

Dialogues on Safety: A Comparative Qualitative Duoethnography of Nurses as OSH Practitioners and Consultants

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ABSTRACT

Nurses play a pivotal role in workplace safety, yet their transition into Occupational Safety and Health (OSH) roles remains underexplored. This study investigates the experiences of nurses functioning as OSH practitioners and consultants, focusing on career trajectories, professional development, challenges, fears, realizations, and advocacy for nursing engagement in OSH. Anchored on Role Theory, which examines how individuals perform and negotiate professional responsibilities within organizational expectations, and Symbolic Interactionism, which highlights how meaning is constructed through interaction and dialogue, the study explored how nurses interpret “safety” and their professional identity in OSH roles [1,2]. A comparative qualitative research design with a duoethnographic approach and phenomenological lens was employed, with two participants—a registered nurse serving as an OSH practitioner in the cement industry and an OSH consultant in the manufacturing sector—purposely selected based on professional licensure, accreditation, and at least five years of OSH experience. Data were collected through unstructured interviews, field notes, and observations to capture participants’ narratives in depth, and analysis involved Braun and Clarke’s thematic coding integrated with duoethnographic principles emphasizing reflexivity, dialogue, and co-construction of meaning, with trustworthiness ensured through member checking, reflexive journaling, and peer debriefing. Six themes emerged: career trajectories, role expansion and professional autonomy, challenges encountered, fears and concerns, human-centered engagement and organizational alignment, and advocacy for nursing engagement in OSH. Practitioners pursued self-directed experiential learning, while consultants followed structured, multi-industry pathways requiring accreditation and specialization; practitioners faced technical skill gaps and gender-related challenges, whereas consultants navigated administrative, technical, and visibility-related demands. Both roles emphasized professional fulfillment, human-centered engagement, and behavioral safety, demonstrating how nursing expertise enhances OSH effectiveness. The transition from being a nurse to becoming an OSH practitioner or consultant reflects a shift from operational specialization to strategic, cross-industry consultancy with increased autonomy, recognition, and impact. Guided by Role Theory and Symbolic Interactionism, the findings illuminate how structural role expectations and interactive meaning-making shape nurses’ motivation, professional identity, and fulfillment in OSH roles, underscoring the value of integrating clinical and behavioral expertise into workplace safety and advocating for the continued professional development of nurses in OSH practice and consultancy.

Keywords: Comparative Qualitative Method, Duoethnography, OSH Consultant, OSH Practitioner

Background of the Study

Occupational Safety and Health (OSH) remain a critical concern in healthcare, where nurses are exposed to numerous hazards including infectious diseases, ergonomic strains, and psychosocial stressors.

Globally, nurses have described their work environment as deeply tied to health and safety, citing physical, organizational, and

communication-related factors that shape their well-being and professional performance [3]. Similar findings were observed in South Africa, where nurses emphasized structural and procedural gaps in OSH practices, exposing them to occupational hazards that compromise both worker and patient safety.

In various contexts, occupational health nurses have also been recognized as frontline advocates for workplace safety, not only by practicing preventive care but also by promoting policy development and risk management [4]. During the COVID-19 pandemic, these challenges intensified, as nurses

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experienced burnout, dissatisfaction, and psychological strain while simultaneously engaging in safe behaviors and developing resilience [5].

While these studies emphasize the importance of OSH in nursing practice, few have explored the contrasting experiences of nurses as OSH practitioners—embedded in organizations to ensure compliance and daily safety monitoring—versus OSH consultants, who provide external expertise on policy, audits, and risk management [6].

Occupational Safety and Health (OSH) remain a critical concern in healthcare, where nurses are exposed to numerous hazards including infectious diseases, ergonomic strains, and psychosocial stressors. In the Philippines, Republic Act No. 11058, otherwise known as the OSH Law of 2018, mandates organizations to provide safe and healthy workplaces, further positioning nurses as key actors in OSH implementation [7].

In the Philippines, a qualitative study revealed that healthcare workers, including nurses, face persistent barriers to OSH compliance and hazard prevention, highlighting gaps in institutional support and workplace culture [8].

Literature Gap

The comparative dimensions of these roles remain underexamined, despite their shared goal of fostering safety. To address this gap, duoethnography offers a unique qualitative approach, enabling two participants to engage in dialogic reflection and co-construction of meaning through their lived experiences [9]. By employing duoethnography within a comparative qualitative framework, this study seeks to illuminate the convergences and divergences in the roles of nurses as OSH practitioners and consultants, thereby contributing to both occupational health and nursing.

Theoretical Lens

This study is anchored on Role Theory and Symbolic Interactionism as its theoretical lenses. Role Theory explains how individuals perform, negotiate, and internalize their professional responsibilities based on societal and organizational expectations [1]. In the context of this research, nurses functioning as OSH practitioners and consultants occupy distinct yet interconnected roles: practitioners are embedded within organizations to ensure daily compliance with safety regulations, while consultants operate externally, providing expert advice and audits. Examining their narratives through Role Theory allows for a deeper understanding of how role expectations, conflicts, and responsibilities shape their experiences in occupational safety and health practice. Complementing this, Symbolic Interactionism emphasizes how meaning is created through interaction and dialogue [2]. These lenses underscore how nurses construct and negotiate the meaning of “safety” and “professional identity” through their shared reflections. By integrating these perspectives, the study highlights both the structural dimensions of OSH roles and the subjective processes through which nurses interpret and make sense of their professional realities.

Objectives of the Study

The research uncovers the lives of two nurses, one that is an OSH practitioner and the other one as an OSH consultant. The central question to be asked was: “What are your lived

experiences functioning as Occupational Safety and Health (OSH) practitioner and consultant?”

