SHINe

Safety and Health Innovation Network

Role of Occupational Health and Safety (OHS) Professionals

A Literature Review

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Introduction

The role, functions and effectiveness of occupational health and safety (OHS) personnel is an area of growing research interest in the context of technological, legislative, social and economic changes. The activities of OHS personnel in an organisation is inherently shaped by the understanding of what constitutes OHS, including the way hazards and appropriate organisational risk responses are understood. In the 1990s, there was a growing emphasis on the need to focus on safety in design and the management of OHS risk through all stages of a project or product life cycle. This substantially changed the remit and focus of professional OHS activity, requiring greater engagement with upstream decision-makers, such as those who design and plan work systems, products and processes.

Rapid developments in information and communication technologies and the more recent advancements made in AI and automation present new opportunities for OHS management practice, but may also introduce new hazards into the workplace. There is also a growing recognition that organisations have a responsibility to manage more complex OHS issues, such as work-related psychosocial risk and musculoskeletal disorders for which solutions are harder to find and typically encroach upon managerial prerogative, e.g. changing the way that work is designed and performed. Research shows that OHS professionals do not frequently engage in tasks regarding psychosocial risk factors or related prevention measures, highlighting a gap between organisations' responsibilities and professional practice (Leitão & Greiner, 2017).

Brun and Loiselle (2002) previously observed that OHS work simultaneously requires:
- increased generalisation, i.e., the scope of activities required of OHS personnel has grown, and
- increased specialisation, i.e., the complexity of work processes, technologies etc. has expanded to require knowledge in technical disciplines, such as industrial hygiene, ergonomics, and psychology.

This means that OHS professionals can be generalists or specialists, or a mix of both (Fu et al., 2025). This is accompanied by an ongoing discussion of what educational requirements and experience OHS personnel need, what activities they should perform and how they can best exert strategic influence in modern organisations.

This review of the literature synthesises some of the relevant work addressing the development, operation and effectiveness of the OHS role. Most of the research included is

general in nature. However, when work has been undertaken in a construction context, this is explicitly identified.

The literature review is structured as follows:

- [part 1](#) presents a brief description of the development of the OHS profession
- [part 2](#) describes different levels of OHS practice identified in the literature
- [part 3](#) presents other models classifying the work of an OHS professional
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- [part 5](#) summrises research relating to the professional identity of OHS professionals
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- [part 7](#) presents a theoretical model explaining OHS professionals' role and behaviour
- [part 8](#) discusses the impact of relationships between OHS professionals and senior/line managers, and
- [part 9](#) considers the implications of OHS professionals' position in the organisational hierarchy.

1. The development of occupational health and safety (OHS) as a profession

In the United Kingdom (UK), Hale and Booth (2019) trace the role of the occupational health and safety (OHS) professional back to early workplace legislation that necessitated that government inspectors received specific training in OHS. However, they argue that the role of the OHS professional became more important as a result of the introduction of Robens-style legislation in the UK (specifically the introduction of the Health and Safety at Work Act of 1974). This new legislation sought to extend legal duties beyond prescribed minimum standards and promote best practice and continued improvement in OHS.

Hale and Booth (2019) note that, in requiring companies to engage expert support to assist with the establishment and running of a safety management system, the Health and Safety at Work Act gave organisationally-employed OHS staff a 'legal hook on which to hang their advisory role' (p. 81). A similar model of regulation was subsequently introduced across countries of the European Union (EU), increasing the focus on systemic workplace assessment and management (Limborg, 2001). These legislative developments prompted discussion about the educational requirements for OHS professionals in countries across the EU (see, for example, Bohalteanu, 2019).

In the UK, professional examinations were established for those wishing to pursue a career in OHS. In addition, the Institution of Occupational Safety and Health (IOSH) created defined

career pathways for people whose roles are dedicated to supporting organisations to manage OHS issues based on a combination of qualifications and work experience (Hale & Booth, 2019). Efforts to identify the knowledge and skills required to practise effectively as an OHS professional, and to translate these into educational programs have also been reported in different countries around the world (see, for example, Wybo & van Wassenhove, 2016; Wu et al., 2011).

In Australia, Provan and Pryor (2019) describe how industry and economic conditions produced rapid growth in the number of people employed in OHS roles in the early 2000s. They also observe substantial variability in the qualifications and experience of people entering these roles, noting that OHS careers often reflect job title progression rather than qualifications or experience. That is, a person may start working in an OHS Coordinator role and gradually move into the roles of OHS Advisor, OHS Manager and potentially be promoted into OHS General Manager or OHS Director roles, irrespective of their educational background or entry pathway into the profession (Provan & Pryor, 2019).

In a move to increase the recognition of OHS as a professon, the Safety Institute of Australia (now the Australian Institute of Health and Safety) adopted a Global OHS Capability framework developed by the International Network of Safety and Health Practitioner Organizations (INSHPO, 2017). This framework was developed in an attempt to create a globally recognised common understanding of the activities, knowledge requirements and skills of people employed to perform OHS work within organisations (Pryor et al., 2019). The Australian Institute of Health and Safety (AIHS) has also established a multi-tiered voluntary certification structure for OHS practitioners and professionals. However, Provan and Pryor (2019) observe that the take-up of certification is low relative to total membership of the AIHS. This is attributed to the absence of regulatory and/or employer requirements for certification in relation to OHS professional practice (Provan & Pryor, 2019).

2. Levels of OHS practice

The OHS career pathways established by IOSH in the UK reflect two distinct levels of OHS work:

- the work of an OHS practitioner, and
- the work of an OHS professional.

