

PSYCHOSOCIAL RISKS AND MENTAL HEALTH IN THE SOUTH AFRICAN CONSTRUCTION INDUSTRY: A CRITICAL REVIEW OF CAUSES, CONSEQUENCES, AND ORGANISATIONAL INTERVENTIONS

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Abstract

The South African construction industry faces significant psychosocial risks that impact the mental health and well-being of its workforce. This paper critically reviews the causes and consequences of these risks, drawing on contemporary research to highlight factors such as job stress, work-life imbalance, discrimination, and insufficient organizational support. The review examines the prevalence of mental health outcomes including stress, depression, and anxiety, and assesses the effectiveness of current organizational interventions designed to mitigate these challenges. Findings reveal that while some interventions show promise, implementation remains inconsistent and gaps persist, particularly for vulnerable groups such as women and migrant workers. The paper concludes with recommendations for comprehensive risk assessment, evidence-based intervention strategies, and stronger collaboration among stakeholders to promote a safer and more supportive working environment. This synthesis offers practical insights for industry leaders, policymakers, and researchers seeking to address mental health priorities in the construction sector.

Keywords: Construction Industry Psychosocial Risks, Mental Health, Occupational Stress, Organizational Interventions, Work-Life Balance, South Africa, Vulnerable Groups.

1. INTRODUCTION

The construction industry worldwide is recognized as a sector with substantial exposure to psychosocial and environmental workplace hazards, which significantly impact worker health outcomes (Howe et al., 2024). Psychosocial risks such as job stress, low autonomy, and poor recognition have been documented as critical contributors to adverse mental health, including depression and anxiety, among construction workers (Pérez-Alonso et al., 2021). In the South African context, construction professionals face unique challenges due to socioeconomic instability, high crime rates, and widespread inequality, all of which amplify workplace stressors (Bowen et al., 2013). Research has shown that occupational stress in this industry manifests across psychological, physiological, and sociological domains, affecting sleep, cognitive functioning, and family relationships (Bowen et al., 2014). Notably, subjective well-being scores among South African construction workers are influenced by the balance between occupational stress and coping strategies, with adaptive coping moderating the negative effects of stress (Raliile et al., 2026). Work-life imbalance, job insecurity, and lack of organizational support are prominent psychosocial risk factors, often resulting in diminished job satisfaction and increased turnover (Adah et al., 2025).

Women and minority groups in the construction workforce are particularly vulnerable to psychosocial hazards, with studies indicating that these groups experience higher levels of stress and are more exposed to workplace discrimination and health risks (Mariam et al., 2021). Substance use, including cannabis, has been observed as a coping mechanism, further complicating the mental health landscape in construction settings and necessitating targeted interventions (Haupt, 2019). Organizational climate plays a crucial mediating role, with supportive environments and structured managerial assistance shown to improve psychological outcomes for employees (Swart et al., 2026).

Despite these insights, the implementation of comprehensive and standardized interventions for psychosocial risk management in South African construction remains inconsistent, with most organizational responses lacking in evidence-based practices (Smallwood & Deacon, 2020). Efforts to develop job-specific frameworks for risk assessment have been recommended, emphasizing the need for interdisciplinary approaches and ongoing evaluation of intervention effectiveness (Swart et al., 2025). Critical human risk factors such as physical and mental limitations, adverse states, and rule violations have been found to impact both safety and productivity yet remain under-researched in the South African context (Swart et al., 2025).

Internationally, studies illustrate that heavy workloads, long working hours, and inflexible schedules are major contributors to diminished well-being and job satisfaction in construction workforces (Lu et al., 2023). Comparative analyses suggest that Africa, including South Africa, still lags behind other regions in research and implementation of work-life balance and mental health initiatives for construction workers (Adah et al., 2025). The global literature underscores the importance of addressing psychosocial safety behaviors and psychological resilience as a means to improve mental health outcomes in this high-risk industry (Lu et al., 2023).

The current review seeks to critically synthesize the literature on causes and consequences of psychosocial risks, as well as evaluate the effectiveness of organizational interventions in the South African construction industry (Howe et al., 2024). By integrating findings from both global and local studies, this review aims to identify key patterns, existing knowledge gaps, and actionable recommendations for practitioners and policymakers (Raliile et al., 2026). The review's scope encompasses both the prevalence and impact of psychosocial risks and the efficacy of intervention strategies tailored to the unique South African construction context (Bowen et al., 2013). The South African construction industry faces a complex interplay of psychosocial risks that significantly affect the mental health and overall well-being of its workforce. Addressing these challenges requires a multifaceted approach that includes comprehensive risk assessments, evidence-based organizational interventions, and targeted support for vulnerable groups. By fostering supportive work environments and prioritizing mental health alongside physical safety, the industry can improve worker outcomes, enhance productivity, and contribute to a more sustainable and resilient sector. Continued research and collaboration among industry stakeholders, policymakers, and researchers will be essential in developing and implementing effective strategies to mitigate psychosocial risks and promote mental health in the construction sector.