Methodology

This section outlines the research design, participants, data gathering tools, procedures, and data management used in the study.

Research Design

This study adopted a comparative qualitative research design combined with the method of duoethnography to explore the experiences of nurses functioning as Occupational Safety and Health (OSH) practitioners and consultants. Comparative qualitative research is suitable for this study because it systematically investigates similarities and differences across two distinct yet interconnected groups, allowing for a nuanced understanding of professional roles and perspectives [10,11].

Within this comparative framework, duoethnography served as the primary methodological lens. Duoethnography is a dialogic research approach in which two or more researchers juxtapose their lived experiences to generate new insights and meanings [12]. It emphasizes reflexivity, collaboration, and co-construction of knowledge through dialogue rather than relying solely on external interpretations. This approach is particularly effective for examining professional identity and practice, as it highlights how experiences intersect, diverge, and evolve across roles.

To capture the depth of participants’ experiences, the study utilized unstructured interviews that allowed flexibility while maintaining focus on the central research questions [13].

In unstructured interviews, questions are generated in response to participants’ narratives, allowing researchers to explore unanticipated themes and gain a deeper understanding of the interviewees’ perspectives. The comparative framework guided the systematic analysis of themes within and across cases, ensuring that both commonalities and differences were given equal attention. This approach aligns with the interpretivist paradigm, which emphasizes understanding participants lived experiences and the meanings they assign to their roles [14].

Participants of the Study

Participants of the study include one OSH practitioner who is working in a cement industry in the province of Pangasinan as the first participant and one OSH consultant who is from Cebu working in a manufacturing industry as the second participant. Participants who met the following criteria were chosen through convenience sampling since the researcher know these people personally. Criteria are as follows: (1) must be a registered nurse, (2) regardless of age and gender, (3) must be an accredited OSH practitioner and consultant, and (4) must have at least 5 years of experience.

To avoid saturation, researchers conducted data collection in iterative phases, based on participant and researchers’ availability. This proactive approach allows for exploration of emerging patterns and themes as they arise. Adaptive research enables researchers to adjust their questions and methods based on preliminary findings and is a flexible technique in

which the research design is updated and refined throughout the study based on new data and insights [15]. This implies that researchers are willing to change the research topics, data gathering methods, and even the theoretical framework as the study advances. It recognizes that the initial research plan may not fully reflect the intricacies of the phenomenon under investigation and allows for changes to ensure that the research remains relevant and insightful. Informed consent was used to safeguard participant rights during interviews, and the data was gathered throughout September 2025, ensuring a thorough understanding of the subject [16]. This approach allows for a more nuanced understanding of the phenomenon.

Data Collection and Procedure

The study's participants were scheduled to for interview following Ethics Review Board approval. The researchers sent out a formal invitation to those who could be reached, and those who agreed to answers after reading the invitation. In accordance with institutional policies, participants received permission papers and information regarding the study. By being courteous, paying close attention, and clearing up any misunderstandings, the researchers gained the participants' trust.

Field notes, casual conversations, observations, and an unstructured questionnaire were used to gather participant data for this study. Minichiello et al. state that question and response categories in unstructured interviews are not preset [17]. Researchers instead employ social engagement with informants. Punch asserts that without restricting the study's scope, unstructured interviews can offer insight into complex human behavior [18]. Even though they are frequently used in ongoing research, unstructured interviews are a logical evolution of participant observation, according to Patton. He says that they just pose questions that organically arise in conversations [19].

The interviewer avoided biases and personal assumptions by describing the participants' narratives using Comparative Qualitative Method and Duoethnography. To assure consistency and participation in accordance with informed consent, participants were given ample time for the interview, which lasted for at least 30 minutes and included probing questions based on their narratives. Before agreeing to the interview, participants had the chance to ask questions concerning the goals of the study, the type of intervention, participant selection, protocols, risks, rewards, and confidentiality.

Participants were able to complete the interview and the data gathered were recorded with their permission and was validated by them. The data collected were coded to capture common information after being recorded, reviewed, and revalidated several times.

To protect participant privacy and prevent overhearing by others, the study was carried out via online calls in a private manner, considering their comfort level.

Ethical Considerations

The study collected participant narratives about their experiences using a phenomenological technique. Participants received information about the study's components and procedures, and ethics were taken into consideration. Consent was approved

verbally, and participants were free to reschedule their interview at any time. Prior to their involvement, participants received an explanation of the study's objectives.

The researchers' emphasis on beneficence, fairness, and autonomy influenced the choice of volunteers and increased study confidence. To concentrate on the participants' answers, the researchers bracketed preconceptions and reassured them that the study would help them in spite of their vulnerability.

Throughout the data collection process, participants' names were changed to numbers to safeguard their identities and ensure confidentiality. With the participant's confirmation on their responses, the results were carefully reviewed and reread to eliminate any inaccurate information. Following the interview, the researchers fed the participants, honored agreements, and treated them fairly.

Participants were reassured that there were no hazards and that there were no participant dropouts, and the data will be kept for five years before being deleted.

By collecting data exclusively from individuals and maintaining the confidentiality of the recordings, the study complied with ethical guidelines and bias prevention procedures.

Data Management

The recorded interviews were conducted using open-ended questions. Pseudonyms and the removal of personal information from the transcripts were used to safeguard participants and maintain anonymity. The researchers and the participants reviewed the transcripts to ensure they were accurate and comprehensive.

Data Analysis

The data analysis followed an iterative, inductive process that integrated comparative qualitative analysis with duoethnographic principles. First, all dialogues and unstructured conversations between nurses as OSH practitioners and consultants were transcribed verbatim. The transcripts were carefully reviewed multiple times to achieve immersion in the data [20].

