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INSTITUTIONAL BETRAYAL IN HEALTHCARE: A SYSTEMATIC LITERATURE REVIEW OF HOSPITAL RESPONSES TO PATIENT REPORTS OF PHYSICIAN-PERPETRATED SEXUAL HARASSMENT

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ABSTRACT

It is wrong in opposition to the law for doctors to sexually harass their patients. The focus of research has transitioned from individual transgressions to institutional failures to respond, termed institutional betrayal. This failure might cause more distress and make patients less trusting. The purpose of this comprehensive analysis of the literature is to find and examine instances of institutional betrayal as well as trends in hospital reactions to patient complaints of sexual harassment by doctors. This meta-analysis was performed according to the PRISMA 2020 statement. Fist search in Scopus and PubMed were originated 100 articles that narrowed to 8 original research). Quality of data was extracted and assessed for risk of bias using MMAT. Synthesis was carried out narratively and qualitatively. This review was conducted according to PRISMA 2020. A preliminary screen of relevant articles in Scopus and PubMed, extracted potential papers published a total of 100 papers and were subsequently narrowed down to eight eligible original research paper. MMAT was employed to extract and evaluate the quality of related data. Synthesis was an interpretative/qualitative narrative. Eight of the studies reviewed showed low to very low risk of bias. The focus of scholarly inquiry moved from patient reactions (1981) to an examination of institutional responses (2017-2022). Three clusters of hospital responses were observed: Negative/Passive, Formal/Inconsistent, and Proactive/Comprehensive. An institutional betrayal was driven by Negative/Passive and Formal/Inconsistent responses through structural. One important factor influencing the post-report outcome for patients is the institutional response. To reduce institutional betrayal and rebuild patient trust, hospitals should take a proactive, all-encompassing approach (institutional courage).

Keywords: Institutional Betrayal, Sexual Harassment, Sexual Misconduct, Healthcare, Hospital, Medical Center, Physician, Doctor, Institutional Response, Hospital Response, Reporting.

INTRODUCTION

In the fields of ethics and public health, sexual harassment by medical personnel—especially doctors—has grown to be a significant problem. According to studies, about 30% of patients say they have been harassed while receiving medical treatment (Pinciotti & Orcutt, 2021). Additionally to the immediate psychological and physical effects, these encounters have the potential to seriously erode patients' faith in medical facilities—a phenomenon referred to as institutional betrayal (Smith, 2017).

The failure of an organization to stop or address harm committed by its members is referred to as institutional betrayal. When a hospital ignores a patient's report of sexual assault by a doctor, puts up obstacles to reporting, or shields the abuser, it is considered institutional betrayal in the healthcare industry (Freyd, 2017). This kind of institutional failure can erode trust, cause secondary trauma, and make patients reluctant to seek medical care in the future.

The state of the art in understanding patient harm and trust in institutions is represented by the current literature, which primarily focuses on individual incidents or the psychological impact on patients, despite the growing attention to sexual harassment in healthcare (Pinciotti & Orcutt, 2021; Smith, 2017). The effectiveness of policies as well as reporting procedures, as well as how hospitals as institutions handle patient reports of sexual harassment by doctors,

are, nevertheless, the subject of a substantial research vacuum. Through the synthesis of previous studies, this review offers a novel research approach by identifying institutional responses, institutional betrayal manifestations, and their implications for patient care and policy. This comprehensive perspective has not been systematically analyzed before.

METHOD

Research Framework

The PRISMA 2020 guidelines (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) were followed in the conduct of this systematic review of literature (SLR). To guarantee focus and clarity of analysis, the PICO (Population, Intervention, Comparison, Outcome) structure was used to formulate the research questions.

