

The Harm We Cause: Spotlighting the Detrimental Consequences of Malicious Envy in Academic Medicine

Jamiu O. Busari, MD, PhD, MHPE, FRCPC(hons)

Phenomenon: In academic medicine and healthcare, individuals may encounter peers or superiors who obstruct, hinder, or undermine their professional advancement. This phenomenon, termed *Career Sabotaging* (CS), reflects a form of malicious envy that occurs regardless of a subject's efforts toward career growth or promotion. Prompted by real-world experiences, this paper examines the conceptual understanding and defining components of CS.

Approach: An open-source online survey was conducted over 2 months with 109 anonymous respondents. The 18-item questionnaire observed whether CS was a recognized phenomenon in academia and medicine. Descriptive statistics were used to summarize the data.

Findings: Of the respondents, 87 (79.8%) were familiar with CS; 81 (74.3%) had personally experienced it, and 92 (84.4%) had observed it in peers. Most reported incidents occurred in non-academic professional workplaces (43.3% and 37%, respectively). The observations corroborated the description of the phenomenon of Career Sabotage.

Insights: The findings provide preliminary support that many professionals recognize and label a pattern of career obstruction as CS. The survey did not investigate whether those who reportedly experienced CS were disproportionately targeted by ethnicity, gender, age, ability, or sexual orientation. These questions and more should form part of future inquiry in understanding CS.

Keywords: Malicious Envy, Career Sabotage, Mental Health, Academic Medicine

“It is ironic how some are eager and proud to publicly share their personal, academic, or professional achievements, yet do not hesitate to hinder, block, or even damage the careers of others.” – the author

The current climate of education and service delivery in many healthcare systems shows that incivility, bullying, and discrimination are steadily on the rise.¹ Lately, much focus has been given to these issues in the literature, and the outcomes reveal these phenomena are not only ingrained social dysfunctions within the practice and training of healthcare professionals, but they also affect their well-being, retention, and development. The behaviors associated with these

dysfunctional processes extend beyond interpersonal conflicts; they encompass broader structural and systemic issues in academia, medicine, and corporate work environments. These behaviors have been shown to hinder customer service in corporate organizations but can also compromise some careers while promoting those of others in healthcare and academia.

In healthcare, a persistent yet often underreported dysfunctional behavior among medical professionals is sabotage. It can be described as the act of intentionally preventing the success of a plan or action, or more specifically, deliberately damaging or undermining an individual's career, i.e., “career sabotage.”² In the medical literature, specific information and research

Corresponding Author: Jamiu O. Busari, MD, PhD, MHPE, FRCPC(hons), Department of Educational Development and Research, Faculty of Health, Medicine and Life Sciences, University of Maastricht, Maastricht, the Netherlands; Department of Pediatrics, Horacio Oduber Hospital, Oranjestad, Aruba
Email: Jamiu.Busari@maastrichtuniversity.nl, Tel: +31654945539

Received: October 16, 2025
1st Revision: December 24, 2025
2nd Revision: January 19, 2026
Accepted: January 20, 2026

Disclosures: The author has reported no funding or potential conflicts of interest related to this work.

doi: 10.3121/cmr.2025.2075

regarding career sabotage is sparse. A recent study on mentorship in pediatric emergency medicine revisited this concept, specifically in the context of mentorship deficits, which disproportionately affect women.³ One of four themes identified in that study was the “impact of mentorship” on emergency medicine physicians. This theme discussed the characteristics of successful mentors and how to recognize the effect of mentorship on career advancement or career sabotage. Although not using the same term, other studies in healthcare and medical education have also highlighted the (psychological) impact of such behaviors on career opportunities and the mental well-being of students, residents, and physicians.^{4,5} In Academia, Wallace et al.⁶ used collective intelligence analysis to investigate the components and causes of sabotage among tenured university academics, i.e., “academic sabotage.”⁶ Their study discovered six components of sabotage behavior: intentional anti-collegial behavior, professional dishonesty, abuse of power, negativity, non-compliance, and underperformance. The causes of this sabotage behavior were linked to self-interest, personality traits, related personal issues, extraneous stress, managerial practices, and organizational culture.

While the concept of career sabotage is still sparsely described in the literature, the phenomenon of peers deliberately compromising the careers of others is recognizable. For underrepresented minority individuals, many of whom have already traveled a “longer career path” (due to financial obligations, debt, lack of early research exposure) and are slower to promotion,⁷ the impact of career sabotage can have far-reaching consequences. It can result in further delays in academic advancement, leadership pipeline stoppages hindering promotion, and reduced access to fellowships, administrative roles, and high-impact functions.⁸ Career sabotage can also impact the well-being of those affected, resulting in increased burnout, a reduced sense of career calling, and workforce attrition.⁹ Ultimately, these experiences weaken professional identity, reduce retention, and diminish representation of underrepresented minorities in leadership, education, and research.¹⁰ In this perspective paper, we shall explore the concept of career sabotaging (CS), grounded in the literature on envy and workplace dynamics and supplemented by an exploratory online survey of professionals’ experiences.

