

## Article

# Supporting Sustainable Futures in Retail: An Exploratory Study on Worker Health, Safety and Wellbeing in Australia

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**Abstract:** Health, safety, and wellbeing (HSW) have been studied widely in different contexts and are associated with social, organisational, and human sustainability. However, there is limited research about HSW in retail that includes both workers and managers to offer a more holistic and inclusive perspective. To fill this gap, this exploratory and descriptive cross-sectional study employed a 21-item quantitative and 3-item qualitative online survey and engaged a representative sample of 271 workers and 109 managers/owners in Australia. The results showed retailers provide a reasonably adequate technical and social work environment, and workers perceive their job tasks as averagely challenging. Nevertheless, workers still experienced adverse HSW effects frequently, partially attributed to a poor organisational environment. Workers and managers were markedly aligned regarding the current HSW status in Australian retail and agreed that health and safety were not focal areas of their businesses. Worryingly, both groups viewed the unfavourable impacts of work as inescapable, indicating a commonly shared fatalistic perspective that does not align with sustainability practices. Although workers appreciated their employment-related benefits, they also acknowledged that their HSW was not fully supported, presenting unique opportunities for the workplace and policymakers to address such issues and support the economic and social sustainability of retailers.

**Keywords:** retail industry; health; safety; wellbeing; human sustainability; organisational sustainability



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## 1. Introduction

In modern workplaces, connections between sustainability and worker health, safety, and wellbeing (HSW) are consistently considered. For example, a study in Israel identified that social sustainability and employee wellbeing are linked through the extent and quality of workspace integration, where the latter symbolises the organisation and can foster social interactions [1]. In the Japanese business context, research showed that managers endorse moral and strategic reasons for prioritising employee wellbeing and human sustainability, aligning with corporate social responsibility (CSR) principles and corporate sustainability goals [2]. A study in Australia revealed the combined negative impact of health vulnerability, job tension, and scarce organisational support on employee wellbeing within the sphere of human sustainability [3]. Also, a recent systematic literature review on sustainable human resource management [4] found that HSW in the workplace is not only a moral and legal obligation but also a critical element of a sustainable and responsible business model. Adequate HSW ensures that the workforce remains healthy and capable of contributing to the wellbeing of society while minimising negative social and environmental impacts, all of which are essential aspects of sustainable development [4].

The retail industry, which is the focus of this study, regularly experiences a high staff workload and turnover. This often limits businesses' focus on staff injuries, while risks

causing damage to health over a longer period can be underestimated [5–8]. Indeed, in occupational health and safety (OHS), the shifting landscape of work has led to a greater acknowledgment of health-related concerns within inclusive OHS management systems [9]. Simultaneously, while it is evident that retailers must survive and thrive in a competitive and globalised market [10], there is a rising understanding of the importance of physical and psychological wellbeing of workers [11–14]. Research has also focused on how the wellbeing of workers can be adversely affected by the harsh economic environments in which retail businesses operate [15,16].

Nevertheless, in the United States (US), HSW issues persist over time and affect various subsectors of the retail industry. There have been elevated frequencies of nonfatal injuries and illnesses [17], mainly in motor part dealers, gasoline stations, tyre dealers, home and garden centres, supermarkets, meat markets, warehouse clubs, pet stores, and fuel dealers [18]. In Australia, although the retail industry does not suffer from many workplace fatalities annually, it presents a relatively high rate of serious worker compensation claims (5.1 claims/million hours worked) [19]. Indeed, this rate is 53.1% of the worst-performing industry (9.6 claims/million hours worked for agriculture) and is equal to the mining industry, which is an inherently high-risk industry.

Despite the picture presented above, HSW research in retail has not attracted the same attention as other sectors that are deemed safety-critical, like healthcare, aviation, maritime and process, energy, and resource industries [20]. In these sectors, optimising human performance, including physical and psychosocial aspects and overall work design [21], is paramount to ensuring safe operations deliver services and goods of an expected quality while minimising negative impacts on workers and society [22]. On the other hand, human performance challenges in retail, underpinned by poor HSW environments, are perhaps not seen as a research priority because they do not directly contribute to catastrophic harm and consequences. Perhaps this is the reason modern approaches to safety, such as the System-Theoretic Accident and Model and Processes [23] and Resilience Engineering [24], have not been used in retail.

The situation above suggests the retail sector needs to intensify its efforts to improve HSW. Indeed, as the employment landscape is swiftly evolving [25], there are studies focusing on HSW in the retail industry internationally. Research in retail businesses has focused principally on food handling and food safety knowledge and practices [26–31]. Australia has only limited research on HSW in retail. In 2013, research using 30 interviews with frontline workers and managers in a single organisation with several retail outlets revealed that workplace bullying and harassment behaviours were often ignored or neglected unless they escalated into confrontation or threatened business outcomes, like productivity and profitability [32].

Also, Walker and Hutton [33] observed 131 employees attending safety training sessions in retail and manufacturing organisations, finding direct evidence of reciprocity between the employer and employee safety obligations. Another study investigated whether the effect of job demands on retail workers' HSW and job performance varied depending on whether workers perceived them as threats or challenges offering opportunities for mastery [34]. Although retail workers in Australia faced multiple threats, they did not have access to resources to promote their growth and HSW [34]. Table 1 presents the results from indicative studies in the retail sector across other regions.

**Table 1.** Indicative studies about HSW in retail.

Citation (in Ascending Chronological Order)	Country/Region	Main Findings
Zeytinoglu et al. [35]	Canada	Job insecurity, short and split shifts, the unpredictability of hours, low wages, poor benefits in part-time and casual jobs, and the need to juggle multiple jobs contribute to stress and workplace problems of absenteeism, high turnover, and workplace conflicts.

Table 1. Cont.

