



From the Clinic to the C-suite™

Diagnosing the co-morbidities of Physician Leadership Fatigue:

Quick-Start Guide to Understanding and Recovering from Physician Leadership Fatigue

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Archetype Learning Solutions

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“I no longer felt like my contributions mattered”

-Ron, MD Neurosurgeon & CMO

Lord & Schecter, 2026



Introduction: Three co-morbidities, One Framework

Physician leadership fatigue is not one problem, it's the combination of three co-morbidities working together. This workbook gives you three stand-alone tools to identify which co-morbidities are most active for you, and then points you toward next steps.

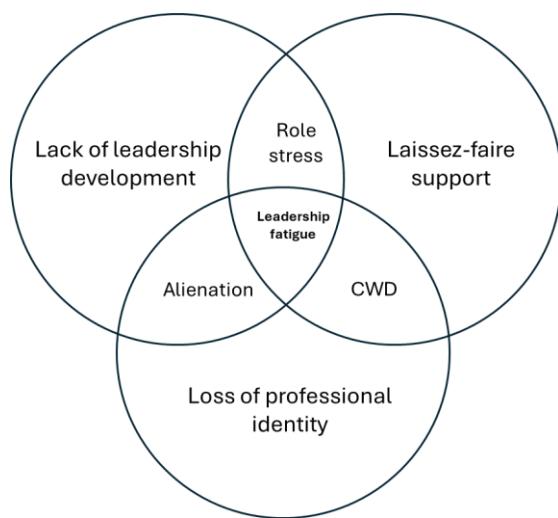
The three co-morbidities:

1. Lack of meaningful leadership development → Leadership Vital Signs Self-Check
2. Laissez-faire or absent organizational support → Support & Signal Map
3. Loss or erosion of professional identity → Identity Compass

How to use this workbook:

1. Start with whichever tool feels most relevant to what you're experiencing right now.
2. Take 10–15 minutes per tool.
3. Your responses will clarify which co-morbidity is most active, and what kind of support will help most.
4. Then, turn to the Physician Personal Recovery Workbook for deeper reflection and action planning, or connect with a HelixMD coach.

Our physician leadership fatigue co-morbidity framework



Our research (Lord, et al., 2015, 2016) has demonstrated that physicians are experiencing leadership fatigue from one of or a combination of three co-morbidities:

- Lack of Leadership Development
- Laissez-faire
- Loss of professional identity

The HelixMD Leadership Fatigue co-morbidities and treatment plan

HelixMD is a three-part framework, leadership development developed for physicians, coaching roadmap, and reflective tools, all designed to diagnose and treat physician leadership fatigue as a systemic condition, not a personal defect.

The Physician Leadership Fatigue treatment plan				
Leadership Fatigue	Co-morbidity	Symptoms	RX	Duration (months)
	Lack of Leadership Development	Role ambiguity or stress Team understanding	Phys'n Leadership Development	12 - 18
	Laissez-Faire support	Peer connection CWD	Coaching or mentoring	3 - 9
	Loss of professional identity	Values congruence Alienation	Physician Recovery workbook	3 - 12

Co-Morbidity 1: Lack of meaningful Leadership Development

What it looks like:

Physicians are promoted for clinical excellence, not leadership readiness. They inherited roles that demand soft skills (emotional intelligence, influence, conflict navigation), strategic thinking, and executive fluency, none of which were part of medical training or residency. While many physicians know what leadership looks and feels like, execution is a very different thing, especially when clinical autonomy over specific situations and events.

The symptoms:

- Constant self-doubt: "Am I doing this right?"
- Reactive decision-making in ambiguous situations
- Difficulty building trust and influence
- Exhaustion from "figuring it out alone"

Diagnostic tool:

Lack of meaningful leadership development → Leadership Vital Signs Self-Check (pp. 7-9)

The treatment:

Structured, longitudinal leadership development that bridges clinical thinking to executive strategy, balances hard skills (finance, operations), most often encouraged with emotional intelligence, and is delivered by people who understand physician culture.

