Research article

Decent work in the United States: A public health perspective

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Abstract

Background: The United Nations (U.N.) recognizes "Decent Work" as a basic human right. The components of Decent Work include four pillars defined by the U.N.'s International Labor Organization (ILO): basic rights at work, employment creation, social protection and social dialogue. The United States fares poorly in comparison to peer countries on multiple measures related to Decent Work.

Objective: The goal of this study was to describe 1) perceptions of decent work, 2) perceived barriers and opportunities to decent work, and 3) the role of public health in promoting and supporting decent work in the United States.

Methods: Key informants identified from a pool of local, regional, state, national, and international organizations addressing concepts relating to worker rights and worker health and safety in the United States were interviewed from May 2021 to March 2022. Responses were analyzed using qualitative content analysis.

Results: Participants defined decent work in terms very similar to the ILO definition: providing a livable wage with benefits, job security, just, safe, sustainable, meaningful work. Several addressed opportunities for growth, work providing a sense of agency/autonomy/power, and contributing to overall health, social, and emotional well-being. Significant barriers identified included the absence of legal protection, low levels of collective bargaining, poverty wages, and a lack of affordable healthcare.

Conclusions: There is widespread recognition that the U.S. lags significantly behind other high-income countries in the regulation of working conditions. Public health can amplify a decent work strategy by emphasizing the relationship between work and health.

Keywords

United States, working conditions, economic policies, sustainable development goals, occupational safety, occupational health, job satisfaction

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Introduction

Work is an important social determinant of health, both for the individual and for family members. Occupational safety and health hazards, including chemical, physical, biomechanical, biologic, and psychosocial hazards impact individual workers through a variety of job stressors that may be exacerbated by fear of unemployment, particularly at lower income levels.[1]

Many characteristics of work in the U.S., such as at-will employment, absence of paid sick leave, and a poverty level federal minimum wage, enhance job insecurity and its associated adverse health impacts. Labor market and employment conditions, which help to shape psychosocial job hazards, have been worsening in the U.S. Income inequality has increased since about 1980, mirroring declines in union membership and social mobility.[2] Annual work hours increased 14% between 1982 and 2016.[3] Job stressors,

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such as low job control, job strain, and work-family conflict, increased in the U.S. between 2002–2014, while work-family conflict increased between 1977–1997.[4] Precarious employment, measured by evaluating inadequacy of material rewards, instability, unpredictable work-time arrangements, a lack of workers' rights and collective organization, and inadequate training, increased by 9% in the U.S. between 1988–2016.[5]

Extensive epidemiological research demonstrates increased cardiovascular mortality and all-cause mortality due to job loss, repeated episodes of job loss, the duration of job loss, and threatened job loss. In addition, increased rates of metabolic syndrome, cognitive decline, myocardial infarctions and other adverse outcomes are associated with perceived unfair working conditions, excessive overtime, and other workplace exposures.[6–13]

Low income is associated with higher rates of hypertension and other chronic diseases among workers and with increased risk of infant mortality, low birth weight, and chronic conditions, such as children's asthma, and childhood obesity among family members.[14] In addition, recent studies of U.S. cohorts have identified adverse outcomes including cardiovascular disease, arthritis and rheumatologic disease, and new onset migraines associated with chronic exposure to generalized workplace harassment and chronic sexual harassment[15] and incidence of major depression with increased effort reward imbalance.[16] Increased precarity and income inequality and loss of agency place workers at increased risk for depression and burnout, while more decent work conditions, such as having more job control, appear to have a protective impact.[17] Employment and occupational risk factors as explanations for U.S. mortality increases have been noted by a 2021 National Academy of Sciences report, and by others.[18,19]

Poor working conditions contribute to racial and social injustice and health disparities. African American and foreign-born workers are more likely to hold hazardous jobs that pay less and are precarious.[20] Undocumented workers experience the fear of deportation in addition to that of job loss, increased exploitation at work, and less access to social services.

Decent work

The concept of "Decent Work" has been advanced in United Nations (UN) resolutions and documents, including Article 23 of the Universal Declaration of Human Rights (1948) and the World Summit for Social Development (1995).[21] It was formally promoted by the Director General of the UN's International Labor Organization (ILO) in 1999 as a unifying framework and central priority of the ILO.[22]

The ILO states that "Decent Work sums up the aspirations of people in their working lives". Decent Work "involves opportunities for work that is productive and delivers a fair income, security in the workplace and social protection for families, better prospects for personal development and social integration, freedom for people to express their concerns, organize and participate in the decisions that affect their lives and equality of opportunity and treatment for all women and men".[21] Decent Work requires four "inseparable, interrelated and mutually supportive" pillars: basic rights at work, employment creation, social protection and social dialogue (such as collective bargaining).

In 2005, the U.N. made Decent Work a central objective of development strategies for fair economic globalization.[23,24]

In 2015, the U.N. incorporated decent work into its 2030 goals for sustainable development: UN Sustainable Development Goal (SDG) 8: "Promote[s] inclusive and sustainable economic growth, employment and decent work for all."[25,26] The Decent Work concept explicitly incorporated occupational safety and health in 1999. However, on June 10, 2022, the ILO added the right to a "safe and healthy working environment" as the 5th of its Fundamental Principles and Rights at Work, a somewhat belated recognition of its foundational importance.[27]

Decent work in the United States

The ILO Framework Work Indicators consist of ten substantive elements that track the four pillars of decent work, but the agency does not rank countries on these measures. However, a 2023 Oxfam America analysis compared 38 economic peer countries on 56 labor policies that support working families. These included wage policies (such as value of the minimum wage, unemployment supports), worker protections (such as protection from sexual harassment, paid leave, childcare support and work schedule protections) and rights to organize (such as rights to strike and collective bargaining) – very similar to the ILO's Framework Work Indicators. The United States fared very poorly in those comparisons, ranking 32nd in rights to organize, 36th in wage policies and 38th in worker protections.[28]

The U.S. also fares poorly compared to peer countries on health indicators, including life expectancy, with a life expectancy in 2023 four years lower than the comparable country average – a gap that has been growing since about 1980.[29]

The Decent Work framework can be used to explore comprehensive approaches to meeting the goal of improving U.S. wage policies, worker protections and rights to organize, and can guide the creation of a human-centered approach for the future of work. This paper explores responses of a diverse group of U.S. representatives from labor, academia, government and industry to the concept of Decent Work as an approach to reducing health disparities, improving health outcomes, and raising working conditions in the U.S.

Objectives

The primary objectives of this study were to: (1) describe perceptions and characteristics of decent work by representatives in the multilevel work ecosystem at the local,

regional, and national levels; (2) document the perceived barriers and opportunities to decent work in the United States; and (3) explore perceptions of the role of public health to promote and support decent work (in the context of the unfolding COVID-19 pandemic).

