The concept of distress – widely used but what does it mean for individuals working in the construction industry?

Lisa Wittenhagen, Jorgen Gullestrup, Chris M. Doran, Rachel Brimelow, Nicholas Thompson, Edward Heffernan & Carla S. Meurk

To cite this article: Lisa Wittenhagen, Jorgen Gullestrup, Chris M. Doran, Rachel Brimelow, Nicholas Thompson, Edward Heffernan & Carla S. Meurk (18 Jul 2024): The concept of distress – widely used but what does it mean for individuals working in the construction industry?, Journal of Workplace Behavioral Health, DOI: 10.1080/15555240.2024.2356799

To link to this article: https://doi.org/10.1080/15555240.2024.2356799
The concept of distress – widely used but what does it mean for individuals working in the construction industry?

Lisa Wittenhagen\textsuperscript{a,b}, Jorgen Gullestrup\textsuperscript{c}, Chris M. Doran\textsuperscript{d}, Rachel Brimelow\textsuperscript{c}, Nicholas Thompson\textsuperscript{c}, Edward Heffernan\textsuperscript{a,b,e}, and Carla S. Meurk\textsuperscript{a,b}

\textsuperscript{a}School of Public Health, Faculty of Medicine, The University of Queensland, Herston, Australia; \textsuperscript{b}Queensland Centre for Mental Health Research, The Park Centre for Mental Health Research, Wacol, Australia; \textsuperscript{c}MATES in Construction Queensland & Northern Territory, Brisbane, Australia; \textsuperscript{d}Cluster for Resilience and Wellbeing, Appleton and Manna Institutes, Central Queensland University, Brisbane, Australia; \textsuperscript{e}Queensland Forensic Mental Health Service, Metro North Mental Health Service, Brisbane, Australia

ABSTRACT

Distress is a frequently used concept, conveying a variety of meanings. Clear definitions are needed to promote common understanding, effective communication, and the development of solutions. One occupation in which workers disproportionately report distress is the construction industry. To implement effective models of care, a construction industry specific definition of distress is needed. Face-to-face consultations, qualitative interviews and a voluntary follow-up online survey were conducted with a purposively derived sample of construction industry stakeholders from across Australia (Total \( N = 56 \)). Based on qualitative analysis of content and themes, we developed and tested a definition of distress as: “an emotional state in which individuals feel that they are not in control, overwhelmed, or are unable to cope.” Findings highlight that distress is a complex issue that can have both personal and work-related causes. Workplace culture, awareness and trust are critical factors in creating a safe environment and supporting individuals who are experiencing distress. Confidentiality and privacy are also important factors that influence disclosure and help uptake. Reducing distress may be explicitly achieved by offering appropriate coping strategies and actions for individuals to regain control and agency; however, a safe and supportive help-offering environment is a prerequisite for promoting help-seeking, and help-uptake behaviors.

CONTACT Lisa Wittenhagen l.wittenhagen@uq.edu.au c/o Biala Community Centre, Level 7, 270 Roma Street, Brisbane, QLD 4000, Australia.

© 2024 The Author(s). Published with license by Taylor & Francis Group, LLC

This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (http://creativecommons.org/licenses/by-nc-nd/4.0/), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.
Background

In June 2021, the World Health Organization (WHO) released the “Live life” guide – a document designed to enable countries to develop comprehensive evidence-based national suicide prevention strategies (World Health Organization, 2021). The “Live life” guide references the link between the experience of distress and risk of suicide, and many of the interventions and strategies described in the “Live life” guide target distress, and distressed individuals, directly. The guide recognizes that distress is a significant risk factor for suicide and provides practical guidance on how to implement suicide prevention strategies.

