

# Guide to dialogue about workloads and prevention of work-related stress in the unit

#sdudk



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## **A healthy psychosocial work environment is a shared responsibility**

The psychosocial work environment is crucial for well-being and mental health. A high level of well-being typically leads to fewer sick days, improved productivity and higher quality in task performance. And most importantly, it makes sense to create a good psychosocial work environment because this is valuable in itself.

Good mental health in the workplace requires targeted and systematic efforts on multiple levels. It is also important that the efforts are anchored in everyday life and followed up on regularly. Management sets the direction and is responsible for the framework, but results are created in collaboration between managers and employees. This collaboration relies on open dialogue, curiosity and respect for different perspectives to succeed.

## **Management and the health and safety group's preventive work with stress**

For the vast majority of employees who take sick leave due to stress, work or the work environment is a contributing factor to the stress load and subsequent sick leave. This also means that the workplace plays a key role in preventing and managing work-related stress, including creating a framework for a safe return to work for employees who are on stress-induced sick leave.

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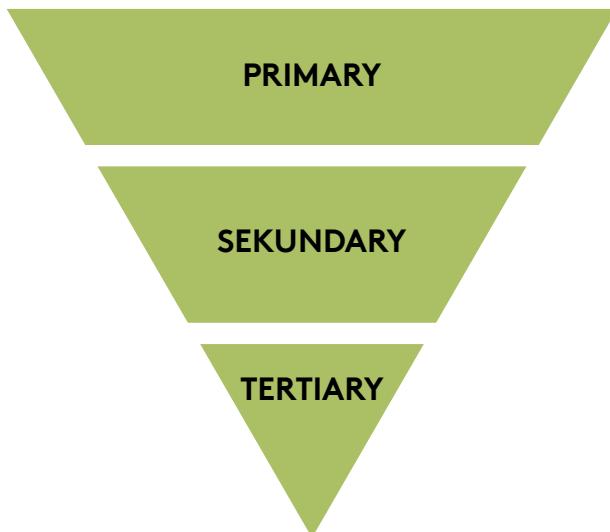
## The role of the health and safety group in prevention

Preventing work-related stress in the workplace requires a systematic and holistic approach that includes prevention at multiple levels of the organisation. Therefore, it is recommended that the health and safety work is organised with efforts and focus that embrace all organisational levels: IGLO (Individual, Group, Leader and Organisation), which includes the following three preventive efforts:

**The primary preventive efforts:** Ensuring an inclusive psychosocial work environment with well-structured conditions for work.

**Secondary preventive efforts:** Ensuring appropriate and early handling of stress signals.

**The tertiary preventive efforts:** Having a contingency plan that ensures effective help for employees with severe stress



The model with the three levels of prevention is shown as an inverted pyramid. Interventions at the primary level have the greatest impact on reducing the experience of stress, while tertiary prevention takes place in the final phase of a sick leave.

In practice, the three levels of prevention have the following purposes:

**Primary prevention:**  
preventing illness, psychosocial problems or accidents from occurring.

**Secondary prevention:**  
detecting and reducing illness and risk factors as early as possible.

**Tertiary prevention:**  
slowing the relapse of disease and preventing the development and worsening of chronic conditions.

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## Systematic prevention of work-related stress

When a manager, member of the health and safety group (HSG) or union representative (UR) wants to prevent work-related stress, the most effective approach is often to work systematically using a four-step model that provides an overview and a shared direction: Start by identifying and mapping risk factors at work, then assess the risk to health and safety, implement preventive measures that address the causes, and finally monitor whether the measures are effective so they can be continuously updated.

There are many tried and tested tools and instruments for working preventively with work-related stress. BrancheFællesskaberne for Arbejdsmiljø (BFA) has a number of useful guidelines and resources that management, HSG and/or UR can utilise.

**Read more here (in Danish): <https://www.godtarbejdsmiljo.dk/>**

The essence of preventive work thus consists of: A common risk picture → assessment → prevention → continuous monitoring and adjustment. These steps are explained in detail below.

