



EPiC Series in Built Environment

Volume 4, 2023, Pages 714–722

Proceedings of 59th Annual Associated Schools
of Construction International Conference



Mental Health and Well-being in the Irish Construction Industry: A Preliminary Investigation into the Main Stressors

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The construction industry is renowned as being masculine and competitive, due to its male-dominated and cutthroat nature, where mental health is often disregarded. Thankfully, in recent times, mental health has started to become a priority to upper management, however, problems still exist. Therefore, this study aims to determine what are the main stressors leading to poor mental health, and what can be implemented to tackle the issue, in the Irish construction industry. A mixed methods approach was undertaken, using five semi-structured individual interviews, and a questionnaire survey with professionals working in the Irish construction industry. The data was thematically analysed where key themes and topics were identified. Four main stressors were identified: long work and commute, poor work-life balance, unrealistic work goals and overload, and the 'macho man' culture and stigma preventing workers from speaking out. Three key strategies were identified: mental health training within the industry, communication of clear work goals and objectives, and reduction of work hours and remote working. Overall, the key contribution of this study emphasises that there are many stressors leading to poor mental health, however, key strategies can be incorporated to counteract these issues across the construction industry.

Key Words: Culture, Ireland, Mental Health, Welfare, Well-being.

Introduction

Mental health problems in the construction industry are significantly higher than in many other industries (Clarke et al., 2020), which Sanderson (2017) argues is due to its masculine culture. Carson and Davies (2019) support that the industry is notoriously conservative, male-dominated and emphasizes performance under pressure due to its competitive and demanding nature. These characteristics can affect employees' day to day lives in various ways, as different roles across the construction sector can bring different stressors such as long working hours and travel times to work, high production pressures and stigma associated with these roles. The Chartered Institute of Building

(CIOB) found that 26% of construction industry professionals thought about taking their own lives in 2019, before the COVID-19 pandemic had hit the industry, and 97% admitted to being stressed at least once in the last year (CIOB, 2020). With the pandemic providing uncertainty over job security, isolation, and tight project deadlines, this can be devastating to the construction industry and to the mental health of employees. Gayed (2019) corroborates that when not adequately addressed, work-related mental health factors can result in substantial costs to the individual, their workplace, and to the economy. Clarke et al. (2020) found that there are mental health initiatives in place in the UK (Mates in Mind), Australia (Mates in Construction), and more recently in Ireland (Mind our Workers). However, the literature identifies that further gaps exist within the Irish context, thus, more research is necessary. Therefore, the aim of this study is to determine what are the main stressors leading to poor mental health, and what strategies can be implemented to tackle the issue, in the Irish construction industry.

Mental Health in the Construction Industry

The Advisory, Conciliation and Arbitration Service (ACAS, 2019) define mental health as our state of 'emotional, psychological and social well-being; it affects how we think, feel and act'. In the UK, the Health and Safety Executive (HSE, 2020) found that anxiety and depression have overtaken musculoskeletal issues as the most reported health problem in the construction sector; with 454 construction workers dying by suicide in 2016 (CIOB, 2019). Deaths caused by accidents on site have decreased from 200 to 40 in the past 60 years however, the number of suicides, caused by mental health problems, including depression, stress, and anxiety, has been passive at approximately 280 per annum (Sanderson, 2017).

The Office for National Statistics (ONS, 2017) states that construction workers are six times more likely to die from suicide than a fall from a height. However, despite significant improvements in the safety of the construction workforce in recent times, mental health has become a silent deadlock. Leung et al. (2008) and Love et al. (2010) found that the mental health of the construction workforce has been linked to excessive job demands and low levels of control and support', and Ireland tends to lag other countries in comparison with support systems and frameworks.

Stigma

According to Link and Phelan (2001), stigma can be referred to as the process of labelling, stereotyping, and separating groups leading to status loss and bigotry toward specific group members. Additionally, stigma may occur if individuals with mental illness endorse stereotypes about themselves, anticipate possible negative social repercussions, and believe that they are tainted members of the community (Livingston and Boyd, 2010). Men suffer from the stigma around mental health, and O'Brien et al. (2005) found that men are routinely less likely to seek help for health issues because of shame and stigma attached to masculinity. Clarke et al., (2020) concur that men generally feel uncomfortable talking about their feelings, keep their emotions under wraps and tend to put their head down and carry on with their work.