The Harm We Cause

So why do people, scholars, and educators behave in such a way, especially when there is no apparent reason for such behavior? To answer this question, we need to understand the phenomenon of CS properly. Therefore, let us examine the concept of envy first. According to the Merriam-Webster dictionary, envy is defined as the painful or resentful awareness of an advantage enjoyed by another, accompanied by a desire to possess the same advantage.¹¹ In 350BC/1954, Aristotle, the Greek philosopher, in their article, described envy as the pain caused by the good fortune of others, while Parrott & Smith^{12(p. 908)} described envy as arising when a person lacks another’s superior quality, achievement, or possession and either desires it or wishes the

other person lacked it. Redelmeijer et al.¹³ further explained that, in addition to the constellation of emotions that arise when a person lacks what another person possesses, envy is an emotion that is widely experienced, deeply uncomfortable, and socially isolating.

In most of these definitions, it appears as if the perpetrator is subordinate or inferior to the subject of envy and that the latter possesses a quality (or qualities) the perpetrator envies. Ironically, this definition does not fully explain the phenomenon where subjects are often subordinate to the perpetrators and usually members of marginalized groups.¹⁴ Finally, it is essential to note that envy is sometimes used interchangeably to refer to jealousy; however, these two concepts differ, as the latter typically refers to (the sense of) feeling threatened, protective, or fearful of losing a position or situation to someone else.¹⁵

Malicious Envy

In 2009, van der Ven et al.¹⁶ further investigated the concept of envy, which they split into two types: benign and malicious. They described benign envy as an emotion that motivates one to attain more for oneself and malicious envy as an emotion that motivates one to damage the position of the person one envies. Benign envy is a positive, uplifting type of envy where people like and admire the envied person more. They want to be closer to the person and offer more compliments to the envied person than those experiencing malicious envy. Furthermore, in benign envy, the envier aspires to improve their position, while still feeling a significant level of frustration and inferiority. *Malicious envy*, conversely, is a negative experience that makes those experiencing it feel extremely frustrated. These people often think they are subjects of injustice and are more willing to degrade, take something from, and gossip about the envied other. They are more likely to try to hurt the person being envied, hoping the person will fail. In 2018, Lange et al.¹⁷ provided new insights into the concepts of benign and malicious envy, arguing that both forms of envy can be malevolent and are linked to the Dark Triad of personality traits. They maintained benign envy is associated with Machiavellian behaviors, while malicious envy can be connected to both Machiavellian and psychopathic behaviors. Instead of focusing on the morality of envy, therefore, we may need to redirect our focus to its functional value.¹⁷ Nevertheless, while the pulling-down motivation from malicious envy can explain why envy is abhorred, envious individuals do not seem to experience it that way.

Career Sabotaging

In academic medicine and healthcare, behaviors such as bullying, incivility, and discrimination constitute forms of harassment that not only undermine the educational and professional development of scholars but are also frequently associated with significant psychological harm for subjects. Closely related to these dynamics are situations in which a system, group of peers, or individuals in positions of authority repeatedly hinder, block, or disrupt an individual’s career progression. We can conceptualize this form of mistreatment as *career sabotaging* (CS), which

tends to recur and persist regardless of the targeted individual's effort, merit, or commitment to career advancement, promotion, or success. Of note, CS is distinct from the noun *career sabotage*, which typically refers to a discrete act or identifiable incident that damages an individual's career. CS, in contrast, emphasizes the ongoing process of engaging in behaviors that cumulatively undermine another's professional trajectory. Although such behaviors may occasionally be self-directed, CS most often involves actions taken by others and is embedded within relational, organizational, or systemic contexts.

