

Analysis of Barriers to OHS Implementation in the Hospitality Sector: A Study of Conflicts between Service Targets and Occupational Safety among Food and Beverage Employees

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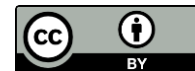
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ABSTRACT

Background: Food and beverage (F&B) employees face hot equipment, sharp tools, slippery surfaces, manual handling, irregular schedules, and intense customer contact while being expected to deliver rapid service. **Purpose:** This study analyzes barriers to occupational health and safety (OHS) implementation arising from conflicts between service targets and safe work in hospitality F&B operations. **Methods:** A qualitative integrative review synthesized peer-reviewed hospitality and OHS studies, authoritative guidance, and Indonesian regulations. Evidence on workload, safety climate, fatigue, emotional labor, training, and implementation barriers was thematically analyzed. **Results:** Six recurring barriers emerged: service-speed pressure; understaffing and high workload; weak safety climate and inconsistent supervision; fatigue and inadequate recovery; customer incivility and emotional labor; and turnover-related training discontinuity. These pressures can normalize shortcuts and increase exposure to burns, cuts, slips, ergonomic strain, and chemicals. **Implications:** Management should integrate service and safety indicators, safe staffing, protected recovery, stop-work authority, participatory risk control, and supervisor accountability. **Conclusion:** The central barrier is organizational goal conflict. Safe service should be designed as an operating requirement rather than treated as a competing objective.

INTRODUCTION

Hospitality food and beverage (F&B) operations are built around simultaneity: food must be produced, transported, served, cleaned, and reset while guests are present and while demand fluctuates by minute. This operational model creates a distinctive OHS challenge. Frontline employees work around hot liquids, deep fryers, ovens, knives, broken glass, wet or greasy floors, cleaning chemicals, electrical equipment, repetitive movements, prolonged standing, lifting, and customer-facing psychosocial demands. Restaurant safety guidance therefore treats burns, cuts, slips and falls, strains, chemical exposure, and workplace violence as routine preventable hazards



rather than exceptional events (Occupational Safety and Health Administration [OSHA], n.d.). Empirical studies among restaurant and F&B workers also document substantial burdens of occupational injuries and work-related musculoskeletal disorders (Jahangiri et al., 2019; Tegenu et al., 2021; Peng et al., 2021).

The difficulty is that hospitality organizations also depend on speed, responsiveness, guest ratings, table turnover, order accuracy, labor-cost control, and emotional display. These performance goals can be mutually reinforcing when work is well designed, but they can also conflict. Vashdi et al. (2022) describe hospitality employees as operating in environments with multiple competing demands and show that a strong service-priority climate does not automatically improve performance when workload pressure is high. This finding is important for OHS because the same high workload that constrains service quality also reduces the time and cognitive bandwidth available for safe lifting, spill control, equipment checks, glove use, correct chemical handling, or reporting of near misses. Hotel evidence similarly links workload, organizational constraints, and reduced work control with psychological strain and lower safety compliance and participation (Wong & Chan, 2020).

Evidence from food-service settings further demonstrates that organizational constraints can block even well-supported health and safety initiatives. Sorensen et al. (2021), in a multi-site food-service intervention, found that financial pressure, competing priorities, fast-paced work, management turnover, and staffing constraints limited implementation. The implication is that OHS failure is often systemic: workers may know a rule but encounter production conditions that make compliance difficult, socially costly, or incompatible with immediate service expectations.

Psychosocial conditions intensify this conflict. Safety climate influences safety motivation and safety performance among hospitality employees, and transparent communication is an important boundary condition (Kim et al., 2021). Restaurant employees also benefit from a psychosocial safety climate that signals organizational concern for psychological health, meaning of work, and resilience (Kim, 2024). Conversely, hotel research links supervision distrust and the expectation to conceal illness with emotional exhaustion and sickness presenteeism (Correia Leal et al., 2023). In Indonesia, customer incivility among hospitality employees has been associated with emotional exhaustion, illustrating how the “customer-first” norm can transfer service conflict into a worker-health burden (Gustiawan et al., 2023). Hospitality research also identifies workplace bullying and emerging service-specific psychosocial demands as relevant occupational risks (Teo et al., 2020; Gjerald et al., 2023).