It has been demonstrated that high levels of distress have a profound negative impact on the mental health of individuals, their families and friends as well as the wider community as well as on the economy (Cerel et al., 2014; Doran & Kinchin, 2019; Hilton et al., 2010; Hulls et al., 2022; Maple & Sanford, 2020). Overall, distress can have an adverse effect on a multitude of aspects of a person’s physical and mental wellbeing and health (Carlisle & Parker, 2014; Mopkins, 2022; Pidd et al., 2017; Sun et al., 2022). A recent conceptual analysis based on a literature search of workplace psychological distress in the field of occupational health nursing by Mopkins identified an increase in demands, a lack of control, low levels of support, and bullying as antecedents of distress (Mopkins, 2022). Further, it was reported that fatigue, conflict, and time pressure were characteristics of perceived psychological distress, which could lead to mental and physical disorders, and loss of productivity.

While the term “distress” appears to be a frequently used concept, its meaning and interpretation may vary in different contexts (Jackson & Haslam, 2022; Kaiser et al., 2015; Nichter, 2010). The Oxford English dictionary defines distress as “senses relating to the exertion of pressure or strain,” the Cambridge dictionary lists distress as “a feeling of extreme worry, sadness, or pain,” the Merriam-Webster dictionary describes distress as “pain or suffering affecting the body, a bodily part, or the mind,” and Kessler and colleagues have described psychological distress as “feeling so sad that nothing can cheer you up” (Cambridge Dictionary [Internet], 2021; Merriam-Webster dictionary, 2021; Kessler et al., 2003; Oxford English Dictionary, 2021; World Health Organization, 2021). Yet, anthropological and transcultural psychiatry research has highlighted that there is important cultural variation in expressions and articulations of distress (Kaiser et al., 2015; Nichter, 2010). The WHO does not list a definition for distress, however, provides a definition of “stress”: “a state of worry or mental tension caused by a difficult situation” (World Health Organization, 2021). In the context of research focussing on the construction industry, distress is often investigated in terms of Kessler’s definition of “psychological distress” (e.g., Bowen et al., 2018;
Bowers et al., 2018; Carlisle & Parker, 2014; Dennerlein et al., 2021; Dong et al., 2022; Jacobsen et al., 2013; Sun et al., 2022), which is commonly associated with mental and behavioral disorders such as anxiety and/or depression.

Recognizing diverse meanings of distress, including cultural and gender-specific variations (Kirmayer, 1989; Lennon, 1987; Piccinelli & Simon, 1997), is crucial for informed decision-making, better identification in at-risk groups, and tailored solutions. Specifically, rigid definitions may not resonate with the experiences and/or understanding of a concept within a specific group or community. For example, the workplace can be a source of specific stressors that do not necessarily arise in other contemporaneous contexts for an individual (e.g., workplace bullying) and that are specific to the type of work (e.g., specific workplace or industry risks such as impact of external economic factors, or specific occupational health and safety risks). The specific nature of the workplace itself may therefore give rise to different types of concern being more prominent. This could have direct (and potentially negative) implications on the translation of, for example, research findings to promote successful intervention and prevention strategies. Targeted improvements (including non-clinical support) to support the health and wellbeing of any workforce, and occupational groups (such as the construction industry) who experience high levels of distress, may have additional benefits of increasing performance and productivity, as well as positive impacts on the welfare of the wider community.

Importantly, the “Live life” guide explicitly lists workplaces, trade unions, professional associations, and business leaders as key stakeholders that are vital for suicide prevention (World Health Organization, 2021). As part of this, it is widely acknowledged that non-clinical pathways are needed to support those in crisis and to adequately meet their needs; however, there is little evidence to guide how these pathways might operate in an optimal system (Duggan et al., 2020; Kerr et al., 2022). Providing rigorous conceptualisations for the experiential states that are best supported by non-clinical models of care provides one way of considering improved systems responses that maximize the benefits of multiple models of clinical and non-clinical care.

In Australia, one occupation in which workers disproportionately report distress is the construction industry, a male dominated profession (Australian Bureau of Statistics, 2020; Heller et al., 2007; Pidd et al., 2017). The aim of the present study was to capture the meaning and sources of distress, as perceived within the construction industry and we worked collaboratively with construction industry stakeholders to co-create a concept of “distress.” A collaborative and dynamic approach, co-creation encompasses an evolving range of relationally and situationally appropriate research activities to find a solution to the question or problem posed (Fitzpatrick et al., 2023). We worked
closely with MATES in Construction (hereafter MATES) to co-create a definition of distress that was fit for purpose to the construction industry. MATES is a peer-led industry-based workplace program that uses a model of “support-offering,” and developed in response to the rates of occupational suicide in the building and construction industry (Doran et al., 2021; Gullestrup et al., 2011; Martin et al., 2016). MATES raises awareness about mental health and suicide and offers a non-clinical approach to workplace suicide prevention focusing on creating a culture of help-offering, with the aim to connect workers in distress to suitable services.

