Journal of Human Environment and Health Promotion
Print ISSN: 2476-5481 Online ISSN: 2476-549X

Workplace Health Promotion Professionals in Australia: Empirical Findings and Their Practical Implications for Career Development

Yanming Lu [a *], **Nektarios Karanikas** [a], **Julie-Anne Carroll** [a]

a. School of Public Health and Social Work, Faculty of Health, Queensland University of Technology, Victoria Park Road, Kelvin Grove, Queensland, Australia.

***Corresponding author:** School of Public Health and Social Work, Faculty of Health, Queensland University of Technology, Victoria Park Road, Kelvin Grove, Queensland, Australia. Postal Code: 4059. E-mail: yanming.lu@hdr.qut.edu.au

ARTICLE INFO

Article type:
Short Communication

Article history:
Received: 10 July 2025
Revised: 17 July 2025
Accepted: 23 July 2025
Available online: 2 August 2025

© The Author(s)

https://doi.org/10.61882/jhehp.727

Keywords:

Health promotion
Career development
Community health
Workforce development
Professional preparation

ABSTRACT

Background: Improving worker health, safety, and well-being is a global issue, with continuous efforts in each country. Key stakeholders in this process include workers, employers, occupational health and safety (OHS) professionals, and workplace health promotion (WHP) professionals. Overall, global trends support the integration of OHS and WHP services, aiming for a holistically safe and healthy work environment. This study aims to outline the barriers to and opportunities for WHP professionals in Australian organisations.

Methods: This article represents findings from a focus group and interview study conducted in Australia in 2025. The qualitative data were analysed in a thematic inductive approach.

Results: The findings carry crucial implications for career development in the Australian health promotion workforce. Specifically, the study indicates a pressing need for sustained advocacy of WHP services and WHP professionals across multiple organizational levels.

Conclusion: The effectiveness of WHP initiatives is contingent upon employers' perceptions of the importance of enhancing employee health and well-being. OHS professionals should assume a leadership role in supporting WHP professionals, who must proactively enhance their internal and external knowledge while developing contemporary and effective WHP strategies, supported by the entire workplace system.

1. Introduction

Worker health, safety, and well-being (WHSW) is an evolving and important topic globally, with the notion of continuous efforts for planning, implementation, evaluation, and revision of workplace intervention strategies for a holistically safe and healthy work environment (Lu et al., 2024). Apart from employers and workers, who are considered key stakeholders, such processes warrant joint contributions from occupational health and safety (OHS) professionals and workplace health promotion (WHP) professionals. Typically, OHS professionals usually hold OHS-related degrees, and provide the main services for minimizing workplace risks (Provan & Pryor, 2019), whereas WHP professionals usually have health promotion-related degrees and focus on health education and health behaviour change (Blackford et al., 2022). What is largely overlooked within the current literature is the systematic evidence that examines the career performance of WHP professionals (Bakhuys Roozeboom et al., 2021). Little research exists that investigates the career-or job-related contexts concerning how WHP professionals apply their knowledge in the actual health promotion-related jobs in an in-depth approach (Biswas et al., 2021; Jiménez-Mérida et al., 2021). Yet, advancing the understanding of such an area is very important for several reasons. First, apart from the application of common health promotion theories (Mirzaeimoghadam et al., 2023; Rahighee et al., 2023), understanding the WHP job-related contexts could help interpret the mechanisms of WHP interventions (e.g.,

How to cite: Lu, Y., Karanikas, N., & Carroll, J. A. (2025). Workplace Health Promotion Professionals in Australia: Empirical Findings and Their Practical Implications for Career Development. *J Hum Environ Health Promot*, *11*(4), 259-264.

