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Research Article

Towards the Promotion and Maintenance of the Highest Degree of Physical, Mental and Social Well-being of Workers in All Occupations: Rethinking Global Occupational Health Governance

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ABSTRACT

The promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations remains a foundational principle of occupational health, as articulated by the International Labour Organization (ILO) and the World Health Organization (WHO) in 1950 and reaffirmed in 1995. Despite the existence of multiple conventions, recommendations, and national legislative frameworks, global disparities in occupational health and safety (OHS) standards persist. This article examines the conceptual, legal, and governance dimensions of occupational health and argues that fragmented national systems are insufficient to achieve universal worker well-being. Drawing on international instruments, comparative legislative analysis, and empirical insights from occupational health practitioners in South Africa, the paper explores the structural limitations of current OHS governance models. It contends that the absence of a unified International Occupational Health and Safety Management Governing Body contributes to uneven implementation, inconsistent standards, and inadequate multidisciplinary integration. The article proposes a global governance framework grounded in prevention, equity, accountability, and harmonized standards. By positioning worker well-being as both a human right and a development imperative, the study contributes to contemporary debates on global labour governance and calls for institutional innovation to safeguard the health, dignity, and productivity of workers across all disciplines.

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Introduction

Occupational health is fundamentally concerned with safeguarding and promoting the well-being of workers across all sectors and professions (Jain et al., 2018). The joint definition adopted by the International Labour Organization and the World Health Organization in 1950 remains the most authoritative articulation of this mandate (Sirrs, 2019). It defines occupational health as the promotion and maintenance of the highest degree of physical, mental, and social well-being of workers in all occupations. This definition extends beyond the prevention of accidents and disease to encompass holistic human flourishing within the workplace. Despite decades of international labour standards and national legislation, the global workforce continues to experience unacceptable levels of occupational injury, illness, psychosocial stress, and unsafe working environments. Existing frameworks such as the Occupational Safety and Health Convention, 1981 (No. 155) and the Occupational Health Services Convention, 1985 (No. 161) provide guidance but rely heavily on national ratification and implementation (France & Kanda, 2018). This has resulted in uneven protection across regions and sectors. Occupational health is anchored in the foundational principle articulated by the International Labour Organization and the World Health Organization in 1950, which defines it as the promotion and maintenance of the highest degree of physical, mental, and social well-being of workers in all occupations (Kirsten, 2022). This definition extends beyond the prevention of workplace injuries and diseases to embrace a holistic understanding of worker health that integrates physical safety, psychological resilience, and social inclusion. In doing so, it positions occupational health as both a public health priority and a human rights imperative within the broader framework of decent work and sustainable development.

Significant differences in worker protection still exist, owing in part to the global lack of ratification and enforcement of international frameworks, such as the Occupational Safety and Health Convention, 1981 (No. 155) and the Occupational Health Services Convention, 1985 (No. 161) (Greenfield, 2020). While some countries have adopted national laws and management systems pertaining to occupational health and safety (OHS), the operationalization of such systems remains inconsistent due to a lack of resources, enforcement of regulations, and professional accountability (Gaffar & Al Brashdi, 2025). Thus, the protection

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and promotion of worker health and the prevention of occupational injuries and diseases, psychosocial stress, and unsafe working conditions, continue to be a major challenge. Kirsten (2022) claims that occupational health issues are exacerbated by an increased complexity in the modern-day world of work. The fractures of the governance structures are exposed by globalisation, technological development, informal employment, and the new risks of pandemics and the climate crisis (Li, 2025). The absence of an international regulatory framework results in inconsistent regulation, oversight, and enforcement across jurisdictions and sectors (Dunbar et al., 2023). Although voluntary standards, such as the ISO 45001, offer management models, they lack the ability to exert global enforcement (Ispas et al., 2023). The purpose of this paper is to present the notion that in order to attain the optimum state of the worker's physical, mental, and social health, innovative thinking will be required with regard to the global governance of occupational health. The worker's health framework that this paper is constructing is aimed at the ethical, legal, and conclusive developmental discourse, which will also address the questions of how the global governance framework can effectively uphold the dignity and productivity of the worker in all sectors.

Conceptualising Worker Well-being: Beyond Safety Compliance

Traditional concepts in occupational health rely on hazard identification, risk assessment and management, and legal compliance (Glevitzky et al., 2025). The initial regulations focused on workplace accident and exposure prevention, and the legal stipulation of baseline safety measures (Bondebjerg et al., 2023). Although essential, these measures are only one aspect of worker protection. The definition of occupational health used by the International Labour Organization and the World Health Organization provided the field with a new perspective, broadening the conceptual scope by stating that occupational health must "promote and maintain the highest degree of physical, mental, and social well- being of workers in all occupations" (Sorensen et al., 2018). This new perspective moved the field from a focus on reactive safety management towards the promotion of proactive well-being (Yingyu et al., 2026). This new and expanded definition of occupational health entails the recognition that workplaces are social systems, not merely production systems. Worker well-being is affected beyond physical hazards, and inclusive of the organizational culture, leadership, power relations, and economic stressors (Dumitriu et al., 2025; Wijethilake et al., 2023). Consequently, occupational health needs to go beyond integrating psychosocial risk assessment and equitable labour relations to participatory governance in its frameworks. Job insecurity, excessive workload, precarious contracts and discrimination are now considered legitimate concerns of the practice of occupational health.