Despite extensive scholarship on workplace harassment, such as bullying, incivility, and discrimination, existing frameworks do not fully capture the class of behaviors explicitly oriented toward undermining long-term career trajectories. CS occupies this under-theorized space. While it intersects with established forms of mistreatment, CS differs in its motivational basis, strategic focus, and cumulative impact on professional advancement. As a concept, CS refers to a distinct form of interpersonal mistreatment in academia, rooted in malicious envy and enacted through deliberate behaviors designed to impede another scholar's professional advancement. While CS overlaps with related constructs such as workplace bullying, incivility,^{1,18} social undermining,¹⁹ gaslighting, and academic sabotage, it differs conceptually in some respects. Bullying, for example, is typically defined by persistent mistreatment involving power imbalance and often overt hostility,²⁰ while incivility captures low-intensity, ambiguous norm violations whose intent to harm may be unclear.¹

In contrast, CS is explicitly intentional and strategically oriented toward career outcomes, even when enacted through subtle or ostensibly legitimate actions. Social undermining, on its part, emphasizes behaviors that hinder targets' work relationships, performance, or reputation,¹⁹ yet it does not spotlight the long-term career-trajectory focus or the envy-based motivational core that characterizes CS. Gaslighting, meanwhile, involves the manipulation of another's perceptions or sense of reality,²¹ which may function as a tactic within CS but does not, in itself, specify professional advancement as the primary target. Regarding

academic sabotage, which involves discrete acts that obstruct research, teaching, or evaluation processes (e.g., withholding information or resources), CS encompasses a broader, patterned constellation of behaviors aimed at systematically derailing recognition, opportunities, and cumulative career progression.

Therefore, what CS adds beyond existing frameworks is the integration of (a) malicious envy as a central motivational driver, (b) intentional and recurrent behaviors explicitly oriented toward career harm rather than general interpersonal aggression, and (c) the normalization and rationalization of these behaviors within ostensibly meritocratic academic systems, rendering them difficult to detect, challenge, or sanction. As such, CS captures a form of career-focused mistreatment that is frequently invisible to bystanders and institutional mechanisms, yet highly consequential for scholarly development, stratification, and inequality. As a result, it is crucial that healthcare and educational systems can identify such systemic inequities and injustices in health professions education and practice to effectively address vulnerabilities and safeguard the success of (marginalized) students and scholars across various healthcare systems.²²

Generally, subjects of CS tend to believe they are responsible for their professional and academic misfortunes. They convince themselves their bad fortune is caused by something they did or said or how they acted, talked, dressed, smiled, or even sneezed! This misconception persists for a significant part of their career, until they discover the cause of their misfortune is not themselves but rather their academic and professional environment, which was designed to make them believe they are misfits or outliers. As a witness to several events described above and a subject to similar career-sabotaging incidents myself, I was curious to learn whether other professionals in academia and healthcare recognized this phenomenon. A recent review of the literature revealed there is currently no evidence to support or refute the concept of CS. Hence, this paper attempts to conceptualize CS as a behavioral manifestation of malicious envy while acknowledging that the proposed relationship has not yet been empirically tested. The six conditions (one central and five minor) listed in Table 1 were used as preliminary,

Table 1. The six conditions that define career-sabotaging behavior

Central Condition	Minor Conditions
There is a clear intent to harm or hurt the subject. This act constitutes the central defining characteristic of malicious envy.	1. A (vague) explanation is offered to defend the actions taken to block the subject's career.
	2. There is an unmistakable experience of moral injustice* that causes moral injury† to the victim
	3. A reason is provided for the action, but it is NEVER about underperformance. In all cases, the victim's performance is beyond what is expected
	4. A defamatory narrative (based on falsehood) is present and is spread to make the story stick.
	5. In the face of the adversity, colleagues and friends of the victim remain silent.

Legend

*Moral injustice: The violation of ethical principles or a failure to uphold moral standards, resulting in harm, unfairness, or a breach of what is considered right and just.

†Moral Injury: An act of transgression that creates dissonance and conflict because it violates assumptions and beliefs about right and wrong and personal goodness.

Table 2. Responses to the conditions that define career-sabotaging behavior

Question	Setting*	Yes (%)	No (%)	N	Excluded†
Mandatory					
1. Are you familiar with the concept of “Career Sabotaging”, as described?		87 (79.8)	22 (20.2)	109	
2. Have you experienced this phenomenon personally?		81 (74.3)	28 (25.7)	109	
3. If you answered yes to the question above, where did you personally experience this phenomenon?	A	35 (43.3)		81	28
	B	26 (32.0)			
	C	20 (24.7)			
4. Have you personally witnessed others experiencing this phenomenon?		92 (84.4)	17 (15.6)	109	
5. If you answered yes to the question above, where did you witness this?	A	34 (37.0)		92	17
	B	27 (29.3)			
	C	31 (33.7)			
Optional					
6. Was there a clear intent to harm or hurt (the victim)?		58 (61.7)	36 (38.3)	94	15
7. Was an explanation offered (mostly vague) to defend the action/decision (of the perpetrator)?		66 (70.2)	28 (29.8)	94	15
8. The action involved elements of moral injustice and caused moral injury (to the victim)		80 (85.1)	14 (14.9)	94	15
9. The reason for the action was attributed to poor performance (of the victim)		48 (51.1)	46 (48.9)	94	15
10. There was a defamatory narrative (about the victim) in circulation, to make the story stick		69 (73.4)	25 (26.6)	94	15
11. Colleagues (and friends) of the victim remained silent in the face of the injustice		80 (85.1)	14 (14.9)	94	15
12. If you answered YES to at least five out of the six questions, was question 6 one of them i.e., a clear intent to harm or hurt (the victim)?		53 (56.4)	41 (43.6)	94	15
*A= Professional Workplace (Non-academic), B=Academic Workplace (e.g., University), C= Both settings					
†Excluded: Items excluded because they were either skipped/not filled in/filled in wrongly					

