

The Generalist OHS Professional: International and Australian Perspectives

Core Body of Knowledge for the
Generalist OHS Professional

Second Edition, 2021

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AIHS

Australian Institute
of Health & Safety



**Australian OHS Education
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The Safety Science Innovation Lab is located within the School of Humanities, Languages and Social Sciences at Nathan Campus of Griffith University. It was founded to capitalise on the opportunities for collaboration between science, health, business and the humanities and social sciences.



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The Generalist OHS Professional: International and Australian Perspectives

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The Generalist OHS Professional: International and Australian Perspectives

Abstract

This chapter provides context for the *OHS Body of Knowledge* by examining the status of occupational health and safety (OHS) as a profession. Firstly, it evaluates the status of the profession from international and Australian perspectives. Integral to this analysis is a special issue of the journal *Safety Science* that focused on the evolution and status of the OHS professional. Secondly, the chapter presents results of recent Australian research, including an exploration of the professional identity of OHS professionals and a mixed-methods study that investigated the impact of the COVID-19 pandemic on the experiences of OHS professionals and the status of the profession. Finally, the chapter offers practical suggestions for improving the organisational experiences of generalist OHS professionals.

Keywords

OHS, occupational health and safety, profession, professional, accreditation, certification

Contextual reading

For a full list of chapters and a synopsis of the *OHS Body of Knowledge*, readers should refer to Chapter 1 Preliminaries. Chapter 2, Introduction, describes the development process.

Terminology

Depending on the jurisdiction and the organisation, terminology refers to 'Occupational Health and Safety' (OHS), 'Occupational Safety and Health (OSH) or 'Work Health and Safety' (WHS). In line with international practice, this publication uses OHS with the exception of specific reference to the Australian Work Health and Safety (WHS) Act and related legislation.

Jurisdictional application

This chapter includes reference to Australian work health and safety legislation. This is in line with the Australian national application of the *OHS Body of Knowledge*. Readers working in other legal jurisdictions should consider these references as examples and refer to the relevant legislation in their jurisdiction of operation.

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1 Introduction

A hallmark of a profession, as defined by the Australian Council of Professions (ACoP, 2003), is “special knowledge and skills in a widely recognised body of learning derived from research, education and training at a high level.” The *OHS Body of Knowledge* was developed to be the body of learning that informs the education and practice of generalist occupational health and safety (OHS) professionals.¹ This chapter provides context for the *OHS Body of Knowledge* by exploring the status of OHS as a profession.

Many authors have proposed criteria for determining the professional status of an occupation (e.g. Millerson, 1964; Child, 1981; Hacket & Hicks, 2007). Following Hale et al., (2020), this chapter draws on Sanders’ (2010) adaptation of Wilber’s (2000) four-quadrant (individual/collective, interior/exterior) integral theory model² to allow holistic consideration of professions. Combining the ‘individual exterior’ and ‘collective exterior’ quadrants into a single ‘external environmental’ category allows consideration of the OHS profession under the following three categories:

- *Individual professional criteria* – roles, careers, knowledge, skills
- *Collective professional criteria* – professional associations, standards of entry, professional education, ethical codes
- *External environmental criteria* – legal requirements for practice, minimal overlap with other professions, community/societal recognition.³

This chapter applies these criteria, firstly, to gain an international perspective of OHS as a profession (section 2) and, secondly, to assess the status of the profession in Australia (section 3). Integral to this analysis is a 2019-2020 special issue of the journal *Safety Science* that focused on the evolution and status of the OHS professional. The papers in the special issue (References – *Safety Science* special issue) include an editorial, 11 country-specific papers, and three additional papers addressing regional developments in Europe, a global OHS capability framework and the *OHS Body of Knowledge*. Section 4 reviews recent Australian research on the professional identity of OHS professionals. Section 5 presents the results of a study that elucidates the impact of the COVID-19 pandemic on the status and recognition of the OHS profession, and offers practical suggestions for improving the organisational experiences of OHS professionals. The chapter concludes with a view of the future for the OHS profession (section 6) and a summary (section 7).

¹ See *OHS BoK 2 Introduction*.

² See *OHS BoK 10.1 The Organisation* for an explanation of Wilber’s (2000) four-quadrant integral theory model.

³ For more information about using these criteria to examine the status of the OHS profession, see Hale et al., (2020).

2 International context

Recognition of a profession is enhanced when its standards and structures have cross-country and international consistency. The last two decades have seen significant developments for the OHS profession internationally. This section explores some of these developments (Table 1) and their impact on the OHS profession. Discussion of key strategic development projects is followed by an assessment of the international status of the OHS profession.

Table 1: Key developments impacting the OHS profession, 2000-2020

Year	Event
2001	Formation of the European Network of Safety and Health Professional Organizations (ENSHPO)
2001	Formation of the International Network of Safety & Health Professional Organisations (INSHPO) ⁴
2000-2006	Multinational survey of the role and tasks of OHS practitioners implemented by the International Social Security Association (ISSA) and transferred to ENSHPO in 2003; publication of results for 10 countries
2008	Launch of EUSafe project by a consortium of European Union partners to harmonise OHS professional standards across Europe
2009	Commencement of the OHS Body of Knowledge project* funded by WorkSafe Victoria and led by a Health and Safety Professionals Alliance (HaSPA)
2011	Commencement of INSHPO global capability framework project
2012	First publication of <i>OHS Body of Knowledge</i> * by the Safety Institute of Australia (SIA) (later renamed the Australian Institute of Health & Safety)
2016	Publication of INSHPO <i>OHS Professional Capability Framework – A Global Framework for Practice</i>
2017	Signing of the Singapore Accord, a commitment to improve OHS professional and practitioner capability via implementation of the INSHPO framework
2019	Publication of a special issue of <i>Safety Science</i> journal on the OHS profession

*Discussed in section 3

2.1 Strategic OHS development projects

The European Network of Safety and Health Professional Organizations (ENSHPO) and the International Network of Safety and Health Professional Organisations (INSHPO) have been key to the development of the OHS profession. Established in 2001 by several national associations of OHS professionals, ENSHPO fosters cooperation among European OHS organisations.⁵ INSHPO was formed to be “the global voice for the occupational safety and

⁴ In 2018, the original INSHPO title referring to ‘Practitioner’ organisations was changed to ‘Professional’ organisations to reflect the developing professional focus.

⁵ See www.enshpo.eu.

health profession and [to act] as a forum for international collaboration among professional organisations to improve safety and health at work” (INSHPO, 2020). It started with three organisations (American Society of Safety Engineers,⁶ Canadian Society of Safety Engineering, UK Institution of Occupational Safety and Health), by 2020 it had grown to 10 full members plus three associate members representing 10 countries (INSHPO, 2020). Three major projects conducted by these influential networks are outlined below.

2.1.1 Survey of tasks of OHS professionals (ENSHPO)

Hale (2019) chronicled events in Europe that led to establishment within the International Social Security Association (ISSA) of a working group on the education and training of OHS specialists, and the subsequent transfer of some of the activities of this association to ENSHPO. ISSA work taken over by ENSHPO included the benchmarking of OHS via a survey of the role and tasks of OHS specialists. The survey – initiated by ISSA in 2000, transferred to ENSHPO in 2003 and subsequently extended to some INSHPO-member countries – became the first in-depth, multinational analysis of the OHS specialist role. By 2006, the extensive questionnaire had been completed in 10 European and three non-European countries. Although funding limitations hindered the level of analysis, the survey enabled country-level identification of core and sub-core OHS activities and cross-country comparison (Hale, 2019; Hale & Guldenmund, 2006).⁷

2.1.2 EUSafe project (ENSHPO)

Driven by the European Union’s (EU) desire to facilitate free movement of people and services across its countries, and supported by EU research funds, the EUSafe project involved analysis of the ISSA/ENSHPO task survey and the UK National Occupational Standards for safety and health to define two levels of OHS role – OHS professional and OHS practitioner. The task groupings became the basis for the voluntary certifications of EurOHSM (European Occupational Health and Safety Manager) and EurOHST (European Occupational Health and Safety Technician) (Hale, 2019). Although the EUSafe project did not result in a durable certification process (as replacement of the costly individual assessment of applicants with a compromise scheme based on existing national criteria resulted in dwindling applicant numbers), it was not without success (Hale, 2019). The project elucidated the two OHS roles and highlighted the need for work on OHS competencies and standards to consider the varying needs of OHS professionals and practitioners working across countries with different hazards, organisational structures,

⁶ Now the American Society of Safety Professionals (ASSP).

⁷ Country-level analyses are available for the Netherlands and Norway (Hale & Ytrehus, 2004), Germany (Winzer & Braunholz, 2003), Italy (Bianchi, 2004), Poland (Dudka, 2004), UK (Jones, 2004), Switzerland (Lang, 2004), Portugal (Miguel et al., 2004), Finland (Perttula & Saari, 2004), US (Brauer & Schoolcraft, 2008), Singapore (Rillie, 2005), Australia (Borys et al., 2006; Pryor, 2010; Pryor & Sawyer, 2010).

responsibilities, and levels of development in OHS management and prevention (Hale, 2019).

2.1.3 OHS Professional Capability Framework (INSHPO)

With a vision of international mobility for OHS professionals, in 2012 the INSHPO Board commissioned further analysis of the ISSA/ENSHPO task survey outcomes and documents provided by INSHPO member organisations. The diversity revealed by these comparative analyses indicated the need for a new approach capable of establishing an international view of the OHS professional as a strategic advisor while taking account of the different requirements for OHS practice in member countries (Pryor et al., 2019). As stated by INSHPO (2017, p. 9), the objectives of the framework were to:

- Facilitate a shared understanding of the difference in roles of the OHS Professional and the OHS Practitioner.
- Position the OHS Professional as a key advisor, strategist and leader in fully integrating the management of OHS risk into sustainable business practice.
- Position the OHS Practitioner as a skilled implementer of OHS activities and an effective OHS supporter and communicator at the site level.

