Masculinities in the construction industry: A double-edged sword for health and wellbeing?

Abstract: Construction remains a male-dominated industry and men in construction suffer high rates of illness and injury compared to other industries. Therefore, masculinity may require consideration in any attempt to address health and wellbeing. This paper discusses qualitative case study research conducted with stakeholders in the UK construction industry around health and wellbeing. Our thematic analysis highlights how masculinities operate to both inhibit and promote healthy practices. On the one hand, a culture of stoicism pertaining to illness or injury was evident, and a competitive ethos between occupational groups was observed to increase risk-taking and poor health choices. However, interviewees identified homosocial camaraderie and respect for lived experience as a means to promote positive health behaviour. Differences between younger and older generations of employees were noted. Overall, we argue that men's work and associated health practices can be understood as 'rational', individualised responses to deregulation and insecurity within the construction industry.

Keywords: Masculinity, Men's health, Construction, Wellbeing, Occupational health

Background

The construction industry in England remains a male-dominated industry, with men comprising 99% of the on-site workforce, and 89% of the overall workforce (UCATT, 2014). Despite

drives to improve the gender diversity of the workforce within the UK and beyond (*c.f.* Galea, Powell, Chappell & Loosemore, 2014), and calls to improve health and safety within construction industries (e.g. Emuze & Smallwood, 2017), any attempts to understand health and wellbeing clearly require consideration of men and masculinities. Health and wellbeing in the construction industry workforce is to a great extent a men's health issue, but also an important means of ensuring that the industry is able to remain productive:

> 'Employees in good health can be up to three times more productive as those in poor health; they can experience fewer motivational problems; they are more resilient to change; and they are more likely to be engaged with the business's priorities' (Vaughan- Jones and Barham, 2010 [cited in Bajorek, 2014: 13]).

Whilst it is noted that there are performance and productivity benefits to improving health in the workplace (Fenton et al., 2014), programmes for health promotion at work do not often engage men or produce long term benefits because of the (masculine) culture within construction (Bajorek, 2014: 19). Construction workers face a number of issues relating to health and wellbeing, with musculoskeletal conditions, mental health issues, particularly stress, linked to illness and absence from the workplace (Brenner and Ahern, 2000; Stocks et al., 2011). There are approximately 2.1 million construction jobs in the UK (based on 2015 figures- see http://researchbriefings.files.parliament.uk/documents/SN01432/SN01432.pdf) and figures for 2017/17 reported 30 fatalities, 64,000 workplace injuries and 80,000 workers suffering with work related ill-health (http://www.hse.gov.uk/statistics/industry/construction/index.htm). In the US, there were 991 fatalities from a population of 10.3 million construction workers in 2016 (https://www.cdc.gov/niosh/construction/statistics.html). While routine demographic data are not collected, survey data indicate that the UK construction workforce is predominantly white (99%), heterosexual (93%), with 75% aged 50 and under and most educated to GCSE/NVQ 2

level (obtainment level equivalent to the examinations sat at the end of compulsory secondary education) (AUTHOR 1).

Previous research has found connections between masculinity and poor health and lifestyle within the construction industry (Stergiou- Kita et al., 2015), for example relating to diet (McGlone and Baker, 2009; Okoro et al., 2016) and mental health (Milner et al., 2015). Given that 'males in the construction industry are at greater risk of suicide than those in the general working population' (Milner et al., 2015: 1), some of the health outcomes can be extremely serious. Construction workers are also statistically more likely to retire due to ill-health than the general workforce (Brenner and Ahearn, 2000). Given that gender is now regarded as a major social determinant within health (see Evans et al., 2011), it is particularly important to examine single gender dominated workforces. Other male dominated workforces, such as the fire service, mining and the military, demonstrate how health and wellbeing is impacted by gender. For example, firefighters are more likely to experience poor mental wellbeing, greater sleep deprivation and alcohol misuse compared to the general population (Carey et al., 2011); both coal and gold miners have increased risk of certain serious diseases and decreased life expectancy (Eisler, 2003; Lewin, 2017).

