



National Health and Safety Function, Workplace Health and Wellbeing Unit, National HR Division

Workplace Stress: Risk Assessment Form – Part 1 of 3	
Division: HCO 0	Source of Risk: Risk Assessment Process
HG/CHO/NAS/Function	Primary Risk Category: Harm to Person
Section/Ward/Dept: Red Ward	Risk Type Operational
Hospital Site/Service: Continuing Care	Name of Risk Owner (BLOCKS): Mary Poppins, CNM2
Dept/Service Site: ABC	Signature of Risk Owner: <i>M Poppins</i>
Assessment type: Individual <input type="checkbox"/> Group <input checked="" type="checkbox"/> (✓ as appropriate) If individual assessment, specify employee's name:	Risk Co-ordinator: NA
Date of Assessment 20/02/2018	Risk Assessor (s) M POPPINS
Unique ID No: 012345	

Workplace Stress: Risk Assessment Form – Part 2 of 3		
Was there a specific issue/incident that triggered this risk assessment?		
Potential work related stressors	Employee's concerns	Existing controls/What is happening now?
Demands What is causing you to feel under excessive pressure at work?	Hard to manage extra work demands e.g. HIQA recommendations & introducing more activities for service users with existing staff cover of 1:2 Nurse/ Care Staff. Only one staff member can leave unit to help with activities. Daily work duties very demanding as all service users are high dependent – difficult to set time aside to do other work e.g. review and update care plans. When	

	crisis arises little support from management.	
What are key aspects of your role/ job description?	To provide nursing care to patients (high dependent)	N/a
Are you clear on service priorities? How do you prioritise your daily work duties?	Very little control over work duties due to the changing patient profile. Handover can be rushed due to clinical demands.	Priorities identified at handover, Using SBAR format for reporting.
Are you clear on work deadlines and are they realistic?	These keep changing	Adaptation to work demands required daily. Bed management involved in patient transfer.
Do you feel you have the right skills & knowledge to do your job?	Yes	N/a
Have you the resources you need to do your job?	No	Skill mix is reviewed per shift where possible. Process in place for requesting additional assistance when work demands increase.
Do you find your work boring or repetitive?	No	N/a
Control		
Are you clear about who does what in your Dept/area?	Yes	N/a
Do I, as your manager, give you enough guidance & support?	No	None
Do you have opportunities to develop your skills/ use your initiative?	Yes	n/a
Have you any flexibility in when you take your breaks/Annual Leave?	No	None – staff cannot take annual leave when desired or if at all. Very difficult to take TOIL accrued from working overtime. Staff asked on short notice to work overtime while on off-duty. As a result many staff working up to 5/ 6 long days in a row; unhealthy and exhausting. Staff feel very aggrieved that leave not given to them even when requested weeks in advance.
Support		
Is there good communication in your Dept/area? e.g. One-to-one meetings with manager/ team meetings?	No. Team meetings have ceased to occur	Communication book available
Are your work colleagues supportive?	Yes	N/a
Do you require further training / skills development?	No	N/a
Are there pressures outside work that are affecting you at work? Would you like support to deal with these pressures?	No	N/a

Are you aware of HSE employee supports available? Do you need information on how to access any of them?	No	N/a
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Workplace Stress: Risk Assessment Form – Part 2 of 3 (Continued)

Relationships		
Are there any issues or tensions within your team/service?	Yes. Most staff feel that the provision of annual leave is unfair and that some staff are not asked to do their fair share of over time.	None
Have you seen any bullying/harassing behaviour in your team?	No	Implementation of the Dignity at Work Policy, Dignity at Work Support Contact persons details available in HR file in CNMs office. Employee Assistance available at ext 1234
Do you have difficulty working with anyone? Manager/colleague/ other health care worker?	No	
Do you and your work colleagues support each other?	Yes	
What is morale like within your team?	Low because of lack of breaks, annual leave opportunities and lack of feedback.	Annual Leave request calendar in office.
Role		
Do you feel you have been properly inducted into your role?	Yes – but new staff have a formal induction programme but onsite mentoring difficult to implement due to work demands.	
Do you understand your role?	Yes	
Do you have a clear reporting structure?	Yes	
Do you know what is expected of you at work?	Yes	
Have you work demands that are outside/conflict with your role?	No	
Change		
Is there a lot of change in your service?	Yes on a daily basis, can be requested to provide cover in different departments where we may not have enough skills in this clinical area. Disruptive for service users & patients	Bed management oversee bed allocation

Have you had an opportunity to discuss/comment on these changes within your service – e.g. at team meetings?	No	Communication book located in CNM office
Am I, as your manager, supporting you enough in this change?	No	None
Do your colleagues/team provide support through the change?	Yes	
Is there further information/support you require?	Yes – better communication and involvement from bed management when allocating patient beds being mindful of existing work demands. Team meetings necessary to ensure proper and formal communication with staff.	
Other Stressors		
Are there any other issues that you would like to raise?		

Workplace Stress : SAMPLE Risk Assessment Form – Part 3 of 3
One primary source of stress per form

Management Standard(s) under which further action is required (✓ as appropriate)

Demands ✓ **Control** ☐ **Support** ☐ **Relationships** ☐ **Role** ☐ **Change** ☐

Unique Id Number 012345

HAZARD & RISK DESCRIPTION	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	ACTION OWNER	DUE DATE
Risk of psychosocial injury to staff due to workload pressures, unrealistic work deadlines, lack of resources.	As per risk assessment checklist above.	<p>Investigate the possibility of having 2 floating staff on campus to help staff working in units when activities are planned.</p> <p>Have a daily review of work demands in units in order to provide adequate cover for “busier times”.</p> <p>Review time for handover - bring forward by ten minutes to ensure that this time is protected. Identify work priorities, safety issues at handover and ensure that adequate time given.</p>	Mary Ryan CNM2 and employees	<p>January 2016</p> <p>Immed</p> <p>Immed</p>

INITIAL RISK			RESIDUAL RISK		
Likelihood	Impact	Initial Risk Rating	Open	Monitor	Closed
5	3	15 High	✓		