The physical well-being aspect of occupational health prioritizes the prevention of traumatic injuries and the reduction of workers' exposure to risks including hazardous chemicals and biological agents and ergonomic and environmental (e.g., noise and extreme temperatures and poor ventilation) concerns (Tulchinsky & Varavikova, 2014). While physical protection is a requirement for almost all employees in high-hazard jobs, such as in the mining, construction, healthcare, and manufacturing industries, those jobs which are classified as low-hazard, such as education, finance, and digital services, are still experiencing problems associated with physical well-being. Problems associated with physical well- being such as musculoskeletal disorders and injuries associated with a sedentary job and repetitive strain injuries are problems which all working environments are experiencing. This means that a focus upon the physical well-being of employees must continue to evolve as industries and technologies continue to evolve. In the same way that physical well-being is a vital part of employees' overall health, so is mental well-being and for many employees, this will become increasingly important. Modern work environments are demanding, and high work performance is a requirement. In addition, work is increasingly monitored via digital systems, employees are working remotely, the lines between work and home are becoming less clear, and Popovac et al. (2025) and Dong et al. (2025) point out that many employees will become stressed, burned out, anxious, and depressed. This is particularly true in the absence of strategic efforts to manage these stressors. Adding to the mental and emotional distress of employees is the stress generated in the workplace due to harassment, bullying, and violence. Psychological strain resulting from these conditions means that occupational health systems must change to include proactive and strategic mental health screening, mental health counselling services, and supervisory systems that provide supportive supervision and strategies that promote a balance between work and personal life.

Social well-being is more of a collective concept of health, that goes beyond an individual person's health. In a workplace setting, this includes workplace cultures that are inclusive, pay equity, equitable access to opportunities, equitable pay, and participation of employees in decision-making processes of the organization (Baker et al., 2025; Laroche & Scheive, 2025). Valued, and heard employees improve work engagement and productivity. In contrast, exclusion and discrimination undermine unity and improve morale. With this, social well- being is an intersection of ethics and relations in occupational health, and illustrates how dignity at work is an integral part of the essence of development. The management systems perspective of ISO 45001 is an example. It is an example of an attempt to incorporate this type of perspective. It is an attempt to encourage organizations to use management systems to incorporate occupational health and safety into their overall business strategy. The standard focuses on leadership, management, planning, and control of occupational health and safety (OHS). It focuses on risk management, custom participation, and the OHS. Instead of just compliance, the standard is aimed at establishing processes such as planning, action, control, and improvement in a systematic way. This model is ideal in being aligned with the well-being framework of international labour standards (Baker et al., 2025). ISO 45001 is a voluntary standard, and is an example of the type of standard that illustrates the regulatory and economic framework of a country. ISO 45001 is voluntary in that a country does not have a standard that regulates how a country must operate. The absence of such enforcement measures results in a wide range of enforcement measures, and this is consistent with enforcement measures. It is noted that country and industry.

While large Multinational Corporations can implement complex management structures, small and medium-sized enterprises, especially in developing countries, do not have as much latitude. This divide reinforces global inequities in the protection of workers and showcases the failure of voluntarily adopted governance frameworks to further universal progress. Worker protection and beyond compliance regulations necessitate a reformed system of governance that includes regulatory, cultural, and professional training along with international collaboration. There should be a reversal in the perception of occupational health and safety from a purely defensive position to a positive position of being an essential strategic enhancement of an organization's human capital. Realistically, to accomplish states of optimum wellness and protection for all workers, there should be a systemic end-to-end connection and not the usual piecemealing of global, national and workplace Integrated

Occupational Safety and Health (IOSH) standards, legislative frameworks and practices, to ensure that the unequivocal protection of workers is not just a wish but a reality in all workplace settings.