Understanding the health and wellbeing of construction workers in relation to masculinity remains significant, yet relatively under-researched, despite what McDowell (2001) refers to as 'something particularly fascinating for academics in more 'heroic' forms of masculine labour' (183). The demonstration of what can be defined as traditionally hegemonic masculine behaviours (such as stoicism, emotional restraint, competitiveness, risk-taking, toughness: Connell, 1995), have all been linked to construction site work (Stergiou- Kita et al., 2015); indeed, such practices may be considered ideal:

> ‘The ideal worker is characterized as a person who likes hard labor, habituates pain and does not talk too much about it, shows stamina, goes on regardless of obstacles, is self-sufficient in handling work and does not ask too much for help, appreciates soreness of the body, and seeks flow and rhythms with a high pace that seems brutal to the body’ (Ajslev et al., 2013: 211-212)

Conforming to this gendered ideal can lead to negative outcomes in terms of injury or poor health (*c.f.* Ajslev et al., 2013). Some of the gendered expectations in male dominated occupations such as construction are viewed to be particularly risky for younger, less experienced workers, who may be more susceptible to pressures at work around practices that lead to or support poor health and wellbeing (Stergiou- Kita et al., 2015). However, few studies have examined the range of masculinities on display within construction, between different occupational groups and generations, or how different elements of masculinity connect to health practices and outcomes (including positive aspects).

This remains important as notions about the plurality of masculinities now evident within contemporary society have become more developed (AUTHOR 2), including greater awareness of the localised and specific masculinities that may be practiced and how these can be a force for progressive change in some contexts (AUTHOR 2). Such transformations in masculinities, do not however mean that gender itself is transformed or that the underlying power dynamics historically associated with traditional conceptions of masculinity have themselves been un-done, rather as Bridges and Pascoe (2014) argue, new ‘hybrid’ forms of masculinity can in fact just create presentational differences around privilege and are often themselves the domain of a particular group of men (white, middle class and heterosexual). Recent advancement in the theorising of masculinities has also seen a refinement of terminology, in part to avoid the ‘blunt’ usage of Connell’s (1995) conceptualisation of hegemonic masculinity, which itself is often used in monolithic and de-contextualised ways.

Conceptualisation around ‘dominant masculinities’ i.e. those which are the most celebrated forms of masculinity in a particular settings ((Messerschmidt and Messner, 2018), appears fruitful for understanding those localised nuances to masculinity noted in the work of AUTHOR 2.

Care must however be taken to not divorce masculinities from wider socio-economic factors, and to grasp the relevance of masculinities within contemporary construction settings, wider ideological and structural factors within construction and related industries must also be noted. For example, it is increasingly noted that masculine capital can be traded, offsetting perceived ‘non-masculine’ aspects, although this varies by group (De Visser et al., 2009). For example men from higher socio-economic groups may be more empowered to practice previously feminised pursuits, including cooking, caring and spending time on appearance (AUTHOR) - how these aspects relate to the class and occupation of men in construction requires further consideration. Broader structural factors can then intersect heavily with gender, and in particular, it is worth highlighting that a neo-liberal imperative towards competition, subcontracting, efficiency, flexibility and self-monitoring may align well with certain conventional masculine norms based on self-reliance, autonomy and physical prowess (see Robertson et al., 2018; McDowell, 2003) - while at the same time undermining traditional class-based collective identities and practices (see Cornwall, Karioris & Lindisfarne, 2016). In addition, the drive towards efficiency may threaten workers’ wellbeing while devolving responsibility to individuals, as Caddick et al. (2016) note in their research with lorry drivers in the UK, who are positioned as ‘entrepreneurial selves’ committed to being “tireless producers of labour while simultaneously assuming a personal responsibility to improve their health” (pg.15) (for a broader critical analysis of health and safety policies within construction industries see Sherratt, 2017). Our analysis then will consider how men from different

occupational groups and generations within the construction industry are reportedly orienting to such neo-liberal work pressures, with gender and health in mind.