Table 1. PICO Framework

Element	Description	Examples in This Study
P (Population)	A patient has reported sexual harassment to the doctor.	Victims in the context of health services
I (Intervention)	Institutional or hospital response mechanisms	Reporting systems, policy reform
C (Comparison)	Hospitals that do not have a structured response mechanism	Passive or inconsistent handling
O (Outcome)	Patient trust, trauma reduction, system change	Recovery, satisfaction, policy improvement

Research Question (RQ)

Understanding how institutional or hospital response mechanisms (Intervention) influence the experiences of patients (Population) who report sexual harassment by doctors in comparison to hospitals without structured response mechanisms (Comparison), as well as their impact on patient trust and health care system enhancement (Outcome), is the main goal of this study, which is based on the developed PICO framework. The entire literature review process will be guided by the precise and methodical research questions that are developed using this framework.
Therefore, what follows Research Questions (RQ) are put forth in this study:

Main RQ: In the context of medical care, how do instances of institutional betrayal appear in reaction to patient complaints of sexual harassment by physicians?

Supporting RQ:

1. What kinds of institutional (hospital) reactions to physician reports of sexual assault have been recorded in the literature, and how are these reactions categorized?
2. How did the hospital react to patients who reported sexual assault by physicians, and what effect did institutional betrayal have?

Search Strategy (Hypothesis)

A thorough and organized study of the literature is necessary in order to methodically address these research questions. The goal of this search approach was to find all pertinent research on the signs of institutional betrayal and hospital reactions to patient complaints of sexual harassment by doctors. While keeping an eye on the populations, interventions, comparisons, and outcomes specified in the PICO framework, this strategy guaranteed a wide range of evidence.

Based on these considerations, the literature search process was conducted in two main databases, namely Scopus and PubMed, with a publication period of 1981–2024. Keyword combinations were performed using the following Boolean operators:

("Institutional Betrayal" OR "Sexual Misconduct") AND ("Hospital" OR "Healthcare") AND ("Physician" OR "Doctor") AND ("Institutional Response" OR "Reporting").
The initial search yielded 100 records which were further filtered through a selection process and study quality appraisal.

Table 2. Summary of Search Strategies

Database	Search Year	Number of Articles Found	Articles After Filtering
Scopus	1981–2024	62	6
PubMed	1981–2024	38	2
Total Received		**100 studies**	**8 studies**

Selection Criteria

After the initial literature search, the next step is to select articles based on established criteria to ensure the relevance and quality of the studies analyzed. This selection process is carried out in stages, starting with screening titles and abstracts to eliminate duplicate articles, non-original research, or articles that do not align with the research focus.

Selection criteria are formulated clearly to distinguish relevant and acceptable studies (inclusion criteria) from those that are irrelevant or should be rejected (exclusion criteria), as explained in the following table:

Table 3. Selection Criteria

Criteria	Inclusion (Accepted)	Exclusion (Rejected)
Type of Study	Original research paper *(quantitative, qualitative, or* mixed-methods *).*	Review articles , commentaries , editorials , letters , dissertations .
Main Topics	In the context of health services and hospitals, talk about institutional betrayal or the institutional response to sexual harassment or sexual violation committed by a doctor against a patient.	Pay attention to instances of sexual harassment by non-physician staff or outside of a medical setting.

Selection Process

Ninety-two of the 100 articles found during the first search phase were eliminated during the screening stage because they were irrelevant, duplicated, or lacked original research. Eight articles in total were included in the qualitative synthesis after the remaining eight were evaluated in full text and found to meet the inclusion criteria.

Data Extraction and Quality Assessment

The next stage is to methodically extract data and evaluate the quality of the articles after they have been found to meet the selection criteria. Before synthesizing the data from the included studies in the literature review, this step is crucial to ensuring that the data can be consistently and reliably analyzed and to evaluating the validity of each study's methodology.

A standardized form that documented the following information was used to extract the data at this point: Author, Year, Method, Setting, Betrayal Type, Hospital Response, Outcome, and Main Result. A modified version of the Mixed Methods Appraisal Tool (MMAT) 2018 was then used to assess the risk of bias. This allowed for an unbiased assessment of each study's methodological quality prior to its inclusion in the findings synthesis.

RESULTS

Selection Process (PRISMA Flow Diagram)

Presenting the results from the included studies is the next stage, which is determined by the extracted data and the studies' quality evaluation. The PRISMA 2020 Flowchart, which shows the number of articles found, screened, and eventually included in the analysis, provides a clear illustration of the article selection procedure that underpins the synthesis of the results (see Table 2).

