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Healthy Leadership as Preventive Medicine

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Abstract

In the first half of 2026, mental health conditions became the leading cause of sickness-absence days among employed people insured by DAK-Gesundheit in Germany. Against this background, this opinion-based mini review considers how leadership culture and psychosocial working conditions may contribute to workplace prevention. Leaders can influence workload, autonomy, social support, recognition, role clarity and psychological safety. Healthy leadership should therefore be understood as an organizational contribution to prevention, not as a medical intervention. Individual measures, including mindfulness, physical activity and resilience training, may be valuable but should not compensate for avoidable organizational stressors. Evidence linking leadership and employee well-being is substantial at the associative level, whereas controlled intervention research remains limited and heterogeneous. Causal claims therefore require caution. Drawing on DAK-Gesundheit as an organizational example, this article advocates an integrated approach connecting occupational health and safety, workplace health promotion, reintegration management, leadership development and organisational development. Healthy leadership does not replace medical prevention. It broadens prevention from changing individual behaviour to creating conditions in which healthy behaviour, participation and sustainable performance become possible.

Keywords: Healthy Leadership; Workplace Health; Preventive Medicine; Psychosocial Working Conditions; Organizational Culture; Employee Well-Being

Abbreviations: DAK-Gesundheit: DAK-Gesundheit; IGES: IGES Institute; WHO: World Health Organization.

Introduction

In the first half of 2026, mental health conditions became the leading cause of sickness-absence days among employees insured by DAK-Gesundheit in Germany for the first time. An analysis conducted by the IGES Institute on behalf of DAK-Gesundheit, based on data from approximately 2.2 million employed insured people, reported a 9% increase in absence due to mental health conditions compared with the previous year. Respiratory-disease absence decreased by 21%, moving mental health conditions into first place [1-6].

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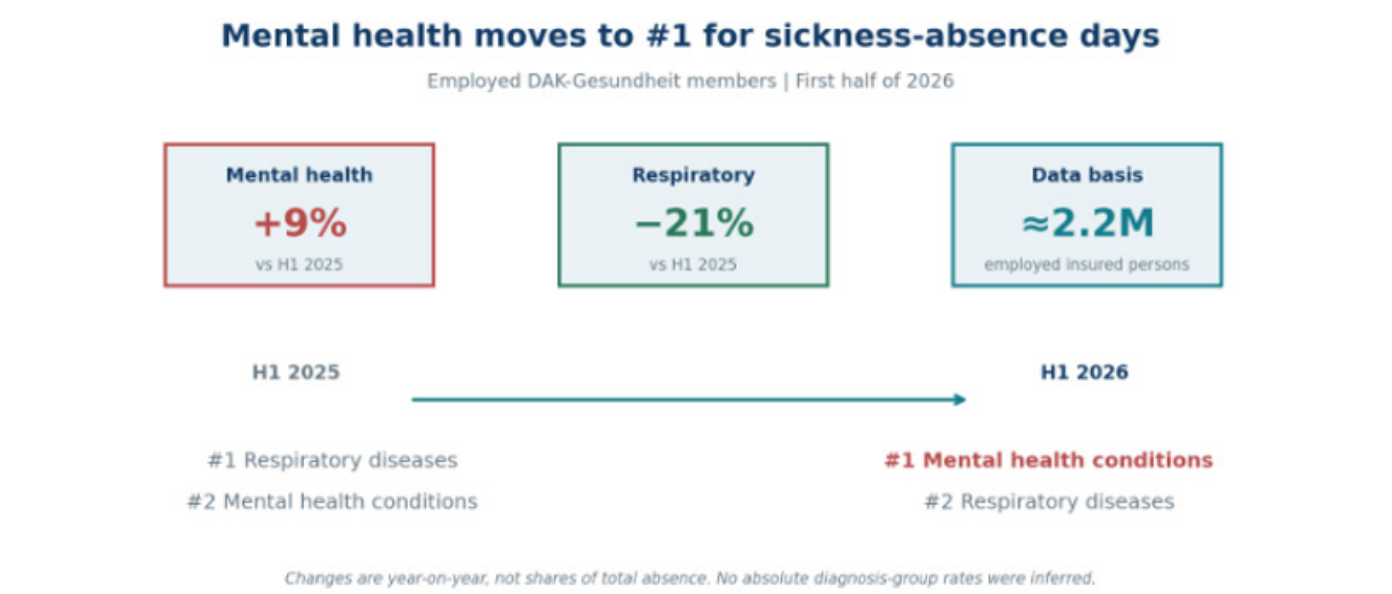


Figure 1: Mental health moves to #1 for sickness-absence days (first half of 2026).

This finding deserves attention, but it requires careful interpretation. Sickness-absence data do not establish that work or leadership causes an individual mental health condition. Mental disorders are multifactorial and was rated low [7]. A further review of interventions for leaders in small and medium-sized enterprises found only six eligible studies and a heterogeneous evidence base [8]. The appropriate conclusion is not that leadership development is ineffective, but that it should be embedded in work design, participation, psychosocial risk assessment and organisational learning.