intervention effectiveness, intervention delivery, intervention quality), particularly from an implementation science perspective, such as intervention implementer competency. Second, it is important that the health promotion curriculum is closely linked to the job needs and, therefore, can be revised regularly, in order to enhance student learning experiences and student employability (Patja et al., 2022). Based on previous studies and the premise that an integrated approach to enhance WHSW should include both OHS and WHP services (Lu et al., 2024; Lu et al., 2025), our research team aimed to address the aforementioned gaps by undertaking a focus group and interview study in Australia, from October 2024 to March 2025. Qualitative methods were deemed suitable for this study for several reasons. First, the study's aims were exploratory, intending to gather contextual experiences of WHP professionals. Second, little research has been conducted that is focused on WHP professionals. Third, considering the above two reasons, qualitative research can help build solid foundations of understanding WHP professionals from a starting point. Based on the critical data analysis through a thematic inductive approach, we note that the roles of WHP professionals warrant urgent discussion and attention. Therefore, this short communication outlines the key findings and implications, particularly for career progression and development in WHP professionals in Australia.

2. Materials and Methods

This study aimed to outline the barriers to, and opportunities for, WHP professionals in Australian organisations. This study was undertaken in Australia, and ethics approval was received from the university's Human Research Ethics Committee (approval number: 8350). We employed a combined approach that included both interviews and focus groups, allowing for the in-depth discussion between participants and participants and individual free expression about their own opinions (Dunwoodie et al., 2023). This combined approach allowed for the meaningful interaction and information sharing between different professionals, given the relatively scant understanding of WHP professionals within the current empirical research. Also, the researchers ensured participants (attending both interviews and focus groups) attended individual interviews first and then attended focus groups later, to ensure individual opinions were not impacted by group discussions. The discussion guide is attached as an appendix. To support good discussion, at the start of all sessions, we provided clear and validated definitions of integrated OHS-WHP approaches to ensure a consistent understanding of the background (Lu et al., 2024). Guided by a purposive sampling approach, the recruitment strategies included word of mouth, professional networking, social media posts (e.g., Facebook), and advertisements via membership-only emails of professional associations, such as Australian Health Promotion Association, Public Health Association of Australia, Human Factors and Ergonomics Society of Australia, and Australian Institute of Health & Safety. All relevant participant information sheets were shared through the aforementioned channels. Eligible participants should be recognised as OHS professionals, WHP professionals, OH professionals, and employers currently working in Australia (Table 1). In particular, some participants had multiple roles, and all worked in multiple industry types as they acted as consultants for various workplaces. In total, three online focus groups and 40 individual interviews (in person and online) were conducted in Australia between late October 2024 and early March 2025, with a total of 47 participants. Each session was conducted for approximately 45-60 minutes.

Table 1. Demographics of focus group and interview participants

Types of sessions (n = 47)*	Role
Focus Group 1 (n = 4)	OHS & OH (n = 2) [a] OHS & HP (n = 1) [a] OHS (n = 1)
Focus Group 2 (n = 4)	OHS (n = 3) [b] OHS & Employer (n = 1)
Focus Group 3 (n = 4)	OHS (n = 2) [c] OHS & OH (n = 1) OHS & Employer (n = 1)
Interview (n = 40)	OHS & OH (n = 1) OHS (n = 18) HP (n = 8) Employer (n = 8) OH (n = 5)

*Note: 5 participants attended both focus groups and interviews

[a] Focus Group 1: 2 OHS&OH professionals and 1 OHS&HP professional attended both focus groups and interviews

[b] Focus group 2: 1 OHS professional attended both a focus group and an interview

[c] Focus group 3: 1 OHS professional attended both a focus group and an interview

All discussion sessions were audio recorded and transcribed verbatim through the verified transcription service. Transcripts were imported into NVivo Version 15 in order to rigorously analyse qualitative data (Allsop et al., 2022). We employed a thematic inductive analysis approach informed by Braun and Clarke (2006). Specific steps were described below. (1) All three researchers with suitable expertise in public health, health promotion, and occupational health and safety read the entire data frequently, ensuring familiarity with the data. (2) Guided by an open-coded approach, the researchers independently coded the data and then compared the codes. (3) Based on the initial codes, all researchers independently and collectively created initial themes. The above processes were undertaken in an iterative approach, with all researchers and the external advisor frequently checking, discussing, and finalising the codes and themes. (4) All themes were further discussed and provided with the underlying meanings most relevant to the interpretations or contexts of the original data. (5) All researchers finally checked all codes and themes to ensure they truly reflected the participants' opinions. The fundamental principle in the data analysis process was that all researchers ensured objectivity and transparency to ensure all possible codes and themes generated closely reflected the participants' opinions without subjective