Men are commonly less mindful of mental health problems (Cotton et al., 2006), and the social stigma attached to mental ill-health is preventing employees from seeking help early on, due to feelings of weakness and shame (CIOB, 2020). Alderson (2017) supports that most male workers do not seek mental health support from their employer due to shame. In male-dominated industries such as construction, achieving masculinity channels workers to believe enduring pain and camouflaging mental health issues is necessary, to display toughness, and self-dependence, and prove their valuation and reliability (Wong et al., 2017). Furthermore, Stergiou-Kita et al. (2015) argue that men are inspired

to perform in conformity with masculine traits such as courage, obtaining risks and enduring mental and physical pain without grievance.

Stressors

Lingard and Turner (2015) believe that construction work is defined by high demands and low levels of workers' health control, which contributes to workers' mental health problems. For instance, one-quarter of the construction workers in the UK have contemplated suicide; 90% of construction workers who have contemplated suicide or have known someone who committed suicide, did not seek support (Alderson, 2017). Love et al. (2010) found that the most momentous stressors highlighted were work overload, role ambiguity and conflict, unpaid overtime, restrictive career progression, the diverse range of personalities encountered in the work environment, redundancy, client demands, limited resources, financial pressures, budget constraints, and solving trivial but pressing and irksome problems.

Alavinia et al. (2007) discovered work-related circumstances such as high work demands, job pressure, a lack of support at work and low levels of job control to be significantly impacting workers' health. In Ireland, a study by the Construction Industry Federation (CIF, 2020) across 1,266 companies found that 70% of employers indicate poor mental health in the construction sector due to work-related issues. The primary work-related reasons causing poor mental health in the construction industry included general work-related stress (44%), unrealistic work goals at (29%), lengthy working hours at (22%), a macho work culture where employees are uncomfortable seeking help (16%), bullying culture (15%), and poor communication between management line and staff (9%). A Eurostat report (2007) found that 30% of European workers highlighted that their mental well-being was affected by psychosocial risks, which was most commonly a poor work-life balance.

Research Method

This study is part of a preliminary investigation which aims to contribute to both industry and academia. Considering the theoretical stance and reasoning this research is founded on, a critical realism approach is adopted, as Wikgren (2004) argues that critical realists maintain that one should move from providing a prediction to an explanation through investigation. Also, the ontological approach is that of a subjectivist, as the nature of the study mainly concerns the opinions of human participants (Curran et al., 2018).

Participant	Title	Company	Experience
A	Managing Director	Charity addressing the stigma of poor mental health in the construction industry (UK)	25 Years
B	Health, Safety & Wellbeing Officer	Large Construction Housing Developer (Ireland)	6 Years
C	Quality, Health & Safety Manager	Construction Supplier (Ireland)	10 Years
D	Site Engineer	Large Main Contractor (Ireland)	10 Years
E	Tradesman	Subcontractor (Ireland)	8 Years

Table 1. Interview Participants Demographic Information

A mixed methods research approach is utilised, encompassing both qualitative and quantitative techniques including an informative literature review, five semi-structured individual interviews and a questionnaire survey. Clarke-Hagan et al. (2018) argue that adopting a pluralistic approach such as

mixed methods will be rewarded with, triangulated, validated and reliable results. A semi-structured interview format is chosen as it determines people's subjective reactions to situations, thus, extending the researcher's knowledge on the topic (McIntosh and Morse 2015). Details of the interviewees is included in Table 1. From an ethical perspective, the participants were informed of the nature of the research, its purpose and what the resultant data was used for, prior to commencement of interviews. Also, the identities of those involved remained anonymous and confidential information is not disclosed. Questionnaires are also a widely used means of collecting data, and it is an easy way to get responses from many people (Rowley 2014).

Findings and Analysis

The individual interviews began by obtaining generic background information from each participant. This was followed by a comprehensive conversation on mental health in the construction industry. This involved identifying the main stressors leading to poor mental health in the Irish construction industry, how it affects employee's productivity in the workplace and what strategies could be implemented to reduce these stressors, as well as discussing how the stigma around mental health prevents workers from speaking out. A semi-structured interview process was used to firstly answer original questions but allowed them to highlight any points they thought were necessary to examine further.

Findings from the interviews were analysed and summarized using thematic analysis. Thematic analysis is a method of analyzing, identifying, and reporting themes or patterns within data (Braun & Clarke, 2006). Thematic analysis can be used to analyse face-to-face data collection such as interviews (Terry, et al. 2017). The interviews were analysed by establishing themes found in the interview transcripts, including topics for discussion and keywords. Due to space limitations, only results from the qualitative analysis have been displayed in Tables 2 and 3, however, the quantitative analysis results are discussed in the next section.