Risk of Bias Assessment

Good quality of method was indicated by the low to very low risk of bias in all eight articles. Due to a lack of specificity in the reporting of sampling, three articles were rated as having a "Low" risk of bias (Burgess, 1981; Smith, 2017), while the remaining five articles received a "Very Low" rating (see Table 4).

Table 4. Summary of Risk of Bias Assessment (MMAT) Results

Risk Category	Number of Articles	Percentage
Very Low	5	62.5%
Low	3	37.5%

Study Characteristics and Data Extraction

The included studies had a wide range of characteristics, from conceptual reviews and institutional case studies to quantitative survey-based studies. The period of publication covered four decades (1981–2022). Refer to the XLSX appendix's Data Extraction Figure.

Qualitative Synthesis

1. Research Trends

A substantial change in the literature's focus is revealed by an analysis of publication trends (see Figure 2). Early publications (Burgess, 1981) primarily focused on misconduct and individual patient reactions. Since 2017, there has been a surge in publications emphasizing the role of institutions, explicitly using the Institutional Betrayal framework and analyzing formal hospital responses (Smith, 2017; Pinciotti & Orcutt, 2021; Gigler et al., 2022; Rihal et al., 2020; Horhogea, 2022; Vargas et al., 2022).

2. Hospital Response Patterns and Institutional Betrayal

Three major trends can be identified in hospital reactions to doctor reports of sexual harassment (see Table 2):

Table 2. Comparison of Institutional Betrayal vs. Hospital Responses

Response Pattern	Characteristics	Study Example	Implications
Negative/Passive	Either no formal response is given, or the response is unsupportive, victim-blaming, or contemptuous.	Burgess (1981), Gigler et al. (2022)	Causing negative consequences (avoidance of health services) and institutional betrayal.

Response Pattern	Characteristics	Study Example	Implications
Formal/Inconsistent	Formal procedures (such as investigations and sanctions) exist, but they are convoluted, opaque, or produce inconsistent outcomes.	Graff et al. (2022), Horhogea (2022), Vargas et al. (2022)	Using inconsistencies and structural barriers to cause institutional betrayal
Proactive/Comprehensive	A systemic strategy that includes victim support, training, new policies, and open channels for reporting.	Rihal et al. (2020)	Demonstrate Institutional Courage and potentially restore confidence.

The main types of institutional betrayal include inconsistent formal responses, negative or passive responses, and more. These reactions affect patients through barriers to reporting (Pinciotti & Orcutt, 2021) and mechanisms of eroding trust (Smith, 2017), which can ultimately result in secondary trauma and adverse consequences, such as future avoidance of healthcare services (Gigler et al., 2022). According to Rihal et al. (2020), proactive and thorough responses, on the other hand, demonstrate institutional courage and aim to rebuild patient trust while enhancing the healthcare system as a whole.

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DISCUSSION

The primary conclusions of this systematic literature review show that whether patients experience institutional courage or institutional betrayal depends critically on the institutional response.

Prior research demonstrates that systemic shortcomings at the hospital level exacerbate institutional betrayal, which is not only brought on by the acts of lone perpetrators—in this case, doctors. A lack of support for victims (Gigler et al., 2022), inconsistent case handling (Horhogea, 2022; Vargas et al., 2022), and structural obstacles to the reporting process (Pinciotti & Orcutt, 2021) are all concrete examples of institutional betrayal.

On the other hand, Rihal et al. (2020) describe the ideal institutional response model, which highlights the necessity of a systemic and all-encompassing approach that includes prevention, easily accessible reporting mechanisms, impartial investigations, and complete victim support.

RESEARCH LIMITATIONS

Due to the stringent inclusion criteria and the particular focus on physician sexual harassment and hospital responses, the review's primary limitation is the extremely small number of articles (n=8). Furthermore, a quantitative meta-analysis was not possible due to the studies' varied methodologies.

FUTURE RESEARCH DIRECTIONS

Future research should focus on:

1. Creating and validating a tool to gauge institutional courage in a medical setting should be the main goal of future research.
2. Longitudinal research to monitor patient outcomes following various institutional reactions.
3. A comparative examination of institutional response practices and policies across nations and hospital kinds.

