



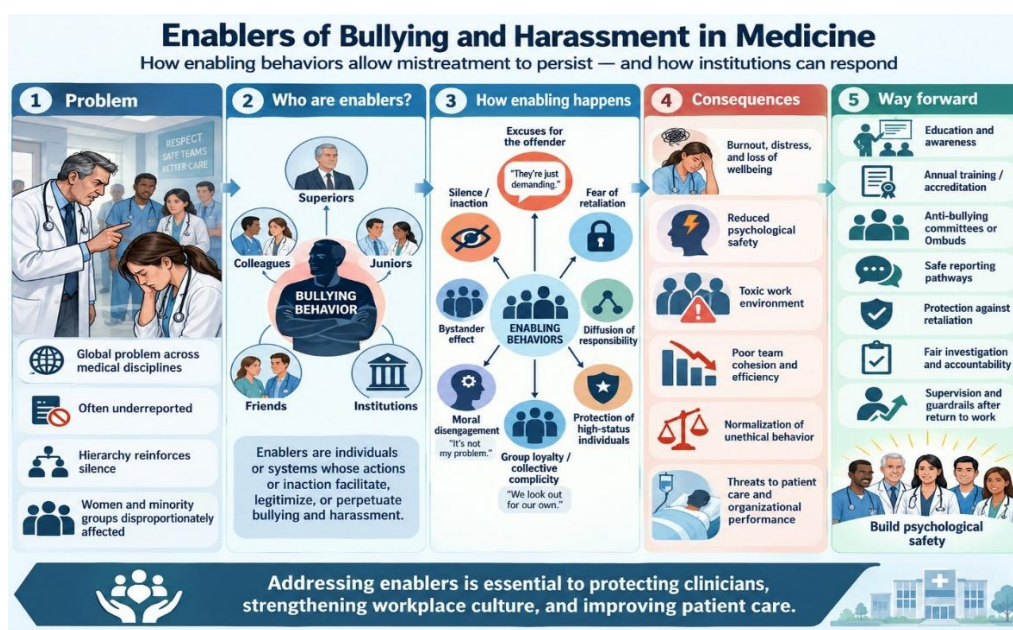
Enablers of Bullying and Harassment in Medicine

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Abstract: Introduction: Bullying, intimidation or harassment, amongst medical professionals occurs across the discipline. This kind of behavior limits the enjoyment of practicing medicine, lead to physician burnout, deterioration in physicians' mental health and curtails a health care organization's performance. One aspect of this problem that has not received much attention is who the enablers of bullying and harassment are and what is the best approaches to address the problem. Methods: A literature search on enablers focusing on physicians. Results: An enabler is one who enables another to persist in behavior, by making it possible to avoid the consequences of such behavior. In medicine, an enabler is a physician who has witnessed an event of bullying and harassment or one to whom the event has been reported, but who does not take appropriate action to correct it and prevent other similar events. There are a number of reasons why enablers exist and persist in Medicine ranging from a desire not to 'hurt' the offender, fear of the anger or retaliation from an offender especially when he/she is in a position of power controlling allocation of resources, promotion or financial compensation. An enabler may have been a former student or mentor or even a colleague who assisted them in managing a difficult case or situation. The first step is a process that brings the issue into the spotlight. In the cognitive field - lectures or seminars to medical staff and medical leadership at the hospital and if relevant at the University medical school level. Second, a safe mechanism to report, inform and educate enablers is an essential step. Conclusion: First, it is crucial to recognize the role played by enablers of bullying and harassment in Medicine. Second, addressing and correcting the role played by enablers should minimize an issue that is damaging to physicians wellbeing.

Keywords: Enablers, bullying, intimidation, harassment, physician wellbeing, medical staff



INTRODUCTION

Enablers of Bullying and Harassment in Medicine

Bullying intimidation or harassment, amongst medical professionals, has emerged from the shadows of never being mentioned into the light of research and discussion. Bullying and harassment is difficult to define, but encompasses an action to discredit, destabilize or induce fear in an individual who is the target ^{1,2}. Unprofessional behaviors are experienced by hospital staff across all professional groups and functions. These behaviors negatively impact staff, and/ or the organizational outcomes of team cohesion, work efficiency and efficacy³ In medicine, it occurs across most disciplines and is a global problem ⁴⁻¹⁵. It disproportionately impacts women (women students and women physicians) and minority groups ^{8,10,13,14} but it appears to know no bounds. This kind of behavior limits the enjoyment of practicing medicine and curtails a health care organization's performance because physicians do not wish to be engaged in a poor (toxic) work environment. Several years ago, the costs to the UK health care system of bullying was estimated to be over £300 million annually ¹⁶. Such work settings lead to physician burnout and deterioration in their mental health and occasionally suicidal ideation ^{5,9,17}