This two-level distinction is also reflected in the INSHPO Framework (INSHPO, 2017). Table 1 differentiates the roles of OHS practitioner and OHS professional as defined in the

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INSHPO framework. Pryor et al. (2019) explain that the terms 'OHS Manager' or 'Safety Manager' were deliberately avoided in the development of the INSHPO framework so as to avoid the impression that responsibility for the management of OHS could be shifted from operational line management onto OHS personnel.

Some empirical research has revealed a hierarchical distinction between the responsibilities, rights and activities of people in OHS roles at different levels within an organisation (Fu et al., 2025). However, strategic and tactical OHS activities undertaken in organisational life are often blurred and overlapping. For example, in Denmark, Masden et al. (2019) observe no clear demarcation between OHS professonals and practitioners in terms of their responsibilities and competencies. Similarly, in the UK, Hale and Booth (2019) observe people in managerial OHS roles sometimes engage in tactical work, while worker OHS representatives sometimes engage in strategic activities.

In reality, the activities undertaken by OHS personnel are likely to be shaped less by their formal job title, and more by the size and structure of the organisation in which they are employed. For example, in New Zealand, Olsen (2012) reports that practitioners employed as OHS advisors may function more like a manager, particularly when they are centrally positioned within an organisation and/or cooperating with OHS advisors in regional areas or decentralised business units.

The role of OHS personnel may also be constrained by an organistion's senior managers' understanding of OHS and, therefore, their expectations about what OHS personnel 'should' do. In Australia, Borys et al. (2006) undertook a survey of OHS personnel to understand their role. This revealed OHS personnel to be heavily involved in OHS compliance issues. They were also found to spend considerably more time developing people-focused OHS solutions, i.e., prescribing requirements for personal protective equipment or developing procedures, than in developing solutions focused on the design and planning of work[1]. Borys et al. (2006) observe that this emphasis on individual safety solutions is contrary to modern approaches to risk management. However, the narrow scope of activity performed by people in OHS roles likely arises because OHS is often positioned as a marginal role in the organisational hierarchical structure. Brun and Loiselle (2002) similarly observe that managers regularly

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[1] It must be noted that the survey-based study reported by Borys et al. (2006) was undertaken two decades ago and it is possible that the Australian situation has changed since this survey was conducted.

seek advice from OHS personnel on specific technical matters, but that advice is rarely sought on matters of strategic significance, such as the pre-purchase selection of machinery or equipment.

Hasle and Jensen (2006) also observe that OHS is often seen as an adjunct function in an organisation with little impact on central decision-making. They note that OHS management systems may not be integrated with other organisational management activities, making it difficult for OHS professionals to act as effective change agents from their position on the sidelines of organisational activity.

Table 1: Roles of OHS practitioners and professionals (INSHPO, 2017, p. 11)

OHS practitioner	OHS professional
Implementer/executor of strategy and the framework for OHS critical control management	Designer of OHS management strategy and framework for OHS critical risk control management
Communicates predominantly with middle management, supervisor and shop floor, building relationships as a basis for influence, mentoring and providing technical advice	Influences senior managers, building relationships as a basis for influence, mentoring and providing integrated technical and strategic advice
Oversees and drives monitoring and compliance, acting as local change agent when required	Develops monitoring systems. Involved in organisational review and change management
Supports safe working environment by maintaining administrative processes, conducting training and using state-of-the-art tools, processes and standard practice solutions	Considers wider context of business processes and external regulatory, market and societal influences
Advice/action based on technical knowledge, experience and input by OHS professionals and other technical advisors	Advice/action based on conceptual and technical knowledge mediated by analysis of evidence, experience and critical thought
Focuses on organisation's primary processes operating in known contexts within established parameters	Able to extend his or her understanding and control to novel, unknown and complex risks and their control
Accesses, evaluates and uses a broad range of workplace and industry sources of information	Understands how to use, critically evaluate and develop the evidence base
Usually works under direct or indirect supervision or mentorship with substantial responsibility for planning own work	Works autonomously within own initiative and responsibility but values professional collaboration

May work with SMEs on well-known hazards or under OHS Professional supervision in larger organisations	Usually works in large, complex and/or high-hazard organisations or as a consultant to medium-sized organisations
Usually educated through vocational or technical streams	Usually educated through university or higher education sector

3. Other classifications of OHS work

Other researchers have proposed different ways to classify the work of OHS personnel. For example, Brun and Loiselle (2002) classified prevention activities undertaken by OHS personnel as reflecting an organisational, technical or human dimension of practice, as follows:

- the human dimension refers to activities involving people, e.g. training
- the technical dimension refers to the use of equipment, machinery and materials, and
- the organisational dimension refers to the development of policies, procedures and rules.

For each of these three dimensions, Brun and Loiselle (2002) suggest two-tiers of activity occur: strategic and operational (tactical). Consistent with the findings of Borys et al. (2006), Brun and Loiselle (2002) report that practices in the organisational dimension play a large part in the work of OHS personnel.

Another classification framework was developed by Masden et al. (2019) and is shown in Figure 1. According to this framework, tasks carried out by OHS professionals are grouped into three types:

- operational tasks
- processual tasks, and
- systematising tasks.

Masden et al. (2019) suggest that these three types of work have both practical 'day-to-day' and strategic aspects.

The model developed by Masden et al. (2019) also suggests the type of work OHS personnel perform determines the internal and external stakeholders with whom they need to coordinate their efforts. For example, operational OHS tasks seek to integrate OHS into an organisation's business operations in a way that accomodates internal stakeholders' needs. Consequently, this work requires OHS personnel to work closely with operational

personnel, production planners, line managers etc to maintain production continuity and efficiency.