The Global Burden of Occupational Health Failures

Figure 1: Occupational Health Nurses as the Missing Link Between Healthy Workplaces and Healthy Workers

Global statistics consistently demonstrate that occupational hazards remain a significant public health and economic challenge (Lucchini & London, 2014). According to estimates by the International Labour Organization and the World Health Organization, millions of workers worldwide suffer occupational injuries and work-related diseases each year, with fatalities reaching into the millions when long-term illnesses are included (Takala et al., 2023). These figures reveal that despite decades of regulatory development and technological advancement, unsafe and unhealthy working conditions persist across both developed and developing economies (Jain, 2018). A substantial proportion of occupational health failures arise from preventable causes. Exposure to hazardous chemicals, unsafe machinery, inadequate personal protective equipment, poor ventilation, and insufficient training continue to undermine worker safety. In many regions, informal employment and subcontracting arrangements further weaken oversight and enforcement (Mashimbyi et al., 2025; Badea et al., 2024). The persistence of these hazards contradicts the foundational principle of maintaining the highest attainable level of physical, mental, and social well-being for all workers, regardless of occupation or geography. Occupational diseases represent an especially concerning dimension of the global burden. Chronic respiratory conditions, cardiovascular diseases linked to workplace stress, musculoskeletal disorders, hearing loss, and occupational cancers account for a significant share of work-related morbidity and mortality. Unlike traumatic injuries, these illnesses often develop gradually, making them less visible yet more devastating in the long term. Their cumulative effects not only reduce quality of life but also strain families, communities, and public health systems.

Psychosocial risks have emerged as a growing contributor to occupational ill- health. Long working hours, precarious contracts, job insecurity, digital surveillance, and workplace harassment contribute to stress, burnout, depression, and anxiety disorders (Roussos, 2023). These conditions frequently go underreported due to stigma or inadequate recognition within regulatory frameworks. Nevertheless, their impact on productivity, absenteeism, and workforce morale is substantial, reinforcing the need to conceptualise occupational health in holistic terms (de Oliveira et al., 2022). The economic implications of occupational health failures are profound. Lost productivity due to injury, illness, and absenteeism reduces national output and weakens competitiveness. Compensation claims, medical expenses, disability benefits, and litigation costs collectively impose significant financial burdens on governments and private sector employers. In many cases, the indirect costs such as reduced efficiency, training replacement workers, and reputational damage exceed direct medical or compensation expenses.

Employers face additional structural consequences, including early retirements, high staff turnover, skills shortages, and increased insurance premiums (Adwan et al., 2024). When experienced workers exit prematurely due to occupational illness or injury, institutional knowledge and technical expertise are lost. Recruitment and retraining processes consume time and resources, further affecting organisational performance (De Vries et al., 2023). These realities illustrate that occupational health is not merely a compliance obligation but a determinant of long-term business sustainability (Mixafenti et al., 2025). At the macroeconomic level, countries with weak occupational health systems often experience reduced labour force participation and slower economic growth. Healthcare systems become overburdened by preventable work-related conditions, diverting resources from other pressing public health priorities (Sharma et al., 2025). For developing economies striving to industrialise and attract foreign investment, poor occupational health records may also deter international partnerships and market access. Taken together, these dynamics confirm that occupational health is both a moral and strategic economic priority. Ensuring safe, healthy, and dignified work environments aligns ethical imperatives with economic rationality. Reducing the global burden of occupational health failures requires coordinated international standards, robust national enforcement, employer accountability, and worker participation. Without such systemic reform, the aspiration of achieving the highest degree of worker well-being will remain unattained, and the social and economic costs will continue to escalate globally.

Fragmented Governance and the Limits of National Frameworks

National laws to protect workers and define employer duties have been passed in many countries (Moyo et al., 2015). An example would be South Africa's Occupational Health and Safety Act No. 85 of 1993, which outlines the duties of an employer, and compliance obligations for a workplace, and even provides for the establishment of safety committees. Such laws and regulations are commonplace in Europe, Asia, the Americas, and in other regions of Africa. These laws and regulations reaffirm the fact that, as a part of the governance of a state, there are legal obligations that the state must comply with, and these include the protection of the health of workers (Rikhotso, 2026). There are, however, a myriad of national laws in place that illustrate the fragmentation of governance globally. These laws are often worlds apart when it comes to scope, how they are enforced, the penalties that are imposed, and the structures that are (or aren't) in place to support them, i.e. institutional capacity. Some countries have great comprehensive and well-structured systems for inspection, while other countries have s a total of one inspector with a limited expertise (Juma & Faturoti, 2025). The great level of disparity across the world, in terms of an individual's economic status, illustrates the wide gaps in safety and protection of workers provided by different countries. One of the many shortcomings in the world's legal governance systems is the inconsistent adoption and enforcement of international labour laws. The International Labour Organization (ILO) is responsible for setting global standards, but not all countries are signatories. Even among countries that have ratified the treaty, its domestic implementation and enforcement may be absent, creating regulatory gaps where global norms are present, yet remain paper commitments with no consistent operationalisation across jurisdictions.