An accurate, contextually appropriate, and ecologically valid definition of the term “distress” is considered useful, as it may provide a framework to establish meaningful models of care for construction industry employees and future research efforts.

**Methods**

**Study design**

This study was undertaken collaboratively with industry participants to co-create a definition of distress, specifically co-ideation, defined as “engaging in open dialogue to share new and creative ideas for the solving of problems relating to new products, services, policies and programs” (Pearce et al., 2020).

**Ethics**

This project was approved by the Human Research Ethics Committee of The University of Queensland (2021/HE001047).

**Study setting**

This research project was set in the Australian states of Queensland (QLD), New South Wales (NSW), South Australia (SA), and Western Australia (WA), in 2021 and 2022. The project consisted of two parts: (1) a face-to-face consultation held in QLD, and (2) qualitative phone interviews (which also included a voluntary follow-up online survey) conducted in NSW, SA, and WA (see Figure 1).

**Study participants**

MATES facilitated industry connections and participant recruitment for the study. In total, 56 individuals participated in the study. All participants provided their consent (verbal or implied), as per approvals.
Face-to-face workshop

To initially examine what distress means to construction industry workers, a structured face-to-face workshop was hosted by MATES in collaboration with The University of Queensland in June 2021.

The consultation followed a formal agenda and was mediated by a facilitator. It included a formal welcome to all attendees as well as a presentation around the project and the purpose of the research activity. Participants were then prompted to individually answer one question “What do you associate with distress?” This answer was given privately and anonymously, via an online Checkbox form accessed via QR code.

Workshop participants were then invited to discuss in six groups what they associated with distress and how they would define it with reference to the following four questions: (1) “What is distress? Come up with a common definition of distress,” (2) “In your workplace/association/organization, what is the indication that someone is distressed?,” (3) “In your opinion, where do industry people turn up when they are distressed? List all options,” (4) “How does help offered impact lives.” At the end of the workshop, participants were able to ask questions and/or provide feedback; all participants were formally debriefed.

Individually inputted answers to the first question posed were recorded as free text in non-identifiable form and were exported as standard .csv file for analysis (string of free text). Answers from the group discussion were

Figure 1. Description of study cohort.
recorded by each group on butcher’s paper and collated by researchers in an excel spreadsheet for further analysis.

**Qualitative phone interviews and online survey**

To test the generalizability of workshop findings, interviews were conducted with construction industry workers from NSW, SA, and WA via telephone or Microsoft Teams, in May 2022. Participants were invited to complete a Qualtrics survey to obtain demographic information as well as ranked responses on agreement with different definitions of distress.

Interviews consisted of seven questions that built on workshop questions: (1) “What does distress mean to you? Can you define it?,” (2) “Off the top of your head, what concepts, or things, do you associate with distress, or being distressed?,” (3) “In your place/association/organization, what are the indicators that someone is in distress?,” (4) “In your opinion, where do industry people turn up when they are distressed?,” (5) “In light of our discussion about distress, what might help look like to someone in distress?,” (6) “How might someone signal that they need help for distress?,” (7) “What factors might positively influence someone to seek help for their distress?” All interviews were audio recorded and transcribed.

