

WittKieffer

**PHYSICIAN LEADERSHIP
INSTITUTE**

Developing Physician Leaders:

A Leadership Lens Approach

**AN ESSENTIAL RESOURCE FOR
PHYSICIAN EXECUTIVES AND THE
ORGANIZATIONS WHO SUPPORT THEM**

Contents



01 ABOUT THE LENSES OF LEADERSHIP

02 REFLECTIONS AND FOUR LESSONS FROM THE FIELD

04 EXPLORING THE FOUR LENSES

04 Visionary

Vision Quest: How Physician Leaders Can Build Strategic Muscles

08 Operational

Beyond the Bedside: Operational Excellence as a Core Competency for Physician Leadership

12 Relational

An Essential Leadership Vehicle: Your Relational Lens

16 Self-Management

Empathy in Physician Leadership: Current Insights and Strategies

21 ABOUT WITTKIEFFER AND THE PHYSICIAN LEADERSHIP INSTITUTE

About the Lenses of Leadership



Four lenses—Visionary, Operational, Relational, and Self-Management—inform the success of all leaders. They are all needed for outstanding leadership, though each role requires its own unique balance. Most leaders prefer one or two lenses over the others, which is why the ability to see—and manage—oneself underpins them all.

VISIONARY (telescope): Today’s leaders must navigate complex issues, think holistically, and continue to innovate to position the organization for long-term success.

OPERATIONAL (microscope): Operations are an essential component of running a successful organization. This involves harmonizing structures, systems, and processes to effectively execute strategic priorities.

RELATIONAL (stethoscope): Leaders must be able to effectively manage the often differing needs of multiple constituents and gain buy-in for their ideas. The ability to be collaborative and foster trust is paramount.

SELF-MANAGEMENT (mirror): These lenses are underpinned by leadership adaptability. Successful leaders draw on self-awareness and emotional intelligence to leverage the lens most needed for success in the moment.

Reflections and Four Lessons from the Field

By Michael Anderson, MD, and Raj Ramachandran, EdD, Co-Executive Directors,
WittKieffer Physician Leadership Institute

When we launched the Physician Leadership Institute, we believed the four lenses of leadership—Visionary, Operational, Relational, and Self-Management—were essential to cultivating outstanding physician executives. Today, after working alongside countless leaders across health systems, academic centers, and multispecialty groups, we are even more convinced.

Our conviction, however, has deepened and sharpened. Leadership today is not simply about building capability. It is about shaping the direction of influence. In a polarized, fatigued, high-pressure environment, leaders are already influencing their organizations every day through tone, priorities, reactions, and attention. The real question is not whether influence exists. It is whether that influence brings out the best in people or amplifies stress and fragmentation. This resource is a compilation of some of our key learnings from the field.

Lesson 1: Strategy is emotional before it is analytical.

Through our work on the Visionary lens, we have seen that strategy does not fail because of insufficient data. It falters when leaders do not elevate perspective. In a brittle and anxious healthcare environment, physician leaders often default to operational firefighting. Yet the leaders who create real forward movement consistently pause to ask “What are we building toward?” not just “What are we fixing?” Visionary leadership is not grand rhetoric. It is the disciplined act of lifting attention from the immediate to the enduring. When leaders frame the future with clarity and conviction, they shift emotional energy from fear to possibility, and that emotional shift precedes every successful strategic move.

Lesson 2: Systems create the behavior they reward.

Our work through the Operational lens reinforced a simple but powerful truth. Operational excellence is intentional and by design, not just for compliance. As Deming observed, every system is perfectly designed to produce the results it gets. Too often burnout is attributed to individual weakness and tension is attributed to personality, when the underlying issue is structural misalignment. The most effective physician leaders ask, what in our system is shaping this behavior, rather than who is at fault. Operational leadership at its best creates conditions where excellence becomes the natural output. When systems are aligned with strategy and values, people are freed to perform at their best.



