WE WILL FORCE YOU TO BE WELL: POSITIVE LIBERTY, POWER AND THE HEALTH AND WELLBEING OF CONSTRUCTION WORKERS

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The UK construction industry has long championed changes and developments in work practices that reduce and avoid negative impacts on worker health and wellbeing. More recently however, approaches have shifted to consider the worker beyond the workplace, and now seek to improve health and wellbeing in worker 'associated lifestyles', as crystallised in the UK Department of Health's Responsibility Deal Construction Pledge. Yet such an approach is a fundamental challenge to construction workers' liberty, and questions the status of the individual and their autonomy. It can also be seen as an exercise in paternalistic or pastoral power, and consequently a constraint of personal freedoms. Whether this next step in corporate social responsibility is a purely philanthropic quest, seeking to improve individuals own health and wellbeing, or a step towards the creation of a more perfect workforce, one that does not become ill or operate at any less than maximum performance, such an approach brings benefits not only to the workforce but also to those who benefit from what they produce. As companies become more economically powerful than countries, such governmentalisation of corporate powers must be considered. The exercise of this power should be questioned, and the agendas, issues, conflicts and interests behind such approaches fully illuminated and explored. Grounded in a Critical Discourse Analysis (CDA) of the press release of the UK Pledge, a Foucaultian exploration of the power relations in play within this context has been developed. Steven Lukes' three dimensions of power are considered alongside positive liberty, revealing potential concerns for workers health and wellbeing in terms of their fundamental autonomy, and an increasingly controlled relationship between productive activities and power relations.

Keywords: autonomy, health, positive liberty, power, wellbeing.

INTRODUCTION

The UK construction industry has a relatively poor record in terms of the health and wellbeing of its workforce. There were an estimated 74 thousand total cases and 31 thousand new cases of work-related ill health, and an estimated 818 thousand working days lost due to ill health in the period 2011/12 (HSE, 2014). Construction industry diseases include vibration white finger, occupational deafness, dermatitis, many different lung diseases and the largest instance of occupational cancers within all UK industry, due mostly to past exposures to asbestos and silica (HSE 2014).

It would therefore seem highly appropriate that 'health' is becoming as important as 'safety' within construction management, and in autumn 2013, the UK Government's

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Department of Health (2013a) launched the 'Responsibility Deal Construction Pledge'. The Construction Pledge forms part of a wider governmental initiative covering all industries, with the core commitment to *"… actively support our workforce to lead healthier lives"* (DoH 2013b). As a consequence, the Pledge does not just seek to encourage health management within construction work, but rather seeks to improve worker wellbeing beyond work into their *"associated lifestyles"*.

There are several key issues to be unpacked here. Whilst the involvement of governments in the lifestyles of their electorates raises certain questions of power, autonomy and personal freedoms, the passing of this pastoral role to corporations is arguably cause for serious concern. Within the ever growing context of corporate social responsibility (CSR), and as companies become more powerful than countries, it must be remembered that organisations ultimately seek productivity and profit. A healthy workforce operating at maximum productivity may indeed benefit the worker, but it will also certainly benefit those who control such production. Any philanthropic gloss, whether government applied or not, should be chipped off, and the agendas, issues, conflicts and interests behind such approaches fully illuminated and explored.

METHODOLOGY

This study is grounded in social constructionism, seeking to examine the discourses that are central to all human activity (Potter and Hepburn 2008) and used to construct our social realities. Whilst various approaches to discourse analysis have been identified (Wetherell *et al* 2001), it is also accepted that discursive work can often blend with and move between them, along what is known as the discursive continuum. Indeed, Gergen and Gergen (2003) have described discourse analysis as a very flexible approach, with no rigid set of assumptions that must be adhered to.