From Individual Prevention to Healthy Organisations

Workplace prevention is strongest when behavioural and structural approaches reinforce one another. Behavioural prevention supports health literacy, coping and healthy routines. Structural prevention addresses the conditions under which people make decisions and perform their work. During transformation, leaders cannot remove all uncertainty, but they can improve how it is managed through timely communication, transparent decisions, realistic prioritisation and meaningful participation. Psychological safety matters because employees need to be able to raise risks, mistakes and overload without fear of humiliation or retaliation. Autonomy also matters, although autonomy without adequate resources can become an additional burden. Healthy leadership therefore requires balance: decision latitude, clear responsibilities, accessible support and realistic expectations.

Senior management has a particular responsibility because the quality of leadership depends on the system in which managers operate. Leaders expected to deliver incompatible objectives, manage excessive spans of control or remain constantly available may find it difficult to protect either their own health or that of their teams.

An Integrated Approach at DAK-Gesundheit

At DAK-Gesundheit, the practical starting point is an integrated understanding of workplace health management. The internal framework connects occupational health and safety, occupational medicine, workplace reintegration management, workplace health promotion and elements of personnel and organisational development. Health-oriented leadership is understood as reducing workplace burdens and risk factors while strengthening resources. Leadership development also addresses recognising psychological strain, supporting employees under pressure, managing age-diverse teams and responding appropriately to health-related issues across life stages.

These activities are not evidence that one intervention produces a defined clinical outcome. They illustrate how a large organisation can connect individual support with leadership and organisational development. A seminar may initiate reflection, but sustainable change requires leaders and teams to discuss workload, cooperation, priorities and decision-making authority.

Implications for Senior Leadership

Four practical implications follow. First, employee health should be considered when transformations, restructurings and digitalisation projects are designed, rather than only after problems emerge. Second, leaders need both competence and enabling conditions. Training should address workload management, supportive communication, recognition, conflict and psychological safety, while governance should ensure that objectives and spans of control allow these skills to be applied. Third, individual programmes should be accompanied by action on workload, role clarity, cooperation and participation. Fourth, interventions should be evaluated without overclaiming. Because participation,

perceived support, sickness absence and well-being have multiple determinants, trends should not be attributed to one leadership programme alone.

Conclusion

Healthy leadership is not preventive medicine in the clinical meaning of the term. Leaders do not diagnose or treat illness, and leadership development cannot replace occupational medicine, professional mental health care or evidence-based treatment. Healthy leadership is nevertheless relevant to prevention because leaders and senior management influence organisational conditions under which health can be protected or put at risk. The strongest available evidence concerns associations between psychosocial working conditions, leadership behaviour and health-related outcomes. Evidence for specific leadership interventions is promising in parts but remains limited and does not justify simple causal promises. The practical conclusion is both ambitious and cautious: healthy leadership does not replace medical prevention. It enlarges the preventive perspective from changing individual behaviour to creating organisational conditions in which healthy behaviour, participation and sustainable performance become possible.

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Conflict of Interest

The author is a Member of the Executive Board of DAK-Gesundheit. No other competing interests are declared.

Data Availability

No new data was generated or analysed for this article.

Ethics Statement

Not applicable. This opinion-based mini review reports no research involving human participants or identifiable personal data.

References

1. DAK-Gesundheit (2026) Krankenstand im ersten Halbjahr 2026 leicht gesunken. Hamburg, Germany, 20 July 2026. Analysis conducted by the IGES Institute using data from approximately 2.2 million employed DAK-insured persons.
2. DAK-Gesundheit (2026) Reporte und Forschung. Hamburg, Germany.
3. World Health Organization (2022) WHO guidelines on mental health at work. World Health Organization, Geneva. Switzerland. ISBN 978-92-4-005305-2.
4. Niedhammer I, Bertrais S, Witt K (2021) Psychosocial work exposures and health outcomes: a meta-review of 72 literature reviews with meta-analysis. Scand J Work Environ Health 47(7): 489-508.
5. Wallo A, Lundqvist D (2020) Leadership for health and well-being: a systematic review. Report 2020:5. Swedish Agency for Work Environment Expertise, Gävle, Sweden. ISBN 978-91-985961-3-7.
6. Azila-Gbettor EM, Honyenuga BQ, Atatsi EA, Laryea CNA, Quarshie ANK (2024) Reviewing the influence of positive leadership on worker well-being: a comprehensive analysis. Heliyon 10(2): e24134.
7. Dannheim I, Ludwig-Walz H, Buyken AE, Grimm V, Kroke A (2022) Effectiveness of health-oriented leadership interventions for improving health and wellbeing of employees: a systematic review. J Public Health 30: 2777-2789.
8. Erschens R, Adam SH, Schröpel C, Diebig M, Rieger MA, et al. (2024) Improving well-being and fostering health-oriented leadership among leaders in small and medium-sized enterprises: a systematic review. Healthcare 12(4): 486.