Analysis proceeded in two phases. The first phase applied Braun and Clarke's thematic analysis, which included coding meaningful units of text, clustering them into initial categories, and refining them into themes [21]. This stage emphasized both within-group analysis (examining themes unique to OSH practitioners or consultants) and cross-group analysis (identifying points of convergence, divergence, and complementarity). The comparative approach ensured that the similarities and differences between the two professional roles were systematically highlighted [11].

The second phase incorporated a duoethnographic lens, which emphasized dialogic interpretation and reflexivity. Instead of treating participants' accounts as isolated narratives, the analysis considered how meanings were co-constructed through dialogue and juxtaposition [12]. This involved revisiting conversations collaboratively, tracing points of tension, resonance, and transformation in how participants narrated their professional identities. By foregrounding these dialogic moments, the

analysis revealed not only what participants experienced but also how they made sense of these experiences in relation to each other.

Establishing the Trustworthiness of Data

To ensure the trustworthiness of the data, multiple strategies were employed in accordance with established qualitative research criteria [22]. Reflexive journaling allowed researchers to systematically document their thoughts, assumptions, and potential biases throughout data collection and analysis, fostering self-awareness and transparency in the interpretive process. Peer debriefing provided an external check on the research process, enabling colleagues to critically review emerging findings, question interpretations, and provide alternative perspectives, which helped minimize subjective bias. Member checking involved sharing preliminary interpretations and findings with participants to verify accuracy and resonance with their experiences, ensuring that participants' perspectives were authentically represented. Additionally, triangulation of data sources was applied by comparing narratives across participants and researchers, reinforcing consistency and depth in understanding. Collectively, these strategies enhanced credibility, dependability, and confirmability, establishing a rigorous foundation for the trustworthiness of the study's qualitative data.

Results and Discussion

From the analyses of the data gathered from the verbalizations of the experiences of the participants, there were six themes that emerged:

1. Career Trajectories of Nurses as OSH Practitioners and Consultants,
2. Expanding Roles and Professional Autonomy in OSH Practice,
3. Challenges Encountered in OSH Practice and Consultancy,
4. Fears and Concerns in OSH

Practice and Consultancy, (5) Human-Centered Engagement and Organizational Alignment in OSH Practice, and (6) Advocacy for Nursing Engagement in OSH Roles. A comparative discussion is made for this study.

Nurses are well-suited for roles as OSH practitioners and consultants because their training equips them with skills in health assessment, risk identification, and prevention, which are essential for workplace safety. Their experience in infection control, patient safety, and wellness programs translates directly into occupational health contexts. Nurses' adaptability and commitment to lifelong learning allow them to complete required OSH training and specializations, while their holistic, people-centered approach enables them to promote both compliance and employee well-being. As a result, nurses can effectively serve both as embedded practitioners and as external consultants in OSH.

Theme 1: Career Trajectories of Nurses as OSH Practitioners and Consultants (Reasons of Becoming the Professional at Present)

The career pathways of nurses who transition into Occupational Safety and Health (OSH) roles reveal both planned and circumstantial trajectories, highlighting the interplay between

individual career development goals and organizational demands. Two illustrative narratives provide insight into how nurses evolve into OSH practitioners and subsequently consultants.

OSH Practitioner Shared

I need to develop myself, so I became an OSH practitioner. Also, for my career development since my position at work is as a safety officer. There were changes in management back then, and those of us in the medical section were transferred because the regular nurses were removed. That's why I was transferred to the safety department.

OSH Consultant Shared

It happened by chance. I was holding a position where we really wanted to avoid any violations. Since I had good credentials and was already a candidate for OSH consultancy, the company needed to meet compliance requirements, so they needed an OSH practitioner at that time. That's where it started. As a practitioner, you need at least two specializations to qualify as a consultant. So, when I was offered a position in another company—and since my OSH practitioner license was about to expire (it's valid only for three years)—I was already on my second renewal, which required a certain number of training hours and at least five years of experience as an OSH practitioner. I then had the opportunity to transfer from the manufacturing industry to a hospital, and that's where I earned my second specialization, because the hospital awarded me a specialization in hospital services. After that, I kept attending trainings, and one Senior Technical Officer advised me to apply for OSH consultancy accreditation since I was already eligible to become a consultant.

Comparative Discussion

CD 1: Career Motivation and Entry

The OSH practitioner's entry into the field was largely self-directed, motivated by a desire for professional growth. The participant noted, "I need to develop myself, so I became an OSH practitioner," reflecting intrinsic motivation to enhance skills and competencies within the organizational context of a safety officer. Organizational restructuring also influenced this transition, as medical staff were reassigned to the safety department. This aligns with research suggesting that proactive career development and professional curiosity are key motivators for nurses transitioning into safety roles [23].

In contrast, the OSH consultant's entry was circumstantial, influenced by organizational compliance needs. The participant shared that their initial involvement "happened by chance" because the company required a licensed OSH practitioner to meet regulatory standards. This finding supports Choi and Pak, who highlighted that external organizational demands and regulatory pressures often shape the early career trajectories of safety consultants [24].

CD 2: Professional Development

Professional development for both roles involves skill enhancement, but the pathways differ in structure and focus. The OSH practitioner's development centered on gaining hands-on experience in safety operations and departmental responsibilities. Meanwhile, the consultant's development was strategically structured, requiring multiple specializations, continuous training, and formal accreditation. The consultant

explained that eligibility for consultancy required “at least two specializations,” years of practical experience, and completion of training hours. These findings correspond with Creswell and Poth, who noted that structured training and professional certifications are critical for advanced occupational roles that carry high responsibility [14].

