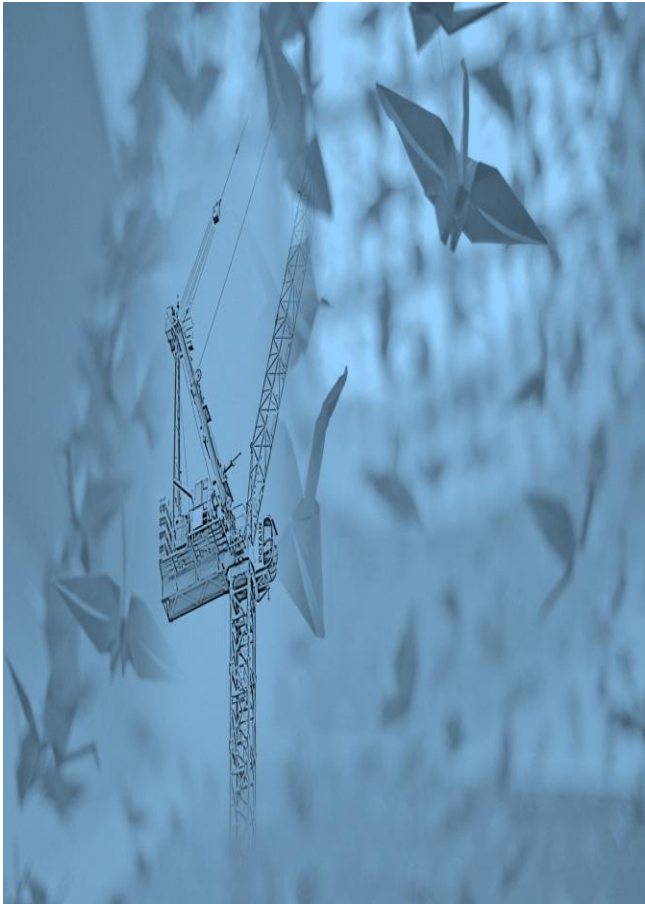


The Crane Report



THE MACHO CULTURE – CULTURAL SOFTENING

Section-7-SUMMARY

ABSTRACT

This section examines the persistence of a “macho” culture within the construction industry and its potential contribution to elevated male suicide rates. While cultural norms have often been blamed for discouraging men from speaking openly, a deeper barrier may lie in the terminology itself: the phrase “mental health” carries derogatory connotations for many older workers, who may reject support framed in those terms, while still acknowledging stress or strain. This language gap risks limiting engagement with otherwise well-intentioned initiatives. At the same time, evidence suggests culture alone cannot explain suicide risk. The entry of women into construction has not produced a corresponding rise in female suicides, and Nordic countries that pursued cultural “softening” from the 1970s still report heightened suicide among construction workers. Similar patterns appear in female-dominated professions such as nursing. Taken together, the findings suggest that while cultural framing and language shape how support is received, the deeper drivers of suicide lie in structural and occupational pressures.

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Section 7 – The Macho Culture – Cultural Softening

Content links of Full Section-7 Report

- Is the hyper-masculine culture really a contributing factor in construction industry suicides?
- Why the Hyper-Masculine Culture Exists?
- Can Construction Be Done Without Macho?
- Macho in the Nordics
 - Stop the Macho Culture Initiative
- Elevated Suicide Rates Among Swedish Construction Workers
 - The Gothenburg university study
- Workplace Culture or Work?
 - Suicide by Female Nurses
 - Nurses & Construction Workers – Suicide
- The Unintended Consequences of Cultural Reform in Construction
- The Reforming of the Police
- Cultural Softening Initiatives
- Alienation by Well-Meaning Systems





Section 7 Summary – The Macho Culture & Cultural Softening

The construction industry is often criticised for its macho culture, where toughness, silence about problems, and endurance are prized. Historically, this culture arose from the sheer physical demands of manual labour and the male-dominated workforce. Vulnerability was stigmatised because weakness could mean losing respect — or even work.

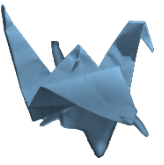
Efforts to “soften” this culture have been underway for decades, particularly in Nordic countries, with initiatives on gender diversity, respectful leadership, and anti-harassment reforms. UK firms have adopted similar strategies, encouraging peer support, mental health programmes, and female leadership. Yet suicide rates in construction have not fallen. Swedish studies even show construction workers remain at significantly elevated risk, despite nearly 50 years of cultural reform.

Comparison with nursing highlights a key insight: suicide risk is also high in professions with a caring, non-macho culture. Female nurses in the UK face suicide rates well above the average, shaped by occupational stress, access to means, and stigma around help-seeking. This suggests that suicide in construction may stem less from culture alone, and more from structural features of the work itself — insecurity, physical demands, exposure to risk, and poor engagement with services.

We also found risks in the reform process itself. Cultural softening can alienate older male workers who feel judged, displaced, or misunderstood by university-trained policymakers. Parallels with policing show how rapid reforms can dilute professional identity, creating resistance and disengagement. In construction, frontline workers often distrust “mental health champions” or campaigns that feel disconnected from lived experience.

Conclusion: While macho culture contributes to stigma, dismantling it has not reduced suicides. Suicide risk in construction appears more strongly linked to structural conditions of the work, compounded by alienation from well-meaning reforms. Prevention must therefore focus on the realities of site work, identity, and access to means, not culture alone.





Investigation Stage 2 / Stage 3 - We Request Your Support

Roadmap of the Investigation

Stage 1 – Desk-Based Investigation

Analysis of existing literature, statistics, international models, cultural influences, and industry narratives. (*This document.*)

Stage 2 – Survey of Experiences

In an online [survey](https://www.dsrmrisk.com/survey) we are asking you to promote across the sector, designed to capture personal testimonies: what contributed to lives lost, and what brought others back from the brink. <https://www.dsrmrisk.com/survey>

Stage 3 – Industry Collaboration

Structured dialogues with construction firms, unions, and industry bodies to explore their views on root causes and the adequacy of current responses. We invite your input, thoughts, ideas, and what you see as solutions...**just a few lines** –

“What do you think is the problem?” (This phase is currently running in parallel with Stage 2)

Please send your thoughts to: contact@dsrmrisk.com (Anonymous is Okay)

Stage 4 – Expanded Data

Incorporation of data from Scotland and Northern Ireland (*not currently included in official ONS reporting*), alongside further refinement of UK-wide analysis.

Together, these stages aim to provide both evidence and lived experience, enabling a clearer understanding of risk and more effective prevention strategies.

Stage 4 will be the Final Crane Report.

