training evaluation. For every item on the scale, the median scores increased, indicating a positive shift in overall group performance. The p-value for each item was <0.001, confirming that the observed improvements were statistically significant. These results demonstrate enhanced conflict resolution skills, improved communication, and an increased sense of self-efficacy among participants (See Table 3).

Table 2. Inter-rater reliability of IIDABS

IIDABS items	*ICC	95% CI-lower	95% CI-upper	P-VALUE
Validation	0.660	0.548	0.757	<0.001
Reducing emotion	0.694	0.588	0.783	<0.001
Inquiring about motivations	0.687	0.580	0.778	<0.001
Providing explanations	0.706	0.603	0.792	<0.001
Developing solutions	0.708	0.606	0.794	<0.001
Managing one's own emotions	0.615	0.493	0.721	<0.001
Reducing risks	0.667	0.556	0.763	<0.001
Non-verbal language	0.733	0.637	0.813	<0.001

*Note: ICC = Intraclass Correlation Coefficient

Table 3: Pre- and Post-Training Changes in IIDABS Items (Likert Scale, Tukey's Hinges, N=73)

IIDABS items	*Median (Q1-Q3) Pre-training	*Median (Q1-Q3) Post-training	P-VALUE
Validation	2 (1-3)	3 (2-4)	<0.001
Reducing emotion	2 (1-3)	3 (2-4)	<0.001
Inquiring about motivations	2 (1-3)	3 (2-4)	<0.001
Providing explanations	2 (1-3)	3 (2-4)	<0.001
Developing solutions	3 (1-3)	3 (2-4)	<0.001
Managing one's own emotions	3 (2-3)	4 (3-5)	<0.001
Reducing risks	3 (2-4)	4 (3-4)	<0.001
Non-verbal language	3 (2-3)	4 (2-4)	<0.001

*Note: Q1 = first quartile, Q3 = third quartile; The Effect Size (r) calculated for the Wilcoxon Signed-Ranks tests was 0.5 (representing a large effect) for all pre/post comparison

Discussion

The validation of the Italian Implemented De-escalating Aggressive Behavior Scale (IIDABS) represents a significant advancement in the assessment of de-escalation skills within Italian professional environments. As highlighted by Mavandadi et al. (2016)[11], a key challenge in the field has been the lack of objective and quantitative tools to measure de-escalation effectiveness. Our study addresses this gap by providing a psychometrically sound instrument that is reliable and consistent, confirming the scale's utility for evaluating training programs.

A crucial finding of this study is the high degree of inter-rater reliability. All items, including the novel "non-verbal language" item, showed statistically significant Intraclass Correlation Coefficients (ICCs) ($p < 0.001$). This demonstrates that the IIDABS, with its detailed behavioral

descriptors, provides an objective and reproducible measure. This objectivity is crucial, as it allows for a standardized assessment of skills, reducing the bias that often accompanies subjective evaluations. The strong internal consistency of the scale, evidenced by a Cronbach's alpha of 0.957 (95% CI: 0.940 – 0.970), further supports its reliability, indicating that all items effectively measure a single, underlying construct: de-escalation competence.

The addition of the "non-verbal language" item is a major strength of the IIDABS. While the original EMDABS focused on verbal techniques, our inclusion of non-verbal communication acknowledges its critical role in conveying sincerity and managing tension, as noted in de-escalation literature.[5,13-15] The successful validation of this new item, with a strong ICC of 0.733, confirms its relevance and reinforces the scale's ability to capture the multifaceted nature of de-escalation. The IIDABS is therefore a more comprehensive tool, providing a nuanced evaluation that can be used to identify specific areas for improvement in training.

The study's primary limitation concern the convenience sample (N=73) recruited from a single professional setting, which limits the external validity and the statistical power required for more advanced analyses. However, the consistently strong psychometric properties demonstrated, and the highly significant training effect provide robust initial evidence of the instrument's reliability and sensitivity. These positive findings provide a solid empirical foundation for future large-scale studies across more diverse professional populations.

The findings also have significant implications for occupational health and safety. By demonstrating a statistically significant improvement in all de-escalation skills from pre- to post-training, the study confirms that a structured, evidence-based training program can effectively enhance professional competence. The IIDABS provides a reliable measure for these programs, allowing organizations to objectively assess the effectiveness of their interventions and provide a clear metric for mitigating psychosocial risks and workplace violence in various high-stress settings.

Conclusion

The validation of the IIDABS provides a robust and valuable tool for the quantitative assessment of de-escalation skills in the Italian-speaking population. Its strong psychometric properties, including high inter-rater reliability and internal consistency, ensure that it is a reproducible and objective measure for evaluating the effectiveness of training programs.