author-generated items to capture the core components of CS. Future work would be needed to evaluate and refine these items psychometrically. (see Table 1).

Methods

Considering the above premise around CS questions, an online survey (using Survey Monkey) was conducted among scholars to observe elements that define CS. An 18-item open-source questionnaire was used in the survey, as this approach was considered to promote transparency, collaboration, and accessibility.^{23,24} The online survey was conducted between July 1 and September 1, 2024. The questionnaire consisted of nine nominal “yes” or “no” questions and nine categorical questions, from which respondents could select options from a provided list. An example of a nominal question was, “Are you familiar with the concept of Career Sabotaging?” The categorical questions, on the other hand, included how respondents identified with their ethnicity, gender, age, ableness, and sexual

orientation. (see appendix 1, available online). The questionnaire consisted of a mandatory 5-item section that respondents were required to answer, as well as a second section with the remaining 13 optional items. The questionnaire was pilot-tested for comprehension and objectivity, given its sensitive nature, and underwent four iterations before it was considered ready for dissemination. Six scholars of different professions, ethnicities, genders, and sexual orientations provided feedback on the questionnaire. In terms of generalizability and relevance, the generic items in the questionnaire and the phenomenon being investigated were applicable to all professional and educational sectors.

Respondents were invited to participate anonymously, and recruited via the author’s LinkedIn network using an open invitation post. As such, the sample was a convenience sample skewed toward professionals engaged on LinkedIn, many of whom were likely, but not necessarily, to work in healthcare or

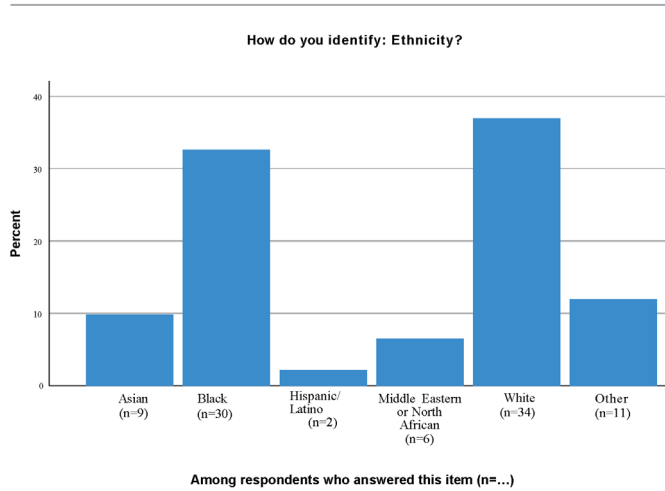


Figure 1. Demographic representation of respondents' ethnicity

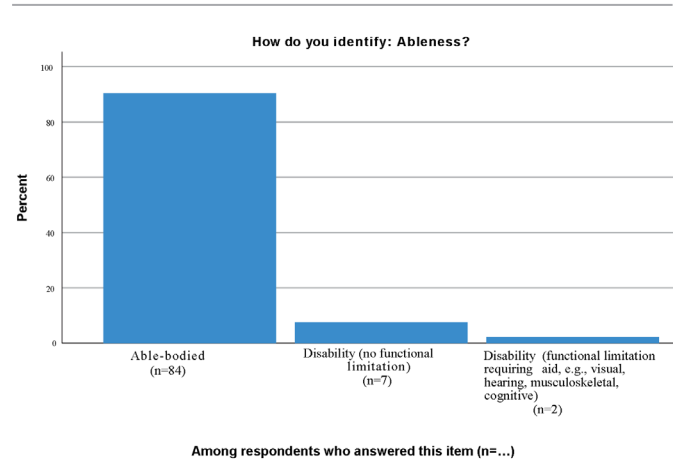


Figure 3. Demographic representation of respondents' ableness

medical education. The geographic location or exact profession of the respondents was not requested, which may limit the interpretability and generalizability of the findings.