Methods

Key informants

Key informants were identified from a pool of local, regional, state, national and international organizations who are addressing concepts and policies of decent work and worker health and safety, specifically in the United States. An initial purposive sample of potential participants and their contact information was generated by the project team based on their knowledge and review of literature and practice around Decent Work. During the interviews, key informants were requested to identify potential participants and representatives from other organizations who are working around issues related to decent work or those who may have alternate views. A total of 87 participants were identified for this study and divided into eight broad categories as described in Table 1. The participants selected were chosen to maximize understanding by increasing the likelihood of gaining access to perspectives that challenge, alter, and further inform our initial understanding of these issues from the literature. All participants on the list were contacted via email and interviews were scheduled until we captured a wide range of responses that illustrate diverse interests and possible commonalities (data saturation) in addressing decent work and its connection to health.

Table 1 lists the 41 key informants who were interviewed, including representatives from government agencies, labor unions, small, medium and large employers (various sectors), trade/business associations, workers (including those who recently quit the workforce), organizational psychologists and well-being experts, attorneys, public policy experts, non-governmental organizations engaged in workforce development, public health, occupational health and health policy experts and US representatives for international agencies such as the World Health Organization (WHO), International Labor Organization (ILO) and Organization for Economic Co-operation and Development (OECD). Each participant was individually interviewed by two study researchers between May 2021 and March 2022, with each interview lasting approximately 45–60 min.

Interview tool. A predetermined, semi-structured interview tool was used to elicit respondent beliefs and concerns about decent work and the impact on health. The interview tool was structured to cover specific topics, including: (1) how the concepts of decent work are perceived and characterized (including drivers) by representatives at the local, regional, and national levels; (2) potential role of public health and its relationship to decent work; (3) possible pathways to decent work and the barriers to implementation of these initiatives; and (4) strengths and opportunities for engaging multi-sector partners to align and increase resources to address decent work in the United States. Respondents were asked to express their opinions and concerns on these topics. The study protocol was deemed exempt by University of Illinois Chicago Institutional Review Board. All data were de-identified by individual respondents.

Data analysis

Analysis of the transcripts was conducted using qualitative content analysis (thematic),[30] a method used to categorize large amounts of text from transcripts by assigning initial codes to text segments based on attributes to the phenomenon that accurately reflected the a priori research questions and relevant research findings. Two coders reviewed and coded each interview transcript based on the focused coding categories: the perspectives on the definitions of decent work; drivers of each; health factors connected to the ability to access, or not access, work and livable wages (an approximate income to meet a family's basic needs); how they view work as a meaningful and significant determinant of health outcomes; perceptions about skills gap in the labor market; barriers to doing the work they are doing; and emergent themes (i.e., those unanticipated issues relevant to the topic that participants raised). An intra-case/cross-case analysis was performed to analyze and code both the anticipated (a priori) and unanticipated themes. Relevant quotations thus organized were selected for further analysis (based on the initial coding and alignment with research objectives).

All phases of coding and analysis were performed manually and using Dedoose software version 9.0.[31] Data were analyzed through an iterative process of reflective reading of transcripts, interpretive memoing, and coding and exploring inconsistencies and divergent perspectives, or cases that did not fit with the initial interpretations.[32] Respondents' accounts of their experiences working in policy, advocacy, workforce development, and business groups were then clustered together in themes to provide an account of respondent meanings and interpretations of the phenomenon. The open-ended questions used to guide the interviews elicited a variety of participant responses, and qualitative analysis uncovered an assortment of main themes. Key themes from the key informant interviews were examined to identify a crosswalk of common and divergent themes, areas of alignment, and gaps in evidence. The uniformity of themes across interviews seems to suggest that the results are reasonably reliable.

Table 1. Key informants interviewed for the study and their sectors/affiliations.

Job role/Title	Organization type/ Mission/Research
International, federal and state agencies focused on employment protections, worker health and safety research, employability, skills and economic development	
1 Director	Research agency focused on the study of worker safety and health
2 Program Director	Research agency focused on promoting health and wellness
3 Senior Labor Economist	International labor agency
4 Senior Economist	International intergovernmental organization
5 Retired Program Director and Professor	Federal Labor Agency
6 Consultant	Agency advocating for workers' rights and well-being
7 Retired Safety and Health Director	Agency focused on regulatory and legislative policy at the state and national level
Researchers in academic/research institutions studying occupational safety and health, psychology of working, economics and public health	
8 Adjunct Assistant Professor in Public Health	Retired general internist and social justice advocate
9 Professor of Counseling Psychology	Understanding the nature of work/psychology of working
10 Associate Professor in Epidemiology and Labor Studies	Health impacts of work organization
11 Professor of U.S. labor, social, and political history	Intersection of labor organization, politics, and public policy
12 Assistant professor in Nutrition and Kinesiology	Employment quality and its relation to obesity and cardiovascular risk
13 Professor of Economics and Labor Employment Relations	Working hours, contingent employment, labor demand and labor supply
14 Economist, ex-federal program administrator	Employment and labor market policy
Think-tanks and policy research groups related to future of work, economics, job quality, workforce well-being, employment and social policies in the United States	
15 Policy Research Fellow	Non-partisan research to improve policy and governance at local, national, and global levels
16 Economist on race, ethnicity and economics	Non-partisan think tank created to achieve shared prosperity by raising the economic status of low- and middle-income Americans
17 Senior fellow in constitutional studies and retired business leader	Libertarian think-tank focused on increasing the understanding of public policies based on the principles of limited government
18 Institute Fellow Good Jobs project	Offer solutions in labor employment, income, economic and social policy
19 Senior advisor	National non-profit think-tank focused on economic security, inclusive growth and social infrastructure
Employers and business leaders	
20 CEO	Regional metal crafts company
21 Business owner	Franchise
22 Small Business owner	Restaurant
Business groups and other allies	
23 President and CEO	Work safety organization focusing on preventing workplace death and injuries
24 Head of research	Retail trade association
25 Executive Director	Small business group
26 Director, Employment Policy research	Business organization
27 Founding Executive Director	Working with regional employers to improve workplaces for employees and for businesses.
28 Co-founder and Chief Science Advisor	Focus on psychologically healthy workplaces
29 Director of subunit	Business group on Health
Legal representatives	
30 Senior Counsel	Employment counseling, employment litigation and labor relations law
31 Pro -labor attorney	Safety and health work
Workers and union representatives	
32 Union steward for a transportation company	Represent workers in grievance meetings, responsible for filing for worker's shortened pay or contract violations
33 Officer	National healthcare union
34 Restaurant employee	Unemployed, quit workforce during the pandemic
35 Frontline office employee	Laid off during the pandemic, went back to school for on-line degree
36 Uber driver, stay at home dad and organizer	Mission to promote collective bargaining for rideshare drivers

(continued)

Table 1. Continued.

Job role/Title	Organization type/ Mission/Research
Worker advocacy groups and other allies	
37 Retired Safety and Health Director	Empower people to negotiate in their workplaces and advocate for better regulatory and legislative policies
38 Director of Health Promotion, Union Health benefits	Committed both to healthier workers and economy
39 Director and Organizer	Organize temp workers
40 Executive Director	Regional workforce development alliance
41 Founder and CEO	Fund that works with platforms, labor unions and policy leaders to provide health and other benefits to workers in the gig economy

Steps were taken to ensure trustworthiness of the data, given the large number of interviews conducted. Two study researchers participated in each interview (one being a note-taker). Study researchers used a memoing process to debrief at the end of each interview. During the coding process, regular discussions were held by the two coders to reflect on the data and interpretations. Additionally, reflexivity was practiced by the researchers to acknowledge and minimize potential biases.

