

What's gender got to do with it? Examining masculinities, health and safety and return to work in male dominated skilled trades

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Abstract.

BACKGROUND: Electrical injuries are a common cause of work-related injury in male dominated skilled trades.

OBJECTIVES: In this study we explored how issues of gender, masculinities and institutional workplace practices shape expectations of men and their choices when returning to work following a workplace electrical injury.

METHODS: Twelve workers, who suffered an electrical injury, and twelve employer representatives, completed semi-structured interviews. Using thematic analysis we identified key themes related to how masculinities influenced men's health and safety during the return to work process.

RESULTS: Strong identification with worker roles can influence injured workers decisions to return to work 'too early'. A desire to be viewed as a strong, responsible, resilient worker may intersect with concerns about job loss, to influence participants' decisions to not report safety issues and workplace accidents, to not disclose post-injury work challenges, and to not request workplace supports. Institutionalized workplace beliefs regarding risk, de-legitimization of the severity of injuries, and the valorization of the "tough" worker can further re-enforce dominant masculine norms and influence return to work processes and health and safety practices.

CONCLUSIONS: Workplaces are key sites where gender identities are constructed, affirmed and institutionalized. Further research is warranted to examine how established masculine norms and gendered workplace expectations can influence workplace health and safety in male dominated high risk occupations. Future research should also evaluate strategies that encourage men to discuss post-injury work challenges and request supports when work performance or health and safety issues arise during the return to work process.

Keywords: Men's health, occupational health and safety, masculinity

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1. Introduction

In what has been coined the “gender paradox” [1] men on average live four to six years less than women despite higher socio-economic status and access to greater economic resources. Nowhere is the discrepancy in health outcomes more evident than in occupational contexts. Men experience higher employment related stress but are less likely to seek out external supports [2]. Globally, research studies reveal that men are particularly vulnerable to workplace accidents, injuries and fatalities. In a report completed by the Men’s Health Initiative of British Columbia, Bilsker et al. [3] indicate that, in Canada, 97% of the victims of workplace fatalities, between 1993 and 2005, were males. Similarly in 2012, 92% of reported fatal work injuries in the United States, and 96% in Australia were men [4, 5].

1.1. *Electrical injuries and work*

Electrical injuries are a common cause of work-related injury, and electrical-related injuries and fatalities are the greatest hazard for individuals who work near electrical sources. As electricity usage becomes increasingly pervasive, the potential for electrical injuries, particularly in high risk male dominated electrical and construction industries has increased [6–9]. In the United States 350 deaths per year in the construction industry are caused by electrical contact [10] and contact with overhead power lines is the most frequent reason for fatalities, accounting for 44% of electrical fatalities between 1992 and 2010 [11]. Electrical injuries are most common in male dominated workplaces such as within utilities companies and building trades. Approximately 80–90% of all electrical injuries occur amongst men [12, 13]. Returning to work following an electrical injury can be a challenging process and rates of return to work have remained low. For example, Noble et al. [14] report that only 23% of injured electrical workers return to their pre-injury job duties and only 32% to any work. Sequela that can arise post-injury, such as burns, musculoskeletal injuries, cognitive impairments, depression and post-traumatic stress disorders can all affect return to work abilities [12, 15–17]. Therefore, electrically injured workers may require workplace assistance to successfully return to work. However, there has been very little examination of the supports electrical workers need to safely and successfully return to work following an electrical injury.

1.2. *Men, masculinities and work*

The return to work process for men may be further challenged by established masculine gender expectations within social and workplace contexts. Most recently, researchers in occupational health and safety have argued for the application of a gendered lens to gain a more in-depth understanding of how gendered expectations can effect workplace health and safety [18]. Gender is defined as the social and cultural processes by which individuals learn, adapt, negotiate and express attitudinal and/or behavioural patterns assigned to them based on their sex [19, 22, 23]. The concept of gender includes key constructs such as gender roles (e.g., tasks, jobs, contributions deemed suitable for men and women), identities (i.e., how individuals perceive themselves, identities they choose to adopt or resist), relations (i.e., personal interaction within social units, such as workplaces), and institutionalized gender practices (i.e., processes by which institutions systematically define and reproduce expectations of men and women) [20, 21].

