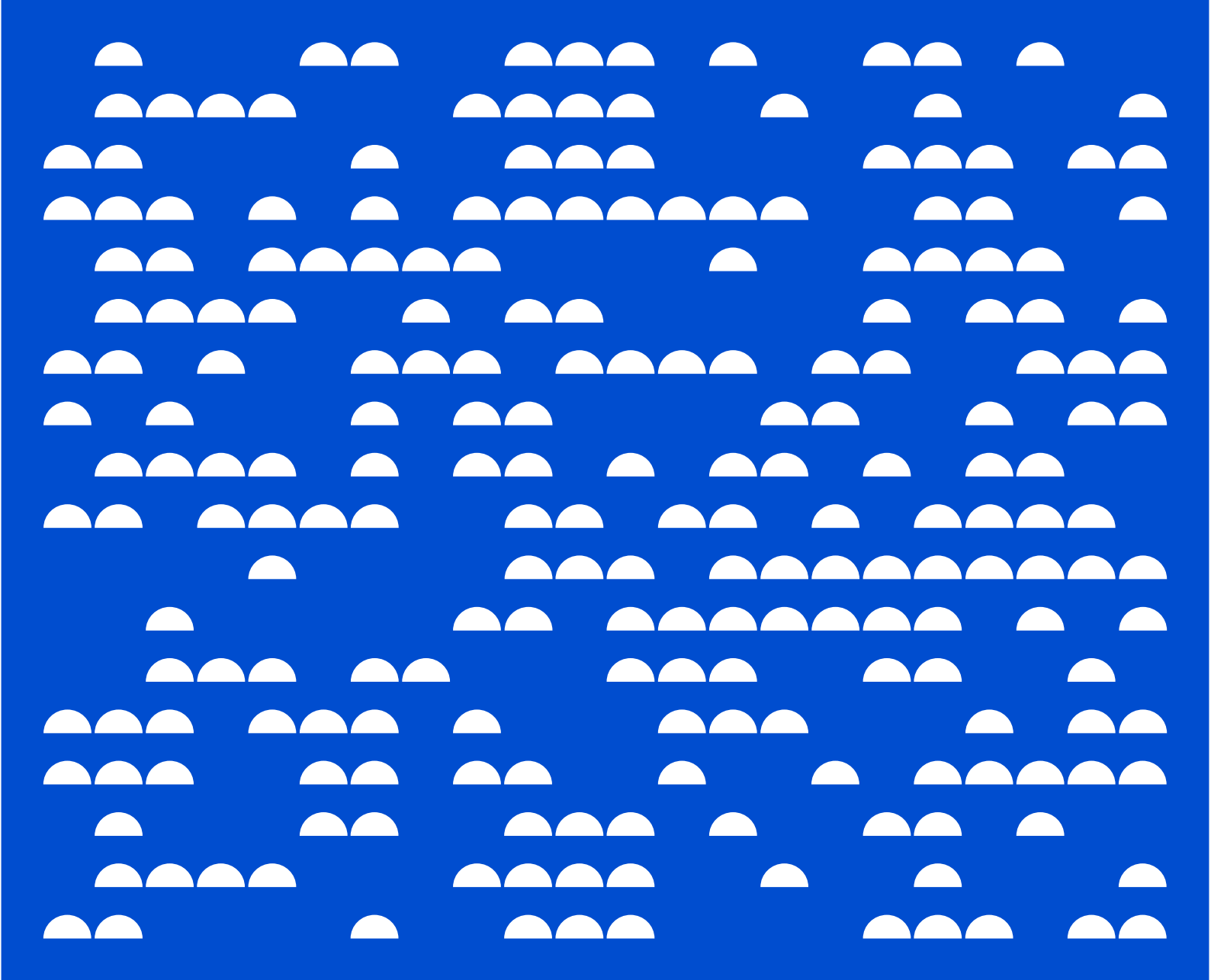




2026 Australian Worker Exposure Survey

Supplementary Report – Qualitative Findings

September 2026



Social
Research
Centre



safe work australia

Acknowledgements

We acknowledge the Boonwurrung and Wurundjeri Woi-wurrung peoples of the Kulin Nation as the Traditional Custodians of the lands on which our company is located, and Traditional Owners of Country throughout Australia. We pay our respects to Elders past and present, who carry the memories, traditions, cultures and aspirations of First Peoples, and who forge the path ahead for emerging leaders.

The Social Research Centre is committed to honouring First Nations peoples' ongoing unique cultural and spiritual connections to the land, water and seas and their rich contribution to society. Working respectfully and in allyship, we extend our respects to all Aboriginal and Torres Strait Islander peoples and acknowledge that sovereignty was never ceded.

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Suggested citation: Safe Work Australia. (2026). 2026 Australian Worker Exposure Survey.



1. Overview

This supplementary report presents findings from the qualitative components of the 2026 Australian Worker Exposure Survey, drawing on responses provided by a selection of workers across industries and occupations. Qualitative analysis was used to add depth and context to the quantitative results, helping to illustrate how some workers understand, experience and describe exposure to hazardous agents in their day-to-day work. This component explored how workers recognise hazards, manage risks in practice, and access information and reporting pathways.

Method

A mixed-method qualitative design was used, combining in-depth interviews with an online discussion board, allowing both depth of individual narrative and breadth of shared perspectives across industries.

The methodology used for the qualitative components of the study is summarised in this report in Appendix 1.

The online community discussion board ran over three days. Day One explored workplace experiences and the emotional safety scale. Day Two focused on hazard mapping, scenario-based discussions, general exposures, and information pathways. Day Three explored reporting practices, barriers to reporting, reporting processes, and opportunities for better information systems.