Citation (in Ascending Chronological Order)	Country/Region	Main Findings
DeJoy et al. [36]	United States	Environmental conditions, safety-related policies, and programs, especially the general organisational climate, affect the perceived safety climate.
Zeytinoglu et al. [37]	Canada	Stress is a major occupational health problem, amplified by gendered and adverse psychosocial environments. Stress is associated with strain injuries, migraine headaches, and feelings of low self-esteem, motivation, and job satisfaction.
Ombardi et al. [38]	United States	Parameters influencing the use of eye protection equipment include hazard/risk perceptions, barriers to use (e.g., a lack of comfort/fit and fogging and scratching), poor reinforcement policies, young age, and lack of safety training.
DeJoy et al. [39]	United States	HSW interventions can decline over time because of internal business disruptions and an adverse economic environment.
Wirtz et al. [40]	Cross-European	Sunday work significantly increases the risk of accidents and negatively affects worker HSW, leading to a work–life imbalance.
Anderson and Chun [41]	United States	Overexertion, contact with objects, and falls on the same level are the main hazards.
Pilbeam et al. [42]	United Kingdom	Learning in response to safety-related events does not always occur, is rarely embedded in work procedures, and there is a gradual drift away from such procedures.
Park et al. [43]	Korea	Low-skilled workers are more exposed to ergonomic risk factors and subsequent musculoskeletal disorders and experience occupational injuries more frequently.
Shi Min and Daisy Mui Hung [44]	Malaysia	Workplace bullying is positively correlated with occupational stress and affects workers' job performance.
Sedani et al. [45]	United States	There is a lower uptake of HSW strategies, especially safety policies.
Robert et al. [46]	France	Indoor air quality is poor in storage areas, which are often unventilated and overloaded with new products. Unpacking tasks in combination with an unsuitable ambient temperature can increase the worker's exposure to toxic substances such as formaldehyde and toluene.

#### *Study Motivation and Objectives*

The studies listed in Table 1 have targeted varied contexts in different markets and have employed a limited set of employment and HSW-related constructs, such as job insecurity and stress, bullying and harassment, compliance with risk controls, management systems, work environment conditions, etc. Also, such research has been mostly initiated in response to injuries and concerns about particular HSW areas. Hence, despite the studies presented above providing important insights, to date, there has been no published research offering a holistic and inclusive approach to HSW to inform further initiatives. Moreover, although studies in the retail industry have adopted a negative focus on HSW, there is a body of evidence that highlights the positive elements of retail work, including flexibility,

security, collegiality, networking, and income (e.g., [47,48]). These appear to be neglected in HSW research in the retail industry. As such, in this study, we adopted a holistic view of HSW as the state resulting from the interactions of individuals with physical, technical, social, and organisational elements of the work environment as a system [49,50]. A holistic view is important to ensure the sustainable development of the retail industry.

Finally, OHS, and HSW by extension, has been one of the principal areas where Work as Imagined (i.e., what management expects based on policies, procedures, training, etc.) and Work as Done (i.e., what is possible and actioned in reality) must continually get closer to each other [51]. Currently, there is a lack of cross-sectional studies based on the concurrent views of retail workers and managers, who may have very different perspectives about HSW. Their views are important for the economic and social sustainability of retailers as both have an important role to play in creating a healthy, safe, and productive workplace by minimising the distance between Work as Imagined by management and Work as Done by workers (e.g., [52,53]).

To address these gaps, the overarching aim of this research was to provide insights into workers' HSW experiences and awareness and managers' understanding of HSW and respective initiatives. The specific objectives were to explore:

1. How retail workers perceive the degree and type of HSW-related support currently available to them, the HSW effects of work, and their awareness of any management actions to improve workplace HSW.
2. The management's understanding of the degree and type of HSW-related support currently provided to workers, the HSW effects of work on workers, and any current and planned actions targeting the improvement of HSW in the workplace.
3. Whether points 1 and 2 above vary across worker, manager/owner, and business demographics.
4. The similarities and differences between management's understanding and focus and workers' experiences and needs regarding HSW.

## 2. Materials and Methods

### 2.1. Survey Design

This cross-sectional study focuses on the Australian retail sector. This specific region was selected based on the location of the authors' institution, including relatively convenient access to the targeted population and a lack of similar studies in Australia. Considering best practice in similar exploratory studies [54] and the strengths of using both quantitative and qualitative approaches [55–57], we collected quantitative and qualitative data. This provided a descriptive and holistic snapshot of the HSW status by (a) exploring patterns and variations through quantitative data based on predetermined scales and (b) acquiring emerging insights through free text to allow participants to express their observations [58].

We focused on different business and worker demographics within the reality of the changing nature of work. Considering that this is applied research of an exploratory nature, we did not test any theoretical model or hypotheses among the HSW constructs. As we could not identify any published survey instrument that could meet our needs, we designed and administered two online surveys through Qualtrics, one for workers and another for managers/owners, with customised wording for the questions in each group (see Supplementary S1). The surveys were piloted by three workers with no formal education or job experience in OHS and two academic peers with experience in survey design and public health research. The study was approved by the Human Research Ethics Committee of the Queensland University of Technology (Approval Number: 6299).

#### 2.1.1. Demographic Variables

Following the participant information sheet, consent, and eligibility screening questions (i.e., age 18 and over, working in the retail industry), the surveys collected demographic data from retailer and participant groups. The demographic variables were mainly based on the studies in the retail industry reviewed in the introduction section above to al-

low for comparisons. Retailer demographics were collected from both groups (workers and managers/owners) and included the business structure (independent, local/regional chain, or national/global chain), workforce size, retail group (e.g., supermarket or department store), and location. Managers/owners were also asked about recent business changes in sales volume, staff turnover, and absenteeism.

Manager/owner demographics included age, retail business management or ownership, years of experience in their respective role, their total work experience in retail, and job security. Worker demographics included age, gender, type (e.g., student, apprentice or skilled), English as the respondent's mother language, Australian citizenship/permanent residency, if they were employed by more than one business and their years of work experience in retail, employment status (full-time, part-time or casual), the number of years worked for that specific retailer, the average shift length, roster predictability, supervisory responsibilities, office-based work or not, job security and independent work/with teams, split shifts, Sunday/public holiday shifts and working specific parts of the day (e.g., mornings or evenings).

### 2.1.2. HSW Questions

The online surveys included three open-ended questions that prompted participants to state the most important positive and challenging HSW aspects and any current or planned actions to support workplace HSW in the retail business they worked/managed. The questions were properly formulated for each group. For example, workers were asked to answer the following, "What is the single most important aspect of your current work that you believe contributes positively to your well-being, health or safety?" whereas the respective question to managers/owners was "What is the single most important aspect that you believe contributes positively to the well-being, health or safety of the workers?".

