The Impact of Wellbeing Culture and Mental Health in Nigerian Construction Industry

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Abstract: There can be no occupational health and safety without mental health. Through a thorough literature review and questionnaire survey of 152 workers in the Nigerian Construction Industry (NCI), this study investigates the impact of wellbeing culture and mental health among construction professionals in Nigeria. Our findings reveal Decrease in job satisfaction and Reduction in Productivity respectively are the highest impacts of poor wellbeing culture and mental health of construction workers in Nigeria. Furthermore, Enforcement of regulations that prioritize mental health considerations in urban planning and development and Regular training and education programs should be implemented to raise awareness will help to improve wellbeing culture and mental health among construction workers in Nigeria. Hence, there is a need for regular awareness workshops and training, policies supporting work-life balance, and accessible counselling services to promote mental health and wellbeing in the Nigerian Construction Industry.

Keywords: Wellbeing Culture, Mental Health, Construction, Engineering, Nigeria.

I. INTRODUCTION

The construction industry of any nation is strategically important to its development and growth. In Nigeria, the construction industry accounts for 20 percent of the nation's employment and 50 percent of domestic fixed capital formation (Olanipekun and Saka, 2019). The industry is time demanding, involves work overload, unrealistic deadlines, dirty and dangerous work environment (Campbell, 2006). These characteristics of the industry have a multiplier effect on a worker's life, which in turn affects an individual's reaction to work and its environments (Turner and Lingard, 2016). Specifically, the combination of stressors causes stress to the workers, eventually impacting their health and safety (Clarke and Cooper, 2004). Thus, research on health and safety focused on mental health and wellbeing in Nigeria's construction workplace is expedient for establishing appropriate health promotion measures to sustain the industry's ability to alleviate unemployment, economic challenges and meet sustainable development goals (SDGs 3 and 8).

Nonetheless, aside from the workplace stressors, some outside the workplace interfere with them to worsen the situation (Clarke and Cooper, 2004). Work factors that impact employees' mental health include psychosocial factors (such as job demand, control, social support, and organization justice), job dissatisfaction, organization change, job insecurity, and employment status (Joyce et al., 2016). The non-work factors include a combination of personal, lifestyle, and social determinants of health factors (Joyce et al., 2016). Stress causes mental and physiological ill health amongst working populations (Jamisson et al., 2015). The physiological (physical) ill-health includes irregular heart rate, cardiovascular diseases, sleeping problems, relaxation issues, psychological (mental) ill-health include anxiety and depression (Ahmed et al., 2019, Campbell, 2006). Both physical and mental ill-health are detrimental to life. Anxiety and depression are the two most common mental ill-health symptoms, and risk factors for suicide (Nwaogu et al., 2023).

Occupational stress is a significant contributor to mental health problems among Nigerian construction workers. Research by Akindejoye et al. (2021) highlights the impact of job insecurity on psychological distress and mental health issues among construction workers in Nigeria. Organizational factors within the Nigerian construction industry also play a role in the wellbeing and mental health of workers. Adeyemi et al. (2020) explore the influence of leadership styles on the wellbeing of Nigerian construction workers.

Numerous studies emphasize the importance of well-being culture in promoting positive work environments. For example, Grant and Parker (2009) define wellbeing culture as "a pattern of beliefs, norms, and practices that promotes employee wellbeing as a primary organizational goal." This definition underscores the need for organizations to prioritize wellbeing as a core value. Predominantly when people think of Mental Health, they think of it in a negative association. However, this is not the case. Mental health is not just the absence of mental illness. It is defined as a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. (WHO, 2004). This paper is a

sequel of Onyia and Madueme (2025) study that aims to examine the impact of poor mental health and well-being culture in the Nigerian built environment and to improve the wellbeing culture and mental health of professionals in the Nigerian construction industry.