Notes:

Co-Morbidity 2: Laissez-Faire or absent organizational support

What it looks like:

Leadership support is invisible or hands-off. Physician leaders are given a role and left to navigate alone. Feedback is rare. Mentoring is accidental rather than intentional. There is no peer cohort, no executive sponsor, no structured role integration. Perhaps the executive team does not understand your role or value your expertise.

The symptoms:

- Moral dissonance: "I'm asked to act against my values with no one to talk to about it."
- Isolation: "I'm the only one who understands this burden."
- Ineffectiveness: "I don't know what success looks like or how to get there."
- Rapid disillusionment and intent to leave

Diagnostic tool:

Laissez-faire or absent organizational support → Support & Signal Map (pp. 10-13)

The treatment:

Deliberate, ongoing support, peer cohorts, executive mentoring, physician coaches who "speak physician," to help leaders feel seen, valued, and connected.

Notes:

Co-Morbidity 3: Loss or erosion of Professional Identity

What it looks like:

Physician leaders describe feeling caught between two worlds, no longer fully clinical, not yet fully accepted as executives. They've lost the daily connection to patient care that anchored their identity. They're asked to prioritize business metrics over patient focus. They navigate organizational politics that feel at odds with medicine's core values.

The symptoms:

- Identity confusion: "Who am I now?"
- Moral injury: "This isn't why I became a doctor."
- Authenticity loss: "I'm performing a role, not being myself."
- Rapid burnout and attrition
- Distressed, not disruptive

Diagnostic tool:

Loss or erosion of professional identity → Identity Compass (pp. 14-16)

The treatment:

Intentional pathways to reconnect with clinical meaning, physician-specific leadership frameworks, and ongoing work to honor the physician identity while building executive competence.

Notes:

Tool 1: Leadership Vital Signs Self-Check

Identifying Lack of Leadership Development

Why this matters:

Organizational leaders often receive years of development and coaching to prepare for senior level and executive roles. Physicians, however, are often promoted for clinical excellence, not leadership readinessⁱ, and from our research, it seems that physicians are immune from development needs. Without intentional development, preparation, and feedback, you're set up to "figure it out alone," which is exhausting and ineffective. This tool helps you see where you stand on the leadership development spectrum.

Instructions:

- Read each statement below.
- Rate how true it feels for you right now (1 = Strongly disagree, 5 = Strongly agree).
- Circle the number that best captures your experience in the last 4–6 weeks.
- Add up your total score at the end.

Your Leadership Vital Signs

Statement	1	2	3	4	5
I have received intentional leadership development that prepared me for my current role.	<input type="radio"/>				
I have a clear roadmap for how I can grow as a physician leader over the next 1–2 years.	<input type="radio"/>				
I regularly receive meaningful feedback on my leadership from someone I trust.	<input type="radio"/>				
I have access to leadership learning that is relevant to my actual day-to-day challenges.	<input type="radio"/>				
I feel equipped with practical tools to handle conflict, difficult conversations, and change.	<input type="radio"/>				

Total Score: _____

Interpreting your results:

20–25: Your Leadership Vital Signs are strong

You have real development support around you. You still may be tired, but you're not entirely "on your own." You're building skills and confidence over time.

Next step: Consider the other two co-morbidities (support and identity), to determine if they are they the source of your fatigue.

13–19: At Risk

You're carrying real responsibility without enough development around you. You're learning by trial and error, which is exhausting. This is a setup, not a personal failing.

Next steps:

- Identify one leadership skill or area that matters most right now (e.g., conflict, influence, strategy).
- Seek out one development resource (cohort, coach, course, mentor).
- See the Leadership Development Prescription (below) or explore the Recovery Workbook's sections on role clarity and organizational support.

5–12: Critical

You've been promoted without real preparation. You're likely feeling constantly uncertain, second-guessing yourself, and exhausted from "figuring it out alone." This is not a personal failing. This is a systemic issue.

Next steps:

- Consider connecting with a HelixMD physician coach to process what's happening and clarify what you need.
- Explore the Recovery Workbook's sections on systemic issues, role clarity, and organizational support.
- If possible, have a conversation with your direct supervisor or mentor about what development support looks like.

