

# From Pain to Progress: Collaborative pathways to reduce body stress & improve worker health



**Industry workshop summary report**

April 2025



## Background

Workers who are employed in physically demanding roles often experience bodily pain originating from their work tasks. Outside of day-to-day pain, physical injuries (body stress) remain the leading cause of workers compensation claims.<sup>1</sup> Compounding the issue, popular risk mitigation strategies, such as 'how to lift' training, have been shown to be ineffective at reducing injury.<sup>2,3</sup>

'Physical injury' is often used as an umbrella term that includes several mechanisms of injury – from slips, trips and falls, to over-use and musculoskeletal disorders. Increasingly, there is recognition of the gradual onset of pain as a precursor to body stress claims, as well as its relationship to psychosocial stress.<sup>4</sup>

Research shows that bodily pain has a negative impact on construction workers' mental health, as injuries may trigger a psychological pressure to remain fit enough to work, as well as the feeling of being trapped in a job that causes pain. Pain can also affect the work ability and work-life balance of workers which further contributes to negative mental health outcomes.<sup>5</sup>

*"Let's say a worker has shoulder pain. The pain could grow into something mental. Maybe the worker has a baby at home and because of the shoulder pain he can't hold his baby and gets really frustrated."*

Bodily pain can occur early in workers' careers. In a 2019 study, 29% of construction workers in their 20s experienced upper back or neck pain a couple of times a month. 33% of workers in their 30s experienced this pain on a weekly basis.

This early onset, coupled with cultural attitudes that encourage working through pain, has led many workers to assume that pain is an inevitable part of the job. Interviews suggest that this attitude plays a role in inhibiting early reporting and intervention. Put plainly, the culture is to soldier on, rather than get help.<sup>6</sup>

## The workshop

On 26 February, the "From Pain to Progress" workshop was hosted by BodyGuide and RMIT University. The brief was to explore opportunities (and blockers) to reducing pain and body stress injuries in the workforce. The workshop included a diverse group of stakeholders, with representation from builders, insurers, occupational rehabilitation providers, regulators, as well as contractors, safety consultants and employers from adjacent fields. Each participant brought a unique perspective, enabling attendees to explore the issue from multiple viewpoints. The workshop began with an introduction by BodyGuide founder, Matthew Green, who presented on the relationship between health literacy, pain management and the behaviours of workers navigating physical roles.

Matthew outlined the importance of prevention and early intervention to reduce workers' compensation claims. However, he noted industry's hesitation to intervene early, despite the potential return on investment. Matthew observed that physical injuries are sometimes seen as a 'cost of doing business' and concluded his presentation by posing a question: *"If it's good business to solve the body stress problem, what's currently getting in the way?"*

Following Matthew's introduction, Distinguished Professor Helen Lingard presented findings from RMIT research projects relevant to the workshop's theme. Citing a 2019 project which surveyed and interviewed manual workers, Helen noted that bodily pain can start early in workers' careers and that workers with pain caused by their job had significantly higher levels of depression and anxiety.<sup>6</sup> Helen also cited a 2022-2024 study which showed that the perceived rarity of healthy lifestyles in construction was a deciding factor for infrastructure trainees who decided not to pursue a career in the industry, highlighting the importance of prioritising health to attract and retain workers.<sup>7</sup>

**The health of workers is deeply intertwined with the health of the industry.**

## An open space approach

The workshop was facilitated by Amanda Clements, founder and CEO of The Collective Lab. Amanda structured the workshop as an “open space” event in which the attendees set the agenda by nominating their own discussion topics, and forming breakout groups based on shared areas of interest. To begin, Amanda instructed attendees to consider body stress and pain at work and each write a question framed as “*How might we...*” to present to the group. Questions conceived by the attendees included:

### *How might we...*

- move from being reactive to proactively preventing injuries?
- break down stigma to improve early reporting and help seeking behaviour?
- shift the focus away from managing the specific injury to helping the whole person?
- effectively engage health practitioners in assessing and managing pain in the context of occupational recovery at work?

Questions covering similar topics were then categorised together, forming breakout discussion groups. Each group was encouraged to explore the contributing factors to body stress and pain through the lens of their elected topics. Attendees collaboratively wrote down and arranged their ideas on sticky notes and butcher's paper. The groups then turned their discussion to design, building on each other's contributions with a focus on practical solutions for a healthier, more sustainable industry.

Each group brought together a diverse range of experiences, insights and ideas allowing attendees to consider complex, longstanding problems from multiple perspectives.