II. LITERATURE REVIEW

2.1. Importance of Wellbeing Culture in the Construction Industry: The construction industry is known for its physically demanding and high-stress nature, which can have adverse effects on the wellbeing and mental health of workers (Nwaogu et al. 2023). Therefore, establishing a wellbeing culture within the industry is essential for several reasons:

a) Worker Satisfaction and Productivity: Research by Bakker et al. (2011) demonstrates a significant positive relationship between employee wellbeing and job performance. They argue that organizations that prioritize wellbeing experience higher levels of employee engagement, satisfaction, and productivity. A positive well-being culture fosters job satisfaction and engagement among construction workers. When employees feel supported, valued, and cared for, they are more likely to be motivated, productive, and committed to their work.

b) Retention and Recruitment: A study by Ashraf and Siddiqui (2020) highlights the impact of employee engagement like psychological capital, control at work, general wellbeing, and job satisfaction on employee retention. Organizations with a strong wellbeing culture experienced lower turnover rates and were more successful in retaining employees. Construction companies that prioritize wellbeing and promote a positive culture tend to attract and retain talented workers. In an industry facing a shortage of skilled labour, an emphasis on wellbeing can be a competitive advantage in attracting and retaining employees.

c) Safety and Accident Prevention: Research conducted by Zohar and Luria (2010) demonstrates the link between organizational climate, safety culture, and accident prevention. They found that a positive organizational climate, characterized by a supportive and wellbeing-focused culture, was associated with improved safety practices and reduced accident rates. Wellbeing culture also extends to safety practices and accident prevention. When organizations prioritize worker wellbeing, they are more likely to invest in safety training, equipment, and protocols, leading to a safer work environment and reduced accidents (Ashraf and Siddiqui, 2020).

2.2. Impact of Poor Mental Health and Wellbeing in Nigerian Construction Industry (NCI).
The mental health and wellbeing of individuals working in the Nigerian built environment have significant implications for the overall functioning and productivity of the construction industry. Poor mental health and a lack of supportive well-being culture can have wide-ranging effects on construction workers, organizations, and the built environment as a whole. This section will provide an extensive review of the impact of poor mental health and well-being on the Nigerian built environment, highlighting the consequences at individual, organizational, and societal levels.

i. Consequences at the Individual Level:
a) Reduced Work Performance: Poor mental health can lead to decreased work performance among construction workers in Nigeria. Mental health issues such as depression, anxiety, and stress can impair concentration, decision-making abilities, and problem-solving skills, ultimately affecting the quality and efficiency of work. Workers may experience difficulties in meeting deadlines, making errors, and exhibiting reduced motivation and engagement (Rouhanizadeh and Kermanshachi, 2021).

b) Increased Absenteeism and Presenteeism: Mental health problems often result in increased absenteeism, where workers take time off work due to their condition. This absence can disrupt project timelines, increase project costs, and lead to delays in construction activities. Additionally, workers may also engage in presenteeism, where they attend work despite experiencing mental health difficulties, but their productivity and performance are significantly compromised (Dollard and Bakker., 2010).

c) Work and Occupational hazards
Construction workers are exposed to occupational illnesses and injuries (Jazari et al., 2018). Based on the nature of construction jobs, especially at heights and manual labourer use, the construction industry has a high number of work-related deaths and high prevalence of musculoskeletal pain (Kashif et al., 2022). Also, the industry has been reported to have high incidences of work-related diseases such as skin (Timmerman et al., 2014) and respiratory diseases (Boadu et al., 2023). Following work hazards, exposed workers suffer trauma and can develop post-traumatic stress disorder (World Health Organization, 2003).

ii. Consequences at the Organizational Level:
a) Increased Turnover and Recruitment Challenges: The presence of poor mental health and wellbeing culture within the Nigerian construction industry can lead to increased turnover rates and difficulties in attracting and retaining skilled workers. Employees experiencing ongoing mental health issues may seek alternative employment opportunities that

provide a healthier work environment and better support systems. High turnover can disrupt project continuity, increase recruitment and training costs, and lead to a loss of knowledge and expertise within organizations (Adeyanju et al. 2021).

b) Decreased Productivity and Efficiency: Organizations operating in an environment where poor mental health is prevalent may experience reduced productivity and efficiency. Mental health problems contribute to increased absenteeism, presenteeism, and reduced engagement, ultimately impacting project timelines and deliverables. The overall performance of the organization may suffer as a result, leading to financial losses and a decline in reputation (Pinheiro et al., 2017).