Michael Anderson, MD



Raj Ramachandran, EdD



Lesson 3: Relational discipline is a force multiplier.

In mergers, competitive markets, and leadership transitions, strategy alone does not hold organizations together. Trust does. Through Learning Circles and facilitated peer dialogue, we have watched leaders build “systemness” not through charisma but through disciplined conversation. Relational leadership is not about being agreeable. It is about showing up with clarity, consistency, and respect. Leaders who assume positive intent, challenge directly without humiliation, and create psychological safety unlock discretionary effort in their teams. Research confirms it, and our experience echoes it. High trust environments outperform. Relationships are not a soft overlay on strategy. They are the vehicle that allows it to move.

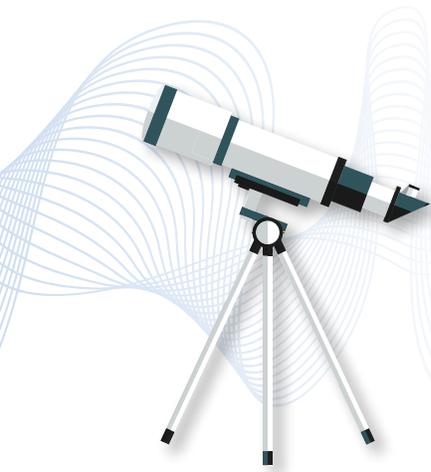
Lesson 4: Self-awareness determines which lens shows up under pressure.

The Self-Management lens has proven to be foundational. Under stress, leaders revert to default patterns. Without self-awareness, the Visionary leader becomes detached, the Operational leader becomes rigid, and the Relational leader becomes avoidant. The leaders who sustain impact do something deceptively simple. They pause. They ask what is being triggered and what response would bring out the best in the other person. That pause shapes intention. Intention shapes culture and culture shapes outcomes. Self-management is not introspection for its own sake. It is adaptive discipline. It ensures that the right lens emerges in the moment it is most needed.

After working with countless physician leaders through our Physician Leadership Institute, one insight stands above the rest. Healthcare does not lack intelligence or talent. It often lacks aligned leadership influence. When physician executives approach their roles with the intention to bring out the best in those around them, without avoiding hard conversations but starting from possibility rather than resignation, the ripple effects are profound. The four lenses provide structure. Intention provides direction. Together, they form the foundation of leadership that strengthens organizations, sustains teams, and ultimately serves patients and communities well.

This resource, “Physician Leader Development through Leadership Lenses,” outlines the four essential leadership lenses (Visionary, Operational, Relational, and Self-Management) and explores how physician leaders can develop them and employ them for career and organizational success. Enjoy these insights as you evolve your career!

Exploring the Four Lenses



LENS 1

Vision Quest: How Physician Leaders Can Build Strategic Muscles

By Michael R. Anderson, MD, MBA, Nathaniel Grotte, Christy Pearson, PhD, and Raj Ramachandran, EdD

From the beginning of their clinical training, physicians learn to diagnose, decide, and act—often in minutes. But when they step into leadership and especially into senior roles, the pace, scope, and purpose of decision-making change. The skills that define clinical excellence aren't necessarily the same ones that influence colleagues, galvanize teams, or move health systems forward.

We have written that effective physician leaders must see their work through varying leadership lenses—among them, operational, relational, and self-managing. A fourth, and perhaps the most essential one, is the “visionary” lens of leadership.

In an era defined by change—digital transformation, workforce instability, regulatory uncertainty, and new models of care—the most successful physician leaders are those who can think and act strategically and with vision. They must change and accept the fact that “the only constant is change.” To borrow some well-worn but still useful metaphors, they must display an ability to stay ahead of the curve, think outside the box and, yes, skate to where the puck is going.



FROM OPERATIONAL TO VISIONARY LEADERSHIP

Physician leaders often begin in operational roles—focused on managing teams, improving processes, and ensuring quality care delivery.

Operational leadership is mostly about execution and making sure the organization and its facilities run smoothly.