The global OHS Professional Capability Framework was developed over a five-year period (2011-2016), utilising an iterative process with input from members of OHS professional bodies, OHS educators and participants in a number of conferences. The framework was tested in a project jointly conducted with the International Council on Mining and Metals (ICMM) (Pryor et al., 2017). During development, the INSHPO Board and member organisations identified the need for the role of the OHS professional to be reconceptualised from 'problem solver' to:

...a continuous improvement expert, or "value engineer"...who truly understands work processes as a system and offers solutions to improve the system of work before anything goes wrong or an actual injury or damage is identified. A further benefit of this approach is the potential to break down barriers (silos) between safety and operations. Safety can be integrated into business operations where OHS specialists work alongside workers, supervisors and managers with the shared purpose of continually improving work processes. (INSHPO, 2017, p. 10)

The framework's capacity for transformative change is enhanced by its usage of the language of capability (rather than competency) and its description of the OHS generalist roles of professional and practitioner as two clear categories. The framework also features:

- Position profiles that recognise three levels within each role
- Activities, organised into seven dimensions of practice, for the two roles
- A knowledge matrix with illustrative topics
- A skills matrix with performance criteria
- Hazards types managed (INSHPO, 2017).

In 2017, at the 21st World Congress on Safety and Health at Work in Singapore, 53 representatives of OHS professional bodies, businesses and educational institutions endorsed the framework and committed to promote its use in improving OHS professional and practitioner capabilities and standards of practice (INSHPO, 2017, 2021).

2.2 Status of the OHS profession

In response to an identified gap in the scientific literature, the journal *Safety Science* published a special issue examining the status of OHS as a profession. National OHS professional associations and researchers in 29 countries were invited to contribute papers. From a total of 20 offers of submission, 14 papers were included in the special issue.^{8, 9} In the accompanying editorial, Hale et al., (2020) evaluated the content of the papers in terms of individual professional, collective professional and external environmental criteria (section 1) and concluded that the attainment of professional status for OHS is “a work in progress” with status varying across countries. This section draws on the special issue papers and Hale et al.’s evaluation to assess the status of the OHS profession based on the criteria outlined in section 1.

2.2.1 Individual professional criteria

Roles and careers

The primary focus of OHS professionals has changed over time, largely in response to changes in the structure and content of legislation. Hale et al., (2020) described the shifting and broadening boundaries of OHS that continue to present challenges to the recognition of OHS as a profession. The development of national and ISO (International Organization for Standardization) management systems standards and the integration of OHS with business functions have increased the likelihood that those practicing OHS will also take on roles in quality, environment, security and/or human resources, and potentially become more like ‘general managers’ than OHS professionals. Consequently, the expanding boundaries of OHS practice present two key challenges:

- Ensuring adequate knowledge and skills to cover breadth of practice
- Avoiding dilution of understanding of the practical applications of OHS principles.

These challenges have been exacerbated by long-term disciplinary ambiguity. In reviewing the country-specific papers, Hale et al., (2020) identified three perceptions of OHS that have contributed to disciplinary ambiguity:

⁸ See References – *Safety Science* special issue.

⁹ The five non-inclusions were from countries with relatively limited resources and/or author experience of writing scientific papers. Thus, the published papers were biased toward large and developed countries (Hale et al., 2020). Notwithstanding this bias, the special edition provides insight into the status of the OHS profession in each country.

- *OHS as an engineering role.* In some countries, OHS has grown out of a technical compliance role staffed by people with either engineering qualifications or no qualifications at all. The engineering influence was evident in the US from the early 1900s to the 1950s-60s when attempts to have ‘safety engineering’ recognised as an engineering discipline failed due to difficulty in defining a ‘safety engineer’ and the realisation that the role encompassed much more than engineering (Hudson & Ramsay, 2019). While OHS practice has diverged from the early engineering model, the engineering persona persists in, for example, the Canadian Society of Safety Engineering (Wright et al., 2019) and China’s Certified Safety Engineers (Wang et al., 2019).
- *OHS as an offshoot of occupational health.* The historical influence of Italian doctor Bernardino Ramazzini (1633-1714)¹⁰ led to the legislated requirement in some European countries for large companies to engage occupational health services (Colombo et al., 2019). While such services addressed health and hygiene, ‘safety’ was considered a separate, unrelated discipline and it was many years before safety was similarly regulated in Europe.¹¹ Although not regulated, post-World War II Australia experienced a period when the medical profession had dominance in providing worker health and safety advice (Teicher et al., 2006).
- *OHS as a mainstream function.* Madsen et al., (2019, p. 359) observed that, in Denmark, “The increasing integration of safety and health management into central organizational spheres means that safety and health are folded into other organizational processes.” While this approach is often seen as desirable, it can result in the OHS role being filled by people who do not have a specific OHS background and who do not necessarily share the “affinity, institutional closeness, or the broad safety and health capabilities that actors from within the traditional OSH field have” (Madsen et al., 2019, p. 360).

Also contributing to disciplinary ambiguity is a lack of clear distinction between the generalist OHS professional role and the range of OHS specialist roles in such areas as occupational (industrial) hygiene, ergonomics, occupational health and occupational/organisational psychology. For example, the availability of advice from some of these professionals is legislated under the requirements for occupational health services in the Netherlands (Swuste et al., 2019) and Spain (Sánchez-Herrera & Donate, 2019). The absence of professional identity for the generalist role was made very clear in the international discussions held during development of the INSHPO OHS Professional Capability Framework (section 2.1.3).

In addition to the broadening of boundaries of the OHS role, the disciplinary ambiguity arising from its various ‘personas’ and the associated lack of clarity surrounding the

¹⁰ See *OHS BoK 6 Global Concept: Health* for information about Ramazzini’s contribution to OHS.

¹¹ For example, in the Netherlands a requirement for occupational health services was legislated in 1959 whereas a requirement for safety services was legislated 35 years later in 1994.

generalist role, all but two of the country-specific papers¹² indicated the existence of separate strategic and operational OHS roles. Recognition of the concept of two distinct roles – OHS professional and OHS practitioner – was a key outcome of the EUSafe project (section 2.1.2) and these roles then featured in the OHS professional structures in some European countries (e.g. Romania) while others (e.g. Italy and UK) developed two-tiered professional structures via other professional drivers. Australia, Canada and the US define two levels in their professional structures, and there are three levels in China's Certified Safety Engineer professional qualification system.

Knowledge and skills

As noted in section 1, a defined knowledge and skills base owned by the profession and attained by professionals through education and training is fundamental for recognition of a profession. The lack of a defined knowledge base for OHS practice was highlighted in several of the country-specific papers. In the Netherlands, for example:

The safety domain unfortunately does not have a unifying theory, or paradigm, yet. ... The safety professionals rely heavily on a collection of standards and recipes. It is a more or less ordered set of practices, based on common sense and 'frozen experience'. In safety practice, new methods and instruments are often introduced without proof that the new is better than the old one. (Swuste et al., 2019, p. 85)

While the *OHS Body of Knowledge* developed in Australia (section 3) addresses this gap, the multidisciplinary nature of OHS makes it difficult for OHS to claim ownership of an OHS knowledge base. Another implication of the multidisciplinary nature of OHS is that, in addition to technical skills, OHS professionals are expected to be competent in areas such as strategy, planning, leadership and management, and to be skilled in communication, 'stakeholder management' and working in teams.

Furthermore, lack of a defined knowledge base combined with the absence of role clarity discussed above make it difficult to set educational requirements for entry to the OHS profession. This is reflected in the existence of entry-level qualifications ranging from high school diplomas to masters degrees. Those who come to OHS from different backgrounds (e.g. social sciences, business, engineering) bring with them, and are limited by, the theories and models of their disciplines.

¹² Denmark (Madsen et al., 2019) and New Zealand (Peace et al., 2019).

2.2.2 Collective professional criteria

Professional associations

Internationally, OHS professional associations range from small, relatively powerless regional associations (e.g. in Romania and Spain) to national bodies, some of which have international reach (e.g. UK Institute of Occupational Safety and Health, IOSH; American Society of Safety Professionals, ASSP). Canada and the US have two types of national professional bodies – member-based organisations (ASSP; Canadian Society of Safety Engineering, CSSE) and certifying bodies (Board of Certified Safety Professionals, BCSP; Board of Canadian Registered Safety Professionals, BCRSP).

Standards of entry

'Occupational closure' (or standards of entry) refers to "the process whereby a trade or occupation transforms itself into a true profession by closing off entry to the profession to all but those suitably qualified" (Encyclo.co.uk, 2021). Papers from each country represented in the *Safety Science* special issue reported some form of occupational closure either in place or in development. While each system seeks to evaluate competencies and capabilities, approaches vary:

- *Licensing/registration*. In China, Certified Safety Engineers (CSEs) have title protection through regulation (Wang et al., 2019) and, in the Netherlands, limited title protection is mandated for 'safety experts' in large organisations (Swuste et al., 2019).
- *Voluntary recognition via certification* is based on assessment of tasks/roles, knowledge and skills supported by a commitment to continuing professional development. While all certification systems report similar objectives, two approaches to assessment are exemplified by contrasting methods in North America and Australia; whereas the USA and Canada employ psychometrically designed examinations, Australia bases assessments on academic qualifications awarded by accredited educational institutions and documented periods of experience, portfolios, referee reports and, in some cases, interviews.
- *Voluntary recognition via vetted membership categories in a professional organisation* is offered by some professional bodies (though not formally recognised as certification). In the UK, a Royal Charter effectively delegates the definition of required training, experience and qualifications from the government to IOSH. (Hale et al., 2020)

The publication of names of people who meet the criteria for practice under a recognised scheme is an important aspect of creating and maintaining professional standards (Hale et al., 2020). Those systems accredited under *ISO/IEC 17024:2012 Conformity Assessment – General Requirements for Bodies Operating Certification of Persons*, or that voluntarily comply with the standard, will publish such registers.

Professional education

Just as standards of entry vary across countries so too do arrangements for OHS professional education. For example:

- In European countries, OHS professionals tend to have a general education background that can range from high school diploma to university bachelor and higher degrees supplemented with specialist OHS training comprising ‘accredited’ courses of about 250 hours’ duration (Hale, 2019). The accreditation and 250 hours reflect EuSafe requirements. An exception is the Netherlands where well-developed OHS programs supported by research functions have been offered since the late 1970s (Swuste et al., 2019).
- In the UK, the predominant OHS qualifications are attained through the National Examination Board in Occupational Safety and Health (NEBOSH), with the option of university studies in OHS (Hale & Booth, 2019). Accreditation of qualifications is offered by IOSH internationally.
- In Canada, a provincial regulation and educational structure has resulted in a wide range of OHS education offerings. The CSSE and BCRSP are defining an OHS education accreditation scheme for Canada, with input from the INSHPO framework (Wright et al., 2019).
- In the US, many universities offer a range of OHS education qualifications. The Accreditation Board for Engineering and Technology (ABET) collaborates with ASSP to set standards for and accredit OHS programs. However, many OHS programs in the US are not ABET-accredited (Hudson & Ramsay, 2019).
- In New Zealand, government enquiries identified capability issues among OHS professionals, resulting in government support for a university-level OHS program (Peace et al., 2019).