Main Stressors Leading to Poor Mental Health	Participant A	Participant B	Participant C	Participant D	Participant E
Macho Man Culture	x	x	x	x	x
Stigma	x	x	x	x	x
Unrealistic Project Deadlines		x		x	x
Insufficient Work Funds / Resources	x	x			x
Long Work and Commute Hours		x	x	x	
Work-Life Balance	x	x	x	x	
Work Overload – Clear Goals and Objectives not set out		x		x	
Boom / Bust Industry – Job Security	x	x	x	x	
Alcohol / Drug Abuse	x				x
Negative Coworker Relationships				x	

Table 2. Main Stressors Identified from the Individual Interviews

Out of ten stressors identified in Table 2, the five most common across the five interviews included 'Macho Man Culture', 'Stigma', 'Work-Life Balance', 'Boom / Bust Industry – Job Security' and 'Long Work and Commute Hours'.

Main Strategies to Reduce the Stressors	Participant A	Participant B	Participant C	Participant D	Participant E
Mental Health Training and Support within the Organisation	x	x	x	x	
Communication of Clear Work Goals		x		x	x
Remote / Flexible Working	x	x	x	x	
Reduction of Work Hours	x	x		x	x
Mental Health Champions / First Aiders	x				
Delegating Work				x	
Teambuilding Events		x			x

Table 3. Main Strategies Identified from the Individual Interviews

Out of seven strategies identified in Table 3, the five most common across the five interviews included 'Mental Health Training and Support within the Organisation', 'Remote / Flexible Working', 'Reduction of Work Hours', 'Communication of Clear Work Goals', and 'Teambuilding Events'.

The overall layout of the questionnaire survey was designed in a simple and clear format, to ensure clarity and to encourage a high response rate. Twenty-one questions were included in total, broken down into four key sections: demographics and profiling, stressors, strategies and two open-ended summary questions to conclude. The wording of each question was written in a short, precise and simple manner, avoiding bias and vagueness (Dillman and Smyth, 2007), and the two main sections, stressors and strategies, were close-ended questions, where participants answers were defined to a firm set of responses (Roopa and Rani, 2012). Using a convenience sampling strategy (Robinson, 2014), the survey was distributed across five large contracting construction companies around the Dublin region, utilizing the researcher's own industry contacts. The survey was accessible to approximately five hundred people, ranging from senior management to subcontracting employees. One-hundred-and-eight responses were returned, resulting in a response rate of 22%. This return rate appeared quite low; however, this response rate is not unusual for a construction industry survey, as Akintoye (2000) states that for most questionnaire surveys in construction, the normal response rate is 20-30%.

Discussion

Stressors Leading to Poor Mental Health

Long Work and Commute Hours: The survey results revealed that long working and commute hours were the most popular choice (48%), supporting the CIF (2020) in Ireland where 22% found that lengthy working hours was the main cause of poor mental health. Also, three of the five interviewees discussed how long commutes to work were an issue. Participant B, a Health, Safety and Wellbeing Officer noted, 'It can take up to 2 hours for workers to travel on-site, be in for 7am and leave at 5.30pm, by the time they are home they are physically and mentally exhausted'.

Work-Life Balance: The study found that only 47% of respondents either strongly agreed or agreed that they had an acceptable work-life balance. Quinlan (2020) identified that only 30% of people believe they have a good work-life balance. Also, 60% experienced stress or anxiety at least once a week over spending too little time with their families. Four out of the five interviewees supported that a poor work-life balance had a negative impact on their personal family lives. Participant A, the Managing Director of the Mental Health Charity lamented, 'You have got the uncertainty of working away from home, away from loved ones and the circumstances being out of your control'.

Unrealistic Work Goals and Overload: The survey found that 82% of the participants had unrealistic targets and work goals, and Love et al. (2010) found the most momentous stressor highlighted in their study was work overload. Two of the five interviewees discussed at length how clear goals and objectives were sometimes not set out correctly, which resulted in a huge work overload. Participant E, a Tradesman with a Subcontracting Company concurred, 'I have noticed a huge overload of work, especially on big sites where managers or foremen want me to be everywhere at once instead of having a set daily routine'.

Macho Man Culture: In the questionnaire survey, 56% of the participants identified macho man culture as one of the key stressors in the industry. Sanderson (2017) noted that the reason for poor mental health among construction workers and their denial to seek help is due to the masculine culture of the construction industry. All five of the interviewees believed the stigma and macho man culture within the construction industry are preventing workers from speaking out. Participant C, the Quality, Health and Safety Manager stated, 'The sheer number of men on these sites brings the element of a 'macho man' culture as they don't want to be seen as vulnerable to others'. Furthermore, Participant B, the Health, Safety and Wellbeing Officer added that it is more prevalent among the site workers rather than the management team. O'Brien et al. (2005) support that men are routinely less likely to seek help for health issues because of the shame and stigma attached to masculinity.