In this paper we are particularly interested in examining the role that masculinity plays in occupational contexts. Masculinity scholars have identified several characteristics of dominant forms of masculinities [24]. Dominant forms of masculinities are believed to be universal and associated with prototypical traits and behaviours such as physical and emotional strength, competitiveness, virility, assertiveness, autonomy, decisiveness, risk-taking, control and invincibility [25–29]. Beliefs that men must conform to established masculine norms may in turn place expectations on men to be in control, achievement oriented, responsible breadwinners, protectors within their families, and productive members of society [30, 31]. From an occupational perspective, images of male strength, perseverance in the face of danger, adversity, pain and injury are commonly portrayed in media representations of working-class occupations [32, 33]. Displays of hyper-masculine behaviours and engagement in risky work activities have been reported in many high risk, male-dominated occupations such as miners [34], farmers [35], construction workers [36], fishermen [37], and firefighters [38, 39]. For example, Thurnell-Read and Parker describe established ideals amongst firefighters of physical danger, physicality, bodily strength, heroism, fearlessness and courage [39]. Along a similar vein, King describes the development of a “mateship” culture in Australian shark

fishing that valorize stoicism, resilience and self-reliance [40].

1.3. Workplaces as institutional sites for constructing and studying masculinities

Workplaces have been identified as institutional sites where gender identities are frequently constructed, affirmed, challenged and negotiated [41] and can provide fertile environments for studying masculinities for a number of reasons. First, workplaces are settings in which the role of the male as breadwinner and protector are emphasized [41–43]. For example, in a study examining how working class men construct their masculine identities, Dolan revealed how study participants, regardless of their adherence to dominant masculine identities, intently believed in their roles as financial providers for their families [43]. Similarly, in studies examining male migrant workers, the significance of the “breadwinner” role is frequently a dominant theme [41, 44].

Second, it is within occupational contexts that dominant forms of masculinity are held up as the gold standard and where men may perceive a need to consistently prove their abilities and successes [27]. As Evans et al. indicate, men may be even more constrained by gender ideologies than women, as they are required to continually demonstrate and “prove” their masculinity and are more significantly scrutinized if they deviate from prototypical masculine behaviours [24, 45]. From a health perspective, men may believe it is necessary to endure high degrees of pain, not attend to symptoms and conceal mental health issues [46]. In addition, men may face increased personal stress as they are less likely to discuss work-related stressors [31] and are frequently reluctant to disclose mental health concerns, such as depression [47, 48]. For example, Coen et al. [30], reveal how mental health may be considered a private matter by men living in Northern Canadian communities, how physical work and hardships are accepted as taken-for-granted assumptions, and how depression is viewed as a “female” disease. Similarly, Alston & Kent demonstrate how ideals of stoicism and reluctance to seek help can have a significant negative effect on male farmers’ mental health [49].

Third, the gender-segregation of occupation and distinctions regarding what is considered masculine and feminine work can produce additional challenges. Men may be reluctant to do what is perceived

as women’s work, work that is low paying and low status, and may be exposed to stigma and discrimination if they need or choose to do so [31, 41]. The gendered division of labour may place men in more dangerous occupations or with riskier job tasks such as driving, mining, industrial and chemical work [31, 50, 51]. It is frequently within gender segregated occupational sectors such as construction, mining, fishing, firefighting, law enforcement and the military [3] where men are described as striving to appear physically and emotionally tough, fearless in the face of risk and danger, and unwilling to demonstrate vulnerability. In turn, workplace cultures or established norms within an occupational group may reward certain behaviours.

While it is evident that gender issues may be prominent in occupational contexts, there is limited research which explores masculinity as it relates to work in general, and return to work following an occupational injury, more specifically [27]. Thus, there is very little understanding of how masculine identities and institutional workplace practices can shape expectations of men, their choices, and experiences when returning to work following an occupational injury.

1.4. Purpose

To address this gap we completed a qualitative study of the experiences of injured workers and employer representatives following electrical injury. Qualitative inquiry is the preferred methodology for understanding real life experiences and how personal and social factors interact in social contexts to produce specific phenomenon. In this study, we aimed to examine the influence of masculinities on return to work processes. In this paper we address the following questions:

1. How do elements related to masculine identities and institutionalized workplace practices influence the return to work process and the request and provision of workplace supports?
2. How do elements related to masculinities intersect with other factors (e.g. job security) to influence the return to work process?