Themes across the online community board and in-depth interviews highlight common exposure scenarios, contributing factors and variations in perceptions of risk across different work environments.

Table 1 IDI and OC participant characteristics

Note: $n = 23$ participants

Characteristic	Number of respondents (n)
Gender	
Male	19
Female	3
Non-binary	1
Age (years)	
18–24	1
25–34	4
35–44	8
45–54	7
55–64	3

Characteristic	Number of respondents (<i>n</i>)
State/territory (home)	
NSW	6
VIC	5
QLD	5
SA	3
WA	1
ACT	1
TAS	1
NT	1
Industry (div.)*	
Agriculture, Forestry and Fishing	1
Mining	3
Manufacturing	7
Electricity, Gas, Water and Waste Services	1
Construction	2
Transport, Postal and Warehousing	2
Professional, Scientific and Technical Services	2
Administrative and Support Services	1
Public Administration and Safety	1
Health Care and Social Assistance	2

Note: *One respondent did not provide industry in the survey.

2. Qualitative findings

Online discussion board

Overview

Key themes from the online discussion board were that barriers to reporting workplace safety hazards included both the informal handling of minor issues and broader concerns about repercussions and difficulties reporting issues involving senior staff. In contrast, participants linked feeling safer at work to the presence of strong procedures, well-trained supervisors and teams, stop-work norms such as 'push pause', and confidence that risks were well understood and subject to ongoing improvement in risk management practices.

Roles and feelings of safety

Across the 20 online discussion board participants (mostly aged 25–54 years old) spanning 16 industries, day-to-day work combined physical tasks, technical problem-solving and compliance activities (e.g. audits, toolbox talks, paperwork). Their roles ranged from trades and machinery operation to professional, managerial and clinical work, with daily routines shaped by the varied environments they worked in (sites, plants, clinics, transport routes, offshore settings) and differing levels of organisational safety structures.

When asked about hazards commonly encountered in their daily working routines, participants most frequently identified physical and environmental risks, including moving machinery (i.e. machinery with moving parts such as a crane), working at heights, heavy lifting, slips, trips and falls, and temperature exposure, alongside dust and airborne particles, chemicals, and noise. Participants highlighted both immediate injury risks and cumulative health impacts, including coal dust exposure in office areas and the complexity of managing hazards in inherently high-risk contexts, such as (for one participant) working at sea where evacuation may not be possible during a fire.

“Dust exposure is probably the worst, desks inside offices gather layers of coal dust as they are not pressurised to prevent ingress. You don't wear a P2 mask at your desk...”

— Male, 35–44 years | Building or Engineering Technician

Participants were asked to rate how safe they feel at work on a scale from 1 ('very unsafe') to 5 ('very safe'). Most reported feeling somewhat safe, with fewer feeling very safe and a small proportion neutral.

Feeling safer was linked to strong procedures, trained supervisors or teams, stop-work norms such as 'push pause', and confidence that risks were well-understood and risk management practices were continually improved. Lower ratings were associated with residual risks outside individual control, such as unpredictable road users, being overlooked by safety coverage in larger organisations, and longer-term exposure concerns including cumulative radiation or dust impacts, or inherently hazardous settings like gas plants.

Hazards and exposures in general

Overview

Participants' ratings and responses to a range of hazard scenarios suggest that immediate, high-consequence hazards were viewed as the most serious risks. This included examples such as machinery without lock-out procedures and chemical handling without appropriate protective equipment or training. More common day-to-day exposures centred on environmental, ergonomic and physical hazards, with psychosocial and chemical risks also mentioned. Overall, workers generally recognised both acute injury risks and longer-term cumulative harms, but the frequency and perceived seriousness of hazards varied depending on work context, available controls and whether risks were seen as routine.

Hazard mapping

During Day 2 of the online community, participants were asked to rate a series of workplace scenarios according to the perceived hazard level (high, moderate, low, or no hazard). The scenarios included:

- A worker is servicing machinery without proper lock-out procedures, and the equipment unexpectedly starts while hands or tools are inside moving parts.
- Staff handle chemicals, medications, or bodily fluids without adequate protective equipment or training.
- Workers repeatedly lift, push, and reposition heavy or awkward loads without mechanical aids or sufficient breaks.
- Wet floors, cluttered walkways, trailing cords, or uneven surfaces are present without safeguards.
- High workload, poor role clarity, aggressive customers, or lack of support.
- Poor workstation setup.

Machinery without lock-out procedures was rated as a high hazard with participants frequently citing the potential for serious and immediate injuries such as death, severe crush injuries, and loss of limbs. One participant referenced the Piper Alpha disaster¹ as an example of catastrophic consequences when lock-out procedures fail.

Staff handling chemicals, medications or bodily fluids without sufficient protective equipment or training was ranked as the second highest hazard. Participants also expressed concerns about exposure to toxic substances, burns, poisoning, and long-term health effects including cancer.

“The use of chemical substances without reference to MSDS (Material Safety Data Sheet) and the procedures and personnel protective equipment described in the same will likely lead to personnel contamination and the possible exposure to poisonous and carcinogenic materials. The failure to educate and train staff in working with such substances is a serious breach of basic safe working practice.”

— Male, 55–64 years | Professional
(Design, Engineering, Science or Transport)

Workers repeatedly lifting, pushing, and repositioning heavy or awkward loads without mechanical aids or sufficient breaks ranked third among high hazards. Those who rated it highly emphasised the risk of immediate back injuries, chronic musculoskeletal damage, and the cumulative impact of repeated strain over time.