Ethical codes of practice

Generally, international associations of OHS professionals have codes of ethics. To be effective, however, ethical codes require commitment and associated training and compliance. While, for example, in the UK “IOSH has a code of ethics and conduct, which is actively used to remove transgressors from membership” (Hale & Booth, 2019, p. 85) and, in China, Certified Safety Engineers have obligations under legislation (Wang et al., 2019), it is unlikely that codes of ethics are enforced to the same degree in OHS as they are in professions such as medicine, engineering and law. In Romania, Bohalteanu (2019, p. 258) stated that “The lack of an ethical code of practice or code of conduct...leaves the profession without defined boundaries or agreed models and methods for carrying out the role.”

2.2.3 External environmental criteria

Legal requirements for practice

Registration or licensing for practice is uncommon in OHS. With the exception of China and, to some extent Romania, it appears the countries represented in the *Safety Science* special issue place no legal limitations on who can be employed in OHS roles or provide OHS advice. Historically, within Europe there was regulation of provision of occupational health services, but this was not extended to the generalist OHS/safety function (Hale, 2019). While licensing is being considered in some provinces in Canada (Wright et al., 2019), it is unclear whether this will be voluntary or a limitation on practice.

Overlap with other professions

A profession tends to be weakened when other professional bodies vie for its members. The country-specific papers indicated the potential for competition in two circumstances: (1) when more than one body seeks to provide for generalist OHS professionals; and (2) when bodies representing OHS specialist disciplines such as occupational (industrial) hygiene, ergonomics and occupational health also vie for generalist OHS professional members. Also relevant is that role ambiguity, lack of an internationally recognised knowledge base and the voluntary nature of country-specific recognition systems enable professionals from other disciplines (e.g. general management, organisational psychology and human resources) to operate in the OHS role.

Community/societal recognition

Although there has been progress within the profession towards professionalisation, generally public perception of the OHS role has not kept pace:

OHS is often seen as a compliance-oriented function with the OHS role in organizations focused on tasks such as inspections, legislative interpretation, and the maintenance of safety records (Hale et al., 2020, p. 8).

The results of salary surveys in Australia and the US suggest a growing status for OHS in business, but the absence of OHS professionals in executive and director roles suggests that OHS knowledge and skills are not deemed essential at the strategic level. Despite significant variance in the role of the generalist OHS professional across industries and organisations (Provan et al., 2017), the perception of OHS as a bureaucratic function is common and can negatively impact the identity of OHS professionals (section 4; Provan et al., 2018).

2.2.4 Summary of status criteria

Section 2.2 has reviewed the status of OHS as a profession based on the information reported in the 2019-20 *Safety Science* special issue. The findings include common trends as well as significant differences across countries. At the risk of making broad

generalisations, Table 2 summarises the status of the OHS profession from a multinational perspective.

Table 2: Multinational status of OHS as a profession – summary of key criteria

	Criterion	Comment	Achievement Status
Individual	Role and career path	Two clear roles – OHS professional and OHS practitioner – but no clear career path with increased breadth of role potentially resulting in inadequate knowledge and skills of individuals, and disciplinary ambiguity diluting practical understanding	Minimal
	Defined knowledge and skills base	No defined knowledge base; knowledge of individuals largely defined by background discipline Core knowledge and skills defined in INSHPO framework but not broadly recognised	Minimal
	Professional status	Growing recognition within businesses, but often seen as bureaucratic	Partial
Collective	National professional association	Professional associations are common, but have varying degrees of influence	Mainly achieved
	Standards of entry	Various approaches to standards of entry; most are voluntary in nature	Partial
	Professional education	Various approaches to educational requirements and accreditation, e.g. in Europe, mainly general education supplemented with limited OHS education; in North America and UK, more extensive education with voluntary course accreditation systems	(too varied to assess)
	Ethical code of practice	National associations feature ethical codes, but variation is likely in promulgation, training and/or compliance	Partial
External	Legal requirement for licensing or registration	Little evidence of requirement for registration or licensing, with the exception of China	Minimal
	Absence of competition from other professions	Status of the profession is weakened by the existence of competing professional bodies and role ambiguity	Minimal
	Community/societal recognition	Limited recognition within the community	Partial

3 Australian context

In 2012, the first edition of the *OHS Body of Knowledge* described the status of the generalist OHS professional role in the following manner:

The generalist OHS professional has a key role in providing workplaces with advice on the prevention and minimisation of work-related fatality, injury, disease and ill health. While this role has evolved over more than 100 years, it is beleaguered by confusion, lack of clarity and a low profile in organisations and the community. The legislative requirement for workplaces to seek qualified OHS advice is implied rather than specific, and OHS professional education is inconsistent and vulnerable to resourcing issues. The current economic, industrial and legislative environments, and management practices such as outsourcing, downsizing, labour hire and restructuring present significant OHS challenges.

However, there are many positive indicators for the generalist OHS professional role, with an increasing demand for qualified professionals and competitive salaries. Also, there is increasing interest by regulators and Safe Work Australia in professionalisation of the role. The OHS Body of Knowledge project and the resultant accreditation of OHS professional education and certification of OHS will facilitate provision of quality OHS advice to Australian workplaces to prevent fatality, injury, disease and ill health, and herald a new era for the profession.¹³

This assessment was based on a review of the evolution of OHS in Australia from the 1900s to the 2000s addressing:

- The political, economic, industrial and legislative environments
- Management practices and community perception of the OHS role
- The predominant OHS paradigm
- The OHS professional role, OHS education and professional recognition.

After identifying two projects focused on strategic development of OHS in Australia, this section draws on Provan and Pryor (2019) to apply the criteria outlined in section 1 to summarise the current status of OHS as a profession in Australia.

3.1 Strategic OHS development projects

3.1.1 OHS Body of Knowledge

In 2007, lack of a shared knowledge base was identified as an issue by WorkSafe Victoria (Pryor, 2019). Through an alliance of OHS professional bodies and Victorian universities

¹³ *OHS BoK The Generalist OHS Professional in Australia*, p. 16.

teaching OHS, and sponsored by WorkSafe Victoria, the OHS Body of Knowledge project was born.¹⁴

The *OHS Body of Knowledge* is the collective knowledge that should be shared by generalist OHS professionals to provide a sound basis for understanding the aetiology [causation] and control of work-related fatality, injury, disease and ill-health (FIDI). This knowledge can be described in terms of its key concepts and language, its core theories and related empirical evidence, and the application of these to facilitate a safe and healthy workplace.¹⁵

Curated by the AIHS, the *OHS Body of Knowledge (OHS BoK)* has evolved into a comprehensive resource that informs OHS professional practice, the criteria for accreditation of OHS professional education and certification of OHS professionals in Australia, and the delivery of AIHS continuing professional development activities. Significantly, it informed the development of the knowledge component of the INSHPO global framework. The AIHS considers the *OHS BoK* to be integral to building recognition of OHS as a profession.

3.1.2 AIHS Capability Agenda

In 2016, the Safety Institute of Australia (renamed the Australian Institute of Health & Safety on 1 July 2019) adopted the INSHPO OHS Professional Capability Framework and launched a five-element OHS capability agenda to improve effectiveness and recognition of the OHS profession in Australia (Provan & Pryor, 2019). This capability agenda is underpinned by the global framework and the *OHS BoK* (Figure 1).

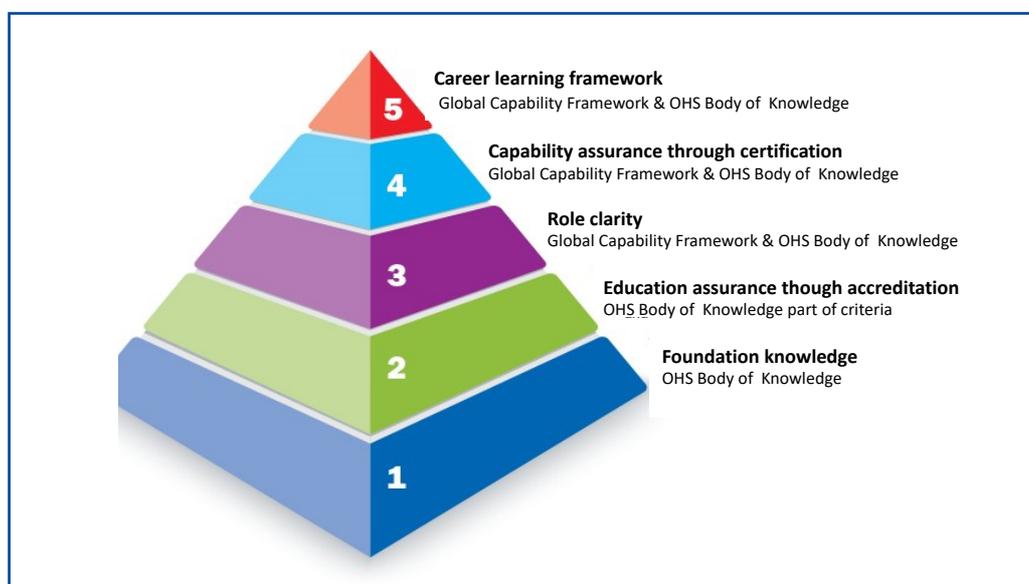


Figure 1: AIHS Capability Agenda (modified from AIHS, 2019a)

¹⁴ See *OHS BoK 2* Introduction and Pryor (2019) for an overview of the development of the *OHS Body of Knowledge* and its application.

¹⁵ *OHS BoK 2* Introduction, p. 3.

3.2 Status of the OHS profession

3.2.1 Individual professional criteria

Roles and careers

While some consistency in OHS organisational structures has developed through informal processes, there is no clearly defined universal career path for OHS professionals in Australia. Most OHS professionals remain within a single industry or closely related industries. Multiplicity of role titles and a tendency for the OHS function to be incorporated with other functions such as environment, security and quality add to the lack of role clarity. Australian organisations prefer to hire and develop OHS professionals with Australian nationality, and a significant lack of new talent entering the profession has been identified (Safesearch, 2018, 2019). Of relevance is that a significant gender pay gap exists in Australia's OHS positions and the majority (66%) of OHS roles are being filled by males, with gender difference greatest in the most senior positions (Safesearch, 2021).