The last section of the survey included HSW-specific questions based on the principles included in authoritative sources about OHS (e.g., [59,60]), occupational health (e.g., [61]), the more specific areas of occupational hygiene that deal with exposure to physical, chemical and biological agents (e.g., [62]) and ergonomics which focus on the interactions between humans and their socio-technical environment (e.g., [63]). Hence, the following high-level HSW concepts were included in the survey:

1. HSW is influenced by interactions with and exposure to physical, chemical, biological, ergonomic, and psychosocial agents.
2. HSW support can include:
  - a. Training/education in relevant hazards and risks.
  - b. An awareness of OHS rights and obligations.
  - c. OHS management structures and roles (e.g., safety professionals and offices).
  - d. An adequate work environment, including technical elements (e.g., tools and devices), social elements (e.g., leadership, cooperation, engagement), and organisational elements (e.g., workload, supervision, coordination).
  - e. Adequate task/job design, including reasonable physical (e.g., manual handling, sitting, and standing), cognitive (e.g., information processing and decision making) demands, and emotional toll (e.g., anger and frustration).
3. The effects of work on HSW include stress as a generic psychophysiological state, physical and mental health issues, and becoming a victim of internal and external psychosocial risks (e.g., harassment and abuse).

HSW-specific items used a Likert-type scale with various values and ranges depending on their content (e.g., 1 = "never" to 5 = "always"; 1 = "extremely inadequate" to 5 = "extremely adequate"). Questions to workers about HSW aspects focused on their perceptions and/or individual experiences, whereas questions to managers and owners focused on their understanding of the status of these aspects and their effects on workers in retail businesses.



## 2.2. Survey Administration and Sample

Purposive sampling methods were used to recruit participants. After creating participation flyers and an entry into the Participate in Research webpage of the Queensland University of Technology, the research team ran an intensive and broad campaign for one month in early October 2022 through diverse channels to maximise participation while also employing snowball sampling. As this strategy, although typical for public health research, yielded a limited sample, we recruited additional participants through the Online Research Unit (ORU). The survey remained open for data collection between 7 October and 17 December 2022. While ORU is an Australian-focused credible research panel and has been used in consumer research (e.g., [64]) and public health studies previously (e.g., [65]), we also ensured the best possible application of guidelines on crowdsourcing research, including the minimisation of self-selection risk and high attrition rates [66]. To further strengthen the quality of data, we activated the duplicate-tracking features of the Qualtrics platform.

We collected 271 valid questionnaires from workers and 109 from managers/owners. The demographics of both groups are presented in Supplementary S2. To check the representativeness of the sample, the researchers retrieved data from 1191 retail workers collected by the Australian Bureau of Statistics (ABS) in August 2022. In Supplementary S2/Table S1, the respective figures are inserted where the corresponding demographic variables were available in ABS or could be inferred from proxy variables. We could not locate in the ABS dataset variables that could be linked to the demographics of the managers/owners we collected surveys from.

Regarding workers, ABS variables that we could confidently correspond with our sample demographic variables included gender, the type of employment, work for almost the same hours per week (a proxy for shift predictability), and an expectation to remain in the same job in the next 12 months (a proxy for job security). The distributions of our sample and the ABS dataset across the variables above are similar. In addition, we note that the distribution of our worker sample and business presence across Australian states and territories corresponds to the relative population size of the respective jurisdictions. Collectively, the above suggests that our samples represented the target populations.

## 2.3. Data Processing and Analysis

The qualitative responses in the survey were analysed by two authors (AS and LPM) through thematic analysis, which is a widely adopted “method for identifying, analyzing and reporting [themes] within data” [67]. Each response was free-coded into first-order codes, which were then collated to form the themes within each of the HSW areas targeted as follows: most important aspects contributing to positive HSW, the biggest issues related to negative HSW, and respective improvement plans/actions within the retail business. According to previous research practice [68,69], the third author (NK) checked the text-code and code-theme correspondences provided, and any disagreements were resolved by referring to the data collected and the codes generated.

For the quantitative data analysis, we limited the number of statistical tests per variable to 10 to avoid the inflation of type I errors while maintaining a reasonable  $p$ -value [70]; thus, we split the worker dataset into three randomly created subsets (i.e., 90–91 data points per set). The overall statistical significance level was set to  $\alpha = 0.1$ , which, with the Bonferroni correction, led to a value of  $\alpha = 0.1/10 = 0.01$  for all tests [71]. It was unnecessary to split the managers/owners’ dataset, but we maintained the same statistical significance level because of the number of tests with each variable (i.e., 10 tests/variable).

We conducted non-parametric tests [70], including Spearman’s correlations between numerical variables, Mann–Whitney and Kruskal–Wallis tests for between-group comparisons, and Chi-square or Fisher’s exact test between categorical variables. When necessary, we grouped values with low frequencies to allow the performance of statistical tests without invalidating their assumptions. All tests were conducted with SPSS v.29, with the exact

bootstrapping options selected where available to compensate for data weaknesses and derive confidence levels.

### 3. Results

#### 3.1. Quantitative Data

In the following subsections and for statistically significant results, we include the effect size (ES) that represents the magnitude of each effect; it is reminded that, for correlations, the coefficient also reflects the ES [70]. The descriptors we used for the ES (i.e., slightly, moderately, considerably, and extremely) correspond to the typically used ranges of 0.0–0.2, 0.2–0.5, 0.5–0.8, and 0.8–1.0 [72].

##### 3.1.1. Effects of Work on HSW

Workers felt stressed at moderate levels ( $M = 3$ ), with 20% of workers reporting more than moderate stress levels, and non-skilled staff (e.g., apprentices, students) felt moderately more stressed ( $N = 88$ ,  $p = 0.006$ ,  $ES = 0.29$ ). Managers and owners in global/national chains and large retailers reported slightly higher stress levels of their workers (structure:  $N = 108$ ,  $p = 0.10$ ,  $ES = 0.07$ ; size:  $N = 108$ ,  $p = 0.000$ ,  $ES = 0.15$ ).