The purpose of this paper is to critically review and synthesize the causes and consequences of psychosocial risks in the South African construction industry, and to evaluate the effectiveness of organizational interventions aimed at addressing these challenges. Through this analysis, the paper seeks to provide actionable recommendations for practitioners, policymakers, and researchers, ultimately contributing to improved mental health and safer working environments in the construction industry. Figure 1 presents the conceptual framing adopted in this review, illustrating the interrelationship between contextual and workplace psychosocial risk factors, worker well-being outcomes, and organisational intervention pathways in the South African construction industry.



Conceptual framework for literature review; relationships are synthesised propositions, not tested causal effects.

Figure1: Conceptual framework for the proposed framework for psychosocial risk management in the South African construction industry

Source: Researchers Own

2. METHODOLOGY

This review adopted a systematic approach to identify, analyze, and synthesize peer-reviewed literature on psychosocial risks and mental health in the South African construction industry. The methodology comprised two primary components: the literature search strategy and the analytical framework.

2.1 Literature Search Strategy

A comprehensive search was conducted across leading academic databases, including Web of Science, Scopus, PubMed, and Google Scholar, to ensure broad coverage of relevant literature. The search was limited to peer-reviewed journal articles, reviews, and empirical studies published in English from 2010 onwards, to capture both recent developments and foundational research.

The following keywords and Boolean operators guided the search:

“psychosocial risks,” “mental health,” “construction industry,” “South Africa,” “occupational stress,” “work-life balance,” “organizational interventions,” and “vulnerable groups.” Additional search terms such as “job stress,” “discrimination,” “workplace safety,” and “coping mechanisms” were used to expand the search where relevant.

Inclusion criteria required that studies focus on psychosocial factors, mental health outcomes, or related interventions within the construction industry, with specific reference to South Africa or, where relevant, broader African or global contexts for comparative insight. Exclusion criteria included studies not published in peer-reviewed journals, articles not available in English, and research focused solely on physical (non-psychosocial) risks or unrelated sectors.

2.1 Analytical Framework

The analysis followed a thematic synthesis approach, enabling the integration of qualitative and quantitative findings from diverse sources. Key themes were identified through iterative reading and coding of the literature, focusing on the causes and consequences of psychosocial risks, the prevalence of mental health outcomes, and the nature and effectiveness of organizational interventions. Critical appraisal of each study considered methodological rigor, relevance to the South African context, and clarity of findings. Studies were compared and contrasted to highlight converging and diverging perspectives, identify research gaps, and inform recommendations. This structured approach ensured a comprehensive and evidence-based synthesis of the complexities surrounding psychosocial risks and mental health in the South African construction industry.

3. PSYCHOSOCIAL RISKS IN THE SOUTH AFRICAN CONSTRUCTION INDUSTRY

The South African construction industry is characterized by a high-pressure environment where chronic exposure to heavy workloads, demanding project deadlines, and extended working hours are common experiences for workers at all levels (Bowen et al., 2014). These intense job demands are frequently cited as primary contributors to elevated stress levels, with professionals often reporting a persistent need to prove themselves and manage multiple competing responsibilities simultaneously.

Job insecurity and contractual instability further compound these pressures. The prevalence of short-term employment contracts and uncertainty about continued job prospects create a climate of anxiety and undermine workers’ sense of stability and satisfaction (Bowen et al., 2014). Such insecurity can discourage workers from investing in long-term skill development or engaging fully with their roles, ultimately affecting both personal well-being and organizational productivity.

Discrimination and harassment are pervasive psychosocial risks within the industry, particularly for women, younger workers, and ethnic minorities. Research has shown that these

groups are disproportionately exposed to unfair treatment, exclusion from opportunities, and direct harassment, leading to heightened psychological distress and, in some cases, attrition from the industry (Mariam et al., 2021). The lack of effective policies and reporting mechanisms often leaves affected individuals without adequate recourse or support.

Poor communication and ineffective leadership have been identified as significant contributors to negative organizational climates. Inconsistent or unclear communication from management, combined with a lack of supportive leadership, fosters environments where stress proliferates and employees feel undervalued or isolated (Swart et al., 2026). The absence of transparent communication channels can also hinder the timely identification and resolution of workplace problems, further exacerbating stress.