The follow-up Qualtrics survey consisted of five questions. The first question prompted individuals to rate the extent to which they agreed with these five definitions: (1) “a sense relating to pressure or strain,” (2) “a feeling of extreme worry, sadness, or pain,” (3) “pain or suffering affecting the body, a bodily part, or the mind,” (4) “feeling so sad that nothing can cheer you up,” and (5) “an emotional state in which individuals feel that they are not in control, overwhelmed, or are unable to cope.” (Cambridge Dictionary [Internet], 2021; Merriam-Webster dictionary, 2021; Kessler et al., 2003; Oxford English Dictionary, 2021; World Health Organization, 2021). Responses were collected via a 5-item Likert scale (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree). The second question asked individuals to rank the definitions, from most to least applicable. Question three asked about the individual’s gender (female, male, non-binary/third gender, prefer not to say), and question four asked individuals about their age (15–24, 25–34, 35–44, 45–54, or 55 years or above). The last question collected occupational information (apprentice, labourer/operator/tradesperson, leading hand/foreman, other manager (e.g., site manager, offsite manager, operations manager, project manager, quality manager, WHS/IR/HR manager), other professional staff (e.g., engineer, estimator, administrator), representative of industry organization/association, union representative, or “other.”
Analysis

Analysis comprised both quantitative and qualitative approaches.

Cohort characteristics

Demographic data were not surveyed for the face-to-face workshop, however, sex characteristics could be reliably coded post-hoc based on attendees list. Additionally, qualitative details regarding the profile of attendees, as these were known to the authors, are provided.

Quantitative demographic data from the online survey conducted in the second phase of this study were analyzed descriptively (count, percentages, and ranks). Quantitative analyses were conducted using standard text processing programs and R (R Core Team, 2019).

Development and validation of the definition of distress

There were three parts to the development and validation of the distress definition: (1) inductive analysis of content and themes of data gathered in the face-to-face workshop in QLD; (2) confirmation with qualitative data gathered in subsequent interviews with stakeholders from other states; and (3) quantitative descriptive analysis of survey responses assessing ranked agreement with different definitions of distress.

Analysis of themes and topics associated with distress and help-seeking

Consistent with an iterative applied co-creation approach, qualitative analysis combined content and thematic approaches to best interpret relevant information gathered with respect to the questions of interest. Data on content, themes and topics associated with distress were analyzed inductively albeit within a framework guided by workshop/interview questions. Individual and group responses recorded during the workshop and interviews (conducted by LW, CM, and LC) formed the basis for the qualitative data analysis. Recurrent content, themes and ideas related to each question were identified, systematically labeled, and categorized by LW but informed through ongoing discussion and iterative review of the manuscript by all authors and LC (Neale, 2021; Pope et al., 2000). The qualitative analyses focussed on identifying differences and similarities across participants’ responses, and the identification of key concepts and recurrent themes. Where appropriate, data were analyzed descriptively (count, percentages, and ranks). Analyses were conducted using standard text processing programs and R (R Core Team, 2019). Representative interview excerpts are provided to demonstrate themes. Participant numbers are provided to
distinguish between individuals. Numbers were assigned randomly to avoid inadvertent identification (e.g., based on order of participation) and demographics are not provided to protect privacy. Responses collated from the workshop are denoted “group workshop response” unless relating to individually inputted responses via the online form, which are assigned a random number with “workshop participant” added.

Results

Cohort characteristics

The face-to-face workshop was attended by 35 construction industry representatives (28 males). Participants in the facilitated workshop were Connectors and Assist volunteers who had already undertaken components of the MATES in Construction program. All participants had, therefore, individually volunteered to support a colleague who may be experiencing distress and had the initial framework for identifying and supporting a worker in distress to receive support. The nature of the MATES in Construction program meant that individual volunteers were present from the cross section of trades and roles within the industry consistent with an all of site approach rather than a management or worker heavy pool of volunteers. Participants spanned the scope of the industry including commercial and civil tier one and tier two company representatives, trade union representatives, employer associations and retirement funds. Workplace health and safety professionals and smaller subcontractor and trades-based professionals, such as carpenters and plumbers, were also part of the workshop confirming a diverse and representative pool of industry professionals.

For the qualitative phone interviews, MATES Queensland identified a total of 53 individuals as potential participants. Of these, 21 individuals (18 males) participated, and 16 individuals completed the additional online survey. Most survey participants were male (81.25%), occupied a managerial role (56.25%), and were between 45 and 54 years of age (68.75%).