The addition of the "non-verbal language" item strengthens the scale, offering a more complete and clinically relevant assessment of de-escalation performance. While these findings establish a solid empirical foundation for the IIDABS's reliability and sensitivity, the conclusion must acknowledge the need for caution due to the convenience sample and single-site setting.

This study successfully provides a validated tool and highlights the importance of using objective measures to assess professional competence. Future research should prioritize further validation of the scale in larger, more diverse professional contexts and explore the long-term impact of training programs to confirm generalizability.

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Supplementary Materials: Supplementary materials, including the IIDABS scale, are available on request from the corresponding author.

References

1. European Agency for Safety and Health at Work. (2024). Mental health at work after the COVID-19 pandemic – What European figures reveal – Report (Publication No. TE-05-23-555-EN-N). Publications Office of the European Union. Available from: https://data.europa.eu/doi/10.2802/151862
2. Tecco CD, Persechino B, Iavicoli S. Psychosocial Risks in the Changing World of Work: Moving from the Risk Assessment Culture to the Management of Opportunities. La Medicina del Lavoro. 2023;114(2):e2023013. Available from: https://doi.org/10.23749/mdl.v114i2.14362
3. O'Brien CJ, Van Zundert AAJ, Barach PR. The growing burden of workplace violence against healthcare workers: trends in prevalence, risk factors, consequences, and prevention - a narrative review. EclinicalMedicine. 2024;72:102641. Available from: https://doi.org/10.1016/j.eclinm.2024.102641
4. Ajuwa MP, Veyrier CA, Cousin CL, Chassany O, Marcellin F, Yaya I, et al. Workplace violence against female healthcare workers: a systematic review and meta-analysis. BMJ open. 2024;14(8):e079396. Available from: https://doi.org/10.1136/bmjopen-2023-079396
5. Corsi M, Perretta S, Marino R, Doda A, Buselli R, Foddis R. Workplace aggression in the healthcare sector: a scoping review to facilitate the development and evaluation of effective de-escalation training programs. International Journal of Occupational Safety and Health. 2024;14(4):604–19. Available from: https://doi.org/10.3126/ijosh.v14i4.62257
6. Marte M, Cappellano E, Sestili C, Mannocci A, La Torre G. Workplace violence towards healthcare workers: an observational study in the College of Physicians and Surgeons of Rome. La Medicina del Lavoro. 2019;110(2):130–41. Available from: https://doi.org/10.23749/mdl.v110i2.7807
7. Price O, Baker J, Bee P, Lovell K. Learning and performance outcomes of mental health staff training in de-escalation techniques for the management of violence and aggression. The British journal of psychiatry: the journal of mental science. 2015;206(6):447–55. Available from: https://doi.org/10.1192/bjp.bp.114.144576
8. Arnetz JE, Arnetz BB. Implementation and evaluation of a practical intervention programme for dealing with violence towards health care workers. Journal of advanced nursing. 2000;31(3):668–80. Available from: https://doi.org/10.1046/j.1365-2648.2000.01322.x
9. National Collaborating Centre for Mental Health (UK). Violence and Aggression: Short-Term Management in Mental Health, Health and Community Settings. London (UK): British Psychological Society. 2015. Available from: https://pubmed.ncbi.nlm.nih.gov/26180871/
10. Nau J, Halfens R, Needham I, Dassen T. The De-Escalating Aggressive Behaviour Scale: development and psychometric testing. Journal of advanced nursing. 2009;65(9):1956–64. Available from: https://doi.org/10.1111/j.1365-2648.2009.05087.x
11. Mavandadi V, Bieling PJ, Madsen V. Effective ingredients of verbal de-escalation: validating an English modified version of the 'De-Escalating Aggressive Behaviour Scale'. Journal of psychiatric and mental health nursing. 2016;23(6-7):357–68. Available from: https://doi.org/10.1111/jpm.12310
12. Shrout PE, Fleiss JL. Intraclass correlations: uses in assessing rater reliability. Psychological bulletin. 1979;86(2):420–28. Available from: https://doi.org/10.1037//0033-2909.86.2.420
13. Baugh AD, Vanderbilt AA, Baugh RF. Communication training is inadequate: the role of deception, non-verbal communication, and cultural proficiency. Medical education online. 2020;25(1):1820228. Available from: https://doi.org/10.1080/10872981.2020.1820228
14. Hall JA, Horgan TG, Murphy NA. Nonverbal Communication. Annual review of psychology. 2019;70:271–94. Available from: https://doi.org/10.1146/annurev-psych-010418-103145
15. Corsi M, Stefanini D, Biagioni I, Bertini C, Accardo M, Bottari M, et al. A Multidisciplinary Occupational Medicine-Based Intervention Protocol for Conflict Prevention and Crisis Management in High-Stress Professional Environments. Brain sciences. 2025;15(9):958. Available from: https://doi.org/10.3390/brainsci15090958