As noted above, to address the lack of role clarity and to raise the standard and practice of OHS, the AIHS adopted the INSHPO OHS Professional Capability Framework, including the role titles of OHS Practitioner and OHS Professional, which are reflected in the certification scheme (AIHS, 2019b). The framework informs AIHS activities, including continuing professional development programs and a training framework.

Knowledge and skills

Internationally, it is evident that the multidisciplinary and evolving nature of OHS and the complexity of organisations and the hazards encountered make it difficult to define the boundaries of the required knowledge base and scope of skills. This is also the case in Australia; however, the *OHS Body of Knowledge* (section 3.1.1) has been developed to address this gap.

Having adopted the INSHPO framework, the AIHS acknowledges its skills matrix as core skills for OHS professionals. However, the required balance between technical skills and 'engagement' skills is a 'hot topic' among OHS professionals.¹⁶ It is unfortunate that much of the discussion takes an either-or view as both skill sets are important for OHS professionals.

¹⁶ See, for example, LinkedIn thread: www.linkedin.com/posts/david-provan-forgeworks_safefest-aihs-professional-activity-6711079087995281409-UAPc

Professional status

From a regulatory perspective, the Australian *Work Health and Safety Model Act* (WHS Act) (SWA, 2019) and *Work Health and Safety Regulations* (WHSR) (SWA, 2021) are silent on the need for OHS professional advice, placing the obligations on the persons conducting businesses or undertakings (PCBUs) (WHS Act s 19) and the due diligence of ‘officers’ (WHS Act s 27). While the definition of *due diligence* may imply a role for OHS professional advice as part of an officer’s ‘reasonable steps,’ this is only implied.

...**due diligence** includes taking reasonable steps:

- (a) to acquire and keep up-to-date knowledge of work health and safety matters; and
- (b) to gain an understanding of the nature of the operations of the business or undertaking of the person conducting the business or undertaking and generally of the hazards and risks associated with those operations ... (WHS Act s 27; SWA, 2019, p. 29)

In addition to lack of legal recognition of the OHS role, the professional status of OHS professionals in organisations is often determined by the personal views of the CEO/GM and/or heads of HR or Operations, and structurally OHS professionals may not be represented in key decision-making or strategic roles. Considering the OHS professional roles of WHS/OHS Manager, National Manager and General Manager, direct reporting within the OHS function or to the CEO/MD occurs for 54%-68% of incumbents with alternative lines of reporting including HR, Operations and ‘other’ organisational areas (Safesearch, 2021). As depicted in Table 3, there is no consensus about where OHS sits within the organisational structure.

Table 3: Lines of reporting for OHS professional roles, 2020-2021 (Safesearch, 2021)

Position	Reporting to:				
	CEO/MD	Head/GM Safety	Head of HR/ People & Culture	Operations	Other
WHS/OHS Manager	20%	48%	13%	10%	9%
WHS/OHS National Manager	26%	28%	18%	11%	17%
WHS/OHS General Manager	48%	11%	19%	12%	10%

3.2.2 Collective professional criteria

Professional associations

There are five OHS professional bodies in Australia; two of these – the Australian Faculty of Occupational and Environmental Medicine (AFOEM) and the Australian New Zealand Society of Occupational Medicine (ANZSOM) – are for health practitioners. The remaining three – the Australian Institute of Occupational Hygienists (AIOH), the Human Factors and

Ergonomics Society of Australia (HFESA) and the Australian Institute of Health & Safety (AIHS) – have open memberships with a specialist focus.

In 2015, the AIHS introduced the term ‘generalist’ to distinguish the generalist OHS professional role from the technical specialist roles of occupational hygienist, ergonomist, safety engineer and occupational health practitioner. Usage of the term is gaining acceptance. The concept of a ‘generalist’ specialty was discussed in forums conducted during development of the INSHPO OHS Professional Capability Framework.

The INSHPO framework postulates a two stage relationship between the client organisation and OHS-related professional associations. This is modelled on what exists widely in public health care, where General Practitioners (GPs) are the first line experts, having a broad knowledge across the whole breadth of health problems and a highly developed skill of diagnosis and triage, but are also able themselves to treat more routine symptoms of illness. When faced with complex, unusual and uncommon cases the GP refers the patient to the second line expert, the hospital consultant.

We propose that the OHS professional should be regarded as the GP of OHS, while the other, deeper but narrower related professions fit into the second line to be called on for more complex problems. We suggest that this analogy would work well in OHS. What the OHS professionals and practitioners possess, according to the INSHPO framework and based on the training provided in a number of contributing countries, is a unique combination of knowledge and skills, discipline-based methods and models relating to OHS. These are broader than any of the other OHS-related professionals. It is this unique combination that characterises the OHSPs, not the sole ownership of any individual piece of that puzzle which characterises them as generalists (General Practitioners). (Hale et al., 2020, p. 5)

Thus, three strategic actions undertaken by the AIHS have contributed to role clarity for those working in OHS in Australia:

- Adoption of the INSHPO OHS Professional Capability Framework
- Inclusion of ‘Generalist’ in official titles and promotion of the concept of the OHS professional as a specialist ‘generalist’
- Distinction between ‘OHS professional’ and ‘OHS practitioner’ where the relationship can be likened to that of a doctor and nurse practitioner as described by INSHPO (2017).

As at June 2021, the AIHS had 3952 members with 74 organisations indicating corporate support.¹⁷ With a vision of “safe and healthy people in productive workplaces and communities,” the AIHS (2019d) views its role as more expansive than a membership body. AIHS priorities include:

¹⁷ For a list of corporate members, see www.aihs.org.au.

- Supporting the development of world-class health and safety practice
- Providing a collective voice for the OHS profession
- Adding value to Australian industry
- Working to improve health and safety for future generations (Figure 2).



Our Vision is safe and healthy people in productive workplaces and communities. Everything we do is about shaping workplace health and safety now and in the generations to come, because we believe that every Australian deserves to be safe and healthy at work.

We focus our resources on:

- Supporting the development of world class health and safety practice:**
 - Developing and refining the body of knowledge for health and safety;
 - Improving health and safety education and training;
 - Building strong professional development frameworks;
 - Keeping the profession well informed; and
 - Supporting stronger networking and engagement.
- Providing a collective voice for the profession:**
 - Advocating with courage on policy which improves legislation, regulation and standards.
- Adding further value to Australian industry:**
 - Clarifying health and safety role definitions and skillsets;
 - Promoting the profession and its work at all levels, from Boards and managers to workers and the supply chain; and
 - Directly providing knowledge and information on health and safety.
- Working to improve health and safety for future generations:**
 - Educating the wider community.

Values

The values that underpin our work:

- Integrity:** We are ethical, and act with honesty and accountability
- Legacy:** We honour the contributions that have built what is here today
- Diversity:** We respect each other's diverse perspectives
- Leadership:** We drive positive change within industries, organisations and our community
- Humanity:** We are passionate about health and safety because we care about people and community
- Innovation:** We think forward and encourage new ways of improving health and safety.

Figure 2: AIHS vision and values (AIHS, 2019c)

Standards of entry

Controlled standards of entry are considered a hallmark of a profession in Australia. However, there are no regulated requirements for people to call themselves an OHS professional or OHS practitioner or to be employed in an OHS role. Consequently, the qualifications and experience of people operating in OHS roles are characterised by diversity. The 2018 Safesearch data in Table 4 shows that even at senior levels a significant proportion of OHS staff had no, or only VET-level, qualifications.

Table 4: Highest OHS qualification for OHS positions, 2018 (Safesearch, 2018)

Position	VET qualifications				University qualifications			
	No quals	Cert III/ Cert IV	Diploma/ Adv Dip	Total VET	U'grad	PG Cert /Dip	Masters	Total university
WHS Officer	2%	15%	59%	74%	15%	7%	2%	23%
WHS Advisor	2%	21%	35%	56%	27%	13%	2%	42%
WHS Manager	4%	4%	39%	43%	14%	27%	13%	54%
WHS National Manager	5%	4%	29%	33%	9%	35%	19%	63%
WHS General Manager	8%	-	30%	30%	8%	30%	24%	62%

Table 5 shows the years of OHS experience for WHS/OHS professionals who responded to the 2018 Safesearch survey. In 2020, Safesearch data indicated that, in WHS/OHS positions:

- 55% of Officers and 83% of Advisors had at least 6 years of safety experience
- 76% of Managers had at least 11 years of safety experience
- 57% of National Managers and 70% of General Managers had at least 16 years of safety experience.¹⁸

Table 5: OHS position level by years of OHS experience, 2018 (Safesearch, 2018)

Position	Years of experience				
	1-2	3-5	6-10	11-15	16+
WHS Officer	3%	9%	7%	67%	14%
WHS Advisor	2%	42%	36%	15%	5%
WHS Manager	-	1%	32%	28%	40%

¹⁸ A change in reporting format by Safesearch limits the comparability of data from 2018 to 2020.

Position	Years of experience				
	1-2	3-5	6-10	11-15	16+
WHS National Manager	-	-	26%	31%	44%
WHS General Manager	5%	-	5%	34%	55%

In 2015, the AIHS introduced a three-tier voluntary certification process with prescribed knowledge, experience and capability requirements that was developed to align with Australian educational structures and business culture (Table 6). An alternative pathway to Certified OHS Professional (COHSProf) recognises the diversity of backgrounds of those operating in OHS professional roles. The AIHS is exploring potential assessment models for alternative pathways to Certified OHS Practitioner (COHSPract) and Chartered OHS Professional (ChOHSP).

Table 6: Criteria for AIHS three-tier certification scheme (AIHS, 2019b)¹⁹

	Certified OHS Practitioner <i>COHSPract</i>	Certified OHS Professional <i>COHSProf</i> Pathway #1	Certified OHS Professional <i>COHSProf</i> Pathway #2	Chartered OHS Professional <i>ChOHSP</i>
Qualifications	Diploma or Advanced Diploma in OHS (Australian Qualification Framework, AQF levels 5, 6)	Bachelor or Graduate Diploma or Masters in OHS (AQF 7, 8, 9)	Diploma in WHS or <i>COHSPract</i> or any AQF 7, 8 or 9 qualification with some OHS content (approx. equivalent to Graduate Certificate)	Masters in OHS or have met requirements for <i>COHSProf</i> plus Masters or PhD in any discipline
Knowledge assessment	n.a.	n.a.	<ul style="list-style-type: none"> Multiple-choice examination Case study Viva interview 	n.a.
Experience	3 years full time (FT) equivalent in OHS practitioner role	3 years FT equivalent in OHS professional role	5 years FT equivalent in OHS professional role	10 years FT equivalent organisational experience (including 5y FT equiv. in OHS, of which 3y FT equiv. is senior OHS management)
Capability	<ul style="list-style-type: none"> Practitioner portfolio report 	<ul style="list-style-type: none"> Professional practice report 	<ul style="list-style-type: none"> Professional practice report 	<ul style="list-style-type: none"> Reflective journal Referee checks

¹⁹ There are two additional categories, Certified OHS Trainee and Certified OHS Graduate that are awarded based on qualifications with no requirement for experience or capability assessment. These are time-limited transition categories. See also www.aihs.org.au/certification/ohs-role-definitions and www.aihs.org.au/certification/criteria-requirements-fees/certification-and-education.