2. Method

Ethics approval to complete this study was provided by the Research Ethics Board at the Sunnybrook Health Sciences Centre (SHRC) in Toronto,

Ontario, Canada. An exploratory qualitative research design and semi-structured interviews were utilized to gather data from both injured electrical workers and employers. Electrically-injured workers who had received medical and/or rehabilitation services (from one of two study sites, funded by the Workplace Safety and Insurance Board, Ontario, Canada's workers' compensation organization) and employer representatives (i.e. supervisors, human resources, occupational health and safety or rehabilitation personnel), who worked within skilled trades (i.e. electrical work and building trades) and who had experience assisting an injured worker to return to work, were purposefully sampled and interviewed. Purposeful sampling ensured that participants had pertinent experiences to draw upon. All participants provided their informed consent to participate. Telephone interviews were completed to increase feasibility and decrease time and costs.

2.1. Participant description

Twelve male workers who suffered a workplace electrical injury and twelve employer representatives completed semi-structured in-depth interviews. Participant characteristics are summarized in aggregate to protect their identities. Eleven of the worker participants were married and one was single. The workers' occupational categories included engineers, electrical technologists, journeymen, electricians, millwrights, construction workers, mineral exploration surveyors, and represented workers employed in both urban and rural contexts.

Seven of the employer representatives were men and the remaining five were women. Employer representatives included human resources personnel, health and safety managers, and occupational health professionals and were chosen based on their supervisory roles in the return to work process. All employer representatives worked for large companies (i.e., greater than 100 employees) in utilities or building/contracting companies.

2.2. Data collection

Within the interviews, workers were first asked to provide a brief description of their workplace accident, their resulting injuries and rehabilitation. This was followed by discussions of their work tasks and duties, experiences with returning to work, the supports they requested and received and successes and challenges with their return to work process.

Employer representatives were asked to first describe their work experience, their current job title and responsibilities and their perceptions of the culture within their current workplace. This was followed by discussions about their experiences in assisting workers with electrical injuries to return to work, and policies and practices related to the provision and implementation of workplace supports. Employee representatives were also encouraged to discuss both successes and challenges to the return to work process and recommendations they would make for improving this process.

2.3. Data analysis

All interviews were digitally recorded, professionally transcribed and checked for accuracy. All interviews were subsequently read several times to become familiar with the data. An inductive thematic analysis approach was applied to analyze and identify themes [52]. Thematic analysis involves the following six steps: 1) becoming familiar with the data; 2) generating initial codes from the data; 3) categorizing codes into initial themes; 4) identifying the key themes related to the research objective and questions; 5) defining and naming the key themes; and 6) producing a scholarly report of the analysis [52].

In step one, two researchers read each interview several times to become familiar with the data. In step two, each then independently coded each interview, using a line-by-line coding method. They then met to discuss the individual codes and reach consensus on a set of codes applicable across the interviews. In step three, Atlas Ti5, a qualitative data management software program, was used to organize the coded data and generate code summaries. In step four, code summaries were analyzed to identify key themes in relation to two primary research objectives: i) to gain an understanding of injured workers' experiences with return to work and employers representatives experiences with assisting injured workers with the return to work process; and ii) to examine the influence of gender on the return to work process and the request and provision of workplace supports. For a summary of findings related to injured workers' and employers' experiences with the return to work and accommodation processes, readers are referred to two papers. The first entitled "Injured Workers' Perspectives on How Workplace Accommodations are Conceptualized and Delivered Following Electrical Injuries" [53] and the second entitled "Good

Intentions? Employer Representative Conceptualizations and Challenges to the Workplace Accommodation Process: The Case of Electrical Injuries” [54].

In the present paper, themes related to the analysis of gender and masculinities are presented. Both injured workers and employer representatives' discourses were examined to identify instances where issues related to masculinities were discussed and identified as influential to the return to work process. These included discussions related to: i) the personal significance men attach to their worker role; ii) men's perceptions of workplace health and safety risks; iii) relationships at the workplace; and iv) men's willingness to request assistance, and accept workplace supports. To examine the influence of institutionalized workplace practices, we analyzed discussions related to how work is structured and performed within the skilled trades industry and how institutional workplace beliefs, norms and practices can reinforce gendered practices.

3. Results

Three key themes were identified across both worker and employer interviews which suggested how masculinity plays a role in the return to work process. These included: i) strong identification with the worker role; ii) reluctance to report an accident, disclose post-injury impairments and ask for assistance; iii) institutionalized workplace beliefs and practices. Each theme is described below with illustrative quotes. Pseudonyms are used to protect participants' identities.