### 1) Identify and map risk factors

Risk factors at work can be identified and mapped by gaining insight into local data such as absence statistics or by conducting interviews with employees in the workplace, for example during periods of time pressure or organisational change. See also Appendix 1. The manager can set the framework for the identification and has access to data. The HSR and UR can gather employee perspectives.

### 2) Assess the risk to health and safety

Assess the balance between the occurrence of a risk factor and its prevention. Decide whether additional preventive measures are needed or if the risk factor can be averted altogether. See also Appendix 2. Roles are often divided so that the manager distributes responsibility whereas the HSR/UR ensures the involvement of the employee group.

### 3) Prevent and implement measures

Once the risk factors have been identified and the risk to health and safety has been assessed, an action plan is drawn up to ensure that prevention is targeted. The action plan describes:

- Goals (what needs to change)
- Specific actions (what do we do, where, when and how)
- Responsibilities and roles (who does what)
- Timetable and milestones (when will the actions be carried out)
- Follow-up (when do we evaluate and adjust the efforts).

Think 'small' and try out a few easy solutions in everyday life, assess the impact and scale what works. The manager involves the HSR/UR in both design and testing. The HSR/UR contributes employee perspectives, points out opportunities and barriers in everyday work and helps translate initiatives into practical prevention efforts.

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#### **4) Conduct effective supervision**

It is crucial to continuously monitor whether the health and safety measures are actually working. According to Section 26 of the Danish Working Environment Act, the supervisor has a duty to ensure that preventive measures work as intended and are adjusted when conditions change. Therefore, measures should be followed up on. This could take place during status meetings in the HSG, at which you review the agreed measures and supplement them with observations from everyday work. Document conclusions in the workplace assessment action plan, make ongoing adjustments and discontinue any ineffective measures.

In practice, the manager sets the framework and makes decisions based on input from the HSR/UR. The HSR/UR supports day-to-day supervision by presenting employee perspectives at status meetings. This might include information about barriers and opportunities for improvement.

### **Tools to work preventively with work-related stress**

#### **Mapping of preventive measures – Appendix 1**

By mapping the preventive efforts, the health and safety group (HSG) and the union representative (UR) have the opportunity to work with the primary preventive efforts, get an overview of the needs and discuss which measures have been implemented and which should be implemented. For the mapping process, the employee representatives (HSR and UR) and management can examine the extent of preventive efforts in the unit and – based on this – discuss the need for initiatives at the three prevention levels.

The mapping tool is divided into the four organisational levels and can be used as a question guide in dialogue with employees and management or as a question framework for written feedback from employees and management.

Incorporate insights from the mapping into your workplace assessment's timeline and action plan to identify the need for action, initiate actions and follow up on whether they are having the desired effect.

#### **Remove sources of work-related stress – Appendix 2**

One useful tool for identifying sources of work-related stress at the secondary and tertiary prevention levels is the 'stone-in-the-shoe' model. It involves discussing an issue – whether it raises concerns about potential work-related sick leave due to stress or has already led to absence – so that it does not affect other employees or happen again.

The discussion is based on a specific, identified problem and focuses on the four organisational levels. It can take place within the specific department, research group or functional team and prompts reflection on what underlies the observed imbalance between demands and resources that leads to stress. It also considers what corrective actions can be taken to prevent the situation from escalating or recurring.

Incorporate insights from the process into your workplace assessment's timeline and action plan to identify the need for action, initiate actions and follow up on whether they are having the desired effect.

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## **Appendix 1 – Mapping of preventive measures**

The questions are divided into four organisational levels: **individual** (employee), **group** (department as a whole, research group as a whole, section as a whole, etc.) **leadership** (unit management), and **organisation** (across the main area and possibly SDU level).