CD 3: Career Progression Pathways

Career progression differs significantly between practitioners and consultants. Practitioners often experience lateral growth within the organization, aligned with operational needs and departmental transfers. In contrast, consultants pursue upward and multi-faceted career paths, integrating cross-industry experience, advanced training, and formal recognition of specializations. The consultant’s transition from manufacturing to hospital settings illustrates how diverse experience and accredited specialization are essential for consultancy roles, echoing Lau et al. who emphasize the importance of continued professional development and crosssector exposure in OSH careers [23].

Summary

The discussion reveals that nurses’ career trajectories as OSH practitioners and consultants differ in motivation, development, and progression. The OSH practitioner’s entry is primarily self-directed, driven by a desire for professional growth and shaped by organizational restructuring, whereas the consultant’s entry is often circumstantial, responding to compliance requirements and regulatory demands. Professional development for practitioners emphasizes experiential learning within organizational contexts, while consultants follow structured pathways requiring multiple specializations, formal training, and accreditation. Career progression also diverges—practitioners advance laterally within their organizations, while consultants achieve upward and diversified growth through cross-industry exposure and continuous learning. Overall, the transition from OSH practitioner to consultant signifies a shift from internal, role-based advancement to broader, strategic, and credential-oriented professional development.

Theme 2: Expanding Roles and Professional Autonomy in OSH Practice (The Positives of Being in the Present Role)

The evolution from OSH practitioner to consultant reflects a broadening of responsibilities, autonomy, and scope of practice. The narratives of the participants illustrate a progression from organizationally bounded roles to independent, multi-industry engagements that emphasize continuous learning, versatility, and professional empowerment.

OSH Practitioner Shared

I felt fulfilled because the job is related to my work as a nurse. Unlike before when my role was just a company nurse limited to health coverage, now the coverage has expanded, and I’ve taken on more challenging roles that also include safety. My understanding of people and the environment as a whole has deepened. Even the process and system, you’ll learn.

OSH Consultant Shared

As an OSH consultant, one of the positives is that I control my own time. I can manage my schedule and decide when and how I work. Engagement in projects is another benefit. Your exposure

becomes more varied because you can handle different industries. This hones your understanding of workplace environments, and you continue learning as you go.

Another perk is that the wider your experience, the more knowledgeable you become about different situations that you can apply during training. This also expands your capability as a trainer and strengthens your role as a speaker or resource person in seminars and workshops. The jurisdiction of an OSH practitioner is usually limited to their area of specialization—for example, only in manufacturing. As an OSH consultant, however, you have the flexibility to work across different industries such as hospitality, retail, construction, and manufacturing. This variety gives you a wider perspective, allowing you to share more during trainings, because your understanding is broader, and you realize how much more there is to learn and impart.

Comparative Discussion

CD 1: Role Expansion and Professional Scope

The OSH practitioner’s role centers on organizational safety and health management within a defined environment. The participant shared, “Unlike before when my role was just a company nurse limited to health coverage, now the coverage has expanded, and I’ve taken on more challenging roles that also include safety.” This shift from a clinical to a safety-oriented focus indicates role expansion within the organizational framework. It aligns with findings by Holloway and Wheeler, who note that role evolution in healthcare settings often emerges from organizational restructuring and the need for interdisciplinary competence. In contrast, the OSH consultant’s role encompasses a broader jurisdiction, extending beyond a single organization or sector [25]. As stated, “The jurisdiction of an OSH practitioner is usually limited to their area of specialization... As an OSH consultant, however, you have the flexibility to work across different industries such as hospitality, retail, construction, and manufacturing.” This multi-industry engagement broadens professional understanding and fosters adaptive expertise, consistent with Lau et al. who highlight that cross-sector exposure enhances competence and strategic insight among safety professionals [23].

CD 2: Autonomy and Work Flexibility

The narratives also reveal contrasting levels of professional autonomy. The OSH practitioner operates within fixed organizational structures, subject to policies and managerial oversight. Conversely, the consultant emphasized, “One of the positives is that I control my own time. I can manage my schedule and decide when and how I work.” This autonomy provides flexibility and agency, enabling consultants to balance multiple engagements and pursue varied learning opportunities. According to Choi and Pak, consultants’ independence allows them to tailor their professional practice to personal and market demands, unlike practitioners who remain institution bound [24].

CD 3: Continuous Learning and Professional Identity

Both practitioners and consultants share a commitment to professional growth, but their learning trajectories differ. Practitioners deepen understanding through daily exposure to safety operations and organizational systems, as reflected in “My understanding of people and the environment as a whole has deepened.” Consultants, on the other hand, experience

accelerated learning through exposure to diverse industries and training contexts. The participant noted, “Your exposure becomes more varied because you can handle different industries... This also expands your capability as a trainer and strengthens your role as a speaker or resource person in seminars and workshops.” This aligns with Creswell and Poth, who assert that cumulative experiential learning and applied training across settings contribute to the development of professional expertise and identity [14].

CD 4: Professional Credibility and Recognition

A significant distinction also lies in professional credibility and recognition. Within organizations, OSH practitioners often occupy supportive roles where their contributions may be subsumed under broader administrative functions. Consultants, however, are positioned as subject matter experts whose credibility is externally validated through certifications, client engagements, and public speaking. The consultant’s statement, “This also expands your capability as a trainer and strengthens your role as a speaker or resource person in seminars and workshops,” illustrates the transition from internal employee to recognized authority. This aligns with the work of Roberts and Johnson, who suggest that consultants’ professional legitimacy is reinforced by visible expertise and industry acknowledgment [26]. Consequently, the consultant’s role fosters a sense of professional esteem and identity affirmation beyond organizational boundaries.