Results

Perceptions of decent work in the United States among diverse, multi-level key informants

Fewer than one third of key informants were aware of the ILO's decent work concept or agenda. Respondents preferred the terms 'good work' or 'dignified work' and thought the term "decent" was inadequate to describe a quality job in which one works with dignity, while recognizing the serious deficiencies in the experience of U.S. workers: *"When I first heard the word decent, I was like what a low bar…it should be more than decent, but I know the reality for so many people is that the basics aren't even met. I was reading employee experience comments in a big study and the comments still really stick with me on how awful the employee experience is for a lot of people… we're talking about the whole lives of people [at work] being miserable." [Key Informant #29, director of subunit. business group on health]*

Some respondents expressed that framing it as "decent work" doesn't help in the U.S. context*: "[Decent work] is not an American term…it seems focused on incorporating the developing countries and emerging countries that had a lot of jobs which were really poor in terms of quality and pay…the idea was to lift that floor… decent work sounds like a pretty low bar."* [Key Informant #30, senior counsel, pro-employer legal representative]

Few framed decent work as including respect in all aspects of job design: "*I define [decent work] as a job where people are paid a decent wage, where they are treated with respect, they have a voice, where they can raise not only their concerns but also be part of their workplace and have input in how the work is organized and conducted, and that they are supported as individuals not only in their work but in their lives so that work enables people to have a foundation from which they can not only learn and grow, but it also provides them with opportunity to be good at what they are doing and explore new endeavors as well…so a good job, decent work is something I don't think we have a whole lot of in this country."* [Key Informant #9, professor of counseling/psychology]

Although there was limited awareness of the ILO's Decent Work concept or agenda, when asked to describe what decent work meant to them, participants defined decent work in terms very similar to the ILO definition. They described work providing a livable wage with benefits, just, sustainable, meaningful, purposeful or fulfilling work and opportunities for growth, work providing a sense of agency/autonomy/power and contributing to overall health, social and emotional well-being was prioritized by several respondents. Figure 1 is a visual (word cloud) representation of the most common words used by respondents in describing decent work**.**

Decent work reflects the most basic needs for survival. A majority of key respondents discussed the importance of characterizing decent work in terms of the dignity, respect and impact of work on people's lives – work that is fulfilling beyond providing means to support one's family and achieve retirement. *"Decent work starts with pay and satisfaction with benefits. Benefits extend into security, you know, Maslow's pyramid with taking care of one's basic needs… increasingly at the low end we're saying decent means there's a floor on how indecent and how poor working conditions could be."* [Key Informant #18, institute fellow, Good Jobs project]

Many believed that the idea of decent work is largely shaped by cultural norms and derived at a political and societal level. "*You can make picking up trash meaningful and*

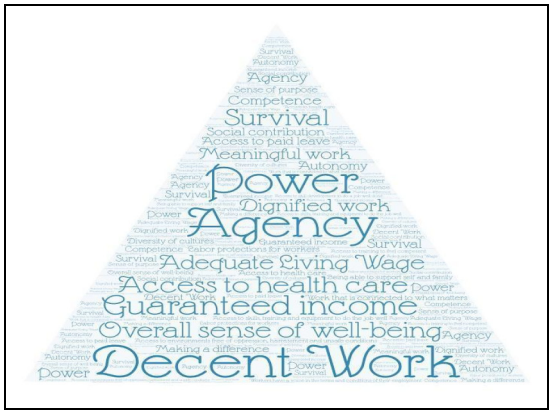

Figure 1. Word cloud of most common words and phrases used by respondents to describe decent work. The size of each word in this figure indicates how frequently it appeared within the responses.

noble. You just have to make sure people doing that work, which is really important to our society, that they are respected, treated well… with hours of service, working conditions… and… having the right mechanisms in place to keep them safe." [Key Informant #16, economist, non-partisan think-tank].

Feeling valued for their contributions was considered the next important step after receiving a living wage and basic benefits: "*Once you get past wages and the two most important benefits…health insurance and retirement…it's the individual feeling of the value of the work that they're doing or being part of the community of work…not having discrimination or harassment."* [Key Informant #31, pro-labor attorney]

Decent work is linked to worker well-being. Key informants, especially workers who had quit the job market, or changed jobs during the pandemic, described how the pandemic helped them understand dissatisfaction with previous jobs, and how the "great resignation" was more about prioritizing their mental health and well-being. "*I have lived from paycheck to paycheck for years…I have no access to a therapist… I have a huge student loan… I am not ready to engage with the system… I'm trying to prioritize my mental health and my well-being and myself"* [Key Informant #34, restaurant worker, quit workforce during the pandemic]. Another worker described how leaving a toxic workplace impacted their psychological safety *"So finally, it took this worldwide pandemic… It was like the best decision… I have not for one second regretted not going back to that job…I haven't noticed a difference financially, but I have noticed a huge difference with my emotional and mental health"* [Key Informant #35, frontline office employee, laid off during the pandemic]

Perceptions of barriers to decent work in the United States

Although several common themes emerged in conversations around barriers to decent work, major differences also appeared. Table 2. describes a few convergent themes around barriers to decent work in the United States. Many informants framed the barriers to developing decent work as a problem with American cultural norms that undervalue workers and prioritize cheap goods and services obtained quickly and easily. Contingent and low wage workers felt they "*do not have the privilege of having decent work."* While business leaders believed a high-quality job "*does not fit into a profit-driven business model*", small business owners (who may want to do the right thing) feel threatened by how our markets and economy and resources are structured. Many blamed society at large for the lack of care and concern to support workers' access to affordable healthcare, childcare, elderly care, transportation and stable housing. About a third of the interviewees mentioned that they believe the U.S. dependence on employer-sponsored health insurance plans creates significant burdens to health for both employers and employees. However, none mentioned opposition to these policies that in the past have been driven by some business groups. Similarly, business owners and their organizations described the need for additional information, or concerns that "one-size does not fit all" but did not acknowledge the need for any regulatory actions. On the other hand, labor representatives identified the lack of support for collective bargaining and lack of laws holding employers accountable in the U.S. as one of the most significant barriers to decent work. These respondents stated that low levels of collective bargaining prevent access to a safe, dignified, decent job in the labor market, and constitutes one of the most significant barriers to decent work.