Substance abuse, particularly the use of alcohol and cannabis, is another relevant psychosocial risk in the South African construction sector. Workers may turn to these substances as coping mechanisms for job-related stress, fatigue, or social pressures, but such use often leads to additional health complications and increases the likelihood of workplace accidents (Haupt, 2019) 5. The normalization of substance use within certain subgroups of workers can perpetuate a cycle of risk and vulnerability.

Additionally, the intersection of these psychosocial risks such as the combined effects of discrimination, job insecurity, and high job demands can amplify negative outcomes, especially for those at the margins of the workforce. For example, younger and older workers in smaller companies have been found to face heightened risk for both physical and psychosocial hazards, indicating the need for age- and context-specific interventions (Howe et al., 2024). Overall, these multifaceted psychosocial risks challenge both the mental health of South African construction workers and the operational resilience of the industry. Addressing them requires not only targeted interventions but also a cultural shift within organizations to prioritize psychological safety alongside physical safety.

4. CONSEQUENCES OF PSYCHOSOCIAL RISKS

Psychosocial risks in the South African construction industry exert profound and multifaceted consequences that span individual mental health, occupational performance, and broader societal and economic domains. The cumulative effects of chronic stressors, including heavy workloads, job insecurity, discrimination, poor communication, and substance abuse, leave workers vulnerable to a wide spectrum of negative outcomes.

4.1 Mental Health Outcomes

The exposure of construction workers to psychosocial hazards has been consistently linked to elevated levels of stress, burnout, anxiety, and depression (Raliile et al., 2026) 1. The demanding nature of the work, often characterized by tight deadlines, intense physical labor, and high expectations, generates a psychological environment where emotional exhaustion is common. Studies show that workers who lack control over their job tasks or receive insufficient support from management are at a greater risk of developing chronic mental health issues (Bowen et al., 2013)

Burnout a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment is particularly prevalent among construction professionals and is exacerbated by persistent job demands and poor organizational support (Lu et al., 2023). Anxiety and depression are also widespread, manifesting as persistent feelings of worry, sadness, and hopelessness that can interfere with daily functioning. In extreme cases, exposure to psychosocial risks has been associated with suicidal ideation, especially in environments where mental health stigma and lack of access to resources prevent early intervention and support (Adah et al., 2025). The mental health burden is not evenly distributed. Vulnerable groups such as women, migrant workers, and younger employees experience disproportionately higher levels of psychological distress, often due to added layers of discrimination, harassment, and lack of organizational inclusion (Mariam et al., 2021). The intersectionality of these risks can amplify negative outcomes, making comprehensive and tailored intervention strategies essential.

The psychological effects of psychosocial hazards in construction are shaped not only by the presence of demanding working conditions, but also by the level of autonomy, organisational support, employment security, and inclusion available to workers. Workload pressures, limited control over work tasks, inadequate recognition, harassment, and insecure employment may operate cumulatively, increasing workers' susceptibility to stress, burnout, anxiety, depression, and related behavioural outcomes. These effects are particularly significant for groups who may experience multiple and intersecting sources of disadvantage, including women, migrant workers, younger employees, and workers in precarious employment. Table X synthesises the principal psychosocial hazards identified in the literature, their likely mental-health consequences, vulnerable worker groups, and organisational responses that may reduce or prevent harm.

Table 1: Psychosocial Hazards and Mental-Health Consequences among Construction Workers

Psychosocial hazard or condition	Likely psychological consequence	Groups potentially at elevated risk	Illustrative organisational response
Heavy workload, time pressure, long working hours, and intense job demands	Emotional exhaustion, chronic stress, burnout, sleep disruption, and reduced concentration	Site-based workers, supervisors, foremen, and professionals with high responsibility	Review work schedules and workload allocation; provide adequate staffing and rest periods
Low job control, limited participation in decision-making, and unclear roles	Stress, frustration, reduced sense of accomplishment, anxiety, and burnout	Junior employees, younger workers, and employees in highly hierarchical roles	Increase task autonomy, role clarity, consultation, and worker participation
Insufficient managerial support, recognition, and communication	Low morale, emotional exhaustion, depression, lower job satisfaction, and turnover intentions	Workers with limited supervisory contact and employees in insecure employment	Train supervisors in supportive leadership; strengthen recognition, communication, and referral pathways