Strategic leadership is different. It's about shaping tomorrow, requiring:

- **Enterprise-level thinking:** Seeing beyond one's department or span to understand the entire system—including financials, processes, workforce, patient experience, and the long-range implications of today's decisions on each.
- **Visionary perspective:** Anticipating where healthcare is headed and positioning your organization to thrive in a different environment.
- **Influence and alignment:** Communicating strategy and vision clearly so others understand, support, and help get them off the ground and become a reality.

Sounds easy, but again, not all physicians and even physician leaders are wired this way. Nor are their organizations. In the past, doctors provided care while administrators ran the hospital and did the big-picture thinking. Physician leaders looking to think and act with vision must fight their own tendencies as well as those of the expectations of the people around them. Some organizations, such as [Intermountain Health](#), are working with their top clinicians to rethink the way they've always done things.

Today, roles like Chief Medical Officer, Chief Physician Executive, Chief Clinical Officer, and Chief Medical Informatics Officer demand strategic competence. This is due in part to the fact that healthcare is more complex than ever:

- Consolidation is reshaping markets and adding layers of complexity.
- AI and emerging technologies are disruptive—both positively and negatively.
- Financial pressures demand new models of care and operational efficiency.

It's increasingly a [BANI world](#)—Brittle, Anxious, Non-linear, and Incomprehensible—requiring physician leaders to interpret and adapt rather than relying on skills and strategies that have worked for them in the past. In this shifting environment, visionary physician executives will be asked to ensure that innovation aligns with patient care, workforce realities, and organizational sustainability.



KEY COMPETENCIES OF VISIONARY PHYSICIAN LEADERS

Physician leaders often begin in operational roles—focused on managing. To lead strategically, physicians need to develop competencies beyond clinical expertise:

- **Enterprise-level strategic thinking:** Understand interdependencies across the system—finance, operations, patient impact—and anticipate long-term consequences.
- **Data-driven decision making:** Go beyond clinical data. Learn to interpret financial reports, KPIs, and analytics that drive organizational decisions.
- **Making strategic tradeoffs:** Decide what to prioritize now and what to defer. Strategic leadership is about choices, not just actions.
- **Innovative thinking:** Engage with emerging technologies like AI to ensure they enable progress without unintended harm.
- **Operational understanding:** Know how the organization works so your strategy is grounded in reality.
- **Navigating complexity:** Executive leadership is a team sport. It requires patience, resilience, and the ability to see the big picture.
- **Strategic communication:** Articulate vision and strategy simply and accurately to build buy-in and alignment.



EXERCISING VISIONARY MUSCLES

What can physician leaders do to build their strategic strength and make visionary thinking a habit? A few of our suggestions:

- 1. Schedule “vision time.”** Block off time each day and give yourself the [grace, space, and pace](#) to see the world clearly and differently. Also allow time to consider the future and what you can do in the near term to ensure long-term goals are achieved.
- 2. Engage in scenario planning.** Practice thinking through multiple futures with “what if” exercises: What happens if reimbursement models shift? If workforce shortages worsen? Extend your planning to include how the organization may address potential challenges.
- 3. Engage a coach or vision guru.** Identify someone who can ask you tough, probing questions about the future and the organization’s readiness for it. Becoming a more visionary and future-focused leader is often a change in mindset, and seeking the perspectives of others can help accelerate this shift.
- 4. Build cross-functional relationships.** Spend time with leaders in IT, finance, HR, and operations; take them to lunch to pick their brains. Join enterprise-level committees and initiatives. These relationships help to broaden perspectives and consider organizational context in more comprehensive ways, both needed for strategic thinking.

The transition from operational to visionary leadership is not optional—it’s imperative. Healthcare’s complexity and volatility demand leaders who can look beyond the immediate and imagine what’s next. For physicians, this means embracing a mindset shift: from solving today’s problems to shaping tomorrow’s possibilities. Those who cultivate strategic foresight, influence, and adaptability will not only help guide their organizations through uncertainty but also ensure that innovation serves its ultimate purpose—better care for patients and healthier communities. In short, the future of healthcare will be built by leaders who can see it first.