For this study Critical Discourse Analysis (CDA) was used to unpack the Department of Health's Pledge press release, to examine the processes and functions of the discourse (Gergen 2009), whilst also enabling power relations to be highlighted through the analytical process (Fairclough and Wodak 1997). This approach, developed from the micro structures of the text itself, shifted between micro and macro perspectives (Van Dijk 1997) to allow the larger linguistic and social structures within social life related to this reality to be explored (Burr 2003). Consequently the wider contexts of concern, those of freedom, power and production could be explored in depth, drawing on Foucault's (1982 [2002]:342) concept of power relations, as well as Lukes' three dimensions of power (2005) and other theoretical positions (Berlin 1958), ultimately ' …linking the specific text with the underlying power structures in society through the discursive practices which constitute and are constituted by the text' (Ness 2010:483).

Grounded as it is in relativist ontology and social constructionist epistemology, this study obviously makes no claims to objectivity. Indeed, given the subject matter such an approach would risk the legitimisation of the very power structures it seeks to explore (Ness 2010). Rather the explication of the analysis alongside considerations of theory, enables the reader to make their own judgements of the validity, and indeed the relevance and utility of this work.

Due to constraints of space, and concessions to the rationality of argument, literature, theory, findings and analysis have been interwoven to develop the main body of this paper as a coherent whole. Quotations in double speech marks have been taken from

the Pledge press release itself, and this document is subsequently referred to as 'the Pledge'.

ANALYSIS AND DISCUSSION

Construction Health

Health is a contentious issue. It does not meet specific criteria; simple absence from illness is insufficient within wider considerations of wellbeing, mind as well as body, and indeed the state of 'healthier'. Unsurprisingly, within the Pledge a state of health is not defined, rather the wider discourse of health within the Pledge associates variously with the industry, its sites, the individual and the UK economy.

The health of the UK construction industry is negatively positioned alongside other industries, with *"a higher prevalence of poor health and wellbeing compared to other sectors"*. This industry level consideration is supported by the aim *"to make building sites healthier places to work"*, seeing the existing state of sites as unhealthy or not as healthy as they could be. Health is constructed as something lacking within the construction industry and its places of work, yet the practical context of construction work is rather superficially considered. Negative influences on *"better health"*, namely the *"difficult and demanding environments"* and the *"conditions of work"* are not associated with any management, ownership or legal responsibility. Indeed, the only acknowledgement of law within the Pledge is found within a soundbite from the Chair of the Responsibility Deal Health at Work Network, that some construction workers *"face particular and well known workplace hazards against which there are strict safeguards"*. Yet this is followed by a *"but ..."*, which again makes recourse to working conditions and so reduced the impact and effectiveness of these legal safeguards to actual work practice.

The UK Construction Worker

Within the Pledge, two very different UK construction workers can be identified. The first, limited to a soundbite from Tommy Walsh, *"Britain's favourite builder"*, is *"... just as likely to go down to the gym as they are to go to the pub after work"*. The second, more prominent within the Pledge can be taken from its title *"Britain's beefy builders say bye bye to baring bottoms"*. To brush over the patronising alliteration within this description, the Pledge makes further reference to the *"bottom baring, overweight builder"*, although concedes that this *"... image... "* is *" ... being replaced by workers who are hands-on well-oiled machines."* Yet such delayed juxtaposition does not dismiss the initial and socially familiar negative stereotype of the UK construction worker, who then lingers in the background throughout the Pledge.

Despite the construction industry still retaining a reliance on manual labour (HSE 2009), the fact that a large amount of construction work requires certain levels of physical fitness is not considered. Within the Pledge, health for the individual involves being in *"better shape"*, a consideration more closely associated with the physical than the mental aspects of wellbeing, and something potentially more relevant to office workers than construction operatives, who are in the majority on their feet and moving throughout the working day. The body over the mind is also prioritised in the *"Health at Work Network collective pledges"*, all-industry commitments to health. These collective pledges focus on illness, *"risk of heart disease, type 2 diabetes and certain cancers"* and seek to help the individual *"improve their health and live well for longer"*.

