

**Stress Risk Assessment**

**For Individuals and Small Teams**

This stress risk assessment is designed to be used alongside an organisational level stress risk assessment. An organisational assessment is important as it aims to identify and reduce potential causes of stress before they have an impact on performance and health, taking a strategic and proactive approach.

However, what is a source of stress for one individual may not be a source of stress for another and at different times individual employees may feel they are not able to cope with the pressures of work. This is sometimes, but not always, exacerbated by pressures an individual may be experiencing outside work. It is important that individuals raise any concerns about pressure at work and outside work early so that the University can look to see if they can take steps to reduce excessive pressures (or stress) where possible and / or support the employee.

Similarly, it is good practice for individual teams to regularly discuss pressures at work so that they can be addressed, where possible, if they are becoming excessive. Where it is not possible to directly reduce the pressures it is still important for teams to discuss them so that individuals do not feel alone and team members can support each other.

This risk assessment can be used to support discussions with individuals or teams to systematically work through the pressures and consider if these are a source of stress and, if so, if any action can be taken to reduce the risks to performance and health.

**Individual risk assessments** are facilitated by the Line Manager. It is useful if the individual employee has an opportunity to look through the risk assessment in advance of the one-on-one meeting.

**Team risk assessments** are most commonly facilitated by the Team Manager / Leader. It is useful if the individual team members have an opportunity to look through the risk assessment in advance of the team discussion

**Stress Risk Assessment**

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| **Column 1**  **Potential Cause of Stress** | **Column 2**  **Consider each question** | **Column 3**  **Tick as instructed in Column 1** | **Column 4**  **What action might help in response to areas ticked in Column 3** |
| **Demands**  If the answer the these questions is YES, tick column 3 | **Do different people at work demand things from you that are hard to combine?** |  |  |
|  | **Do you have unachievable deadlines?** |  |  |
|  | **Do you have to work very intensively most of the time?** |  |  |
|  | **Do you have to neglect some tasks because you have too much to do?** |  |  |
|  | **Are you unable to take sufficient breaks** |  |  |
|  | **Do you feel pressured to work long hours?** |  |  |
|  | **Do you feel you have to work very fast most of the time?** |  |  |
|  | **Do you have unrealistic time pressures?** |  |  |
| **Control**  If the answer to these questions if NO, tick column 3 | **Can you decide when to take a break?** |  |  |
|  | **Do you feel you have a say in your work speed?** |  |  |
|  | **Do you feel you have a choice in deciding how you do your work?** |  |  |
|  | **Do you feel you have a choice in deciding what you do at work?** |  |  |
|  | **Do you feel you have some say over the way you do your work?** |  |  |
|  | **Do you feel your work time is flexible?** |  |  |
| **Support ( Manager)**  If the answer ti these questions is NO, tick column 3 | **Does your Manager give you enough feedback on the work you do?** |  |  |
|  | **Do you feel you can rely on your Manager to help you with a work problem?** |  |  |
|  | **Do you feel your Manager support you through emotionally demanding situations at work?** |  |  |
|  | **Do you feel your Manager encourages you at work?** |  |  |
| **Support ( Peers)**  If the answer to these questions is NO, tick column 3 | **Do you feel your colleagues would help you if work became difficult?** |  |  |
|  | **Do you get the help & support you need from your colleagues?** |  |  |
|  | **Do you get the respect at wok you deserve from your colleagues?** |  |  |
|  | **Are your colleagues willing to listen to your work –related problems?** |  |  |
| **Relationships**  If the answer to these questions is YES, tick column 3 | **Are relationships strained or is there friction or anger between colleagues?** |  |  |
|  | **Are you subject to unkind words or behaviour at work?**  **If so do you feel ‘bullied’ at work?** |  |  |
| **Role** | **Are you clear about what is expected of you at work?** |  |  |
|  | **Do you know how to go about getting your job done?** |  |  |
|  | **Are you clear about what your duties and responsibilities are?** |  |  |
|  | **Are you clear about the goals and objectives for your team or Department?** |  |  |
|  | **Do you understand how your work fits into the overall aim of the organisation?** |  |  |
| **Change**  If the answer to these questions is NO, tick column 3 | **Do you have enough opportunity to question Managers about change?** |  |  |
|  | **Do you feel consulted about change at work?** |  |  |
|  | **When changes are made at work, are you clear about how they will work out in practice?** |  |  |
| **Other Issues**  If Yes, tick Column 3 | **Is there anything else that is a source of stress for you at work?** |  |  |

**Factors outside work**

The list of questions is mainly focuses on factors at work. However, there may be factors outside work, for example your family life or personal circumstances, which may contribute to or add to the pressure at work. These may make it harder to cope with demands at work that you would normally be able to cope with.

It is useful, if you can, to discuss any concerns you have outside work with your Manager or other trusted colleague in the workplace as your organisation may be able to support you through these difficult times as well as address the sources of pressure at work.

**Action Plan**

**Agree an action plan using the below template:**

|  |  |  |
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| **Stressor/ area of concerns** | **Agreed Action** | **Review Date** |
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