c) Negative Work Environment and Organizational Culture: A lack of focus on wellbeing and poor mental health support can create a negative work environment and organizational culture within the Nigerian built environment. This can perpetuate stress, stigma, and a lack of psychological safety among employees, hindering collaboration, innovation, and teamwork. Such a work environment may discourage workers from seeking help or disclosing their mental health concerns, further exacerbating the impact of poor mental health (Adeyanju et al., 2021).

iii. Consequences at the Societal Level:

a) Economic Implications: The impact of poor mental health and wellbeing on the Nigerian built environment extends to broader societal implications, including economic consequences. The construction industry plays a crucial role in the country's economic development, and any negative effects on productivity, safety, and project completion can hamper growth and hinder infrastructure development initiatives. The financial burden of poor mental health, including healthcare costs and lost productivity, affects not only individuals and organizations but also the overall economy (Pinheiro et al., 2017).

b) Social Stigma and Wellbeing Disparities: The presence of poor mental health and a lack of wellbeing culture perpetuate social stigma and contribute to wellbeing disparities within the Nigerian built environment. Construction workers facing mental health challenges may experience discrimination, isolation, and reduced social support. The societal stigma associated with mental health issues may prevent individuals from seeking help, exacerbating their condition and impeding access to necessary support services (Nwaogu et al. 2020).

c) Impact on Sustainable Development: Sustainable development in the Nigerian built environment is closely linked to the wellbeing of its workforce. Poor mental health and well-being culture can hinder sustainable development goals by impeding progress in areas such as worker safety, quality construction practices, and social responsibility. Creating a mentally healthy work environment contributes to the long-term sustainability and resilience of the construction industry (Adeyemi et al., 2021).

2.3 Improving Mental Health and Wellbeing in Nigerian Construction Industry (NCI).

Efforts to promote wellbeing and mental health within the Nigerian built environment are emerging. The development of sustainable cities, the integration of nature-based solutions, and the implementation of mental health-friendly design principles have gained attention. Studies have shown the potential benefits of incorporating green spaces, walkable neighbourhoods, and accessible recreational facilities in enhancing mental wellbeing (Nwaogu et al., 2020). Furthermore, community-based initiatives, such as social support programs and neighbourhood associations, have demonstrated positive impacts on mental health outcomes (Castillo et al., 2019). Several strategies can be implemented to improve the mental health and well-being of construction workers in the Nigerian built environment:

a) Policy and Governance: The role of policy and governance in promoting mental health within the built environment is crucial. However, limited research exists on the specific policies and regulations related to mental health in Nigeria. Adequate urban planning policies that prioritize mental wellbeing, zoning regulations, and the incorporation of mental health considerations in building codes are essential for creating supportive environments (Abdulmalik et al., 2016). There is a need for further research to understand the existing policy landscape and identify areas for improvement.

b) Community Engagement and Stakeholder Collaboration: Collaboration among various stakeholders, including government agencies, urban planners, architects, healthcare professionals, and community members, is vital for fostering a wellbeing culture and addressing mental health challenges in the Nigerian built environment. Community engagement initiatives that empower individuals, promote social cohesion, and encourage participation in decision-making processes have shown promise in enhancing mental wellbeing (Kruk et al., 2018). Additionally, partnerships between the private sector, non-governmental organizations, and academic institutions can contribute to innovative solutions and resource mobilization.

c) Mental Health Awareness and Education: Promoting mental health awareness and providing education on mental health issues can help reduce stigma, increase help-seeking behaviours, and improve overall mental wellbeing. Latha et al. (2020) emphasize the importance of mental health education programs with social media platforms.

d) Workplace Interventions and Support Programs: Research by Ashraf and Siddiqui (2021) highlights the effectiveness of workplace interventions in promoting the mental wellbeing of Nigerian construction workers. Implementing workplace interventions and support programs can create a supportive and mentally healthy work environment. These may include stress management programs, employee assistance programs, and access to counselling or therapy services.

e) Occupational Health and Safety Practices: A study by Jain et al. (2021) emphasizes the importance of occupational health and safety practices in protecting the mental health of construction workers. Prioritizing occupational health and safety practices can help prevent work-related injuries and reduce stress levels among construction workers. Adequate safety training, provision of personal protective equipment, and adherence to safety regulations are essential for promoting mental wellbeing.