Methodology

The findings reported in this paper are drawn from a larger funded research project into the health and wellbeing of workers within the UK construction industry, which included an environmental scan of best practice and a questionnaire study in addition to the interview data featured here and elsewhere (AUTHORS). The central research question of this project was: *What do we know about health and wellbeing in the UK construction industry workforce?*
Four case sites were identified through key networks within the construction industry (such as the Health and Safety Executive, Industry groups and the Construction Industry Training Board [CITB]). These four cases covered general construction, house building and scaffolding, and included medium and large firms drawn from across England. The two large firms sampled were urban based, with projects heavily focused on urban areas, while the two medium sized firms were located in rural areas, with projects across a variety of towns and cities. All the firms work in areas which could be seen as representative of the construction sites found in the UK and the workforce employed in the industry. A project steering group comprising members of the HSE, Build UK, Trade Unions, CITB and those working in construction were convened to input into the research at all stages. Ethical approval for all aspects of the research was gained through university ethics committee approval (ref: 24492).

This paper draws on the findings from qualitative semi-structured interviews with industry stakeholders from across the four case study sites detailed above. The stakeholders all had a responsibility for health and wellbeing within their roles, such as being first aiders, health and safety officers, site managers, site foremen or occupational health officers. There was therefore

a mix of roles, with some participants working on-site and others in desk-based contexts. There was also a mix of seniority in terms of the roles held within their companies, with some holding greater responsibility for the health and wellbeing of workers than others. This is reflected in the data whereby some participants talk about 'they' in terms of the workforce, positioning themselves clearly as managers, whereas others (particularly those who were in first aid or foreman roles) saw themselves as part of the site workforce. Including this participant mix was important for the study in terms of capturing a range of views and opinions. We have chosen not to attribute details of job role or age etc to the quotations in the results section in order to protect the anonymity of the participants, particularly as some of the case study sites were relatively small and such information could make participants identifiable to themselves or others.

In total, we conducted 19 interviews with 21 people from the four sites. Three of the participants chose to be interviewed jointly, and as this was their preference the researcher accommodated this request, therefore 18 individual interviews and one joint interview (n=3) were conducted. Twenty of the interviewees were men, again reflecting the gender make-up of the workforce more broadly, whereby the numbers of women within the industry remains very low (5% or less), and all were persons directly employed within the construction industry. The interviewees ranged in age from early 20s to early 60s. The core questions explored within the interviews focused on their perceptions of the health and wellbeing needs and issues of the workforce, promising approaches for supporting positive health and wellbeing, and barriers/facilitators for changing health and wellbeing agendas within the industry. The interviews ranged in length from 15 to 70 minutes (43 minutes mean) and the digital recordings were transcribed verbatim on completion. Interviews were all conducted by the lead author and were carried out face-to-face where possible (with most interviews being conducted on construction sites), although three were conducted by telephone due to participant preference.

The interview transcripts were then analysed using inductive thematic analysis by the lead researcher using the constructionist approached detailed by Braun and Clarke (2006), with theme checking and discussion within the research team before agreement on the following three key themes: 'It's a macho industry'; Generational differences around health and wellbeing; and The salutogenic camaraderie of men. We were satisfied that these themes captured the main ways in which masculinity and construction were presented within our data.