Informed consent was obtained from all participants who chose to proceed with the questionnaire. They could decline or discontinue participation at any time, based on the information provided. All collected data were appropriately anonymized, and descriptive statistics were used to describe the data. Cross-tabulations were used to identify potential associations between the elements of CS and variables related to respondents' identities. Although not mandatory for an observational survey, ethical approval was sought and granted by the medical ethics board of the author's institution under file number METC HOH: 20250608.

Results

A total of 109 responses were returned during the 2 months of the survey, with 85% (n=93) of respondents fully completing the questionnaires. Most respondents, n = 64 (69%), identified as female, while one person (1.1%) identified as belonging to another category. Regarding ethnicity (Figure 1), many respondents identified as either Black, n = 30 (32.6%) or White, n = 34 (37%). The majority of the respondents were heterosexual, n = 86 (92.5%) (Figure 2). Nine respondents (9.7%) claimed to have a form of disability with or without functional limitations requiring aid (Figure 3). Finally, there was a wide distribution in the respondents' age categories, with the most respondents falling within the 35–44 year-old age bracket, n = 33 (35.5%) (Figure 4).

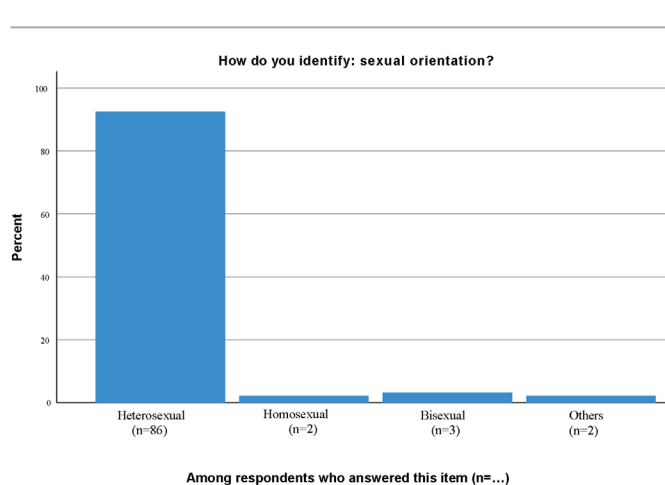


Figure 2. Demographic representation of respondents' sexual orientation

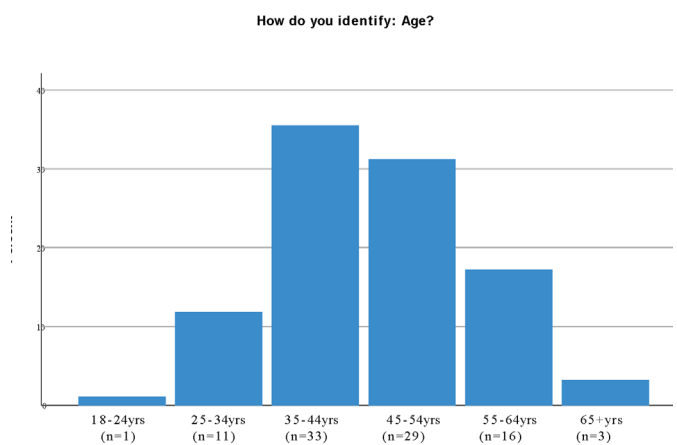


Figure 4. Demographic representation of respondent's age

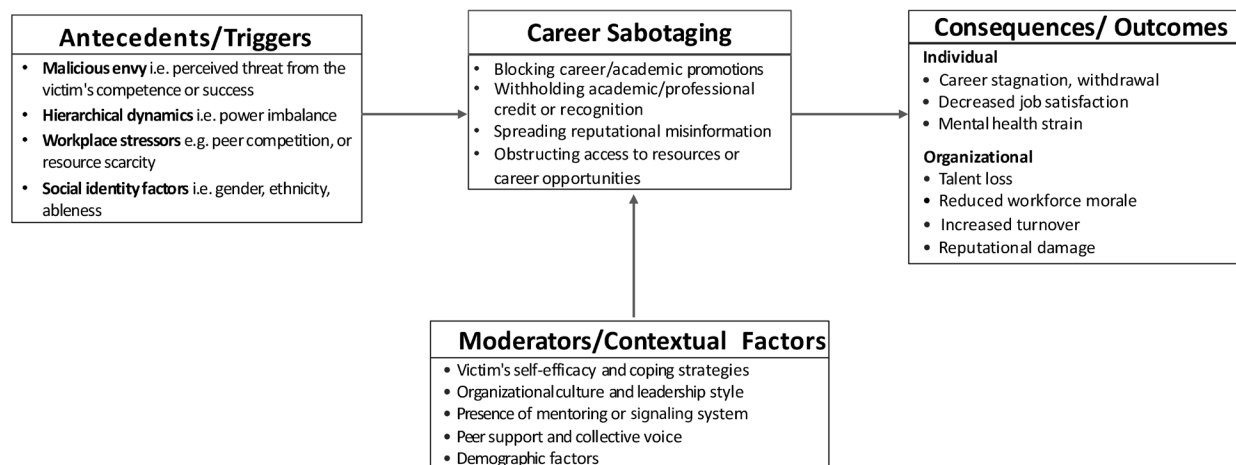


Figure 5. A conceptual framework illustrating the phenomenon career sabotaging in academic medicine and healthcare

In general, the survey findings suggest the conditions described in Table 1 resonated with respondents' lived experiences of career obstruction. The results indicated that most respondents, 87 (79.8%), were familiar with the concept of "CS" (i.e., the phenomenon in which a system or group of peers, including superiors, hinders, blocks, or disrupts an individual's progress). There were 81 (74.3%) who reported having personally experienced the phenomenon, while 92 (84.4%) had witnessed it in others, including their peers. In both situations, most occurrences were in non-academic professional workplaces (43.3% and 37%, respectively). The results showed most respondents answered "yes" overwhelmingly to all questions describing the components of CS, except for the question regarding whether the reason for CS was attributed to the subject's poor performance. In this question, the distribution of 'yes' to 'no' was fairly equal, (i.e., 51.1% to 48.9%). Finally, two items in the questionnaire stood out to which many respondents answered yes. The first was whether the action involved elements of moral injustice causing moral injury (to the subject), and the second was whether the subject's colleagues (and friends) remained silent in the face of the injustice. To both questions, 85.1% of the respondents claimed to have witnessed the event in either an academic or non-academic (professional) workplace setting (See Table 2).

Discussion