f) Flexible Work Arrangements: Implementing flexible work arrangements can enhance the wellbeing of construction workers. Adeyanju et al. (2021) discuss the impact of flexible work arrangements on the well-being of Nigerian construction workers. These flexible work arrangements allow for short-term breaks in employment without losing one's job. These are considered increasingly important because while they enable individuals to maintain their relationships with their employers while on break from work responsibilities, it avails employees the opportunity to travel, acquire new skills and competencies, attend to caregiving and health demands as well as prevent burnout. Sabbaticals are traditionally associated with universities and academic positions.

i) Information technology: Nwaogu et al. (2020) found that researchers in the construction industry have intensified efforts to leverage information technology in improving the health, wellbeing, and safety of construction personnel.

III. METHODOLOGY

The study aimed to understand the impacts and factors that influence the wellbeing culture and mental health of construction workers in Nigeria, and develop ways to improve it. The primary data collection instrument was a structured questionnaire tailored for construction professionals in Nigeria. The questionnaire comprises of these sections:

- Section A: This section of the questionnaire investigates the background information of the respondent by enquiring about the gender, age, years of experience, qualification and role of the respondent.
- Section C: This section focuses on the impact of poor mental health and well-being culture in the Nigerian built environment.
- Section D: This section focuses on improving wellbeing culture and mental health in the Nigerian built environment.

The questions in the questionnaire were designed to be fixed, short, precise and easy to comprehend with each section having over 14 multiple-choice questions. Respondents utilized a 5-point LIKERT scale to rate variables, offering a numerical representation of their perspectives. The LIKERT scale had 1 denoting Strongly Disagree, 2 - Disagree, 3 - Neutral, 4 - Agree, 5 - Strongly Agree thus enabling the researcher to measure their perception about the significance of the issues under consideration. The questionnaire was administered electronically through the use of Google Forms which is a free electronic medium offered by Google, that has the ability to voluntarily collect information through the designed questionnaire with 152 respondents.

The study adopted a purposive sampling strategy, strategically selecting diverse construction professionals from various disciplines within the Nigerian construction industry. Architects, Engineers, Builders, Project Managers, Contractors, Consultants, Health, Safety and Environmental Officers, Drivers, Machine Operators, Craftsmen, were thoughtfully included to ensure a comprehensive cross-section of insights.

The data derived from the survey was analyzed using descriptive statistics, a foundational method in quantitative research. Descriptive statistics allowed for the succinct presentation and summarization of the collected data. This encompassed various measures, such as frequency, percentage, mean, and ranking. Frequency and percentage distributions revealed the prevalence of certain responses, while means and rankings provided insight into the relative importance of variables.

IV. RESULTS AND DISCUSSIONS

Table 1: Distribution of respondents according to gender

S/N	Gender	Frequency	Percentage (%)
1	Male	129	84.9
2	Female	23	15.1
3	Prefer not to say	0	0
	Total	**152**	**100.0**

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The table above shows that 84.9% of the respondents were male while 15.1% of the respondents were female. Although the number of respondents is limited, this indicates that the engineering sector is dominated by men.

According to the table, the respondents were divided into nine (9) age groups. 27.6% of the respondents were between 26 - 30 years which is the mode age group, 23.2% were 21 – 25 years, 13.8% were 31 - 35 years, and 16.4% were between 36 - 40 years. Fewer participants in this survey were from age groups 16 - 20 years, 41 - 45 years, 46 – 50 and 51 – 55 years having 2.6%, 5.9%, 7.9% and 2.6% of the respondents respectively. The survey had no participants above 55 years. This survey had 83.6% of its respondents between 16 - 40 years which indicates a strong participation of the young population of professionals.

Table 2. Distribution of respondents according to age

S/N	Age (years)	Frequency	Percentage (%)
1	16 - 20	4	2.6
2	21 - 25	35	23.2
3	26 - 30	42	27.6
4	31 - 35	21	13.8
5	36 - 40	25	16.4
6	41 - 45	9	5.9
7	46 - 50	12	7.9
8	51 - 55	4	2.6
9	56 and above	0	0.0
	Total	**152**	**100.0**

4.1.3: Distribution of respondents according to years of working experience

Table 3. Distribution of respondents according to years of working experience

S/N	No of years of working experience	Frequency	Percentage (%)
1	Less than 1 year	8	5.3
2	1 - 5	65	42.8
3	6 - 10	47	30.9
4	11 -15	17	11.2
5	16 - 20	8	5.3
6	21 - 25	5	3.3
7	Above 25 years	2	1.2
	Total	**152**	**100.0**

From the table above, 42.8% of respondents have a working experience of 1 - 5 years, 30.9% have a working experience of 6 - 10 years, 5.3% have working experience of 16 - 20 year, 11.2% have working experience between 11 - 15 years, 3.3% have working experience between 21 - 25 years. There were only 2 respondents with working experience above 25 years.

