Bullying Behavior Among Radiation Therapists and Its Effects on Personal Health

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Purpose To identify the prevalence of workplace bullying in the radiation therapy department, the demographic characteristics and behaviors of the bully, and the effects of bullying on personal health.

Methods Radiation therapists who worked in a variety of practice settings and geographic locations completed a 78-question survey that investigated their experiences with bullying in 4 areas: bullying prevalence and demographics, workplace environment, effects on personal health, and effects on job performance.

Results Of the 308 radiation therapists who participated in the study, 194 indicated that they felt workplace bullying was present either in their current workplace or in a previous radiation therapy environment. Three-quarters reported therapist-to-therapist bullying, 46% reported supervisor-to-therapist bullying, and 17% reported therapist-to-supervisor bullying. The most common form of bullying was humiliation. The health effects of bullying included anxiety, depression, gastrointestinal issues, fatigue, and insomnia.

Discussion Findings indicate a need to evaluate the occurrence of bullying in the radiation therapy department. The health-harming acts of bullying are prevalent among radiation therapists, and little is being done to prevent them. This failure indicates a lack of education among the bullies, staff, management, and institutions.

Conclusion To meet the needs of patients and the expectations of employers, workplace bullying should be thoroughly investigated and addressed. The use of radiation therapy services will increase exponentially over the next decade, making it essential to identify the prevalence of bullying and its potential effect on patient safety and quality of care.

Workplace bullying has become a topic of heightened interest over the past decade, drawing the attention of numerous media outlets. This has made what was once a taboo subject now a common, necessary topic of conversation and research. The subject of bullying has found its way into mainstream media, social networks, books, and the agendas of conferences. Even an organization, the Workplace Bullying Institute, was formed to help battle this epidemic.

It is important to define the term *workplace bullying* clearly because the word *bullying* is so broad and behaviorally nonspecific. The word *bully* encompasses both actions and behaviors, from the playground to the workplace. In the context of the current research study, bullying was defined as:

> *[T]he repeated, health harming mistreatment by one or more workers that takes the form of verbal abuse; conduct or behaviors that are threatening, intimidating, humiliating; sabotage that prevents work from getting done; or some combination of the three.*[1]

Research has shown that 37% of Americans have been bullied at work, 13% of whom are being bullied presently, and 24% of whom have been bullied in the past.[2]

These statistics indicate a growing problem of what many consider to be epidemic proportions. This study examined bullying behavior in the radiation therapy department, including the prevalence, effects, and demographic characteristics and behaviors of the bully. Information also was gathered to better understand the

effects bullying has on a victim's health. As the field of radiation therapy continues to grow in the United States, results of this study will have implications for the safety, quality, and efficiency of care based on whether these behaviors are present, the extent to which they exist, and the mental and physical effects they have on the victims.

Literature Review

The increased mainstream media attention over workplace bullying in the past decade has started to yield a significant amount of research and literature.[3-8] Much of this research, however, is focused on the prevalence of bullying behavior, the identification of these behaviors on a broad scale, and the effects.[9] Only recently have publications begun to examine methods for preventing this behavior through policies and procedures.[6] With respect to health care professions, nursing is currently the only occupation producing extensive research on this topic.[10] The research conducted on the broad scope of bullying and within the nursing profession provided a significant background for this study on bullying among radiation therapists.

The behaviors of workplace bullying have been documented in research in the nursing literature.[5] One study indicated that workplace bullying might concern work-related issues, personal issues, or social isolation.[11] A survey conducted by the Workplace Bullying Institute in 2008 indicated that the bullying behaviors present in the workplace included verbal bullying, behavioral bullying, abuse of authority, interference with work performance, and destruction of workplace relationships.[3] Another study noted that victims of bullying often suffer significant anxiety, depression, and feelings of isolation.[4] This same study specified that bullying behaviors create feelings of defenselessness in the victim and significantly diminish his or her right to dignity in the workplace.[4] These feelings are important because they can inhibit normal job productivity or break down communication among coworkers. Victims of bullying also have been shown to be insecure about their job positions.[12]

One study focused on the moral and ethical aspects of bullying behavior and found that the resulting health consequences violated the nursing professional code of ethics and the American Nurses Association's Code of Ethics for Nurses.[13] A study by Dehue and colleagues determined a direct link between bullying in the workplace and negative effects on health. Their study also examined the health-related symptoms caused by the bullying such as anxiety, depression, and mental health problems, as well as the moderating role of coping strategies.[14]

