THE EMPATHY PARADOX: UNCOVERING THE PHENOMENON OF BULLYING IN THE HEALTHCARE WORLD

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Abstract

The phenomenon of workplace bullying, particularly in the health or medical field, presents an irony. A profession that should be synonymous with empathy, care, and respect for human values has instead become a place with high levels of abusive behavior in various countries. This study aims to uncover the empathy paradox in the healthcare profession by analyzing the causes, forms, and impacts of bullying, while also offering a conceptual basis for systemic prevention strategies. This study uses qualitative methods with a literature review to explore the dynamics of the empathy paradox. The results show that bullying does not only arise because someone fails to manage their emotions, but also occurs because there is a system that allows for abusive and oppressive behavior. The most effective solution to overcome this problem is to create policies that do not tolerate bullying at all, strengthen a secure reporting system, implement empathetic leadership, and reform a healthy work culture. These steps are crucial to ensure that empathy is truly implemented, not only in the relationship between healthcare workers and patients but also in interactions among healthcare professionals

Keywords: Bullying, Health, Empathy Paradox

INTRODUCTION

Bullying in the workplace in the medical field presents an irony. This profession should be synonymous with empathy, care, and respect for human values (Carlasare & Hickson, 2021). However, various studies show that abusive behavior is quite common, with prevalence rates varying between 3.9% and 86.5% depending on the country or institution (Haskell et al., 2024). This phenomenon can occur among healthcare workers themselves, from superiors to subordinates, and even between medical staff and patients or their families. Forms of bullying also vary, ranging from verbal threats and psychological pressure to physical violence (Medina-Craven, 2020).

Factors contributing to this situation include high work pressure, hierarchical organizational culture, and intense internal competition (Ribeiro & Sani, 2024). Healthcare workers, doctors, nurses, laboratory staff, etc. often face long working hours, heavy responsibilities, and high-performance demands, which indirectly create conditions that

support abnormal behavior, including bullying. Unequal power relations and weak reporting systems further exacerbate the situation (Duah et al., 2025).

The impact of bullying is far-reaching, affecting individuals, institutions, and the quality of services. Victims experience mental health problems such as anxiety, depression, and fatigue, as well as physical disorders such as insomnia or headaches. At the organizational level, harassment reduces motivation, increases absenteeism and turnover rates, and even drives healthcare workers to leave their profession. Ironically, this phenomenon directly contradicts the core values of the healthcare profession, which should serve as a model for creating a safe and respectful work environment. Unfortunately, due to a culture of silence, fear of consequences, and low institutional awareness, many cases go unreported or are not handled properly (Wolf et al., 2018).

In addition, bullying has a negative impact on the quality of service and patient safety. A stressful work environment hinders communication, weakens team collaboration, and increases the likelihood of medical errors. This clearly undermines the culture of patient safety while reducing the job satisfaction of healthcare workers.

Therefore, healthcare institutions must pay serious attention to this issue. Prevention efforts, strengthening reporting systems, providing psychological support to victims, and implementing educational programs are strategic steps to create a healthy and safe work environment that is in line with the humanistic values of the medical profession.

IMPLEMENTATION METHOD

A qualitative approach with a literature review was used in this study because the focus of this study was conceptual and phenomenological analysis of bullying practices in the healthcare work environment. This approach was chosen to explore the dynamics of the empathy paradox, namely a situation in which a profession that should prioritize the value of caring actually becomes a place where bullying and harassment occur.

The data sources for this study were taken from various academic literature, such as domestic and international journal articles, academic books, reports from international health organizations, and relevant policy documents. The literature was identified by searching various online databases such as PubMed, Scopus, Google Scholar, and Garuda using the keywords "workplace bullying in healthcare," "empathy paradox," "workplace bullying," and "patient safety."

Data was collected by selecting relevant literature and then analyzing the content of the causes, forms, and impacts of bullying in the health sector. All data collected was analyzed descriptively by identifying common patterns, comparing findings from various sources, and interpreting their relationship with the context of human values and civic education.