The problem is further complicated by the limited enforcement capacity within many developing countries. The labour inspectorates cite budget limitations, logistical issues, and politically driven obstacles (Moretta et al., 2022). The informal sector, which is a repository of a significant proportion of workers in low and middle-income countries, usually runs beyond the scope of formal regulation. In environments with insufficient institutional resources and oversight, even finely tuned laws will be of little use. The lack of consistent regulation in the profession also is a detractor for the governance of occupational health. The requirements to train, accredit, and certify occupational health workers vary greatly from one country to the next. In some countries, there are professional boards and licensing requirements, while in others there is no formal recognition of occupational health (Gershuni et al., 2023). The inequality in resources on a global scale is an increasing problem for the protection of workers.

While the developed world is able to direct significant resources into the development of research, and surveillance and risk management at a system's level, the developing world is more focused on competing developmental priorities. As a result, the workers in resource-limited settings may have an increased risk of encountering hazards in the absence of an adequate protective infrastructure (Baek & Choi, 2025). These imbalances demonstrate the structural shortcomings of the national approaches to defending the fundamental rights of all (Darrudi et al., 2022). One further obstacle is the lack of a globally applicable and binding standards of a regulatory nature. Although the ILO sets out guiding principles, it cannot be considered a regulatory body with the ability to exert authority over a given jurisdiction. In contrast to international federations, such as those in sport, which govern, accredit and oversee compliance with rules at an international level, there is no overarching body in occupational health that can be said to govern in a way that unifies standards, regulates compliance, and enforces non-compliance (Ncube, 2018). The result of fragmented governance is a lack of accountability and the coordination necessary to deal with transnational occupational health and safety issues. Because of the disparate regulatory frameworks in country jurisdictions, transnational corporations can, and often do, operate in countries with less regulatory enforcement (Anand et al., 2026). The governance of occupational health and safety is still reactive and uneven because there is no global approach that unifies standards for the accreditations, data management, oversight of professionals, and enforcement of compliance. The rethinking of structural constraints requires establishing a new comprehensive approach to international coordination that goes beyond regulatory and advisory frameworks.

Research Methodology

This study adopted a quantitative cross-sectional research design to examine the need for an International Occupational Health and Safety Management Governing Body and to assess professional perspectives on current governance limitations. A cross-sectional approach was considered appropriate because it enables the systematic collection of data from a defined population at a single point in time, allowing for the identification of patterns, trends, and relationships among variables. The design aligned with the broader thesis framework, which sought to generate empirical evidence to inform institutional reform and policy development in occupational health governance. The target population comprised Occupational Health Nurse Practitioners (OHNPs) practicing in South Africa across multiple sectors, including mining, manufacturing, healthcare, and public service. A non-probability sampling strategy, specifically purposive sampling, was employed to recruit respondents with relevant professional expertise and direct experience in occupational health service delivery. Inclusion criteria required participants to be registered practitioners actively engaged in occupational health practice. This ensured that the data reflected informed, practice-based insights regarding governance challenges and professional regulation gaps.

Data were collected using a structured questionnaire developed in alignment with the study objectives. The instrument included closed-ended questions measured on Likert-scale formats to assess perceptions of global standardization, professional recognition, multidisciplinary integration, regulatory adequacy, and support for the establishment of an international governing body. The questionnaire also captured demographic and professional variables, such as years of experience, sector of employment, and level of qualification. Prior to full deployment, the instrument was reviewed for clarity and content validity to ensure alignment with occupational health governance constructs identified in the literature. Data analysis was conducted using descriptive and inferential statistical techniques. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize participant characteristics and response distributions. Where appropriate, inferential analyses were performed to examine relationships between demographic variables and support for enhanced global governance mechanisms. The analytical approach allowed for the identification of consensus areas as well as divergences in professional opinion, thereby strengthening the empirical basis of the study's recommendations. Ethical considerations were strictly observed throughout the research process. Participation was voluntary, and informed consent was obtained from all respondents prior to data collection. Confidentiality and anonymity were ensured by excluding identifying information from the dataset and reporting results in aggregate form. Ethical clearance was obtained in accordance with institutional research protocols outlined in the thesis, and the study adhered to principles of respect, beneficence, and integrity in the conduct of research involving human participants.

Findings and discussion

Empirical Insights from Occupational Health Practitioners Drawing on a cross-sectional survey of Occupational Health Nurse Practitioners (OHNPs) in South Africa, the study underlying this article reveals strong professional support for enhanced global coordination in occupational health governance. Respondents represented diverse sectors, including mining, manufacturing, healthcare, and public service. Across these sectors, practitioners expressed concern that existing occupational health frameworks, while comprehensive on paper, are unevenly interpreted and inconsistently implemented in practice.