Previous studies determined that the most common type of violence health care personnel face is verbal abuse, followed by bullying/mobbing, which is described as making someone feel ganged up on by others within the organization.[15] A study of novice nurses revealed that 21% were exposed to bullying daily, and nearly half indicated being bullied occasionally.[9] The study also showed a correlation between bullying and a 48% decrease in work productivity.[9] In another study, 21% of nurses had been exposed to workplace bullying and identified negative effects on job performance, motivation, energy level, and commitment to work.[15] In addition, 45% of nurses surveyed indicated that they had moderate to severe depression.[15] Exposure to bullying behavior was shown to have a direct link to depression.[15] According to the Workplace Bullying Institute, only 6% of business leaders said that bullying was a top priority. The Institute concluded that top-level executives might identify bullying as a problem but often fail to follow through to ensure resolution or believe their human resources department will handle the issue.[3]

These studies show a direct link between the bullying behaviors exhibited in the workplace and the personal health and job performance of the individual. Studies reported in the available literature on bullying have demonstrated similar findings on several health care–related fronts. After a database search of CINAHL and PubMed using the key terms *workplace bullying in health care, bullying in radiation therapy,* and *bullying in radiologic sciences*, no studies were found investigating bullying behavior in the fields of radiation therapy or radiation oncology. It can be hypothesized that if bullying is this prevalent in other health care fields, it also is occurring in radiation therapy. The research study presented here served to fill this gap. The research questions guiding the study were:

- How common is workplace bullying in the field of radiation therapy?
- What bullying behaviors are being experienced by radiation therapists, and how have these behaviors been tolerated or reprimanded by administration and other employees?

- What effects on personal health have the bullying behaviors had on the victims?

Methods

We designed a quantitative research study to evaluate the presence of bullying and its effects on victims within the radiation therapy workplace. Participants were registered radiation therapists in the United States. According to the American Registry of Radiologic Technologists, there were 19 925 registered therapists in the United States in April 2012. It is important to note that the total number of people registered does not necessarily represent "practicing" radiation therapists. Many radiation therapists keep their licensing current but might work in different occupations or have retired.

Radiation therapists work in a variety of environments, ranging from small community or regional facilities to large academic medical centers. The number of employed therapists at any one location ranged from 2 to 145, depending on the practice setting and whether the location was urban or rural. It was important to obtain feedback from practicing therapists in a variety of workplace settings. To obtain a diverse sample in terms of practice setting and geographic location, the researchers contacted 88 radiation therapy facilities to recruit participants. A Google search using the terms *cancer center(s)* and *radiation oncology* was performed, along with the name of each state, to compile a list of radiation therapy centers across the country.

A Microsoft Excel spreadsheet was created, listing the radiation oncology facilities for each state and a contact number. Of the 88 facilities called, we made contact with representatives from 48 of them. Initial contact was made with facility administrators, which included the chief therapists or radiation oncology managers/supervisors, to gain their support for the study. Numerical data were compiled from these initial contacts to identify how many therapists were employed at each site, and all aspects of the survey, including its purpose and what the therapists needed to do to participate, were explained to them. If they agreed to allow their therapists to take part in the study, a survey link was provided to the department manager or chief therapist via e-mail. The directions attached to this e-mail instructed them to forward the survey to their staff radiation therapists via departmental e-mail lists. Once the survey link was distributed to the therapists, the department manager or chief therapist was not granted access to the results of the survey or even told whether the therapists completed the survey.

The survey was developed electronically through SurveyMonkey and administered after institutional review board approval from Texas State University was obtained. The use of SurveyMonkey as an outside party to deliver the survey served to eliminate bias by omitting references to personal e-mail addresses and names the respondents might recognize. Using an online format instead of a mailed survey, where bias could more easily be introduced, was a strength of this study.

The survey consisted of 78 yes/no or Likert-type questions that investigated the radiation therapists' experiences with bullying over 4 sections: bullying prevalence and demographics, workplace environment, effects on personal health, and effects on job performance. This article only addresses the bullying behavior, work environment, and effects on personal health. The effects on job performance will be addressed in a subsequent publication.

Prior to beginning the survey, participants were asked whether they agreed to participate in the study. This ensured that the participants were under no obligation to complete the survey. The therapists then were asked whether they had ever experienced or witnessed bullying according to the definition provided. If the participant answered no, the survey was terminated to guarantee that data were only collected from individuals who had experienced bullying. However, their responses were included in the final data set because they showed the overall percentage of therapists who indicated that they worked in a bully-free radiation therapy department.