Reflection Questions

1. What surprised you about your score?

2. Which statement scored lowest? What would change that?

3. If you scored 12 or below, have you had a conversation with anyone about needing development support?



“its time and breadth of exposure – on the job training – the ability to apply things in different situations and using the same techniques to think differently.”

-Douglas, MD Immunologist & CMO

Lord & Schechter, 2016



Tool 2: Support & Signal Map

Identifying Laissez-Faire or absent organizational support

Why this matters:

Leadership is invisible in many organizations. Leaders are handed roles with little guidance, ambiguous expectations, and no one checking in. This creates moral dissonance ("I'm alone with this decision"), ineffectiveness ("I don't know what success looks like"), and rapid burnout. This tool helps you map where support is missing and gives you language to ask for what you need.

Instructions:

- Part A: Quick rating of how visible and supportive leadership is where you work.
- Part B: Reflection on where support is absent or unclear.
- Part C: Drafting language you can use to advocate for the support you need.

Part A: Support Visibility Quick Rating

Rate each statement 1–5 (1 = Not at all, 5 = Very much):

Question	1	2	3	4	5
How visible and engaged is leadership where I work?	<input type="radio"/>				
How often do I receive clear, actionable guidance or support for my leadership role?	<input type="radio"/>				

What the scores mean:

- Both 4–5: Leadership is present and supportive. Your fatigue likely comes from other sources.
- Both 1–3: Leadership is absent or hands-off. This is a major contributor to your fatigue.
- Mixed (one high, one low): Leadership may be visible but unclear, or supportive but inconsistent.

Part B: Mapping the gaps

Where do you notice leadership is absent, unclear, or hands-off?

(Examples: change rollouts, conflict between departments, staffing decisions, quality metrics, your role boundaries.)

How does that show up in your day?

(Examples: "I'm constantly firefighting," "I'm guessing what's expected," "I'm the buffer for everyone else's frustration," "I make a decision and don't know if it was right.")

What is the cost to you personally?

(Time? Emotional load? Sleep? Home life? Confidence? Health?)

As you consider a lack of support, is there anything else that comes to mind or is missing for you?

Part C: Support Signal Script

Use this template to draft language you can adapt and use with your direct supervisor, mentor, or leadership team:

"As a physician leader, I function best when I have:"

- Clarity about my role and decision authority in [specific areas]:

- Regular check-ins (even brief ones) around goals and expectations:

- Backup or consultation when I have to make difficult or unpopular decisions:

"In the next 90 days, the most helpful support from leadership would be:"

1. _____
2. _____

You might also find some helpful tools in the Physician Recovery Workbook

Reflection Questions

1. Which gap matters most to you right now?

2. Is there someone in your organization who might be open to hearing this request?

3. What would change if you had the support you named above?

Next Steps

If you scored low on support visibility:

- Consider sharing your Support Signal Script with a trusted mentor or supervisor.
- Explore the Recovery Workbook's sections on organizational culture, safety, and onboarding support.
- Connect with a HelixMD physician coach to practice these conversations and problem-solve your unique situation.



“ you read about the leadership models of behavior, but when it’s not in practice, it’s difficult to develop. You understand the concepts, but the experience is the exact opposite.”

- Tim, MD Family Medicine & CMO

Lord & Schechter, 2016



Tool 3: Identity Compass

Reconnecting with Professional Identity and addressing professional alienation

Why this matters:

Physician leaders often describe feeling caught between two worlds: no longer fully clinical, not yet fully accepted as executives. You've lost the daily connection to patient care that anchored your identity. You're asked to prioritize business metrics over patient focus. You navigate organizational politics that feel at odds with medicine's values. This tool helps you name this experience and reconnect with what still feels like "you" in your leadership role.

Instructions:

- Part A: Reflecting on who you were, who you are now, and where you still feel like yourself.
- Part B: Checking signals of professional alienation.
- Part C: Drafting a statement about the kind of physician leader you want to be.

Part A: Then, Now, and "Still Me"

When I first entered medicine, I saw myself as a physician who...