CONCLUSION

Patients who report sexual abuse by doctors run a genuine risk of institutional betrayal, according to this systematic literature review. Hospital reactions that are unresponsive, unfavorable, or inconsistent worsen patient trauma and erode trust. Healthcare organizations must address this by moving away from reactive reactions and toward comprehensive, proactive strategies that show institutional bravery and guarantee patient safety and recovery.

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ATTACHMENT

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Table 1: PRISMA Flowchart (Simulation)

PRISMA Flowchart

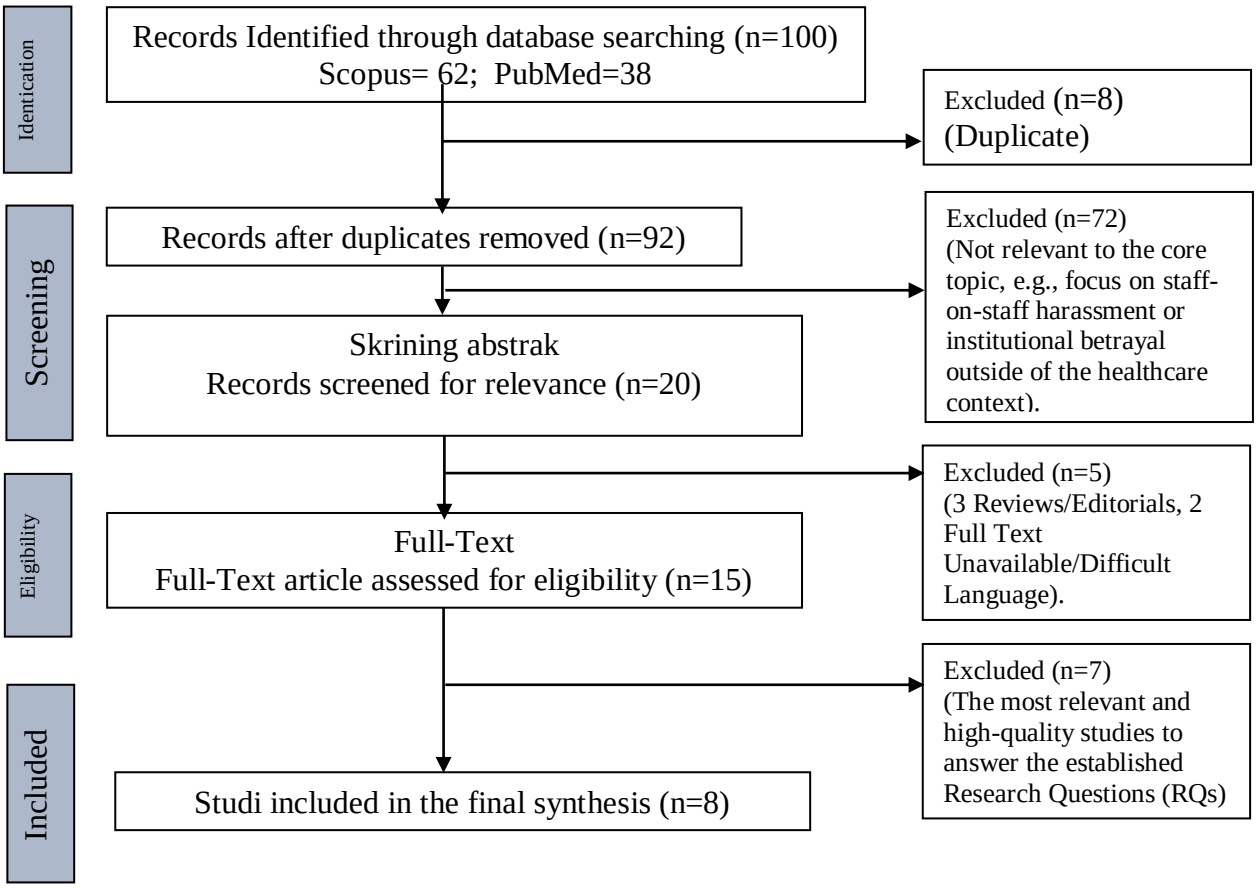

Table 3: Distribution of Institutional Response Categories in the Literature

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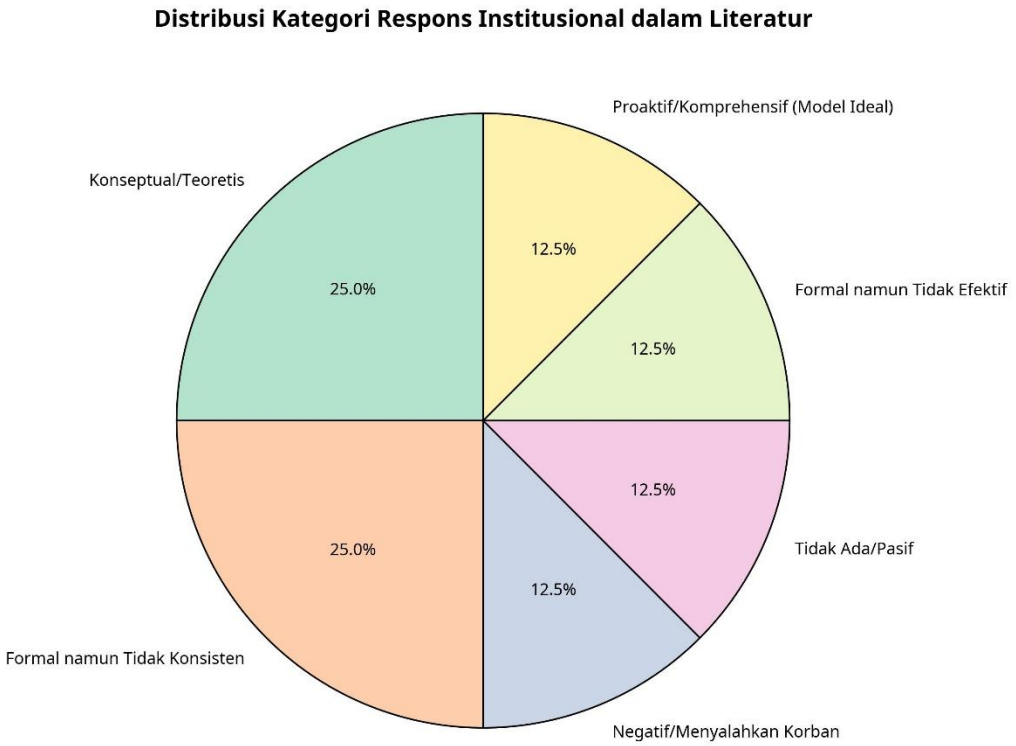