¹ <https://www.britannica.com/event/Piper-Alpha-disaster>

The scenarios 'Wet floors, cluttered walkways, trailing cords, or uneven surfaces were also present without safeguards', 'high workload, poor role clarity, aggressive customers, or lack of support' and 'poor workstation setup' were more frequently listed as a moderate risk.

Scenario tasks

Participants were then presented with three hypothetical hazard scenarios and asked how they would respond, including what actions they would take if these situations occurred in their workplace.

The three scenarios presented were:

- You saw a staff member lifting a box that was clearly too heavy for one person to lift
- You saw trailing extension cords coming out of a meeting room
- You saw a staff member handling a chemical without the appropriate protection

Scenario 1

You saw a staff member lifting a box that was clearly too heavy for one person to lift

When presented the first scenario, most participants said they would step in and help to lift the box (or ask another person to assist) to prevent injury and to reinforce that it is acceptable to ask for help. Others would pause the task and use an alternative control (e.g. a mechanical aid) or ask the person to stop while support is arranged. A smaller group would both assist and report/escalate to drive preventive action such as strengthening manual-handling controls and policy, while some noted the scenario is unsurprising because many people mistakenly assume lifting alone is harmless.

When asked about what actions they would take in scenario one, participants' described offering help directly, finding a safer option (e.g. mechanical aid), or, if in a senior role, delegating to ensure the task is done safely. Some expressed frustration that the workplace would allow avoidable risk, prompting them to check whether training and practices need review, while another emphasised that one-person lifting is often a system or education gap rather than an individual failing. Others anticipated resistance from workers who insist they can manage alone but said they would be more insistent based on personal experience of injury, stressing that pride should be set aside to prevent injury.

"Some people would insist that 'they have it'. If this happened, I would be more insisting, reflect that I know how bad you can hurt yourself from poor lifting techniques.

As someone who has hurt themselves lifting heavy things and still tries to lift heavy things on their own..... sometimes you have to swallow your pride a bit and accept the help."

— Male, 35–44 years | Building or Engineering Technician

Scenario 2

You saw trailing extension cords coming out of a meeting room

When presented the second scenario, most participants treated trailing extension cords as an immediate trip hazard and said they would act straight away to reduce the risk, for example by moving or rerouting the cord, securing it (e.g. tucked under a mat) and/or setting up temporary warnings such as cones or signs. Many also described identifying how it was set up and by whom, then reporting or escalating to a supervisor/manager or the appropriate support function (e.g. facilities/IT) so it can be fixed properly and prevented from recurring. A smaller number framed it as an infrastructure issue (e.g. insufficient power points) and suggested changing rooms or upgrading the fit-out while one participant indicated they would likely ignore it.

When asked about what actions they would take in scenario two, participants described acting immediately (reroute/secure the cord, add warnings) and then pursuing a safer long-term setup (better power access, different equipment, or changing rooms) via the appropriate procedure or escalation pathway. Examples included looking for a better solution such as a power board and removing the tripping hazard, responding calmly and using a lead stand/hooks to manage the cord safely, and focusing on accountability by having the responsible person rectify the hazard. Another participant described taping cords down as a temporary control while pushing for improved cabling methods. A few noted the importance of being reasonable about context (e.g. people may be rushed) while still responding appropriately.

“Again, I would make it clear that this is inappropriate, suggest to fix it. And if I have time, I'd just tape the cords to the floor temporarily. And then suggest to find a better method for the cabling needs.”

— Male, 45–54 years | Specialist Manager

Scenario 3

You saw a staff member handling a chemical without the appropriate protection

When presented with the final scenario, most participants said they would intervene immediately if they saw a chemical being handled without appropriate protection, typically stopping the task, ensuring the correct protective equipment is used, and checking the relevant safety information/procedure (e.g. safety data sheets) before allowing work to continue. Examples included stopping the person straight away, stopping the task and securing the chemicals, and sourcing gloves/mask as required. Several emphasised a calm, non-confrontational approach, including prompting the worker with a question tailored to the chemical and their training. Others described formal follow-up where the risk is serious or repeated, reporting to supervisors/management, whilst some focused on root-cause prevention by checking whether the issue relates to training, labelling, protective equipment availability, or complacency and ensuring procedural controls are in place. A small number gave minimal reactions (e.g. expressing a concerned sentiment, yet without intervening), but the dominant pattern was immediate risk control plus procedural reinforcement.

When asked about what actions they would take in this scenario, participants described making a calm but firm intervention to make sure the task is completed safely and in line with procedures, most commonly by getting the worker to use the correct protective equipment and checking the safety data sheets or label instructions. Examples included helping source and fit appropriate protective equipment and requiring its use before the worker continues. Many noted they would escalate to management if the worker ignored the concern or if the risk was serious. Several responses emphasised education and culture, frustration at unnecessary risk-taking and the view that safety procedures are not optional, and that memorable education about chemical risks can improve compliance and even support safer alternatives. Other responses reflected interpersonal dynamics or limited experience (e.g. thanking the person who flagged the issue; assuming they would always wear protective equipment despite limited exposure).

“More frustration that people are taking unnecessary risks through ignorance, laziness or other factors like perceived time pressure, worry about wasting single use PPE etc. I'd want to make sure everyone understands safety is not optional and that everyone has to know the proper procedures.”