Following a short break, the attendees reconvened as a whole to share their key discussion points, leading to further collaborative insights as the various topics intersected. The content discussed throughout the workshop was captured by researchers from the RMIT Construction Work Health and Safety Research team who observed each group, taking detailed notes. The ideas generated by these breakout groups are summarised in the following pages: Figure 1 depicts contributing factors identified by attendees and Figure 2 depicts some of the proposed solutions.



## Contributing factors

In the breakout group discussions, attendees identified contributing factors to body stress, injury and chronic pain in construction. In the figure below, some of the key points of these discussions are grouped under four categories: individual, site culture, industry and regulatory/other.

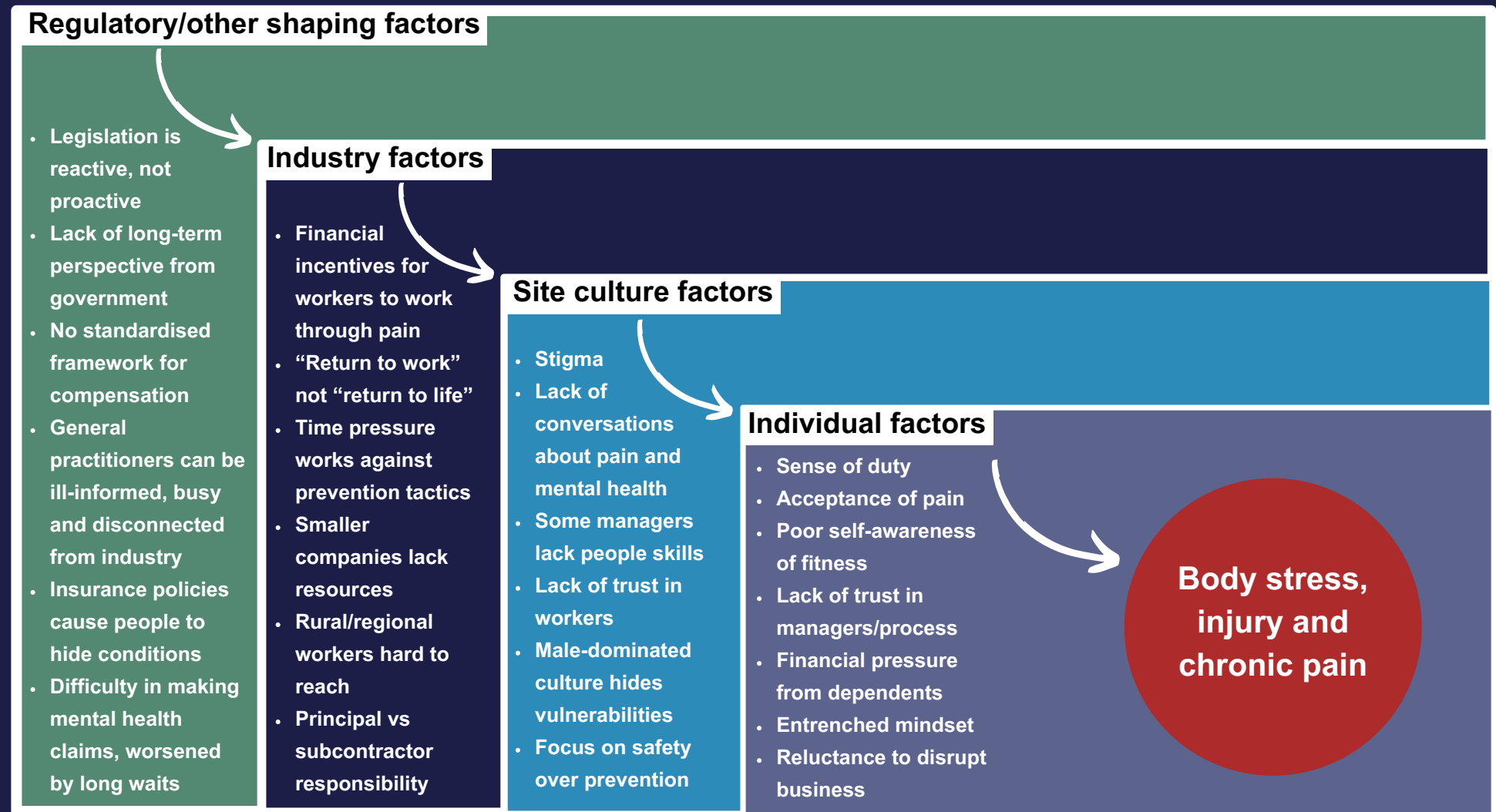


Fig. 1: Contributing factors to body stress, injuries and pain discussed in breakout groups



### **Individual factors**

Personal attitudes to pain, health and wellbeing that contribute to the problem on an individual level were recognised as symptomatic of the wider, more influential factors. Attendees noted that many workers were accepting of their pain, due to a sense of duty as both team members and family providers, or a belief that there is no alternative to their current employment.