### I

#### **Individual level**

- Do I have an overview of the balance between my own tasks and resources?
- Can my tasks and efforts be better prioritised – and who can help me, if necessary?
- Am I prioritising my own well-being – and finding ways to improve it?
- Do I have sufficient insight into stress – both prevention and management?
- Do I know how to prevent and manage my own stress?
- Do I need to strengthen my skills in general or in specific areas?
- Do I recognise my own symptoms?
- Am I focusing on things within my control?
- Do I talk to others about things that are stressing me out?
- Do I need additional professional help outside the workplace?
- Am I aware of how I contribute to the collegial community – with actions, voices, stories and choice of words?

### G

#### **Group level**

- Do we have a shared overview of the balance between tasks and resources?
- Are we actively fostering psychological safety and trust – for instance, by discussing tasks, expectations, collaboration and mutual support?
- Have we put well-being and stress on the agenda?
- Is there room to address and talk about instances of unhealthy pressure?
- Do we have the courage to approach colleagues whose behaviour is changing?
- Do we support each other in times of stress?
- Do we agree on clear collaboration agreements and guidelines when helping a colleague suffering from stress?

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## L

### **Management level**

- Do we make sure to align expectations in terms of quality, deadlines, prioritisation and managing change and other challenges?
- Are we aware of stress as a potential issue?
- Are we helping to break the stigma around stress within the group/unit?
- Are we responsive to employees who approach us about feeling overburdened?
- Do we help employees prioritise and take action?
- Do we have the courage to address employees whose behaviour is changing?
- Are we aware of the available options for professional support for those affected by stress?
- Are we paying attention to colleagues of the employee affected by stress – i.e. the whole group/unit?
- Are we role models in terms of our own stress management?
- Do we use and support each other in the management team to prevent and manage stress?

## O

### **Organisational level**

- Have we formulated a vision for mental health and safety at work?
- Do we have clear guidelines and functional descriptions that clarify roles and responsibilities?
- Do we set requirements based on a realistic and objective assessment of the relationship between resources and tasks in each unit/group?
- Are we open to and do we listen to middle managers' experiences and thoughts on well-being and stress issues that we, as management across the University's main areas, can influence?
- Do we establish and support management teams that also focus on their own collaboration and well-being as part of the task?

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## Appendix 2 – The ‘stone-in-the-shoe’ model

The model can be used when a problem has been identified that gives rise to a risk of stress-related sick leave or when stress-related sick leave has occurred. Conversations with employees on sick leave should be handled with care and respect for the individual’s needs for returning to work.

Level	Where did the problem arise?	How is this expressed at the I, G, L, O levels?	What needs to be done at the different levels?	Timeframe: Who does what when?
Organisation	What impact has the organisation had on the issue?		Which issues are beyond our capability and should be escalated to the next level of management?	
Manager	What impact has the manager had on the issue?		What can the manager do?	
Group	What impact has the group had?		What can the group do?	
Individual	What impact have I had myself?		What can I do?	

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# Literature (in Danish only)

Forstå og forebyg stress – Anbefalinger til ledere med personaleansvar, BFA Branche Fællesskab  
Arbejdsmiljø, Velfærd og offentlig administration  
(*Understanding and Preventing Stress – Recommendations for Managers with Staff Responsibility, BFA Sector Community for Work Environment, Welfare and Public Administration*)  
<https://www.godtarbejdsmiljo.dk/trivsel/stress/stress-paa-kontoret/forstaa-og-forebyg-stress>

Terminologi – Forebyggelse, sundhedsfremme og folkesundhed, Sundhedsstyrelsen  
(*Terminology – Prevention, health promotion and public health*) by the Danish Health Authority  
<https://www.sst.dk/~/media/ca0b2ed9165f4c908db3117ba4764058.ashx>

Stressforebyggelse i IGLO-perspektiv – Ansvar og handling på forskellige organisatoriske niveauer  
(*Stress prevention from an IGLO perspective – Responsibility and action at different organisational levels*)  
<https://www.bfa-i.dk/psykisk-arbejdsmiljoe/stress-konflikter-og-usikkerhed/stressforebyggelse-i-iglo-perspektiv>