Perceptions of the role of public health in promoting and supporting decent work

When asked what, if any, was their perception of the potential role of public health (in the context of the pandemic) in moving the needle on decent work, more than half the participants agreed that public health policy might help shape public policy. "*I'm really excited about a public health voice in public policy speaking more broadly as it relates to work and economic security. [There are] really powerful roles for public health actors to influence public policy… there are opportunities for public-private partnerships, particularly to gather data and generate and build on the evidence body around workers and those social determinants of health…" [*Key Informant #19, senior advisor, non-profit think-tank]

Table 2. Convergent themes around perceptions of barriers to decent work in the United States.

a. Current culture and norms around work in the United States do not prioritize decent work	
Workers in non-standard work arrangements do not have the privilege of decent work.	"The gig economy has no job protections…or social safety net… if there were better protections built in [for independent contractors] we wouldn't have to make distinctions between independent contractors and employees… the difference is the flexibility that one group has…" (Key informant 36, Uber driver) "I don't think that temp workers have the privilege of having decent work" [Key Informant #39, director and organizer for temp workers]
Workers, especially in low wage jobs, often do not feel valued for their contributions.	"The teams cleaning the rooms in the hospital… the cooks… these people aren't paid a decent wage… they're not given some sort of career path… they're not really valued in organizations… the teams that are doing the critical work… they are not receiving support" [Key Informant #33, officer, national healthcare union]
American workers have begun to accept that this (lack of decent work) is as good as it gets in the U.S.	"I think [Americans] have come to accept [the lack of a decent workplace] as something natural and normal in the U.S. in a way that I always find surprising. It's a little bit of American naivete that they don't realize that the rest of the world isn't like this. If [Americans hear something] about Europe…. they say it's all socialists. It's very much dismissed. There isn't enough discussion of other countries' experiences in the U.S., so I think there's a lack of awareness and that's a really big issue" [Key Informant #3, senior labor economist, international labor agency]
American society prioritizes cheap goods and services obtained quickly and easily.	"[Americans] have a lot of comfort in having very cheap services. I think we see this clearly in all the debates about Uber and Lyft and the delivery platforms. There is a vested interest by the consumers to get to have their restaurant food be delivered to them cheaply and quickly… I think when push comes to shove, people…prefer their cheap services." [Key Informant #8, adjunct assistant professor in public health, retired general internist and social justice advocate]
b. Weak job protections and declining worker rights.	
Declining union culture	"Unions have been on the decline for the past 40 years and that creates barriers to moving us towards decent jobs because what unions do is they allow you to really connect management with their workers' needs in a kind of collective way… in a way that is more efficient than having each individual underpowered worker try to tell their manager what they need…" [Key Informant #38, director of health promotion and union health benefits]
Lack of support for collective bargaining in the U.S.	"because of the fissuring of the employment relationship in the U.S. the enterprise level collective bargaining is not going to get you that far. You need sectoral approaches. Sectoral level collective bargaining is the best approach that would probably have the most success in the U.S. For example, McDonald's doesn't own any of its stores, but if you had a sectoral collective bargaining in the State of California that covers the fast-food industry then all franchises are involved. You don't have this kind of unfair competition between the different enterprises that have collective bargaining or don't." [Key Informant #41, founder and CEO, gig-worker worker fund]
c. Decent work does not fit U.S. business models	
Large business owners believe "decent work", a high-quality job, does not fit into a profit-driven business model.	"Our business models don't always work [for facilitating] good jobs because if you put a good job equation into the business model, either money is not being made for the company or the products aren't being delivered to expectations. So you have to have a business model that connects with the good job… If [a good job] wasn't put into the equation, then you're optimizing around other things. And then when you want it to be a good job [if you haven't added a good job in the equation of the business model] then it doesn't fit. [You end up saying] I can't pay that or have those hours of service, or it doesn't work… If I have to buy all these things to protect [the worker] then my business model falls apart. So [decent work] has to be in the business model." [Key Informant #23, president and CEO, work safety organization] "I am a small business. I can pay $15/hour but what about rising rent?…

(continued)

Table 2. Continued.

c. Decent work does not fit U.S. business models	
Small business owners feel threatened by how the markets and economy and resources are structured.	my employee still struggles to pay rent or even maintain a car… I know he works two jobs… I want to do the right thing… but how?" [Key Informant #22, small business owner]
d. Lack of equitable access to a social safety net (affordable healthcare, childcare, elderly care, transportation and stable housing) is burdensome for workers and employers.	
Workers are struggling to have their basic needs met.	"I think [in retail] a couple of things we hear are challenges for our employees, which I think just adds to stress and ill-health is lack of access to childcare and transportation. A lot of our folks have one car for their family, but they have multiple workplaces. They depend on a bus line. So if a bus doesn't show up, what do they do for their shifts? This puts challenges on the employer when you're expecting a person to come in and they can't come in. You want to be understanding but you still need someone working…a lot of the smart [retail businesses] are starting to look at bus lines and not necessarily to place their stores for the customers to reach, but so their employees can get there." [Key Informant #24, head of research, retail trade association]
Lack of access to universal healthcare was stated by most as a significant burden to both employers and employees.	"The U.S. prides itself on having a flat so-called flexible labor market but [employer sponsored health insurance] has made the U.S. labor market… very inflexible because people don't leave their jobs because they don't want to lose their health insurance or their health insurance policy, especially if they have some sort of illness going on in their family. That is something that could be changed." [Key Informant #15, policy research fellow, non-partisan think-tank]

Some worker allies felt that public health could play a major role in building bridges across diverse partners and show people how aspects of decent work are connected by creating clear compelling arguments to influence policy-makers and aid policy development. "*Bargaining for the common good is pointing to a whole new social compact that addresses the nature of the kind of economy we have now in the twenty-first century… Public health is crucial [in promoting decent work]… and bridge building has to happen on both sides…[we need to convene] people in public health from the labor movement, from policy-making entities, from other worker advocacy groups to occupational safety and health groups and others to come together to share our perspective about what we're seeing going on…[there is] power that comes from being together*." [Key Informant #11, professor of U.S labor, social and political science]

However, some of the cracks in the perception of public health that occurred during the pandemic may have been foreshadowed. There was a lack of awareness of the role of public health among some employers and business allies, "*I have not thought about public health's role before… but I will give it some more thought now that you mention it."* [Key Informant #20, CEO, metal crafting company].

One worker advocate described the challenges faced during the pandemic to lack of understanding of how public health and work intersect, stating, "employers think COVID is a public health issue and not an OSHA (work) issue." While others expressed beliefs that public health's role may have limits in the current culture (post-pandemic) specifically due to the inability to translate and simplify public health research into policy or action. "[*We need to think about] building bridges… journals are nice but nobody outside the field reads them. We're writing for each other and that's valuable to help inform things but it's not going to do anything in terms of public attitude or public knowledge… we need to talk to union groups and small businesses, chambers of commerce… and move away from the jargon and professional speak."* [Key Informant #10, associate professor, in epidemiology and labor studies]

A labor economist who previously served as administrator of a government agency reported that the health context is largely missing among economists and labor policy experts and that public health also needs to make the effort to better understand how labor markets work.*" I am sometimes amazed at how little people actually understand the larger health context of things…..and separately sometimes I'm kind of shocked at how little the public health world think about labor markets… And so, I think that's a barrier that these two worlds often don't talk enough."* [Key Informant #14, economist and ex- federal program administrator]. The informant also described the challenges in understanding and applying public health research to policy development. "*One of the things that drives me crazy about academics (researchers), is the endless talking about things at a level of abstraction that often then don't translate back into policy or action, … I sometimes find their frameworks impenetrable as they get so*

complex and convoluted and nuanced around words about words, and it maybe it's my weird economics training but I sometimes just phase out, I don't understand what I'm being told." [Key Informant #14, economist and ex-federal program administrator].