Processual OHS tasks involve ensuring that specific OHS processes required by legislation are carried out. In some instances, external OHS or management consultants may be engaged in advising on processual OHS tasks.

Systematising tasks involve the creation and maintenance of activities required to support a systematic approach to managing OHS. This work can include pursuing and maintaining different forms of OHS management system accreditation and typically will require coordination with internal risk, environment or quality managers and external auditors.
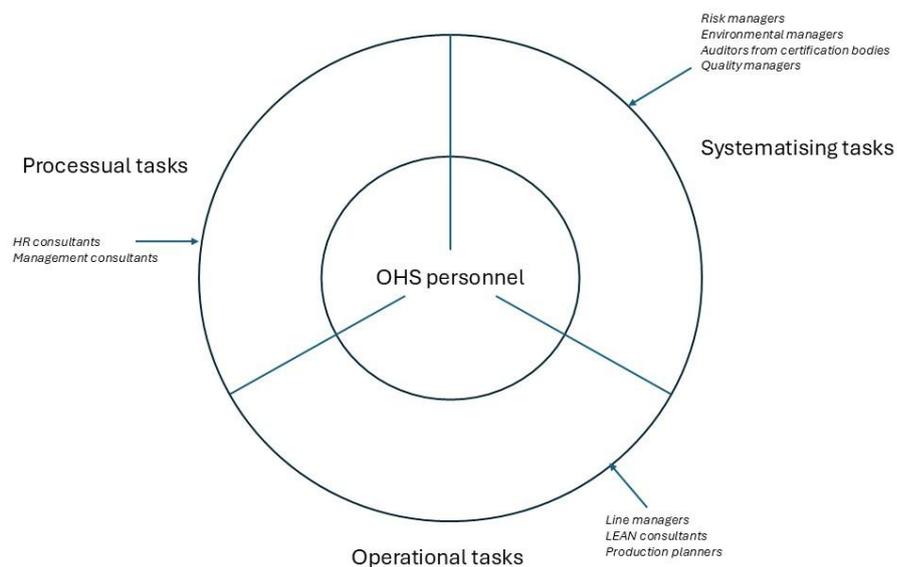
Figure 1: OHS personnel and their roles and interfaces (from Madsen et al., 2019)

4. Influence tactics and effectiveness

Hasle & Sørensen (2011) observe that OHS is sometimes treated as being peripheral to mainstream organisational activities, with OHS personnel often not involved in operational decision-making. This is observed to be particularly true when decision-makers are deciding upon significant changes to be made within an organisation (Olsen, 2012). Also, because OHS personnel often occupy middle management positions in the organisational hierarchy, they are observed to have relatively low positional power (Madigan, Johnstone et al., 2021). This means that they must rely on their ability to influence others in order to achieve their objectives (Daudigeos, 2013).

In order to effectively influence the decision-making and actions of others, OHS professionals need to be able to understand and manage human behaviour and social factors (Garrigou & Piessel-Cottenaz, 2008). As a result, it is important for OHS professionals to be able to understand groups with mutual and conflicting interests and engage them in ways that can attract scarce resources to support OHS-related initiatives (Hasle & Jensen, 2006).

Hasle and Sørensen (2013) describe two ways that OHS personnel have typically attempted to influence decisions within organisations, i.e. the use of regulation and knowledge strategies. The former involves appealing to regulatory requirements, while the latter involves making recommendations based upon their specialised health and safety knowledge. The effectiveness of a knowledge-based influence approach is based on the assumption that, once advised about cause-and-effect relationships between hazard exposure and harm and appropriate ways to control OHS risk, decision-makers will act upon this knowledge and implement preventive approaches. However, Hasle and Sørensen (2013) argue that this assumption does not always hold true as decision-makers may resist implementing proposed solutions if they are disruptive of business processes and productivity. Therefore, Hasle and Sørensen (2013) argue that OHS professionals need to develop skills to become effective 'political navigators' within organisations. As effective political navigators, OHS professionals need to understand the organisational context and business strategy, gain access to the forums at which decisions are made, and ensure that proposed solutions are pitched in ways that appeal to the interests of key stakeholders within the organisation.

Madigan, Johnstone et al. (2021) explored the influence tactics used by Australian OHS professionals in seeking to influence decision-makers above them in the organisational hierarchy. They found a variety of different tactics are utilised, including:
- rational persuasion
- coalition
- legitimating
- inspirational appeals
- consultation
- coaching
- collaboration
- pressure

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- social proof, and
- storytelling.

Of these tactics rational persuasion was most frequently used. This often involved developing and presenting a detailed business case or utilising research evidence to support a proposed OHS strategy. The Australian OHS professionals also reported utilising more than one tactic at a time, and using different tactics in sequence as necessary. For example, it was common to initially utilise rational persuasion and then to follow this up with legitimation – e.g. citing policies or regulatory requirements – if the initial attempt to influence was unsuccessful (Madigan, Johnstone et al. 2021).

The factors that impacted the effectiveness of OHS professionals' use of influence tactics included:
- the degree to which they prepared their case before they engaged an influence tactic, including how well they understood the business environment
- the inter-relationships between OHS and other elements/components of the organisation
- having good relationships with senior managers, and
- being a trusted source of OHS knowledge.

Factors impeding the OHS professionals' ability to influence included:
- lack of OHS professionals' formal authority
- conservative organisational cultures, and
- low understanding of OHS among managers (Madigan, Johnstone et al., 2021).

Further quantitative research undertaken by Madigan, Way et al. (2022) explored managers' perceptions of the influence tactics used by OHS professionals. Managers perceived rational persuasion to be the most effective influence tactic deployed by OHS professionals. In contrast, making personal appeals to managers and the use of legitimation (making reference to regulations, rules etc.) were considered (by managers) to be the least effective influence tactics used by OHS professionals.