Table 4. Distribution of respondents according to educational qualification

S/N	Highest post-school educational qualification	Frequency	Percentage (%)
1	Ordinary National Diploma (OND)	9	11.8
2	Higher National Diploma (HND)	25	24.3
3	Bachelor's degree	108	48.0
4	Master's degree	20	14.5
5	Doctorate	1	1.3
	Total	**163**	**100.0**

From the table above, 66.3% of the respondents have a bachelor's degree as their highest level of education, 12.3% possess a Master's degree, 5.5% of the respondents have an Ordinary National Diploma (OND), and 15.3% have a Higher National Diploma (HND) while 0.6% of the respondents have a doctorate degree.

Table 5. Distribution of respondents according to number of employees in company

S/N	Number of Employees in Company	Frequency	Percentage (%)
1	0 - 50	78	51.3
2	51 - 100	25	16.4
3	101 - 1000	21	13.8
4	1000+	28	18.4
	Total	**152**	**100.0**

From the table above, 51.3% of the respondents work in organizations with 0 - 50 employees, 16.4% work in organizations with 51 - 100 employees, 13.8% work in organizations with 101 - 1000 employees, 18.4% work in organizations with over 1000 employees.

Table 6. Distribution of respondents according to profession

S/N	Field of respondent	Frequency	Percentage (%)
1	Engineers	84	55.3
2	Contractors	2	1.3
3	Consultants	3	2.0
4	Builders	3	2.0
5	Machine Operators	9	5.9
6	Architects	22	14.5
7	Project Managers	4	2.6
8	Craftsmen	11	7.2
9	Health, Safety and Management Officers	7	4.6
10	Drivers	7	4.6
	Total	**152**	**100.0**

From the table above, 55.3% of the respondents are Engineers, 1.3% are contractors, 2% are Consultants and Builders respectively, Machine operators are 5.9%, 14.5% are architects, 2.6% are Project Managers, 7.2% are made up of Craftsmen, 4.6% of the respondents are made up Health, Safety and Management Officers and Drivers Respectively. This shows a good representation of different professionals in the construction industry who are directly affected by their wellbeing culture and mental health in Nigeria.

In order to determine the weight of the responses generated from the survey, a multi-attribute analytical method was used which involves the computation of the Mean Rating Value (MR) as well as the Relative Importance Index (RII) of each response. The MR was used to get the value of each attribute while the RII was used to rank the attributes depending on their value. The equations used for both MR and RII can be seen below;

Mean Rating (MR)

$$MR = \sum_{i=1}^{5} RP_i \times R_i\%$$

Where:

RP_i = Rating Point i (ranging from 1 - 5)

$R_i\%$ = Percentage response to rating point i

Relative Importance Index (RII)

$$RII = \frac{MR}{\sum MR}$$

Where:

MR = Mean Rating Value

$\sum MR$ = Sum of all Mean Rating Values

To enable the mapping of prioritization of attributes into a continuum, the 5-point Likert scale was transformed into the following band:

Table 7. Rescaled Five-Band Rating

Point	Rating Scale	Minimum	Maximum
5	Very High	4.2	5
4	High	3.3999	4.1999
3	Moderate	2.5998	3.3998
2	Low	1.7997	2.5997
1	Very Low	0.9996	1.7996

4.2.1. Impact of Poor Mental Health and Wellbeing Culture in the Nigerian Construction Industry (NCI)

The Likert five-point scale was employed to explore the respondent's opinions in relation to the questions posed in the study, where "(1)SD" represents strongly Disagree, "(2)D" represents Disagree, "3(N)" represents Neutral, "(4)A" represents Agree and "(5)SA" represents Strongly Agree. (6) T = Total, (7)WS = Weighted Sum, (8)MR = Mean Rating, (9)R= Rank