The survey questions were created and formulated using a structure and format similar to the 2010 U.S. Workplace Bullying Study conducted by Zogby International.[6] In researching methods and formats to assist us in developing our study, this was the only formal organized survey we found that was based on goals similar to those in our study.

To determine validity, the survey instrument was pretested with therapists at one of the researcher's facilities. This cancer center was excluded from the data set because the questions were reformulated based on the therapists' observations and input. The

test therapists' responses were used to ensure the clarity of the questions.

SurveyMonkey's built-in software assisted with quantifying the data. A frequency distribution analysis was used to determine the frequency of the bullying behavior among the radiation therapists and how it had affected the victims. Statistical analysis of the data was limited to simple correlations because this was a foundational study. In future research, it would be more effective to use deeper statistical relationships and techniques. The focus on only the radiation therapists without the inclusion of other health care providers as subjects in this study lends itself to valid results.

Results

From the 48 facilities that agreed to participate, 665 radiation therapists were sent the survey. Several facilities opted not to participate because they were dealing with workplace bullying or litigation from bullying at the time and were worried that participation would aggravate an already volatile issue. One facility opted not to participate because the administrators said they police their own bullying issues internally and that this survey would yield no new findings and be redundant.

Of the radiation therapists who were sent the survey, 308 opened the link, read the consent, and agreed to participate, for a return rate of 46%. Of those, 194 indicated that they felt workplace bullying was present either in their current workplace or in a previous radiation therapy environment. These 194 were allowed to complete the remainder of the survey and to skip any question that made them feel uncomfortable. Because of this allowance, the percentages and number of responses reported varied from question to question and did not always equal 100% or 194.

The first set of questions concerned the type of bullying the participant had experienced and the bully's demographic characteristics (see **Table 1**). Interestingly, 75% of participants stated they had experienced horizontal bullying, or bullying of a therapist by a therapist. In addition, 46% reported top-down (supervisor-to-therapist) bullying, and 17% reported bottom-up (therapist-to-supervisor) bullying. For this question, participants could choose multiple answers, which accounts for the percentage being more than 100%. It appears that those who have experienced bullying experienced it in multiple methods.

Table 1

Bullying Prevalence and Demographic Characteristics of Bullies

Question		n (%)[a]
Do you feel that workplace bullying is present in your current or former workplace?		
	Yes	195 (68)
	No	90 (32)
Which classification of bullying is most common at your institution?		
	Top-down	81 (46)
	Horizontal	134 (75)
	Bottom-up	31 (17)
Have you personally been a victim of workplace bullying in your radiation therapy department?		
	Yes	133 (71)
	No	54 (29)
Have you witnessed workplace bullying in your department?		
	Yes	175 (94)
	No	12 (7)
Where did the majority of the bullying you witnessed occur?		
	In the open in front of others	144 (77)
	Behind closed doors	84 (45)
What is the gender of the bully?		
	Male	22 (12)
	Female	103 (57)
	Both	57 (31)
What is the most common gender pairing of the bullying (bully to victim)?		
	Male to male	8 (4)
	Female to female	127 (71)
	Male to female	24 (14)
	Female to male	19 (11)

[a] *Combined percentage for each question may exceed 100% if the question allowed multiple responses.*

When asked whether they had personally been a victim of bullying, 71% answered yes, and 94% said they had witnessed others being bullied in the workplace.

When asked where the majority of bullying occurred, 77% indicated that it was done in front of others, whereas 45% said it was done behind closed doors. Again, participants were allowed to choose more than one response. They also indicated that the majority of bullies were women (57%) and that the most common gender pairing of bully to victim was female to female (71%).

Participants were then asked about the workplace environment and how the bully's actions were tolerated or controlled (see **Table 2**). Sixty-four percent said that the bully worked with others as opposed to alone and that the actions were never (36%) or sometimes (52%) reported. Only 10% indicated that the bullying behavior was reported most of the time. Participants also indicated that the bully's actions were tolerated by staff most of the time (54%), and 19% thought the bully's actions were always tolerated by staff or other therapists. When asked to identify who else tolerated the behavior, the responses were as follows: coworkers, 78%; managers, 65%; the institution, 25%; and human resources personnel, 23%.