Analysis

'It's a macho industry'

All those interviewed agreed that masculinity and the male-dominated nature of construction was relevant for health and wellbeing: 'It's a macho industry, y'know, whether that's right or wrong' (Participant 12). The 'macho' nature of the industry was seen to take a number of forms and ultimately informed how workers framed health and wellbeing. As (AUTHOR 1) has discussed elsewhere, the structural features of the industry prioritised competition (due to tendering for work, sub-contracting, and the transience that this created) in keeping with the contemporary neo-liberal working landscape (see Roberts and Walker, 2018) which prioritises insecure working as a means of ensuring a cheap and ready supply of labour. Such competition, alongside being inherently stressful, was also linked to hegemonic masculinity, which could be seen as potentially negative for health promotion:

> *'…it's the same with drinking, you can't show any weakness or any, can't be soft, y'know, you're a man, you're a scaffolder, you've got certain expectations that you're expected to be- It's easier to say that you're a heavy drinker than to say 'Ooh, I've got a bit of problem, I'm not happy' (Participant 5)*

Stoicism in the public gaze of the workplace was therefore viewed as very important for maintaining face among other men:

> *'…like any people, your private life's your private life, kind of thing… We've all done it, like big and hard in front of everybody. In closed doors, you're in the corner crying. You know what I mean, you can't have a breakdown' (Participant 3)*

It is clear that masculinity at work constitutes a bravura performance, potentially masking emotional and health issues, which are to be processed out of sight. The culture within construction was perceived to disbar expressions of vulnerability through pressure and coercion:

> *'I think that traditionally it's been quite a masculine industry, and there's always a sort of whether you badge it as bravado or what, but I think there's maybe issues of possible bullying, or people making their views and opinions, perhaps enforcing them on others' (Participant 18)*

Certain sections of the industry were regarded as especially embodying this competitive, hyper-masculine demeanour:

> *'…it is like the bravado culture in scaffolding. Probably more so than most construction places to be honest like…. I am the best scaffolder, you do get it. A lot of them think they are and they want to prove it sort of thing' (Participant 4)*

More generally, the construction workforce was viewed as narrow-minded, short-termist and defeatist:

> *'Our employees tend to be not the, they're not the most educated people. They have a very blinkered view on the world…They're very much reactive to what they're doing rather than plan….They just live their lives, literally, day to day, and there's no sort of*

the mentality, er, well I'm never gonna make it to retirement, y'know, retirement or even next year. It's very blinkered view and very short term and very reactionary' (Participant 5)

This stereotypical construction worker was often contrasted unfavourably with other sectors or industries:

'Dare I say it may be a class thing. That is the way they live their lives. They are a different level to, a different breed in the construction industry, dare I say it, although it is changing a bit' (Participant 6)

Construction workers were also regarded as 'breadwinners', under pressure to earn enough and turn up for work even if ill within a context of increasing sub-contracting and self-employment:

'…they have this pressure that if they have any time off, then you know, it's gonna affect their home life, so they'll just soldier on through, through aches and pains and then they'll probably drink more to ease the aches and pains and it's just like an ever-decreasing circle of poor health' (Participant 5)

The structure of the industry was then seen to inform the masculine culture present within the industry. The demands of the 'working equals earning' mentality of the industry- enforced on workers through the increasing sub-contracting and competitive tendering processes, means that health is often a secondary concern (AUTHORS). That men in construction may still be identified as the 'breadwinners' in their families demonstrates how a traditional normative view around their gender roles may prevail, but also how this may create the need to demonstrate stoicism in the face of ill or poor health in order to continue to fulfil this role. Competition was viewed as intrinsic to the industry and within this context male bravado was typically viewed as dominant and positive: a clear alignment between neo-liberal imperatives and masculinity norms. However, masculinity performances did show some variation, as we now discuss.

Generational differences around health and wellbeing

The traditional masculine culture within construction notwithstanding, some generational shifts around health and wellbeing were identified and could be illuminated through varied examples within the data, including around diet as well as exercise and considerations of the body and body image:

> '*I think sometimes yeah, fish and chips and you know what I mean, all that sort of going on, but I don't think compared to years since it is anything like what it had been used to because times are changing. You get a lot of young lads and I know within our company some of the lads that I worked with are for going to the gym and looking after themselves'* (Participant 16)

> '*The younger people are more aware health-wise than what they were like I say 20 year ago'* (Participant 12)