CC BY NC

researcher bias. More importantly, nearly all data from the participants were very clear and understandable, which demonstrated their opinions related to their work, with very few responses ambiguous. Hence, researchers in the data collection process may act like a "listener" who only requires asking questions and does not offer many prompts. This resulted in a smooth data analysis (e.g., coding and generating themes) process. As mentioned before, the researchers frequently checked, discussed, and revisited codes and themes to ensure they closely reflected the original meanings of the data, and the inter-coder reliability assessment led to a high consistency (96%). All disagreements have been discussed, and finally reached an agreement. Given that the type of this study is a short communication, more detailed information on data collection and analysis will be reported elsewhere. As part of the researchers' self-reflection process, the following reflection about OHS-WHP integrated approaches was noted. In the context of large organisations, such as universities, the lack of an action-based approach for integration is a common issue. Australian universities, however, compared to other workplaces, may act as a more successful setting to relatively effectively integrate OHS and WHP services. This is because Australian universities typically have dedicated departments and systems to support WHSW, including, for example, Work Health and Safety, Human Resources (HR), Medical Centre, and counselling services, thus providing a robust foundation for integration. By considering that higher education traditionally adopts more human-centred approaches, universities can play an exemplary role in enhancing WHSW, in that most workplaces only have partial departments, not all.

3. Results and Discussion

3.1 How Contemporary WHP Translates into Action?

Generally, WHP predominantly aims for preventive health, with no heavy focus on clinical medicine (Foncubierta-Rodríguez et al., 2024). Within this scope of WHP, however, our sample frequently reported that workers were very reluctant to participate in traditional WHP activities (e.g., wellness programs, mindfulness, yoga). To date, WHP is not visibly acknowledged within legislative requirements in Australia (Safe Work Australia, 2022). This provides an important direction for contemporary WHP, which may need to be revisited and "delivered" in a way that meets the needs of workers and the workplaces in an action-based approach. For example, the notion that WHP can be "delivered" daily in terms of perception, behaviour, and practice via education could be considered fundamental for any type of change. For employers and managers, key areas for WHP education can include reflecting on how they understand and can improve WHSW through regular work practices (e.g., how they interact with staff and show care for health and wellbeing). Compared to traditional WHP with tangible health-related intervention strategies, what is now required is that the WHSW philosophy is well "embedded" into knowledge, behaviour, and practice at multiple levels, ranging from directors and senior management to frontline workers, and contributes to addressing problems in a timely, effective, and compassionate manner. Given the above, particularly for small and medium-sized workplaces, WHP may not necessarily require extensive and expensive resources if, to some extent, health promotion notions are embedded into work systems. This provides fruitful opportunities for WHP professionals to refine the scope of practice and explore contemporary and innovative ways of WHP-how to contribute to WHP by fully utilising health promotion skills? The expected goal is to ensure stakeholders can "see" the value of WHP that is relevant and useful to them. For example, considering that OHS legislation emphasises the importance of consultation (Safe Work Australia, 2022), WHP professionals, underpinned by the Ottawa Charter, should proactively and actively look for opportunities for relevant advocacy and communication processes to assist in OHS-related consultations. Figure 1 presents the possible roles of WHP support in the entire employment cycle in Australia based on our sample. These roles highlight current trends of WHP roles in the Australian context. For example, WHP functions mainly include support services during pre-employment check, work-related adjustments (e.g., modify the workload due to illness), health information reporting (e.g., if health problems affect job performance at work), and return to work services. Growing evidence highlights the concerns about the quality of WHP services (Javanmardi et al., 2025; Lu et al., 2024). One reason could be that WHP professionals face a range of issues, which may hinder them from fully applying their skills to achieve expected WHSW objectives. First, most workplaces do not afford WHP professionals adequate representation and involvement in the decision-making process (as quoted, "WHP not in the management system, more like additional benefits and nice things… needs to link job design", P23 WHP professional). In some cases, they are more likely to act in administrative roles for collecting information and providing recommendations. However, our research revealed some common topics related to OHS and WHP that allow for individually tailored needs and consultations related to WHSW (Table 2) and provide extensive career opportunities for WHP professionals. Clearly, despite the topics in Table 2 being traditional OHS service areas, there exist clear needs and potential for WHP professionals that support and advance the service delivery process. Further, many WHP professionals, although having enthusiasm, reported that they had difficulties in applying health promotion theories in the workplace due to many constraints, such as difficulties to receive agreement from other departments to collect data, difficulties in adding the tasks to the decision makers' agendas, and the WHP notion of "influencing" (rather than "enforcing") to render their roles "powerless". Where the above challenges remain, WHP's core functions could be progressively neglected.