— Male, 45–54 years | Wood Trades Worker

General exposures

This section of the online community presented participants with eight common hazards that individuals may encounter in their workplace. The participants were asked to rank the 8 hazards into frequency of exposure ('often', 'sometimes', 'rarely' and 'never'). The eight common hazards that were presented were:

- **Physical** - Hazards arising from energy, movement, or physical forces in the work environment.
- **Chemical** - Hazards from exposure to hazardous substances, whether acute or long-term.
- **Biological** - Hazards involving living organisms or biological materials.
- **Ergonomic** - Hazards related to how work is physically performed and how tasks interact with the human body.
- **Psychosocial** - Hazards arising from work design, organisation, and social factors that may impact mental health.
- **Environmental** - Hazards related to the surrounding environment, indoors or outdoors.
- **Organisational/system** - Hazards arising from processes, systems, or governance, rather than individual tasks.
- **Other safety** - Immediate hazards that are not captured in other categories.

Environmental, ergonomic, and physical hazards emerged as the three most commonly encountered workplace hazards among participants. When asked to elaborate on hazards that participants commonly experience in their workplace, they frequently linked environmental risks to surrounding indoor and outdoor conditions, while ergonomic hazards arise from the physical demands of work. Physical hazards related to energy, movement, and environmental forces were also frequently noted, with participants describing these risks as inherent to their roles.

“My role is very physical and can be strenuous, repetitive lifting all shift, along with lots of bending and twisting.”

— Male, 45–54 years | Wood Processing Machine Operator

Chemical exposures and psychosocial risks were identified by participants as the second most commonly experienced workplace hazards. This included challenging behaviours, being ignored or shamed, which in some cases led to anxiety and experiences of psychological abuse reported by participants. Other safety hazards are reported less frequently, with organisational/system hazards and biological hazards least often encountered.

“In the workplace I just finished working at there were a lot of strange behaviours, ignoring, shame, this started to lead to some anxiety.”

— Female, 35–44 years | Bookkeeper

“We deal with a lot of psychological abuse in my profession, and we are constantly surrounded by chemicals as well so I guess these hazards are often presented.”

— Female, 18–24 years | Veterinarian

Participants who identified organisational or system-level hazards highlighted the challenges of working closely with people, often senior staff, who may resist taking responsibility for mistakes, while operating under ongoing pressure to maintain productivity within strict safety frameworks. This creates a daily tension between prioritising safety and keeping operations and profits moving.

“My position requires working with people and most people don't like taking blame for mistakes, most of these people are senior to myself. I work in maintenance and rubbish rains from above. You're constantly under pressure to keep things going within a strict safe framework. Almost every day is a challenge with people and the things they choose to do. Make money, but do it as safe as possible, as long as you're making money.”

—Male, 35–44 years | Building or Engineering Technician

Participants report ergonomic hazards (physical demands/strain) as something they sometimes encounter, followed closely by physical hazards and environmental hazards. Organisational/system hazards and psychosocial hazards were the hazards most commonly placed in the ‘rarely’ category. Chemical and biological hazards were also often regarded as rare, depending on the job context. Notably, ergonomic and physical hazards were rarely placed into the ‘never’ category, implying they’re broadly relevant across many roles.

Information sources

Overview

Participants described a mix of formal and informal information sources for workplace safety, with supervisors, managers, safety roles, policies, procedures, toolbox talks and training commonly used within workplaces. Many also drew on external sources such as regulators, industry bodies, unions, manufacturers, online searches and professional networks. Overall, safety information is often accessed through multiple channels, but the availability and formality of these channels varied considerably across workplaces, with some relying mainly on informal conversations or self-directed research.

Sources of information on workplace safety

Participants most commonly turn to internal workplace sources, their supervisor/team leader, site/practice manager, and dedicated safety roles such as the health and safety officer or team. These people are usually supported by formal materials like WHS policy documents, safe work methods statements or work instructions, procedures manuals, plus intranet pages and notice/bulletin boards. Many also learn through routine communications such as toolbox talks and regular safety meetings. Externally, participants frequently check regulator and industry resources (e.g. WorkSafe websites), connect with union delegates or industry bodies/associations, and use general online search/discussion boards; a few also consult manufacturers/suppliers for safe-operation guidance, while a small minority noted that they consult Facebook discussion boards. Peers and colleagues are a common informal back-up source alongside these official channels.

“I usually keep an eye on discussion boards for dentists on platforms like Facebook, as well as email updates from associations like the Australian Dental Association for updates in this area.”

—Male, 25–34 years | Dentist

Ways of learning about new hazards in workplaces

Participants most commonly learn about new hazards through routine workplace communications such as toolbox/pre-start meetings, safety bulletins/emails, internet updates and noticeboards, often delivered or reinforced by supervisors and those in safety roles, but there are some telling variations in how this works in practice. For example, one participant described a more formal, accountable approach while another explained that new hazards are often identified when others point it out or are in the situation themselves, adding that any new risk should be documented and informed (to the broader team).

“[Other workplaces] would put out formal safety alerts, and require sign off.”

— Female, 35–44 years | Bookkeeper

“Should be... properly documented and staff must be informed and signed off.”

— Male, 45–54 years | Specialist Manager

“Either the officer in charge... or my supervisor would inform me of any changes.”

— Non-binary, 35–44 years | Commercial Cleaner

“From pre-start. They send us daily email PDFs.”

— Male, 25–34 years | Technical Writer

“Not very often, all hazards are the same as they have always been.”