Surprisingly, the Pledge does not position the construction worker as the architects of their own health. Again, only acknowledged within the same soundbite from Tommy Walsh, that *"there's loads more workers and their companies can do"* does the worker gain an active role in their own health. Given the highly autonomous nature of a widely self-employed workforce who enjoy the freedom construction work brings (Polesie 2010), such limited acknowledgement of their participation in their own health seems incongruous. Indeed, the Pledge does not linger on construction workers as individuals, but rather they are incorporated into an amorphous *"healthy workforce"* which avoids illness, and is therefore able to work and produce consistently for the benefit of corporations, industry and the UK economy.

Indeed, the Pledge emphasises that *"almost two million working days were lost due to sickness on construction sites across Britain last year ..."*. This use of a statistical trope is familiar within discourses of health and safety, but in this context it also supports the construction of health as simply the ability to be present and participate in work.

Paternalism and Pastoral Power

The dominant discourse within the Pledge associates health with industry and industry organisations, with companies *"making the health of their staff a priority on their sites "*, notwithstanding the legal framework already in place to ensure and enforce precisely that. However, within the Pledge health is not restricted to the legally controlled workplace, but is also articulated within the construct of *"public health"*, associated with the desire for the industry's *"workforce to lead healthier lives"*. This links to Victorian concepts of philanthropy, paternalism and moral direction grounded in religion, closely associating with the contemporary concept of Corporate Social Responsibility (CSR).

Health is therefore constructed beyond the workplace, and the *"support"* and *"care"* for the workforce's lifetime health becomes the responsibility of their employer. The stereotypical construction of the *"bottom-bearing, overweight builder"* seemingly provides straightforward justification for this wider philanthropic approach. Workers cannot look after themselves, they are fat and unable to wear trousers correctly, and so must be looked after by their companies, even when not at work.

More complexly, notions of paternalism and pastoral power (Foucault 1982) can be drawn upon to explore the rationalisation behind this simplistic construction. Berlin (1958:18) suggested the concepts of 'higher', ideal and rational, and 'lower', impulsive and uncontrolled selves. He argued that this kind of language led to the rationalisation and justification of '… coercing others for their own sake …' towards goals that they ' … would, if they were more enlightened, themselves pursue, but do not, because they are blind or ignorant or corrupt.' In ascribing 'real' or 'true' interests to construction workers, decisions can then be made to guide them for the 'better'. For example, Lukes (2005: 82) identifies various 'welfare interests', including health, and proposes that their status as an interest does not always derive from desire, but that any ' … conditions that damage your health are against your interests … even if you actively seek to promote them'.

Concepts of irrational interests are also linked to human fallibility and self-control, towards what Thaler and Sunstein term 'sinful goods' (2008:80) such as *"... smoking, alcohol and jumbo chocolate doughnuts"*, all of which can be linked to the negative health descriptions found in the Pledge. Indeed, Thaler and Sunstein suggest that irrational interests often arise from 'busy people trying to cope in a complex world in

which they cannot afford to think deeply about every choice they have to make' (2008:40). This is reflected through the discourse of health within the Pledge, reinforcing the need for *"support to promote better health"*, to the extent of taking decisions out of workers' hands through *"healthier staff restaurants"* to *"tackle obesity"*. In constructing the construction worker as unhealthy, the Pledge positions corporations as necessary instruments in *"getting construction workers and staff in better shape"*.

Yet as Foucault identified, issues around health are highly complex and '… all uniform, rational modes arrive very quickly at paradoxes' (1983 [2002:378]). Although as Young (1986) stated, 'to be less than fulfilled is surely sometimes better for a person, where fulfilment brings in its train premature death', people continue to operate in ways that are not, rationally, in their best interests. It is this construction of the worker that is found in the Pledge, the *"overweight builder"* who does not realise his true interests because *"many construction workers do not have ready access to the kind of general support to promote better health that is available to other working people"*. This highly simplistic, and somewhat patronising rationalisation justifies the wider discourse of workers' health as the responsibility of others, their employer corporations and government.