3.1. *Theme 1: Strong identification and valorization of the worker role*

Regardless of their occupational titles, the majority of the electrically injured workers in this study described a strong personal identification as “a worker,” and strong personal responsibilities for preventing workplace accidents and fulfilling the requirements of this worker role. As Roger, an electrician injured on the job noted:

“Work was very important to me. I looked at what happened to me and I felt I had a little bit of an onus on me for getting hurt in the first place because I could have probably prevented what had happened to me. So I wanted to go back to work just because I just didn't feel good about the whole thing.”

Others described the loss of the worker role as a profound loss. Dennis, a millwright, described his view of himself as someone who “works” when he commented “I'm not the type of person to take off work... haven't had holidays in 20 years... all of a sudden there is nothing in my life.”

Several employer representatives commented on how skilled trade workers expressed great “pride in being electrical trade workers” and how this in turn influenced their desire to return to their pre-injury job following an injury. For example, Richard (a health and safety manager employed by a utilities company) described how strong identification with one's work role and a strong desire to remain in one's pre-injury occupation within the trades can result in injured workers rejecting alternative work roles when they returned to work:

“[Electrical trade workers] have been around for a hundred years. It's a very specific trade [and knowing] how you splice and cut.. It's quite a mix of technologies and quite a mix of skill sets. And it's constant trouble shooting. They were the guys that were good at it... and really seem to love it. I have a heck of a time trying to bring guys out of the trade and into the safety department to help us out here, 'cause they just don't want to leave the trade. They've done everything [and] they'd rather be working than teaching [safety].”

Despite concerns related to health and safety, with potential implication for the worker's recovery, the worker's eagerness to return to work following a serious electrical injury was frequently valorized by employer representatives such as Ian:

“Your first instinct with most people would be if they were to give up or maybe not be in such a hurry to get back to work that's understandable right? But for whatever reason with this particular person, he really wanted to get back to work... We were really impressed... I'm not trying to hold it against him... With anybody that had those severe injuries, my first instinct [would have been] it's going to be a while for him to come back... that's to be expected just because of the nature of the injury, so you know this fellow turned it around and shortened up his rehab time and came back to work. We had to actually pull the reins on him a little bit to prevent him from doing something that may have hurt his recovery.”

Thus, a strong personal identification with one's workers role (a frequent dominant theme associated

with masculine identities) was a prevalent discourse amongst our worker participants and was further valorized by their employers.

3.2. *Theme 2: Reluctance to report an accident, disclose post-injury impairments, and request workplace assistance*

Discourses related to maintaining masculine images of strength, pride, resilience and self-reliance were evident. Pervasive across both worker and employer representative interviews were discussions related to men's reluctance to report workplace accidents, to appear weak by asking for help, and to be identified as complainers, with potential negative consequences to their future job security. As a result, workers were often unwilling to disclose post-injury work challenges, to ask for assistance from supervisors and co-workers, and request and accept offers of workplace supports. Roger illustrated how many workers were reluctant to disclose or share information regarding their post-injury impairments and return to work plans when he stated: "...No, no I never talked to anybody about it [the injury]. I didn't think [it would be helpful]... No I didn't talk to anybody about what was going on with [my return to work]."

Employer representatives described challenges with encouraging workers to report accidents and resulting injuries. Non-reporting was perceived by employer representatives to be motivated by male pride, a desire to minimize the severity of the injury, and a sense that a worker did not wish to "bother" others with his needs, which could be perceived as a sign of weakness. Noreen reported challenges they frequently faced at her company, in encouraging workers to report concerns related to risks and safety:

"We do very dangerous work and we've had some serious incidents and fatalities. And so we are really working hard to look at our culture of safety... A large part of what we are trying to do with this XXX [Health and Safety Initiative] is to solidify the whole culture of health and safety and encourage people to feel safe within that culture... Again going back to almost that tough guy persona [Changing the workplace culture so that] it's OK to say that if you don't feel comfortable, if something is telling you it's not right – to step back and don't do the job. It's OK to question... So we are trying to get all of

that incorporated and it's the kind of change that doesn't happen overnight."