To ensure the validity of the research findings, a triangulation of sources method was applied, comparing data from various academic publications and institutional reports. Thus, the results of the analysis are not merely assumptions, but are based on a variety of solid scientific perspectives. It is hoped that this method will contribute to a deeper understanding of bullying in health services and provide a theoretical basis for prevention and treatment interventions.

RESULTS AND DISCUSSION

The phenomenon of bullying in the nursing world reveals a sharp paradox of empathy. On the one hand, the nursing profession requires nurses to provide care, empathy, and emotional support to patients; however, on the other hand, relationships among healthcare workers are often characterized by unsupportive behavior that can lead to bullying. This situation creates a fundamental contradiction in nursing practice and reflects interrelated structural and individual issues.

Research published in Edmonson and Zelonka (2019) shows that 78% of nursing students experience bullying in the first six months of their education, and more than half witness similar acts during their clinical rotations. This phenomenon continues in the workplace, with 60% of nurses leaving their first job due to negative attitudes from coworkers, and 26% of managerial nurses reporting significant bullying. Findings from various literature show a commonality that bullying is ingrained from the educational stage to the professional level, reinforcing the contradiction that empathy is only used as an ideal, but is not successfully implemented in practice within organizations (Edmonson & Zelonka, 2019).

Furthermore, a study conducted by Jang, Jang, and Chang (2024) provides insight into the psychosocial elements that contribute to the perpetuation of the cycle of bullying. The findings from this study show that belief in meritocracy, level of emotional intelligence, and past experiences as a target of bullying influence the likelihood of becoming a victim or the tendency to become a perpetrator. A strong belief in meritocracy encourages the idea that individual failure is caused by a lack of personal effort, thereby making perpetrators feel entitled to belittle or exclude coworkers. On the other hand, experiences as a victim often lead to a pattern of repetition where individuals may repeat similar behavior when they gain more power. This explains why the cycle of intimidation can continue from generation to generation in nursing environments (Jang et al., 2024).

In line with this, research published in BMC Nursing (2021) confirms that structural and organizational elements are key factors that determine individuals at risk of intimidation. High workloads, lack of support from managers, and an organizational culture that tolerates negative behavior create situations that encourage bullying. Bullying is no longer considered merely an individual failure to maintain empathy, but also a systemic failure to create a positive and supportive work environment. This situation highlights the empathy paradox: empathy is considered important as the basis of service, but is not applied in daily interactions among healthcare workers.

By utilizing triangulation of sources from scientific journals, global reports, and policy documents, this analysis reinforces the opinion that bullying prevention and handling cannot be done solely at the individual level. Communication or stress management training will only be effective if there is support from structural policies. Therefore, researchers agree that the necessary steps include implementing a zero-tolerance policy towards bullying, establishing a more humane workload, a secure reporting system, and leadership based on empathy. Only with consistent structural methods and organizational culture can the empathy dilemma be overcome so that empathy is not only shown to patients but also becomes part of the relationship between healthcare workers.

CONCLUSION

Bullying in the workplace in the healthcare sector is a serious problem that reflects the paradox of empathy: a profession that should provide care is instead filled with intimidation tactics. The impact is felt not only by victims in the form of mental and physical health problems, but also by healthcare staff, resulting in decreased work motivation, increased employee turnover, and a decline in service quality and patient safety.

According to international literature (Edmonson & Zelonka, 2019; Jang, Jang, & Chang, 2024; BMC Nursing, 2021), psychosocial factors (such as belief in meritocracy and victimization) and structural-organizational factors (high workload, weak managerial support, and a culture of tolerance for negative behavior) reinforce the cycle of bullying from education to professional practice. Individual solutions, such as communication training, are ineffective without systemic change.

The most effective approach is to create a zero-tolerance policy against bullying, strengthen safe reporting mechanisms, implement supportive empathy-based leadership, and reform a healthy organizational culture. These efforts are essential to ensure that empathy is truly present, not only in interactions between healthcare workers and patients, but also in relationships between healthcare professionals.

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