Bullying is reported to be common in medicine ^{4,15}. While the development of this type of behavior in Medicine has been attributed to medicine's hierarchical system and the reluctance of 'victims' to report the incidents ¹⁵, there is one aspect of this problem that has not received much attention specifically what dynamic allows this type of behavior to develop and persist specifically who and what are the enablers of bullying and harassment and what are the best approaches to address the action of the enablers. Although attention is generally directed at the individuals(s) who engage directly in harmful acts, the persistence of the abuse conduct, frequently depends upon the actions or inaction of other individuals. Those individuals may not imitate the wrongdoing but their decisions can provide the protection, legitimacy or opportunities necessary for it to continue. . Methods to identify and overcome this behavior have been advanced ¹⁸⁻²⁰.

ENABLERS

An enabler is one who 'enables another to achieve an end especially one who enables another to persist in behavior by providing excuses or by making it possible to avoid the consequences of such behavior' ²¹. Enabling is the process of encouraging or allowing individuals to meet their own needs and achieve their desired ends ²². Enabling is a pattern of behavior that becomes organized among superiors, colleagues, juniors or friends of any person who exhibits "poor choices that harm themselves or others and for which they are not being held responsible" ²³. This definition has been advanced from the psychology of (addiction) behavior specifically on enablers of that kind of behavior but is relevant to other kinds of behaviors as well.

Thus, an enabler can be considered to be an individual, group or institution whose actions or lack thereof facilitates, legitimizes or perpetuates conduct that violates ethical or professional standards. Enabling may involve deliberate complicity or more commonly less intentional behavior such as making excuses repeatedly for an individual who mistreats others.

IDENTIFYING ENABLERS

Enablers can be identified as persons who justify behavior of the person who is bullying, intimidating or harassing others ²⁴.

Occasionally enabling behavior can be unintentional but usually the enabler make excuses for the bully to cover up their actions ²⁴. Sometimes it includes individuals who knowingly assist wrongdoing for personal advantage. Enablers also maybe individuals who remain silent because they fear retaliation misunderstand their responsibility or assume someone else will intervene. Fear of retaliation is the most common reason why surgical residents do not report bullying and harassment behavior to their institution and unfortunately the majority of those who report it had a negative experience doing so ²⁵

Another construct that may explain an enabler's behavior in medicine is Bandura's concept of moral disengagement - a cognitive process of information re-interpretation that decouples an individual's internal moral standards from their actions ²⁶. This process allows an individual to even behave unethically without being aware of the nature of their actions, and without experiencing guilt, self-condemnation or other kinds of psychological distress while maintaining a favorable self-image ²⁶. While enablers may justify their behavior to others or themselves, ultimately enablers prevent the bully facing the consequences of their actions ²⁴. In medicine, an enabler is a health care professional who has witnessed an event of bullying and harassment or one to whom the event has been reported but who does not take appropriate action to correct it and prevent other similar events from taking place.

Sometimes, medical staff may not recognize the remarks as bullying or harassment especially if they have seen rude comments from their predecessors ²⁷. Other medical staff who know better may say 'How can xxx say those kind of things' while doing nothing to stop the person or provide feedback or report the incident to others. Some bystanders tolerate offensive 'jokes' or deflect them by comments such as "Oh that's xxx type of humor". Bystanders are more likely to respond "actively" if there was an element of physical intimidation or unwanted contact, whereas rude or ridiculing comments, on their own, are more likely to be ignored ²⁸.

Some individuals become enablers by observing the conduct of those around them. If colleagues repeatedly ignore mistreatment, the silence gradually becomes the accepted response and challenging wrongdoing becomes an act of disloyalty to the group. Group loyalty becomes problematic when protecting the reputation of the group takes precedence over protecting the harmed individual. This practice transforms loyalty into collective complicity leading to 'pluralistic ignorance'²⁹, in which individuals privately disagree with a practice but as everyone remains silent each person reinforces the mistaken impression that there is no objection to an act or behavior. Some enablers rationalize their conduct by "displacement of responsibility"²⁶. An individual may justify their lack of action by claiming the responsibility resides is a superior or the institution which weakens their own sense of personal accountability while failing to report the behavior to superiors or the institution. Self-rationalization has lead them to believe that their behavior is acceptable. Ignoring or accepting someone else's behavior is essentially "taking on someone else's responsibilities" and is another form of enabling ²⁴.

The bystander effect and diffusion of responsibility may lead to an individual witnessing abusive behavior but not acting because the incident occurred in the presence

of other potential persons who did not come to the aid of the victim. The ‘bystander effect’ can be attributed to diffusion of responsibility when an individual feels less personal obligation to act when they believe that others can intervene³⁰. Bystander apathy, however, can be a reflexive emotional reaction dependent on the personality of the bystander³⁰.