Physician leaders who combine clinical credibility with strategic vision are indispensable in today’s healthcare environment. By developing the above competencies and habits, they can truly evolve as leaders, ready to face a very uncertain future.



LENS 2

Beyond the Bedside: Operational Excellence as a Core Competency for Physician Leadership

By **Michael R. Anderson, MD, MBA, Nathaniel Grotte, Christy Pearson, PhD, and Raj Ramachandran, EdD**

Physicians are uniquely positioned to lead healthcare into the future. Yet most were never formally trained to lead, particularly in operations. Concepts such as throughput, resource allocation, LEAN methodologies, staffing ratios, and financial stewardship tend not to appear in medical school curricula; however, that has been changing in recent years.

In today's increasingly complex healthcare environment, physician leaders must not only understand clinical care delivery; they must also shape how care is delivered—safely, efficiently, equitably, and with an eye on the financial implications for the organization. To succeed, physicians must cultivate an operational lens that complements their clinical expertise, [relational skills](#), and [self-awareness](#). The key is to gain an appreciation of operational excellence, with a focus on creating systems where the organization can prosper and patients consistently receive outstanding care.

As operational excellence guru W. Edwards Deming stated, *“Every system is perfectly designed to get the results it gets”* and this statement underscores the importance of continuously discovering smarter, more efficient ways of working—and embedding those improvements into the fabric of the organization. The work of physician leaders is to ensure those systems deliver the right results—high-quality care, reliable outcomes, and sustainable performance. This requires a disciplined mindset: questioning whether existing processes add value, redesigning those that do not, and embedding a continuous improvement focus into the culture of the organization.



WHY PHYSICIANS MUST TAKE A LEAD IN OPERATIONS

Healthcare organizations that expect leaders to apply operational excellence mindsets reap enormous benefits. Delivering care reliably, efficiently, and at scale requires systems thinking, continuous improvement, cost discipline, and alignment between clinical operations and strategic priorities.

Physicians are uniquely suited to lead this work because they see firsthand where systems break down. They observe delays, bottlenecks, duplicative steps, and unintended consequences that others may miss. Conversely, they may be the first to recognize opportunities for innovation, change, and improvement.

When physicians are engaged in operational redesign, outcomes improve—for patients, staff, and the organization alike. Conversely, when they are absent, even the most well-intentioned improvement initiatives often falter. Inefficient workflows and broken systems are not only costly but also often [lead to burnout](#) among healthcare workers.

Physician leaders also bring credibility, context, and the ability to integrate the importance of the patient experience and performance metrics. Their ability to influence both administrative leadership and frontline staff is an important component in leading change efforts related to operational excellence and continuous improvement. Their involvement ensures [process improvements](#) are organizationally relevant, clinically sound, and operationally sustainable.



THE OPERATIONAL EXCELLENCE SKILL SET FOR PHYSICIAN LEADERS

Operational excellence in healthcare is maximized when physician leaders remain attuned to the following operational concepts:

- **Systems thinking:** Understanding end-to-end patient flow and interdependencies.
- **Data-driven leadership:** Gaining fluency in dashboards, KPIs, cost drivers, and outcome metrics.
- **Continuous improvement:** Identifying inefficiencies and root causes in workflows.

To lead effectively, it's essential for leaders to balance attention between operational elements—such as processes, tactics, and data—and the human aspects of execution. When the focus is solely on the former, the result is often mere compliance with expectations. However, achieving long-term operational excellence requires genuine commitment. That commitment is cultivated when leaders invest time in addressing the people side of execution, which includes:

- **Collaborative leadership:** Working cross-functionally with nursing, administration, IT, finance, and other areas.
- **Change leadership:** Communicating the “why,” addressing resistance, and recognizing progress.
- **Communication and presence:** Remaining visible and engaging frequently with colleagues to ensure alignment and foster momentum.