Work tasks were perceived as physically, mentally, and emotionally challenging to a moderate extent ( $M = 3$ ). Nonetheless, 20.4% of the workers reported that their tasks were very/extremely physically challenging, 22.5% found them very/extremely mentally challenging, and 21.2% found them very/extremely emotionally challenging. Managers and owners in large retailers perceived work as slightly more cognitively challenging than managers/owners in medium and small businesses ( $N = 105$ ,  $p = 0.007$ ,  $ES = 0.08$ ). Workers in national and regional retail chains ( $N = 88$ ,  $p = 0.009$ ,  $ES = 0.09$ ) and large and medium-size retailers ( $N = 88$ ,  $p = 0.008$ ,  $ES = 0.09$ ), and workers with longer shifts ( $N = 66$ ,  $r = 0.368$ ,  $p = 0.002$ ) rated their work as slightly to moderately more emotionally challenging.

At least once a year, 72% of the workers experienced physical health issues, and 58.1% of the workers faced mental health issues, which they attributed to their work and reduced their work performance and/or necessitated medical attention as a result. More than half of the workers (56.8%) were targets of psychosocial risks (e.g., harassment, abuse, aggression, and violence) from internal or external sources at least once a year, with 18.2% of the sample experiencing this four times a year or more.

Those working more often on Sundays and public holidays experienced moderately more frequent mental health issues ( $N = 88$ ,  $p = 0.009$ ,  $ES = 0.28$ ). Workers in national/global and regional chains ( $N = 88$ ,  $p = 0.004$ ,  $ES = 0.1$ ) working more often on Sundays and public holidays ( $N = 88$ ,  $p = 0.000$ ,  $ES = 0.4$ ) and with lower job security ( $N = 88$ ,  $p = 0.005$ ,  $ES = 0.3$ ) were victims of psychosocial risks slightly to moderately more frequently. Managers and owners in large retailers reported a slightly higher frequency of harm to their workers from psychosocial risks ( $N = 104$ ,  $p = 0.008$ ,  $ES = 0.08$ ).

When asked whether they perceived adverse HSW situations as a somewhat inescapable part of their jobs, 32.7% of the workers replied positively for cognitive issues (e.g., confusion, disorientation, lack of coordination, failure to recall information from memory), 45.6% for physical injuries (e.g., strain injuries, headaches, bruises and scratches, musculoskeletal discomfort) and 50.6% for negative emotions (e.g., anger, emptiness, frustration, helplessness, fear, guilt, resentment and sadness). Those working mainly alone reported moderately more frequently that cognitive issues were inescapable ( $N = 88$ ,  $\chi = 6.743$ ,  $p = 0.009$ ,  $ES = 0.28$ ).

##### 3.1.2. HSW Support

Workers felt that their work environment supported their HSW to a moderate extent ( $M = 3$ ), with 27.1% reporting little or no HSW support. Workers with lower job security felt moderately more that retailers did not adequately support their HSW ( $N = 90$ ,  $p = 0.000$ ,  $ES = 0.42$ ). The training, education, or information (TEI) received for occupational hygiene and ergonomic hazards was rated as good/higher-than-average ( $M = 4$ ) and for

psychosocial risks as average ( $M = 3$ ). Poor or no TEI for occupational hygiene was reported by 14.7% of workers, 13.5% for ergonomics and 24.7% for psychosocial risks. Lower sales over the last 12 months were associated with moderately less training, education, or information (TEI) for ergonomic hazards ( $N = 107$ ,  $r = 0.255$ ,  $p = 0.008$ ). Those with lower job security rated moderately lower the TEI quality for occupational hygiene ( $N = 89$ ,  $p = 0.000$ ,  $ES = 0.41$ ), ergonomics ( $N = 89$ ,  $p = 0.000$ ,  $ES = 0.37$ ), and psychosocial risks ( $N = 89$ ,  $p = 0.000$ ,  $ES = 0.37$ ).

About two-thirds of the workers (62.4%) reported an awareness of OHS roles and structures (e.g., safety departments or offices, managers, advisors, or committees) in the retail businesses they worked in. They were moderately familiar with their OHS rights and obligations and those of their employers ( $M = 3$ ), with 17.7% declaring no to little familiarity with their obligations and rights, and 18.5% with those of their employers. In retailers with OHS roles, structures, or functions, workers reported moderately higher TEI quality for hygiene ( $N = 89$ ,  $p = 0.003$ ,  $ES = 0.32$ ) and ergonomics ( $N = 88$ ,  $p = 0.009$ ,  $ES = 0.28$ ). Correspondingly, the managers/owner's dataset revealed that retailers without OHS roles, structures, or functions provided moderately less adequate TEI for hygiene ( $N = 106$ ,  $p = 0.003$ ,  $ES = 0.29$ ) and ergonomics ( $N = 106$ ,  $p = 0.001$ ,  $ES = 0.32$ ).

The fewer the years working in a specific retail business ( $N = 66$ ,  $r = 0.333$ ,  $p = 0.006$ ), the moderately lower the familiarity with the employer's obligations. Full-time workers were slightly more familiar than part-time workers, and the latter were slightly more familiar than casual workers with employer obligations ( $N = 87$ ,  $p = 0.004$ ,  $ES = 0.11$ ). Workers with more insecure jobs were moderately less familiar with their OHS obligations and rights ( $N = 89$ ,  $p = 0.000$ ,  $ES = 0.42$ ) and those of their employers ( $N = 88$ ,  $p = 0.008$ ,  $ES = 0.28$ ). Employers/owners of retail businesses without OHS roles, structures, or functions were moderately less familiar with their OHS obligations ( $N = 47$ ,  $p = 0.002$ ,  $ES = 0.45$ ).

Workplace technical environments (e.g., procedures, equipment, workstation layout, physical environment, and infrastructure), social work environments (e.g., good communication, blameless culture, mental health support, and peer support) and organisational environments (e.g., productivity-quality balance, distribution of workload between staff) were perceived as somewhat adequate ( $M = 4$ ) to support the execution of duties and to perform to the expected standard without negative effects on HSW. Nevertheless, 17.4% rated their technical environment as somewhat or extremely inadequate, 17.2% offered similar rates for their social environment, and 20.5% for their organisational environment.