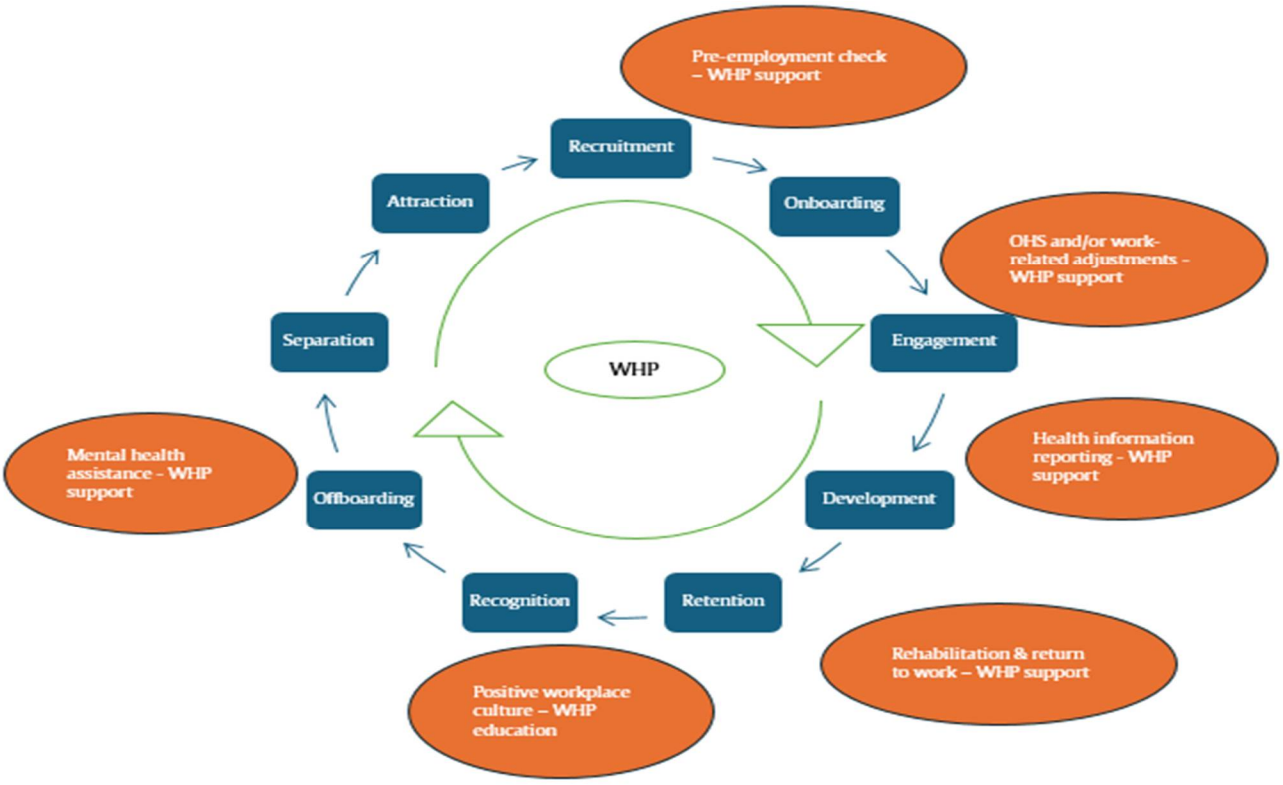


Figure 1. WHP through the whole employment cycle in Australia

For example, one WHP professional reported that the actual limited duties in their WHP job practice differed from the job description as advertised because some managers did not support worker health programs. Even with the same department, WHP professionals received limited engagement and support from colleagues and limited professional development opportunities. The above perhaps partially explain WHP ineffectiveness, which might not only be solely related to the design and quality of intervention strategies, but also the existing less modifiable barriers to career development that, ultimately, prevent WHP professionals from achieving organisational and personal goals.

Table 2. Common OHS and WHP topics

Topics	Considerations
Break	Types/definitions/causes of break: e.g., physical, emotional, psychological. Designs of breaks: in a way that benefits workers. Controls of the break. Subjectivity versus objectivity (break)
Training & education	Training for employers is required. Practical, relevant, useful, skill/problem/job/action/operational-based. Timely updates and changes
Risk management	Subjectivity versus objectivity (risk management). Level of knowledge, information, and competence
Recreational & physical activities	Manager support. Long-term impacts (for regulators). Perception changes for employers
Personal protective equipment	Unstable use. Discussion around personal and work use

3.2 WHP Professional Competence

Health promotion professions in Australia are emerging and not regulated (e.g. not compulsorily need registration). Australian Health Promotion Association is currently encouraging the registration of health promotion practitioners (Blackford et al., 2022). The current Australian health promotion curriculum has a limited focus on workplace health promotion, despite interpersonal and community models targeting environmental changes. Hence, there is a growing opportunity for higher education to establish dual degrees (e.g., WHP-OHS) to promote integration and enhance the employability and career development of graduates. The recurring issue for WHP professionals is that they lack knowledge of the workplace processes and the relevant hazards and risks. For example, although OHS professionals are typically expected to have occupational hygiene knowledge, WHP professionals do not necessarily have it. In this instance, WHP professionals may not always provide the right advice if WHSW issues are related to hygiene risks. Further, one participant reported that when their company reviewed WHP services, most workers without registered union membership could not receive WHP support, because union membership was a compulsory requirement of WHP access. This is an avoidable issue; a formative evaluation or a pilot test, which are core skills in health promotion curriculum, can address this before implementation. This suggests that some companies may have difficulties in recruiting staff competent in health