A novel definition of distress

Qualitative inductive analysis of content and themes in the responses from the 35 workshop attendees showed that answers diverged from common dictionary definitions of distress. Identified labels included elevated levels of anxiety/alarm/stress, discomfort, being out of control, changes in behavior, inability to cope/perform/rationalise, physical versus emotional responses, and possible causes. Themes identified were action-orientated, for example, in conveying a sense of loss of control, being overwhelmed, or expressing the inability to cope. Attendees recognized that distress may be a transient
emotional state. There was a notable absence of emotionally loaded words like “sadness” or “worry” (core components of standard definitions).

Interview participants described distress as a change in behavior, discomfort, emotional and physical reactions, and feeling that things are happening beyond someone’s control, the inability to think clearly and a sense of being unable to cope in a healthy way. Respondents suggested that distress may result from different sources, such as work-related demands, personal life events, and traumatic incidents. Some participants suggested that it can be difficult to define distress, as it may not always be obvious or physical. Overall, responses suggested that distress can have a negative impact on individuals’ physical and mental health.

Based on this, we proposed that distress for construction industry workers could be most adequately described as “an emotional state in which individuals feel that they are not in control, overwhelmed, or are unable to cope.”

Representative excerpts are presented below:

“Distress results when we’re out of control … or you know … we’ve got things that are [sic] that are really pushing us from a timeline perspective that we’re struggling to achieve and we’re not feeling like we’re in control to be able to deliver those things.” (P24, interview participant).

“An emotional state in terms of turmoil and stress or basically your emotions kind of take hold and you are unable to rationalise and what is happening around you is distorted.” (P14, interview participant).

**Definition rankings**

Rankings of distress definitions indicated that the definition of “an emotional state in which individuals feel that they are not in control, overwhelmed, or are unable to cope” most adequately described distress for individuals working within the construction industry among choices given. The second most applicable definition was “a feeling of extreme worry, sadness, or pain,” followed by “pain or suffering affecting the body, a bodily part, or the mind,” and “feeling so sad that nothing can cheer you up.” The definition of “senses relating to the exertion of pressure or strain” was overall ranked as the least applicable definition of distress (Table 1).

**Topics and themes associated with distress in the construction industry**

In addition, the face-to-face consultation workshop and individual phone interviews highlighted attributes associated with distress, including their relationship to identifying or accessing help.
Reasons for distress and/or impacts of distress

Distress or being distressed was associated with a range of challenges. Specifically, these included: financial issues, relationship problems with family or friends, and work-related issues such as job security, job satisfaction, long working hours, exposure to the elements, complex changing work environment, and a “dog-eat-dog type culture” (P16, interview participant). In addition, feeling unsafe, being emotional (In this context, participants explicitly stated “being emotional,” alongside “expressing worthlessness,” “compounding misery,” being “short tempered,” “irrational - disproportionate response[s],” “heightened frustration,” “irritability,” being “angry,” “an elevation of a feeling,” being “very influenced by your emotions,” “a level of agitation,” workshop responses), and substance abuse were also mentioned and could be both a reason for and/or a result of distress.

Indicators of distress

A cross-cutting theme identified in both workshops and individual interviews related to identifying distinct and noticeable change in behavior, mannerisms, or attitude, such as: becoming evasive or frustrated; demonstrating a lack of care for their own or others safety; showing symptoms of alcohol or drug abuse, such as arriving to work with a flushed face or smelling of alcohol; emergent absenteeism; behaving differently by being distant, withdrawn or not as talkative as usual (if usually gregarious and engaged); or being “out of character,” in terms of demeanor, body language, and/or physical appearance; being impacted by other health issues; noted drop in work performance or making more mistakes than usual. Further, participants identified that, when in distress, conversations may become more tense, and individuals may be aggressive or have mood swings; distressed individuals might raise their voice or show other signs of agitation. In addition, participants identified relationship breakdowns as a key contributor to distress. One participant described how one could “hear and feel” distress in the workplace:

Table 1. Ranking of definitions based on the participants’ responses in the qualtrics survey of their applicability to distress in the construction industry. Other = neither agree nor disagree, disagree, strongly disagree. N = 16.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Definition</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>An emotional state in which individuals feel that they are not in control, overwhelmed, or are unable to cope.</td>
<td>87.50%</td>
<td>12.5%</td>
<td>0%</td>
</tr>
<tr>
<td>2</td>
<td>A feeling of extreme worry, sadness, or pain.</td>
<td>81.25%</td>
<td>12.5%</td>
<td>6.25%</td>
</tr>
<tr>
<td>3</td>
<td>Pain or suffering affecting the body, a bodily part, or the mind.</td>
<td>50.00%</td>
<td>43.75%</td>
<td>6.25%</td>
</tr>
<tr>
<td>4</td>
<td>Feeling so sad that nothing can cheer you up.</td>
<td>50.00%</td>
<td>31.25%</td>
<td>18.75%</td>
</tr>
<tr>
<td>5</td>
<td>Senses relating to the exertion of pressure or strain.</td>
<td>12.50%</td>
<td>62.50%</td>
<td>25.00%</td>
</tr>
</tbody>
</table>
“It’s looking for the cues of what’s different; it’s really around looking for those signals at an individual level.” (P24, interview participant).

“Lack of care for their own safety or the safety of people around them.” (P16, interview participant).

“We’ve got an open plan office you can … you can hear it and you can feel it when there’s stress and distress in the workplace. You know the volume goes up the conversations become more tense and there’s less … less laughter and more louder words and so on.” (P24, interview participant).

Support for individuals in distress

Both specific organizations and individuals were mentioned as a source for help. Some workshop participants noted that people might turn to “those closest to them,” others identified that they might instead turn to “someone who cares,” whether or not that person was known to them.

In particular, MATES was mentioned as a specific organization that individuals might turn to when they are distressed. Also, supervisors, health professionals, employee assistance programs (EAPs), helplines, work colleagues, sport clubs and family members were mentioned to support individuals in distress.

“Some people do go to health professionals; people turn to their families as well or someone close to them.” (P25, interview participant).

Trust and approachability were key themes identified in the context of contemplating seeking support. For example, group workshop participants qualified their responses in the following ways: “colleagues who you trust,” “going to a supervisor who you trust” and/or turning to “approachable management” (workshop group response).

Workshop participants also noted that individuals might not always seek help from others. In a positive sense, participants highlighted the value of solitary forms of individual self-care, including activities such as “going bush, fishing or hiking” (workshop group response). Conversely, it was highlighted that individuals may turn to “no-one” and instead turn to substance abuse, gambling or excessive exercise, as a means to cope (workshop group response).

Barriers to help seeking behaviors

Some barriers to seeking help were identified, including a lack of gender and cultural diversity in the workplace, a male-dominated work culture, lack of trust in leadership or workplace that extends to distrust of employer provided supports (such as EAP), lack of perceived confidentiality and privacy, and that some individuals may try to hide their distress and/or work through their distress in secret. It was also noted that individuals who experience distress may not be able to ask for help or notice that help
is available and that there is no one-size-fits-all solution to promote help-seeking behaviors.

“To a limited extent workers will turn to their EAP, but there is a lot of distrust about using an employer-sponsored service. [...] Typically, blue collar men will work through their distress in secret - healthily or unhealthily - and they will suffer in silence.” (P34, interview participant).

“Male-macho work front, blokes don’t share.” (P12, interview participant).

**Active help offering**

Taking initiative and active help offering was mentioned as being crucial. A quick chat, asking “are you okay?,” affirmations of the value and esteem in which a person is held, distraction, or taking them to a quiet place to have a chat were also mentioned. As some individuals might hide their distress, it was suggested that it may require someone else to pick up on the signs of distress and reach-out. Additionally, it was suggested that services like MATES may encourage trust to connect with help.

“The most important thing is to have a culture and people with skills that can identify have the courage or have the ability to … have … to open that conversation and to and know where to [sic] where to take that conversation.” (P24, interview participant).

“To realise that there is somebody out there that loves them and that that that [sic] they … you know … that they are worthwhile.” (P28, interview participant).

“Most people can’t put their hand up and it requires a team member or a manager to pick up on the signs and sit down with them and have a chat […].” (P18, interview participant).