Workers in retailers without OHS roles, structures, or functions rated the technical environment to be moderately lower ( $N = 88$ ,  $p = 0.004$ ,  $ES = 0.31$ ). Younger workers ( $N = 72$ ,  $r = 0.304$ ,  $p = 0.009$ ), non-skilled ( $N = 88$ ,  $p = 0.006$ ,  $ES = 0.29$ ) and non-native English speakers ( $N = 87$ ,  $p = 0.001$ ,  $ES = 0.28$ ) appreciated their social work environment moderately less. Those with less secure jobs rated their technical ( $N = 88$ ,  $p = 0.000$ ,  $ES = 0.47$ ), social ( $N = 86$ ,  $p = 0.000$ ,  $ES = 0.49$ ) and organisational ( $N = 87$ ,  $p = 0.000$ ,  $ES = 0.42$ ) environments as moderately less adequate.

A higher turnover in the last 12 months was associated with a moderately lower HSW support ( $N = 105$ ,  $r = -0.348$ ,  $p = 0.000$ ), less adequate workplace social elements ( $N = 104$ ,  $r = -0.283$ ,  $p = 0.004$ ), and less adequate organisational elements ( $N = 104$ ,  $r = -0.362$ ,  $p = 0.000$ ). Moreover, a higher turnover was associated with moderately higher worker stress ( $N = 104$ ,  $r = 0.380$ ,  $p = 0.000$ ), a higher frequency of physical health issues ( $N = 101$ ,  $r = 0.261$ ,  $p = 0.008$ ), more frequent mental health issues ( $N = 101$ ,  $r = 0.363$ ,  $p = 0.000$ ), more frequent harm from psychosocial risks ( $N = 102$ ,  $r = 0.374$ ,  $p = 0.000$ ), more physical work challenges ( $N = 103$ ,  $r = 0.379$ ,  $p = 0.000$ ), and more emotional challenges ( $N = 103$ ,  $r = 0.292$ ,  $p = 0.003$ ).

Higher absenteeism over the last 12 months was associated with moderately higher worker stress ( $N = 103$ ,  $r = 0.357$ ,  $p = 0.000$ ), higher frequency of physical health issues ( $N = 101$ ,  $r = 0.312$ ,  $p = 0.001$ ), mental health issues ( $N = 101$ ,  $r = 0.386$ ,  $p = 0.000$ ) and harm from psychosocial risks ( $N = 103$ ,  $r = 0.325$ ,  $p = 0.001$ ) and more physical ( $N = 103$ ,  $r = 0.371$ ,  $p = 0.000$ ) and emotional ( $N = 103$ ,  $r = 0.262$ ,  $p = 0.007$ ) challenges.



### 3.1.3. Comparison between Workers and Managers/Owners

Managers/owners offered, on average, the same response frequencies or rates as workers regarding the following:

- Worker stress ( $M = 3$ );
- The degree to which job tasks were physically and cognitively challenging ( $M = 3$ );
- The frequency of physical issues, mental health issues, and negative effects of psychosocial risks (once a year on average for each type of issue);
- The frequency with which physical issues (45.6%), mental health issues (32.7%), and negative emotions (50.6%) were perceived as inescapable parts of retail work, and;
- The degree of worker familiarity with their health and safety rights and obligations and those of their employers ( $M = 3$ ).

On the other hand, managers/owners perceived the work environment as moderately less emotionally challenging than staff experience it ( $N = 370$ ,  $p = 0.000$ ,  $ES = 22\%$ ). They also overestimated slightly the adequacy of the HSW support they provided ( $N = 378$ ,  $p = 0.000$ ,  $ES = 19\%$ ), the adequacy of TEI which they offered for hygiene ( $N = 374$ ,  $p = 0.002$ ,  $ES = 16\%$ ), ergonomics ( $N = 374$ ,  $p = 0.001$ ,  $ES = 18\%$ ) and psychosocial risks ( $N = 374$ ,  $p = 0.000$ ,  $ES = 18\%$ ), and the adequacy of technical ( $N = 373$ ,  $p = 0.000$ ,  $ES = 18\%$ ), social ( $N = 370$ ,  $p = 0.000$ ,  $ES = 18\%$ ) and organisational ( $N = 372$ ,  $p = 0.000$ ,  $ES = 20\%$ ) work environments for their retail businesses.

## 3.2. Qualitative Data

### 3.2.1. Retail Workers

Out of the 271 retail staff surveyed, 47 workers (17.3%) provided no response to the question about the most positive workplace aspect, 58 workers (21.4%) did not answer the question about the biggest workplace issue, and 167 participants (61.6%) indicated that there were none or that they were not aware of any current or planned actions. There were also several responses ( $n = 27$ ) that did not directly respond to the latter question or were not understandable.

The most significant issue that impacted workers' HSW negatively was high and unreasonable job demands and workload ( $n = 59$ ). This included aspects such as standing for long periods of time, the pressure to perform, moving heavy objects, etc. One participant mentioned:

*The job can be heavy, physically demanding, and repetitive for my current health level.*

Furthermore, workload was impacted by external conditions, including Christmas and holiday periods, where demand for products increased:

*The long hours and occasional overtime during immensely busy periods at work. Such as Christmas and Easter.*

Poor/unfair/non-accountable management was also another workplace issue ( $n = 29$ ). Participants described instances where they felt unsupported and not cared for by their management:

*The fact they purport to care about staff wellbeing but don't do anything to support this.*

Aggressive, dissatisfied, and unrespectful customers were another problem ( $n = 27$ ), and dealing with such customers was a major stressor, with some workers even alluding to abuse. Additionally, low staffing levels and high turnover were also reported as significant workplace issues ( $n = 18$ ), particularly during peak periods. Other negative aspects concerned a poor social work environment, poor work conditions, a lack of (mental) health, safety, and wellbeing focus, a poor organisational environment (bureaucracy, policies, processes, structures, supplies, and stock, etc.), inadequate breaks and fatigue and poor shift scheduling.

By contrast, the aspects that contributed most positively to workers' HSW were the social work environment ( $n = 43$ ) and supportive management practices ( $n = 31$ ).

Social environment factors included various aspects, such as establishing relationships in the workplace, connecting and interacting with others, and effective teamwork. Two participants mentioned:

*Great atmosphere with the other workers. We are like family.*

*The people I work with, look out for each other.*

Supportive management practices included encouragement and motivation from supervisors, managers showing empathy and care about a worker's wellbeing, training, and career development opportunities, and being appreciated and valued:

*Manager on duty checking in with me to see how I am going during my shift.*

Job satisfaction (n = 23), workplace flexibility (n = 22), work environment stability (n = 15), a supportive workplace culture (n = 14), and health and safety programmes (n = 13) were also other aspects that were stated. Other positive aspects that were mentioned by some workers included remuneration for work and adequate rest breaks.