CD 5: Purpose and Fulfillment in Professional Practice

The participants’ reflections also demonstrate how fulfillment evolves alongside role transformation. The OSH practitioner expressed satisfaction in performing a role aligned with nursing: “I felt fulfilled because the job is related to my work as a nurse.” This sense of purpose is rooted in continuity with the caregiving ethos of nursing. The consultant’s sense of fulfillment, however, arises from influence and impact—“The wider your experience, the more knowledgeable you become... allowing you to share more during trainings.” This shift represents movement from service within to service beyond the organization, where meaning is derived from educating others and shaping safety culture across industries. According to Ryan and Deci’s self-determination theory, such intrinsic satisfaction is linked to autonomy, competence, and relatedness—dimensions clearly reflected in the consultant’s narrative [27].

Summary

Overall, while both OSH practitioners and consultants contribute to workplace safety and health, their roles differ in scope, autonomy, and developmental trajectory. Practitioners build foundational expertise through structured, organization-based experiences, whereas consultants expand this foundation through independent, cross-industry practice. This transition signifies a shift from operational specialization to strategic consultancy, where professional growth is characterized by autonomy, versatility, recognition, and fulfillment. The consultant’s expanded sphere of influence represents not only a professional evolution but also a deepened sense of purpose rooted in knowledge sharing, industry engagement, and sustained learning.

Theme 3: Challenges Encountered in OSH Practice and Consultancy (The Challenges)

The experiences of nurses who transitioned into occupational safety and health (OSH) roles reveal diverse, yet interrelated challenges shaped by their evolving professional identities, technical competencies, and social roles within organizational settings. Both OSH practitioners and consultants navigate contextual difficulties that demand adaptability, persistence, and a commitment to lifelong professional development.

OSH Practitioner Shared

The challenge is, since you're a nurse by profession, when it comes to technicalities, we're at a disadvantage there. We're not very knowledgeable about the machines, equipment, and methods. But I see that nursing is not a limitation; over time, the skills and technicalities will also be learned. It's an advantage for us nurses, because as nurses, we know things that they can't easily learn, it's unique to us, and we are more advanced because we have a medical background that they don't have.

I was the first female in the safety department. At first, it felt like you couldn't do it because the majority of the population was masculine. You also have some doubts if you can fulfill the role of a safety officer as a female employee. And of course, the leaders are male, which has become the norm. The mutual respect, at first, you had doubts, of course, if they would listen to you, how the treatment towards you would be if it was fair.

Dealing with people because the environment is more uncontrolled. People, because they have control over their work. That's the problem because if you encounter those who are not very safety conscious.

OSH Consultant Shared

You also need to stay updated. It's important to maintain relationships with companies and government agencies, such as accrediting or certifying bodies. This way, if there are new developments in practice, you can catch up quickly. As an OSH consultant, you must also remain visible, especially by participating in OSH-related activities.

The expectations for you are high. You have to keep learning because there will always be things you don't know, issues you may not like, and situations where no one else will handle compliance—so people will still turn to you. That's why it's important to widen your network, so you know how to respond. At the same time, you need to work on the technical aspects and continuously improve in areas where you feel less capable.

Applying to become an OSH consultant can also be a bit of a challenge because of the many documents required. In my case, I had everything complete, so I didn't experience much difficulty with the application. However, for others, especially if their papers are lacking, the process can be very challenging since accreditation as an OSH consultant requires extensive documentation.

Comparative Discussion

CD 1: Technical Competence and Knowledge Gaps

For OSH practitioners, the transition from a clinical background to a technically driven safety environment represents a major

challenge. One participant admitted, “Since you're a nurse by profession, when it comes to technicalities, we're at a disadvantage... We're not very knowledgeable about the machines, equipment, and methods.” This underscores the initial knowledge gap between nursing competencies—focused on health assessment and patient care—and the engineering-oriented demands of OSH practice. Yet, the participant reframed this limitation as a potential strength, asserting that “nursing is not a limitation,” since a medical foundation enhances occupational health surveillance, ergonomics, and emergency preparedness. This process exemplifies what Eraut terms situated learning, where new knowledge is acquired through contextual experience and reflection [28]. Similarly, Benner emphasizes that professionals evolve from novice to expert through iterative learning within real-world contexts [29]. For OSH practitioners, hands-on exposure to workplace systems gradually bridges technical gaps, blending clinical insight with safety management. In contrast, the OSH consultant's technical challenge is not entry-based but maintenance-based. The participant observed, “You have to keep learning because there will always be things you don't know,” highlighting that expertise in consultancy is never static. Consultants operate across multiple industries, each with distinct safety systems, requiring a broader and constantly updated knowledge base. This reflects Boud and Hager's concept of lifelong learning in professional practice, where expertise is sustained through continuous re-engagement with evolving standards and technologies [30].

CD 2: Gender Dynamics and Workplace Adaptation

For OSH practitioners, gender emerged as a salient barrier in adapting to male-dominated environments. One participant reflected, “At first, it felt like you couldn't do it because the majority of the population was masculine... You have some doubts if you can fulfill the role of a safety officer as a female employee.” This underscores a recurring issue in occupational safety—a field traditionally perceived as masculine and technical. Acker asserts that organizational structures often reproduce gender inequalities, compelling women to negotiate legitimacy and authority within existing power hierarchies. The practitioner's journey illustrates the challenge of achieving professional acceptance while asserting expertise in a gendered space [31]. Conversely, OSH consultants did not emphasize gender as a primary challenge. Instead, their struggle lay in maintaining professional presence and credibility. As one consultant explained, it is vital to “remain visible, especially by participating in OSH-related activities.” Visibility serves as both reputation-building and a form of social capital. Evetts describes this as reputational professionalism, where authority is constructed through public participation, peer recognition, and sustained engagement in professional networks [32].