Vince, a human resources manager, described how male electrical workers may not report their health issues due to established perceptions that as skilled workers they are accustomed to tough, physical, outdoor work, that they do not complain about "minor" aches and pains, and that they are able to continue to work through an injury:

"I think it's really these guys that have been doing the jobs for, you know, a fair number of years, or sort of the old school mentality that they work through their injuries... Sometimes it's a matter of [saying] come on, you got to let us know what's happened if you get hurt... Sometimes it just takes a kind of push, because these guys are, you know, proud individuals. They've been doing the job for twenty, thirty years. They don't want to bother you with the everyday aches and pains."

Injured workers reported a reluctance to request workplace supports or accommodations, as they wished to maintain their pre-injury roles and identities. For example, Bill described how he advocated strongly for returning to his pre-injury job rather than modified light duties:

"... I made it a point to the return to work coordinator at rehab... I didn't want to go back to work for any light duty stuff, you know modified [duties]. [There is] no real point in me going back to doing something that's not my job. If I can't do my job then I'm going to have to do something else... I mean there was a little bit, of lighter [duties I did], but I stressed before I started the whole back to work processes that I didn't want to an kind of long term light duty."

Similarly, Walter, a journeyman, shared his thoughts about the significance of returning to work only once he felt confident and had regained his "swagger":

"I wanted to return on my terms. I didn't want to go in there shallow, doubting, looking over my shoulder, nervous. I wanted to return to work as Walter, or as close to Walter as I could be"

Others expressed concerns that by accepting modified work or disclosing their impairments they might lose their positions in the highly skilled and well paid trades, and their position of power within the workplace hierarchy.

Personal concerns about maintaining one's established identity as a strong and competent worker intersected with concerns about job and financial security. Several injured workers reported concerns about their employers subsequently questioning their work performance if they disclosed any post-injury challenges. Others perceived that employers did not wish to know what an employee could not do. For example, Malcolm, a surveyor in a mineral exploration company, described how he hid his injuries from his employer: "I hide all the things that were wrong with me. Like employers don't want to see that!" Dennis observed that reporting issues to his supervisor would not have been beneficial because his supervisor was unsympathetic to his needs and was, "... [just] trying to push [me] back into doing [my] job [without] complaining about it... I was [being told] just forget about it and go on with working."

Fears related to disclosure, work performance and potential job loss led some participants to conclude that supports were not likely to be made available at the workplace and that they were ultimately personally responsible for ensuring they could do their jobs. Speaking to the lack of available workplace supports that he experienced, Bill concluded:

"There's no point in whining about it, crying about it... I mean, you just got to do it, [the job] right? If I can't do my job, then I go do something else."

Thus issues of pride and identifying with one's occupational roles, a desire to be viewed as strong, resilient, not a "whiner," as well as financial concerns related to potential job loss, were all factors that interacted to influence reporting practices and the request for and provision of workplace supports.

3.3. *Theme 3: Institutionalized workplace beliefs and practices*

Established beliefs and practices at the workplace and institutional level were identified as further influencing and/or re-enforcing masculine norms. These included: i) beliefs about the "inherently" risky and dangerous nature of electrical work in skilled trades and the type of man that would be drawn to such work; ii) the development of brotherhood cultures; and iii) beliefs about the severity of electrical injuries and ease with which individuals would be able to return to work.

3.3.1. *Beliefs about risk*

First, both injured workers and employer representatives framed electrical work as inherently risky and dangerous work. As Bill stated, "You know electrical work is dangerous [work]... So I'm sure there are people [who] get hurt [doing electrical work] in construction all the time." Second, there were commonly held beliefs, as illustrated by Noreen, about the traits of men who complete electrical work and their personal propensity for risk taking:

"Part of it [the risks with electrical work] is that they [electrical workers] are out there hanging off a pole. They're not sitting in front of a computer. The type of individual that's attracted to this very difficult kind of work is the outdoors kind of guy... Because they're working out of doors, you know it's hot, [it's] cold, it's that tough guy persona. And it's the fact that if I go to the doctor I might be a sissy, I'm tough. I can tough it out. We're trying to educate [them] that you need to pay attention to your health and if you want to continue to do all your outdoor activities you really need to pay attention to your health, right."