Fatigue is another important pathway. A study of hotel employees in Padang reported work fatigue in 36.7% of respondents and poor sleep quality in 53.3%, with significant associations between fatigue and age, tenure, marital status, and sleep quality (Aulia et al., 2024). Earlier hotel evidence similarly linked fatigue to emotional labor and non-standard working hours (Lee et al., 2014). Fatigue matters operationally because it can degrade attention, reaction time, judgment, and willingness to engage in discretionary safety activities. Under peak-demand conditions, fatigued employees may prioritize task completion over hazard correction, especially when staffing is limited. More recent evidence among hotel workers likewise highlights psychosocial stress and burnout risk (Rosemberg et al., 2025).



From a governance perspective, a safe and healthy working environment has been recognized by the International Labour Organization (ILO, 2022) as a fundamental principle and right at work. In Indonesia, Law No. 1 of 1970 on Work Safety and Government Regulation No. 50 of 2012 on the implementation of occupational safety and health management systems establish a preventive management basis for workplace safety. The managerial challenge for hospitality is therefore not whether safety should be implemented, but how OHS can remain operationally credible when commercial indicators are highly visible and immediate while safety outcomes are often delayed, underreported, or treated as secondary. This prevention logic is also consistent with the occupational health and safety management-system approach of ISO 45001:2018 (International Organization for Standardization [ISO], 2018).

The literature on hospitality safety, service climate, fatigue, emotional labor, and organizational interventions is substantial but fragmented. Much of it examines individual outcomes separately, whereas day-to-day F&B work exposes employees to a combined system of physical hazards and organizational pressures. The present study addresses this gap by asking: (1) what barriers repeatedly hinder OHS implementation in hospitality F&B operations; (2) how do service targets create or amplify those barriers; and (3) what management controls can reduce conflict between safe work and service performance? The novelty of the study lies in framing OHS non-compliance as an organizational goal-conflict problem rather than primarily as an employee knowledge or attitude deficit.

METHODS

This study used a qualitative integrative literature-review, suitable for synthesizing evidence from occupational health, hospitality management, organizational psychology, and regulatory guidance when a problem has been conceptualized across different disciplines (Snyder, 2019). The review focused on hospitality and food-service work, with particular attention to frontline F&B employees such as kitchen staff, cooks, servers, baristas, stewards, banquet staff, and related supervisors.

Searches were conducted for English- and Indonesian-language literature using combinations of the terms hospitality, hotel, restaurant, food service, food and beverage, occupational safety, OHS, safety climate, workload, service pressure, fatigue, emotional labor, customer incivility, psychosocial safety, injury, training, and implementation barrier. Priority was given to peer-reviewed empirical or review publications from 2019–2026 and to authoritative sources from WHO, ILO, OSHA, and relevant Indonesian regulatory documents. Earlier studies were retained when they provided directly relevant hospitality evidence, particularly on fatigue and work organization. Sources were included when they addressed at least one of four domains: physical OHS hazards; psychosocial or fatigue risk; organizational safety climate or work design; or barriers to OHS implementation. Sources focused only on guest food safety without employee OHS relevance were excluded.

The analysis proceeded through iterative coding. Statements describing constraints, competing priorities, unsafe work mechanisms, and implementation facilitators were extracted and grouped into preliminary categories. Categories were compared across sources and consolidated into six themes. A second analytic step mapped each theme to (a) the service or commercial pressure

involved, (b) the mechanism by which it affects worker safety, and (c) feasible organizational controls. Because the study synthesized published and publicly available material and did not collect identifiable data from human participants, institutional ethical approval was not required.

RESULTS

1. Overview of the Barrier Structure

The synthesis identified six interdependent barriers. They do not operate as isolated causes. Instead, they form a reinforcing system in which high service demand increases work pace; high pace makes staffing gaps more consequential; staffing gaps reduce time for training, maintenance, housekeeping, and recovery; fatigue and emotional strain increase error vulnerability; and weak safety climate normalizes workarounds. Table 1 summarizes the mechanism through which each barrier can translate service targets into OHS risk.

Table 1. Main Barriers Linking Hospitality Service Targets With OHS Risk

Barrier	Service-target mechanism	Likely OHS consequences
Service-speed pressure	Peak demand, queue reduction, rapid table turnover, and guest-response expectations reduce time available for safe sequencing and housekeeping.	Shortcuts; incomplete spill control; rushed knife or hot-oil work; distraction; skipped checks.
Understaffing and workload	Labor-cost targets and vacancies increase work intensity and task stacking; supervisors cover operational roles.	Overexertion, lifting injuries, errors, delayed hazard correction, reduced safety participation.
Weak safety climate	Service KPIs are visible and rewarded more consistently than safe-work behaviors; enforcement varies by supervisor.	Rule normalization, underreporting, inconsistent PPE or SOP use, low stop-work confidence.
Fatigue and inadequate recovery	Long, irregular, split, evening, or rotating schedules combine with insufficient breaks and poor sleep.	Reduced attention and judgment; slower reactions; increased error and injury vulnerability.
Emotional labor and customer incivility	Employees are expected to remain pleasant and responsive despite abuse, conflict, or illness.	Emotional exhaustion, presenteeism, stress, distraction, reduced reporting and recovery.
Turnover and training discontinuity	High turnover and temporary staffing create repeated onboarding demands while operations continue at speed.	Uneven competence, weak hazard recognition, informal workarounds passed between workers.

