# APPENDIX 3

**University Policy and Management Procedure**

# Managing Work-Related Stress Individual Stressor Questionnaire

This questionnaire is designed to allow you to explore the perceived causes of stress (“stressors”) within your working life. Please take your time in completing it and consider each item fully – not all will be relevant, but it should allow you to review your experience.

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| **Personal Details of the Person Completing this from** | | | |
| Name |  | Date |  |
| User ID |  | Department |  |

|  |  |
| --- | --- |
| Areas of Perceived Stress | If you feel that this is an area of stress for you, please provide details. If this area is not a problem, please  indicate “Not Applicable”. |
| **DEMANDS** | |
| Do you feel that: |  |
| Different people at work demand things from you that are hard to combine? |  |
| You have unachievable deadlines? |  |
| You have to work very intensively? |  |
| You have to neglect some tasks because you have too much to do? |  |
| You are unable to take sufficient breaks? |  |
| You are pressured to work long hours? |  |

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| **Areas of Perceived Stress** | **If you feel that this is an area of stress for you, please provide details. If this area is not a problem, please**  **indicate “Not Applicable”.** | |
| **DEMANDS (continued)** | | |
| Do you feel that: |  | |
| You have to work very fast? |  | |
| You have unrealistic time pressures? |  | |
| **CONTROL** | | |
| Do you feel that: |  | |
| You are able to decide when to take a break? |  | |
| You have a say in your work speed? |  | |
| You have had a choice in deciding **how** you do your work? |  | |
| You have had a choice in deciding **what** you do at work? |  | |
| You are able to work flexibly? |  | |
| **SUPPORT (Manager)** | | |
| Do you feel that: | |  |
| Your manager gives you enough supportive feedback on the work you do? | |  |
| You can rely on your manager to help you with a **work** problem? | |  |
| You can talk to your manager about anything that upsets or annoys you at work? | |  |

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| **Areas of Perceived Stress** | **If you feel that this is an area of stress for you, please provide details. If this area is not a problem, please**  **indicate “Not Applicable”.** |
| **SUPPORT (Manager)** | |
| Do you feel that: |  |
| Your manager supports you through emotionally demanding work? |  |
| Your manager encourages you enough at work? |  |
| **SUPPORT (Colleagues)** | |
| Do you feel that: |  |
| Your colleagues would help you if your work became difficult? |  |
| You get the help and support you need from your colleagues? |  |
| You get respect for your work from colleagues? |  |
| Your colleagues are willing to listen to **work- related** problems? |  |
| **WORK RELATIONSHIPS** | |
| Do you feel that: |  |
| You are personally harassed, in the form of unkind words or behaviour? |  |
| There is friction or anger between colleagues? |  |
| You are bullied at work? |  |
| Relationships are strained at work? |  |

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| **Areas of Perceived Stress** | **If you feel that this is an area of stress for you, please provide details. If this area is not a problem, please**  **indicate “Not Applicable”.** |
| **ROLE** | |
| Do you feel that: |  |
| You are clear about what is expected of you at work? |  |
| You know how to go about getting your job done? |  |
| You are clear about what your duties and responsibilities are? |  |
| You are clear about the goals and objectives for your department? |  |
| You understand how your work fits into the overall aim of the organisation? |  |
| **CHANGE** | |
| Do you feel that: |  |
| You have enough opportunities to question managers about change at work? |  |
| You are consulted about change at work? |  |
| When changes are made at work, are you clear about how they would work out in practice? |  |
| **OTHER ISSUES** | |
| Is there anything else that you perceive is a source of stress for you, both at work or external to work? |  |