This ties in with broader trends relating young men and body image, particularly the increasing importance afford to muscularity and the role of the gym in the 'body projects' of young men (Grogan and Richards, 2002; Nowell and Ricciardelli, 2008). Participants who had worked in the industry for a long time (i.e. over 20 years) were well placed to note changes through time and between generations of workers:

> '*Oh bloody hell, excuse my language. We are in a different world to when I first started like'* (Participant 4)

In particular, the younger generation were perceived to have moved on from typical food choices within the construction industry (such as consumption of the daily cooked breakfast [McGlone and Baker, 2009]):

'*I think they're definitely aware of the diet and what they need to eat nowadays. It's even to the extent that it's not just crisps and sandwich or pork pies. They bring salads in. They bring rice in'* (Participant 7)

'*Yeah its all Tupperware. I think that's just the popular, general population are like that now aren't they…Everybody's healthier'* (Participant 10)

For some of the participants, however, such contemporary approaches to food intake on site were still viewed as 'alien' within the culture of construction:

'Interviewer: …if everyone's eating bacon sandwiches, and you rock up with your fruit salad and go 'yeah I'm having this today' What are the guys going to say?

Participant: You've got more chance of somebody saying 'well I'm gay' haven't you than accepting that' (Participant 8)

Similarly, another participant in his early 50's stated:

'I haven't been [to the doctors] in ten years…I was saving the NHS money. But that's what we do in the UK, and that is the typical thing, what we do is we wait until we keel over' (Participant 8)

For the older generation of construction workers, eschewing healthy diets and help-seeking is normative, perhaps linked to a conventional image of tough masculinity, while their younger counterparts embrace current exhortations for body enhancement and aesthetic health (Gill, Henwood and McLean, 2005) - often regarded as part of a contemporary self-surveillance project where individuals take responsibility for their (workplace) health and wellbeing (see Robertson et al., 2018). Such approaches by younger workers could however be viewed as a form of hybrid masculinity (Bridges and Pascoe, 2014) or that they are trading their choice of

‘less masculine’ food stuffs for their masculine bodies (toned, muscular and strong: de Visser et al., 2009).

Consequently, some stakeholders advocated a renewed focus on changing workplace health, especially with younger workers:

> ‘…just getting, yeah the younger people. And sort of not drilling it into them, but do you know what I mean, making them more aware of it. Like why we do it with safety because like saying, that is drilled into you and it’s just the norm now’ (Participant 9)

> ‘…introducing something like that into the apprenticeship programme at the younger age so that they can be, you know, you learn a bit younger, you’ll probably take it on board, as opposed to older people which, they won’t bother’ (Participant 12)

Some younger interviewees echoed this positive view towards workplace health and wellbeing:

> ‘…one of my mates he’s down in London down in Canary Wharf and he is working for [Large construction firm] just on like a placement from his Uni and he’s always saying there is something every other day or something that the company are putting on, whether is it like a table tennis tournament or I think a couple of weeks ago they had a sports day. It was a five a side, it’s maybe something to de-stress or something for the blokes…something that is maybe just half an hour to take your mind off what you have been doing’ (Participant 17)

Thus ‘doing health’, even within the context of a ‘macho’ work environment, was viewed as less problematic for the younger generation. It is well established that older men, especially those from working class backgrounds, are reluctant to engage in lifestyle change unless and until a health crisis makes such considerations unavoidable (see Dolan, 2011; Robertson, 2007); consequently, work demands are adhered to with scant regard for personal wellbeing. In contrast, contemporary norms around body image, fitness and health position younger men

as amenable to and accountable for their lifestyles – and capacity for and contribution to physical labour within the context of construction. In different ways then, both younger and older workers enact forms of masculinity which conform to neo-liberal exhortations to work flexibly, improve efficiency and meet targets.