CC BY NC

promotion. Hence, future efforts should continuously promote the regulation and registration of health promotion practitioners in Australia to enhance WHP quality assurance. Health education interventions, although considered "old-fashioned" in some cases, are still very important and meaningful in the workplace setting (Jafari et al., 2024; Lu & Sun, 2025); however, the intervention quality and delivery modality require careful consideration to best meet worker needs.

3.3 Current WHP Directions

In general, our participants stated that most stakeholders (e.g., workers, employers, OHS professionals) have a limited understanding of health promotion. Also, the development of policies regarding WHSW necessitates careful consideration, because health promotion is not a regulated task; rather, it involves support grounded in high ethical standards. Unlike OHS, which primarily focuses on incidence and injury data, WHP emphasizes the provision of healthier choices for employees. Interestingly, growing evidence poses concerns related to privacy in WHP and a lack of available resources (Foncubierta-Rodríguez et al., 2024; Javanmardi et al., 2025). This raises two key considerations: (1) WHP professionals must employ appropriate language in the whole intervention cycle, and (2) companies, especially small and medium-sized enterprises, may argue they do not have resources and time for effective WHP (Saito et al., 2022). As discussed above, since WHP does not take primary responsibility for clinical treatment, it can inform daily work practices without substantial costs. Therefore, it remains unclear whether organisations properly assess their internal needs and understand the perceptions of WHP. For example, in our sample, many employers and OHS professionals had very limited health knowledge. Some participants had misperceptions about voluntary participation in WHP, possibly because they experienced enforcement-related language in the WHP implementation process. It could also be about the uncomfortable work environments to deliver WHP, or WHP-related conversations that might be poorly passed to other colleagues or distorted to form negative perceptions. Hence, future research is required to explore the above by undertaking micro-level WHP-related investigations in various workplaces. Overall, the Knowledge to Action Framework appears to contextualise the important findings of this article (Graham et al., 2006). In general, there exists good knowledge and materials among respective OHS and WHP professionals, and the challenge is that there is little effort that systematically and comprehensively links the two together. Such a combination remains in its infancy in Australia, and multi-level support (e.g., individual, group, community, environment) is urgently warranted, given the complex health and safety needs of workers.