	Certified OHS Practitioner <i>COHSPract</i>	Certified OHS Professional <i>COHSProf</i>		Chartered OHS Professional <i>ChOHSP</i>
		Pathway #1	Pathway #2	
	<ul style="list-style-type: none"> • Referee checks • Interview (if required) 	<ul style="list-style-type: none"> • Referee checks • Interview (if required) 	<ul style="list-style-type: none"> • Referee checks • Interview (if required) 	<ul style="list-style-type: none"> • Interview

The take-up of certification has been relatively slow, with a total of 1226 AIHS-certified OHS practitioners and professionals as at June 2021 (Table 7). Of relevance is that the AIHS promoted the program to OHS professionals and practitioners at its inception, but is yet to promote it to the broader industry and business community. Interestingly, Safesearch (2021, p. 6) reported that certification pathways “are gaining traction across industry sectors and the broader health and safety community in providing learning pathways, bringing credibility to the individual and the industry as a whole.”

Table 7: AIHS-certified OHS practitioners and professionals, 2021

	Number as at June 2021
Certified OHS Practitioner	393
Certified OHS Professional	556
Chartered OHS Professional	277
Total	1226

Professional education

As indicated in Table 4, the majority of people holding an OHS position have an OHS qualification of some sort. Certificate III provides enhanced OHS knowledge for workers generally while Certificate IV is seen as a developmental qualification for those moving into an OHS practitioner role. The Diploma in OHS/WHS is the entry-level qualification for the AIHS Certified OHS Practitioner with Advanced Diploma, providing further development for practitioners. University-level qualifications provide entry to OHS professional roles. There are four undergraduate OHS programs in Australia, but these typically attract relatively low numbers of school leavers. Whether in the VET (Vocational Education and Training) system or at university level, OHS is typically studied part time by mature-age students. As would be expected:

- VET qualifications predominate in the practitioner roles (WHS Officer, WHS Coordinator)
- The prevalence of university-level qualifications increases with higher-level positions.

The continuing profile of VET-level qualifications of Diploma and Advanced Diploma at higher-level positions may be a legacy associated with the relative age and experience of these professionals, who may have completed their OHS education at a time when university-level qualifications were not a usual study option.

VET-sector OHS education has been beleaguered by quality problems in the VET sector generally, with training often delivered in short-course format via online modes without appropriate student interactions to ensure attainment of skills and knowledge. The AIHS played a key role in a 2017-18 review of the VET work health and safety qualifications with the objective of ensuring that training specifications, including competencies and underpinning knowledge, equipped learners for a changing work environment. The AIHS is represented on the Business Services Industry Reference Committee (IRC), which oversees the development of all VET training for the business sector. However, these avenues of influence do not impact quality-of-delivery issues, which are regulated by the Australian Skills Quality Agency (ASQA).

In 2011, the AIHS established the Australian OHS Education Accreditation Board (AOHSEAB) to positively influence the quality of university-level OHS professional education and to provide guidance to students, employers, advisors and recruiters in assessing education, staff and industry qualifications. The AOHSEAB is an independent body with regard to standard setting and accreditation decision-making (AOHSEAB, 2020). The first accreditations were conducted in 2012. By 2014, 13 accreditations had resulted in nine universities having a total of 15 accredited programs (Pryor, 2016). By 2020, all entry-level OHS professional education programs were accredited.²⁰

Ethical code of practice

The AIHS has had a Code of Ethics since early in the establishment of the association (as the SIA). In 2019, an *OHS BoK* chapter on ethics – 38.3 Ethics and Professional Practice – was launched by the AIHS with a series of workshops conducted in each Australian state and territory. The chapter, jointly developed with the Board of Canadian Registered Safety Professionals (BCRSP), explores ethical theory as it relates to OHS practice, identifies key ethical challenges in OHS practice, discusses individual and organisational ethical capability, and includes a range of discussion-starter scenarios.²¹

²⁰ Five bachelor, 11 graduate diploma and 12 masters programs (AOHSEAB, 2020)

²¹ For additional resources supporting ethical conversations as a teaching resource and for professional discussion, see www.ohsbok.org.au/chapter-38-3-ethics-and-professional-practice/#1548328259689-3c2b32ba-ee04

Recognising the importance of a commitment to ethical practice by OHS professionals and of the role of professional bodies in supporting that commitment, in 2021 the AIHS launched *The Ethical Professional*, a program with the following elements:

Knowledge: OHS BoK 38.3 Ethics and Professional Practice

Commitment: New Code of Ethics and complaint handling procedure (AIHS, 2019d)

Capability: Online training program including *The Essence of Ethics*, a foundation course that is compulsory for certified practitioners and professionals, and *Giving Voice to Values*, a collaboration between business ethics expert Dr Mary Gentile and the AIHS.

3.2.3 External environmental criteria

Legal requirements for practice

The *National Review into Model Occupational Health and Safety Laws* (Stewart-Crompton et al., 2008, p. xxiii) recommended that the harmonised legislation should “place a duty of care on any person providing OHS advice, services or products that are relied upon by other duty holders to comply with their obligations under the model Act.” However, this recommendation was not carried over to the drafting of the legislation. Currently, there are no legal requirements for persons to practice or be employed as OHS practitioners or professionals. In fact, the Australian *Model Work Health and Safety Act* is silent on obligations of those providing OHS advice.

Overlap with other professions

The multidisciplinary nature and fuzzy boundaries of OHS mean that the OHS role and activities of OHS professionals overlap with those of OHS specialist functions such as ergonomists, occupational hygienists, safety engineers, occupational and allied health practitioners, and the broader risk function. There are overlaps in responsibilities and activities with human resources, including in areas related to training and culture, and the relatively recent focus on workplace mental health has brought organisational psychologists and mental health professionals into the realm of workplace OHS advisors. Also, some workplace lawyers see their role as including provision of OHS advice.

The designation of ‘Generalist OHS Professional’ has assisted in defining a clear role for the ‘specialist’ generalist, but more work is required to clarify the role and communicate its benefits. Unfortunately, an element of competition exists among some professionals and professional bodies whereas a strong collaborative culture would improve the status of workplace health and safety and recognition of the value of professional advice.

Community/societal recognition

While the OHS role is well established in Australian organisations, there is little community understanding of the complexity of OHS (as exemplified by the conceptual framework and contents of the *OHS BoK*) and the role is often seen as bureaucratic, trivial ('hold the handrail') or compliance-oriented. Despite strong remuneration,²² the minimal uptake of OHS degree programs by school leavers indicates lack of awareness and/or interest.

Hale et al., (2020) noted that professional recognition in the UK health care system took longer for general practitioners than it did for hospital specialists. "The UK Royal College of General Practitioners got its Royal Charter only in 1972, whereas specialists such as the Royal College of Surgeons achieved that status in 1800 and the Royal College of Obstetricians and Gynaecologists in 1947" (Hale et al., 2020, p. 5).

3.2.4 Summary of status criteria

Section 3.2 has applied the criteria used to assess the status of the OHS profession internationally (in section 2.2) to evaluate the status of the OHS profession in Australia. The findings, summarised in Table 8, indicate that Australia can be considered to have achieved the criteria of national professional association, professional education and ethical code of practice as well as the 'knowledge' aspect of a defined knowledge and skills base. With the exception of licencing/registration, which is unlikely to occur in Australia, all other criteria are considered partially achieved. This evaluation concurs with Provan and Pryor's (2019) assessment of the OHS profession in Australia as an 'emerging profession,' that is, "a recognised discipline or occupation that has established, although not consistently implemented the structures, capability and recognition necessary to be considered an established profession" (Provan & Pryor, 2019, p. 428).

Table 8: Status of OHS as a profession in Australia – key criteria summary

	Criterion	Comment	Status
Individual	Role and career path	Defined roles through adoption of INSHPO OHS Professional Capability Framework, but no clear career path	Partial
	Defined knowledge and skills base	Knowledge defined in <i>OHS BoK</i> (requires stronger promulgation)	Achieved
		Core skills defined in INSHPO framework; balance of other skills under discussion	Partial
	Professional status	No legislative recognition; variable status in organisations	Partial

²² Average fixed remuneration reported in the 2020-21 Safesearch survey ranged from \$100,860 for WHS Officer/Coordinator to \$164,011 for WHS Manager to \$288,328 for WHS General Manager (Safesearch, 2021).

	Criterion	Comment	Status
Collective	National professional association	AIHS membership represents only a small proportion of practicing OHS professionals, but AIHS activities promote the profession and professional influence	Achieved
	Standards of entry	Voluntary certification scheme, but currently low up-take	Partial
	Professional education	University OHS programs accredited by AOHSEAB; AIHS representation in development of VET WHS qualifications	Achieved
	Ethical code of practice	Ethical Professional program addressing knowledge, commitment and capability	Achieved
External	Legal requirement for licensing or registration	No legal structure for licensing or registration	
	Minimal overlap/competition with other professions	A multitude of professions provide OHS advice to workplaces – a collaborative culture is required; the designation of a 'specialist' generalist has assisted in defining a clear role	Partial
	Community/societal recognition	Well recognised in organisations, but not well understood or recognised by the general community	Partial

4 Professional identity of OHS professionals

At the individual level, those who practice OHS have been stereotyped as, for example, police, bureaucrats, priests and psychologists (Provan et al., 2018). Such perceptions represent the views of 'outsiders.' To explore the professional identity of OHS professionals, which impacts how outsiders view the profession, Provan et al., (2018) investigated how those who practice OHS see themselves as professionals based on their experiences, attributes, motives, beliefs and values. The findings provide a more nuanced understanding of the roles and practice of OHS professionals.