The salutogenic camaraderie of men

Despite masculinity often being viewed as a major barrier to seeking help (O'Brien et al, 2005) and undermining efforts to improve and promote positive health and wellbeing within the workplace (Iacuone, 2005), interviewees did acknowledge positive aspects that flowed from a mostly male constituency. The camaraderie between men working closely together was viewed as something that could potentially be harnessed for health promotion within construction. Specifically, informal peer support between workers was viewed as an opportunity to offer advice in a friendly, safe way. For example, one stakeholder (in his mid-twenties) discussed trying to talk to another younger worker about his drinking and the impact it could have on his personal life:

> *'Cos, like, what a young- Well, I say a young one, he's about 25- he's just been on about and I said to him- cos he's a bit of a pisshead, cos like, goes, finish work, straight to the shop, comes out with bottle of cider. Swear down. 2 and a half litre bottle of white cider. I kept saying to him, I said 'Oh, your lass wont f****** take it'. And he came to me the other day 'Oh, my lass has kicked me out'. And I just 'Oh, f****** hell I told you, f****** just calm down with the beer. That's the only help, you know what I mean. I never say, 'Oh, look at this website'' (Participant 3)*

The culture of men working together was therefore seen as creating support for men if they needed it, including about health:

'They've got a lot of mates, and they talk to people. A lot of people have worked together for a long time…There is always a friendly face on site' (Participant 21)

Therefore, despite the suggestions that men are reluctant to talk about their health and wellbeing in a formal or specific sense, stakeholders advocated and witnessed men delivering positive peer support and advice:

'What you do find is when you do find someone has a problem, everyone rallies round' (Participant 11)

Work, and the rapport between workmates, were in fact seen by some as an antidote to the pressures and stresses of life beyond the building site:

'I think you get more pressures at home than you do at work…I think the industry we are in, people come to get away from them pressures. It's their mates at work, you know, so they can have a bit of a craic with them, read the paper, and talk about football, whatever… In the construction industry, it's very good like that' (Participant 20)

This observation links to other 'male only' spaces where 'shoulder-to-shoulder' settings are seen as being highly beneficial to encourage men to share with each other indirectly (AUTHOR 1, 2018; Robertson et al., 2015), the men's sheds movement being an important example of such approaches (Ballinger et al.,2009; Fildes et al., 2010; Golding, 2015; Morgan, 2010; Ormsby et al., 2010).

Others felt that the interactions between men on site were often characterised by humour or 'banter', which chimes with existing evidence suggesting that men are more likely to address potentially sensitive issues through light-hearted teasing compared to women (Williams, 2009):

'…it's a lot more bitchy than I thought it would be…[they talk] in a certain way, I think they do, yeah. More like joking, do you know what I mean? Like bantering but…like making out they're not moaning about stuff' (Participant 9)

Managers and workers were also attuned to changes in individual moods as potentially signalling trouble:

'You can often tell by how they are and their demeanour rather than just saying to you. I can spot if someone has a face on them, I can spot it straight away. If I know them I can spot it straight away and a lot of the time if I don't' know them you can feel it, you feel it can't you?' (Participant 14)

Health and wellbeing surveillance, specifically relating to the fitness of employees to work, was therefore often accomplished informally, relying on tacit knowledge of worker dispositions rather than through more formal mechanisms, such as health checks or official management-employee discussions:

'We had a particular issue [a few months ago] and the lad who he was working with rang us up first thing in morning, about 9 o'clock got a phone call and he said 'y'know this lad he's not right, he's not'- anyway, we fetched him back and y'know, he was on the verge of a nervous breakdown. But that were because the person he were working with knew…that's because you know that person' (Participant 12)

For some of the managers, cultivating the relationships with the workforce was key to maximising the camaraderie aspect between men on site so that problems or health issues were raised early on and workers felt comfortable speaking to the managers:

'…thing is it's nice to have a like a relationship with the lads on site as well as in the office, so they come to ya. Instead of leading by a bit of a dictatorship and it's nice to, it's a bit more equal and pally I think' (Participant 21)