One of the most prominent findings was the inconsistent interpretation of occupational health standards. Although national legislation such as the Occupational Health and Safety Act No. 85 of 1993 provides a legal framework, practitioners reported varying understandings of compliance requirements among employers, managers, and even regulatory inspectors. This inconsistency often results in fragmented workplace policies, uneven risk assessments, and differing thresholds for what constitutes adequate protection. Such variability undermines efforts to standardise high-quality occupational health practice.

Participants also highlighted limited access to international guidance and best- practice resources. While global norms are developed by institutions such as the International Labour Organization and the World Health Organization, practitioners noted that these materials are not always easily accessible, contextually adapted, or effectively disseminated at the workplace level. In some cases, resource constraints and limited digital

infrastructure restrict continuous professional development and engagement with evolving global standards. Unequal professional recognition across jurisdictions emerged as another significant concern. OHNPs reported disparities in how their qualifications and competencies are acknowledged both within South Africa and internationally. Differences in accreditation systems, licensing requirements, and professional scope of practice create barriers to mobility and collaboration. This fragmentation not only affects career progression but also limits the cross-border exchange of expertise necessary for strengthening global occupational health systems.

The survey further revealed gaps in multidisciplinary integration. Effective occupational health practice requires collaboration among nurses, physicians, industrial hygienists, safety officers, psychologists, and management teams. However, respondents indicated that siloed institutional structures often hinder coordinated interventions. In some workplaces, occupational health units operate in isolation from broader organisational decision-making processes, reducing their capacity to influence strategic planning and risk prevention initiatives. Beyond these immediate findings, respondents pointed to structural challenges such as infrastructure deficits and shortages of trained personnel. Mandowa et al. (2025) concur with the finding by asserting that in under-resourced settings, occupational health departments may lack adequate diagnostic equipment, surveillance systems, and staffing levels. High caseloads and administrative burdens constrain practitioners' ability to conduct proactive risk assessments and worker education programmes. These operational limitations weaken the translation of policy into meaningful workplace change.

The empirical findings align with broader international research indicating that the existence of policy frameworks does not automatically guarantee effective implementation. Regulatory compliance often depends on institutional capacity, leadership commitment, and sustained investment in professional development. Where these elements are lacking, occupational health systems become reactive rather than preventive, focusing on incident response instead of systemic risk reduction. Collectively, the insights from South African OHNPs reinforce the argument for stronger global coordination and harmonisation of occupational health governance. These findings concur with Zheng et al. (2025) findings that practitioners on the frontlines of worker protection recognise the value of unified standards, consistent accreditation mechanisms, accessible international guidance, and structured multidisciplinary collaboration. Their experiences underscore the need for institutional reforms that bridge the gap between normative frameworks and practical implementation, ensuring that occupational health objectives translate into tangible improvements in worker well-being.

International Occupational Health and Safety Management Governing Body

The promotion of holistic worker well-being encompassing physical, mental, and social dimensions requires institutional innovation beyond existing fragmented arrangements. While the International Labour Organization has established normative conventions and the World Health Organization provides global health guidance, neither institution functions as a centralized occupational health management authority with direct oversight of implementation standards. An International Occupational Health and Safety Management Governing Body could bridge this gap by harmonizing global occupational health standards, reducing inconsistencies in interpretation, and aligning national systems with clearly articulated universal benchmarks. One of the primary functions of such a body would be the facilitation of mutual recognition of professional qualifications. Occupational health practitioners including nurses, physicians, hygienists, ergonomists, and safety specialists often encounter disparities in accreditation and licensing requirements across jurisdictions. A centralized governing institution could establish internationally recognized competency frameworks, streamline certification processes, and promote professional mobility. By standardizing qualification criteria, the body would strengthen professional credibility while ensuring consistent service quality across borders. In addition, the proposed institution could monitor compliance and publish global occupational health performance indices (Shi, 2025; Mixafenti et al., 2025). Similar to how global economic or human development indicators shape policy discourse, a standardized occupational health index would provide comparative data on national performance. Transparent reporting mechanisms could incentivize governments and employers to improve compliance, invest in prevention strategies, and address systemic gaps. Importantly, such monitoring would not serve punitive purposes alone but would function as a tool for accountability, benchmarking, and evidence-based policy reform.

Technical assistance to developing nations would constitute another critical pillar of this governing body's mandate. Many countries face infrastructure deficits, limited inspection capacity, and shortages of trained personnel. Through coordinated funding mechanisms, capacity-building programs, and knowledge transfer initiatives, the institution could support national efforts to strengthen occupational health systems. It could also promote multidisciplinary integration by encouraging collaboration among medical professionals, engineers, psychologists, policymakers, and labour representatives, thereby operationalizing a holistic understanding of worker well-being. The governing body could promote international research collaboration and data standardization while establishing minimum benchmarks for physical, mental, and social well-being. By developing unified surveillance systems and harmonized reporting protocols, global data comparability would significantly improve. Such an institution would not replace national systems but rather coordinate, standardize, and elevate them (Mollerus et al., 2025; Armocida et al., 2025). Its governance model could mirror established tripartite structures governments, employers, and workers while incorporating scientific and professional expertise to ensure balanced, evidence- informed decision-making. Through this integrative approach, the global community could move closer to realizing the foundational objective of maintaining the highest attainable level of well-being for workers in all occupations.