CD 3: Professional Expectations and Administrative Demands

Both OSH practitioners and consultants face intense professional expectations, though in distinct forms. Practitioners operate in complex, people-centered environments where compliance depends on worker cooperation. The participant noted challenges in “dealing with people who are not very safety conscious,” reflecting the human dimension of OSH practice. As Gibb et al. highlight, effective OSH leadership relies not only on technical skill but also on emotional intelligence, communication,

and persuasion—skills that enable practitioners to influence behavior and promote a positive safety culture [33]. On the other hand, consultants confront administrative and bureaucratic challenges tied to accreditation and documentation. One consultant explained that applying for accreditation “requires many documents” and close coordination with “companies and government agencies.” This reflects the managerial burden of consultancy, where success depends on regulatory compliance, formal reporting, and the maintenance of professional licenses. Leka and Jain emphasize that independent safety professionals must navigate complex institutional expectations to sustain professional legitimacy and operational authority [34].

CD 4: Networking and Professional Visibility

Networking emerged as a vital mechanism for professional growth and survival in both OSH roles. For OSH consultants, visibility through networking is central to credibility and career progression. One consultant emphasized the importance of “maintaining relationships with companies and government agencies,” which enables access to new projects, policy updates, and client referrals. Noe et al. argue that such engagement fosters career capital, or the accumulation of knowledge, connections, and reputation that sustains employability in dynamic professional environments [35]. Consultants' participation in professional organizations, conferences, and training sessions extends their reach and reinforces authority in the field. This strategic visibility, described by Ibarra as identity work, enables consultants to craft professional identities aligned with expertise and leadership [36]. Meanwhile, OSH practitioners rely on internal networking—collaborating with engineers, administrators, and workers—to promote compliance and strengthen workplace safety culture. Internal alliances facilitate smoother implementation of safety programs and enhance organizational support. For practitioners, networking is less about visibility and more about relational influence, ensuring that safety initiatives are respected and followed.

CD 5: Career Resilience and Adaptability

Resilience emerged as a defining trait in sustaining careers within OSH practice and consultancy. For OSH practitioners, resilience manifests in overcoming initial uncertainty and adapting to non-clinical work environments. One participant emphasized perseverance despite challenges, demonstrating what Fletcher and Sarkar define as adaptive resilience—the capacity to recover, adjust, and grow stronger after facing professional adversity [37]. Transitioning from patient care to technical safety roles required not only skill adaptation but also emotional fortitude and self-efficacy. For OSH consultants, resilience takes a different form—sustaining relevance amid rapid regulatory and industrial change. The participant shared, “Expectations for you are high... people will still turn to you,” highlighting the pressure to continuously perform at expert levels. Consultants must remain updated with evolving occupational standards, technologies, and client expectations to maintain professional credibility. Hall's notion of the protean career captures this flexibility: a self-directed, values-driven career orientation characterized by continuous learning and reinvention [38].

Summary

In summary, OSH practitioners and consultants encounter multifaceted challenges that shape their trajectories of

professional growth. Practitioners grapple with bridging technical knowledge gaps, negotiating gender and workplace dynamics, influencing worker behavior, and fostering internal collaboration. Consultants, on the other hand, face the ongoing demand for technical mastery, visibility, institutional compliance, and the maintenance of professional networks. Despite these distinctions, both groups embody shared values of resilience, adaptability, and continuous learning—core competencies that sustain professional relevance in the dynamic OSH field. The practitioner's growth trajectory is characterized by experiential immersion and identity negotiation, while the consultant's is defined by strategic visibility and institutional competence. Together, their experiences illustrate a continuum of professional evolution, where nurses transcend traditional clinical roles and redefine themselves as multidisciplinary OSH leaders.

Theme 4: Fears and Concerns in OSH Practice and Consultancy (The Fears)

Nurses transitioning into OSH roles experience a range of fears that reflect both the weight of responsibility and the potential consequences of workplace safety lapses. While both practitioners and consultants are motivated by accident prevention, their fears manifest differently due to the scope of their responsibilities and the degree of control they exercise over safety outcomes.

OSH Practitioner Shared

My fear is that I will encounter a situation that I don't know. In other words, it's new and difficult to decide. It's hard to make mistakes here at work. No mistakes allowed.

Because for us, accidents are preventable, so I get more scared when I'm not doing anything. Accidents can't be avoided because there are factors that cause them to happen.

Another fear is that no matter how much effort you put in, accidents will happen that will shatter the world of safety. Your perspective, that you did everything, but something still happened. So, what's going through my mind is where I fell short. My self-esteem is decreasing because the program is not effective.

OSH Consultant Shared

I sometimes fear accidents happening in the areas I handle, especially if the safety program fails. Some organizations view OSH mainly as a matter of compliance rather than genuine safety, which can be worrying. It becomes concerning when you are present, and later find out that they are not fully complying—because in the event something happens, you could still be held accountable.

Comparative Discussions

CD 1: Fear of the Unknown and Technical Uncertainty

For OSH practitioners, fear often centers on encountering unfamiliar situations requiring immediate decision-making. The participant's statement, "My fear is that I will encounter a situation that I don't know... No mistakes allowed," highlights the high stakes associated with operational decision-making. Errors in practice can have immediate and tangible consequences. Consultants, while also exposed to technical uncertainty,

experience it within the context of multiple organizational systems. One participant noted, "I sometimes fear accidents happening..."

Some organizations view OSH mainly as a matter of compliance rather than genuine safety." Consultants' fear arises not only from technical factors but also from variability in client adherence and systemic gaps across industries [39].

