GLI EVIDENCE CHECK(TM) / ISSUE 04

Can a Manager Affect Employee Health?

What research suggests about leadership behavior, working conditions, stress, recovery, and organizational responsibility.

SUPPORTED WITH QUALIFICATIONS

THE EVIDENCE-BASED ANSWER

Yes. Managers can influence health-relevant working conditions, but they are one part of a larger system and cannot determine individual health outcomes.

The Short Answer

Managers can influence conditions that contribute to employee mental and physical health, including workload, control, predictability, support, fairness, psychological safety, work-family conflict, and opportunities for recovery.

Research links leadership behavior and manager-employee relationships with employee stress, affective well-being, mental health, sickness absence, and some physical-health outcomes. Workplace interventions that increase supervisor support and employee control have also produced improvements in certain health-related outcomes.

Employee health is also shaped by organizational policies, staffing, job design, compensation, working hours, healthcare access, personal circumstances, genetics, and factors outside work. Managers can influence health. They cannot determine, diagnose, or guarantee it.

THE BETTER QUESTION

Which health-relevant working conditions can this manager influence, and which require action from the larger organization?

How Work Can Affect Health

Work can provide income, purpose, relationships, identity, learning, and access to important resources. It can also expose people to chronic demands, long hours, low control, uncertainty, interpersonal mistreatment, inadequate recovery, and conflicts between work and nonwork responsibilities.

These conditions can influence stress responses, emotional well-being, sleep, recovery, health behaviors, fatigue, psychological distress, and cardiovascular or metabolic risk over time.

Large-scale research has associated job strain - the combination of high demands and limited control - with a modestly elevated risk of coronary heart disease. Research from the WHO and ILO has also connected very long working hours with increased cardiovascular risk. These findings concern working conditions, not the isolated behavior of one manager.

How Managers Enter the Health Pathway

Condition	How a manager may influence it
Workload	Set priorities, distribute work, remove unnecessary tasks, and escalate capacity problems.
Control	Give appropriate discretion over methods, sequencing, schedules, and decisions.
Predictability	Communicate changes, clarify priorities, and reduce avoidable last-minute demands.
Support	Respond constructively to concerns, provide resources, and help solve problems.
Fairness	Apply expectations consistently and explain decisions transparently.
Recovery	Respect time away, monitor excessive hours, and avoid constant-availability expectations.
Safety and respect	Support voice, address incivility, and make it safer to ask for help or raise risks.

Managers translate organizational policies into daily experience. They may not control every policy, but often have meaningful discretion over how employees experience it.

What Leadership Research Suggests

Systematic reviews and meta-analyses generally find associations between leadership behavior and employee well-being or mental health. Supportive, relational, empowering, and constructive leadership tends to be associated with more favorable outcomes, while destructive or abusive leadership tends to be associated with poorer outcomes.

Much of this literature is observational and relies on self-report data, which limits strong causal conclusions. Employees experiencing distress may perceive leadership differently, and unhealthy workplaces may produce both strained managers and strained employees.

The overall literature nevertheless supports treating management as a health-relevant feature of the work environment.

What Physical-Health Research Suggests

A prospective Swedish study of more than 3,000 male employees found that more favorable ratings of managerial leadership were associated with a lower incidence of ischemic heart disease during follow-up. Because the study was observational, it cannot establish that managers directly prevented or caused heart disease.

A cluster-randomized workplace intervention increased family-supportive supervisor behavior and employee control over work time. Researchers found improvements in cardiometabolic risk among employees who began with higher risk, although findings varied by industry and baseline risk.

These studies suggest that workplace organization and supervisory practices can become part of a physical-health pathway. They do not support claims that a bad boss directly causes heart attacks or that supportive leadership can prevent illness by itself.

THE IMPORTANT PATHWAY

Manager behavior shapes working conditions. Working conditions influence repeated experiences of stress, control, support, and recovery. Those experiences can contribute to health over time.

Managers Affect Health Mostly Through Conditions

Influence is more likely to accumulate through repeated patterns than through a single conversation or decision.

Potentially harmful patterns include:

- Continually assigning more work than available capacity allows.
- Changing priorities without adjusting other expectations.
- Rewarding constant availability or penalizing appropriate leave.
- Withholding information employees need to plan their work.
- Responding defensively when concerns are raised.
- Allowing conflict, incivility, or harassment to continue.
- Providing little control over how work is performed.

Health-supportive patterns include:

- Clarifying priorities and helping employees make tradeoffs.
- Providing appropriate autonomy and responding constructively to bad news.
- Protecting recovery time and addressing disrespectful behavior.
- Encouraging early help-seeking and escalating systemic workload problems.

A Supportive Manager Is Not a Therapist

Recognizing that managers affect health does not turn managers into healthcare providers. Managers generally should not diagnose, request unnecessary medical details, provide therapy, decide whether symptoms are real, or attempt to manage a crisis beyond their training and authority.