This paper explores the relationship between the harmful dynamics of CS—rooted in individual behaviors and institutional structures—and the career development of scholars and professionals in higher education and healthcare. By examining the relationship between social dysfunction and systemic barriers in academic and professional workplaces, the aim was to highlight shared concerns about the subtle yet profound ways in which careers are compromised. The

expectation is that a more in-depth understanding of this phenomenon will foster greater awareness of career sabotage and advocate for meaningful change within institutions where professionals are meant to thrive.

CS, as we have shown, is regularly encountered in academic and professional circles, including medicine and health professions education. Unfortunately, although many individuals have experienced or witnessed this phenomenon, there are few records that recognize or articulate the different elements of CS, as described in this paper. The conducted survey provides preliminary support for the view that many professionals recognize and label a pattern of career obstruction that aligns with the proposed description of CS in this paper, as well as the detrimental impact it has on the careers and mental well-being of those affected. However, in this small, non-representative sample, the reported experiences of CS cannot be associated with ethnicity, gender, ability, age, or sexual orientation. Furthermore, the sample size and sampling method greatly limit our ability to detect or exclude disparities. What we did not investigate in this survey was whether sexual orientation and ethnicity were factors associated with individuals who typically recognized CS. This is because it is plausible to assume individuals from particular ethnic groups or sexual orientations could be targets for CS by peers or superiors. Or that by virtue of their categorization, such individuals are more aware or sensitized to the injustices associated with CS and their sense of belonging.²⁵ It can also explain why the poor performance associated with ethnicity is often used as a justification for CS, especially if the peers or superiors are members of the group that is considered dominant. Finding answers to these assumptions can form the basis for further research.

Limitations

The legitimacy of the survey in this paper and its justification of the phenomenon of career sabotage may be questioned. However, that the survey was voluntary, open-source, anonymous, and allowed respondents to opt out at any time lends credibility to the findings. One can also argue that the number of respondents was low and the survey duration could have been longer; however, as mentioned earlier, the survey's intent was to observe a trend in relation to the discourse of the phenomenon described in this paper. Hence, an open-source approach was a pragmatic strategy for recruiting participants from the global professional community on LinkedIn (an online platform for academics and professionals) for this inquiry. Technically, anyone on the LinkedIn platform could participate in the poll, with the understanding that most respondents may be drawn from, although not limited to, the author's professional network (i.e., individuals working predominantly in healthcare or medical education). Furthermore, as we did not systematically capture geographic location or exact profession, this can limit the interpretability and generalizability of the results.