One group noted that injured workers sometimes obtain a prescription for pain medication from an online service without seeking professional medical help. Attendees also recognised that workers are unlikely to take a proactive approach to their pain if they feel unable to trust in the culture and processes of the company they work for.

### **Site culture factors**

Attendees recognised that individual factors are influenced by site culture. Attendees discussed the stigma that exists around pain in construction, with many noting the male-dominated culture as a contributing factor. Stigma was discussed by several groups as a key obstacle for early intervention, as one attendee expressed: *“Are you going to talk about pain with your colleagues? Probably not.”*

One attendee noted that worker trust can only be gained if it is mutual, noting that some supervisors regard requests to take time off or avoid certain tasks due to injury as a sign of “laziness”.

Multiple groups identified the role of managers and leaders in shaping the worksite culture. One attendee noted that some supervisors are perfect in matters of safety, but poor in the long-term prevention of pain. Other attendees observed that supervisors do not always possess the interpersonal skills required to be an effective leader, which contributes to workers feeling unable to openly talk about pain.

### **Industry factors**

Considering factors on an industry level, attendees expressed that the construction industry tends to incentivise negative cultural attitudes towards body stress through financial and time-based pressures.

For example, some clients promote a “clean slate” in health and safety performance over transparent and honest reporting.

Attendees agreed that the industry needs a change in messaging regarding pain. As one attendee remarked, *“We do a lot in pain management, but we need to do more and get people in pain education, and pain awareness.”* Another attendee noted that resources should show that prevention is not only about keeping workers at work but also allowing them to *“keep doing the things they like”* in life.

Some attendees discussed the disparity between companies, noting that smaller companies may lack the resources needed to adequately address the issue and that rural and mining workers are not always afforded equal opportunities regarding preventative pain and injury resources.

### **Regulatory/other shaping factors**

Attendees identified several contributing factors regarding regulation, legislation and adjacent industries. Attendees agreed that legislation is often reactive, and that government should proactively approach this issue with a long-term strategy.

Attendees observed a “commercial tension” which has a negative effect on authentic reporting. One group discussed how insurance companies reject claims when workers show early signs of ongoing health conditions. As a result, injured workers tend to hide these conditions, potentially damaging their long-term health and reinforcing the stigma associated with pain. Attendees also discussed how some risk averse companies are reluctant to engage in early intervention and treatment out of fear that it will be perceived as an admission of liability. Another attendee noted that due to the lengthy and complicated workers’ compensation process, workers are at risk of developing mental health issues associated with living with chronic pain.

Several attendees also noted that general practitioners are often not well-positioned to effectively treat workers, due to their detachment from the industry.

# Proposed solutions

Each group generated several ideas to help improve the industry’s culture around pain. Through a process of sharing, challenging and augmenting these ideas, pathways to a healthier industry began to take form. Attendees agreed that effective solutions would have to be holistic in their approach in order to address the multiple moving parts and interconnected mechanisms of the industry. Attendees also recognised that solutions would have to be both well-designed and reoccurring, pointing out that good material from inductions is rarely revisited. It was also noted that prevention resources should be made in consultation with workers in order to be effective – one attendee remarked, “Don’t just tell people what to do, get their input... more than anything they want to be heard.”

Figure 2 depicts a high-level view of some of the proposed solutions raised during the workshop group discussions. The inner green circle of the figure highlights some core approaches raised during the breakout groups. The connecting lines in the figure illustrate how these individual proposals work together as part of a larger holistic change. Additional solutions to group discussion questions are listed in Table 1.