The research involved interviews with 13 OHS professionals (12 male, 1 female) employed at mid-to-senior level in a variety of safety roles within an Australian Energy company. The participants' OHS experience varied (2-20 years; average 11 years), and eight of the 13 had tertiary OHS qualifications. After identifying eight themes and "deep tensions and contradictions associated with safety professional identity that appear unconsciously unresolved" (Table 9), the researchers concluded that OHS professionals "are unsure of their place in the organization and live with tensions and contradictions about organizations, safety, their role, and their professional identity" (Provan et al., 2018, pp. 8, 29) (Figure 3).

Table 9: OHS professional identity themes and associated tensions and contradictions (Provan et al., 2018, pp. 7, 8)

Element	Professional identity theme	Tensions and contradictions
Experiences	Career pathway is the dominant factor in determining safety professional identity	Operations experience vs Academic education (Value diversity but undervalue experiences different to their own)
Attributes	Relationships are more important than authority	Relational influence vs Formal authority (Value belonging but require authority)
	Interpersonal skills are more important than technical skills	Interpersonal skills vs Technical knowledge (Value interpersonal skills but are valued for their technical knowledge)
Beliefs	Safety improves by enabling change in organisations and people	Enabling change vs Protecting operations (Value change but undervalue protection of existing operations)
	Modern safety bureaucracy is an encumbrance on safety	Bureaucracy vs Agency (Value freedom but believe safety requires bureaucracy)
Motives	OHS professionals have a moral and ethical motivation for safety	Moral OHS professionals vs Unethical organisations (Value morals and ethics but believe others don't)
Values	Leadership is accountable for safety	Alignment with line-management vs Independent advice (Value leadership accountability but believe they don't understand safety)
	OHS professionals make decisions about what is safe and unsafe	Drawing-the-line for safety vs Others making operational decisions (Value control but respect others' authority to make decisions)

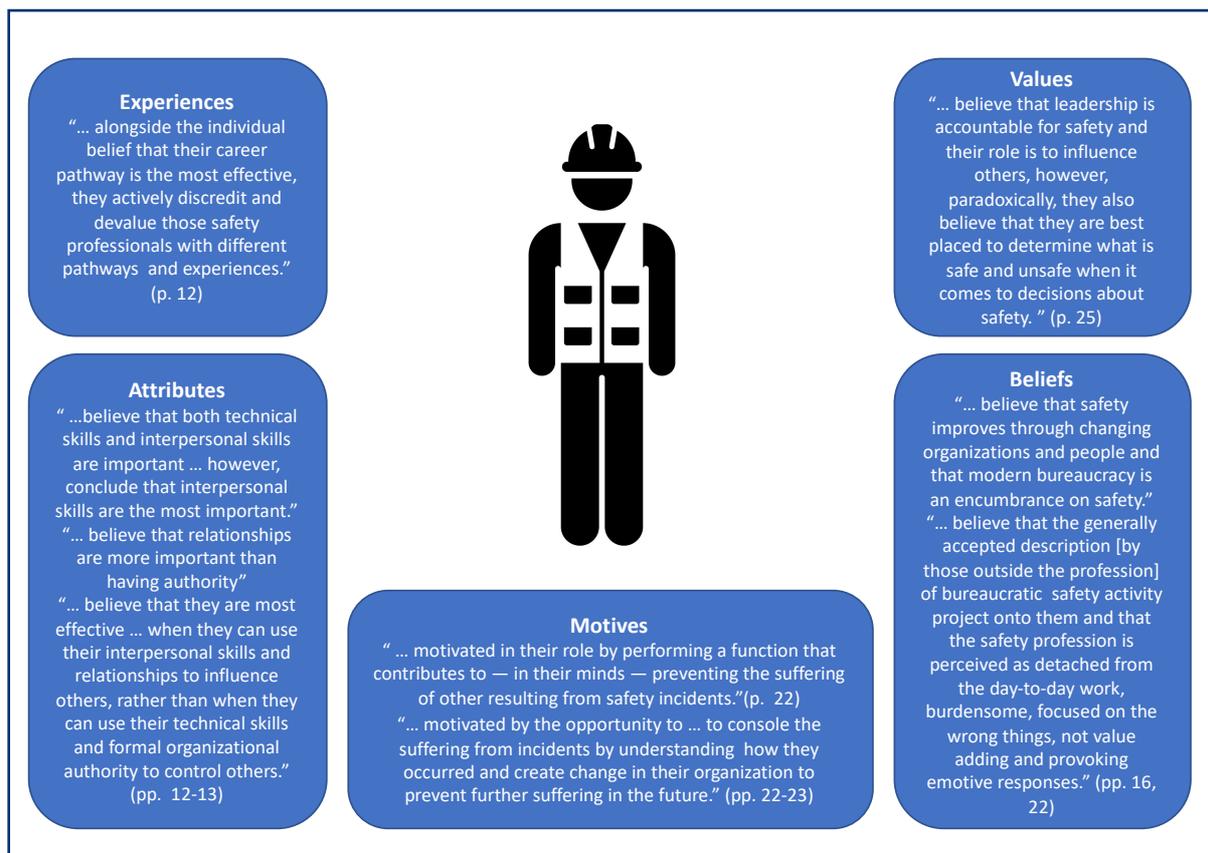


Figure 3: Elements of OHS professionals’ professional identity (Provan et al., 2018)

5 The COVID-19 pandemic as an opportunity for OHS professionals

The COVID-19 pandemic has impacted all areas of society and organisational life and, importantly, the way that OHS is experienced and managed. For instance, in the US it has been demonstrated that vulnerable worker populations such as immigrant and contingent workers have faced additional challenges, including intense psychosocial hazards related to job insecurity and access to affordable healthcare (Sönmez et al., 2020). Also, COVID-19 has exposed and widened gaps in supervisor capabilities to support workplace safety, such as providing appropriate emotional and instrumental support to team members (Sinclair et al., 2020). New hazards, including remote/lone working, postural problems and work-family conflict, became apparent as the pandemic progressed (Godderis & Luyten, 2020).

Throughout the pandemic, workers across industry have leveraged their capability for innovation to help organisations adapt and improvise in response to unexpected events. For example, workers have demonstrated “deep compliance” with new and unfamiliar safety protocols (Hu et al., 2021), innovated risk assessment practices and promoted improved psychosocial support mechanisms for clients (Guan et al., 2020), and adjusted to reduced social contact and new work-from-home procedures (Keddell & Beddoe, 2020). Adaptation and improvisation are key concepts in contemporary OHS theories, such as resilience engineering. The thinking is that workers bring adaptive capacity to work systems by engaging in compensatory behaviours; they prevent failure and maximise success by applying their expertise in managing out-of-the-ordinary events (Hollnagel et al., 2006). These critical adaptive behaviours have significantly limited the spread of COVID-19 and enhanced organisations’ abilities to anticipate, monitor, respond and learn – in short, they have increased resilience (Hollnagel, 2017). Indeed, some organisations have pivoted to thrive and flourish during this time of adversity (Dolnicar & Zare, 2020). Yet one crucial category of worker, the OHS professional, who has an integral role in contributing to organisational resilience, has so far received only limited research attention (AIHS, 2021). This is despite the great potential for OHS professionals to contribute directly to organisational resilience in the face of threats (Provan et al., 2020).

The OHS professional role, which includes task-based identification of hazards, developing and implementing strategic OHS improvement initiatives, and facilitating the free flow of information across organisational boundaries (Provan et al., 2020), can make a significant contribution to the effectiveness of the COVID-19 response. However, research has indicated that whether OHS professionals will make a positive contribution depends on factors both inside and outside the organisation that flow into the various constraints, opportunities and demands experienced by OHS professionals at work. For example, the quality of relationships between OHS professionals and management, the nature of interactions with frontline workers, and the level of autonomy and decisional latitude afforded through structures and reporting lines are known to influence how an OHS professional does their job (Provan et al., 2017). When an OHS professional has greater support from their organisation, and provided they have adequate foundational skills and knowledge, OHS performance tends to be better (Chang et al., 2012). However, little is known about how OHS professionals contribute during times of crisis, and what factors facilitate success.

To address this gap, two of the authors of this chapter (Tristan Casey and Xiaowen Hu) conducted a mixed method research program to investigate the experiences of OHS professionals during the COVID-19 pandemic. A qualitative phase of the research involved longitudinal interviews with 25 Australian OHS professionals from 12 different industries. The data provided rich insight into the OHS professionals’ adaptations and improvisations, and the personal and organisational factors that shaped their experiences and impact. Drawing on emergent themes, a survey was designed and administered with 314 OHS professionals recruited by AIHS. A core finding was that the experiences of OHS professionals during the pandemic varied markedly and the way that organisational leaders supported, facilitated and empowered them shaped their overall ability to respond and contribute to resilience. The

remainder of this section explores the impact of the pandemic on the work experiences of OHS professionals and discusses practical implications.

5.1 Experiences of OHS professionals during COVID-19

The survey results revealed that many OHS professionals experienced adverse wellbeing-related outcomes in response to challenges associated with their work during the pandemic. Slightly more than half of respondents (54%) experienced feelings of emotional exhaustion (a component of burnout); 40% (n=127) reported feeling insecure in their jobs, with 15% experiencing high job insecurity; and 15% reported low positive affect. Discussed below are some of the challenges faced by OHS professionals: managing uncertainty in the regulatory space, role overload, and managing the tension between COVID-19 safety and other forms of safety.

Managing uncertainty in regulations

Although the Australian government's response to COVID-19 has resulted in a relatively successful outcome with minimal deaths, the initial pace of information flow and dissemination to organisations hindered the work of OHS professionals, many of whom adopted subject matter expert positions within their organisations. For example, an OHS manager from the hospitality industry stated:

It was not frustrating, but they were just really slow, very slow, to get that information out given the time frame. On January 31st, Australia was starting to look at it and understanding it. Then we're now in March and we only got things through to us...I would actually probably say everyone has been flat-foot: regulators, governments.

The amount and pace of changes to government regulations and guidance were identified as sources of strain and uncertainty by some OHS professionals. The rapid switching and repeal of decisions meant that credibility was undermined in some workforces.

The fact that you make a decision one day and then you might have to change that decision within 24 hours, dependent on what the government restrictions or government updates are. (OHS manager, construction industry)

In some multistate or multinational organisations, the varying COVID-19 requirements across jurisdictions created havoc for centralised forms of control.