3.3.2. *The development of brotherhood cultures*

Second, some participants described how both the gendered segregated nature of most skilled trades and electrical work and/or working in small crews for an extended period of time can lead to the development of protective "brotherhood cultures" and re-enforce "old school mentalities." For example, employer representatives who worked in the electrical industry reported that 90–100% of the workers who worked on power lines in the field were men. Richard, a utilities company health and safety manager, described how unique working arrangements (e.g. working in small crews and frequently in isolated locations) in the electrical trades can lead to the development of trusting and protective relationships between crews:

"It's a unique trade... I don't know of any other where you've got crews of typically three to five [who] work very closely together. They watch each other's backs. What one worker is doing at one end of the system that you can't even see is putting in place protection for [another]. So you're trusting [your crew member]... They basically have their lives in your hands. You're helping each other out [so] the team gets bonded so closely in the trade..."

The establishment of deep bonds between men, within “brotherhood cultures,” was viewed on the one hand as supportive, as it could encourage men to return to work following severe injuries. On the other hand, bonding practices could lead to the development of protective cultures, in which workers were reluctant to report a co-worker’s injury-related impairments and return to work challenges, even if safety could be compromised. Michael, a health and safety manager in a utilities company discussed how electrical crews working closely together can develop such protective cultures:

“They have to live with each other 24/7 and as a result they develop [a] protective culture and that protective culture goes to the extent, like some families do, of protecting people. We never see the person who is dysfunctional until they become so dysfunctional that it becomes a major safety hazard and they can’t work with it [the individual] anymore. So we often get into the crisis scenario . . . and the local group can no longer protect them or look after them.”

3.3.3. *Beliefs about injury severity and ease of return to work*

Third, institutionalized beliefs about the seriousness of electrical injuries and the severity of resulting impairments influenced expectations regarding workers’ abilities to return to work and the assistance they may be afforded. Many workers described situations where their injuries were not perceived as severe enough to require assistance and that they were expected to just “get back onto the horse.” For example, Don, an employee in the building trades, described how in his initial contact with his employer he was told to “Suck it up and go back to work.” Walter described an interaction with his employer which highlighted clear expectations related to returning to work:

“I remember talking to my supervisor, the owner of the company. I was walking down to the corner store and he was coming up my street and he was saying to me ‘Oh you got to get back on the horse.’ And I looked at him and I said, ‘horse? I can’t even walk to the barn yet.’”

Workers who overcame their fears and were able to “get back on the horse” were valorized by some employer representatives. Mark, a health and safety manager illustrated this process of valorization in a serious injury case:

“There was one [case] and that was a gentleman who had fairly serious burn where his face and his arms were burnt. . . Like someone in a really bad car accident. And he was concerned about getting back into the electrical end of it, for a little bit. But you know it was very [successful]. . . [It’s important if you] fall off the horse [to] get on to it right away and get rolling. And there’s some fear at first you know [but] once you get past that original fear then way you go.”

4. Discussion

Gender expectations permeate every aspect of our lives. While mostly taken for granted, how we consciously or unconsciously identify with specific gender expectations, decide to take up, or to reject specific gender roles and how social, cultural and institutional practices re-enforce specific gender practices can affect our health and well-being. Workplaces have been identified as sites where gender identities are constructed, affirmed and further institutionalized [41]. However, despite the influence of gender on workplace issues, there has been limited examination of how gendering processes can influence injured workers’ returning to work processes and implications to their workplace health and safety.

In this study we examined men who worked in male-dominated high risk industries such as construction and utilities and who experienced electrical injuries at work. In this paper we explore how masculine identities, and institutionalized workplace beliefs and practices influenced their return to work processes and requests for supports. Male dominated trades and electrical injuries proved to be beneficial sites for studying the impact of dominant forms of masculinities on returning to work following an occupational injury, for several reasons. First, skilled trades and electrical work can be highly gendered as it is predominately completed by men, and involves men working with other men in small crews and in outdoor contexts (most often to the exclusion of women). Second, within skilled trades, it is men who predominately train and socialize other men through apprenticeship programs and may thus re-enforce masculine expectations. Third, these highly masculinized work environments allowed us to examine how theoretical constructs from masculinity theories may be experienced and enacted in workplace contexts.

Our findings demonstrate, from both workers and employer representative perspectives, that many injured workers identified with several traits of dominate masculinities, as identified by masculinity scholars. This included intense identification with the worker role, pride in one's work and maintaining an identity as a strong, competent worker who could solve his own problems, not complaining, and enduring "minor" accidents and health concerns. These findings are in line with studies in other male dominated occupational contexts (such as firefighting, farming, fishing) which present idealized images of male workers as tough, not afraid of danger, pain and injury [32, 33, 34–39, 55].

