



From the Clinic to the C-suite™

Physician leadership fatigue co-morbidities: The HelixMD Framework

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Archetype Learning Solutions

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Introduction & Framework

Physician leaders are essential to bridging clinical care and the business of medicine, yet new research shows that leadership fatigue, driven by systemic factors, is prompting burnout, disillusionment, and turnover. Our studiesⁱ of 33 U.S. physician executives amplifies their voices and points to real solutions for healthcare organizations.

Problem statement and operational significance.

Unclear expectations, combined with a lack of leadership development and institutional support undermine physician leaders, resulting in high turnover and lost value. Healthcare organizations risk increased costs and diminished care quality unless systemic contributors are addressed.

Leadership fatigue among physicians is not an individual failing, but a collective outcome of unclear roles, inadequate support, and loss of professional identity. The assumption that clinical excellence naturally translates to leadership success leaves new executives unprepared for the ambiguity, political pressures, and isolation of the C-suite.

We've identified these as physician leadership fatigue co-morbidities: lack of leadership development, laissez-faire support, and/or loss of professional identity, which are further represented in the HelixMD framework.

In the absence of clear expectations, values incongruence, and shared understanding of physician executive accountabilities, physician leaders are often set up to fail.ⁱⁱ Their executive colleagues possess varying perspectives on what they should or should not be doing. Furthermore, navigating potential pitfalls and landmines to maximally contribute value to the organization can be complex, confusing, and demoralizing. The results are often a less than compelling realization of benefits of investing in the physician leader role and physician leader

One in ten physicians...

report severe moral distress on the job, and those with high levels of moral distress face markedly increased odds of anxiety, depression, burnout, and intention to leave patient care within five years.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC9109912/>

turnover. This is both an expensive proposition and business failing that could be avoided with a proper understanding of the critical success factors to hire right fit physician leaders, who then are positioned to become valued contributors to the success of the organization.

With rising healthcare costs and increasing fiscal demands on health systems, the cost of hiring a physician leader without adequate development, in addition to the confusion among the executive team, highlights the need for improving how health systems develop, socialize, and utilize physician leaders. If this sounds like your experience, or you are just wanting to feel better prepared to enter into a leadership role as a physician, HelixMD may be a solution to overcome leadership fatigues and stress you may be experiencing.



“The combined pressures of unclear roles, institutional silos, and cumulative workplace distress led some to conclude that ‘walking away’ was easier than remaining in a state of chronic frustration and professional loss.”

Lord, Kodama, & Granzotti, 2025



The Research

It is commonly known that the role of a physician is demanding. Many work long days, well into the evening or after their scheduled shift completing a litany of documentation and conducting patient follow up. Physicians often feel that they are viewed by the organization as a unit of production, rather than a valued team member. Boundary spanning, for example, is just one way in which physicians have inadvertently played an active role in easing the financial burden in an ever and rapidly changing environment.ⁱⁱⁱ This is most frequently due to an expectation that physicians a) take on an ever increasing patient load, b) weigh careful and constant oversight of documentation and coding, and c) are even expected to drum up additional business through advertising or other means.^{iv}

two multi-institution qualitative study was conducted with 33 physician executives. Focused interviews and group sessions revealed real-time pain points and organizational gaps. Research questions included ways in which physician leaders experienced cumulative workplace distress, unresolved conflict, shifts in expectations related to professional identity, and ways that physician leaders felt unsupported with difficult decisions.