3.4 Challenges in Workplace Research

There has been a slowly growing trend of WHP-related empirical research. Nonetheless, it can be challenging for researchers to conduct workplace-based studies, particularly concerning work-related changes. Regardless of research topics and designs, workplaces can be reluctant to initiate research collaborations, partially because of limited support from involved departments such as HR and OHS. Also, as workplaces have internal structured OHS management and evaluation systems, without strong reasons, motivators, or interests for engaging with researchers at the management level, it can be very hard for researchers to receive gatekeeper approval. Moreover, the feasibility of workplace-based research can be largely contingent on the level of "openness" of employers, particularly regarding whether they are willing to disclose internal and external work-related issues, albeit when privacy and confidentiality assurances are provided by researchers. Therefore, overall, factors like the ones above can impede conducting in-depth and rigorous research designs in workplace settings, such as randomised controlled trials and long in-depth interviews. To the knowledge of the authors, this is the first study that systematically examines WHP professionals in Australia; the transferability may need to be further tested. However, as a starting point, this study provides vital messages-WHP, although important and necessary, appears to be overlooked in most Australian workplaces.

4. Conclusion

In general, OHS professionals and employers might not understand or appreciate health promotion-related skills, such as needs assessment, and deficit-based and asset-based assessments. To date, WHP is contingent on how employers view the necessity of improving health and well-being. Hence, it lies with the WHP professional to take the lead in these areas. However, in Australia, there has been limited recognition of the value of these attributes in the workplace. This calls for continuous advocacy of WHP services and WHP professions at multiple levels. The primary recommendation to date is that OHS professionals should take the lead to support WHP professionals, who also need to proactively improve their internal and external knowledge and devise contemporary WHP with support from the entire workplace system.

Authors' Contributions

Yanming Lu: Conceptualization; Methodology; Writing; Review; Editing. **Nektarios Karanikas:** Conceptualization; Methodology; Writing; Review; Editing. **Julie-Anne Carroll:** Conceptualization; Methodology; Writing; Review; Editing.

Funding

No funding.

Conflicts of Interest

No conflict of interest.

Acknowledgments

No item.

Ethical considerations

The study was approved by Queensland University of Technology Human Research Ethics Committee (Ethics Number: 8350). All participants provided informed consent to participate in interviews and/or focus groups.

Using artificial intelligence

No artificial intelligence was applied.

References

Allsop, D. B., Chelladurai, J. M., Kimball, E. R., Marks, L. D., & Hendricks, J. J. (2022). Qualitative methods with Nvivo software: A practical guide for analyzing qualitative data. *Psych*, *4*(2), 142-159.

Bakhuys Roozeboom, M. C., Wiezer, N. M., Boot, C. R. L., Bongers, P. M., & Schelvis, R. M. C. (2021). Use of intervention mapping for occupational risk prevention and health promotion: A systematic review of literature. *International Journal of Environmental Research and Public Health*, *18*(4), 1775.

Biswas, A., Begum, M., Van Eerd, D., Smith, P. M., & Gignac, M. A. M. (2021). Organizational perspectives on how to successfully integrate health promotion activities into occupational health and safety. *Journal of Occupational and Environmental Medicine*, *63*(4), 270-284.