Such constructs also arguably objectify workers, turning them into true human 'resources', that can be stacked alongside the plant and materials on sites, requiring maintenance and fuel like the excavators and dumpers. As Berlin noted, such paternalistic manipulation ' … is to deny their human essence, to treat them as objects without wills of their own, and therefore to degrade them' (Berlin 1958:22). This also raises issues of the ownership of such 'commodities' and the contract of work itself, an analysis of which is beyond the constraints of space allowed here.

Young (1986) identified two types of paternalistic approach; strong and weak. Strong paternalism is intervention to protect a person, whether their consent to this protection is given or not, and this often manifests through law. Yet within the Pledge, representation or support from strong paternalistic perspectives is notably absent. Praise for organisations *"making the health of their staff a priority on their sites"* rings somewhat hollow when considered alongside the Health and Safety at Work Act 1974, which rather clearly states that this is not actually a voluntary situation - they should be doing so as a matter of course. This construction of health management as an option negates the influence of the legal framework, and constructs those companies involved as considerate when in reality they are only compliant.

The paternalistic discourse found within the Pledge is weak; it assumes an ignorance or defect in the decision-making capabilities in the workforce, which may or may not be present. Young (1986:64) suggests that whilst strong paternalism results in law, something notably lacking within the wider discourse of the Pledge, there are also potentially concerns with weak paternalism. This this has the potential to ' …open(ing) the gates to invasive intrusions …', identifiable here as the involvement of those motivated by production and profit.

Worker Autonomy and Freedom

Paternalism and pastoral power also have implications for worker autonomy and freedom, and as such have been severely criticised; Berlin cites Kant, who famously stated that 'paternalism is the greatest despotism imaginable' (1958:22), whilst Foucault sought specifically to challenge 'a certain modern version of enlightenment, made up of morally and intellectually validated schemes of social improvement'

(Gordon 2002:xvii). Paternalism follows the basic presumption that those ' … who allow themselves to be injured or harmed are, in doing so, not consenting freely and knowingly' (Young 1986), yet such an approach also contains potential ' … threats to the individual and his [sic] liberties … " (Foucault 1979 [2002:298]).

Most notably, Isaiah Berlin (1958:18) explored this relationship in detail, suggesting that paternalism draws on the fundamental assumption that an individual's 'true' interests ' … must be identical with his freedom, the free choice of his 'true' … self', and therefore it is clearly justifiable through paternalistic measures to 'force them to be free' (Curtis 2007). Yet equating what people would chose if they were something they are not, with what they actually seek and chose is what Berlin describes as a ' … monstrous impersonation … at the heart of all political theories of self-rationalisation' (1958:18). Within the Pledge, the workers are constructed as making poor choices, resulting in their current health issues, and the choice for health is normalised within the discourse. Despite the evident choices made by the workers, and their choice to have such choices, the Pledge self-rationalises thereby restricting worker freedoms; seeking to force them to be well.

This follows Berlin's concept of positive liberty - that to be free people must be coerced into their 'true' choices, and assumes that '… freedom is not freedom to do what is irrational, or stupid, or bad' (1958:32). Although workers' best interests may indeed correlate to improve health as defined within the Pledge, they may also wish to enjoy 'sinful goods', to make irrational decisions or chose something unhealthy. Within the wider picture such 'bad' choices may even form respite from the restrictions of work on their lives, allowing them to make some of the few remaining autonomous decisions availably within our society. As Lukes (2005:36) suggests, any challenge to the 'accepted' definition of health actually shifts the best interests of the workers to the exercise of their own autonomy. Within the Pledge, the workers' ownership of their own health is notable in its absence from the discourse, *"industry has come together with the Department of Health to tackle the issue head on"*, and the active participation of the workforce in their own health is not a consideration.

Through positive liberty, paternalistic approaches are often justified as supporting the freedom of the workers, although as Berlin also noted, those who seek to implement this form of freedom also want ' … authority … placed in their own hands' (1958:51). Within the Pledge, the power to determine good health is taken by the government and industry, leaving the workers voices unheard and fundamentally challenging their individual freedoms.