Workshop participants suggested that proactive help offering could save lives by breaking down (emotional) barriers, creating a sense of relief, reinforcing relationships (including shared awareness, connection, belonging, and validation), and providing perspective. Overall, help offered could have a significant positive impact on people’s lives by providing support, mateship, and a sense of belonging, leading to improved mental health and wellbeing. It was also noted that offering help not only helps the individual but can also have positive effects on their family, friends, and those close to a person. It was suggested that help offering “knocks you into action” (Group workshop response).

**Creating a safe work environment**

Respondents identified that employers should change the cultural and structural conditions at work to promote mental health and wellbeing and that people should not be seen as weak for seeking help. Participants
highlighted that the workplace should be a safe space where people can seek help without fear of stigma or negative consequences. The importance of privacy and confidentiality in seeking help for distress was emphasized, so that individuals could feel safe and secure in seeking help. In this regard, “storytelling” (based on “lived experience”) (P31, interview participant) and informal meetings and morning teas were seen as a potentially powerful facilitator. It was noted that it was important that individuals know where they can go for help (e.g., workplaces advertising organizations like MATES or Lifeline) and making services easily accessible. Further, it was highlighted that people need to be adequately trained in identifying distress and providing support.

“Construction industry is not a safe environment to open up.” (P12, interview participant).

“The person has to be confident that their problems do not get broadcasted, particularly not to their employer.” (P14, interview participant).

“Getting people together for a morning or afternoon tea; sending people around to have those conversations and walk around the office with a cup of tea and have a chat to somebody.” (P24, interview participant).

In summary, the importance of creating a supportive and discrete work environment that fostered trust, where team members can pick up on the signs of distress by “knowing your mate,” and picking up changes in demeanor, and where support was actively offered was emphasized, as many individuals may not be able (or willing) to explicitly signal that they are distressed. Breaking down this barrier by proactively offering help might positively influence people’s attitude toward help-seeking and was perceived as beneficial to the wider community.

Discussion

We collaborated with construction industry stakeholders to develop a shared understanding of the term “distress.” Based on our findings, we propose that distress may be best described as “an emotional state in which individuals feel that they are not in control, overwhelmed, or are unable to cope.”

While previous studies have investigated distress within the construction industry, predominantly within the context of psychological distress (Bowen et al., 2018; Bowers et al., 2018; Carlisle & Parker, 2014; Dennerlein et al., 2021; Dong et al., 2022; Jacobsen et al., 2013; Sun et al., 2022), based on our findings, it may be beneficial to use a more targeted definition that differs from a definition that employs a clinical lens, to emphasize a holistic and nuanced approach that considers a broader range of factors and experiences and resonates with individuals working within the construction industry. This in turn may have a direct impact on the
development and success of novel intervention and prevention strategies. However, further research is needed to examine this hypothesis. Inductive analysis of content and themes highlighted that distress is a complex issue that can have both personal and work-related causes. Workplace culture and awareness of available resources are critical factors in supporting individuals who are experiencing distress, and confidentiality and privacy are important factors that influence help seeking behaviors. There is a recognition that workforce culture needs to change, and employers need to actively engage in the mental health space by creating safe and discrete spaces and promoting an open-door policy for employees. Respondents suggested that proactive offering of help in a trusting environment may be important as individuals might not seek help themselves or maybe unable to “see” help during times of distress. MATES was mentioned as a specific organization that can help to create a trusting environment.

A recent qualitative study by Hulls et al. investigated the experiences and perceptions of work-related stress in the construction industry (Hulls et al., 2022). Consistent with our findings, Hulls et al. found that major stressors included workload, job insecurity, time pressures, and conflicts with colleagues. Hulls and colleagues highlighted the need for a cultural shift toward prioritizing employee wellbeing, creating supportive environments, providing adequate support, and promoting mental health awareness (Hulls et al., 2022).