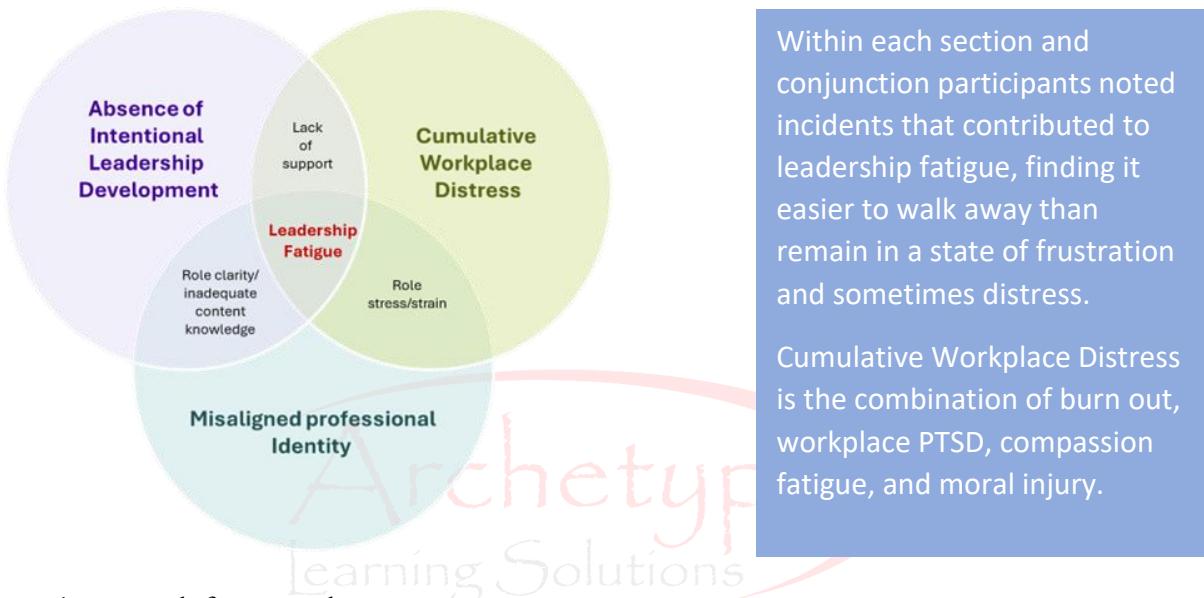


Figure 1: research framework

As the business of healthcare compresses clinics into systems, the physician demand is increasing yet again. With the expansion of physicians into key leadership roles, we see another set of challenges: transitioning the clinician to leader. A shift that is capitalizing on an already diminishing pool of physicians in many specialties.

The researchers examined the nexus of these critical concerns (Figure 1) among physician leaders leading to the question: In the absence of effective development combined with Cumulative Workplace Distress^{iv} how quickly will physician leaders experience leadership fatigue after promotion into a formal leadership role?

Key findings

1. In the absence of clarity and support, physician leaders experienced rapid disillusionment when promoted with minimal leadership development and little clarity on their roles or authority.

2. Most participants cited feeling unsupported by executive colleagues and isolated from former clinical peers.
3. Lack of clear roles and executive team integration left many physicians feeling struggling to meet the multitude of complex challenges from billing, quality, and becoming physician disciplinarians.
4. Persistent “role ambiguity” and a lack of structured mentorship resulted in stress behaviors --ranging from withdrawal to unhealthy coping.
5. Systemic “cumulative workplace distress” (CWD) --including burnout, moral distress, and conflicting values-- was present in almost every case.
6. The hidden curricula of medical school, of “just figure it out” was damaging, leadership development was rare, ad hoc, or non-existent and a significant contributor to individual attribution or sense of failure, which added to CWD.

Across this body of research, a prevailing theme among physician leaders was a profound sense of disillusionment, often emerging rapidly following promotion into leadership roles with minimal clarity or preparation. Lacking clear expectations, robust support systems, and structured development, many participants described their experience as “traumatic,” marked by persistent ambiguity, moral conflict, and professional isolation. This disillusionment was not merely episodic fatigue but an ongoing erosion of professional identity and purpose, with physicians reporting that the demands of leadership sometimes left them feeling more like organizational functionaries than clinical or moral leaders. The combined pressures of unclear roles, institutional silos, and CWD distress led some to conclude that *walking away* was easier than remaining in a state of chronic frustration and professional loss, underscoring the urgent need for systemic solutions and pathways for recovery.



Systemic issues: Role clarity, team understanding, onboarding (integration) support, culture & safety

- These are organizational issues that are much larger than anyone individual can overcome without significant support or institutional change. Given the propensity of physicians to be healers, this was a significant finding in the research. The result among physician leaders was often a sense of being silenced.



Relational loss: Peer connection, cumulative workplace distress, and leadership fatigue

- The loss of collegial relationships is another compelling issue among physicians. The idea that many physicians once transitioned into leadership roles had, “gone to the dark side,” often meant that they had lost friendships within a tight community. Additionally, many participants indicated that they were not accepted as part of the business or administrative team of leaders, leaving them in an often-lonely place.



Identity alignment: Values congruence, identity strain

- The most compelling finding was the sense of disillusionment as a result of identify and values mis-alignment. Similar to the loss of collegial relationships, but worse as it was often a direct result of values incongruence that challenged the very reason why physicians went into practice. It was often these very challenges that contributes to being labeled disruptive physician behavior.

If you are interested in your unique leadership fatigue profile, as well as understanding your unique recover style, be sure to complete the Trauma Response Style Indicator assessment of pp 63 – 65 of the Physician Recovery Workbook. The Trauma Response Style Indicator is part of our COMPASS division.