OHS professionals similarly perceived legitimation to be low in effectiveness. However, despite both managers and OHS professionals believing that legitimation is not an effective influence tactic, this technique is still widely used by Australian OHS professionals (Madigan, Way et al., 2022).

Madigan, Way et al. (2022) also identify individual and situational characteristics believed by managers and OHS professionals to enable or impede OHS professionals' ability to exert strategic influence. Enabling factors included OHS professionals':

- technical knowledge
- interpersonal skills
- work experience, and
- knowledge of the organisational environment.

Barriers included their manager's leadership style and safety beliefs. In particular, a command-and-control style of leadership among managers was believed to prompt the use of 'hard' influence tactics among OHS professionals, such as the use of pressure, legitimating or coalition-building. These tactics were universally perceived to be less effective than 'soft' influence tactics, such as rational persuasion, collaboration or consultation (Madigan, Way et al., 2022). Thus, characteristics of managers were observed to shape the practices of OHS professionals that, in turn, impacted the effectiveness of OHS professionals in influencing outcomes (see also the discussion of role theory and the discussion of the role of managers as role senders in Section 7 of this review).

Daudigeos (2013) defines staff professionals, including those engaged in OHS, as people "who are in charge of solving organizational problems using their professional knowledge, but who do not belong to the hierarchy of authority and thus lack the legitimacy of rank" (p. 723). They suggest that people in such roles experience an 'embedded agency paradox' which describes the ambiguity associated with being in a role that requires them to influence change in an organisational context, while also being influenced by established organisational norms, beliefs and routines within the organisation.

Daudigeos (2013) undertook research in a large French construction company and observed OHS professionals to engage in various forms of institutional work to achieve their objectives. For example, the OHS professionals proactively worked to build relational legitimacy by:

- developing external networks with OHS professionals in other organisations, including OHS professionals in industry competitor companies, professional bodies, regulatory agencies and contractual partners, and
- fostering relationships in their own organisation with people who occupy senior or key functional roles, providing the OHS professionals with access to decision-making

forums they would otherwise not be able to influence, e.g. relating to procurement and/or design.

These connections with peers, line managers, government authorities and professional bodies provided coercive, normative, or cognitive endorsement for the ideas of the OHS professionals within their company (Daudigeos, 2013). A similar approach was also observed in a qualitative analysis of OHS professional practice in New Zealand (Olsen, 2012).

Daudigeos (2013) observed the OHS professionals to adopt unobtrusive influence tactics, including:
- engaging in adaptive framing of issues, i.e. relying on different (e.g. financial, managerial, legal or moral) arguments to persuade others to adopt their ideas, and tailoring the persuasive arguments they use to their target audience at a given time
- instrumental use of organisational processes, programs and systems, e.g. controlling the flow of information relating to safety incidents and strategically managing safety-related reporting to exert influence, and
- use of the organisation's market power to influence OHS, e.g. using the organisation's purchasing power to influence sub-contractors' OHS practices.

An ethnographic study undertaken in the Danish construction industry explored the relational roles played by OHS coordinators. Consistent with the concept of adaptive framing (described by Daudigeos, 2013), the OHS coordinators frequently and consciously switch the 'role' that they play to suit the particular situation they are in (Ajslev et al., 2023).

Frequently adopted roles include those of:
- 'challenger', calling out unsafe work practices when necessary
- alliance builder, recognising and appealing to the interests of others
- influencer, 'saying the right things to the right people' to achieve their desired objectives, and
- expert, drawing on technical knowledge as a source of authority to exert influence (Ajslev et al., 2023).

Ajslev et al. (2023) also observed OHS coordinators acting in the role of OHS champion, which involved:
- representing OHS broadly, rather than focusing solely on narrow issues

- making informed recommendations based on specialist OHS knowledge, irrespective of the legal obligations of the client (whose interests they are engaged to represent), and
- making every effort within their ability to improve OHS.

The OHS coordinators were observed to adeptly switch their relational role depending upon the situation and often adopted different role positions in relation to the same issue. Ajslev et al., (2023) conclude that knowing what relational role will work best in a given situation, and when and how to switch between approaches is an important skill for OHS coordinators.

5. OHS professional identity

Madsen et al. (2019) observe that people who work in the OHS field are typically drawn from many different disciplinary and/or occupational backgrounds. Provan and Pryor (2019) similarly observe low barriers to entry into OHS roles in Australia and observe substantial variation in the criteria shaping career and professional status across different organisations. Given that professions are typically defined by common education, certification, specialised skills and demarcated boundaries with other occupational groups, the extent to which OHS can be considered a profession is therefore questionable. Considering the diversity of pathways into the OHS profession and low levels of voluntary certification, Provan and Pryor (2019) argue that OHS should be considered an 'emerging', rather than an a fully established profession.

Despite the diversity of pathways into OHS, Madsen et al. (2019) argue that people in OHS roles share common understandings and meanings about how to 'do' health and safety work. Moreover, they argue that these understandings are shared irrespective of whether OHS personnel work in a private organisation, a trade union, an employer association, a regulator or as a consultant. These shared understandings are believed to develop through interactions between OHS personnel across these different stakeholder groups. This can effectively create a situation in which OHS personnel have more in common with each other (irrespective of their employer) than they do with others in their own employing organisation (Madsen et al., 2019). Daudigeos (2013) similarly observe that external professional networks developed by OHS personnel provide the opportunity for them to learn about OHS-related innovation, enabling them to critically appraise practice and introduce ideas for improvement within their own organisation.