Legitimisation of the New Shepherds

However, the curtailing of individual worker freedoms through paternalistic corporate control of health is not so baldly explicit within the Pledge itself. Rather, subtle shifts in power relations have enabled the legitimisation of new industry shepherds.

As noted by Foucault, ' … power relations have been progressively governmentalised, that is to say, elaborated, rationalised and centralised in the form of … state institutions' (Foucault 1982 [2002:345]). That the government has permission to implement laws around health and safety within the construction industry demonstrates an accepted strong paternalistic exercise of power. The role of the Department of Health as instrumental in the initiation of the Pledge adds authority to its implementation, and the weak paternalism exercised within.

Yet through the close association of the Department of Health with industry, more subtle forms of power have shifted between the two. In the partnership of the Pledge, construction companies have tacitly gained the same authority and responsibility as the Department of Health, further emphasised by their active role in the Pledge and their unquestioned ability to *"play their part in improving public health"*. This invokes Luke's third dimension of power, normalising industry involvement in public health and granting permission to action in areas previously restricted to government bodies, who had gained their permission through development of knowledge, experience and elected right.

The Pledge further identifies the *"potential for businesses ... to make a significant contribution to improving public health"* ascribing corporate involvement to philanthropy, further legitimising participation but also challenging questions of interests; to contribute is not to take or exploit. The construction companies themselves are institutionalised; their identification as *" ... household names ... "* that *" ... have developed health and well-being programmes for all the workers on site"* creating an association with reputation, stature and investment, and the consequential validation of their involvement. Indeed, the findings of Thaler and Sunstein (2008:11) may also support such corporate institutionalisation, as they suggested that ' … some people will happily accept (influence from) private institutions but strenuously object to government efforts to influence choice with the goal of improving people's lives … (and) worry that governments cannot be trusted to be competent or benign.' The Pledge's link to an industry that the workforce itself forms part of, adds validity to their involvement whilst diffusing concerns around interests.

Within the Pledge, the power of the new shepherds is explicitly exercised through corporate management control. Despite the paternalistic discourse of health throughout the Pledge to *" further help its workforce to lead healthier lives"*, the collective pledges are themselves tools of managed surveillance and control of personal choice. Although cloaked in notions of pastoral care, Lukes' second dimension of power can be identified; the decision for workers' participation in these practices is made without question or choice, normalising detailed levels of corporate management investigation into the personal lives of individuals. Given that the findings of such *"health check tools"* may reveal issues that directly affect an individual's ability to work, or even their future longevity, such information further commodifies the worker, a resource to be objectively evaluated for its potential outputs.

Productivity and Profit

Foucault (1982[2002:339]) observed the disciplining of societies since the 18th century, which did not result in more obedience, but that ' … an increasingly controlled more rational, and economic process of adjustment has been sought between productive activities, communication networks and the play of power relations.' This has also been suggested by the analysis carried out here; control of health has been passed unquestioned to the controllers of production, who have now been granted the power to manage and control worker health even beyond the workplace.

Indeed the discourse of health as an economic factor can be identified throughout the Pledge, the philanthropic gloss tarnished somewhat by the close associations of the *"health push"* with the *"productivity and prosperity of businesses and the wider economy."* Whilst it could be suggested that the workers interests should be

prioritised, and to some extent the prominent discourse of paternalism within the Pledge supports this construct, the positioning of *"their health and wellbeing (as) … crucial to our economy as well as to themselves and their families"* does not place their interests first within the wider context. Rather the mechanisms of productivity are the primary interest here, the individual's health only a secondary support to that higher function.

Indeed, the Pledge constructs an Orwellian image of workers as *"well-oiled machines"*. The aim of health, and arguably life itself, has become the maximisation of operations and efficiency at work. Health is equated with attendance, participation and productivity, and can be extrapolated to the corporate interests of increased outputs, turnover and profits.