Table one: Physician Demographics

Gender	Male	22
	Female	11
Age	40 – 49	8
	50 – 59	12
	60+	13
Medical degree	MD	3
	DO	1
Specialty	Anesthesia	1
	Critical care	2
	Emergency Medicine	2
	Family medicine	7
	Surgery	3
	Geriatrics	2
	OB/GYN	1
	Pediatrics	3
	Psychiatry	3
	Urology	1
	Immunology	1
	Infectious disease	1
	Internal medicine	5
Years in clinical practice (in years)	1 – 9	2
	10 – 19	10
	20 – 29	19
	30+	1
Years in leadership positions (in years)	1 – 9	10
	10 – 19	10
	20 – 29	19
Current leadership position	Executive (CEO, Pres, VP)	9
	CMO	17
	CMIO	2
	Director	5
Years in current leadership position (in years)	<1 year	1
	1 – 5	22
	6 – 10	7
	11+	2
Leadership or team opportunities in medical school or residency	Yes	11
	No	22

Future research:

We are collecting data for the next round of research. Feel free to the results of your personal Physician Leadership Fatigue Assessment Please return your completed assessment to:

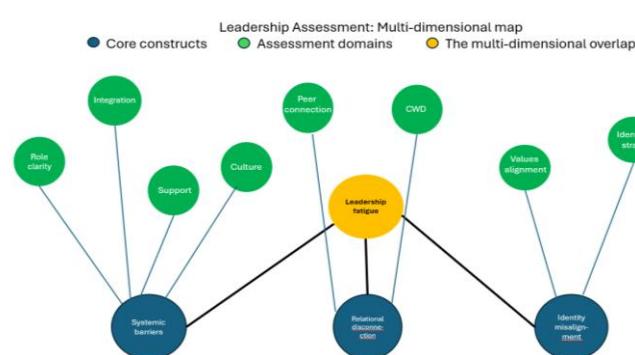
Danielle@archetypelearningsolutions.com.

Your results will remain completely confidential, and will remain confidential and will never be reported in a way that could identify you personally. Responses from this assessment may be used for research and quality improvement to enhance leadership development for physicians. Participation in research use of your data is entirely voluntary. You may choose whether to allow your de-identified responses to be included in future research by selecting the option below.

The next research will be a mixed methodological study assessing a path analysis to determine which of the variables below most contribute to physician leader fatigue.

Table two: Mixed methodological Research framework

Conceptual Framework Dimension	Aligned Assessment Domains	Research Link
Systemic and Organizational Factors	Role Clarity, Team Understanding, Onboarding Support, Culture & Safety	Draws from leadership role ambiguity, system overload, and environmental strain literature.
Relational and Emotional Variables	Peer Connection, Cumulative Distress, Leadership Fatigue	Connects to professional isolation and emotional labor mechanisms.
Identity and Purpose Alignment	Values Congruence, Identity Strain	Ties directly to the research on <i>distressed vs. disruptive physician behavior</i> and identity dissonance dynamics.



Our next phase of research will be a mixed-methodology to determine a path-goal, which will help us correlate, which specific variables most notably impact physician leaders.

Figure 2: New research conceptual path analysis framework

Conceptual framework: Operationalizing HexlixMD

For the purposes of HelixMD the framework has evolved into a more simplified version that encompasses the lived experiences of our 33 participants. While the labels have changed to reflect the three HelixMD co-morbidities, they encompass the same domains within the research.