Perceptions about gaps and opportunities in operationalizing decent work in the United States

Table 3 describes the gaps and opportunities in moving the needle on decent work in the United States. A business organization member described the lack of employers' understanding of their role in improving population health and well-being as a key gap and that raising awareness of clear evidence linking healthier employees and programs to profit and better margin share could help in creating high quality jobs. While employers and business representatives acknowledged having a societal responsibility to work with governments and other stakeholders to improve economic growth, they raised concerns about policies with "*one size fits all approach to decent work*" and the need for more inclusive and sector-based approaches to policy development and implementation, especially for sectors such as retail and hospitality and other small businesses.

Overall, key informants shared that while many "know a good job when they see it" there is a need for more awareness on "decent work" to enact policies, programs and practices among multi-level partners.

Business owners and their organizations were cautious and, rather than engaging with the basic definitions, promoted delay by expressing the need for a clear definition of decent work (for the US context). Additionally, there were gaps in understanding who is the authority on how to measure a good workplace. A public health expert on employment quality and health described the need for funding and research to develop metrics/checklists to measure decent work.

A few respondents mentioned that efforts to collect, analyze and utilize data toward the aim of a healthy workforce is underfunded and a low priority in government organizations and often does not include workers who are in non-traditional work arrangements. Public health researchers and labor economists both agreed that our national surveys have "good employment data or good health data but there is not a lot of overlap" and this makes it difficult to connect the quality of a job to health outcomes. Finally, a recurring theme was the need for collaborations between public health and labor economists to connect health and working conditions.

Discussion

Summary of areas of convergence

Areas of alignment among participants included a lack of familiarity or discomfort with the term "decent work", although participants readily identified positive and negative characteristics of work. On the one hand, the term was felt to represent a "low bar"; on the other hand, both workers and others clearly understood the many ways in which jobs in the U.S. fail to support workers and their families. Barriers outnumbered facilitators for decent work among all groups of key informants.

Key informants generally agreed that a high-quality, safe job that allows a person to access food, shelter, safe housing, safe neighborhoods, healthcare, longevity and the ability to care for family members— are important elements. Overall, participants recognized decent work as a human right and foundational to a productive and healthy life.

Of note, most participants mentioned that the goals intended in a decent work agenda went beyond the word "decent", and many believed a more accurate description would be to design and protect high-quality jobs that respect the dignity of the worker and promote personal well-being. Respondents mentioned protections related to the number of hours worked (i.e., not excessive and enabling some level of work-life balance), safe and healthy working conditions, and wages sufficient to take care of self and family. As these discussions suggest, participants were in fact agreeing with the concept while using their own terminology.

We explicitly asked about the role of public health in promoting decent work in the U.S. About half the key informants agreed that a public health lens could be helpful and saw value in building bridges between public health groups, including occupational safety and health, and the labor movement, policy-making entities, other worker advocacy groups and others to collaborate to address the many economic and policy requirements to promote health. There was an expressed need for public health researchers to improve their ability to translate and simplify public health research into policy or action. Additionally, key informants described an increasing awareness of racial inequity and social determinants of health among employers and the need for more data, clarity and metrics on the employers' role in population health and well-being and understanding how public health and work intersect.

Summary of areas of divergence

Important areas of divergence also appeared, and included divergent approaches to solutions, with unionization and worker empowerment emphasized by labor representatives and caution and the need for slower approaches to regulation proposed by business owners and organizations**.** Most labor, worker, governmental and academic informants identified the need to support the growth of knowledge, skills and activities and laws that enable the implementation of collective bargaining and union membership as essential to promoting decent work, an opinion not shared by

Table 3. Convergent themes around perceptions of gaps and opportunities in operationalizing decent work in the United States.

a. Employers have a role in population health and well-being	
Lack of employers' understanding of their role in improving population health and well-being may be a gap	*"The moment is now to [create policies] that do more to help employers understand they have a role in their employee health and wellbeing… how do they start to make those connections with public health in a way that is mutually beneficial?"* [Key Informant #29, director of subunit, business group on health]
Raising awareness of clear evidence linking healthier employees and programs to profit and better margin share could help in creating high quality jobs.	*"If you have healthy, high-quality jobs… you would save money on your insurance premiums and also the productivity benefits of having healthy workers… promising road [to frame investing in creating healthy jobs] to make that link for employers."* [Key Informant # 1, director, research agency worker safety and health]
b. There is a need to create a shared understanding of the value of decent work	
Need for more inclusive and sector-based approaches to policy development and implementation	*"In many cases, private sector employers are brought in late in the game which doesn't engender a whole lot of buy-in and confidence from the private sector when all the [policy] decisions have already been made. They think they are only invited to offset some of the costs of whatever the campaign initiative is."* [Key Informant #26, director, employment policy research]
Creating good jobs requires raising awareness among multi-level partners	*"Improving the jobs [is key to improving working conditions]. You can equip workers with skills, you can have great social protection systems, but fundamentally you have to make the jobs better and you have to have kind of an active state and active social partners that are willing to engage and make the jobs better."* [Key Informant #6, consultant, agency advocating for workers' rights and well-being] *"Advancing a decent work agenda depends on an understanding [by the public] of what the topics are and how the members of Congress or state legislatures would [respond to] a demand from the public and how they would meet that demand…you are going to increase peoples' taxes to pay for [decent work]… those are the hardest policies to get enacted because they are redistributive by nature… somebody's going to be a winner and loser."* [Key Informant #26, director, employment policy research]
c. Lack of clarity on measures of decent work	
Need for a clear definition of decent work (for the US context)	*" If you can get the definition clear, [it would help with] what it means to have an organization that adheres to decent work policy."* [Key Informant #25, executive director, small business group]. *"We need to understand what makes a job have good qualities. Is there a threshold? Is there a line like on one side of the line this is not a decent job and on the other side of the line this is a decent job?"* [Key Informant #21, business franchise owner]
Gaps in understanding how to measure decent work and who is responsible.	*"How do you measure a good workplace?… How do you know you are psychologically safe?… So we have OSHA but what is the OSHA measuring?"* [Key Informant #28, co-founder and chief science officer for psychologically healthy workplaces] *"You need to package the term [decent, healthy jobs] with some sort of guidelines…—something linked to health outcomes… to ultimately have some sort of checklist to [provide clarity] on certain protections, rights and benefits that those workers in those jobs have."* [Key Informant #10, associate professor, in epidemiology and labor studies]
d. Need for access to quality data on working conditions and health outcomes	
Current workforce data does not include information on non-traditional worker populations	*"…a lot of us in the shadow economy do not show up on government reports or economic forecasts… so the more studies that can be done to illuminate what gig workers are experiencing health-wise, stress-wise will help the public policy makers pass laws."* [Key Informant #36, Uber driver]

(continued)

Table 3. Continued.

d. Need for access to quality data on working conditions and health outcomes	
Current national data makes it difficult to connect the quality of a job to health outcomes.	*"There's really good workforce data on working time–how many hours you work, how much you make—but there isn't good data on the other dimensions of working conditions… like do you have a supportive manager, supportive colleagues, can you control your own schedule? We need to do some better thinking around measuring and defining employment quality or decent work in the U.S. My feeling is that we either have good employment data or good health data but there is not a lot of overlap…"* [Key Informant #12, assistant professor, nutrition and kinesiology]. "*It would be great to see more data sets that connect health and work conditions… There's a gap that prevents us from making [as much progress as we could with decent work]… there is much more data on the labor market than there is on the health impact of labor market changes."* [Key Informant #12, assistant professor, nutrition and kinesiology] "*I think there are huge gains to be had from collaboration between public health and economists…[for example] mental health is super important but so vastly underexplored and underestimated in terms of its importance… so there's this untapped area for collaboration.*" [Key Informant #16, economist, non-partisan think-tank]

business owners or organizations. While many expressed the need for additional information and research, aspects differed in terms of whether to move forward on basic issues in the interim. Given the challenges faced by the field of public health throughout the pandemic, the lack of awareness of the role of public health among some employers and business allies, in contrast to the value of public health reported by other participants, might be interpreted as subtle opposition while being interviewed by public health researchers.