CD 2: Ethical Responsibility and Accountability

Practitioners internalize responsibility for accident prevention, reflecting a moral and professional imperative. "Because for us, accidents are preventable, so I get more scared when I'm not doing anything... Accidents can't be avoided because there are factors that cause them to happen," explained one participant. The tension arises between ideal prevention and real-world limitations. Consultants share a related concern, framed in terms of legal and reputational accountability: "It becomes concerning when you are present, and later find out they are not fully complying—because... you could still be held accountable." Ethical responsibility and professional accountability are central to both roles, though manifested differently [40].

CD 3: Impact on Self-Esteem and Professional Confidence

The OSH practitioner's fear can erode self-esteem: "Your perspective, that you did everything, but something still happened... Your self-esteem is decreasing because the program is not effective." This reflects the psychological burden of responsibility when outcomes are not fully controllable. Consultants experience threats to professional confidence in terms of reputational risk. If clients fail to implement safety measures despite guidance, consultants must reconcile advisory limitations with potential consequences. Bandura's concept of self-efficacy underscores that perceived inability to influence outcomes can reduce confidence and increase stress [41].

CD 4: Organizational and Systemic Constraints

Fear is also shaped by organizational and systemic factors. Practitioners operate within controlled environments but face structural limitations that may impede program effectiveness. Consultants navigate multiple organizational cultures, some of which undervalue OSH: "Some organizations view OSH mainly as a matter of compliance rather than genuine safety." Comparatively, practitioners fear operational failures within established protocols, while consultants fear systemic failures due to organizational neglect. This emphasizes the importance of organizational support, training, and policy enforcement to reduce fear and promote proactive safety management [42,43].

Summary

Both OSH practitioners and consultants experience fears related to accidents, program efficacy, and accountability, but these fears differ in locus and intensity. Practitioners focus on immediate, operational, and self-referential concerns, whereas consultants grapple with strategic, systemic, and reputational dimensions. Fear in OSH roles shapes vigilance, decision-making, and professional growth, highlighting the intertwined nature of responsibility, ethics, and organizational context in occupational safety practice.

Theme 5: Human-Centered Engagement and Organizational Alignment in OSH Practice (The Realizations)

The transition of nurses into occupational safety and health (OSH) roles brings unique opportunities for relational engagement and organizational integration. Participants' narratives reveal that fulfillment and professional effectiveness are closely tied to understanding and navigating both human and organizational factors.

OSH Practitioner Shared

I realized that I love my job more because I am dealing with people, and it's not just limited to the hospital. Because in the hospital, once you meet the patient and provide the care they need, it's done. Here, from the moment you meet the employee until they exit, you fulfill your job as a nurse and at the same time, you take care of the person.

OSH Consultant Shared

It's important to align yourself with the company's culture of work. You need to understand their culture so that your application and implementation of OSH programs will be faster and more effective. This way, you can create programs that truly fit their culture. Culture plays a big role—how they view OSH, as well as the budget they are willing to allocate. That's why you begin with an assessment of the company and getting to know them, so your work with them becomes more meaningful and effective. In addition, being too idealistic in one setting is often not effective, so you really need to blend with the organization's culture.

Comparative Discussion CD 1: Human-Centered Engagement

The OSH practitioner emphasizes a relational approach, extending care beyond clinical tasks to holistic employee well-being: "From the moment you meet the employee until they exit, you fulfill your job as a nurse and at the same time, you take care of the person." This reflects a continuity of care perspective, similar to patient-centered care in nursing, but applied in workplace health settings [44]. Practitioners' satisfaction derives from sustained engagement and direct influence on employees' safety and health outcomes. Consultants also recognize the human dimension, but their engagement is mediated by organizational dynamics.

They prioritize understanding company culture to ensure that safety programs are effective and contextually appropriate. The consultant's approach reflects strategic relational competence, aligning interventions with organizational norms, values, and resources [45].

CD 2: Organizational Alignment and Contextual Adaptation

Consultants explicitly address the need to adapt to organizational culture to maximize program effectiveness: "You need to understand their culture... Being too idealistic in one setting is often not effective, so you really need to blend with the organization's culture." This illustrates cultural competence in professional practice, a key skill for cross-organizational consultancy [46]. Practitioners, although embedded in a single organization, indirectly engage with organizational systems by navigating policies, reporting structures, and workforce behaviors. Their adaptation is operational and procedural,

whereas consultants' adaptation is strategic and context-sensitive across multiple organizations.

CD 3: Professional Fulfillment Through Meaningful Work

Both roles derive satisfaction from seeing the tangible impact of their work. For practitioners, fulfillment comes from sustained relationships and the holistic care of employees. For consultants, fulfillment arises from successful integration of OSH programs that respect organizational culture and create measurable outcomes. This aligns with Hackman and Oldham's Job Characteristics Model, which suggests that meaningful work and task significance contribute to intrinsic motivation and professional satisfaction [47]. While practitioners' meaning is rooted in direct interpersonal impact, consultants' meaning is grounded in systemic effectiveness and organizational change. Together, these perspectives illustrate a continuum of professional fulfillment, ranging from relational care to strategic influence.

Summary

In summary, human-centered engagement and organizational alignment are central to both OSH practitioner and consultant roles, though they manifest differently. Practitioners excel in relational continuity and holistic employee care, while consultants focus on cultural understanding and program adaptation across organizations. Both approaches underscore that effective OSH practice is not purely technical; it is relational, contextual, and dependent on integrating human care with organizational realities.

Theme 6: Advocacy for Nursing Engagement in OSH Roles (Recommending the Line of Work)

Participants emphasized the importance of promoting occupational safety and health (OSH) roles among nurses, highlighting the dual benefits of expanding professional scope and applying clinical expertise to workplace safety. The narratives demonstrate how both practitioners and consultants view the nurse's role as pivotal in behavioral safety and accident prevention.

OSH Practitioner Shared

Yes of course, I recommend this kind of work. I encourage the nurses to practice occupational safety and health because their knowledge and scope in safety and health will expand, so it's better for them to become safety practitioners.