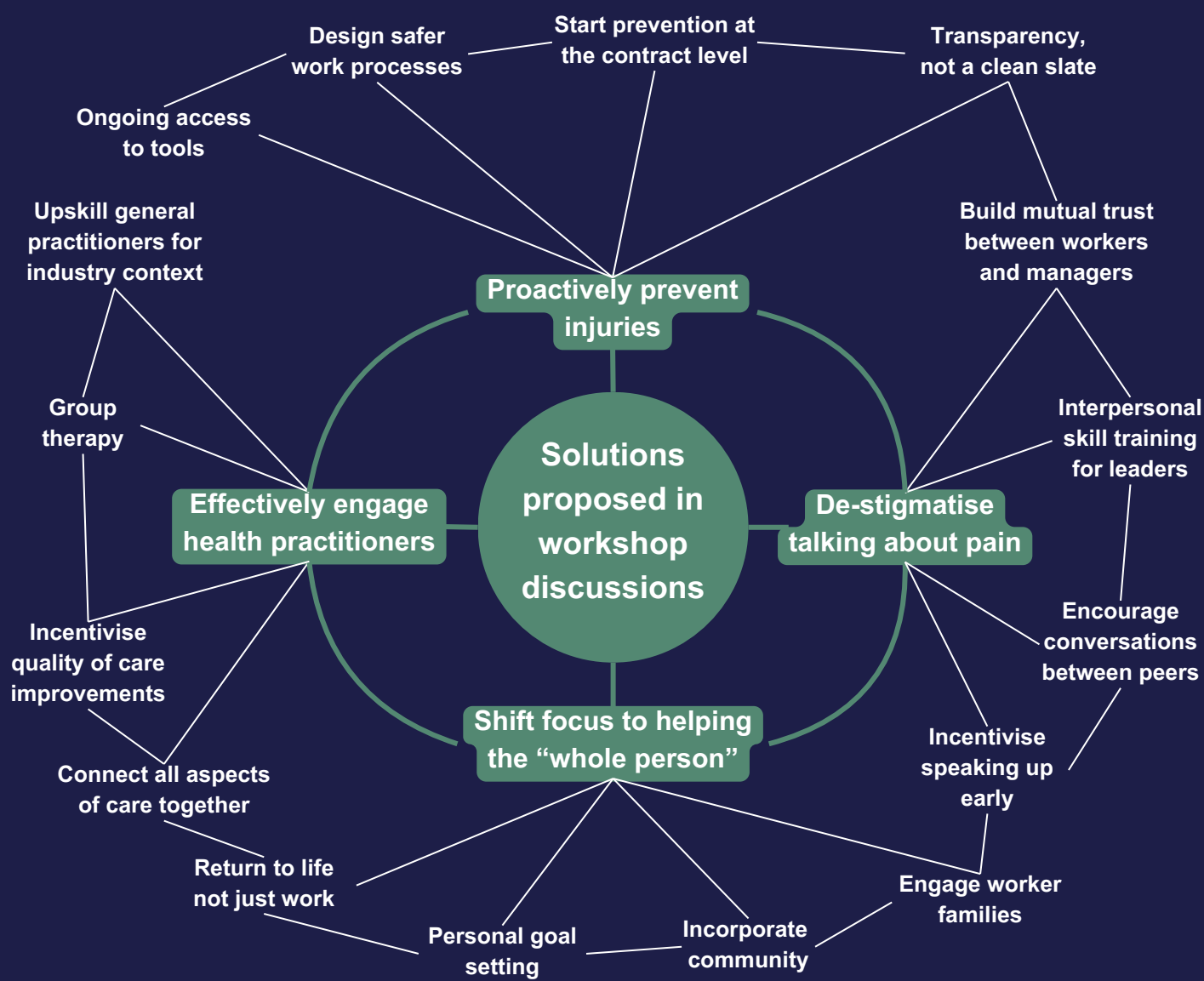


Fig. 2: Proposed solutions discussed in breakout groups

## How might we...

| <i>...move from being reactive to proactively preventing injuries?</i>  | <i>...break down stigma to improve early reporting and help seeking behaviour?</i>   | <i>...shift the focus away from managing the specific injury to helping the whole person?</i>   | <i>...effectively engage health practitioners in assessing and managing pain in the context of occupational recovery at work?</i>   |
|---|--|---|---|
| <ul style="list-style-type: none"> <li>· Design safer work processes (prevention through design)</li> <li>· Consider prevention from the beginning stage of construction projects</li> <li>· Shift from being clients of insurers to being committed to prevention</li> <li>· Celebrate transparent culture, “<i>not a clean slate</i>”</li> <li>· Education on pain awareness (before injury) vs pain management (after injury)</li> <li>· Develop tools to record early onset of pain</li> <li>· Share industry knowledge about prevention</li> <li>· Provide access to tools and resource on an ongoing basis, not just a one-off</li> </ul> | <ul style="list-style-type: none"> <li>· Incentivise speaking up about pain when first identified</li> <li>· Train leaders in interpersonal skills “<i>to know people</i>”</li> <li>· Encourage discussion/relationship building</li> <li>· Mentoring and storytelling from experienced workers</li> <li>· Build a culture of learning</li> <li>· Support for when a claim is denied</li> <li>· Build trust between colleagues and supervisors, “<i>speaking up is a good thing!</i>”</li> <li>· Get workers to access health support/education before they need it</li> <li>· Encourage conversations between industry peers</li> </ul> | <ul style="list-style-type: none"> <li>· Worker recovery goal: not just “<i>return to work but return to life</i>”</li> <li>· Need to keep people in workplace for recovery: holistic support, humanistic approach and connection</li> <li>· Promote healthy work-life balance</li> <li>· Goal setting based on personal attributes</li> <li>· Incorporate community into treatment</li> <li>· Engaging families to recognise signs and encourage support seeking</li> <li>· Consider societal factors and social challenges to mental health and attitudes around injuries</li> <li>· Pay workers to attend medical appointments to address being time poor/losing income</li> </ul> | <ul style="list-style-type: none"> <li>· Upskill occupational health general practitioners: “<i>GPs hold the keys</i>”</li> <li>· Train occupational health medical specialists</li> <li>· Provide incentives to improve the quality of care provided</li> <li>· Create a dedicated role to “<i>bring it all together</i>” the RTW coordinator, the insurer claim manager, the incident investigation, the worker</li> <li>· Group therapy (subject to privacy considerations)</li> <li>· Address the mismatch between provisional payments for medical treatment support and the timing of employer submission of documentation</li> </ul> |

**Table 1: Proposed solutions to breakout group discussion questions**

*“Who is considering the workers’ overall quality of life? The GPs’ focus is on how to treat this person, the employers’ focus is on how to have this person back to work, but no one is looking at what this person really wants.”*