While employers and business representatives acknowledged having a societal responsibility to work with governments and other stakeholders to improve economic growth, they raised concerns about policies with "one size fits all approach to decent work" and the need for more sector-based approaches to policy development and implementation, especially for sectors such as retail and hospitality and other small businesses (see theme c in Table 2). These concerns are part of the foundation of the anti-regulatory climate in the U.S. that have led to the policy prescriptions that facilitate poor working conditions experienced by many U.S. workers.

Differences in decent work between countries and between U.S. states

The findings (particularly, themes a and b in Table 2) support other information about poor levels of decent work and weak labor policy in the U.S. relative to peer countries. For example, in, 2023 the American Federation of Labor-Congress of Industrial Organizations (AFL-CIO), the Service Employees International Union (SEIU) and Workers United filed a complaint with the ILO's Committee on Freedom of Association, arguing that U.S. labor law fails to protect freedom of association and collective bargaining, rights enshrined in ILO Conventions 98 and 87, and in the ILO's Declaration of Fundamental Rights at Work.[33]

The U.S. trails peer countries in health and in decent work policies. Similarly, there are disparities in wage policies, worker protection policies and rights to organize among U.S. states, potentially[34] contributing to health inequities observed between these states. The increase in midlife mortality in the U.S. after 2010, more concentrated in the post-industrial Midwest, with the collapse of manufacturing and the farm crisis, has been described as "deaths of despair".[19] Shifts also occurred in other regions in which states adopted more restrictive policies (e.g., Medicaid eligibility, tobacco taxes, social welfare, labor policies), often associated with stagnant or decreasing life expectancy and higher mortality, even after adjustment for potential confounders.[19] Furthermore, serious inequities exist among the millions of undocumented workers who experience disproportionately high levels of workplace illness and injury, wage theft, and intergenerational poverty exacerbated by anti-immigrant policies that facilitate exploitation of vulnerable workers.[35] To paraphrase key informants, the U.S. has a very long way to go to improve policies related to decent work and health, and to reduce inequities by region or class.

Other models of decent work or healthy work

Lack of clarity on measures of decent work and access to data connecting quality of work and health outcomes (see themes g and h, Table 3) were raised as concerns by industry representatives and researchers. Currently, there are several other models of decent work or healthy work that have been proposed and studied including Employment Quality (EQ),[36] Psychosocial Safety Climate (PSC),[37] Psychosocial job characteristics (including Job Demands-Control,[38] Effort-Reward Imbalance,[39] Copenhagen Psychosocial Questionnaire (COPSOQ),[40] the Healthy Work Campaign (HWC)[41]), and the NIOSH Total Worker Health program.[42] The ILO Decent Work Agenda focuses primarily on the national policy level while the other models often focus on specific workplaces or individual level interventions. In 2016, 61% of all the world's workers were in informal employment, only 35% had occupational injury coverage and less than 19% of unemployed workers could receive unemployment benefits.[43] While high-income countries generally performed better on national policies (with the glaring exception of the U.S.), virtually all failed to protect marginalized populations. Overall, all these existing models provide a good starting point for identifying and documenting measures of decent work, however, there is a need for more strategic efforts to connect the U.N. Sustainable Development Goal (SDG) 8 of decent work and economic development to population health metrics.

Consistency of findings with other education, policy and advocacy efforts related to decent work in the U.S.

Labor and workplace policy and practice decisions affect health but are also affected by health. The U.S. may be undervaluing the role of workers' health in calculating economic outcomes of workplace conditions and practices. Public health can more actively seek to explore interrelationships between the labor market and health protections and promotion, and how decent work connects to health outcomes.

Efforts under the previous administration by the U.S. Department of Labor, the "Good Jobs Initiative", and by the U.S. Surgeon General report, "Framework for Workplace Mental Health & Well-Being"[44,45] provide potential approaches. Unfortunately, the U.S. at present appears to be further undermining work quality in sectors previously considered secure. The few promising efforts underway in the U.S. have not significantly changed the

American context and those initiated by the executive branch of the Federal government may face summary reversal. The American Public Health Association's 2022 policy statement supporting "Decent Work for All as a Sustainable Public Health Strategy" describes the relationship between working conditions and individual, family, and community health and the interventions demonstrated to be effective.[46] The APHA statement calls on the U.S. Senate to "ratify relevant ILO conventions surrounding workplace safety and health and Decent Work", on Congress and States to pass essential legislation with funding, and on the Federal executive branch to "establish an interagency task force in partnership with multiple public and private sectors to explore, coordinate, and evaluate metrics, activities, and policies to develop and support a decent work strategic framework for the U.S".

Other federal, state and local government regulatory efforts to promote decent work include efforts to reform immigration laws, to propose safety standards, to ban non-compete employment clauses, to improve hospital staffing, to enact paid family and medical leave, increases in the minimum wage and eliminate the sub-minimum wage for tipped workers, and efforts to protect the right to organize.[47–52] Unions engage in organizing and collective bargaining on decent work, including contract language on job security, job safety and health, higher income and benefits, and paid leave.[53]

The ILO promotes worker cooperatives as one way of achieving Decent Work. While a 2021 survey identified only 612 cooperative businesses in the U.S., the survey suggested that the number has been growing.[54] A survey of 316 worker cooperative members in the New York, NY area found that they had a much lower prevalence of job strain (odds ratio = 0.22, 95% confidence interval 0.08–0.59) compared to employees in the Mid-Atlantic region.[55] Worksite-based participatory action research programs[56] and organizational-level interventions[57] have been common methods to achieve more Decent Work. Finally, greater efforts are needed in the U.S. for on-going surveillance of various measures of Decent Work, such as through the Healthy Work Survey[58] and the National Health Interview Survey (NHIS)-Occupational Health Supplement (OHS).[59]

Decent work and worker health. Reducing work-stress related illnesses is implied by the Decent Work model but needs to be more explicit. As Schulte argued, "There is a need for a comprehensive definition that… explicitly captures the psychological aspects of working".[60] In 2024, leaders of the National Institute for Occupational Safety and Health (NIOSH) published an "urgent call to address work-related psychosocial hazards", including the development of a "national regulatory or consensus standard".[61] In response, 39 occupational health researchers and activists published a letter to the editor supporting such a standard and calling for a national surveillance program and public education on this topic,[62] all of which could promote decent work in the U.S.