Conclusion

The promotion and maintenance of the highest attainable degree of physical, mental, and social well-being of workers in all occupations remains a foundational principle of occupational health. However, as demonstrated throughout this article, the realization of this objective is constrained by fragmented governance systems, uneven regulatory enforcement, professional disparities, and inconsistent implementation of standards. While national frameworks provide essential legal structures, they often operate in isolation, resulting in variability that undermines global coherence in worker protection. The persistence of preventable injuries, occupational diseases, and psychosocial risks highlights the gap between normative commitments and lived workplace realities. Empirical insights from Occupational Health Nurse Practitioners reinforce the urgency of institutional reform. Practitioners working at the frontline of service delivery encounter daily the consequences of inconsistent standards, limited professional recognition, and insufficient multidisciplinary coordination. Their perspectives demonstrate that occupational health challenges are not merely technical or clinical in nature but are deeply embedded in governance

structures. Strengthening worker well-being therefore requires systemic interventions that move beyond compliance and toward integrated, evidence-informed management approaches.

The analysis further underscores that occupational health is both a moral imperative and an economic necessity. The costs of occupational health failures manifested in lost productivity, compensation claims, healthcare expenditures, and skills shortages place substantial burdens on national economies and organizations alike. Investing in harmonized global standards, professional development, and coordinated monitoring mechanisms is therefore not simply a regulatory exercise but a strategic development priority. Sustainable economic growth is inseparable from the health, dignity, and productivity of the workforce. In this context, the proposal for an International Occupational Health and Safety Management Governing Body represents a forward-looking institutional innovation. Such a body would not replace national legislation but would provide coordination, harmonization, accreditation frameworks, data standardization, and global benchmarking mechanisms. By strengthening mutual recognition of qualifications, promoting multidisciplinary integration, and supporting developing nations through technical assistance, it could elevate occupational health governance to a more coherent and accountable global level.

References

Adwan, S., Goncharenko, G., & Liu, S. (2024). The impact of employee satisfaction on company's labour investment efficiency. International Review of Financial Analysis, 96(Part A). https://doi.org/10.1016/j.irfa.2024.103570

Amitabh, A., Rottig, D., Stocker, M., & Bodolica, V. (2026). A multilevel framework for analysing organisational misconduct in emerging economies. International Business Review, 35(2). https://doi.org/10.1016/j.ibusrev.2026.102563

Armocida, B., Tolonen, H., Rakovac, I., Formenti, B., Farrington, J., Ekberg, A., … Klepp, K. I., Onder, G., & Galea, G. (2025). Strengthening non- communicable diseases monitoring systems in Europe through a multistakeholder collaborative approach: A key priority for advancing data-driven policymaking. The Lancet Regional Health – Europe, 61, 101553. https://doi.org/10.1016/j.lanepe.2025.101553

Badea, D. O., Darabont, D. C., Ivan, I., Ciocîrlea, V., Stepa, R. A., & Chivu, O. R. (2024). Workers' exposure to chemical risk in small and medium-sized enterprises: Assessment methodology and field study. Sustainability, 16(15), 6308. https://doi.org/10.3390/su16156308

Baek, S., & Choi, E. H. (2025). Climate change health risks and workplace protective strategies for construction workers. Scientific Reports, 16(1), 3423. https://doi.org/10.1038/s41598-025-33471-z

Baker, S. M., Ngonyama-Ndou, T. L., & Skosana, T. B. (2025). Managing gender diversity and barriers to inclusion: Lived experiences of women employees in a South African coal mining company. Frontiers in Sociology, 10, 1681829. https://doi.org/10.3389/fsoc.2025.1681829

Bondebjerg, A., Filges, T., Pejtersen, J. H., Kildemoes, M. W., Burr, H., Hasle, P., Tompa, E., & Bengtsen, E. (2023). Occupational health and safety regulatory interventions to improve the work environment: An evidence and gap map of effectiveness studies. Campbell Systematic Reviews, 19(4), e1371. https://doi.org/10.1002/cl2.1371

Daniel, L., & Scheive, M. (2025). Diversity, equity, and inclusion in healthcare and society: A historical imperative, ethical framework, and strategic pathway amidst evolving challenges. Journal of the National Medical Association, 117(6). https://doi.org/10.1016/j.jnma.2025.08.098