Strategies to Counteract the Stressors

Mental Health Training Within the Organisation: Four out of the five interviewees agreed that mental health training in the workplace was paramount. Similarly, 81% of the survey respondents identified training as a key strategy. Training within organisations can be seen to be lacking when looking at the CIOB (2019) survey, where it was found that 71% of people haven't received formal mental health training in the past three years. Participant B, the Health, Safety and Wellbeing Officer suggested that as part of the safe pass course, mental health training could be incorporated into its design. Participant D, a Site Engineer with a Large Main Contractor had a positive experience, stating, 'The company I am working with are great for awareness around men's mental health and well-being, we have different types of training and workshops throughout the year which help with awareness around the subject. As these training and events highlight just how many men suffer in silence, it helps reduce the stressors as you know you aren't the only person feeling this way'.

Communication of Clear Work Goals and Objectives: Of the one-hundred-and-eight survey respondents, 84% had communication selected. Supporting this, three of the five interviewees noted clear work goals as a key strategy to help reduce stress and mental health problems. Campbell and Gunning's (2020) study corroborates this finding as 33% of respondents thought management did not consider their current well-being when distributing workloads, leading to an increased risk of mental health problems. The interviewees highlighted the need for clear work instructions and goals as a key strategy to reduce stress and poor mental health. Participant E, the Site Engineer, suggested 'This should be done on a regular basis during the project, but also clearly defined goals set out prior to the project

starting. The management should meet and delegate appropriate duties and assign them to employees, with each member having individual roles and responsibilities’.

Reduction of Work Hours and Remote / Flexible Working: Reduction in work hours was selected by 52% of survey participants in their top five strategies, and this was supported by four out of the five interviewees. Overall, they noted that a reduction in work hours would be a key strategy for improving workers' mental health and stress. Wildes (2005) agrees that long work hours negatively impact workers' mental health. Participant E, the Tradesman highlighted, ‘I think the work hours could be reduced as most lads spend a huge amount of time in work and also travelling to and from it’. Montreuil and Lippel (2003) found that flexible working led to fewer stress levels for workers due to them having more control of their life. Participant D, the Site Engineer agreed, ‘I noticed that during the Covid pandemic that remote working where possible was a great strategy to reduce stress’. George et al. (2022) established that one of the lessons learnt from the Covid-19 pandemic is that remote working results in reduced stress and better overall health and quality of life.

Conclusion and Recommendations

Essentially, this preliminary study focuses on poor mental health and the main stressors among the construction workforce in Ireland. The safety of the construction workforce has thankfully received great attention in recent times; however, the mental health and well-being of all construction workers remains a cause for concern. Nevertheless, despite the stigma surrounding this sensitive area, positive strides have been made in the industry. Considering the results captured from the five individual interviews and one-hundred-and-eight questionnaire responses in this research, four key themed stressors emerged, including Long Work and Commute Hours, Work-Life Balance, Unrealistic Work Goals and Overload, and a Macho Man Culture. When analyzing these influencing stressors, counteractive strategies also emerged, including Mental Health Training Within the Organisation, Communication of Clear Work Goals and Objectives, and Reduction of Work Hours and Remote / Flexible Working.

However, the findings from the individual interviews and questionnaire surveys are specific to this research; and only a concise, subjective view of the topic is produced, thus, not a generalized view. Nonetheless, this study provides a solid foundation to advance and explore further, supporting continuous research into the mental health of workers on construction projects in Ireland. The findings in this study can be developed further, and it is anticipated that a broader analytical context can be addressed in a subsequent journal publication, where additional theoretical points of departure and areas of discussion can be articulated. It is proposed that further studies consider the contribution that training bodies and educational institutions can make to the current and emerging workforce, to encourage and promote positive mental health and well-being.

To gain a richer understanding of the topic, alternative qualitative research methods can be implemented in further research such as action research and ethnography. It is recommended that more individual interviews and focus groups seminars are considered for qualitative analysis, and a sequential selection strategy is incorporated using criterion selection, such as quota and random sampling. From a quantitative perspective, a questionnaire survey could be composed and distributed to a larger sample across other regions of Ireland to further strengthen the research. Still, this study provides a foundation for informing and confirming the validity and necessity of the research and ensuing investigation going forward. Overall, the key contribution of this study emphasizes that there are many stressors leading to poor mental health, however, key strategies can be incorporated to counteract these issues across the Irish construction industry.

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