Overall, more funding is needed for research to evaluate decent work interventions being conducted at all levels, including among individuals of various SES and racial and ethnic backgrounds, at the community, worksite, company, and industrial level, and at the policy level, and including interventions such as legislation, regulation, collective bargaining and worker cooperatives. It is essential to add broader measures of decent work, such as wage policies, worker protections and rights to organize, to national surveillance programs, while simultaneously identifying specific job characteristics at all levels. Finally, with the rapid rise of the use of Artificial Intelligence (AI), careful research into the potential for occupational health risks and harms should be thoroughly investigated.[63,64]

Strengths and limitations. The strengths of this study include the participation of a diverse group of key informants representing academic, governmental, labor and business sectors from different geographic regions in the U.S. In addition, a number of steps were taken to ensure data validity, including use of a predetermined, semi-structured interview tool, use of two researchers for each interview, and analysis of transcripts using qualitative content analysis (thematic). This study also had several weaknesses, including a relative lack of interviews with frontline workers, which was by design because the goal was to document perceptions of barriers to decent work by multilevel key informants. Additionally, the timing of the interviews, which occurred during the COVID-19 pandemic, may have increased awareness of worker issues among different key informants making them more accessible to interview.

Conclusion

Although they may prefer other terms, overall, there is a recognition of the striking lack of decent work in the U.S. and the profound structural barriers that currently exist to achieving it. The U.S. in fact lags significantly behind other high-income countries in many aspects of its regulation of employment and work, further recognition that we are heading in the wrong direction right now.

Thus, U.S. adoption of a decent work strategy could define the relationship between work and health in a comprehensive and proactive way that incorporates structural supports for all workers to promote health, equity, and justice. Given the clear relationship between the nature of employment and the health of workers and their families and communities, health care professionals and public health workers can play an important role in providing the information and advocacy needed to reduce the "decent work gap" between the U.S. and other developed countries. Overall, decent work can promote an overarching agenda

for equitable and healthy economic development with conversations, collaborations, research and programs to support a broader approach to defining work and achieving health through work.

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Ethical considerations

The University of Illinois Office for the Protection of Research Subjects determined that this study protocol IRB ID: STUDY 2022-1574 (previously UIC Research Protocol #2021-0664) meets the criteria for exemption.

Informed consent

Informed consent was obtained from all subjects involved in the study.

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References

1. Niedhammer I, Bertrais S and Witt K. Psychosocial work exposures and health outcomes: a meta-review of 72 literature reviews with meta-analysis. *Scand J Work Environ Health* 2021; 47: 489–508.
2. Shierholz H. Working people have been thwarted in their efforts to bargain for better wages by attacks on unions. Economic Policy Institute. 2019. https://www.epi.org/publication/labor-day-2019-collective-bargaining/ (accessed August 11, 2024).
3. Economic Policy Institute. State of Working America Data Library "Annual wages and work hours". 2017.
4. Myers S, Govindarajulu U, Joseph M, et al. Changes in work characteristics over 12 years: findings from the 2002–2014 US national NIOSH quality of work life surveys. *Am J Ind Med* 2019; 62: 511–522.
5. Landsbergis P, García-Rivas J, Juárez-García A, et al. Occupational psychosocial factors and cardiovascular disease. In: *Handbook of occupational health psychology*. 3rd ed. Washington, DC, US: American Psychological Association, 2024, pp. 309–339. https://doi.org/10.1037/0000331-016.
6. Vahtera J and Virtanen M. The health effects of major organisational changes. *Occup Environ Med* 2013; 70: 677–678.
7. Scalabrin A, Silva ATCD and Menezes PR. Organizational justice and cardiometabolic disease: a systematic review. *Cien Saude Colet* 2022; 27: 3517–3530.
8. Lundin A, Falkstedt D, Lundberg I, et al. Unemployment and coronary heart disease among middle-aged men in Sweden: 39 243 men followed for 8 years. *Occup Environ Med* 2014; 71: 183–188.
9. Agbenyikey W, Karasek R, Cifuentes M, et al. Job strain and cognitive decline: a prospective study of the Framingham offspring cohort. *Int J Occup Environ Med* 2015; 6: 79–94.
10. Kivimäki M, Batty GD, Pentti J, et al. Association between socioeconomic status and the development of mental and physical health conditions in adulthood: a multi-cohort study. *Lancet Public Health* 2020; 5: e140–e149.
11. Kawachi I, Kyriopoulos I and Vandoros S. Economic uncertainty and cardiovascular disease mortality. *Health Econ* 2023; 32: 1550–1560.
12. Niedhammer I, Bertrais S and Witt K. Psychosocial work exposures and health outcomes: a meta-review of 72 literature reviews with meta-analysis. *Scand J Work Environ Health* 2021; 47: 489–508.
13. Varga TV, Xu T, Kivimäki M, et al. Organizational justice and long-term metabolic trajectories: a 25-year follow-up of the Whitehall II Cohort. *J Clin Endocrinol Metab* 2022; 107: 398–409.
14. Woolf SH, Aron LY, Dubay L, et al. *How are income and wealth linked to health and longevity?* Washington, DC: Urban Institute, 2015.
15. Abdulla AM, Lin TW and Rospenda KM. Workplace harassment and health: a long term follow up. *J Occup Environ Med* 2023; 65: 899–904.
16. Matthews TA, Porter N, Siegrist J, et al. Unrewarding work and major depressive episode: cross-sectional and prospective evidence from the U.S. MIDUS study. *J Psychiatr Res* 2022; 156: 722–728.
17. Theorell T, Hammarström A, Aronsson G, et al. A systematic review including meta-analysis of work environment and depressive symptoms. *BMC Public Health* 2015; 15: 738.
18. Harris KM, Woolf SH and Gaskin DJ. High and rising working-age mortality in the US: a report from the national academies of sciences, engineering, and medicine. *JAMA* 2021; 325: 2045–2046.
19. Woolf SH. Falling behind: the growing gap in life expectancy between the United States and other countries, 1933–2021. *Am J Public Health* 2023; 113: 970–980.
20. Ross M and Bateman N. *Meet the low-wage workforce*. Washington, DC: Brookings Institution, 2019.
21. International Labor Organization. Decent work. International Labour Organization. 2024. https://www.ilo.org/global/topics/decent-work/lang–en/index.htm (accessed December 31, 2023).