Recent research has explored the concept of professional identity amongst OHS personnel (Fu et al., 2025). Professional identity relates to 'how one identifies oneself or others as good professionals' (Ajslev et al., 2022, p. 53). It has also been defined as someone's 'self-concept about their professional role based on their experiences, attributes, motives, beliefs, and values' (Provan et al., 2018, p.22). Understanding professional identity provides insights into the way that OHS work is performed within organisations, as well as the way that this impacts the development of the profession (Provan et al., 2018).

In a qualitative study of the professional identity of OHS professionals in the Australian energy sector, Provan et al. (2018) explored five elements of an individual's professional identity, namely their:

- experiences
- attributes
- beliefs
- motives, and
- values.

Eight key findings related to the professional identity of OHS personnel emerged from this analysis. These are:

- career pathway is the dominant factor in determining OHS professional identity
- relationships are considered to be more important than authority to people in OHS roles
- interpersonal skills are considered to be more important than technical skills by OHS personnel
- safety is believed to improve by enabling change in organisations and people
- modern safety bureaucracy is seen as an encumbrance on safety
- OHS professionals have a moral and ethical motivation for safety
- leadership is seen to be accountable for safety, and
- OHS professionals make decisions about what is safe and unsafe.

Within each of these key findings Provan et al. (2018) identified contradictions and tensions. For example, OHS personnel strongly believe OHS is a line management responsibility and therefore seek to influence line managers' decision-making and actions through the development of relationships and provision of advice. While OHS professionals do not have formal authority, they do have responsibility for the provision of advice and therefore they are able to reference legal obligations, policy documents etc. to compel line managers to adopt

their ideas. However, OHS professionals also believe that this approach ultimately damages relationships and will adversely affect their ability to influence decisions in the long term. Thus, the OHS professionals experience tension between their sense of professional responsibility and their ability to maintain influence in an organisational environment over an extended period. OHS professionals also believe that their employing organisations are not as safe as they need to be and, therefore, they are constantly focused on ways to influence change within their organisations. The need for change was seen to be more important by the OHS professionals than the need to protect ongoing operations within their employing organisation. Again, this creates a tension for OHS professionals and how their work is positioned within the strategic objectives of the organisation. The OHS professionals identify with their role as a vocational 'calling' transcending their organisational employment. Driven by a strong sense of moral and ethical purpose (to prevent harm), the OHS professionals position themselves as being a 'force for good' in their organisations, which they often see as being somewhat unscrupulously focused on making a profit. Provan et al. (2018) argue that this conviction leads OHS professionals to feel a sense of obligation to 'draw-the-line' with regard to what is safe versus what is unsafe in the organisational environment. However, this is also a problematic position when maintaining that OHS is fully and exclusively a line management responsibility.

Another area of considerable tension identified in the professional identity of OHS personnel relates to the distinction drawn by Rae and Provan (2019) between safety work and the safety of work. The former describes 'activities, conducted within organisations, that have the primary purpose of managing safety' while the latter is 'the prevention of injury' (p. 119). While OHS professionals believe that OHS-related bureaucracy is important and many of their professional activities revolve around developing and maintaining bureaucratic processes, they also believe that these activities can distract attention away from operational safety. That is, safety work can adversely impact the ability to achieve the safety of work. Consistent with this negative view of safety work, the OHS professionals observed that others in their organisations perceive OHS to be disconnected from operations, focused on the wrong things and not 'adding value.' Although OHS professionals do not perceive their work in this negative way, they know that this is how they are perceived by others (Provan et al., 2018).

Ajslev et al. (2022) similarly examined the professional identity of OHS coordinators in the Danish construction industry. OHS coordinators – a legally mandated position - are appointed to coordinate clients' responsibilities and ensure that principles of prevention are

adopted in construction projects. Qualitative data collection revealed that OHS coordinators identified six different professional role identity categories to describe their practice:

- puzzle-piece caretaker
- necessary evil
- peripheral decision-maker
- risk assessor
- alliance builder, and
- orchestral leader.

Some of the themes associated with these role categories overlap with those identified by Provan et al. (2018) in the Australian energy sector.

As puzzle piece caretakers, the Danish OHS coordinators see themselves as small, but important, pieces in the overall puzzle of a construction project. They position themselves as caring for workers in a difficult environment in which there are many competing priorities for resources and attention. They recognise that OHS is not prioritised by other actors in the construction project environment and observe how their work is sometimes dismissed by others who do not share an interest in OHS. They understand that others perceive them as a 'necessary evil.'

Ajslev et al. (2022) describe how coordinators are not typically involved in decisions made about planning and design (see also Borys et al., 2006). This is concerning because research shows that the earlier OHS is considered in construction project decision-making, the more effective the selected and implemented forms of risk control will be (Lingard et al., 2015).

The Danish OHS coordinators believe that suggesting OHS solutions that enable production to continue is important to their being able to work effectively as members of the project team. They also recognise that maintaining good relationships with other team members (contractors, subcontractors etc.) is critical to their effectiveness. However, consistent with the findings of Provan et al. (2018), the Danish OHS coordinators also believe that they have a moral duty to 'draw the line' between what is safe and what is not safe and stop work when they believe it is necessary. This creates a tension in their professional practice between being 'the policeman' and 'the pleaser' (Ajslev et al., 2022).

6. Factors impacting OHS professional practice

Provan et al. (2017) undertook a comprehensive review of the factors shaping the role of the OHS professional, and identified 28 factors, eight themes and three categories that have an impact on professional practice in OHS (see Table 2). The three over-arching categories of factors are as follows:

- institutional factors, which relate to the social and political context and the organisation in which an OHS professional works
- relational factors, which refer to the interaction between OHS professionals and other people and processes in an organisation, and
- individual factors, which are internal to the OHS professional, including their capabilities, beliefs, sense of professional identity etc.