Table 8. Impact of Poor Mental Health and Wellbeing Culture in the Nigerian Construction Industry (NCI)

S/N		SD (1)	D (2)	N (3)	A (4)	SA (5)	T (6)	WS (7)	MR (8)	Remark	RII	R (9)
IM-1	Decrease in job satisfaction.	1	0	1	15	135	152	739	4.86	Very High	0.97237	1
IM-2	Reduction in Productivity	1	1	1	13	136	152	738	4.86	Very High	0.97105	2
IM-3	Stunted Career growth and opportunities.	0	2	4	92	54	152	654	4.30	Very High	0.86053	4
IM-4	Workforce shortage.	6	52	45	17	32	152	473	3.11	Moderate	0.62237	15
IM-5	Stigma from colleagues.	2	0	2	62	86	152	686	4.51	Very High	0.90263	3
IM-6	Strained relationships with coworkers, family and friends.	1	1	10	113	27	152	620	4.08	High	0.81579	6
IM-7	Workers with poor mental health often struggle with work-life balance in the Nigerian built environment.	0	11	26	93	22	152	582	3.83	High	0.76579	9
IM-8	Reduction in worker retention rates.	1	4	41	91	15	152	571	3.76	High	0.75132	10
IM-9	Use of substances and drugs to keep up with job demands.	1	17	31	92	11	152	551	3.63	High	0.72500	12
IM-10	Decline in sustainable development in the society.	1	1	5	140	5	152	603	3.97	High	0.79342	8
IM-11	Reduction in economic output	2	5	95	43	6	151	499	3.28	Moderate	0.66093	13

IM-12	Increase in occupational hazards	0	1	0	131	20	152	626	4.11	High	0.82368	5
IM-13	Higher rate of absenteeism in the industry.	0	2	19	106	25	152	610	4.01	High	0.80263	7
IM-14	Aggressive attitude in the workplace	2	16	25	102	7	152	552	3.63	High	0.72632	11
IM-15	Risk of Suicide.	2	35	61	47	7	152	478	3.14	Moderate	0.62895	14

From the results in the table above, in regard to the question: "Investigating the challenges and various ways in which poor mental health and well-being culture has affected engineering construction workers in Nigeria" Of the 15 impacts, 150 and 149 out of 152 (98.7%) respondents agreed or strongly agreed that Decrease in job satisfaction and Reduction in Productivity respectively are the highest impacts of poor wellbeing culture and mental health of construction workers in Nigeria with a Mean Rating Value (MR) and Relative Importance Index (RII) of 4.86 and 0.9724 and 0.97105 respectively. 148 out of 152 (98.0%) respondents also agreed or strongly agreed with Stigma from colleagues, with MR of 4.51 and RII of 0.90263 ranking it third. Stunted Career growth and opportunities was ranked fourth with a MR and RII of 4.30 and 0.86053 respectively. The impact least perceived by the respondents was workforce shortage with only 49 out of 152 (32.2%) respondents strongly agreeing or agreeing with this assertion with MR of 3.11 and RII of 0.62237. Other barriers were ranked from 5th to 14th with RII value falling between 0.82368 and 0.62895.

[1].   4.2.2. Strategies to Improve Wellbeing Culture and Mental Health in the Nigerian Construction Industry

The Likert five-point scale was employed to explore the respondent's opinions in relation to the questions posed in the study, where "(1)SD" represents strongly Disagree, "(2)D" represents Disagree, "3(N)" represents Neutral, "(4)A" represents Agree and "(5)SA" represents Strongly Agree. (6) T = Total, (7)WS = Weighted Sum, (8)MR = Mean Rating, (9)R= Rank

Table 9. Strategies to Improve Wellbeing Culture and Mental Health in the Nigerian Construction Industry

S/N		SD (1)	D (2)	N (3)	A (4)	SA (5)	T (6)	WS (7)	MR (8)	Remark	RII	R (9)
NM-1	Enforcement of regulations that prioritize mental health considerations in urban planning and development.	0	0	0	22	130	152	738	4.86	Very High	0.97105	1
NM-2	Provision of adequate breaks and rest periods to promote the wellbeing of construction workers.	0	0	0	57	95	152	703	4.63	Very High	0.92500	4
NM-3	Regular training and education programs should be implemented to raise awareness.	0	0	1	30	121	152	728	4.79	Very High	0.95789	2
NM-4	Accessible counselling services should be made available.	0	0	0	60	92	152	700	4.61	Very High	0.92105	5