Regarding HSW-related actions and plans, 31 out of 274 responses suggested that there were some forms of employee assistance programs (EAP) in their workplace. These programs aimed to offer free, professional, and confidential counselling services to workers. Additionally, 18 workers described training and education initiatives, including webinars on OHS, regular OHS training, visual aids, such as posters and pamphlets on OHS, etc. One worker shared:

*The company conducts online learning tutorials in regards to OH&S that need to be completed regularly. There are posters in the lunchroom and notifications are sent through the workplace online site with reminders about health, safety and well-being.*

Other initiatives included flexible work options and regular rests/breaks (n = 9), team-building activities and exercises (n = 6), and support from work colleagues or supervisors (n = 16). Other forms of support that were occasionally reported by workers included managers regularly checking in with them and having the manager deal with difficult customers. One participant mentioned:

*Manager's door is always open and if time off is needed its given.*

### 3.2.2. Managers and Owners

Out of the 109 managers and owners who participated in the study, 17 (15.6%) provided no response to the question about the most positive workplace aspect, 15 (13.8%) did not answer the question about the biggest workplace issue, and 32 (29.4%) did not state any HSW-relevant workplace planned action. Several participants did not directly respond to the questions or were not understandable in their responses for positive (n = 13) and negative (n = 12) aspects.

Of the 108 responses for positive HSW aspects, 36 managers/owners suggested that supportive workplace culture and communication were the two most important aspects that contributed positively to the employee's HSE. One manager/owner stated:

*The workers know that we care for them as people above the business, people are more important than money.*

Additionally, according to 12 managers/owners, the social work environment aspect was essential to maintaining a positive attitude regarding employees' HSW, followed by job satisfaction (n = 9). Two managers/owners mentioned:

*I think our status with a good work environment, you need a nice place to be to want to be there everyday (social environment).*

*Being passionate to produce good service day in and day out (job satisfaction).*

Other positives included supportive management (n = 6), employee benefits (n = 4), and mental health programs (n = 4). Although the information on the former was limited, support included handling demanding customers and providing self-growth opportunities.

Managers/owners expressed that, in the retail industry, the most significant issues were related to work conditions, such as aggressive customers (n = 8), poor social work environment (n = 8), high job demands (n = 7), high workload (n = 7), and lack of mental health and safety appreciation (n = 7). Three managers/owners shared:

*Not being able to control the temperament of customers (aggressive customers).*

*Too much pressure to achieve wages to revenue and productivity targets (high workload).*

*A couple of our workers have lost their spouses through death, this has had an impact on their mental health—most of our workers are over the age of 60 (volunteers) (lack of mental health and safety appreciation).*

Furthermore, issues included a low budget, poor manager training, workplace pressure, a lack of staff, a lack of training, dissatisfaction, absenteeism, poor communication, risk complacency, and a lack of job control.

Of the 108 responses about the current or future action(s) in place or to be launched to improve workers' HSW, 31 managers/owners indicated that there were none or they were not aware of any current or planned actions. However, 12 managers/owners suggested that there were some forms of training in the workplace, such as how to handle aggressive customers, manual handling tasks, and how to improve health and safety at work. Additionally, nine managers/owners described communication initiatives, including staff in decisions and listening to workers, as an excellent way to improve workers' wellbeing, health, and safety. One manager/owner stated:

*Regular set time unstructured catch-up times to discuss the job or how they would make improvements to the business (communication).*

Other initiatives included mental health and safety support programs (n = 12), with the social work environment (n = 6), wellness (n = 6), employee benefits (n = 4) and encouragement (n = 2) being less frequently mentioned.

## 4. Discussion

### 4.1. Theoretical Implications

Rather surprisingly, individual worker demographics were not associated with most of the HSW variables we examined. This suggests that the picture presented in this study does not depend heavily on the personal characteristics of workers as much as it is affected by organisational and system design parameters [73]. Notably, none of the managers/owners referred to staff demographics as parameters when answering the open question about negative issues, which validates the findings from the quantitative data. The above suggests that retailers should focus more on systemic and work design changes that can benefit the whole workforce instead of intervening in specific subgroups of employees.

Furthermore, working for more than one employer did not statistically associate with HSW effects, which seemingly disconfirms the findings of Zeytinoglu, Lillevik, Seaton, and Moruz [35] and indicates that job variety and workplace variety might not be negative factors for current worker generations. Language was found as a barrier to appreciating the social work environment, which aligns with the work by Rowell, Binkley, Alvarado, Thompson, and Burriss [73]. Also, younger and non-skilled workers perceived their social work environment as less adequate. Although we could not identify studies in retail or other industries to cross-reference this latter finding, during the COVID-19 pandemic, in Finland, young workers experienced a higher deterioration of their wellbeing because of a lack of socialisation as part of their work [74]. Also, non-skilled workers in our study experienced higher stress levels, which could lead to more injuries [43].

Regarding business demographics, the location and group (e.g., supermarkets, department stores) were not associated with any HSW support or effect variable, suggesting that the general picture and the associations found in this study could apply across Australia and any company type. Also, the organisational size and company structure (e.g., chain or independent) in our research had only minor statistical effects. Larger retailers and the ones

belonging to global/national chains had slightly more stressed workers, offered slightly more challenging work, and their workers reported being slightly more frequent victims of psychosocial risks. These findings align with the results of studies suggesting that employees in large enterprises are exposed to more demanding work and report more personal and work burnouts [75], whereas those in small businesses enjoy more collegial environments [76]. Also, the obligations of multinational operators to adapt to local contexts can constrain and challenge business strategies and focus and could affect OHS management practices [77], thus leading to work system variations across different locations.

The presence of OHS roles, structures, or functions in retail enterprises influences various HSW support elements positively, including the TEI provided for occupational hygiene and ergonomics, the quality of technical work environments, and owner/manager familiarity with their OHS duties. Although those results confirm the importance of OHS specialist support in companies, as the workforce continues to age, OHS professionals must ensure that their organisations properly accommodate and protect the health, safety, and wellbeing of all workers [78]. Indeed, research in other industries and sectors suggests that organisations can harvest benefits from integrating OHS management, the social responsibility of their business, and sustainability through structural and operational systems that support a people-centred philosophy [79].