— Male, 35–44 years | Broadacre Crop and Livestock Farmer

Formal or official channels in workplaces to understand workplace safety and hazards

The most common formal channels mentioned by participants included inductions and refresher training, toolbox meetings, and guidance from those in safety roles, supported by documented procedures and risk tools such as WHS documents, manuals, safe work methods statements, and formal risk assessments. Many also pointed to centralised information systems like internet/online portals and employer bulletins/circulars/newsletters, plus hazard reporting and tracking tools (hazard cards, safety observations, risk registers, reporting portals). A few responses stand out for their specificity or contrast: one participant described a formal modification event system where changes are captured, risk-reviewed, and the hazard list updated; another highlighted a strong stop-work culture, whilst others referenced practical systems like hazard cards, safety observations or a risk register. There’s also notable variability, with some participants reporting no formal/official channels available for understanding workplace safety and hazards.

“A ‘push pause’ mentality... anyone... can stop any work if they feel it’s not safe.”

— Male, 55–64 years | Plumber (General)

“Full training online and in person... notification of changes and new risks.”

— Female, 35–44 years | Bookkeeper

Informal channels

Participants most often described learning about workplace safety and hazards through day-to-day conversations and peer networks, rather than formal systems. The dominant informal pathway is talking with colleagues/workmates in shared spaces, in morning meetings, or through quick ‘on-the-job’ check-ins, often backed by a culture of looking out for each other. Many also rely on informal access to supervisors/managers for immediate clarification.

“Discussing safety matters with co-workers.”

— Male, 35–44 years | Electrical Engineer

“Common sense, workmates looking out for each other.”

— Male, 55–64 years | Plumber (General)

“I can chat informally to my supervisor or manager at any time.”

— Non-binary, 35–44 years | Commercial Cleaner

“I can speak to my supervisor directly and immediately.”

— Male, 45–54 years | Train Driver

A smaller but notable cluster of participants used self-directed searching and external informal sources, from general internet search like Google, to social platforms like Facebook and LinkedIn and niche professional sites.

“Websites made for the veterinary community.”

— Female, 18–24 years | Veterinarian

A few responses add uniquely practical texture: one participant emphasised free-flowing discussion tied to a stop-work norm, whilst another described structured-but-informal floor-level safety dialogue via impromptu discussions or toolbox meetings. There are also role-specific informal networks like other workers and individual research/peer exchange.

“Chatting freely at the morning meeting. The stop work obligation everyone has the right to stop the job.”

— Male, 55–64 years | Professional
(Design, Engineering, Science or Transport)

“My own inquiries and research and sometimes talking to industry peers.”

— Male, 45–54 years | Wood Trades Worker

Reporting, safety improvements, and information

Overview

Participants described varied reporting experiences, ranging from recent formal reports through structured systems to informal verbal reporting and self-resolution of minor hazards. Barriers to reporting included perceptions that issues were too small to document, fear of repercussions, hierarchy, reluctance to implicate colleagues, and concerns that reports would not lead to action. Easier reporting was described as involving mobile or digital tools, options for anonymity where practical, clear follow-up, and stronger management accountability. Preferences for safety information and feedback tended to favour a blend of digital, written and face-to-face channels, with consultation viewed as most effective when it was regular, practical and genuinely responsive.

Reporting

On the final day of the online community, participants were asked when they had last reported a workplace safety issue or hazard, whether informally or formally, and to provide context. Reporting timeframes ranged from very recent (within days or weeks) to as long as 8–9 years ago, with one participant having never reported and another noting no reportable incidents over 2.5 years.

Informal reporting, such as verbal communication with supervisors or colleagues, was slightly more prevalent than formal methods, though several participants utilised structured systems including hazard registers, safety observation forms, and workers' compensation claims. Industries with strong safety cultures (marine, rail, construction) demonstrated more robust formal reporting practices, while healthcare and smaller workplaces tended toward a stronger reliance on informal channels for reporting.

The most commonly reported hazards fell into categories of equipment/machinery issues (dust extraction hoses, forklift seatbelts, emergency generator switches), physical hazards (cables on floors, unsafe storage configurations, narrow walkways), and electrical/vehicle safety concerns (high voltage access, unsafe road conditions near railways, vehicles passing tipping trucks). One participant highlighted communication gaps between contractors on shared sites, choosing not to formally report after personally intervening, and another participant describing being trapped in a storage container 8 years ago, leading to a formal report and practical fix (door hook installed). One participant demonstrated appropriate task refusal when high voltage proximity exceeded their training level; and another illustrated how respectful, casual conversation with a manager resolved a trip hazard within days. A key insight came from one participant who identified a compliance gap where Respiratory Protective Equipment fit-testing enforcement did not translate on the ground (workers have to be clean shaven for fit-testing, but grow out beards afterwards).

“An unsafe condition was identified where vehicles were passing trucks while they were tipping material. A safety notice was issued to my company's staff but I did not know if it had been communicated to other contractors on site. A flashing sign has been erected that says 'Do not pass truck with trailer raised'. Whilst waiting for two trucks to finish tipping a contractor truck passed myself, the sign and both trucks tipping...I stopped at the contractor truck and reminded them of the safety notice, which they had supposedly forgotten. And showed them the email on my phone. I did not formally report. Had it not been a new safety initiative, I would have reported.”

— Male, 35–44 years | Building and Engineering Technician

“I reported an indoor substation that was unable to be accessed while maintaining safe approach distances to high voltage power cables. I was tasked with entering the substation however the proximity of high voltage cables to the door made that impossible for my level of training.”

— Male, 35–44 years | Electrical Engineer

Reasons for not reporting issues witnessed or experienced

Participants were then asked three questions: why they might choose not to report an issue they had witnessed or experienced, how much they trusted their employer to take a reported safety or hazard issue seriously, and what would make reporting a workplace hazard easier for them.