When organizations have leaders focusing on these concepts, proven successes demonstrate the impact: [optimized patient panels](#), [increased operating room productivity](#), shorter emergency department wait times, reduction in medication errors, and fewer redundancies in documentation. Once operational excellence becomes embedded in an organization, opportunities for improvement surface naturally and multiply quickly.



BUILDING THE MUSCLE

So how can physician leaders strengthen their operational acumen? A few proven approaches include:

- **Reading:** Foundational texts and healthcare-specific resources provide a solid base. (See our Reference List below.)
- **Coaching:** Partnering with a coach versed in operational excellence accelerates learning and builds confidence.
- **Case-based learning:** Real-world examples across healthcare reveal strategies that can be adapted and scaled to the physician leader's organization.
- **Peer cohorts and mentoring:** Shared learning and real-time observation of ongoing initiatives create invaluable opportunities for professional growth. Physician leaders can also catalyze organizational change by serving as mentors and sponsoring process-improvement initiatives.

The key is practice: developing fluency by applying concepts directly to daily challenges, even small ones, learning from feedback, and refining approaches over time.

THE ROAD AHEAD

As should be apparent, healthcare's long-term viability depends on operational excellence. For physicians, leadership means walking in two worlds: one dedicated to healing individuals, and one committed to continuously healing the systems that deliver care. The physician leader of the future is not only a clinician and advocate, but also a systems thinker and operational architect. Those who embrace this dual role will be best positioned to create organizations where patients, providers, and communities can thrive.



LENS 3

An Essential Leadership Vehicle: Your Relational Lens

**By Raj Ramachandran, EdD, Michael R. Anderson, MD, MBA,
and Nathaniel Grotte**

In [a compelling TED Talk](#), Dr. Atul Gawande compares a medical team to a car. Only slightly tongue-in-cheek, he suggests that a typical team today might have the engine of a Ferrari, the body of a Volvo, the chassis of a BMW, the brakes from a Mercedes, and so forth. The result is one very expensive vehicle . . . that doesn't function well.

A healthcare team can have the very best diagnostician, surgeon, anesthesiologist, nurse, and so on, but if they don't communicate with one another, they may falter. In our work with physician leaders, what surprises many of them is this: technical skills and clinical acumen alone won't carry them through the leadership journey. What's needed—especially in today's complex environment—is relational fluency: the ability to lead through connection, trust, and collaborative strength.

Relational leadership—a practice that emphasizes the importance of relationships, anchored in trust, collaboration, and human connection to achieve shared objectives—has emerged as a defining capability for healthcare leaders. Amidst burnout, system strain, and organizational change, it's the relationally fluent leaders who bring stability, cohesion, and progress to teams.



WHY RELATIONSHIPS MATTER MORE THAN EVER

The modern clinical environment is more complex and emotionally taxing than ever before. Reimbursement pressures, physician burnout and shortages, and mounting patient needs have left many teams stretched thin. The dynamism of this context makes strategizing a moving target—as one seasoned department chair put it, his solution is “just keep your head down, take care of patients, and this will all work out.” His words reflect a calm exterior but also reveal a sense of isolation that is too often a part of leadership roles. Today’s physician leaders need to be more than steady—they must be connectors.

One reason for this shift is the evolution of interprofessional, team-based care. Advanced Practice Providers (APPs)—including nurse practitioners, physician associates, and others—now play an essential role in frontline care delivery. These teams often operate across traditional hierarchies and silos. Effective coordination requires more than aligned workflow—it demands intentional relationship-building, empathy, and cultural competence. Yet too often, leaders are promoted based on clinical or academic excellence, not relational strength. This leaves a critical gap.



HOW RELATIONAL LEADERSHIP DEVELOPS

Relational leadership isn't simply about being personable. It's about presence, trust, and follow-through. It's a discipline that can be taught, practiced, and improved—often through shared reflection and experience.