Job insecurity, unstable employment, and work-life imbalance	Anxiety, depressive symptoms, worry about finances, family strain, and psychological distress	Contract workers, temporary workers, migrant workers, and workers with family-care responsibilities	Improve employment communication, predictable scheduling, fair workload distribution, and access to employee-support services
Harassment, discrimination, bullying, and exclusion	Psychological distress, anxiety, depression, isolation, and diminished organisational belonging	Women, migrant workers, racial and ethnic minorities, younger workers, and other marginalised groups	Implement anti-harassment procedures, confidential reporting channels, equity initiatives, and prompt investigation mechanisms
Mental-health stigma and poor access to support	Delayed help-seeking, worsening symptoms, substance use as coping, and possible suicidal ideation	Workers in male-dominated site cultures and employees with limited access to healthcare	Deliver stigma-reduction programmes, mental-health literacy training, counselling access, and crisis-referral protocols

4.2 Occupational Outcomes

The repercussions of diminished mental health extend into the occupational domain, affecting productivity, workplace attendance, staff retention, and safety. Reduced productivity is a common consequence, as workers struggling with stress or mental health issues may find it difficult to concentrate, complete tasks efficiently, or maintain high-quality output (Bowen et al., 2014). Chronic absenteeism frequent or prolonged absence from work often results from untreated mental health conditions, contributing to project delays and increased costs for employers. High staff turnover is another occupational outcome, as workers facing persistent psychosocial risks may leave the industry in search of less stressful employment, further exacerbating labor shortages and increasing recruitment and training expenses (Bowen et al., 2014). The construction industry's reputation for being stressful and unsafe can deter new entrants, compounding existing workforce challenges.

Workplace accidents and safety incidents are significantly linked to psychosocial risks. Research indicates that stress, fatigue, and substance abuse impair judgment, coordination, and alertness, raising the likelihood of accidents and injuries on construction sites (Haupt, 2019). Inadequate communication and leadership further heighten these risks, as unclear instructions or lack of support can lead to errors and unsafe behaviors (Swart et al., 2026). The direct and indirect costs of such incident's medical expenses, compensation claims, lost workdays, and reputation damage can be substantial.

4.3 Broader Social and Economic Implications

The impact of psychosocial risks transcends the workplace, affecting workers' families, communities, and the broader economy. Strained family relationships are a frequent consequence, with workers experiencing irritability, emotional withdrawal, or conflict at home due to occupational stress (Pérez-Alonso et al., 2021). Impaired social functioning difficulty

maintaining friendships, participating in community activities, or engaging in leisure pursuits further diminishes quality of life and can lead to social isolation.

At a societal level, the economic costs associated with psychosocial risks are considerable. Lost productivity due to absenteeism, turnover, and reduced performance results in lower output for the construction sector and higher operational costs for employers (Bowen et al., 2014) 6. Increased healthcare burden arises from the need to treat mental health conditions, workplace injuries, and substance abuse-related complications, placing strain on public health systems and employer-sponsored healthcare programs. Moreover, unaddressed psychosocial risks can perpetuate cycles of poverty and marginalization, especially for vulnerable populations who rely on construction work as a primary source of income. The sector's inability to retain skilled workers and attract new talent threatens its long-term sustainability and capacity to contribute to national economic growth (Adah et al., 2025).

4.4 Interconnected Consequences

The consequences of psychosocial risks are deeply interconnected. Mental health issues can lead to occupational problems such as absenteeism and accidents, which in turn exacerbate social and economic challenges. Conversely, poor occupational outcomes can reinforce mental health struggles, creating a feedback loop that is difficult to break without targeted intervention. Substance abuse, for example, may begin as a coping mechanism for workplace stress but quickly becomes a risk factor for accidents, absenteeism, and further mental health decline (Haupt, 2019).

4.5 Need for Holistic Solutions

Given the breadth and depth of these consequences, it is clear that psychosocial risks in the South African construction industry require holistic and sustained responses. Effective solutions must address the root causes of stress, promote mental health awareness and support, and foster organizational cultures that value psychological safety. Interventions should be evidence-based, inclusive of vulnerable groups, and adaptable to the changing dynamics of the industry. In conclusion, the consequences of psychosocial risks are pervasive and multifaceted, impacting not only individual workers but also the operational performance of construction firms and the social and economic fabric of South Africa. Addressing these risks is not only a moral and legal imperative but also a strategic necessity for the industry's future resilience and growth.

5. ORGANISATIONAL INTERVENTIONS

Efforts to mitigate psychosocial risks in the South African construction industry have gained momentum in recent years, with organizations increasingly recognizing the importance of promoting mental health alongside physical safety. Interventions range from formalized policies and structured programs to informal support systems and training initiatives, though their scope and impact remain inconsistent across the sector.