A mixed-methods study by Ross and colleagues examined the factors related to workplace bullying and its impact on the mental health of construction industry apprentices (Ross et al., 2021). Findings indicate that workplace bullying is prevalent among apprentices, with a significant impact on their mental health. Factors associated with bullying include poor communication, a lack of support from supervisors, and unsafe working environments. While some of these aspects were also named by our study participants, our study population was markedly older and occupied a managerial role. However, one common theme that was identified was the need for interventions to prevent and address distress experienced within the workplace and the importance of creating a safe and supportive working environment. Importantly, a safe and supportive environment was not only identified as a prerequisite for successful help-offering, but also help-seeking behaviors.

Sun and colleagues showed that exposure to psychosocial hazards (e.g., job demands/control/insecurity, supervisor and coworker support, and work-family conflict) were significantly associated with poorer mental health outcomes for individuals working within the construction industry (Sun et al., 2022). Findings highlight the need for interventions that focus on reducing psychosocial hazards and promoting coping strategies to improve the mental health of construction workers.
Reducing distress may be explicitly achieved by offering coping strategies and facilitating actions that help individuals to regain control. Studies which include a strong leadership and involvement of individuals directly affected by the topic at hand may provide unique insights to develop effective solutions and/or workplace education programs. This can only be achieved by further investigating and identifying relevant concepts in different contexts. Importantly, further research is required to clarify whether the obtained definition is specific to the construction industry or is a valid general definition of distress.

Limitations

Individuals who participated in this research predominately occupied managerial roles. However, managerial involvement was just over 50% (9/16) and, based on content disclosed in interviews, it appears that most individuals in these positions within the construction industry do understand the perspective of blue-collar workers as they have been in such a role at some stage within their career themselves. Further, volunteer Connectors who had undergone the MATES in Construction program participated in semi structured interviews to confirm definitions of distress. These Connectors as per the MATES in Construction program represented diverse roles within the industry from sites-based supervisor’s and leading hands to workplace health and safety professionals to general laborers. Connectors as volunteers were recruited primarily based on their role on site or trades-based background, rather than specific interest and desire to support colleagues experiencing distress, overwhelm or suicide ideation. Nevertheless, any future research efforts within this field should employ a research design that specifically includes a balanced and structured sample of participants spanning an even range of roles across the construction industry.

Conclusion

Based on our findings, we suggest that distress for construction industry workers can be described as “an emotional state in which individuals feel that they are not in control, overwhelmed, or are unable to cope.” Within the construction industry help seeking for distress can have numerous complexities attached to perceived or real consequences. Creating a trusting workplace culture, promoting confidentiality, and fostering an environment for help seeking are crucial for supporting distressed individuals in the construction industry. Shifting toward a culture of “help offering,” where the community and industry take responsibility for facilitating support and acceptance, is essential in addressing the complexities of seeking help. Future research will benefit from a wider sampling of individuals with lived experience and different roles to
explore the full range voices of construction industry workers, and the possibility of role-related differences. Research examining the utility of this construct of distress in the enhancement of service delivery, and as a measurement tool to evaluate initiatives is warranted.

**Acknowledgements**

We would like to thank Laura Cox, Michael Lam, MATES in Construction QLD, the Queensland Mental Health Commission, and all participating industry organisations and representatives.

**Disclosure statement**

NT is a current MATES in Construction employee. JG and RB are former MATES in Construction employees. While this project does not result in a financial benefit to NT, RB, JG or MATES in Construction, it is in the interest of MATES in Construction to demonstrate the organization’s research capacities and foster relationships with the invited construction industry organizations. LW, CMD, EH, and CSM declare no competing interests.

**Ethical approval**

This project was approved by the Human Research Ethics Committee of The University of Queensland (2021/HE001047).

**Funding**

This study was funded by MATES in Construction and the Queensland Mental Health Commission.

**ORCID**

Jorgen Gullestrup [http://orcid.org/0000-0003-1777-2536](http://orcid.org/0000-0003-1777-2536)
Nicholas Thompson [http://orcid.org/0009-0006-3519-7968](http://orcid.org/0009-0006-3519-7968)

**Data availability statement**

The data that support the findings of this study are available on request from the corresponding author, LW. The data are not publicly available to warrant the research participants privacy.

**References**