Yet the neat alignment of these rationalised interests of workers' good health with those of commercial corporations adds a new dimension to the Marxist struggle between those who control production and those who provide the labour for that productivity, and raises questions of what reciprocal benefits a leaner, more efficient workforce can expect as they increase productivity through health.

The CSR Illusion

In the contemporary construction industry, the growing area of CSR forms the perfect obfuscator for the implementation of the Pledge; commercial gain subsumed by philanthropic concepts of care and support, seemingly justified by straightforward paternalistic intentions and fully supported by benevolent clients and public sector organisations.

The normalisation of employer responsibility and control of worker health beyond the scope of the workplace forms an inherent part of CSR, organisations proudly promoting their activities to support worker health and wellbeing (Rawlinson and Farrell 2010). A fundamental assumption that the workforce should be glad to participate in various health management programmes and schemes exists within the industry, as illustrated by the lack of any promotion of participation within the Pledge itself.

Yet interests are assumed where they should be challenged. Although the individual's interests of health may align to those put forward by their employers, it is a fallacy to suggest that there is significant freedom of choice within such a prescribed framework of surveillance and environment of control. For example, knowledge about health is positioned through *"health checks"* as beneficial, to help individuals *"improve their health and live well for longer"*. This raises fundamental questions about the harsh realities of life; whether it is better to meet death one morning as a surprise or to watch him slowly walking towards you over the horizon. Many people many not wish to know the latter, it may not be within their 'real interests' at all. Consequently, it must be remembered that responsibility to the social only operates within the boundaries of the corporate interest, which is more concerned with output, workload capacity and productivity than the holistically worthwhile nature of workers lives.

Another concern around the growth of *"healthy lifestyles"* under CSR clearly illustrated in the pledge, is the lack of recourse to the legal frameworks that have developed over years to ensure organisations provide workers with certain levels of care. Many health issues in the construction industry are the result of poor industrial practices and management, yet to shift perspective from the worker at work to the worker in their whole life means a change in consideration in the ownership and

management contexts of health issues. For example, the incorporation of smoking into a workers health profile could potentially change the liability for any future lung disorders, whether the company paid for correctly face-fitted dust masks or not.

A lifestyle approach to worker health makes those workers with poor health lifestyles outside of work potentially vulnerable to 'blame the worker' situations, as identified when behavioural based safety launched in the USA. In that instance, criticism was made that such programmes focused on worker unsafe behaviour, rather than potential hazards and unsafe conditions in the workplace (Frederick and Lessin, 2000). As with behaviour based safety, it may be of greater benefit if the industry starts to practically address health management issues within work, rather than grandly promoting the pastoral care of their workforce whilst away from site.

CONCLUSIONS

Put harshly, the Responsibility Deal Construction Pledge press release portrayed the UK construction industry workforce as fat ignoramuses with poor trouser skills, in need of considerable pastoral care to avoid killing themselves with fry-ups and fags. The one voice to challenge this within the Pledge was that of Tommy Walsh, the only participant to identify himself as a part of the construction workforce.

The real interests of construction workers are likely to be a balance of good health and work, but what this comprises should not be dictated by government, much less commercial organisations with vested interests in worker output. The provision of suitable mechanical means for lifting should always be prioritised over any encouragement of the development of the muscles needed to do it manually.

As this brief analysis has shown, the Pledge does not prioritise the practical health of individual workers whilst on sites, rather they are considered in the widest possible terms of their contribution to work, the industry, its corporations and the wider UK economy. This raises issues of autonomy and liberty, and identifies a significant yet subtle shift of paternalistic power from government to those with more mercenary goals at heart. Against the context of growing activity around CSR, and the wider governmentalisation of corporations within our society, questions have been raised which demand further consideration and research.

This paper forms the starting point for a project to continue to explore the shifting rationalisation of health and safety management within our industry, the growing influence of CSR, and how the employment of power and normalisation has been implemented, especially within such seemingly altruistic ventures.