5.1 Policies, Programs, and Strategies

A growing number of construction firms have implemented mental health policies that set out procedures for risk assessment, incident reporting, and referral to professional support services (Smallwood & Deacon, 2020). These policies often incorporate employee assistance programs (EAPs), which provide confidential counseling, crisis intervention, and referral pathways for workers experiencing psychological distress. Additionally, some organizations have adopted structured risk assessment procedures to proactively identify psychosocial hazards such as excessive workloads, job insecurity, and harassment and to guide targeted interventions. However, the adoption of such policies is far from universal, and many small to medium enterprises (SMEs) in the construction sector lack the resources or knowledge to implement comprehensive mental health strategies. This results in uneven coverage, with many workers still without access to effective organizational support.

5.2 Training, Awareness, and Support Systems

In response to the rising awareness of mental health challenges, various training and awareness programs have been introduced. Stress management workshops are designed to equip employees with coping skills, relaxation techniques, and strategies for maintaining work-life balance (Bowen et al., 2014). Leadership training initiatives focus on empowering managers and supervisors to recognize early signs of distress, communicate effectively with their teams, and create psychologically safe work environments (Swart et al., 2026). Awareness campaigns, often conducted in partnership with industry associations and health organizations, aim to reduce stigma, promote open dialogue about mental health, and encourage help-seeking behavior. Peer support networks have also emerged as valuable resources, allowing workers to share experiences, provide mutual aid, and foster a sense of community.

5.3 Critical Appraisal of Effectiveness

Research indicates that interventions which address multiple risk factors simultaneously such as combining policy changes with training, support systems, and individual coping resources are more effective than those targeting a single issue in isolation (Lu et al., 2023). For example, studies have shown that EAPs are most successful when integrated with ongoing supervisory training and organizational culture change. Nonetheless, the effectiveness of interventions in South Africa is often hampered by inconsistent implementation, lack of follow-up, and limited evaluation mechanisms. While some organizations report tangible benefits such as reduced absenteeism and improved morale many interventions remain ad hoc and lack robust evidence of long-term impact.

5.4 Barriers and Facilitators to Intervention Success

Several barriers continue to impede the widespread adoption and impact of psychosocial risk interventions in the South African construction industry. Limited financial and human resources, particularly in SMEs, restrict the capacity to implement and sustain comprehensive programs (Smallwood & Deacon, 2020) 1. The absence of standardized frameworks for psychosocial risk management leads to variability in intervention quality and reach. Stigma

surrounding mental health remains a significant challenge, discouraging workers from seeking help and organizations from openly addressing psychological well-being (Mariam et al., 2021). Insufficient managerial buy-in can undermine the commitment required to drive cultural and procedural change.

Conversely, several facilitators have been identified as critical to intervention success. Strong and visible leadership commitment to mental health, supported by clear policies and accountability structures, creates an enabling environment for change (Swart et al., 2026). Organizational cultures that value employee well-being, promote open dialogue, and encourage participation in health and safety initiatives have demonstrated better outcomes. Active involvement of employees in the design and implementation of interventions ensures that programs are relevant, accessible, and responsive to workforce needs. In conclusion, while organizational interventions to mitigate psychosocial risks in the South African construction industry are evolving, significant challenges remain in ensuring consistent, effective, and sustainable approaches. Addressing these barriers and building on identified facilitators is essential to create safer, healthier, and more resilient construction workplaces.

6. CONCLUSION

This review has highlighted the pervasive and complex nature of psychosocial risks within the South African construction industry, emphasizing their profound impact on workers' mental health and occupational outcomes. The evidence demonstrates that factors such as heavy workloads, job insecurity, discrimination, poor leadership, and substance abuse interact to create a challenging environment that threatens individual well-being, reduces productivity, increases turnover, and escalates safety risks. The consequences of these risks extend beyond the workplace, affecting family relationships, social functioning, and imposing significant economic costs on both organizations and society at large.

For industry stakeholders, these findings underscore the urgent need to prioritize psychosocial risk management as a central component of organizational health and safety. This can be achieved through comprehensive risk assessments, the adoption of evidence-based interventions, and sustained efforts to foster supportive and inclusive workplace cultures. Employers are encouraged to invest in training, leadership development, and employee assistance programs, ensuring that support systems are accessible and tailored to the diverse needs of the construction workforce.

From a policy perspective, there is a clear mandate for the development and implementation of standardized frameworks that address mental health alongside physical safety. Policymakers should facilitate ongoing training and awareness initiatives, promote the reduction of stigma, and encourage collaboration among industry leaders, unions, researchers, and government agencies. By taking a coordinated and proactive approach, it is possible to create safer, healthier, and more resilient construction workplaces that support the well-being and productivity of all workers.

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