Regarding employment features, the responses did not vary significantly across workers with or without supervisory responsibilities and workers with mainly office-based duties or otherwise. Possibly, in our sample, supervisory tasks did not always mean relief from work-floor activities but added oversight responsibilities. Also, physical and psychological elements and their impacts can also affect employees in any professional capacity. For instance, workers in stores can develop musculoskeletal disorders because of manual handling, and office workers can suffer from similar health issues because of prolonged sitting. Similarly, whereas workers in stores become exposed to psychosocial risks from interactions with customers, office-based workers experience similar risks through more interactions with management and external stakeholders, contractors, vendors, etc.

Additionally, the associations between lower job security with HSW support, the adequacy of TEI, work environment adequacy, familiarity with OHS duties, and the frequency of exposure to psychosocial risks confirm the impact that job security has on retail employees [35]. More recent studies show that job security correlates positively with safety compliance, participation, and behaviour [80], whereas job insecurity is associated with increased depression and anxiety symptoms [81] and significantly reduces the status of self-reported health [82]. Also, perceived job insecurity correlates negatively with sustainable wellbeing [83].

From a work design perspective, our findings show no variation across split shifts, shift time, and roster predictability, which fails to confirm the results of Zeytinoglu, Lillevik, Seaton, and Moruz [35] in retail, and research in other industries [84,85], especially regarding mental health. Nevertheless, the impacts of the variables above might manifest with time and not as acute health or safety problems [86]. Also, our findings show a connection between work on Sundays and public holidays, and frequency of mental health issues and exposure to psychosocial risks, which indirectly confirms the results of Wirtz, Nachreiner, and Rolfes [40], although these specific authors mainly focused on physical accidents and risks.

#### 4.2. Practical Implications

In general, managers/owners may underestimate the degree to which staff experience emotional challenges at work and overestimate the adequacy of HSW support and the adequacy of TEI and work environments. This may inhibit the implementation of HSW initiatives that target the design of work holistically and meet the needs of the workers. In combination with the topics discussed in the following subsections, this indicates that, to ensure sustainability and performance, retailers must increase their efforts to close such

gaps, establish HSW as a fundamental cornerstone in their business, and not regard HSW as an afterthought of production and financial concerns [87].

#### 4.2.1. HSW Status and Support

The quantitative results suggest a satisfactory picture of HSW status and support with positive aspects highlighted in the qualitative responses of both workers and managers/owners (e.g., social environment and managerial support, flexibility, stability, culture, OHS, and mental health programmes) which directly relate to this area. Nonetheless, the fact that about a fifth of employees experience no to little HSW support and inadequate workplace environments and receive little/poor or no TEI is a concerning finding. Research in other industries associates poor elements of the psychosocial environment (e.g., job demands, manager's support, etc.) with staff burnout [88] and low levels of service quality [89]. Indeed, similar issues, especially customer aggression, a high or unreasonable workload, and job demands, were also mentioned by several worker and manager/owner participants when asked about negative HSW factors in their workplaces.

Additionally, inadequate TEI could increase the likelihood of physical and psychosocial harm to staff because of low awareness and skills in terms of how to report and/or temporarily mitigate occupational risks. Indeed, several studies in retail have connected similar problems (e.g., non-compliance with procedures, poor health and safety practices, poor management of psychosocial risks) with a lack of safety training or its low quality [26–31,38,90,91]. A recent systematic literature review also identified a positive correlation between safety competencies and a sustainable safety climate [92].

The limited familiarity of workers with their own obligations and rights and those of their employers can also lead to the acceptance and continuation of work under high-risk conditions. The former possibility is indirectly confirmed by our results that 32.7–50.6% of retail staff perceive that experiencing work-related physical, cognitive, and emotional issues is a normal part of their jobs. Clearly, these beliefs do not align with the concept of risk minimisation and injury and the harm prevention foreseen in OHS legislation and standards in Australia and other developed countries.

The findings discussed above are also corroborated by the qualitative responses of our sample, revealing a low focus and interest in HSW and perhaps implying a fatalistic perspective or learned helplessness for some. The latter can originate from an inability to cope with an adverse work environment, within which workers gradually accept that any efforts to change their situation are fruitless, while management might repeat HSW-related practices irrespective of their effectiveness [93]. For instance, a study in the higher education sector identified learned helplessness as an explanation for the reluctance to report workplace bullying [94], while research in a manufacturing firm, through the lens of the learned helplessness theory, found that staff involved in accidents demonstrated higher withdrawal and maladaptive behaviours [95].

We could not locate literature about HSW-relevant fatalism in workplaces apart from a study in a hospital where fatalism was negatively related to occupational health and safety practices [96]. Fatalism has been widely researched in the road safety context, with studies, mainly in developing countries, suggesting that fatalistic beliefs are associated with traffic safety attitudes [97–99] and risk perceptions [99,100]. Nonetheless, further investigation of learned helplessness and fatalism is warranted for the retail sector and possibly other industries.

Moreover, a low familiarity with OHS rights and duties can hinder efforts to establish reciprocal OHS obligations [33] and subsequently risk the business sustainability of retailers. An inadequate understanding of OHS duties and rights can lead to several issues, several of which emerged especially during the recent COVID-19 pandemic, including the enforcement of vaccinations in Italian workplaces [101] and the imbalance between worker wellbeing and service delivery in the Australian healthcare industry [102]. In addition, implementing safety policies with clear lines of authority, responsibilities, and



accountabilities, along with multidirectional and interactive communications, can support HSW strategies for business sustainability [103].

#### 4.2.2. Effects of Work on HSW

The factors mentioned affect retail workers negatively, several of whom experience very or extremely challenging work physically, mentally, and emotionally. Highly demanding work without adequate support and resources is an adverse situation [34] that can lead to physical and psychological health issues. This could explain the increased frequency with which workers report physical and mental health issues and become victims of psychosocial risks at least once a year. Although the severity of these health issues can vary, the figures are much higher than the 7 serious claims per 1000 retail employees in 2019–2020 [104], which is highly concerning.