While a strong identification with the worker role and pride in doing a good job can enhance job satisfaction and motivate individuals to return to work, identification with dominant masculine traits and valorization of those who return to work early can place men in particularly vulnerable positions. As reported by several of our participants, injured workers may return to work "too early" and without the supports required to ensure they are able to work safely and effectively [53]. In fact, within our interviews, employer representatives discussed challenges with "holding workers back" from returning "too early." There is evidence to suggest that returning to work "too early" can negatively affect injured workers' recovery and enhance the possibility of re-injury [56]. This may be particularly problematic in high risk occupations where men must depend on co-workers for their own safety.

We observed how a desire to present oneself as a strong, self-reliant and competent worker could influence decisions to report workplace accidents, disclose post-injury work challenges and request assistance or workplace accommodations. For example, since workplace accommodations are in essence requests for help, we observed reluctance from many participants to request such supports. This is consistent with an expanding body of literature which indicates that men may be reluctant to seek health assistance, if they perceive it contravenes displays of self-reliance, natural strength and "toughness" associated with dominant ideals of masculinity [57, 58]. Personal worker beliefs that one should not disclose challenges and ask for help were further re-enforced by institutionalized discourses that electrical work is best suited for "tough guys," and that men who returned to work with minimal sick days following an electrical injury were most "impressive." These beliefs were further solidified through expectations that men do

not request assistance but rather "suck it up" and "get back on the horse." Men's reluctance to accept modified duties may in part relate to not wishing to assume work tasks that may be viewed as less masculine and losing their position within their occupational hierarchy, because electrical work is viewed as the top of the trades hierarchy [31, 41].

On larger structural levels we noted how established beliefs about the "seriousness" and "legitimacy" of electrical injuries, (e.g. that they were not considered serious if there were no physical signs of injuries, such as a burn), established patterns of men working in small groups, and the development of protective "brotherhood" cultures, could affect reporting practices and requests for assistance. The development of brotherhood cultures has similarly been identified within other male dominated occupations. For example, Baron has discussed how historically working class men have promoted "cults of masculinities" and how brotherhood cultures can both promote fraternity, kinship and mutual responsibility while at the same time re-enforcing exclusionary practices [59]. Within this study we identified how "brotherhood cultures" may provide supports to enhance injured workers' successful return to work. However, the establishment of strong "brotherhood" cultures could in turn present challenges to occupational health and safety practices as they may prevent reporting of workplace issues when they arise, until the situation is dire.

Lastly, our findings illustrate the importance of identifying factors that may interact with gender issues to influence men's decision-making in occupational contexts. For example, while we observed multiple discourses that suggested participants' identification with dominant masculine traits, concerns related to the perceived legitimacy of an electrical injury and job security were also reported to be motivators for not reporting injuries and requesting workplace assistance. Many injured workers in this study expressed concerns that their employers would not be receptive to hearing about their work challenges and that disclosing such challenges could further subject them to stigma, discrimination and potential job loss.

4.1. Recommendations

Gender identities and institutionalized gender practices are highly socialized processes, with many taken-for-granted assumptions. Gender issues at the workplace may not be fully understood by work-

ers, employers and occupational health and safety personnel. To enhance knowledge of how masculinity may be influential at the workplace level, we would suggest that further attention be paid to identifying institutional practices and macro-economic factors that can re-enforce masculine norms, expectations and workplace practices. There is a need to examine how men working within the trades and electrical sector (and indeed other male dominated occupations) can be encouraged to discuss and establish alternate legitimate constructs of masculinities. This can include shifting established taboos within workplaces regarding speaking about health and safety issues, particularly if they relate to issues that may be perceived as less legitimate, such as cognitive challenges post-injury, workplace stress and mental health concerns. Stress-related health problems, while less frequently discussed, have been identified as relevant issues in other male dominated professions, such as protection/correctional officers [60].

There is a need for further education within the workplace regarding the potential severity of electrical injury so that not all electrical injuries are viewed as “minor” injuries. This could enhance the legitimacy of such injuries, decrease stigmatization, and enhance men’s comfort in expressing their concerns and requesting workplace assistance. This could produce shifts in commonly held beliefs that men should tolerate pain, not complain and continue to work following a severe injury,

Consideration needs to be given to how societal expectations and workplace organizations may further re-enforce specific masculinized expectations and institutionalize gendered practices. For example, while limited, there is some research evidence to suggest that workplaces and organizations can exploit men’s work ethics, [61, 62] valorize those who return to work shortly after an injury, and shape perceptions of what is considered acceptable workplace risks [63]. We recommend further examination of current accident investigation and reporting procedures and how these practices may place primary responsibilities on individual workers, reproduce a blame-frame culture, and increase under-reporting of accidents and on-going need for workplace supports.