The most prevalent barrier to reporting workplace safety issues was the perception that minor hazards could be self-resolved without formal documentation, with several participants noting they would simply fix small issues themselves rather than create paperwork. However, more concerning systemic barriers were identified around fear of repercussions and hierarchical power dynamics, and difficulty in reporting issues involving ‘higher-ups’, leading participants to opt instead for unofficial channels of reporting. A related theme was reluctance to implicate colleagues, with one participant admitting discomfort about *telling* trip hazard to adults or reporting a close colleague doing something wrong, while another warned against reporting that could be seen as blaming and shaming.

“Repercussions of reports. Sometimes they are disproportionate. Paperwork, medical reporting and conclusions take time away from me being able to keep things running. I've also had personal repercussions from a disagreement of how the people above me handled a harassment case that could've been prevented. I've learned to stay out of anything that involves people matters... People above you in the hierarchy are always correct.”

— Male, 35–44 years | Building or Engineering Technician

“I have experienced difficulty when reporting issues involving people higher on the hierarchy. This makes it difficult to report, so I usually pursue unofficial channels with those - or address directly.”

— Male, 35–44 years | Production Manager (Manufacturing)

Beyond interpersonal concerns, participants also cited organisational inertia as a barrier, with one participant questioning if there was any point in reporting internally as past workplaces didn't take safety seriously, while another noted they wouldn't report *things that are expensive to correct* based on experience that such issues get ignored. However, several participants stated that there was nothing preventing them from reporting.

“Nothing must hold me from not reporting. But you know we are humans... we all must support integrity and follow the rules.”

— Male, 45–54 years | Specialist Manager

Aspects to make reporting workplace hazards easier

The most prevalent request from participants for improving hazard reporting was the implementation of digital, mobile, or app-based reporting tools that enable workers to document and report hazards on-the-spot with photos and descriptions. Closely tied to digital tools was the theme of anonymity, however, while acknowledging the value of anonymity, one participant recognised that with the nature of some hazards, it would not be possible to preserve this, revealing practical limitations in some industries.

“An app where you could take a photo of the hazard and write a description of it along with a way to see when it had been opened and read.”

— Male, 35–44 years | Broadacre Crop and Livestock Farmer

“Ability to report on phone rather than paper back in the office.”

— Male, 25–34 years | Occupational Health and Safety Adviser

“Providing a note every month or week to write at least one hazard observed... if anonymous and done in routine basis.”

— Male, 25–34 years | Technical Writer

Beyond technology, participants also identified systemic and cultural enablers to reporting. Participants highlighted that effective hazard reporting depends less on the ability to report issues and more on visible management commitment and follow-through. Some expressed a need for formal, structured reporting channels and stronger accountability to ensure reported hazards are addressed without increasing worker burden, including mechanisms such as independent auditing. Others noted that where multiple reporting channels and responsive management are already in place, reporting accessibility is not a barrier.

“More awareness, if practice owners took a more proactive approach I would feel more comfortable speaking out. Also if there were formal channels in place rather than conversations in corridors.”

— Male, 25–34 years | Dentist

“Reporting hazards is easy, we have internal systems for this that are easy to navigate. Getting them attended to without increasing my own workload is the challenge. I think that independent auditing could improve the company quality of response to identified hazards.”

— Male, 35–44 years | Building or Engineering Technician

“I don't think it could be any easier. I have multiple avenues for reporting, one of them confidential, and two different people I can call at any time.”

— Non-binary, 35–44 years | Commercial Cleaner

Worker consultation on workplace health, safety and hazards

Most participants reported being consulted on workplace health and safety through structured mechanisms such as toolbox/pre-start meetings, regular safety forums, training, and digital platforms, which enabled ongoing dialogue and issue-raising.

“We have SSOs that talk about major incidents where the hazards are reviewed... monthly safety meetings and regular company based training and refreshers on plant hazards. Any changes to plant that may change a risk or change a hazard are captured here.”

— Male, 35–44 years | Building or Engineering Technician

“We have an online portal that we receive regular updates on any issues and can contribute ideas or suggestions there.”

— Non-binary, 35–44 years | Commercial Cleaner

However, consultation was less consistent in smaller workplaces, professional services, and remote settings, where engagement was often ad hoc, limited to induction, or perceived as procedural rather than meaningful. Several participants indicated that consultation exists in name only, with limited practical opportunities to contribute, highlighting gaps between formal processes and genuine worker involvement.

“We are told broadly to raise any issues or concerns we have but nothing specifically about health and safety is routinely discussed.”

—Male, 25–34 years | Dentist

“Most recent workplace - only policies on induction, no ongoing training was received. Previous workplace, HSE alerts, emails, formal sign offs.”

—Female, 35–44 years | Bookkeeper

“We are provided info and asked. Very few people talk on this though. For most it's just not practical. Only for books.”

—Male, 25–34 years | Technical Writer

Preference for receiving information about workplace health, safety and hazards

The majority of participants expressed a preference for digital communication channels, particularly email, as their primary method for receiving workplace health, safety and hazard information.

Many participants expressed satisfaction with multi-channel approaches that combine emails, bulletins, meetings and intranet systems, describing these as efficient and effective for sharing workplace health and safety information. Participants valued blended delivery that paired digital communication with in-person explanations from supervisors or safety staff. Clear, readable and accessible formats were emphasised as important, with participants noting a preference for information provided via email or through easily navigable online documents.

“I already receive it in an efficient way, via emails, SSOs, meetings, audits and training.”