(Write 2–3 short phrases or descriptors. Examples: "cared for people directly," "made clinical decisions," "taught residents," "advocated for patients," "built relationships.")

Right now, in my leadership role, my work feels more like...

(What's the dominant experience? Examples: "administrator," "traffic controller," "problem sponge," "political navigator," "mediator," "decision-maker without enough information.")

The parts of my current work that still feel most "like me" are...

(Teaching moments? Mentoring? Advocating for safety? Building teams? Protecting clinical time? Something else?)

Part B: Professional alienation signals

Check any that resonate with you:

- I feel more like a "function" or "role" than a highly qualified professional
- I rarely talk about the parts of medicine that used to matter most to me
- I feel like I've "gone to the dark side" in the eyes of former clinical peers
- I often think, "This isn't why I became a doctor"
- I'm not sure where I truly belong: clinical, leadership, or neither
- I feel like I've lost something important about myself
- My current work feels at odds with my core values
- I used to feel proud of my role; now I mostly feel tired or conflicted
- I'm beginning to think about an exit strategy

How many boxes did you check?

- 0–1: You're maintaining identity connection. Alienation is not your primary issue.
- 2 – 4: You're experiencing some professional alienation. Intentional reconnection can help.
- 5+: Professional alienation is significant. This needs attention as part of your recovery.

Part C: Reclaiming your Identity as a Physician

As a physician leader, I want to be someone who...

(What qualities, values, or contributions matter most? Examples: "protects clinical integrity," "develops people," "builds safe teams," "speaks honestly about difficult realities," "stays connected to why I became a doctor.")

In the next 4 weeks, I can live that identity in at least two small ways:

1. _____

(Examples: "I will carve out 15 minutes weekly to mentor a younger clinician," "I will name one value at the start of key meetings," "I will schedule a half-day back in clinic if possible.")

2. _____

Reflection Questions

1. What surprised you about your "then" and "now" comparison?

2. If you checked 5+ alienation signals, what feels most painful?

3. What would it take to feel more like yourself in your leadership role?



"It's a lonely role, [you're] not fully accepted physician or administrator."

-Mark, MD Critical Care & CMO

Lord & Schecter, 2016



Next Steps

If you're experiencing professional alienation:

- Explore the Recovery Workbook's sections on identity alignment, values alignment, and identity strain.
- Practice the two small actions you named above, and notice what shifts.
- Connect with a HelixMD physician coach to process identity loss and explore what staying or leaving might mean.
- Consider finding a peer or mentor who has successfully navigated this transition, their story may help you envision a path forward.

Putting It All Together: Your HelixMD Next Steps

You've now explored all three co-morbidities. Here's how to move forward:

Step 1: Identify Your Co-Morbidity's

Which scored or felt most urgent to you? It's not unlikely to be experiencing more than one -

- Leadership Vital Signs (Lack of Development)
- Support & Signal Map (Laissez-Faire Support)
- Identity Compass (Professional Alienation/Identity Loss)

Notes:

Step 2: Dive Deeper

We offer a variety of tools. If you're going it alone or as part of a larger program or a coach, the HelixMD tools can be used alone or together with existing programs.

The Physician Leadership Fatigue treatment plan				
Leadership Fatigue	Co-morbidity	Symptoms	RX	Duration (months)
	Lack of Leadership Development	Role ambiguity or stress Team understanding	Phys'n Leadership Development	12 - 18
	Laissez-Faire support	Peer connection CWD	Coaching or mentoring	3 - 9
	Loss of professional identity	Values congruence Alienation	Physician Recovery workbook	3 - 12

RX:

We offer three specific solutions each designed to match your co-morbidities.

Physician leadership Development:

- Physician Leadership Development series → modules on role clarity, leading teams, influencing up, and decision-making in ambiguity.
- Coaching Guide → Leadership Vital Signs Self-Check, Leadership Development Prescription, and Session Flow Templates focused on building specific skills (e.g., difficult conversations, boundary setting, system navigation).
- Recovery Workbook → sections on systemic issues, role clarity, team understanding, onboarding, organizational support (pp. 20-21).

