

How To Prevent, Minimise and Manage Stress at Work

Appendix 1: Stress Risk Assessment Template

This assessment should be used to assess stress for up to five employees in a work area. In the event that more than five employees in a work area are identified as needing to complete the assessment you should contact the Health, Safety & Wellbeing team to arrange this by emailing health.safety@falkirk.gov.uk.

Prioritising Organisational Stress

This form should be used for individual stress risk assessments. It provides a guide to systematically work through the pressures and consider if these are a source of stress and, if so, plan any action to reduce the risks to performance and health.

Definition of work-related stress

The Health & Safety Executive define work related stress as - 'The adverse reaction people have to excessive pressure or other types of demands placed upon them at work'.

Completing the risk assessment

This form should be used by managers with individual workers. In each situation it's useful to let those taking part see the questionnaire in advance of the discussion.

The risk assessment should identify areas that indicate excessive pressure, which can vary for each person at different points in their life. Where a question is ticked this means that action needs to be taken manage the source of stress. This question should be entered into the action plan at the end of the assessment so an appropriate action can be agreed.

Section 1 should be completed by the employee either independently or jointly with their line manager. **Section 2** must always be completed jointly by the employee and line manager (as well as any representatives).

Is anything else required?

After completing the questions you should review the actions (controls) and ask/consider:

- Are the actions (in column 3) adequate to minimise work-related stress?
- Are more actions required?

As with any risk assessment we should try to minimise the risk. There will be some things that cannot be changed or risks that cannot be reduced as it is not reasonably practicable to do so. However, it is important to remember that stress is cumulative so if you are able to reduce some of the risks, this means that the overall level of risk is reduced. Discussing the risk assessment with staff and using their knowledge and professional judgement will support the identification and reduction of risk.

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Section 1 – Sources of stress

| Demands | Tick if YES | What action might help in response to areas ticked |
|------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------|
| Do different people at work demand things from you that are hard to combine? | <input type="checkbox"/> | |
| Do you have unachievable deadlines? | <input type="checkbox"/> | |
| Do you have to work very intensively most of the time? | <input type="checkbox"/> | |
| Do you have to neglect some tasks because you have too much to do? | <input type="checkbox"/> | |
| Are you unable to take sufficient breaks? | <input type="checkbox"/> | |
| Do you feel pressured to work long hours? | <input type="checkbox"/> | |
| Do you have unrealistic time pressures? | <input type="checkbox"/> | |
| Do you feel you have to work very fast? | <input type="checkbox"/> | |

| Control | Tick if No | What action might help in response to areas ticked |
|-----------------------------------------------------------------|--------------------------|-----------------------------------------------------------|
| Can you decide when to take a break? | <input type="checkbox"/> | |
| Do you feel you have a say in your work speed? | <input type="checkbox"/> | |
| Do you feel you have a choice in deciding how you do your work? | <input type="checkbox"/> | |
| Do you feel you have a choice in deciding what you do at work? | <input type="checkbox"/> | |
| Do you feel you have some say over the way you do your work? | <input type="checkbox"/> | |

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| | | |
|-----------------------------------------|--------------------------|--|
| Do you feel your work time is flexible? | <input type="checkbox"/> | |
|-----------------------------------------|--------------------------|--|

| Support (Manager) | Tick if no | What action might help in response to areas ticked |
|-----------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------|
| Does your manager give you enough feedback on the work you do? | <input type="checkbox"/> | |
| Do you feel you can rely on your manager to help you with a work problem? | <input type="checkbox"/> | |
| Do you feel your manager supports you through emotionally demanding situations at work? | <input type="checkbox"/> | |
| Do you feel your manager encourages you at work? | <input type="checkbox"/> | |

| Support (Peers) | Tick if NO | What action might help in response to areas ticked |
|----------------------------------------------------------------------|--------------------------|-----------------------------------------------------------|
| Do you feel your colleagues would help you if work became difficult? | <input type="checkbox"/> | |
| Do you get the help and support you need from your colleagues? | <input type="checkbox"/> | |
| Do you get the respect at work you deserve from your colleagues? | <input type="checkbox"/> | |
| Are your colleagues willing to listen to your work-related problems? | <input type="checkbox"/> | |

| Relationships | Tick if YES | What action might help in response to areas ticked |
|------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------|
| Are relationships strained or is there friction or anger between colleagues? | <input type="checkbox"/> | |
| Are you subject to unkind words or behaviour at work? If so, do you feel 'bullied' at work? | <input type="checkbox"/> | |

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| Role | Tick if NO | What action might help in response to areas ticked |
|-------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------|
| Are you clear about what is expected of you at work? | <input type="checkbox"/> | |
| Do you know how to go about getting your job done? | <input type="checkbox"/> | |
| Are you clear about what your duties and responsibilities are? | <input type="checkbox"/> | |
| Are you clear about the goals and objectives for your team/department/organisation? | <input type="checkbox"/> | |
| Do you understand how your work fits into the overall aim of the organisation? | <input type="checkbox"/> | |

| Change | Tick if NO | What action might help in response to areas ticked |
|----------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------|
| Do you have enough opportunity to question managers about change? | <input type="checkbox"/> | |
| Do you feel consulted about change at work? | <input type="checkbox"/> | |
| When changes are made at work, are you clear about how they will work out in practice? | <input type="checkbox"/> | |

| Consider Each Question | Tick if YES | What action might help in response to areas ticked |
|--------------------------------------------------------------------|--------------------------|-------------------------------------------------------|
| Is there anything else that is a source of stress for you at work? | <input type="checkbox"/> | |

The questions covered in this template are mostly concerned with factors in work. When using this template with individuals it is useful to consider the impact of factors outside of work, e.g. personal circumstances, that could impact on an individual's ability to meet the demands placed on them.

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|--------------------------------------------|
| Is there anything else to consider? |
|--------------------------------------------|

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Section 2 – Action Plan

This section should be completed jointly by the employee and manager.

Action planning is a key step in risk management. Summarise the areas of concern and actions in this table. You should copy each question (or other area identified in the above table) to the action plan and agree a specific action that will help minimise that source of the stress.

| Area of Concern | Agreed Action | Target Date |
|-----------------|---------------|-------------|
| | | |
| | | |
| | | |

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|-------------------------------|--|
| Assessment Date | |
| Employee Name | |
| Employee Signature | |
| Line Manager Name | |
| Line Manager Signature | |
| Date for review | |