Darrudi, A., Ketabchi Khoonsari, M. H., & Tajvar, M. (2022). Challenges to achieving universal health coverage throughout the world: A systematic review. Journal of Preventive Medicine and Public Health, 55(2), 125– 133. https://doi.org/10.3961/jpmph.21.542

De Oliveira, C., Saka, M., Bone, L., & Jacobs, R. (2023). The role of mental health on workplace productivity: A critical review of the literature. Applied Health Economics and Health Policy, 21(2), 167–193. https://doi.org/10.1007/s40258-022-00761-w

De Vries, N., Lavreysen, O., Boone, A., Bouman, J., Szemik, S., Baranski, K., Godderis, L., & De Winter, P. (2023). Retaining healthcare workers: A systematic review of strategies for sustaining power in the workplace. Healthcare, 11(13), 1887. https://doi.org/10.3390/healthcare11131887

Dingani Moyo, Zungu, M., Kgalamono, S., & Mwila, C. D. (2015). Review of occupational health and safety organization in expanding economies: The case of Southern Africa. Annals of Global Health, 81(4), 495–502. https://doi.org/10.1016/j.aogh.2015.07.002

Dong, J. J., Tan, Z. D., Zhang, Y. L., Sun, Y. J., & Huang, Y. K. (2025). Work from home and employee well-being: A double-edged sword. BMC Psychology, 13(1), 748. https://doi.org/10.1186/s40359-025-02994-5

Dumitriu, S., Bocean, C. G., Vărzaru, A. A., Al-Floarei, A. T., Sperdea, N. M., Popescu, F. L., & Băloi, I.-C. (2025). The role of the workplace environment in shaping employees' well-being. Sustainability, 17(6), 2613. https://doi.org/10.3390/su17062613

Dunbar, P., Keyes, L. M., & Browne, J. P. (2023). Determinants of regulatory compliance in health and social care services: A systematic review using the Consolidated Framework for Implementation Research. PLoS ONE, 18(4), e0278007. https://doi.org/10.1371/journal.pone.0278007

Féline, M., Lynch, C., & Bruining, H. (2025). Data interoperability for a systems approach to developmental conditions. Neuroscience & Biobehavioral Reviews, 176, 106245. https://doi.org/10.1016/j.neubiorev.2025.106245

France, N., & Kanda, A. (2018). Commentary on the organisation of occupational health and safety in Southern Africa, the International Labour Organization and policies in general. Annals of Global Health, 84(3), 500–503. https://doi.org/10.29024/aogh.2333

Gaffar, H., & Al Brashdi, S. (2025). Legal frameworks for workforce mobility and employment regulations in ASEAN: Challenges and efforts in aligning domestic labour laws with regional standards. Labor History, 1–29. https://doi.org/10.1080/0023656X.2025.2507010

Gershuni, O., Orr, J. M., Vogel, A., Park, K., Leider, J. P., Resnick, B. A., & Czabanowska, K. (2023). A systematic review on professional regulation and credentialing of public health workforce. International Journal of Environmental Research and Public Health, 20(5), 4101. https://doi.org/10.3390/ijerph20054101

Glevitzky, M., Popa, M., Mucea-Ștef, P., & Popa, D. M. (2025). A risk management approach in occupational health and safety based on the integration of a weighted composite score. Safety, 11(4), 103. https://doi.org/10.3390/safety11040103

Greenfield, D. (2020). Safety and health at the heart of the past, present, and future of work: A perspective from the International Labour Organization. American Journal of Public Health, 110(5), 646–647. https://doi.org/10.2105/AJPH.2020.305633

Ispas, L., Mironeasa, C., & Silvestri, A. (2023). Risk-based approach in the implementation of integrated management systems: A systematic literature review. Sustainability, 15(13), 10251. https://doi.org/10.3390/su151310251

Jain, A., Leka, S., & Zwetsloot, G. I. J. M. (2018). Work, health, safety and well- being: Current state of the art. In Managing Health, Safety and Well-Being (pp. 1–31). https://doi.org/10.1007/978-94-024-1261-1_1

Juma, I., & Faturoti, B. (2025). Enforcing data privacy in Kenya and Nigeria: Towards an African approach to regulatory practice. International Review of Law, Computers & Technology, 1–26. https://doi.org/10.1080/13600869.2025.2506918

Kirsten, W. (2022). The evolution from occupational health to healthy workplaces. American Journal of Lifestyle Medicine, 18(1), 64–74. https://doi.org/10.1177/15598276221113509

Li, J. (2025). Governing high-risk technologies in a fragmented world: Geopolitical tensions, regulatory gaps, and institutional barriers to global cooperation. Fudan Journal of Humanities and Social Sciences. https://doi.org/10.1007/s40647-025-00445-4

Lucchini, R. G., & London, L. (2014). Global occupational health: Current challenges and the need for urgent action. Annals of Global Health, 80(4), 251–256. https://doi.org/10.1016/j.aogh.2014.09.006