Besides the fact that retail staff might not consistently and fully report adverse health issues as per their legislative rights, the frequent occurrences of any type of health issue incur personal and societal impacts and can lead to higher costs for retailers and a negative reputation of retail businesses across the workforce and their customers. For instance, Shi Min and Daisy Mui Hung [44] revealed that workplace bullying is linked to higher stress and lower performance of retail workers. Higher-than-average stress levels are conditions that can have several implications for workers [37,105] and retailers at the detriment of sustainability.

#### 4.2.3. Effects on Retail Businesses

Research in healthcare from different countries partially confirms our results, showing that job burnout relates to turnover intentions and is affected by role stress and ambiguity [106], organisational culture, job stress, and fatigue affect nurses' turnover intention [107]. Workplace stress is also strongly correlated with turnover intention and interpersonal conflict [108]. In the general workforce population, Brunner et al. [109] found that improved work conditions could lower stress and decrease health-related absenteeism and presenteeism, and DeVaro [110] identified that additional working hours and higher per-hour work intensity are linked to health-related absenteeism and not being compensated by any performance pay enhancements.

Moreover, the combination of a poor HSW status and support that results in negative HSW effects on workers, as discussed above, might create a negative reputation of the retail industry for new job seekers or workers who want to switch careers, and they do not allow sustainable development goals to be achieved [4]. In general, sustainable employability requires conditions where workers have opportunities to learn and use their knowledge and skills, are informed about their organisational context, are not afraid of stigmatisation, and enjoy reasonable autonomy [111].

#### 4.2.4. Recommendations

The findings of our study lend to some general recommendations that must be properly contextualised into each retail business. First, retailers must identify and maintain the positive elements of their technical environments (e.g., procedures and equipment), social environments (e.g., good communication), and organisational environments (e.g., available time vs. work demands, distribution of workload). Then, they should ensure that work is not excessively stressful and challenging, which can be accomplished by focusing on factors such as workload levels and distribution under varying demands, manual handling requirements, access to areas/storage places, body posture/movements required to perform duties, etc. Social interactions that can produce negative feelings and job requirements that lead to a work–life imbalance should also be considered.

Retail businesses must also focus holistically on gradually improving all work-related aspects (e.g., human resources and management styles) and consider how they influence each other and collectively shape the workplace's technical, social, and organisational environments. They should also recognise that these are also affected by the changing

nature of work (e.g., gig economy, automation) that can introduce new and changed HSW risks. To achieve these recommendations, managers should invite workers to continually share their perspectives, needs, and understanding to enable collective and honest efforts to improve HSW by capitalising on the diverse ideas and skills of the staff.

Furthermore, retail businesses must endeavour to accommodate and prioritise the needs and capitalise on the skills of worker populations that could be more affected than others, such as less skilled and less experienced workers, staff with higher job insecurity and longer shifts, workers with more Sunday and public holiday shifts, non-native speakers, and staff who work mainly alone. Lastly, retailers must continually improve HSW by encouraging the judgement-free reporting of issues and collection of ideas, providing support to affected workers as soon as possible, actioning those reports effectively, and offering transparent feedback to workers who report problems and recommend solutions.

#### *4.3. Study Limitations and Future Research*

As this is an initial exploratory cross-sectional study based on a national sample, the results cannot be generalised to all retailer types and sizes. Longitudinal research on HSW is needed to offer more specific insights into HSW within each work context at different time points. This can allow the industry to evaluate the impact of changing businesses and workforce demographics and the effectiveness and sustainability of any HSW-related interventions. Moreover, research in groups of specific retailer types (e.g., department stores and supermarkets) could help to form group-specific benchmarking baselines, which are currently missing from research in the retail industry.

Our results are also cross-sectional, and we did not collect written records and hard data (e.g., clinical and health information, business registers), meaning that the reliability of our findings depended on the veracity of the participants. Although we tried to address this limitation by cross-referencing the responses per participant and removing the records with inconsistent answers (e.g., a worker suffering from frequent health issues because of work but rating all HSW factors as extremely adequate), future research on other forms of data (e.g., company records) is needed.

Moreover, the survey we used, which we provide in Supplementary S1, can be directly used in other countries and regions with amendments (e.g., residency/citizenship status, regions, business size classifications). Although the qualitative data provided deep insights into some concepts that could not be examined within a quantitative survey, we acknowledge that participants were asked to answer predetermined questions within word limits. Future research using qualitative methods to gain in-depth understanding of the positive and negative aspects and factors related to HSW would be beneficial.

Finally, although the multitude of demographic and HSW-specific variables we included strengthened the study, it also led to the quite strict statistical significance level of 0.01 that might have masked statistically important results that could have emerged if the typical 0.05 level had been applied. Also, this might have rendered the comparisons with previous studies less direct. Future studies should consider the effect sizes revealed in this research to account for the combined effects of fewer independent variables and interrelations among the most important HSW-related variables.

## **5. Conclusions**

In conclusion, our findings suggest that a significant number of retail workers can experience a highly demanding work environment without appropriate HSW support. Furthermore, some of them are likely to under-report health and safety issues and accept that health and safety issues are unavoidable within the retail industry. This could indicate the development of learned helplessness and fatalism across the retail workforce and a misalignment between HSW levels and customer satisfaction. This situation can be particularly concerning and requires further unpacking and research investigation.

Moreover, there is evidence from our research that retailers might not employ holistic approaches to HSW under a systems-thinking lens. Yet, given the shifting workforce

composition and staff mobility, relying solely on the current staff and employment benefits and on the current favourable workplace characteristics to preserve HSW and ensure worker performance, may not be sustainable. Strategic HSW changes may be required to accommodate diverse workers and reduce staff turnover and absenteeism, including adequate and personalised education, training, and an awareness of workplace dangers and psychosocial hazards. Such initiatives should be supported by internal or external OHS staff, structures, or functions. As evidenced in this study, these initiatives can play a key role in health and safety improvements and increase employers' understanding of their OHS legal obligations.

**Supplementary Materials:** The following supporting information can be downloaded at: <https://www.mdpi.com/article/10.3390/su152216132/s1>, The questionnaires used in this study are included in Supplementary S1, and the demographics of the sample are provided in Supplementary S2.

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