Many have noted that these relational skills are rarely taught in formal medical training (medical school, residency, fellowship). Now, more than ever, modern healthcare must support and develop physician leaders to take on today's challenges.

In our Physician Leadership LABS, we help physician leaders build their relational muscles in the same way you would refine any skill—through intentional practice. Our preferred venue for this work is in small, facilitated peer groups that we call Learning Circles, which provide a supportive, confidential space explore real-time challenges, uncover blind spots, and strengthen connection. Within the Circles, leaders reflect not only on what they're doing—but how they're doing it, with whom, and receive guidance from colleagues on ways they could try other approaches.

Through structured dialogue, case-based learning, and—it must be acknowledged—genuine, shared vulnerability, our participants examine three key relational dimensions of leadership and what they mean for them:

- 1. Leading Up:** Are they building credibility and alignment with senior executives? Are they offering insight, not just updates?
- 2. Leading Across:** Are they fostering productive collaboration with peers—across specialties, disciplines, and functions?
- 3. Leading Down:** Are they supporting the growth and cohesion of those they supervise, through feedback, clarity, and presence?

This three-dimensional view of relational influence helps leaders see where they're strong—and where they may be unintentionally creating distance or confusion. Over time, these insights lead to deeper trust and better performance, both for the individual and their team.



RELATIONAL TEAMS CREATE REAL IMPACT

Some may still dismiss relational leadership as “soft.” The evidence tells a different story. Research shows that teams built on strong relational foundations—psychological safety, shared purpose, and mutual respect—are more innovative, more engaged, and better equipped to handle stress. In [a recent study published in *The Journal of Management Inquiry*](#), organizations with high-trust leadership cultures reported better staff retention, higher patient satisfaction, and improved quality outcomes.

We’ve seen this firsthand. In one organization, Circles helped nurture a sense of “systemness” in a regional hospital system. Having endured a difficult merger, physician leaders were isolated from their colleagues at other sites and felt great pressure to achieve more with less. While the regular Circle meetings offered an opportunity for the participating providers to know each other better, they provided much more—in this case, the opportunity to intentionally seek feedback and initiate relationships across the organization, while comparing experiences and benefiting from the lessons of others.

CONCLUSION: IN A STORM, IT’S THE PEOPLE WHO HOLD THE LINE

Relational leadership doesn’t mean avoiding hard conversations. It means committing to them. It means showing up with consistency, clarity, and care. And it means holding yourself accountable for how you make others feel—even when the pressure is on.

As one physician executive reflected, “I used to think leadership was about vision. Now I know it’s also about making it safe for others to bring their best forward.”

In healthcare, where lives are on the line and the margin for error is slim, relational fluency isn’t a luxury—it’s a necessity. Relationships make the unique parts of the car work together so the whole vehicle runs smoothly. And the leaders who invest in them will not only hold their teams together—they’ll move them forward.



LENS 4

Empathy in Physician Leadership: Current Insights and Strategies

**By Michael Anderson, MD, Nathaniel Grotte,
and Raj Ramachandran, EdD**

In our work with physician leaders through WittKieffer’s [Physician Leadership Institute](#), we meet experienced professionals in role transitions. After establishing themselves as dedicated colleagues, capable clinicians, and committed patient advocates, these leaders attract the attention of senior administrators and hiring managers and are often tapped for leadership roles, including department chair, chief medical officer, and chief physician officer.

These opportunities, which present a chance to build one’s leadership capacity and have greater impact on a hospital or system, also pose a bit of a Faustian bargain—or an invitation to the “dark side” of administration. As leadership advisors, we’ve found that our most critical task is to help these leaders explore their motivations and preferences to shape a leadership role that they embrace on their own terms. Empathy has emerged as a critical trait for physician leaders, influencing everything from patient satisfaction to team morale. In an era of high burnout and evolving patient expectations, healthcare organizations increasingly recognize that emotional intelligence and empathetic leadership are not “soft” skills but essential competencies.