Mandowa, J., Matsa, M., & Jerie, S. (2025). Challenges associated with the implementation of occupational safety and health management systems in manufacturing industry of Mutare, Zimbabwe. Frontiers in Public Health, 13, 1587769. https://doi.org/10.3389/fpubh.2025.1587769

Mashimbyi, M., Seisa, K. J., Ramathuthu, M., & Sepadi, M. M. (2025). Assessing occupational safety risks and challenges among informal welders in Pretoria West, South Africa. International Journal of Environmental Research and Public Health, 22(7), 1132. https://doi.org/10.3390/ijerph22071132

Mixafenti, S., Karagkouni, A., & Dimitriou, D. (2025). Integrating business ethics into occupational health and safety: An evaluation framework for sustainable risk management. Sustainability, 17(10), 4370. https://doi.org/10.3390/su17104370

Mixafenti, S., Moutzouri, A., Karagkouni, A., Sartzetaki, M., & Dimitriou, D. (2025). Assessment of occupational health and safety management: Implications for corporate performance in the secondary sector. Safety, 11(2), 44. https://doi.org/10.3390/safety11020044

Moretta, A., Tombs, S., & Whyte, D. (2022). The escalating crisis of health and safety law enforcement in Great Britain: What does Brexit mean? International Journal of Environmental Research and Public Health, 19(5), 3134. https://doi.org/10.3390/ijerph19053134

Popovac, R., Vukmirović, D., Čomić, T., & Pavlović, Z. G. (2025). Evaluating the impact of remote work on employee health and sustainable lifestyles in the IT sector. Sustainability, 17(19), 8677. https://doi.org/10.33 90/su17198677

Rikhotso, O. (2026). Regulatory organisation, enforcement, and uptake of occupational health programmes in South Africa: A qualitative analysis of health regulations and company reports. Occupational Health, 1(1), 7. https://doi.org/10.3390/occuphealth1010007

Roussos, P. L. (2023). The psychosocial risks and impacts in the workplace assessment tool: Construction and psychometric evaluation. Behavioral Sciences, 13(2), 104. https://doi.org/10.3390/bs13020104

Sharma, M., Akhter, M. S., Roy, S., & Srejon, R. (2025). Future issues in global health: Challenges and conundrums. International Journal of Environmental Research and Public Health, 22(3), 25. https://doi.org/10.3390/ijerph22030325

Shi, P. (2025). Feasibility analysis of total quality management in medical quality management and its impact on work efficiency. Frontiers in Medicine, 12, 1701801. https://doi.org/10.3389/fmed.2025.1701801

Sirrs, C. (2019). Promoting health protection worldwide: The International Labour Organisation and health systems financing, 1952–2012. International History Review, 42(2), 371–390. https://doi.org/10.1080/07075332.2019.1582550

Sorensen, G., Sparer, E., Williams, J. A. R., Gundersen, D., Boden, L. I., Dennerlein, J. T., Hashimoto, D., Katz, J. N., McLellan, D. L., Okechukwu, C. A., Pronk, N. P., Revette, A., & Wagner, G. R. (2018). Measuring best practices for workplace safety, health, and well-being: The Workplace Integrated Safety and Health Assessment. Journal of Occupational and Environmental Medicine, 60(5), 430–439. https://doi.org/10.1097/JOM.0000000000001286

Takala, J., Hämäläinen, P., Sauni, R., Nygård, C. H., Gagliardi, D., & Neupane, S. (2024). Global-, regional- and country-level estimates of the work- related burden of diseases and accidents in 2019. Scandinavian Journal of Work, Environment & Health, 50(2), 73–82. https://doi.org/10.5271/sjweh.4132

Tulchinsky, T. H., & Varavikova, E. A. (2014). Environmental and occupational health. In The New Public Health (pp. 471–533). https://doi.org/10.1016/B978-0-12-415766-8.00009-4

Wijethilake, C., Upadhaya, B., & Lama, T. (2023). The role of organisational culture in organisational change towards sustainability: Evidence from the garment manufacturing industry. Production Planning & Control, 34(3), 275–294. https://doi.org/10.1080/09537287.2021.1913524

Wu, Y., Huang, D., & Ye, J. (2026). Proactive and reactive CSR and sustainability performance: Knowledge and organizational learning. Journal of Innovation & Knowledge, 12. https://doi.org/10.1016/j.jik.2025.100887

Zheng, T., Yuan, Q., Jiang, Y., Chen, S. Y., Wei, H., & Su, J. (2025). Institutional learning for safer and greener transitions: Embedding legal and process safety knowledge in China's energy training systems. Process Safety and Environmental Protection, 204, 108054. https://doi.org/10.1016/j.psep.2025.108054