2. Service-Speed Pressure and Normalization of Shortcuts

The first barrier is time compression. Service targets convert time into a scarce operational resource: orders must leave the kitchen, tables must be reset, drinks must be delivered, spills must be cleared, and customer complaints must be answered without visible delay. Under these



conditions, OHS procedures can be perceived as adding seconds or minutes to a task. Typical examples include carrying too many items in one trip, reaching across hot equipment instead of repositioning, leaving a wet floor unattended until a rush subsides, cleaning machinery without full isolation, or continuing to work with cluttered aisles. OSHA restaurant guidance shows that the underlying hazards – slippery floors, hot surfaces and liquids, knives, cleaning chemicals, awkward work, and prolonged standing – are predictable. The implementation problem emerges when work design rewards speed but does not allocate sufficient time for the safe method.

Vashdi et al. (2022) provide a useful organizational explanation: prioritizing service can improve service performance only under conditions where workload pressure does not overwhelm employees. Applied to OHS, this suggests that “service priority” becomes hazardous when it is interpreted as service at any cost. Safety then becomes an invisible competing goal. Employees learn from micro-signals – what supervisors praise, what delays trigger criticism, whether a spill can justify pausing service, and whether a worker can refuse an unsafe lifting task. These signals determine whether safe behavior is practically feasible during a rush.

3. Understaffing, Workload, and Resource Competition

The second barrier is resource insufficiency. Sorensen et al. (2021) found that food-service health and safety intervention implementation was constrained by financial demands, competing priorities, turnover, and staffing limits. In hospitality, understaffing does more than increase the number of tasks per employee. It removes redundancy that normally protects safety. When one employee is absent, another may combine cooking with cleaning, service with stock movement, or supervision with direct production. Breaks become difficult to schedule, housekeeping is deferred, and managers lose time for observation, coaching, and incident review.

This creates a resource-competition loop. Labor- cost control may improve short-term payroll metrics while increasing overtime, fatigue, turnover, and injury risk. The operational consequence is that safety becomes dependent on individual effort rather than a designed system. An employee may know that a two-person lift is required, but if a second person is unavailable the real choice becomes delay versus self-exposure. Effective OHS therefore requires minimum safe staffing and task coverage rules, not only training statements that assume help will be available.

4. Safety Climate, Supervisory Consistency, and Communication

The third barrier is a weak or contradictory safety climate. Kim et al. (2021) showed that safety climate is positively related to hospitality employees’ safety motivation and behavior. When workers perceive that management genuinely values safety, they are more likely to comply with required practices and voluntarily participate in safety improvement. The reverse also follows: if supervisors routinely tolerate shortcuts during peak periods, employees receive a stronger behavioral message from operational practice than from written SOPs. Hospitality studies further show the relevance of hotel safety culture and safety leadership for employee safety behavior (Kuo et al., 2020; Zhang et al., 2020).

Communication quality is critical because hospitality work is dynamic. Menu changes, banquets, equipment breakdowns, temporary staff, and changing guest volumes can alter risk within a shift. A purely compliance-oriented OHS system that relies on annual training may

therefore be insufficient. Short pre-shift huddles, handover communication, near-miss review, clear escalation routes, and stop-work authority are necessary to make safety information timely. Indonesian hospitality literature also emphasizes that risk-management implementation requires training and change from established work habits (Irawan et al., 2023). During crisis conditions, management safety practices, organizational responses, and corporate social responsibility have also been associated with safety compliance and adaptation (Hu et al., 2021; Zhang et al., 2021).

5. Fatigue, Irregular Schedules, and Inadequate Recovery

The fourth barrier is fatigue. Hotel work commonly includes early starts, late finishes, rotating shifts, split schedules, overtime, and demand peaks associated with events and weekends. Aulia et al. (2024) found that 36.7% of employees in a Padang hotel experienced work fatigue and that poor sleep quality was common. Lee et al. (2014) similarly identified emotional labor and non-standard working hours as factors related to fatigue among hotel workers. These findings indicate that fatigue cannot be managed only through individual advice about sleep; it is partly produced by scheduling and workload decisions.