Reflexivity

On reflection, a crucial consideration about this paper is the author's potential bias, which may have shaped the inquiry. Like all individuals, the author views the world through a personal lens—one formed by lived experiences, research, and professional interactions. These perspectives continue to influence how events in both career and life are interpreted and managed. It also reflects the author's philosophical stance and experiential context in addressing the questions explored. The author's guiding belief is that academia and medicine provide ample space for everyone to succeed. In an ideal world, opportunities for growth and recognition would be abundant, leaving no justification for obstructing a colleague's progress or advancement. While this view may appear very optimistic, the author acknowledges the disparity between idealism and lived reality and draws on personal experience in his professional and academic contexts, where opportunities for promotion and advancement were covertly undermined by peers. As is usually the case, the impact of the actions, often subtle and disguised, came to light long after the damage had been done—in most cases, months or years later.

Conclusion

In conclusion, CS can be described as a phenomenon rooted in malicious envy and characterized by deliberate behaviors that undermine the professional growth of scholars.²⁶ It must be emphasized that envy as a conceptual entity was not measured in this paper. Therefore, the connection to malicious envy is theoretical, built on knowledge from the literature and the author's reflection. A conceptual framework illustrating the phenomenon of CS is shown in Figure 5 and depicts how antecedents, such as hierarchical power imbalances,²⁷ workplace competition,¹⁹ and perceived threats to status,²⁸

contribute to CS. In response, the following suggested strategies could help mitigate the mental, physical, academic, and professional consequences of CS in academic medicine and practice.

The first would be to understand what CS is (i.e., a form of malicious envy), which, if you experience it, is not necessarily the result of you doing something wrong. In my career, for example, I did a lot of self-inquiry following several professional setbacks, thinking I was the cause of my academic and professional misfortunes. The reflections included trying to understand my faults, seeking advice for personal improvement, and participating in several self-development programs. However, when I finally discovered the phenomenon was malicious envy, I realized I had lived a significant part of my academic and professional career under the erroneous assumption that I was the cause of my misfortunes.

The second piece of advice to any subject of CS is to articulate what matters most to them. They should (strive to) be role models for junior peers and contribute to their professional growth because, like them, their peers are likely to fall subject to malicious envy in their careers too, and sharing one's experience can be of invaluable benefit.

Thirdly, regardless of the complexity of one's experience with CS, maintaining focus and self-belief is crucial. Refrain from self-blaming and be kind to yourself. Demonstrate self-compassion and explore new opportunities tangentially. Finally, to organizations and their leaders, institutional reforms should be implemented that provide protected time and compensation for social justice activities. Ethical leadership that strengthens mentorship, sponsorship, and networking initiatives for underrepresented minorities should be promoted. Lastly, robust structural support systems that include training, bystander support, and transparent criteria for equitable promotion and evaluation need to be established.

References

1. Cortina LM, Magley VJ, Williams JH, Languard RD. Incivility in the workplace: Incidence and impact. *J Occup Health Psychol.* 2001;6(1):64-80. doi:10.1037/1076-8998.6.1.64.
2. Cambridge Dictionary. Meaning of sabotage in English. Available at: <https://dictionary.cambridge.org/us/dictionary/english/sabotage>.
3. Bechtel K, Langhan ML, Levine D, Hanson J. Pediatric Emergency Medicine and Mentoring: What Women Want. *Pediatr Emerg Care.* 2024;40(6):449-453. doi:10.1097/PEC.0000000000003192.
4. Tweed TTT, Maduro CV, Güneş NH, Poeze M, Busari JO. Diversity matters: the other doctor within the Dutch academic healthcare system. *BMJ Leader.* 2022;6(3):171-174. doi:10.1136/leader-2021-000488.