Institutional factors shaping the role of the OHS professional can be external or internal to the organisation. External institutional factors include the regulatory environment, the academic education of OHS professionals and requirements for professional accreditation. Institutional factors internal to the organisation include the organisation's financial objectives, safety culture, safety measurement approach, safety structure, safety bureaucracy and safety job design.

It is suggested that the organisational structure, and where the OHS professional is positioned within it, has a direct impact on their role and ability to influence decisions and actions. Factors identified as being important by Provan et al. (2017) include whether OHS professionals are internal resources or external consultants, their organisational proximity to senior management, formal line of report, and the amount of personnel and financial resources they have at their disposal. This is further discussed in Section 9 of this review.

**Table 2: Factors empirically or theoretically linked to professional safety practice (Provan et al., 2017).**

Category	Theme	Factor
Institutional	External	Legal regulation
		Academic education
		Professional accreditation
	Organisational	Financial objectives
		Safety culture
		Safety measurement
		Safety structure
		Safety bureaucracy
		Safety job design
Relational	Challenge	Speaking up
		Whistle-blowing
		Constructive enquiry
	Authority	Senior management
		Safety system
		Decision rights
	Alliance	Line managers
		Frontline workers
		Business processes
	Influence	Relationships
		Interpersonal skills
		Organisational context
Individual	Beliefs	Safety beliefs
	Capabilities	Knowledge worker skills
		Domain safety knowledge
		Risk understanding

7. OHS professionals' role behaviour

Building on the work of Provan et al. (2017), van Wassenhove et al. (2022) utilised role theory to explain the interaction between OHS professionals' role expectations and role behaviours, and aspects of the broader social environment within an organisation. They argue that the behaviour of OHS professionals is shaped by role expectations, i.e., the standards used to evaluate the behaviour of those occupying the position of OHS professional in an organisation. These expectations are communicated via cues sent by persons of influence within an organisation. For example Borys et al. (2006) argue that the

limited engagement of Australian OHS professionals in design and planning decision-making is due to the narrow construction of OHS and role expectations communicated to OHS professionals by their organisations' senior managers.

Van Wassenhove et al. (2022) developed a theoretical explanatory model to show how the individual, institutional and relational factors - shown in Table 2 - interact with this process of forming, communicating and receiving role expectations, that determines OHS professionals' ultimate role behaviours (Figure 2).
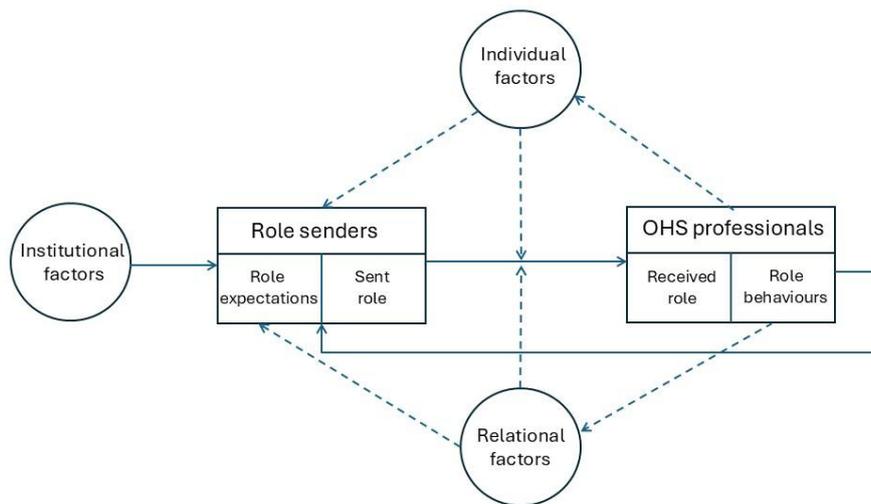
Figure 2: Mechanisms through which institutional, individual and relational impacts shape the role behaviour of OHS professionals (van Wassenhove et al., 2022).

The institutional factors identified by Provan et al. (2017) are believed to shape an understanding within an organisation about what activities an OHS professional should undertake and how they should perform OHS work. Expectations based upon this understanding are then communicated to OHS professionals in various ways, for example via formal instructions, formal or informal feedback or more subtle forms of encouragement or discouragement. It is argued that OHS professionals will pick up these cues and reflect these expectations in their professional practice.

However, individual factors may impact managers' expectations about the role of an OHS professional and OHS professionals' individual characteristics can also affect the way that they interpret role expectation messages. It is also possible that the OHS professional's individual characteristics, such as their beliefs, knowledge, risk understanding etc. may be

affected by their previous work experience, particularly when they have been in a job role for an extended period of time. In effect, we become what we do.

Previous research has strongly emphasised the quality of relationships between OHS professionals and senior and line managers as being critical to being able to function effectively in an OHS role (Daudigeos, 2013; Provan et al., 2017; Provan et al., 2018). It is likely that the relationship between senior and line managers and OHS professionals will shape expectations of OHS professionals' role behaviour. Relationship characteristics (trust, respect etc.) are also posited to affect OHS professionals' interpretation of role expectation messaging from senior and line managers. Lastly, the previous role behaviour of the OHS professional will likely shape the relationship between senior and line managers and the OHS professional. This is evident in previous research suggesting that the use of 'hard' influence tactics by OHS professionals can damage relationships (Madigan, Johntone et al., 2021).