22. International Labor Organization. Report of the Director-General: Decent work. International Labour Conference, 87th Session. 1999.
23. International Labor Organization. ILO Declaration on Social Justice for a Fair Globalization. 2008.
24. International Labor Organization. *Mainstreaming decent work in European Commission development cooperation: Guidance on monitoring employment and decent work in developing countries*. Geneva: International Labour Office, 2013.
25. United Nations. Promote inclusive and sustainable economic growth, employment and decent work for all. SDG 8 Decent Work and Economic Growth. United Nations Sustainable Development. 2023. https://www.un.org/sustainable development/economic-growth/ (accessed December 31, 2023).
26. International Labor Organization. Time to Act for SDG 8: Integrating Decent Work, Sustained Growth and Environmental Integrity. 2019.
27. International Labor Organization. International Labour Conference adds safety and health to Fundamental Principles and Rights at Work 2022. http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_848132/lang–en/index.htm (accessed December 31, 2023).
28. Henderson K. *Best and worst states to work in America 2023*. Boston, MA: Oxfam America, 2023.
29. Rakshit S and McGough M. *How does U.S. life expectancy compare to other countries?* Peterson Center on Healthcare and KFF, https://www.healthsystemtracker.org/chart-collection/u-s-life-expectancy-compare-countries/, 2025.
30. Luckhaupt SE, Alterman T, Li J, et al. Job characteristics associated with self-rated fair or poor health among U.S. Workers. *Am J Prev Med* 2017; 53: 216–224.
31. Dedoose 2021.
32. Bazeley P. *Qualitative data analysis: practical strategies*. 1st ed. London: Sage, 2013.
33. Hoffman C. U.S. employers have gone from opposing international labor standards to hiding behind them. Now a complaint is trying to stop U.S.-style union busting from taking over the world. *Fortune Europe* 2023. https://fortune.com/europe/2023/05/29/us-employers-opposing-international-labor-standards-international-complaint-stop-us-style-union-busting-world/?utm_content=socialShare_null&utm_medium=email&utm_campaign=social_share (accessed August 12, 2024)
34. Henderson K. *Where hard work doesn't pay off*. Boston, MA: Oxfam America, 2023.
35. Medel-Herrero A, Deeb-Sossa N, Torreiro-Casal M, et al. Documenting working experiences of agricultural workers in California. *Int j Sociol Agric Food (Online)* 2023; 29: 15–34.
36. Fujishiro K, Ahonen EQ and Winkler M. Investigating employment quality for population health and health equity: a perspective of power. *Int J Environ Res Public Health* 2022; 19: 9991.
37. Dollard MF and Neser DY. Worker health is good for the economy: union density and psychosocial safety climate as determinants of country differences in worker health and productivity in 31 European countries. *Soc Sci Med* 2013; 92: 114–123.
38. Formazin M, Dollard MF, Choi B, et al. International empirical validation and value added of the multilevel job content questionnaire (JCQ) 2.0. *Int J Environ Res Public Health* 2025; 22: 492.
39. Siegrist J and Wahrendorf M (eds.) *Work stress and health in a globalized economy*. Cham: Springer International Publishing, 2016. https://doi.org/10.1007/978-3-319-32937-6.
40. Burr H, Berthelsen H, Moncada S, et al. The third version of the Copenhagen psychosocial questionnaire. *Saf Health Work* 2019; 10: 482–503.
41. Dobson M, Schnall P, Faghri P, et al. The healthy work survey: a standardized questionnaire for the assessment of workplace psychosocial hazards and work organization in the United States. *J Occup Environ Med* 2023; 65: e330–e345.
42. NIOSH. Total Worker Health®. Total Worker Health 2024. https://www.cdc.gov/niosh/twh/index.html (accessed August 12, 2024).
43. Benavides FG, Silva-Peñaherrera M and Vives A. Informal employment, precariousness, and decent work: from research to preventive action. *Scand J Work Environ Health* 2022; 48: 169–172.
44. US Department of Labor. Good Jobs Initiative. DOL 2024. https://www.dol.gov/general/good-jobs (accessed August 13, 2024).
45. Office of the US Surgeon General. *Workplace mental health & well-being*. Washington, DC: US Public Health Service, 2022.
46. American Public Health Association. *Support decent work for all as a public health goal in the United States*. Washington, DC: American Public Health Association, 2022.
47. OSHA. Heat Injury and Illness Prevention in Outdoor and Indoor Work Settings Rulemaking | Occupational Safety and Health Administration 2024. https://www.osha.gov/heat-exposure/rulemaking (accessed August 13, 2024).
48. OSHA. Workplace Violence SBREFA 2024. https://www.osha.gov/workplace-violence/sbrefa (accessed August 13, 2024).
49. FTC. FTC Announces Rule Banning Noncompetes. Federal Trade Commission 2024. https://www.ftc.gov/news-events/news/press-releases/2024/04/ftc-announces-rule-banning-noncompetes (accessed August 13, 2024).
50. Gurley G. The Fight for $15 Can Take a Bow. The American Prospect. 2024. https://prospect.org/api/content/00021f12-b00e-11ee-af69-12163087a831/ (accessed August 13, 2024).
51. Sidime M. Serving Justice: The Fight to Eliminate the Tipped Minimum Wage. ProgressiveOrg. 2024. https://progressive.org/api/content/49c654c8-a5a6-11ee-b715-12163087a831/ (accessed August 13, 2024).
52. Rep. Scott RC "Bobby" [D-V-3. H.R.842 - 117th Congress (2021-2022): Protecting the Right to Organize Act of 2021

2021. https://www.congress.gov/bill/117th-congress/house-bill/842 (accessed August 13, 2024).
53. Healthy Work Campaign. Resources for Workers & Unions 2024. https://www.healthywork.org/what/equip-workers-unions/ (accessed August 11, 2024).
54. Democracy at Work Institute. 2021 State of the Sector: Worker Cooperatives in the U.S. Democracy at Work Institute, US Federation of Worker Cooperatives. 2021.
55. Fazen L and Landsbergis P. Evaluation of Work Stress in Democratically Organized Workplaces in New York. 2023.
56. Healthy Work Campaign. Healthy Work Strategies 2024. https://www.healthywork.org/resources/healthy-work-strategies/ (accessed August 13, 2024).
57. Aust B, Møller JL, Nordentoft M, et al. How effective are organizational-level interventions in improving the psychosocial work environment, health, and retention of workers? A systematic overview of systematic reviews. *Scand J Work Environ Health* 2023; 49: 315–329.
58. Healthy Work Campaign. Healthy Work Survey 2024. https://www.healthywork.org/healthy-work-survey-individuals/ (accessed August 13, 2024).
59. CDC. Worker Health and Safety Surveillance. 2025 [cited 2025 Mar 26]. NHIS Occupational Health Supplement. Available from: https://www.cdc.gov/niosh/surveillance/nhis/nhis-ohs-data-dictionary.html
60. Schulte PA, Iavicoli I, Fontana L, et al. Occupational safety and health staging framework for decent work. *Int J Environ Res Public Health* 2022; 19: 10842.
61. Schulte PA, Sauter SL, Pandalai SP, et al. An urgent call to address work-related psychosocial hazards and improve worker well-being. *Am J Ind Med* 2024; 67: 499–514.
62. Dobson M, Faghri P, Landsbergis P, et al. Re: schulte et al., "an urgent call to address work-related psychosocial hazards and improve worker well-being": it's time to develop a national regulation regarding work-related psychosocial hazards. *Am J Ind Med* 2024; 67: 1050–1052.
63. Howard J and Schulte P. Managing workplace AI risks and the future of work. *Am J Ind Med* 2024; 67: 980–993. Epub 2024 Sep 2. PMID: 39223704.
64. Niehaus S, Hartwig M, Rosen PH, et al. An occupational safety and health perspective on human in control and AI. *Front Artif Intell* 2022; 5: 868382.. PMID: 35875192; PMCID: PMC9298546.