—Male, 35–44 years | Building or Engineering Technician

“I like the way we have it currently, information sent via email, some printed material handed out, and safety officer runs through the process in person.”

—Male, 45–54 years | Specialist Manager

“In a form I can read is best, either via email or in a link to a document on our website.”

—Non-binary, 35–44 years | Commercial Cleaner

Participants emphasised the importance of formal acknowledgment and interactive delivery methods beyond passive communication. Formal sign-off processes were viewed as enhancing accountability for higher-risk issues, while emails or signage were seen as sufficient for lower-risk reminders. Others called for more engaging delivery, such as improved inductions and practical, hands-on sessions, particularly following incidents. Discussion-based formats were also valued for promoting shared understanding and opportunities for clarification or refinement. However, some participants cautioned that engagement could remain low even where such mechanisms exist, noting that information is unlikely to resonate unless it is perceived as relevant or significant.

“I like formal sign offs, it is clear that you have been notified for more major risks. Email or signage is good for lower risk or general reminders.”

—Female, 35–44 years | Bookkeeper

“Better induction process, more engaging practical sessions to show the right way to do something, especially after an incident.”

— Male, 25–34 years | Occupational Health and Safety Adviser

“In a team meeting, I might listen, no one cares unless big things happen.”

— Male, 25–34 years | Technical Writer

Preferences for giving feedback about workplace health, safety and hazards

Most participants preferred face-to-face or verbal communication as the primary way to raise safety issues, typically supported by written follow-up (such as email or formal records) to ensure accountability. This blended approach was valued for enabling clear explanation, collaboration and trust, particularly where supervisors were seen as competent and responsive.

“Face-to-face first and then followed up with an email to make sure it's acted upon.”

— Male, 45–54 years | Wood Processing Machine Operator

“Either in person or via email personally I think face to face gives you the best way of really describing any issue and working together to find a solve.”

— Male, 35–44 years | Broadacre Crop and Livestock Farmer

“I'm comfortable at the moment the way it's handled, which is a fairly informal raising of any issues with my team leader, who I trust enough to follow them up... If he weren't that competent and reliable I'd much prefer formal paperwork/online forms to fill out and submit, creating a paper trail.”

— Male, 35–44 years | Electrical Engineer

At the same time, participants emphasised the importance of formal written channels such as emails, online forms and designated reporting pathways to provide traceability, timely responses and a clear audit trail, especially when face-to-face contact is impractical or issues are more serious. Several noted that preferred reporting channels vary by context and issue severity, underscoring the value of flexible systems that combine informal discussion with formal documentation and clear reporting structures.

“I prefer emails that contain the original hazard and how it is managed. This provides an email trail.”

— Male, 35–44 years | Building or Engineering Technician

“Forms online or paper, sometimes it's hard to catch people face-to-face in a timely way.”

— Female, 35–44 years | Bookkeeper

“I prefer to do this in person or via MSTeams with the QHSE team for minor issues, and usually via email or formal meeting for significant issues.”

— Male, 35–44 years | Production Manager (Manufacturing)

In-depth interviews – Key stories and insights

Overview

This section summarises the in-depth interviews and adds context to survey findings by showing how hazards are experienced in day-to-day work, including how workers talk about risk, what influences their decisions, and which hazards are treated as ‘just part of the job’.

Overall, the interviews suggest that hazard exposure is not only shaped by the task or work environment, it is also shaped by workplace culture and systems.

Three participants were interviewed and all described hazard normalisation, where unsafe practices become routine over time and are sometimes minimised through humour or ‘common sense’ framing. This helps explain why high risk exposure can persist even when hazards are well known. Participants also described pressures that impact safety in practice, including time constraints, production demands, comfort and practicality of protective equipment, and whether workers feel issues will be acted on after they are reported.

These qualitative findings complement the quantitative results in three main ways.

- They help explain the patterns in exposure seen in the survey by linking hazards to the realities of specific work settings (e.g. outdoor work, clinical environments, and high-risk industrial sites).
- They show how organisational factors can increase or reduce risk, even within the same industry (e.g. whether supervisors model safe behaviour or accept shortcuts).
- They highlight barriers to reporting and prevention, including where hazards are seen as too routine to report, and where workers feel systems are reactive rather than proactive.

Findings

The normalisation of hazards is a prominent theme across the in-depth interviews, with unsafe practices frequently framed as routine, everyday aspects of work. Participants often described these hazards in a casual manner, at times minimising their seriousness by referencing them humorously or as a ‘joke’, indicating how repeated exposure can reduce perceived risk and mask underlying safety concerns.

One participant described how some unsafe practices in horticulture have become normal over time, even though they can create safety risks. This is evident across multiple aspects, including non-compliant equipment use, chemical handling, and protective equipment adherence. For example, the removal of whipper-snipper guards is described as ‘normal’ and ‘very common’ industry practice; however, the participant actively resists this norm within their own business, indicating a deliberate effort to counter embedded unsafe behaviours. The participant reflected that normalisation remains evident in the industry, drawing on apprenticeship experiences in which chemicals were stored in unmarked containers and contrasting these with ongoing industry practices in which chemicals continue to be handled unsafely. While some improvements were noted, limited protective equipment, inadequate attention to labels, and insufficient adherence to safety guidance were still evident. In addition, the participant highlighted everyday complacency in protective equipment use, particularly among younger staff. Across these examples, the participant emphasises that education and ‘common sense’ are critical in preventing complacency, positioning ongoing training, visible reinforcement, and experience-based learning as key mechanisms for disrupting the normalisation of workplace hazards.