This theoretical model was empirically tested by van Wassenhove et al. (2022) who found support for their role theory-based propositions. For example, they report that aspects of the institutional regulatory environment increased managerial interest in demonstrating compliance. This, in turn, shaped the rosenior and line managers formed and communicated in relation to how they expected OHS professionals to operate. Consequently, the OHS professional's role was focused on demonstrating regulatory compliance (and therefore protecting the organisation from prosecution).

The model developed and tested by van Wassenhove et al. (2022) is useful in explaining how factors in the external (industry) and internal (company) environments, interact with social relationships and individual characteristics to produce managerial role expectations and role behaviour among OHS professionals. These influences are likely to vary from context to context, depending upon the interplay of institutional, relationship and individual factors present.

Another determinant of OHS professionals' role behaviour is linked to the underlying understanding of how safety is best achieved in an organisational context, in particular whether variations in a work system should be seen as non-compliance that must be prevented or whether variation is seen as an inevitable part of the human contribution in a dynamic work environment.

Provan et al. (2020) describe how professional practice in OHS is typically grounded in a management model based upon centralised control. This model grew from roots in scientific management and Total Quality Management and focuses on the need to prevent unsafe variation in a work system. This has traditionally been achieved through the analysis of hazards, implementation of controls, monitoring of compliance, delegation of authority and attempts to create a standardised safety culture (Provan et al., 2020).

The main focus of this approach (sometimes referred to as Safety I) is to achieve a standardised approach through which people work according to normative requirements established by managers and technical specialists. However, Provan et al. (2020) describe how centralised OHS management practices do not account for the natural and inevitable variability that occurs in real world work. They argue that the way work tasks are performed is always subject to some variation based on unexpected or changed conditions. This means that plans, rules and procedures can never cover all eventualities and must be adapted to suit emerging work conditions. This adaptation is typically not acknowledged or accommodated in centralised systems of safety control (see also Hollnagel, 2018). Provan et al. (2020) argue that this results in 'brittleness' and can encourage undesirable behaviours, including the use of covert work systems or a decision by workers to 'work to rule' which can stifle creativity and innovation. Provan et al. (2020) argue that professional OHS practice in this situation becomes reactive, fragmented and defensive.

In contrast, Provan et al. (2020) argue that combining control with a recognition of the need to be adaptable – a concept referred to as 'guided adaptability' – acknowledges the variability and unpredictability of work. Rather than seeking to prevent variability, this approach is based on the understanding that variation will inevitably occur. Therefore, rather than to prevent variability, the principal purpose of OHS management becomes that of enabling safe variation to occur. Rather than developing and monitoring compliance with detailed inflexible procedures, it is argued that the primary role of an OHS professional should be to provide support to decision-makers and operational managers to enable safe adaptation to unexpected or changed circumstances.

This requires a close connection with frontline work through which the OHS professional observes and understands variations between 'work as imagined' and 'work as done' and coordinates a response to help local teams maintain safety when dynamic work conditions necessitate adaptation. Importantly, creating an environment of trust, cooperation and reciprocity with frontline workers is critical to OHS professionals being able to operate effectively in this model of guided adaptability (Provan et al., 2020).

Provan et al. (2020) note that OHS management in most organisations is strongly influenced by Safety I thinking. Consequently, OHS professional practice continues to focus on the prevention of variability, rather than the concept of guided adaptability.

8. Relationships between OHS professionals and senior/line managers

In a seminal paper, Hale (1995) explored the relationship between OHS professionals and people in senior or line managerial roles. Hale points out that OHS professionals can adopt the following roles in an organisation:

- expert, where specialist tasks are delegated to subject experts whose OHS knowledge is deeper than the managers
- coordinator, where tasks are allocated to OHS professionals because they have more time than the manager (sometimes coupled with more expertise or experience, but not necessarily so), or
- controller, where control tasks are allocated to OHS professionals because the managers (or other employees) are unlikely to carry them out effectively on their own initiative (Hale, 1995).

This model has been used in empirical research to understand the role of the OHS professional. For example, Wu (2011) reports that Taiwanese OHS professionals primarily functioned as coordinators and were least likely to be engaged in an expert function. As coordinators, the professionals were engaged in OHS training, information and communication, emergency procedures and damage processing, and safety and health knowledge management. This finding reflects that the OHS professionals were engaged primarily in safety bureaucracy, rather than the provision of independent expert advice.

Hale (1995) suggests that different power relationships between OHS professionals and the managerial personnel they support are likely to manifest depending on the relational role that the OHS professional plays. For example, if an OHS professional adopts the role of controller, an unhelpful dynamic of finger-pointing (on the part of the OHS professional) and evasiveness (on the part of the manager) may develop (Hale 1995). When OHS professionals engage in the role of coordinator, their activities may primarily be focused on enabling the manager to pay less attention to OHS. In this role, the OHS professional is in a relatively weak position to influence decisions in relation to the planning and design of work (see also Borys et al., 2006). It also risks the situation in which the line manager devotes little attention to OHS, regarding it as 'someone else's job.'

9. OHS professionals in the organisational hierarchy

OHS professionals' position in an organisational structure is identified as an important factor impacting their role and effectiveness (Provan et al., 2017). For example, Weingarten et al., (2025) argue that, unlike principals or business owners whose primary interest is in profit maximisation, managers essentially act as agents for different stakeholder groups. Thus, when OHS professionals hold managerial positions, they are able to make decisions that reflect workers' interests and advocate for investment in safe working conditions (Weingarten et al., 2025).