Table 3: Number of Selected Article Publications per Year

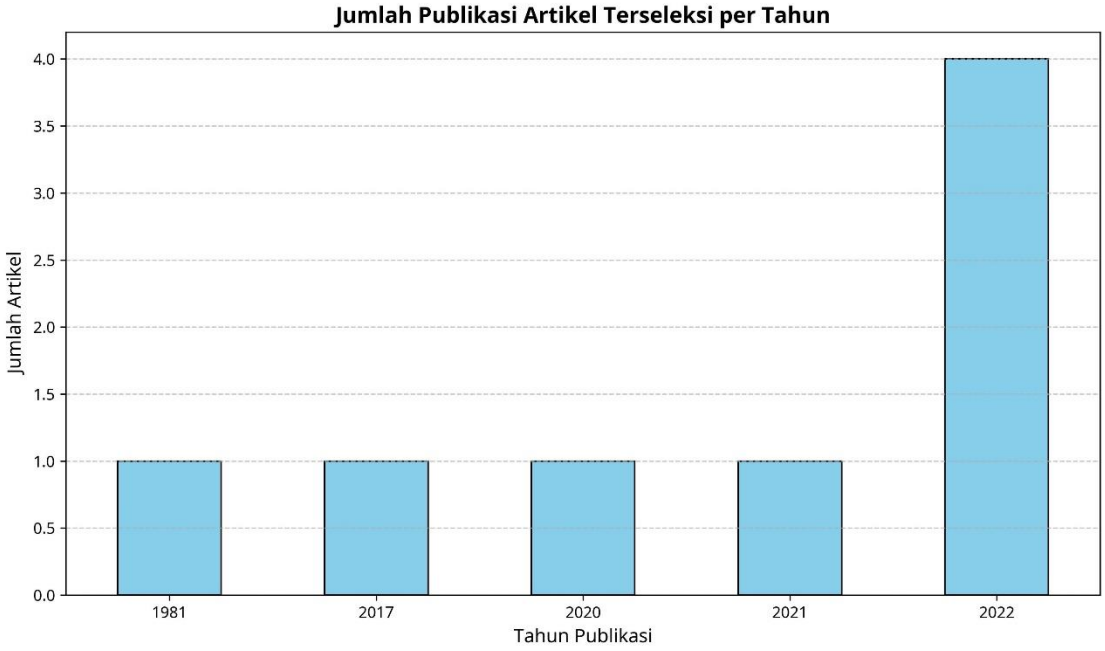

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Table 4: Data Extraction Table

Author (Year)	**Method**	**Source/Settings**	**Types of Betrayal**	**Hospital Response**	**Outcome**	**Key Results**	**Institutional Betrayal Markers & Hospital Responses**
Burgess (1981)	Quantitative (Survey)	Psychiatric/General Clinic	Individual (Actor) & Institutional (Initial Response)	No formal reports are documented; focus on patient response.	Patient's emotional reactions (shock, depression, guilt).	Identifying patterns of patient reactions to sexual misconduct by physicians; providing a conceptual basis for institutional betrayal.	Focus on physician misconduct and patient response. Institutional responses are not explicitly documented.
Gigler et al. (2022)	Mixed-Methods (Survey & Qualitative)	Online (General Population)	Institutional (General experience in healthcare)	Negative responses (e.g., victim blaming, belittling) or no response.	Decreased trust in health services, increased PTSD symptoms, avoidance of health services.	Linking institutional betrayal to negative expectations of future health services, especially among young people.	Institutional responses that are unsupportive or dismissive of reports.

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Graff et al. (2022)	Quantitative (Survey)	Oncology Clinic (USA)	Institutional (Reporting Barriers)	Complicated reporting process, lack of support, concerns about career consequences.	Low reporting rates, negative consequences for the reporter (victim).	Identifying key barriers to reporting sexual harassment in clinical settings and their consequences.	Structural barriers and lack of institutional support.
Horhogea (2022)	Quantitative (Administrative Data Analysis)	Academic Medical Center (AS)	Institutional (Formal Response)	Varied formal responses (investigations, sanctions); barriers to the reporting process.	Low incidence of formal reporting; differences in response based on the identity of the reporter.	Analyze incidents, barriers, and formal institutional responses to identity-based harassment.	Inadequate or inconsistent formal responses.
Pinciotti & Orcutt (2021)	Quantitative (Survey)	Online (General Population)	Institutional (Vulnerability)	Not specific to hospital response, more about vulnerability to betrayal in general.	Higher vulnerability in certain groups (e.g., sexual/gender minorities).	Identifying who is most vulnerable to institutional betrayal and its impact.	The theoretical framework of institutional betrayal.

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Rihal et al. (2020)	Mixed-Methods (Institutional Case Study)	Mayo Clinic Proceedings (Single Institution)	Institutional (Systemic Failure)	Proactive and comprehensive response (new policies, training, clear reporting channels).	Raising awareness, changing culture, improving reporting processes.	Presents a proactive and comprehensive institutional response model to sexual harassment (institutional approach).	Proactive response, institutional approach.
Smith (2017)	Qualitative (Conceptual Overview)	Conceptual/Theoretical	Institutional (Conceptual)	The conceptualization of institutional betrayal as the failure of an institution to prevent or respond to harm caused by its members.	Erosion of patient trust, secondary trauma.	Developing a theoretical framework of institutional betrayal in healthcare organizations.	Theoretical framework of institutional betrayal and its impact on trust.

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Vargas et al. (2022)	Quantitative (Administrative Data Analysis)	Academic Medical Center (AS)	Institutional (Formal Response)	Varied formal responses (investigations, sanctions); barriers to the reporting process.	Low incidence of formal reporting; differences in response based on the identity of the reporter.	Analyzes incidents, barriers, and formal institutional responses to identity-based harassment (similar to Horhogea 2022, possibly the same study).	Inadequate or inconsistent formal responses.

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