"It's very common to take the guard off a whipper snipper... I don't allow that.

...

"Back when I was an apprentice, we used to carry Round-up in a Powerade bottle. That's just...you can't be doing that.

...

"Maybe without the appropriate clothing or without the appropriate gloves or face mask or whatever, whatever is required, not reading the labels, I guess.

...

"I think the education is better, but I still think there's a lot of complacency, especially chemicals, complacency with that.

...

"A bit of common sense and the complacency can creep in."

— Male, 25–34 years | Landscape Gardener

The same participant highlights that while they maintain a safe workplace with appropriate procedures in place, there is scope to further strengthen safety culture through the introduction of a voluntary jurisdictional WHS regulator 'WorkSafe' audit. They suggested that such an approach would help foster a proactive safety environment, enabling businesses to identify and address risks before incidents occur, rather than relying on reactive responses following an event. The participant emphasised that proactive audits could support continuous improvement by ensuring unsafe practices are identified early and recommendations are implemented, ultimately contributing to the prevention of future workplace incidents.

"So I guess maybe being able to voluntarily go and see what you could do better rather than have an incident and then have WorkSafe turn up and go, 'why didn't you do that?'"

...

"Yeah, and like having that sort of proactive kind of steps rather than reactive if something happens sort of thing."

— Male, 25–34 years | Landscape Gardener

Another participant who works as an operating theatre nurse with more than 10 years' experience describes key hazards in their work environment. These include sharps/needlestick injuries with potential blood and body fluid exposure, slips and trips from water on floors, and musculoskeletal strains from moving patients between beds. A prominent and normalised expectation in theatre work (also a contributor to lower back pain and strain) is prolonged standing while scrubbed (sometimes up to 9 hours). Although the participant describes a positive safety and reporting culture, with strong encouragement to report incidents and hazards through the Safety Learning System (SLS) and clear guidance for common incidents, hazards such as prolonged standing are often not reported, as they do not meet perceived reporting thresholds and are considered part of routine work.

"Sometimes you're scrubbed for 9 hours and you don't get a seat... that's just kind of normalised... my back does get sore... stand in one spot for 9 hours and twist and bend."

...

That's just kind of normalised... you have to kind of stand and you don't get a break."

...

I don't think I SLS-ed that... It's like scrubbing for 9 hours. It's part of the job... So I didn't SLS."

— Female, 35–44 years | Registered Nurse (Perioperative)

The final participant works in an underground coal mine. They identify key risks such as machinery interaction, ground control (strata), and potential exposure to hazardous gases due to inadequate ventilation.

Additional, lower-level hazards include manual handling of heavy equipment over uneven ground, hand injuries from awkward tasks, and ongoing challenges with protective equipment comfort and compliance. Beyond physical risks, the participant highlighted organisational factors that shape hazard exposure, particularly production pressures that normalise shortcuts and limited transparency in hazard reporting follow-up. They noted that when they were a director of the company, they would personally do the higher risk jobs as they do not want their junior staff doing it.

“I think having all the stuff readily available, when there's production pressures on, you sort of go, well, yes, we can take this shortcut, but we'll put these controls in place.”

...

“Production pressures... that's where the boys might take a shortcut... it might be a bit sketchy....”

— Male, 55–64 years | Fitter (General)

The participant highlighted instances where leadership has dismissed safety concerns, particularly strata risks, attributing this to management confidence and ego, with commercial priorities and cost considerations shaping decision-making. In their experience, these systemic issues are often minimised by managers, contributing to the normalisation of risk.

“Some places the roof is really dodgy and workers have raised a concern saying, ‘Hey, there's an issue here’, and the mine manager's gone down and had a look at it.

...

I was in one particular mine, and he (the manager) said, ‘I would happily have a picnic under that roof with my family’. And that roof was on the floor the next day.

...

“So yes, there's ego driving some decisions, I think.”

— Male, 55–64 years | Fitter (General)

Appendix 1

Qualitative methodology

The qualitative component of the 2026 Australian Worker Exposure Survey was designed to deepen understanding of workers' lived experiences of workplace hazards, safety practices, and perceptions of reporting pathways, and to contextualise and humanise the quantitative findings. A mixed-method qualitative design was used, combining in-depth interviews with an online discussion board, allowing both depth of individual narrative and breadth of shared perspectives across industries.

Online discussion board

An online discussion board was conducted over 3 days with a broad group of workers, recruited from quantitative opt-ins in the main survey. A total of 20 participants logged in daily to complete moderated activities and respond to prompts, allowing participation at times convenient to different work patterns and shifts. The participants were mostly aged 25–54 years old and spanned 16 industries, with their roles ranging from trades and machinery operation to professional, managerial and clinical work.

The private discussion board supported sharing of individual experiences, helping to surface industry and occupation norms, typical language, misunderstandings, and insights into how hazards and safety practices are perceived across industries and roles. Activities explored day-to-day work contexts, hazard awareness, information pathways, training and protective equipment, and reporting behaviours, alongside short tasks focused on improving hazard communication and reporting.

In depth interviews

A small number (3) of one-to-one in-depth interviews (IDIs) were conducted with workers recruited from quantitative survey opt-ins. Interviews were held online via a secure video-conferencing platform and lasted approximately 60 minutes. The IDIs enabled detailed exploration of personal work histories, hazard perceptions, moments of feeling unsafe, workplace culture, and experiences of reporting or remediation. Given the small sample size, IDI findings are positioned as illustrative 'voice-of-the-worker' insights, providing rich narrative examples.

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