Fatigue also magnifies physical risk. A fatigued worker may be less likely to notice a liquid spill, misjudge the weight of a load, make a knife-handling error, or take an unsafe route through a congested service area. In addition, fatigued employees have less capacity for discretionary safety participation such as reporting near misses, suggesting workstation improvements, or stopping to coach a new coworker. This means recovery time is an OHS control. Break compliance, shift length, consecutive workdays, overtime, and schedule predictability should be managed as safety variables rather than only human-resource variables.

6. Emotional Labor, Customer Incivility, and Presenteeism

The fifth barrier arises from the emotional rules of hospitality. F&B employees are expected to appear calm, helpful, and friendly even when customers are impatient, disrespectful, intoxicated, or aggressive. Gustiawan et al. (2023) found that customer incivility was associated with emotional exhaustion among Indonesian hospitality employees. Correia Leal et al. (2023) further showed how supervision distrust and “sickness surface acting” –concealing illness while presenting a healthy service demeanor—can contribute to emotional exhaustion. These processes create safety implications because emotional regulation consumes attention and may discourage workers from admitting fatigue, pain, illness, or overload. Related hotel research connects customer incivility with emotional exhaustion and turnover intentions (Pu et al., 2022).

A high-quality psychosocial safety climate can buffer some of these pressures by signaling that psychological health is a legitimate organizational concern. Kim (2024) links psychosocial safety climate with positive employee experiences in restaurant work. For OHS implementation, this means that guest satisfaction policies need explicit boundaries. Employees should not be required to tolerate harassment or violence, and supervisors should support withdrawal from unsafe interactions. Complaint-resolution procedures must protect employees as well as customers. Broader evidence indicates that psychosocial job demands can shape safety behaviors, while ISO 45003 provides guidance for managing psychosocial risks within an OH&S system (Derdowski & Mathisen, 2023; ISO, 2021).



7. Turnover, Training Discontinuity, and Informal Workarounds

The sixth barrier is discontinuity of competence. Hospitality businesses frequently operate with seasonal, casual, temporary, trainee, or newly hired employees. High turnover can make repeated onboarding burdensome, particularly when experienced staff are already working at high intensity. Sorensen et al. (2021) identified turnover at several organizational levels as a barrier to intervention continuity. When training is abbreviated, knowledge becomes informal: new workers learn “how we really do it here” from coworkers. If the prevailing local practice includes shortcuts, unsafe adaptations are reproduced faster than formal procedures.

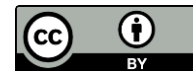
The risk is especially important in F&B because many hazards require task-specific competence: knife techniques, deep-fryer handling, chemical dilution, dishwashing, manual handling, equipment cleaning, and emergency response. Training should therefore be competency-based and verified in the actual workstation. Refresher training is necessary after incidents, equipment changes, menu or process changes, and when monitoring identifies repeated deviations. Training effectiveness should be judged by observed safe performance, not attendance alone.

8. Integrated Control Priorities

Across the six themes, the strongest implication is that OHS controls should be integrated into the operating system rather than added as parallel requirements. Table 2 translates the identified barriers into management actions that reduce conflict between service and safety.

Table 2. Integrated Controls for Aligning Service Performance and OHS

Management area	Recommended control	Operational indicator
Performance management	Pair service KPIs with safety KPIs; prohibit productivity targets that require bypassing safe methods.	Near-miss reporting; housekeeping closure time; safety observations; injury trend; guest service quality.
Staffing and scheduling	Define minimum safe staffing by task and demand; protect breaks and recovery; monitor overtime and consecutive shifts.	Staff-to-cover ratio; missed breaks; overtime hours; schedule changes; fatigue reports.
Frontline authority	Give employees explicit authority to stop or pause unsafe work without penalty and a rapid escalation route.	Stop-work events resolved; response time; recurrence rate.
Supervision	Use pre-shift safety huddles, visible leadership rounds, consistent coaching, and incident learning.	Huddle completion; corrective-action closure; repeated unsafe condition rate.
Work design	Apply hierarchy-of-controls thinking to layout, flooring, ventilation, guarding, lifting, storage, and chemical systems.	Hazards eliminated or engineered out; exposure observations; maintenance closure.
Psychosocial protection	Set boundaries for abusive customer behavior, support incident reporting, and avoid sickness presenteeism incentives.	Incivility incidents; psychosocial reports; sick-leave patterns; employee perception of support.



