WittKieffer

Dispelling Myths: Military Medical Officers Transitioning into Civilian Roles

KIMBERLY SMITH | 2025

Whether trained as physicians or as healthcare administrators, military medical officers have valuable skills and abilities to contribute to non-military hospitals and health systems. There are hurdles to jump in making the transition from military to civilian, however. There are differences in how healthcare is delivered and discussed in the military compared with civilian facilities, and the basic priorities are different. The primary objective of the Military Health System (MHS) is to ensure that troops are able to mobilize and complete their objectives, while a non-military hospital prioritizes more general patient and community health needs.

One of the greatest hurdles that these officers face, however, is convincing search committees and healthcare employers that they can succeed as executives in a non-military environment. In my experience, search committees often have preconceived "myths" that limit their openness to hiring transitioning military officers:

- **Myth 1: Military medical officers don't speak the same language as civilian healthcare leaders.** There is some truth to this, as military medical personnel tend to use different terminology (and frequently a lot of acronyms!) to describe themselves and their work. Rather than a different language, however, it is more like a different dialect of the same language. Put in civilian roles, most former military officers quickly pick up the vocabulary and inflections of those around them.

- **Myth 2: They are not comfortable with a "competitive medicine" environment.** While military medical centers are not necessarily in heated competition with other providers in their areas, they are expected to grow their patient populations (e.g., to reach out to veterans and families in their areas) and certainly to compete on key metrics such as safety and patient satisfaction.

- **Myth 3: They have "military" medical and leadership credentials.** As a matter of fact, most military physicians went to medical school and/or spent their residencies at non-military institutions. Even non-physician officers are encouraged to take leadership training at outside institutions.

- **Myth 4: They don't focus on the bottom line.** As noted, the primary responsibility of military healthcare administrators is to ensure the health and readiness of troops. Yet each administrator has a budget and clear financial expectations for cost control, innovative pay models, and so forth. One might say that the military health and insurance system is similar to a very large HMO. The pressures to perform from a budgeting standpoint have only been compounded with recent Congressional budget cuts for military facilities.

- **Myth 5: Their leadership style is directive.** While members of the armed forces do learn a more direct leadership style in training for combat, this changes as the environment changes. In military medical facilities, many, if not most, employees are civilians, for whom a commanding leadership style will not necessarily resonate. Good leaders stick to their principles but also know how to adapt to their surroundings.

- **Myth 6: Military medical leaders are not adaptable.** Adaptability is a core competency of military leadership. Adaptability to people, places, and new ideas is critical, especially when one considers a military leader may typically change roles and locales every few years.

- **Myth 7: Officers who leave the military have "something wrong" with them.** After all, why else would they leave? Search committees can have a hard time understanding that most military officers move into civilian careers at some point by choice, and not because they have had any issues in their military employment. For many it is an opportunity to establish roots and provide stability for their families.

There are many great military medical officers who are not taken seriously as candidates for civilian healthcare roles. I would like to see this change, for the benefit of these officers as well as the industry, which can always use a few more good leaders.

About the Author

KIMBERLY SMITH is an Executiver Partner and Market Leader for WittKieffer's Academic Medicine and Health Sciences Practice. She is responsible for ensuring consistency, excellence, collaboration, and outstanding client service across the practice. Based in Boston as well as Naples, Florida, Kim also leads searches for CEOs, COOs, physician executives, medical school deans, and other senior and academic administrators. With WittKieffer she has conducted more than 350 searches, including more than 80 for presidents or CEOs. She can be reached at ksmith@wittkieffer.com.

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 healthcare, science, and education — the Quality of Life Ecosystem — and provide essential knowledge, analysis, and perspective that produce effective leaders and inclusive cultures. Through our executive search, interim leadership, and leadership advisory solutions, we strengthen organizations that make the world better. WittKieffer is proud to be 100 percent employee-owned.

Visit **wittkieffer.com** to learn more.

WittKieffer

Improving Quality of Life through Impactful Leadership