5. Anjorin O, Bakeroot VL, Zanting A, Krumeich A, Busari JO. Exploring the Effect of Discrimination on Ethnic Minority Medical Students' Mental Well-Being in the Netherlands. *Trends in Higher Education*. 2023;2(4):570-584. doi:10.3390/higheredu2040034.
6. Wallace E, Hogan M, Noone C, Groarke J. Investigating components and causes of sabotage by academics using collective intelligence analysis. *Stud High Educ*. 2019;44(12):2113-2131. doi:10.1080/03075079.2018.1477128.
7. Oh L, Linden JA, Zeidan A, et al. Overcoming barriers to promotion for women and underrepresented in medicine faculty in academic emergency medicine. *J Am Coll Emerg Physicians Open*. 2021;2(6):e12552. doi:10.1002/emp2.12552.
8. Landry AM, Brown I. The Glass Ceiling-Racial Disparities Among Emergency Medicine Chief Residents. *JAMA Netw Open*. 2024;7(9):e2432606. doi:10.1001/jamanetworkopen.2024.32606
9. Li F, Sun L, Jia F. The impact of moral injury on healthcare workers' career calling: exploring authentic self-expression, ethical leadership, and self-compassion. *BMC Med Ethics*. 2025;26(1):18. doi:10.1186/s12910-025-01175-8.
10. Freeman BK, Hudson ZSC, Smith TK. Stress of Being Underrepresented in Academic Pediatrics. *Acad Pediatr*. 2024;24(7)(7S):S211-S213. doi:10.1016/j.acap.2023.08.006.
11. Merriam Webster Dictionary. Meaning of Envy in English. Available at: <https://www.merriam-webster.com/dictionary/envy>.
12. Parrott WG, Smith RH. Distinguishing the experiences of envy and jealousy. *J Pers Soc Psychol*. 1993;64(6):906-920. doi:10.1037/0022-3514.64.6.906.
13. Redelmeier DA, Etchells EE, Najeeb U. Psychology of envy towards medical colleagues. *J R Soc Med*. 2023;116(7):229-235. doi:10.1177/01410768231182880.
14. Busari JO. #UsToo: implicit bias, meritocracy and the plight of black minority leaders in healthcare. *BMJ Leader*. 2019;3(4):101-103. doi:10.1136/leader-2019-000157.
15. Ramachandran VS, Jalal B. The Evolutionary Psychology of Envy and Jealousy. *Front Psychol*. 2017;8:1619. doi:10.3389/fpsyg.2017.01619.
16. van de Ven N, Zeelenberg M, Pieters R. Leveling up and down: The experiences of benign and malicious envy. *Emotion*. 2009;9(3):419-429. doi:10.1037/a0015669.
17. Lange J, Paulhus DL, Crusius J. Elucidating the Dark Side of Envy: Distinctive Links of Benign and Malicious Envy With Dark Personalities. *Pers Soc Psychol Bull*. 2018;44(4):601-614. doi:10.1177/0146167217746340.
18. Cortina LM. Unseen Injustice: Incivility as Modern Discrimination in Organizations. *Acad Manage Rev*. 2008;33(1):55-75. doi:10.5465/amr.2008.27745097.
19. Duffy MK, Ganster DC, Pagon M. Social Undermining in the Workplace. *Acad Manage J*. 2002;45(2):331-351. doi:10.2307/3069350.
20. Einarsen S, Hoel H, Zapf D, Cooper CL. The concept of bullying and harassment at work: the European tradition. In: *Bullying and Harassment in the Workplace*. 2nd ed. Einarsen S, Hoel H, Zapf D, Cooper CL, eds. Boca Raton: CRC Press; 2011.
21. Sweet PL. The Sociology of gaslighting. *American Sociological Review*. 2019;84(5):851-875. doi:10.1177/0003122419874843.
22. Kakara Anderson HL, Govaerts M, Abdulla L, Balmer DF, Busari JO, West DC. Clarifying and expanding equity in assessment by considering three orientations: Fairness, inclusion and justice. *Med Educ*. 2025;59(5):494-502. doi:10.1111/medu.15534.
23. Gray J, Bounegru L, Chambers L. *The data journalism handbook: Towards a critical data practice*. Amsterdam: Amsterdam University Press; 2016. <https://www.jstor.org/stable/j.ctv1qr6smr>
24. Yadav A, Kumar A, Singh V. Open-source intelligence: a comprehensive review of the current state, applications and future perspectives in cyber security. *Artif Intell Rev*. 2023;56(11):12407-12438. doi:10.1007/s10462-023-10454-y.
25. Anjorin O, Busari JO. Unpacking the Social Constructs of Discrimination, Othering, and Belonging in Medical Schools. *Teach Learn Med*. 2024;36(5):660-668. doi:10.1080/10401334.2023.2230211
26. Smith RH, Kim SH. Comprehending envy. *Psychol Bull*. 2007;133(1):46-64. doi:10.1037/0033-2909.133.1.46.
27. Ashkanasy NM, Dorris AD. Emotions in the Workplace. *Annual Review of Organizational Psychology and Organizational Behavior*. 2017;4(1):67-90. doi:10.1146/annurev-orgpsych-032516-113231.
28. Vecchio R. Explorations in employee envy: Feeling envious and feeling envied. *Cognition and Emotion*. 2005;19(1):69-81. doi:10.1080/02699930441000148.

Author Affiliation

Jamiu O. Busari, MD, PhD, MHPE, FRCPC(hons)*

*Department of Educational Development and Research, Faculty of Health, Medicine and Life Sciences, University of Maastricht, Maastricht, the Netherlands; Department of Pediatrics, Horacio Oduber Hospital, Oranjestad, Aruba