Our leadership development work can be done using either our stand alone modules or our complete series.

Coaching or mentoring:

- Coaching Guide → Support & Signal Map, Support Signal Script, and scenarios on negotiating “minimum viable support” and psychological safety.
- Leadership Development series → content on working with executive partners, clarifying expectations, and building peer/mentor networks.
- Recovery Workbook → sections on systemic issues, organizational culture & safety, peer connection, leadership fatigue.

Loss of Professional Identity

- Recovery Workbook → sections on systemic issues, role clarity, team understanding, onboarding, organizational support (pp. 20-21)
- Recovery Workbook → sections on systemic issues, organizational culture & safety, peer connection, leadership fatigue (p. 22)
- Recovery Workbook → sections on identity alignment, values alignment, identity strain (p. 23).

Quick glance:

Co-morbidity (What's active?)	Primary RX (Core path)	Supporting Tools & Documents
Lack of Leadership Development	Physician Leadership Development series (12–18 months of targeted skill-building: role clarity, leading teams, influencing up, decision-making in ambiguity).	<ul style="list-style-type: none"> - Leadership Vital Signs Self-Check + Leadership Development Prescription (HelixMD Coach Guide). - Recovery Workbook sections on systemic issues, role clarity, team understanding, onboarding, organizational support (pp. 20-21).
Laissez-Faire / Absent Support	Coaching or mentoring focused on building “minimum viable support,” psychological safety, and realistic expectations (3–9 months).	<ul style="list-style-type: none"> - Support & Signal Map + Support Signal Script (HelixMD Coach Guide). - Leadership Development series content on working with executive partners, clarifying expectations, and building peer/mentor networks. - Recovery Workbook sections on organizational culture & safety, onboarding, peer connection, leadership fatigue (p.22).
Loss of Professional Identity / Professional Alienation	Physician Recovery Workbook as the primary identity and values realignment path (3–12 months).	<ul style="list-style-type: none"> - Identity Compass, Then/Now/Still Me, Reclaiming Identity statement and “tiny behaviors” plan (HelixMD Coach Guide). - Recovery Workbook sections on identity alignment, values congruence, identity strain, Trauma Response Indicator (p. 23) - Leadership Development series modules on authentic leadership and values-based decision-making.

Step 3: Consider Ongoing Support

Depending on your score and what you discovered:

- Light support: Self-directed work in the Recovery Workbook + HelixMD learning modules on leadership skills.
- Moderate support: Recovery Workbook work + connection to a peer cohort or leadership development group.
- Intensive support: Recovery Workbook + dedicated physician coaching to process, plan, and practice in real time.

Step 4: Take Action

- Use the reflection questions and prompts to identify 1–2 concrete next steps.
- Share your Support Signal Script with someone who can help.
- Practice your identity reclamation statements.
- Set a date to check back in on your progress.

A Final Word

Physician leadership fatigue is systemic, not personal. You are not broken, and you are not alone.

This workbook is one part of HelixMD's integrated support system. Your responses to these tools are data, not judgment. They help you see what's really happening so you can decide what needs to change: your role, your organization's support, your own identity work, or all three.

Leadership fatigue is treatable. Recovery is possible. You deserve support.

If you're ready for deeper work, connect with HelixMD coaching, join a leadership development cohort, or explore the full Physician Personal Recovery Workbook.

You have what it takes to lead authentically and sustainably. Let's make it happen.

About HelixMD

HelixMD was created by physician leadership experts committed to transforming how physicians experience and thrive in leadership roles. Grounded in a decade of rigorous research with physician leaders and designed with physician coaches, HelixMD combines cutting-edge assessment, structured recovery and development work, and dedicated human support to help you lead authentically and sustainably.

Your leadership journey matters. Let's get started. Physician is in your DNA. Don't let leadership fatigue sideline the evolution of your career!



“The job description was vague, there was no prioritization, and people are reluctant to give physicians feedback”

-Andrew, MD Physiatrist & CMO

Lord & Schechter, 2016



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¹Lord & Schechter, 2016