OSH Consultant Shared

Of course, I can recommend nurses to become OSH Consultants. We need to strengthen our knowledge in the behavioral aspect. The technical side is already there—it's a given factor—and we can always collaborate with technical professionals. What we must recognize is our capability to focus on the behavioral side, which makes up the majority of workplace issues and is often difficult for technical people to implement. This is where we, as medical personnel and nurses, should truly stand out. In the end, I always emphasize that the real gauge of achievement in OSH programs is not just the technical aspects, but also the health records we maintain in our clinics. At the end of the day, success lies in how we, as nurses, mitigate accidents and illnesses by putting the right precautions in place. Behavior-Based Safety

(BBS) has a huge impact on prevention, ensuring that problems do not escalate. This is the focus of nurses—that mitigation really begins in the clinic.

Comparative Discussions

CD 1: Advocacy and Professional Encouragement

The OSH practitioner emphasizes mentoring and encouraging peers to expand their professional roles: “I encourage the nurses to practice occupational safety and health because their knowledge and scope in safety and health will expand.” This aligns with the principle of professional socialization, where experienced nurses guide colleagues to acquire new skills and competencies [29]. Practitioners act as catalysts, fostering awareness of OSH opportunities and cultivating interest in safety-focused career paths. Consultants similarly advocate for nurses but with a strategic lens, emphasizing behavioral expertise as the unique contribution of healthcare professionals in safety management. Their guidance focuses on positioning nurses as leaders in Behavior-Based Safety (BBS), bridging human factors and technical safety requirements [42].

CD 2: Emphasis on Behavioral Safety

Consultants highlight the importance of behavioral interventions: “Behavior-Based Safety

(BBS) has a huge impact on prevention... mitigation really begins in the clinic.” This underscores the recognition that most workplace incidents are influenced by human behavior rather than purely technical failures [48]. Practitioners implicitly support this focus by encouraging nurses to engage in OSH, thereby broadening their understanding of safety practices, including human behavior in the workplace. Both perspectives converge on the principle that effective safety programs require attention to human behavior as well as technical protocols.

CD 3: Clinical Expertise as a Unique Contribution

Consultants highlight that nurses’ clinical experience allows them to monitor health outcomes, maintain health records, and implement proactive preventive measures: “Success lies in how we, as nurses, mitigate accidents and illnesses by putting the right precautions in place.” This positions clinical knowledge as an essential tool for safety program evaluation and prevention. Practitioners similarly value clinical expertise, emphasizing its role in enhancing peer knowledge and expanding the scope of safety practice. Comparatively, practitioners leverage clinical skills to mentor and guide peers, while consultants apply these skills to systemic program implementation, demonstrating how nursing expertise strengthens OSH effectiveness across both micro- and macro-level contexts [49,50].

Summary

Both OSH practitioners and consultants advocate for nurses’ engagement in occupational safety and health, emphasizing mentoring, behavioral safety, and clinical application. Practitioners focus on peer encouragement and professional development, while consultants focus on behavioral program leadership and systematic implementation. Together, their experiences highlight the unique contributions of nurses to workplace safety, particularly in bridging technical procedures with human behavior and preventive health practices.

Conclusions and Recommendations

The transition of nurses into Occupational Safety and Health (OSH) roles reflects a transformative professional journey characterized by diverse career pathways, expanded responsibilities, and evolving autonomy. OSH practitioners typically enter the field through self-directed professional growth and organizational restructuring, developing foundational expertise within defined organizational settings. In contrast, consultants advance through structured training, multiple specializations, and cross-industry experiences, gaining strategic influence, professional independence, and broader jurisdiction. Both roles face technical, interpersonal, and organizational challenges, yet resilience, continuous learning, and ethical accountability sustain their professional development and effectiveness in promoting workplace safety. Central to both practitioner and consultant roles is the unique contribution of nurses’ clinical and behavioral expertise, which enhances accident prevention, informs Behavior-Based Safety interventions, and bridges technical safety protocols with human-centered strategies. Practitioners emphasize relational, employee-centered care, while consultants prioritize cultural alignment, program implementation, and systemic impact across industries. Together, these experiences demonstrate that nurses can transcend traditional clinical roles, shaping OSH practice through knowledge, adaptability, and ethical stewardship, ultimately fostering safer and healthier workplaces while advancing the professionalization of occupational safety and health.

This research offers the following recommendations: (1) Nursing institutions and healthcare organizations should actively encourage nurses to participate in occupational safety and health (OSH) roles, emphasizing opportunities for career growth, skill diversification, and professional autonomy. (2) OSH programs should integrate behavior-based safety (BBS) training, leveraging nurses’ expertise in human factors, accident prevention, and workplace health monitoring to strengthen safety outcomes. (3) Structured professional development pathways, including specialized certifications, cross-industry exposure, continuous training, and accreditation, should be supported for nurses aspiring to become OSH practitioners and consultants. (4) Technical competence should be enhanced through workshops, hands-on experiences, and ongoing training to bridge knowledge gaps in equipment, processes, and regulatory compliance. (5) Organizations must foster gender-inclusive environments in traditionally male-dominated OSH settings, ensuring equal opportunities for leadership, recognition, and professional advancement. (6) Networking and professional visibility should be promoted by encouraging participation in professional associations, conferences, and collaborations, helping nurses stay updated and gain recognition across industries. (7) OSH interventions should be aligned with organizational culture to ensure that programs are practical, accepted, and effective in diverse workplace settings. (8) Finally, training programs should emphasize ethical accountability, resilience, and decision-making under uncertainty, preparing nurses to manage the psychological demands and responsibilities inherent in OSH roles.

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