VALUE OF EMPATHY EMERGES THROUGH GREATER SELF-AWARENESS

[Numerous studies](#) confirm that when physicians and leaders practice empathy, patient care markedly benefits. Empathy is often described as the “emotional bridge” between provider and patient, fostering trust and open communication. Outcomes data bear this out: patients under the care of high-empathy physicians have better clinical results across a range of conditions. For example, higher empathy scores [have been linked](#) to improved control of chronic illnesses like diabetes and asthma, faster recovery from the common cold, and reduced patient anxiety before procedures. Empathetic medical care also correlates with greater adherence to treatment—patients are more likely to follow doctors’ advice when they feel understood and cared for.

Empathy’s positive impact requires truly knowing—and then managing—oneself. Scientist and journalist [Daniel Goleman defines self-awareness](#) as the capacity to recognize our emotions and their effect on others. It is foundational to Goleman’s conception of emotional intelligence, the necessary-but-not-sufficient set of skills that allows us to manage interpersonal relationships intentionally and productively. (For our part, we have yet to meet a leader who has realized their potential without a commitment to taming these tendencies through self-management.)

Sigmund Freud famously opined that “the self you know is hardly worth knowing,” highlighting the difficulty in uncovering our motivations, desires, and essential natures. While we are sympathetic to the idea that this work is never truly done, we believe there can be great value in a disciplined approach to understanding what makes us tick, and how we harness that knowledge in working with and through others.

We are fond of research psychologist [Tasha Eurich’s](#) approach to the topic. Eurich’s research has determined that while 95% of the population believes itself to be self-aware, only 10-15% actually meets the criteria of being able to accurately see themselves as others see them and understand their own values, goals, strengths, and weaknesses. Curiously, Eurich and colleagues find a negative correlation between self-awareness, experience, and power—attributes we might otherwise associate with knowledge or wisdom. But it makes sense when you consider the insulating effects of things like a private corner office, or a legion of subordinates more eager to flatter than to speak candidly.



THE VALUE TO PHYSICIAN LEADERS

As professionals who have embraced the ambiguity of dual roles and, at times, conflicting loyalties, physician leaders can particularly benefit from enhanced self-awareness—even in the context of a profession traditionally skeptical of navel-gazing.

“As a surgeon and as a leader, I understand deeply how important being self-aware is. My ability to operate and my ability to lead is rooted in first understanding how I show up and how present I am,” says Trey Eubanks, MD, CEO of Le Bonheur Children’s Hospital in Memphis.

Physician leaders today face intense pressures—heavy workloads, administrative burdens, and life-or-death decisions—that can tax their empathy. [Research shows](#) that without intervention, physician empathy tends to decline over the course of medical training. By the end of residency, many physicians experience “empathy erosion,” which, if unaddressed, can carry into their leadership roles. This decline is not without consequence: lower empathy leads to more uncompassionate care, dissatisfied patients, and damaged trust in the physician-patient relationship. Recognizing this problem, experts now emphasize that practicing empathy through greater self-awareness is a skill that can be taught and cultivated rather than a fixed trait.

IMPACT ON TEAM DYNAMICS AND ORGANIZATIONAL OUTCOMES

Self-aware leaders profoundly affect healthcare teams and organizations. Physician leaders set the cultural tone for how staff interact and cope with stress. Leaders who listen and understand their team members’ perspectives build psychological safety and trust within teams. [Research in physician leadership has shown](#) that bi-directional empathy between leaders and clinicians helps address burnout, creating a sense of connection and mutual support. In contrast, when leaders lack empathy, team members may feel isolated or undervalued, fueling disengagement and turnover. Interviews with clinician-administrators reveal that a lack of trust and personal connection in leadership leads to frustration, defensiveness, and even dehumanization of colleagues. These dynamics can hurt organizational performance and contribute to staff burnout, higher turnover, and poorer quality care.