## Next steps

There was broad agreement that the issue of bodily pain requires industry collaboration to effect change. Moreover, the present focus on prevention of recordable injuries may detract from a broader conversation about the early onset of pain. While specific obstacles to progress were identified, the key takeaway was that no single group or entity was to blame. The problems identified are systemic, with attendees recognising a shared responsibility to address them.

Several attendees articulated the concept of “holistic” solutions, noting the opportunity to:

- decrease stigma and encourage open conversation about the causes and potential solutions for pain
- upskill key stakeholders, including workers, managers, occupational health and safety advisors and health professionals in health literacy and how to prevent and manage pain
- provide evidence-informed early intervention resources (as well as identifying and addressing blockers to access)
- understand the commercial context and financial incentives that encourage negative work practices that contribute to or exacerbate pain, and
- engage all stakeholders, including regulators, insurers, health professionals, clients, unions, etc. in playing a more proactive role in the prevention of pain.

Above all else, attendees unanimously agreed that change is long overdue. Towards the end of the workshop, a question was posed – “*What would we say if we improved early intervention?*”, to which one attendee responded, “*What took us so long?*”



## References

- [1] Safe Work Australia. (2015). Construction Industry profile. SWA.
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- [3] Schwab, T., & Daly, S. (2020). In a workplace setting, does providing proper lifting techniques, as compared with no instruction, prevent back pain injuries?. *Evidence-Based Practice*, 23(10), 36-37.
- [4] Hauke, A., Flintrop, J., Brun, E., & Rugulies, R. (2011). The impact of work-related psychosocial stressors on the onset of musculoskeletal disorders in specific body regions: A review and meta-analysis of 54 longitudinal studies. *Work & Stress*, 25(3), 243-256.
- [5] Turner, M., & Lingard, H. (2020). Examining the interaction between bodily pain and mental health of construction workers. *Construction management and economics*, 38(11), 1009-1023.
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- [7] Lingard, H., Turner, M., & Pirzadeh, P. (2025). Is construction my industry of choice? Examining the factors affecting career choice decision-making of young workers. *Engineering, Construction and Architectural Management*, (ahead-of-print).

## For more information, contact:

### Distinguished Professor Helen Lingard

[helen.lingard@rmit.edu.au](mailto:helen.lingard@rmit.edu.au)

[rmit.edu.au/shine](http://rmit.edu.au/shine)

[SHINe: Safety and Health Innovation Network](#) 

### Amanda Clements

[amanda@thecollectivelab.co](mailto:amanda@thecollectivelab.co)

[thecollectivelab.co](http://thecollectivelab.co)

[Connect on LinkedIn](#) 

### Matthew Green

[hello@bodyguide.com.au](mailto:hello@bodyguide.com.au)

[bodyguide.com.au](http://bodyguide.com.au)

[Connect on LinkedIn](#) 