NM-5	Establishment of policies that support a positive work-life balance for their employees	0	0	1	59	92	152	699	4.60	Very High	0.91974	6
NM-6	Open communication channels should be encouraged.	0	0	1	47	104	152	711	4.68	Very High	0.93553	3
NM-7	Provision of resources and information to improve mental health	0	0	49	34	69	152	628	4.13	High	0.82632	12
NM-8	Involvement of employees in decision-making processes regarding their mental health and wellbeing	0	0	23	59	70	152	655	4.31	Very High	0.86184	10
NM-9	Construction workers should receive training on stress management techniques	0	0	0	92	60	152	668	4.39	Very High	0.87895	8
NM-10	Access to natural light and ventilation in buildings.	0	0	29	28	95	152	674	4.43	Very High	0.88684	7
NM-11	Recognition of achievements.	0	2	9	93	48	152	643	4.23	Very High	0.84605	11
NM-12	Flexible work arrangements	44	29	26	13	40	152	432	2.84	Moderate	0.56842	14
NM-13	Provision of incentives for employees to engage in activities that promote mental health.	0	0	1	132	19	152	626	4.12	High	0.82368	13
NM-14	Regular Mental health awareness campaigns and workshops.	0	0	2	89	61	152	667	4.39	Very High	0.87763	9

From the results in the table 9, in regard to the question: "To what extent do you agree that the following guidelines can lead to an improvement in the wellbeing culture and mental health in the NCI?" of the 14 guidelines, 152 out of 152 (100%) respondents agreed or strongly agreed that Enforcement of regulations that prioritize mental health considerations in urban planning and development ranked highest to improve wellbeing culture and mental health among construction workers in Nigeria with a Mean Rating Value (MR) and Relative Importance Index (RII) of 4.86 and 0.97105 respectively. 151 out of 152 (99.3%) respondents also agreed or strongly agreed that Regular training and education programs should be implemented to raise awareness will help to improve wellbeing culture and mental health among construction workers in Nigeria with MR of 4.79 and RII of 0.95789 ranking it second. Encouraging open communication channels was ranked third with a MR and RII of 4.68 and 0.93553 respectively. Provision of adequate breaks and rest periods to promote the wellbeing of construction workers, Accessible counselling services should be made available, Establishment of policies that support a positive work-life balance for their employees, Access to natural light and ventilation in buildings, Construction workers should receive training on stress management techniques, Regular Mental

health awareness campaigns and workshops, Involvement of employees in decision-making processes regarding their mental health and wellbeing, Recognition of achievements also had Very High rating.

The guideline least perceived by the respondents was Flexible work arrangements. Despite being the least perceived, it still had a moderate RII of 0.56842. Other guidelines were ranked from 4th to 13th with RII value falling between 0.92500 and 0.82368.

V. CONCLUSION

Nigeria's construction industry is strategically important to its development and growth, just like any nation. To effectively carry out its responsibilities, occupational health and safety (OHS) is critical to the industry. Construction workers' wellbeing and mental health has been established as the fundamental component of OHS. This study explores the influence of workers wellbeing culture and mental health, it further provides critical insights into the impact of wellbeing culture and mental health among construction professionals in Nigeria. The findings highlight the significant consequences of poor wellbeing culture and mental health, including decreased job satisfaction and productivity. To address these challenges, we recommend regular awareness workshops and training, policies supporting work-life balance, and accessible counselling services. Furthermore, the research emphasizes the importance of establishing and promoting confidential therapy and support channels. These resources are essential for empowering workers to improve their overall quality of life through self-awareness and self-exploration, effectively addressing thoughts, Behaviors, stressors, and past experiences. By implementing these measures, the Nigerian construction industry can foster a healthier and more productive work environment, ultimately promoting the long-term wellbeing of its workforce. Future research should focus on evaluating the effectiveness of intervention strategies and identifying barriers to implementation.
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