Their role is to respond respectfully, understand the work-related concern, explain available resources, consider appropriate adjustments, protect privacy, and involve qualified professionals when necessary.

Mental-health training can improve managers' knowledge, attitudes, confidence, and self-reported supportive behavior. Evidence that manager training alone improves employee symptoms is less certain.

Organizational Responsibility Cannot Be Delegated to Managers

Organizations sometimes tell managers to support employee well-being without giving them the authority, staffing, time, or resources to change the conditions producing strain.

Managers cannot independently correct organization-wide understaffing, compensation systems, excessive production targets, inadequate benefits, unsafe schedules, discriminatory policies, chronic cross-department role conflict, or senior leaders' expectations of constant availability.

Managers should be expected to use their available authority responsibly and escalate health-relevant problems that exceed it.

What Managers Can Reasonably Do

Clarify and Prioritize

Make expectations explicit. When new work is added, identify what should be delayed, delegated, changed, or discontinued.

Increase Appropriate Control

Give employees reasonable influence over how, when, and in what sequence work is completed.

Monitor Patterns

Notice repeated overtime, missed breaks, leave avoidance, escalating conflict, unusual turnover, and sustained workload concerns.

Support Recovery

Respect time away and avoid creating an implicit expectation that after-hours responsiveness demonstrates commitment.

Respond and Escalate

Listen before defending the system. Clarify what can change, what must be escalated, and what cannot be promised.

Encourage Responsible Job Crafting

Invite modest changes to tasks, relationships, or approaches that improve fit, strengths use, and meaning while preserving essential responsibilities.

A NECESSARY QUALIFICATION

Job crafting should complement healthy job design. It should not make employees individually responsible for adapting to chronically excessive or harmful working conditions.

What the Evidence Does Not Show

- A manager is the sole cause of an employee's health condition.
- Supportive leadership can eliminate illness or psychological distress.
- Every employee responds to the same manager in the same way.
- Managers should diagnose or treat health conditions.
- Leadership training alone will correct unhealthy job design.
- One supportive manager can compensate indefinitely for harmful organizational policies.
- Every association between leadership and health is causal.
- Managers can guarantee employee well-being.

Questions Leaders Should Consider

1. Which employee health-related conditions can managers directly influence?	2. Which conditions require action from senior leadership?
3. Can managers adjust workload, priorities, schedules, and resources?	4. Are employees routinely working beyond available capacity?
5. Can employees raise health-relevant concerns without penalty?	6. Are flexibility, leave, and recovery policies genuinely usable?
7. Do managers receive training without resources needed to act?	8. Are recurring health and absence patterns examined across teams?
9. Do performance systems reward chronic overwork?	10. Are managers expected to provide support that belongs with professionals?
11. How are systemic concerns documented and escalated?	12. Are managers themselves given sustainable workloads and recovery time?

THE BOTTOM LINE

Managers can affect employee health because they help shape the conditions in which work is performed.

Key Evidence

Berkman, L. F., et al. (2023). Employee cardiometabolic risk following a cluster-randomized workplace intervention. American Journal of Public Health, 113(12), 1322-1331.

Dannheim, I., et al. (2022). Effectiveness of health-oriented leadership interventions for improving employee health and well-being: A systematic review. Journal of Public Health.

Gayed, A., et al. (2018). Effectiveness of training workplace managers to understand and support employee mental health needs. Occupational and Environmental Medicine, 75(6), 462-470. https://doi.org/10.1136/oemed-2017-104789

Kivimaki, M., et al. (2012). Job strain as a risk factor for coronary heart disease. The Lancet, 380(9852), 1491-1497. https://doi.org/10.1016/S0140-6736(12)60994-5

Montano, D., Reeske, A., Franke, F., & Huffmeier, J. (2017). Leadership, followers' mental health and job performance in organizations. Journal of Organizational Behavior, 38(3), 327-350. https://doi.org/10.1002/job.2124

Nyberg, A., et al. (2009). Managerial leadership and ischemic heart disease among employees. Occupational and Environmental Medicine, 66(1), 51-55. https://doi.org/10.1136/oem.2008.039362

Pega, F., et al. (2021). Disease burdens attributable to long working hours. Environment International, 154, 106595.

Skakon, J., Nielsen, K., Borg, V., & Guzman, J. (2010). Are leaders' well-being, behaviours and style associated with employee affective well-being? Work & Stress, 24(2), 107-139.

Tims, M., Bakker, A. B., & Derks, D. (2012). Development and validation of the Job Crafting Scale. Journal of Vocational Behavior, 80(1), 173-186.

Wrzesniewski, A., & Dutton, J. E. (2001). Crafting a job: Revisioning employees as active crafters of their work. Academy of Management Review, 26(2), 179-201.

ABOUT THIS SERIES

GLI Evidence Checks examine common workplace claims and translate current research into questions leaders can use. Classifications are editorial summaries, not formal evidence grades. This resource is educational and is not medical, psychological, or legal advice.

goodleaderinstitute.com