Cultivating positive relationships with and between the workers was therefore highlighted as an important means of health promotion. A collegial culture was also deemed central to brief interventions, such as 'toolbox talks' (short discussions on a particular health and wellbeing topic):

> *'I develop toolbox talks off what I have learnt off that [training] day and present it to the whole firm…They seem to be [receptive], they sit down and listen and give a bit of feedback' (Participant 4)*

The face-to-face, interactional nature of such toolbox talks was construed as more workforce-friendly:

> *'I believe in our industry it has to be verbal, has to be toolbox talks. Posters and leaflets do not work, it has to be communicated verbally. Videos don't work cos they just turn off and think of it as a way of just tossing it off for a bit' (Participant 5)*

> *'I did a toolbox talk yesterday with some guys….They were all young guys…I dug out some bit off the internet regarding silicosis and whatever and I just got their method statement out, the permit out and I just went through it all with them. It was quarter of an hour, twenty minutes with them just to explain that you are young now, why would you not do this and then explained that my old man, he's absolutely knackered with this lungs because years ago nobody was there to tell them to use the mask and that. I try to make them realise, I am not saying it because it is a rule, I am saying it because it is better for you that I am telling you' (Participant 14)*

Given the male-dominated nature of the industry, it is perhaps not surprising that stakeholders were trying to consider how masculinity could be harnessed to help promote positive health and wellbeing. The relationships seen to exist between men, and the informal support that was noted, were viewed as central to positive workplace health promotion. However, such

camaraderie could continue to be diluted by the increasing competition between workers for jobs, and subsequent insecurity this brings to the job market- as others have noted, greater individualism can serve to highlight difference rather than similarities in the construction workforce (Duke et al., 2010)

Discussion

This research highlights the persistence of macho attitudes around health and wellbeing within the construction industry, presenting a barrier for workplace health promotion efforts. Through drawing on examples from topics as diverse as diet, gym attendance and mental health, our participants did however note generational changes within construction, suggesting that health and wellbeing may be evolving as a younger generation of workers enter the industry and bring with them new or different health practices to those who have gone before. Whilst a macho culture can create issues regarding health, many interviewees were quick to note that the peer support and camaraderie between men was actually valuable for providing informal mechanisms of support ('looking out for each other'), as well as helping facilitate more formal health support work through initiatives such as toolbox talks. The localised nature and the nuances of masculinity as both barrier and resource for health is important to note, and may feed into understandings of 'dominant masculinities' within such workplace locales ((Messerschmidt and Messner, 2018).

The nature of the construction industry, particularly it's increasingly competitive and individualised ethos aligned with the contemporary neo-liberal working landscape (*c.f.* Roberts and Walker, 2018), is seen as an environment in which some negative aspects of hegemonic or protest masculinity (Connell, 1995) are able to persist; good health is less of a priority than earning a wage, particularly for those who identify with and seek to fulfil the traditional male as breadwinner role. Self-employment, sub-contracting and increasing competition for work

can serve to prioritise stoicism in the face of poor health as well as individualised competition, and in doing so, reinforcing and reproducing hegemonic forms of masculinity. This chimes with work such as Caddick et al. (2017) around lorry drivers' health and the need to tackle structural features (such as the growth of sub-contracting) of the workplace in order to facilitate health promotion. The stakeholders interviewed for this research present construction as an industry which includes a 'celebration of health-defeating masculinised practices' (AUTHOR 2: 2480) among some quarters of the workforce, such as competition, speed, and strength, (mirroring other industries such as mining in this regard- *c.f.* Lewin, 2017). The focus of younger workers on body image and function, incorporating physical activity and nutrition, renders them (and their bodies) amenable to the challenges of physical labour: such healthism and lifestylisation forming part of a wider neo-liberal project promoting self-monitoring, personal responsibility and optimum performance (*c.f.* Cornwall et al., 2016).