Some enablers are health care providers who simply chose to avoid conflict. They may skip the topic or pretend they didn’t see the problematic behavior²⁴. Physicians in supervisory roles may say ‘that just xxx, he’s a good guy, I’ll talk to him’. Others in senior roles may not act because the physician has won awards for teaching or attracts large research grants to the institution³¹. They justify failure to discipline the offending individual because of perceived harm to the institution instead of confronting the harm to the institution by not dealing with the issue. When institutional authority protects and individual for accountability, subordinated may infer that the individual’s behavior is acceptable because leadership does not intervene. Institutional authority confers legitimacy to the behavior.

It is not only the victims of harassment who suffer. Women and men who were bystander witnesses of sexual harassment are likely to suffer the emotional and psychological consequences of the experience³². Thus enablers may suffer from the experience of inaction after witnessing the event.

Gostlow *et al* performed a retrospective examination on video of ‘a simulated scenario originally designed to test participants’ overall nontechnical skills during a crisis” in order to evaluate how surgeons react to instances of harassment that took place during the tense situation of excessive blood loss during surgery²⁸. The most common reaction to the harassment was ‘No response at all’ or ignoring the event. The next most common reactions were a ‘comment or question aimed at distracting or diverting attention of team members (usually back to the patient)’²⁸. The participants in the operating room by ignoring or diverting attention away from the event produced a *de facto* condoning of the event. This tends to indicate that the behavior was acceptable as it was not censured. Indeed, the lack of a comment can perpetuate the harassment²⁸.

Medical culture is a hierarchical one. Abuse is not just directed at students and trainees but is also perpetrated on staff physicians and consultants³³⁻³⁵. Hierarchical structures may discourage individuals from challenging or reporting misconduct by senior colleagues, supervisors, influential professionals or institutional leaders, because of fear that raising an issue might jeopardize their own career advancement. Power can influence the behavior of the perpetrator. Keltner *et al* proposed that elevated power tends to activate behaviors that might include impulsive or socially insensitive conduct and may increase the opportunities for misconduct³⁶. It is challenging to build a culture of feedback in a safe environment when a superior who controls allocation of resources, promotion or financial compensation is the person who displays bullying or harassment behaviors.

A danger of a culture of enablers is the potential for the normalization of unethical behavior. While it is not exactly analogous it is useful to consider how enabling behavior can transform an isolated wrongdoing into an accepted organizational practice. The concept is from corruption whereby three mutually reinforcing processes underlie normalization³⁷. First, an initial (corrupt) decision or act becomes embedded in structures and processes and thereby routinized, second there is rationalization, where self-serving ideologies develop to justify and perhaps even valorize corruption; and third there is socialization, where

newcomers are induced to view corruption as permissible if not desirable. The model helps explain how otherwise morally upright individuals can routinely engage in an unethical practice (corruption) without experiencing conflict, how the practice (corruption) can persist despite the turnover of its initial practitioners, and how seemingly rational organizations can engage in destructive behavior³⁷. Thus the enabler and the organization become mutually reinforcing³⁷.

WHAT CAUSES ENABLING BEHAVIOR?

Why do people tolerate, excuse, defend or even facilitate behavior that they know or reasonably recognize to be wrong or enable even when they are aware that or know that it is not the correct action? Bennett outlined a number of reasons in the addiction field³⁸ which are applicable to the medical setting (i) desire not to 'hurt' the offender (ii) fear of the anger or retaliation from pointing out the behavior (iii) fear that the offender will forever perceive you differently (iv) the offender pleads for another chance or one more time to correct the wrong (v) the enabler hopes that this time will be different (vi) the enabler wants to be liked rather than be the person who damaged the career of the offender (vii) the enabler is too busy or too lazy to report the offense or try to change the offender's behavior (viii) fear of the offender especially when he/she is in a position of power. (ix) desire to keep the peace or not to rock the boat stemming from fear that any action would take too much of an emotional toll (x) the person and his/her behavior has been part of the organization for so long that the enabler believes that it is tolerated³⁸.

In the addiction field, many enablers have a strong affection for the offender and often the enabler takes on 'more responsibility for the actions of that person than the person is taking for themselves'²³. In the field of medicine, the enabler may have been a former student or mentor or even a colleague who assisted them in managing a difficult case or situation. These previous experiences may be responsible for passively permitting the bullying behaviour to continue.

The abuser's behavior may induce anxiety in the enabler who recognizes the errors or the adverse consequences of the abuser. If the enabler persists in enabling, a dysfunctional system is created in which all parties become enmeshed eliciting anxiety about the destructive consequences that the enabled person could face²³.