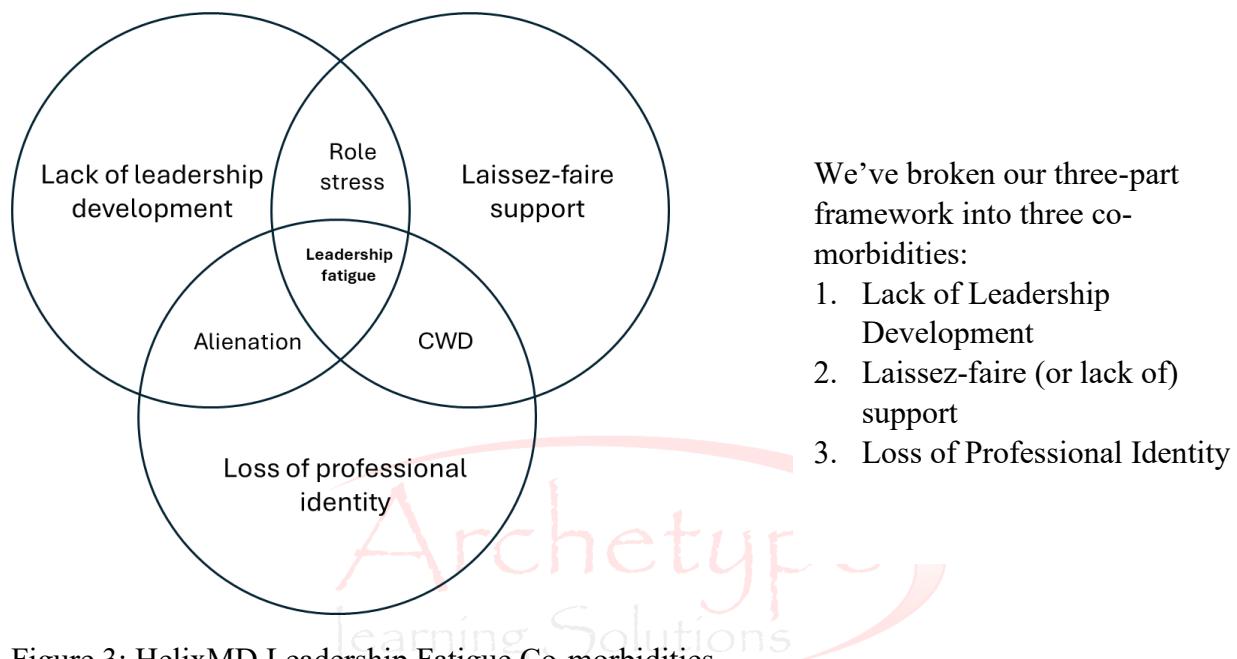


Figure 3: HelixMD Leadership Fatigue Co-morbidities

Lack of leadership development

The lack of leadership development and laissez-faire support contributes to role stress. Role stress is highly correlated with stress, anxiety, lack of engagement, and burn out. While many of our research participants had exposure to leadership during their clinical rotation and even after, most found that the transition to a more macro role required more leadership awareness than they had realized.

Laissez-faire support

When laissez-faire support is combined with a loss of professional identity, often experience some type of Cumulative Workplace Distress (CWD). CWD, defined by Lord, et al., as an umbrella term covering burn out, compassion fatigue, PTSD, and/or moral injury. While CWD is also a contributor to leadership fatigue, at HelixMD we see it as more of a response to leadership fatigue rather it being the cause.

At the nexus of laissez-faire support and loss of identity is Cumulative Workplace Distress. HelixMD treats CWD as a symptom of misaligned roles, absent support, and identity disruption; the framework is designed to intervene at each of these levels rather than asking physicians to simply 'be more resilient.'

Loss of professional identity

Professional identity is an important element in most professions. It is a significant part of our personal as well as professional world. While competition may be fierce in medical school, in the professional world, the pool of physicians is relatively limited. Within that small sector you share a common language and values, which are at the core a common bond. Once that bond has been broken, through alienation, the loss becomes emotionally and mentally significant. Most of our research participants felt this loss even further because they had no sense of comradery among the administrative team.

Helix MD is designed to help struggling physician leaders reclaim their identity as physicians who now happen to be leaders. For physicians who are considering or just entering a leadership role, this framework and the HelixMD tools can help you feel better prepared.

The HelixMD 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

The three co-morbidities, lack of development, laissez-faire support, and loss of professional identity, form the clinical picture of leadership fatigue and guide a tailored recovery plan.

Whether you have one, two, or even three of the physician leadership fatigue co-morbidities, our treatment plan has the tools. Of course you do not need to use the HelixMD tools, but they are all informed by our research as a means to provide you with the support you need.

HelixMD translates these findings into a practical, physician-facing framework that helps leaders and organizations:

- Name which co-morbidities are active.
- Design a realistic leadership recovery plan.
- Prevent the next generation of leaders from entering the same sink-or-swim pipeline.

For individual physicians

If this feels uncomfortably familiar, your leadership fatigue is not a personal failure. It is data. Start by completing the HelixMD co-morbidities assessment and using this workbook to design a leadership recovery plan you can live with.

For organizations hoping to make a measurable difference for physician leadership fatigue within their walls

Leadership fatigue is a predictable clinical syndrome in current health care, not a character flaw. HelixMD offers a structured treatment plan, assessment, reflection, and coached recovery, to reduce cumulative workplace distress and restore professional identity. Begin by administering the HelixMD assessment to yourself, your team, or your physician leader cohort, and use the results to guide the next phase of development and support.

For a copy of either, or both studies related to Physician Leader you can find them at
<https://www.archetypelarningsolutions.com/academic-research>

i Combined studies: Lord & Schechter, 2016; Lord, Kodama, and Granzotti, 2025 -

ii Lord & Schechter, 2016

iii Ramedani, et al., 2024

iv Cumulative Workplace Distress (Lord, Kodama & Granzotti) is defined as the combination of burn out, workplace PTSD, compassion fatigue, and moral injury.

v Lord, Kodama, & Granzotti, 2025



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