Blackford, K., Leavy, J., Taylor, J., Connor, E., & Crawford, G. (2022). Towards an ethics framework for Australian health promotion practitioners: An exploratory mixed methods study. *Health Promotion Journal of Australia*, *33*(1), 71-82.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101.

Dunwoodie, K., Macaulay, L., & Newman, A. (2023). Qualitative interviewing in the field of work and organisational psychology: benefits, challenges and guidelines for researchers and reviewers. *Applied Psychology*, *72*(2), 863-889.

Foncubierta-Rodríguez, M. J., Poza-Méndez, M., & Holgado-Herrero, M. (2024). Workplace health promotion programs: the role of compliance with workers' expectations, the reputation and the productivity of the company. *Journal of Safety Research*, *89*, 56-63.

Graham, I. D., Logan, J., Harrison, M. B., Straus, S. E., Tetroe, J., Caswell, W., & Robinson, N. (2006). Lost in knowledge translation: Time for a map? *The Journal of Continuing Education in the Health Professions*, *26*(1),13-24.

Jafari, R., Zenoozian, S., & Hajimiri, K. (2024). Evaluating mental health literacy among Iranian women: A cross-sectional study. *Journal of Human Environment and Health Promotion*, *10*(2), 89-95.

Javanmardi, S., Rappelt, L., Zangenberg, S., Heinke, L., Baumgart, C., Niederer, D., & Freiwald, J. (2025). Effectiveness of workplace health promotion programs for industrial workers: A systematic review. *BMC Public Health*, *25*(1), 168.

Jiménez-Mérida, M. R., Romero-Saldaña, M., Molina-Luque, R., Molina-Recio, G., Meneses-Monroy, A., De Diego-Cordero, R., & Vaquero-Abellán, M. (2021). Women-centred workplace health promotion interventions: A systematic review. *International Nursing Review*, *68*(1), 90-98.

Lu, Y., Karanikas, N., & Carroll, J. A. (2024). A scoping review of integrating occupational health and safety and workplace health promotion interventions. *Journal of Human Environment and Health Promotion*, *10*(4), 179-190.

Lu, Y., Karanikas, N., & Carroll, J. A. (2025). Identification of needs of integrated approaches of occupational health and safety and health promotion. *Health Promotion Perspectives*, *15*(2), x-x.

Lu, Y., & Sun, D. (2025). An exploration of prioritizing risk factors of coffee consumption in kindergarten children. *Journal of Human Environment and Health Promotion*, *11*(1), 13-18.

Mirzaeimoghadam, H., Nasirzadeh, M., Sayadi, A., & Abdolkarimi, M. (2023). The effect of an educational intervention based on the health action process approach on physical activity among retired female employees. *Journal of Human Environment and Health Promotion*, *9*(4), 201-209.

Patja, K., Huis in 't Veld, T., Arva, D., Bonello, M., Orhan Pees, R., Soethout, M., & van der Esch, M. (2022). Health promotion and disease prevention in the education of health professionals: A mapping of European educational programmes from 2019. *BMC Medical Education*, *22*(1), 778.

Provan, D. J., & Pryor, P. (2019). The emergence of the occupational health and safety profession in Australia. *Safety Science*, *117*, 428-436.

Rahighee, F., Asadi, L., Moshirenia, F., Namayandeh, S. M., Zareipour, M., Hardani, M., & Khorsandi, B. (2023). Self-care behaviors in preventing COVID-19: A health belief model-based among families in Yazd City. *Journal of Human Environment and Health Promotion*, *9*(4), 188-192.

Safe Work Australia. (2022). *Model code of practice: Managing psychosocial hazards at work*. https://www.safeworkaustralia.gov.au/doc/model-code-practice-managing-psychosocial-hazards-work

Saito, J., Odawara, M., Takahashi, H., Fujimori, M., Yaguchi-Saito, A., Inoue, M., . . . & Shimazu, T. (2022). Barriers and facilitative factors in the implementation of workplace health promotion activities in small and medium-sized enterprises: A qualitative study. *Implementation Science Communications*, *3*(1), 1-13.