Reporting lines are also important. Provan et al. (2017) recommends that an organisation's most senior OHS professional should report directly to the organisation's Chief Executive Officer or Managing Director. However, in Australia, Provan and Pryor (2019) report that this is uncommon, resulting in OHS professionals having a low level of involvement with senior managers and, consequently, limited ability to shape business strategy. The fact that OHS is not typically represented among Executive or Company Director roles, may also indicate that their knowledge and skills are not highly valued or seen to be important in informing strategic decision-making within many Australian organisations (Provan & Pryor, 2019).

Garrigou and Peissel-Cottenaz (2008) make a similar observation and suggest that being low in positional power within their employing organisations has the potential to cause professional distress amongst OHS personnel. They report that 44% of respondents in a survey of French OHS professionals were excluded from management committee meetings, 45% said they experienced feelings of isolation in their organisation and only 2.5% indicated they felt at ease concerning issues of negotiation with management.

The question of whether OHS professionals should report directly to the line manager that they are responsible for supporting, or to a more senior OHS professional in the organisation was raised in Section 6 of this review. This question is particularly pertinent in the construction industry in which project-based work is highly decentralised and spatially distributed, and project leadership teams operate with a high degree of autonomy.

Provan et al. (2017) point out that there are advantages and disadvantages of different reporting arrangements. For example, OHS professionals reporting outside the operational chain of command can maintain some independence, enabling them to more effectively challenge assumptions and decisions made by line managers when necessary. Separating the OHS professional from operations can also reduce the line manager's ability to disregard

advice provided. However, one disadvantage of structurally separating the OHS professional from the operational area to which they provide advice is that the distance between the OHS professional and the work about which they are providing advice can be increased. This means they may not be available to provide advice about decisions as they are being made, or events as they are happening (Provan et al., 2017). Ensuring that OHS professional advice supports business operations and is not treated as a peripheral 'afterthought' is also a concern when OHS professionals do not report directly to line managers.

While they remain closer to the operational work, one disadvantage associated with OHS professionals reporting to the project director or manager to whom they provide advice is that they may be less willing to challenge decisions or voice OHS concerns in case these reflect badly on the project leader to whom they report. Similarly, Rebbit (2013) argues that OHS professionals in traditional hierarchical bureaucratic organisational structures will feel less likely to speak up in relation to OHS issues than when they are working in a dual authority matrix structure, such as that depicted in Figure 3.
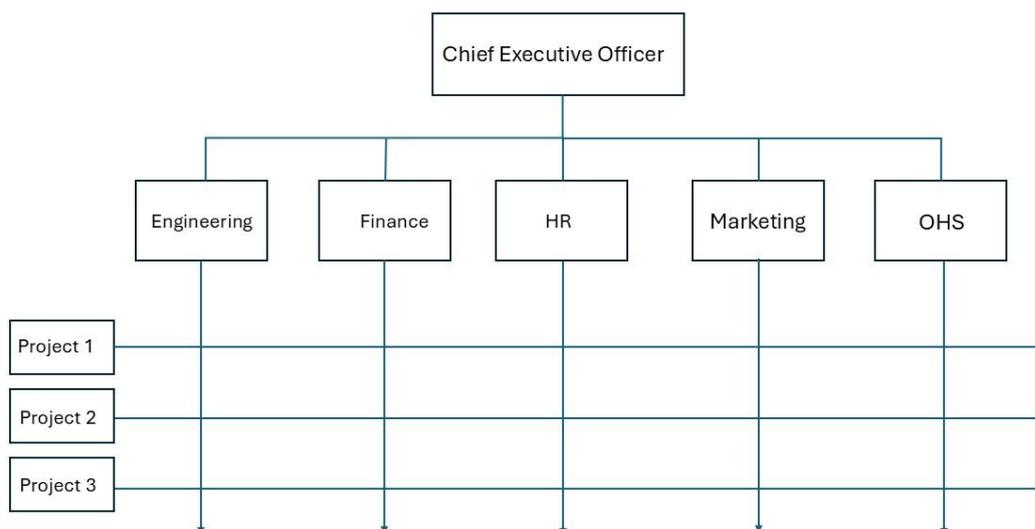
Figure 3: Typical dual authority matrix organisational structure (adapted Rebbit, 2013).

When OHS professionals report to line (project) managers, it is also possible that they become 'captured' to the extent that their work becomes primarily focused on protecting the interests of the line (project) manager, rather than protecting the health and safety of workers. This includes undertaking bureaucratic OHS-related work required to demonstrate project compliance. Thus, this reporting structure risks reducing the role of the OHS

professional to that of a low-level OHS administrator who is focused on paperwork rather than the protection of workers from harm.

There is currently very little evidence for the advantages of one organisational structure compared to another in relation to the role and effectiveness of OHS professionals in the construction industry. However, one piece of research undertaken in the US construction industry (Hinze, 2002, cited in Provan et al., 2017) found that projects at which the OHS professional reported to the site manager, experienced a higher accident rate (on average) than projects at which the OHS professional reported to a senior OHS Manager or a manager in the company head office.

There is a need to further explore the OHS professional role in the construction industry to better understand the way that OHS professionals currently operate, the factors shaping their professional practice and the implications of different organisational structures/reporting arrangements for OHS professional practice, influence and effectiveness.

This literature review was developed to inform a research project that will seek to answer the following researchg questions:

- How do OHS professionals currently operate within different construction project environments, e.g. reporting lines, tasks, interactions with stakeholders, etc.?
- How do different roles/relationships and reporting lines impact OHS professionals' ability to influence OHS-relevant decisions and outcomes?
- What structural/reporting arrangements provide the best ability for OHS professionals to contribute to OHS innovation and improvement in construction projects?
- What are the optimal ways to engage OHS professionals in construction projects to ensure the best possible OHS outcomes?

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