The question might be raised as to whether enablers are as culpable as perpetrators? The answer to this question depends on the circumstances. A person who deliberately conceals a serious misconduct for their own financial benefit is equally culpable. Most cases, however, are not that clear. Several considerations are relevant when assessing an enabler's moral culpability. Firstly, to what extent could the enabler have done something, ranging from speaking out or reporting the problem, did the enabler have the authority, resources or practical opportunity to prevent harm; could the enabler reasonably anticipate that silence or assistance would lead to additional harm and did the enabler's actions materially increase the likely duration and severity of the misconduct?

Considerable discussion in the medical profession is required on how deal with enablers to bullying and harassment as well as supporting the victim and work jointly to address the situation with those in authority.

CONSEQUENCES OF ENABLING BEHAVIOUR

The consequences of enabling behaviour have been commented above but it is especially serious in the health care profession where individuals possess specialized expertise, institutional authority and responsibility for the welfare of others. Professional hierarchies often coexist with substantial differences in knowledge, status and decision making authority. In addition to the action itself, the enabler permits the perpetuation of conduct that may lead to failure to investigate departures from professional standards, discourage the reporting of infringements on other health care professionals psychological safety.

A powerful principle in professional ethics is that professional competence does not compensate for unethical conduct and intuitional success does not eliminate the obligation to prevent harm. Concerns about professional misconduct must be distinguished from issues of clinical judgement or surgical skills. Institutions must encourage and demonstrate meaningful protection for individuals who raise legitimate concerns as well as demonstrating fairness in investigation of issues of professional misconduct.

WAY FORWARD

The first step to address the issue of enablers is a process that brings the issue into the spotlight. In the cognitive field - lectures or seminars to medical staff, medical leadership, hospital medical leadership, and leadership in University medical schools. The next step is to add attendance at these seminars or lectures to the process of annual accreditation of medical staff at hospitals. Such seminars should make physicians question their behaviour and ask them to reflect on their potential participation as an enabler.

There has been concern that bullies retained their positions, status and power or have it reinstated after attending a medial courses on anger management or discrimination and in so doing negate the destructive force of bullying and harassment¹⁵. While recognizing the need to be open to accepting individuals who have remorse for their actions and have truly learned from the experience, it is never the less important to set appropriate guidelines and supervision for bullies after their return to work. The establishment of these guiderails announces to the physician community that the act of bullying and harassment has consequences. Enablers observing these consequences maybe inspired to deal with their acts of enabling.

Because the targets of bullying and harassment may 'face negative unsubstantiated or biased testimony regards to their own actions... and submitting a formal report to bullying often had no perceived effect on the bullying¹⁵, a number of institutions have established anti bullying committees¹⁵ or an Ombuds office^{39,40}. Addressing the role of enablers might be added to the responsibility of these committees.

The concept of *psychological safety* is relevant. Edmondson described psychological safety as a shared belief that members of a team can take interpersonal risks without being subject to humiliation or punishment⁴¹. A health care organization must encourage clinicians to speak out, investigate their concerns and provide safeguards against retaliation. Any action against enablers should not be viewed within a framework of individuals reporting on others but rather within the construct of bringing forward an approach to improve work place environment. There are framework recommends that hospital administrators can use it to design an organizational approach to promoting a work

environment that is psychologically safe and that enables staff to focus on delivering high-quality, cost-effective, and satisfying care^{42,43}. ...

CONCLUSION

Despite the fact that a majority of medical institutions have policies against bullying, the reporting of such behavior is lacking¹². Recognizing that there are enablers in our institutions that tend to perpetuate the bullying and harassment is the first step. Working together to find a safe process to support victims of bullying and harassment in our organizations and identifying the important role that enablers play, is critical to finding a path forward for resolution. Addressing and correcting the role played by enablers should minimize a process that is damaging to physicians wellbeing and the health care system in order to improve the delivery of better patient care. Health care providers healthcare institutions should be judged not only by how they responds to those who commit wrongdoing but also how it responds to those who witness it, excuse it, be rewarded by it and prevent its occurrence (Fig 1).

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SUPPLEMENT ENABLERS OF BULLYING AND HARASSMENT IN MEDICINE

Search strategy

S1. PICO Diagram

Population	Physicians
Intervention/exposure	Bullying and Harassment
Comparison	Any type
Outcomes	Any type
Exclusion criteria	Non-English studies, reviews, editorials, conference abstracts
Reference screening	Manual screenoing of reference lists

- databases searched; PubMed, Medline
- date of the final search; September 30, 2026
- complete search strategy; Enablers AND Bullying OR Harassment AND physician
- additional keywords/synonyms; None
- inclusion criteria; All
- exclusion criteria; Non-English studies, reviews, editorials, conference abstracts
- animal/human study eligibility;
- whether conference abstracts were considered; Excluded
- language restrictions; English
- whether references were screened manually; Yes
- number of records identified and included As per Prisma diagram.