DISCUSSION

The findings support a shift in how hospitality OHS problems are conceptualized. Traditional explanations often focus on worker non-compliance, inadequate awareness, or insufficient training. These are real issues, but the synthesis shows that behavior occurs within a production system. When service targets, staffing levels, scheduling, customer expectations, and supervisory responses systematically favor speed, employees may be placed in situations where the safe method carries an immediate operational penalty. Under those conditions, additional training alone is unlikely to create durable improvement.

This interpretation is consistent with organizational intervention evidence. Sorensen et al. (2021) found that implementation difficulties persisted despite senior leadership support because local operational pressures constrained participation and continuity. Hospitality safety thus requires vertical alignment: corporate policy, site management, supervisors, and frontline work practices must all communicate the same priority. A written policy that states “safety first” is contradicted if supervisors penalize delays caused by spill cleanup or expect one person to complete a lift designed for two.

The service-safety conflict should also be reframed as a design problem. In a mature system, safety is not a competing output but a property of the service process. For example, non-slip flooring and footwear reduce dependence on perfect housekeeping; guarded equipment reduces reliance on constant attention; appropriately located storage reduces reaching and lifting; adequate staffing makes two-person handling feasible; and scheduling limits reduce fatigue exposure. These controls make safe behavior easier and faster. By contrast, systems that rely primarily on worker vigilance are fragile during peak demand.

Psychosocial risk deserves equal status with visible physical hazards. WHO (2022) recommends organizational interventions to address mental health at work, while the ILO (2022) recognizes a safe and healthy working environment as a fundamental principle and right. In hospitality, emotional labor, customer incivility, supervision distrust, fatigue, and presenteeism can interact with physical risks. A worker who is emotionally exhausted or pressured to conceal illness may be less able to perform complex service tasks safely. This supports integrating psychosocial hazard assessment into restaurant and hotel OHS programs rather than treating stress as a separate wellness topic.

For Indonesian hospitality organizations, the findings are consistent with the preventive logic of Law No. 1 of 1970 and Government Regulation No. 50 of 2012. These frameworks emphasize employer responsibility and systematic OHS management. Practical implementation in F&B settings should include routine hazard identification, risk control, documented competence, worker consultation, monitoring, and corrective action, but the process should be synchronized with operational planning. Banquet forecasting, menu changes, opening hours, seasonal peaks, and promotional campaigns should trigger an OHS review of staffing, layout, material flow, and recovery requirements before demand increases.

Several implications follow for management. First, safety and service metrics should be reviewed together. A department that achieves excellent service scores through chronic overtime, missed breaks, or high near-miss frequency is not high-performing. Second, supervisor evaluation should include safety-climate behavior, not merely output. Third, incident and near-miss reporting



should be non-punitive and easy to complete during the shift. Fourth, worker participation should be used to identify “work as done,” because employees know where formal procedures are unrealistic. Fifth, procurement and facility decisions should prioritize engineering controls that reduce reliance on rushed human behavior.

This review has limitations. It integrates heterogeneous studies across hotels, restaurants, contract food service, and different countries, so it does not estimate a pooled effect size or claim that all barriers have equal prevalence in every establishment. The integrative approach also prioritizes conceptual synthesis over exhaustive systematic coverage. Future empirical research should test the proposed goal-conflict framework directly among F&B employees, using multilevel measures of service climate, safety climate, staffing adequacy, workload, fatigue, and observed safety behavior. Longitudinal designs would be particularly valuable for determining whether periods of high occupancy or sales targets predict near misses and injuries through workload and fatigue.

CONCLUSIONS

OHS implementation in hospitality F&B operations is hindered by more than incomplete knowledge of hazards. The central barrier is an organizational conflict between immediate service targets and the time, staffing, recovery, and authority required for safe work. Six recurring barriers were identified: service-speed pressure, understaffing and high workload, weak safety climate, fatigue, emotional labor and customer incivility, and turnover-related training discontinuity. These factors can amplify routine physical hazards including burns, cuts, slips, manual handling, and chemical exposure.

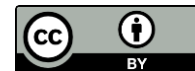
The practical priority is to redesign performance systems so that safe service is the expected method of production. Joint safety-service KPIs, minimum safe staffing, fatigue controls, consistent supervisor behavior, stop-work authority, participatory risk assessment, competency verification, and engineering controls can reduce the need for workers to choose between customer responsiveness and self-protection. In this model, occupational safety is not a constraint on hospitality quality; it is an operating condition for reliable and sustainable service.

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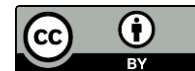
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