But every state is different. And because we're a multi-state company, we've got businesses in Queensland, ACT, South Australia, New South Wales, every state is different. And so you need to make sure that's communicated to the sites to say, 'Look, in your situation, if something happens, this is what you do.' (National OHS manager, construction industry)

Role overload

Responding to the pandemic added to the duties and functions performed by OHS professionals, often taking them outside their core areas of expertise and increasing their

workload. The study participants reported increased responsibilities and job tasks as a significant challenge.

It's just time consuming because at the end of the day, you've still got your normal job to do, whether it's to do site inspections or incident investigations or audits or training and inductions. And at the same time dealing with the pandemic, it's not easy. (OHS manager, construction industry)

Although governments and regulators were slow to initially provide information, many OHS professionals felt overwhelmed. They found themselves acting as a conduit for information into the organisation – 'cleaning' and diverting messages to ensure communication within the organisation was clear and as unambiguous as possible.

Challenges so far is information overload. You know, the number of webinars and fact sheets and everything that every single company is pumping out...Everyone's well-meaning obviously, but information overload—definitely. (OHS manager, manufacturing industry)

Managing tensions

The pandemic situation set up a tension where one form of safety (COVID safety) may trade-off against other forms of safety. Many organisations diverted attention and resources away from existing physical or operational OHS projects and towards pandemic preparedness and response.

...some of our improvement progress is non-COVID related [so] had to be put on the back burner...safety-related improvements that are not necessarily [COVID-related] are now from a priority point of view aren't number one. But it's how long or how do we continue to manage these if it goes for much longer? (OHS manager, manufacturing industry)

In industries where participating organisations work and operate as subcontractors, there were examples of the client or principal contractor implementing blanket responses or requirements that were impractical or especially arduous, such as requiring all personnel, even delivery drivers who did not enter the premises, to have influenza vaccinations. In some cases, OHS professionals perceived this escalation of controls as 'over the top.'

Responding to clients' demands about what are we doing about COVID-19 and it's almost like... They want more and more controls put in place each week. (OHS manager, mining industry)

Also, OHS professionals have found themselves defending and supporting decisions made by the organisation to try to build adoption among the general workforce. The rapid pace of change in decision making based on pandemic requirements introduced a challenging aspect to their role:

Oh, it just takes up more time to communicate that to people properly. Because you want to explain to people why you're making decisions. One thing is making the decision. The next thing is explaining to people why you're doing it. It'd be very easy just to be like a dictator. Just say you're doing this because I said so, but you want to explain to people that you're doing this, whether it's [for] their health and safety or to help the business to continue to operate. (OHS manager, construction industry)

5.1.1 Marginalisation versus empowerment

There are at least two distinct narratives relating to the role of OHS professionals in the organisational COVID-19 response. In one scenario, the OHS professional feels dejected – detached and distant from operational safety due to the impact of the virus. In another scenario, the OHS professional believes that, by drawing on their risk management expertise, they can play a central role in building adaptive capacity and the potential for their organisation to be successful under varying and difficult conditions.

Marginalisation

Rae and Provan (2019) found that OHS professionals tend to focus on administrative, demonstrated and social safety work that often does not directly contribute to the safety of frontline operators. They concluded that OHS professionals often engage in politically motivated activities based on the constraints imposed on them by others, and even themselves, in order to be successful in organisational settings. OHS professionals may even inadvertently contribute to safety ‘clutter’ – duplication, generalisation and over-specification that fails to add significant value to operational safety (Rae et al., 2018). Thus, it is not surprising that during times of crisis, OHS professionals can become marginalised as power and decision-making authority shifts upwards and converges in the hands of chief executives and senior leadership teams (‘t Hart et al., 1993).

Evidence of the marginalisation of OHS professionals in some organisations was identified in the survey results. Specifically, 13% of respondents reported that their access to senior management reduced significantly because of COVID-19, and 11% stated that their level of status and influence decreased. Deprioritisation of safety occurred because some OHS professionals were regarded as ‘non-essential workers’ during lockdown and/or were unable to attend sites to carry out audits and checks.

[Previously] whenever there was an incident at a site, a client would always be, "Where's your safety guy? We never see your safety guy. We don't see your safety guy enough. We want a permanent safety guy on our site." Then as soon as this rule comes up that they don't want non-essential personnel on site, suddenly the safety guy isn't needed. (OHS manager, mining industry)

Marginalisation also resulted when the OHS manager was excluded from an organisation's crisis management team. Some OHS professionals reported that attempts to contribute their unique skillset and capabilities to provide assistance to operational managers were not always appreciated or utilised by the organisation.

...the lack of feedback from the crisis management team was frustrating in the early days. Look, we were channelling a lot of the information that we had access to, and a lot of inquiries were getting pulled back through them, but it seemed like a bit of a black hole. So, the first time we were there, perhaps their pure focus on... I guess, financial issues. (OHS manager, educational institution)

Some OHS professionals, while reporting positive safety commitment by their organisation pre-COVID-19, were worried about subsequent deprioritisation due to funding restrictions.

There's always competing goals, but it feels like now that's out of alignment even more so. So that raises my concern. I've been very fortunate to be in a company that is very committed. There's never really ever a question about spending money if there's a safety improvement that's identified, and there's a lot of communication and attention on it. But obviously, now, a lot of our leaders are looking at ways of trying to save money and their focus is on that at the moment. (OHS manager, construction industry)

However, not all OHS professionals reported adverse or negative experiences during the pandemic. As explained in the next section, many experienced increased support and autonomy, which significantly improved their experiences and likely enabled the organisation to respond more effectively to the crisis.

Empowerment

The organisational resilience literature suggests that organisations can adapt to change in numerous ways, including by increasing utilisation of existing resources, by applying an existing response in a new context, and/or by developing and applying novel responses (Dalziell & McManus, 2004). As the pandemic is a health and safety crisis, organisations should ideally exploit existing procedures and practices, and also develop new ones to better navigate the challenges and devise effective responses. Research has suggested that OHS professionals may positively influence OHS during times of threat and disruption via their proactivity, independence and autonomy (Provan et al., 2018, 2020).

This study provided evidence that OHS professionals demonstrated resilience and enhanced operational efficiency during the pandemic.²³ Many of the survey respondents reported improved workplace conditions related to the level and status of their role; for example, 41% indicated that management support was significantly better, 45% experienced enhanced status and influence, and 52% indicated that the importance of OHS had improved due to COVID-19.

Respondents' comments suggest significant proactivity and willingness to go beyond the normal confines of their role to help their organisations respond to COVID-19 and to manage the associated emerging risks. For example:

²³ Also, 35% of respondents to the 2020-21 Safesearch survey reported increased operational efficiency of the HSE team (along with an increased workload).

So I usually wouldn't be involved in supplying hand sanitiser in my usual role, but...[spent] a lot of hours trying to chase up the hand sanitizers, so yeah. It's pretty fluid, my role at the moment. (OHS manager, construction industry)

Empowerment of OHS professionals is evident in many of the initiatives reported by the study participants. These included:

- Communicating emerging physical and psychosocial risks to key decision makers in the organisation (e.g. an auction-house safety manager highlighted the potential for stock coming from infected persons to be contaminated by COVID-19 and the requirement for additional safety measures)
- Implementing risk control measures in response to workers returning from overseas or unknown external visitors to work premises, and replacing staff at risk of infection
- Forging new relational networks across the organisation by virtue of the circumstances requiring broader and more diverse consultation and influencing
- Leveraging professional and personal networks outside the organisation to anticipate emerging physical and psychosocial risks due to COVID-19 and to formulate appropriate responses
- Emphasising 'social safety' activities by acting as a source of reassurance and encouragement about safety measures; recognising the need to create certainty and transparency for the workforce, while drawing clear boundaries around the unknown.

For example:

From get-go, I said, "We need to stick to reliable information." And I think part of it is the misinformation that's out there and causes panic for our workers. (OHS manager, ... industry)

I think as a safety manager, even when you're trying to give people some certainty, you've got a real ambiguity in terms of the situation. I think you have to be very clear about your communication, but very clear not to give people false hope either. You can only give people certainty around the things that you have certainty around. And so, that transparency around your knowns and your unknowns I think is really quite important for your people. (OHS manager, construction industry)

- Using external sources of challenge, such as unions, to sense-check decisions before implementation, potentially reframing old adversaries as sources of assistance

Of course we are heavily unionised so it's always the unions are on to us, "Why did you make this decision? Are you making the right decision?" It is in a way good because we have to always go back and check ourselves and make sure we're making the right decision. (OHS manager, transportation industry)

- Recognising how the COVID-19 safety response creates a distraction from regular operational safety

We sent out a toolbox to that effect just trying to tell people to be mindful that the business still operates and that managing the risk of COVID-19 should never compromise your personal safety and...the safety of colleagues. So, trying to bring that back into focus. (OHS manager, hospitality industry)

5.2 Improving the organisational experiences of OHS professionals

Frequently during the research program, situations were identified where OHS professionals had expressed health and safety concerns that were dismissed or deprioritised. Some OHS professionals felt marginalised or constrained and saw their role as a compliance exercise – enforcing new COVID safety controls in response to government regulations. These experiences align with a dystopian view of the profession generally. In other circumstances, OHS professionals took empowering initiative and went beyond their traditional role boundaries to actively contribute to ameliorating the COVID health crisis. The critical questions thus become: Why are some OHS professionals elevated to prominence while others are pushed aside during a crisis? What conditions enable OHS professionals to engage in proactive adaptations that increase positive capacity to complete work safely?

Deep vs surface organisational approaches to workplace safety

To explain the divergent experiences of OHS professionals during the COVID response, one must examine how organisations and individuals approach OHS requirements. Hu et al., (2020) described two distinct approaches that people adopt in response to OHS requirements: ‘deep’ and ‘surface’ compliance. For workers, deep compliance – “mindful awareness and careful application of safety procedures” – involves a proactive process of increasing health and risk awareness, perceiving the utility of safety measures, making behavioural adaptations and integrating the adaptations into work routines (Hu et al., 2020). In contrast, surface compliance involves “demonstrating compliance with minimal effort” (Hu et al., 2020, p. 2).

The survey results suggest that an environment conducive to deep compliance was established in many organisations during the pandemic. In total, 69% of respondents agreed that they had strong management support, 69% had adequate autonomy in their role to make decisions, and 65% were invited to be involved in pandemic decision making.