REFERENCES

Berlin, I (1958) *"Two Concepts of Liberty"*, Oxford: Oxford University Press.

Burr, V (2003) *"Social Constructionism"*, 2nd ed. East Sussex: Routledge.

Curtis, A (2007) *"The Trap: What Happened to Our Dream of Freedom? - We will force you to be free"*. 25th March 2007. UK: BBC2.

Department of Health (2013a) *"Britain's beefy builders say bye bye to baring bottoms"* UK Government, http://bit.ly/PAoK0R [6 April 2014]

Department of Health (2013b) *"Health at Work Network"* UK Government http://bit.ly/1kXxYOw [14 April 2014]

Fairclough N and Wodak R (1997) Critical Discourse Analysis in van Dijk TA (Ed) *"Discourse as Social Interaction"* London: Sage Publications Limited.

Foucault, M (1979 [2002]) Omnes et Singulatim, trans Hurley, R *et al*, in Faubion, J D (ed) *"Michel Foucault: Power - essential works of Foucault 1954-1984"* **3**, London: Penguin, 298-325.

Foucault, M (1982 [2002]) The Subject and Power, in Faubion, J D (ed) *"Michel Foucault: Power - essential works of Foucault 1954-1984"* **3**, London: Penguin, 326-348.

Foucault, M (1983 [2002)]) The Risks of Security, trans Hurley, R *et al*, in Faubion, J D (ed) *"Michel Foucault: Power - essential works of Foucault 1954-1984"* **3**, London: Penguin, 365-381.

Frederick, J and Lessin N (2000). Blame the Worker – The Rise of Behavioural-Based Safety Programmes. *"Multinational Monitor"*. November 2000 **21**(11).

Gergen, K J (2009) *"An Invitation to Social Construction"*. 2nd edn. London: Sage Publications Limited.

Gergen, M and Gergen, K J (2003) *"Social Construction: A Reader"*. London: Sage Publications Limited.

Gordon, C (2002) Introduction in Faubion, J D (Ed) *"Michel Foucault: Power, essential works of Foucault 1954-1984"*, **3**, London: Penguin.

HSE (2009) *"Underlying Causes of Construction Fatal Accidents - A comprehensive review of recent work to consolidate and summarise existing knowledge. Phase 1 Report"*. Norwich: HMSO

HSE (2014) *"Health and safety in construction in Great Britain, 2013"*, Health and Safety Executive, http://bit.ly/Sgu84d [6 April 2014]

Lukes, S (2005) *"Power: A Radical View"*, 2ed, Basingstoke: Palgrave Macmillan.

Ness, K (2010) The discourse of 'Respect for People' in UK Construction, *"Construction Management and Economics"*, **28**(5), 481-493.

Polesie, P. (2010) What do Production Managers Mean by Saying *"I Appreciate the Freedom on the Site"*? In: P. Barrett, D. Amaratunga, R. Haigh, K. Keraminiyage and C. Pathirage (eds.) *"Building a Better World"*, 10th - 13th May 2010, Salford: CIB World Congress

Potter, J and Hepburn, A (2008) Discursive Constructionism. In: Holstein, J A and Gubrium J F (eds.) *"Handbook of Constructionist Research"*. New York: Guildford, 275-293

Rawlinson, F and Farrell, P (2010) UK construction industry site health and safety management: an examination of promotional web material as an indicator of current direction. *"Construction Innovation: Information, Process, Management"*. **10**(3), 435-446.

Thaler, R H and Sunstein, C R (2008) *"Nudge - improving decisions about health, wealth and happiness"* London: Penguin.

Van Dijk, T (1997) Discourse as Interaction in Society in *"Discourse as Social Interaction"*, London: Sage Publications Limited.

Weatherell, M, Taylor, S and Yates S J (2001) *"Discourse as Data: A Guide for Analysis"*. (eds.) London: Sage Publications Limited in association with the Open University

Young, R (1986) *"Personal Autonomy - Beyond Negative and Positive Liberty"*. London: Croom Helm.