Body projects among young men are becoming increasingly visible within society, including within construction, and the move towards men participating in gym-based activities outside of completion of physical roles could demonstrate that some of the small-scale shifts are occurring between generations within construction. Although: it is worth noting that such 'health work' is often by its nature highly competitive, demonstrating embodiment of the ideals of hegemonic masculinity around 'competition', and it may itself be part of neo-liberal agendas around health that we highlight above, being the 'correct choice' for a moral citizen (Robertson, Gough and Robinson, 2018). Awareness that 'hegemonic' aspects of masculinity may be reflected within the industry itself is important- and health promotion must then not be a further tool in relentless efficiency or part of the 'competitive edge' is significant (AUTHORS), and mirrors the findings of other male dominated industries, highlighted for example in Caddick et al's (2017) work around lorry drivers' health.

To help ameliorate the burden of such individual health-related projects, there is scope for employers to promote more culturally situated and structurally focused interventions. Our data highlighted instances where on-site camaraderie and peer support helped to facilitate training opportunities and healthier work environments. Creating space and providing resource for peer-to-peer interventions could help many men to reflect on their (gendered) health practices and to make changes where appropriate and beneficial. Schemes such as 'Mates in Construction' that have been piloted in Australia have shown the positive role that harnessing peer support can have for mental health and wellbeing promotion, which ties with wider evidence about using peers as an asset for men's wellbeing (Robertson et al., 2015). Similarly, relying on the experience of older or respected workers to deliver toolbox talks demonstrates the value of using those who may hold masculine capital (de Visser, Smith and McDonnell, 2009) to deliver health and wellbeing messages and information in ways in which the workforce will engage positively with.

Harnessing masculinity could therefore offer opportunities for considering how health and wellbeing work is done, although this needs to be carefully considered to ensure that approaches adopted are not stigmatising, perpetuating toxic aspects of masculinity and inclusive of men who may feel marginalised from the wider macho culture within the workforce. Research looking at other male dominated workforces, such as military personnel, notes that masculinity can be a resource for health and wellbeing (Caddick et al., 2015). As Creighton and Oliffe (2010: 416) suggest: 'understanding how gender identities and masculine norms operate in various communities of practice can deeply impact the efficiencies of efforts to intervene'. Understanding the gendered aspects at play within the construction workplace (itself a community of practice) has the potential to help facilitate effective workplace health promotion interventions for construction workers, and this may extend out to workplace health promotion within this industry in other geographical locations

Further research is required which examines how social class, sexuality, ethnicity and caring practices influence how health is practiced within the lives of men working within construction. Intersectional analysis of such features would be important to consider in any future research into health and wellbeing among this and other groups of men working in male dominated industries. This paper is then limited by its engagement with only four case study sites and with a stakeholder sample. However, given the relative paucity of evidence about the health and wellbeing of construction workers and the role of masculinity therein, the perspectives from the stakeholders interviewed in our project generated valuable insights. Further research is needed with different sub-trades within the industry, particularly given the suggestion here that some aspects of construction (e.g. scaffolding) may adhere to more traditional notions of masculinity than others. As well, comparisons between the views and values of workers whose companies already engage in health promotion activities at work and those whose companies do not would be valuable.

Conclusion

In sum, masculinity within construction appears to be a site of both continuity and change. Generational differences in gendered health-related practices have been highlighted, although we also note that both body-conscious younger workers and older 'unhealthier' workers are invested in competitive work practices which prioritise speed, strength and stamina and, more broadly, which conform to neo-liberal injunctions around efficiency and flexibility (see Robertson et al., 2018). Nonetheless, we point to opportunities within construction sites for employers to deploy local masculinised language and practice to foster peer-based support to improve health and wellbeing to help counter the ubiquitous neo-liberal spotlight on personal accountability. Our stakeholders emphasise the importance of industry investment in such 'male-friendly' initiatives for large-scale change to occur and that this must be done through a

positive focus on men's health, for the good of the workforce, rather than as part of neo-liberal agendas around productivity and efficiency.

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