When the behaviour of individuals is aggregated to the level of the organisation, the role of an OHS manager is often designed in line with a compliance framework, with a focus on institutional safety such as demonstrating compliance to regulators and stakeholders (Rae & Provan, 2019). In such organisations, OHS professionals would struggle to implement effective COVID-19 responses (as evidenced in this program of research) because multiple points in the compliance framework are being challenged – the top-level rules shift, with new rules and frequent changes to policies and processes. Also, some OHS professionals in such organisations were denied access to workers and experienced challenges with conducting routine safety checks and audits. In these cases, the priority of OHS decreased as organisations tried to adapt and react to COVID-induced disruptions.

On the other hand, when an organisation deeply complies with OHS requirements and prioritises health and safety, OHS professionals can thrive. Indeed, as evidenced, many OHS professionals were empowered and assumed various functions to support the health and safety of the workforce during initial stages of the COVID-19 outbreak in Australia. In addition to compliance work, they were proactive in drawing on their networks outside the organisation to gather information and ideas, acting as the nexus between management and frontline workers, and utilising logistical skills to identify the needs of organisational members and deliver. Proactive OHS professionals demonstrated aspects of resilience, such as anticipation, monitoring and responding (Hollnagel, 2017). Emerging risks beyond virus infection were identified and managed, such as mental health challenges and the potential impact of new COVID-19 measures on existing OHS practice.

Shaping the way OHS professionals approach and execute their role

Although organisations play a significant role in shaping experiences during a crisis, OHS professionals can also decide how they will respond to the situation. The behaviours of OHS professionals in the study might be explained by the concepts of *regulatory focus* and *job crafting*.

Regulatory focus refers to:

...two orientations or mindsets that people adopt when striving towards goals; a promotion-focus and a prevention-focus. With a promotion-focus, individuals are oriented toward gains such as achievement and success. With a prevention-focus, individuals are oriented toward minimizing losses such errors and accidents. (Casey et al., 2019, p. 2)

For instance, if a leader demonstrates practices that emphasise growth, nurturance and inspiration, a worker may be induced to follow a more achievement- and promotion-oriented strategy (e.g. engaging in voluntary safety meetings, getting involved in organisational safety initiatives). On the other hand, practices that emphasise risk, uncertainty and the potential for losses tend to induce a cautious and prevention-oriented strategy (e.g. adhering closely to established safety protocols, applying lessons learned to minimise future incidents) (Casey et al., 2017, 2019).

Job crafting refers to practices that enable employees to utilise opportunities to customise and redesign their jobs by actively changing their tasks and interactions with others at work (Tims et al., 2012). By applying reasoning from regulatory focus theory, job crafting can be modelled as promotion-focused and prevention-focused (Lichtenthaler & Fischbach, 2016). Promotion-focused job crafting – practices that aim to increase job resources and challenging/stimulating job demands – is positively related to work engagement and task performance, whereas prevention-focused job crafting – decreasing hindering job demands and avoiding or reducing challenging tasks – is negatively related to engagement and performance, and positively related to burnout (Lichtenthaler & Fischbach, 2016). Relational, task and cognitive types of promotion- and prevention-focused job crafting are outlined in Table 10.

Table 10: Types of job crafting

	Promotion-focused job crafting	Prevention-focused job crafting
Relational	Expanding internal networks with other employees	Avoiding situations where one has to engage with unfamiliar employees
Task	Giving employees non-mandatory training to enhance their safety capabilities	Clearing away less important tasks/duties to reduce overall workload
Cognitive	Thinking about how one's role contributes to the organisation's resilience and crisis response	Thinking about which aspects of the role are most important to avoid legal prosecution or liability

In an age of dynamic environmental conditions, unexpected challenges and flatter structures, OHS professionals will require expertise in job crafting so that they can effectively adapt to change. The research showed that, within the pandemic context, OHS professionals engaged in both promotion- and prevention-focused job crafting practices with the former more prevalent than the latter. Large majorities of the respondent OHS professionals engaged in the different types of promotion-focused job crafting: 80%, task, 70%, cognitive and 64% relational. In contrast, only 35% of respondents engaged in one or more types of prevention-focused job crafting. Examples of promotion-focused job-crafting practices include:

We were already sharing stuff, business continuity plans, those sorts of things. We already were ahead of it. As professionals, we knew what we needed to put in place. How are we going to manage it? How are we going to control it? (OHS manager, ...)

What this does do is, it makes you talk a lot more to your peers, and other departments or areas that you might not talk to, to resolve issues, and to work together to find solutions... This has helped to build some bridges and get good working relationships with people. (OHS manager, government)

Importantly, statistical associations between different types of job crafting and wellbeing outcomes for OHS professionals shed further light on their experiences and what can be done to improve them. For example, promotion-focused job crafting was positively related to both job meaning and positive affect while prevention-focused job crafting (particularly task and cognitive) was positively associated with emotional exhaustion.

5.2.1 Recommendations

The research outcomes inform the following practical recommendations for how organisations and OHS professionals can optimise the response to a crisis.

For organisations

To support and empower OHS professionals during times of crisis and optimise success:

- Ensure adequate management support for OHS professionals, e.g. allocate sufficient resources, make managers available to OHS staff for consultation, and include job-crafting concepts and skills in competency models and training programs
- Increase autonomy and decisional latitude for OHS professionals, e.g. provide a discretionary and meaningful budget and encourage them to be proactive and to assist in other areas of the business, such as logistics and procurement
- Involve OHS professionals in decision making, e.g. give them a seat on the crisis management team
- Manage job insecurity by providing as much reassurance as possible to minimise erosion of OHS professional proactivity and potential negative impacts on organisational safety and resilience.

For OHS professionals

To orient towards empowerment rather than marginalisation, OHS professionals should reflect on their job-crafting practices and search for opportunities to hone these skills, which will become even more critical as the world of work evolves and future crises emerge.²⁴

6 Future view for the OHS profession

The OHS profession is undergoing a transformation that is accelerating during the COVID-19 global pandemic. Attention has been directed towards the effectiveness of OHS management activities within organisations and, by extension, the functions and activities performed by OHS professionals. As work and associated risks change, business models evolve and the gig economy alters the shape of industries, OHS professionals need to keep pace and contribute new value to their organisations or risk fading into lesser significance.

The roles, activities and functions of OHS professionals of the future will be vastly different to those performed by the majority of OHS professionals during the past two decades. After years of fragmentation, OHS management activities require realignment and reintegration with work and operations. It is likely that OHS professionals will have a more goal-directed focus on facilitating the 'safety of work' rather than on performing some of the more discretionary and/or bureaucratic forms of 'safety work' (Rae & Provan, 2019). To deal with the complexities of emergent conditions, OHS professionals will need to be facilitators who

²⁴ For a discussion on job crafting, see *OHS BoK* 34.4 Design of Work (in development at the time of writing).

build operational capacity in their organisations to perform work in the presence of hazards (Proven et al., 2020).

Provan et al., (2020) proposed a redesigned role for safety professionals – as facilitators of ‘guided adaptability’ – by augmenting existing OHS practice with practical application of resilience engineering theory. Transition to Proven et al.’s safety management mode of guided adaptability involves anticipating future scenarios, building readiness to respond, synchronising information flows and embedding proactive learning. Core activities for OHS professionals in this reframed role are outlined in Table 11.

Table 11: OHS professional activities for guided adaptability (Provan et al., 2020, p. 9)

Activity		Intent
1	Explore everyday work	Understand the way the organisation is currently operating and where resilience and brittleness is present
2	Support local practices and guide adaptations	Support local practices, guide adaptations and balance the job demands of front-line teams
3	Reduce goal conflict and negotiate redistribution of resources	Monitor goal conflict and create action to alleviate it; facilitate the re-allocation of operational resources
4	Facilitate information flows and coordinate action	Create mechanisms to transfer information and coordinate action across organisational boundaries
5	Generate future operational scenarios	Utilise current understanding of the organisation to predict possible future conditions
6	Facilitate sacrifice judgements	Support the understanding of trade-off decisions and the resolution of acute goal conflict
7	Facilitate learning	Create organisational change based on current conditions and future scenarios

To effectively perform this increasingly complex role, OHS professionals will need to significantly expand their non-technical capabilities. Education and training pathways for OHS professionals will need to provide these critical capabilities and associated competencies and practical development experiences. As economies and organisations move forward post-COVID-19, OHS professionals have an opportunity to redefine their role as pivotal contributors to enhanced organisation agility and effectiveness, or they can retreat to the comfort of safety work. If the latter is chosen, organisations will look elsewhere for operational leadership and support, and OHS professionals may not get another opportunity to become the organisational leaders they desire to be.

7 Summary

This chapter provides context for the *OHS Body of Knowledge* by evaluating the status of OHS as a profession. Internationally, there is significant variation across countries and, when assessed against key criteria, the OHS profession cannot yet claim achievement of professional status. A major factor inhibiting professional recognition appears to be disciplinary ambiguity, which has contributed to:

- Increasing the breadth of the generalist OHS professional role, potentially resulting in declining knowledge and skills
- Diluting understanding of the practical applications of OHS principles, potentially rendering OHS professionals more like general managers than professional advisors.

The assessment of the status of the OHS profession in Australia is more positive, with a few key criteria considered to have been achieved. However, caution is warranted in comparing the Australian and international assessments as the former achieves a level of granularity not possible in the latter.

Issues associated with professional recognition impact how those practicing OHS see themselves as professionals. A professional identity study found that OHS professionals are unsure of their place in the organisation and experience tensions and contradictions related to organisations, safety and their role. These contradictions and tensions have impacted the organisational experiences of OHS professionals during the COVID-19 pandemic. Research indicates that some OHS professionals took the opportunity to enhance their organisational influence and recognition during the pandemic, while others perceived marginalisation and a deprioritisation of OHS. Drawing attention to the struggles and achievements of OHS professionals during a time of crisis should stimulate further investigation into how OHS professionals contribute to operational performance and resilience, and how organisational factors such as autonomy, decisional latitude and social status can promote effective job crafting and the creation of better responses to adversity and crisis.

Generally, the OHS profession may be considered 'emerging' – that is, it is yet to achieve the structures, capability and recognition necessary to be considered 'established.' Two key factors will influence the ongoing development of OHS as a profession:

- Widespread adoption of the INSHPO OHS Professional Capability Framework for the activities of OHS professional bodies and OHS education²⁵

²⁵ This will require the ongoing updating of the INSHPO framework to reflect current and emerging OHS knowledge and practice.

- Individual OHS professionals taking the initiative to ‘craft’ their role to adapt to changes in work, business models and organisational structures, and to engage, influence and add value to their organisations.

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