DEVELOPING EMPATHY THROUGH GREATER SELF-AWARENESS

We believe that cultivating self-awareness is an essential responsibility of physician leaders. (The American Medical Association agrees, codifying “continuous self-awareness and self-observation” as part of the ethical obligation of competence.) In fact, physicians’ perceptions of their work environment and values alignment are strongly tied to their leaders’ behaviors, underscoring how a leader’s empathy (or lack thereof) sets the tone for team culture. Surveys outside healthcare echo this need: in one study, 61% of employees and 76% of CEOs agreed that empathy is key to organizational success. Taken together, these insights paint a picture of both a challenge and an opportunity—while empathy may be under strain in today’s healthcare climate, physician leaders who prioritize it can significantly improve their teams’ well-being and performance.

Here, we share a few recommendations for developing self-awareness.

Get some perspective. In our engagements with physician leaders, we usually start with an assessment. The WittKieffer Leadership LIFT™ assessments, which leverage the Hogan Assessment Suite, provide a robust, validated look at personality and motivation Combined with interpretation by a certified coach and developmental feedback customized to the participant’s context, assessment provides (in our opinion) an excellent return on investment to the participant by increasing self-awareness.

Formal assessment isn’t the only way to get perspective, however. Remember New York mayor Ed Koch’s famous inquiry, “how’m I doing?” Getting the perspective of others can often be as simple as asking that question—but you must be willing to hear the answer. Leadership coach Kristi Hedges proposes an elegantly simple approach: find five people you work with and ask them two questions: “What’s the general perception of me?” and “What could I do differently that would have the greatest impact on my success?” When we’ve recommended this simple experiment to physician leaders, they’ve told us that it has reliably produced both anticipated and unexpected feedback and strengthened relationships as a result.

Ask yourself *what*, not *why*. Eurich and her colleagues have found that reflection and introspection can be valuable to developing self-awareness, but many people go about it the wrong way. The natural tendency is to ask yourself “why” you feel a certain way, which can lead to unproductive overthinking, rumination, and assigning blame. A more productive approach can be asking “what situations or triggers bother me, and what do they have in common?” This line of questioning lends itself to identifying patterns, which in turn present the opportunity to design interventions and, ultimately,



CONCLUSION

Cultivating empathy through greater self-awareness is more than a moral nicety in healthcare leadership—it is a practical driver of better outcomes for patients, stronger teams, and healthier organizations. The current landscape shows both concerning trends (empathy under duress amid burnout and training gaps) and hopeful momentum as many physician leaders and institutions work to rebuild this crucial capacity. Physician leaders can enhance their empathetic leadership by committing to emotional intelligence development, engaging in leadership development and coaching, and adopting daily practices that prioritize understanding others. In doing so, they not only improve the human experience of care for patients and practitioners but also drive their teams and organizations toward greater success in our patient-centered, compassion-demanding era.

Physician Leadership Institute

– CUSTOMIZED DEVELOPMENT

WittKieffer's Physician Leadership Institute helps participating physician leaders deepen their self-awareness and provides them with the tools to meaningfully advance as leaders.

We provide two offerings tailored to meet the unique needs of the hospital/system in consultation with executive sponsors.

Physician Accelerator

Beginning with assessment, this solution pairs a physician leader with dyadic coaching from an experienced physician mentor and an executive coach.

Ideal for: 1 – 3 leaders



Leadership Lab

A comprehensive development suite that integrates four 1/2-day focused workshops with Leadership Circles and Accelerator coaching.

Ideal for: 8 – 20 leaders



About WittKieffer

WittKieffer is the premier executive search and leadership advisory firm developing impactful leadership teams for organizations that improve quality of life. We work exclusively with organizations in not-for-profit and for-profit healthcare, life sciences, and education—the “Quality of Life Ecosystem.” Leveraging our unwavering focus on this complex ecosystem, we help clients solve challenging problems through executive search, interim leadership, and leadership advisory services. We strengthen organizations that make the world better.

Visit wittkieffer.com to learn more.