Workplace health promotions activities in high risk male dominated occupations should include the development of male-targeted strategies that address men’s needs, and what men value most. For example, evidence has revealed that men may place significantly greater value on financial compensation, benefits, and the power and status that their

work positions afford them than women [64]. In our study men expressed a reluctance to take on modified duties and frequently rejected alternative work roles in order, in part, to be able to retain their position in the occupational hierarchy. Other studies have found that men are more likely to engage in health seeking behaviours if they perceive their actions will restore or preserve roles which matter most to them (e.g. productivity, worker, fathering) [27, 58]. It was suggested by our study participants that men prefer to exercise self-agency and take a “problem-solving” approach (rather than asking for help) when problems arise in the workplace. Taken as a whole this evidence would suggest that occupational health and safety promotional approaches that take an *action-focused, problem-solving* approach and focus on the benefits of maintaining a strong worker role may be more readily acceptable to most men.

Most recently, researchers have advocated for the application of gender and masculinity theories [18], and transformative learning approaches (such as action research) to enhance awareness of how gender can influence workplace health and safety practices [65]. Such an approach would engage all relevant workplace stakeholders in: i) identifying specific situations within the workplace where gender norms influence occupational health and safety behaviours and choices; ii) identifying positive elements related to gender relations that can re-enforce support to workers and workplaces; and iii) decreasing institutionalized gender beliefs that re-enforce unsafe workplace behaviours practices. Lastly, we suggest that any consideration of the potential influence of gender on workplace health and safety issues must consider the interaction between an individual’s gender identity and larger economic determinants that may influence decisions that are made at the workplace.

4.2. *Strengths, limitations and recommendations for future research*

This exploratory qualitative study examined return to work following electrical injuries and the influence of masculinities within skilled trades work. Due to the high predominance of men (90–100%) who work directly with electricity and are at greatest risk for suffering an electrical injury, our sample of injured workers was predominately male. Thus, in this study, we did not complete a gender comparison. However, focusing on a single gender category allowed us

to compare similarities and differences amongst the male workers we interviewed, and provided us with a more nuanced and complex understanding of men's experiences, which can be frequently overlooked in dichotomized gender comparative studies [66, 67].

This study must be considered exploratory. It provides preliminary insights into how issues related to gender and masculinities can influence the return to work process and the provision of workplace supports, from both injured workers' and employers' perspectives. Further research is required with a larger sample size, in varied high risk, male dominated employment contexts and jurisdictions, to test and validate the key gender-related themes identified in this preliminary study. While challenging to find females working in male-dominated occupations it would be beneficial to explore female tradespersons' experience of working in predominately male workplaces. For example, it would be interesting to explore whether female skilled trades workers are readily accepted into the brotherhood culture, if their perceptions of their worker roles is similar to their male colleagues, and if they report similar reluctance to request assistance for challenges they experience at the worksite or when returning to work following a serious injury.

In this study employer representatives worked predominately for larger companies. Thus, further research with employers of varied sizes, and in varied industries would enhance our understanding of if and how company size affects workplace practices and gender issues. While we and others suggest developing male-sensitive strategies to encourage men to discuss their work, health and safety issues, such strategies will need to be developed in collaboration with male workers and evaluated as to their effectiveness and efficacy. Lastly, further investigations are required to gain a more in-depth understanding of how issues related to masculinities intersect with larger economic factors to influence men's workplace practices.

5. Conclusions

Employers, workers, health and occupational health and safety service providers must recognize the confluence of challenges that electrically-injured workers may face and the supports they will require to both safely and effectively return to work. In this paper we examine how elements related to masculine gender identities, and institutionalized workplace

practices influence return to work processes following electrical injuries. We discuss how strong identification with the worker role, dominant masculine traits, and the gendered nature of skilled trades work, can all influence the return to work process and request and provision of workplace supports. We conclude with several preliminary practice recommendations and suggestions for future research.

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Conflict of interest

The authors have no conflict of interest to declare.

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