When asked to describe the bullying behavior, participants were asked to choose all that applied from a list. Their responses were as follows: humiliation, 75%; abuse of authority, 56%; destruction of workplace relationships, 56%; verbal shouting, 44%; and interference with work, 40%. Participants also indicated that these behaviors occurred over a prolonged period. Thirty-seven percent said that the bullying behavior lasted longer than 3 years, and 21% said that it lasted 1 to 3 years.

Participants were then asked questions regarding the effects of bullying on their personal health (see **Table 3**). They said that 93% of the time, the bully either somewhat or greatly affected their stress level at work. They felt tired before the work day began 33% of the time, and 53% said they frequently or always had trouble sleeping because they were thinking about issues at work. Many physical conditions experienced by the victims also were attributed to bullying behavior: 16% said they had irregularities in blood pressure (described as high blood pressure) due to bullying, and 37% had high blood pressure because of their work environment. Other physical indicators were anxiety (50%), depression (46%), gastrointestinal issues (44%),

Table 2

Workplace Environment

Question		n (%)[a]
How does the bully you work with demonstrate the bully behaviors?		
	Works alone	60 (36)
	Works with others	108 (64)
The bullying that I have been a victim of or witnessed was reported.		
	Never	62 (36)
	Sometimes	89 (52)
	Most of the time	17 (10)
	Always	3 (2)
The bully's actions in the department are tolerated by staff.		
	Never	2 (1)
	Sometimes	44 (26)
	Most of the time	93 (54)
	Always	32 (19)
The bully's behavior is accepted by:		
	Coworkers	131 (78)
	Management	109 (65)
	Human resources department	39 (23)
	The institution	43 (25)
	Not accepted at all	16 (10)
The most common tactics of the bully are:		
	Verbal shouting and swearing	73 (44)
	Behavioral humiliation	126 (75)
	Abuse of authority	94 (56)
	Interference with work	67 (40)
	Destruction of workplace relationships	93 (56)
	None	1 (6)
The bullying I have experience or witnessed has lasted:		
	Weeks	26 (16)
	3-6 months	17 (11)
	6-12 months	25 (15)
	1-3 years	33 (21)
	> 3 years	61 (37)

[a] *Combined percentage for each question may exceed 100% if the question allowed multiple responses.*

Table 3

Effects of Bullying on Personal Health		
Statement		n (%)
Witnessing and/or experiencing bullying has affected my stress level at work.		
	Not at all	11 (7)
	Somewhat	79 (49)
	Greatly	69 (44)
I feel tired before I even begin my daily work.		
	Yes	52 (33)
	No	26 (16)
	Sometimes	82 (51)
I am unable to get a good night's rest because I am thinking about issues at work.		
	Never	16 (9)
	Rarely	61 (38)
	Frequently	75 (48)
	Always	8 (5)
I feel that my work environment contributes to irregularities in my blood pressure.		
	Not at all	75 (47)
	Somewhat	58 (37)
	Definitely	25 (16)
I have chest pains that I associate with stress caused by the environment created by bullies in the department.		
	Yes	25 (16)
	No	132 (84)

Table 3 (continued)

Effects of Bullying on Personal Health		
Statement		n (%)
My work environment and stresses at work cause a loss in my appetite.		
	Yes	13 (8)
	No	98 (62)
	Sometimes	48 (30)
I have gastrointestinal issues due to the stressful environment I work in.		
	Never	89 (56)
	Sometimes	53 (33)
	Frequently	9 (6)
	Always	8 (5)
Depression is something I battle with due to the circumstances in my department.		
	Never	86 (54)
	Sometimes	54 (34)
	Frequently	15 (9)
	Always	4 (3)
The level of anxiety I feel at work is:		
	Below normal	7 (4)
	Normal	72 (46)
	Higher than normal	79 (50)

loss of appetite either sometimes or always (38%), and chest pain (16%). The authors understand that the health-related/medical issues have multifactorial causes and that the bullying might not be solely responsible for these problems. However, the questions were worded so that the respondents provided their own opinions about whether their health-related issues were associated with the bullying they had experienced. Finally, participant demographic data were collected, including years of experience in radiation therapy, education level, age, ethnicity, gender, and employment setting (see **Table 4**).

Discussion

This study provides useful information regarding the prevalence, behaviors, and effects of workplace bullying among radiation therapists. It confirms a relationship between the prevalence of workplace bullying among radiation therapists and negative health effects. It also validates the research found in the literature from other health care professions.

Bullying previously had been or currently was present in some form at 68% of the participants' institutions. Because of the diverse sample used in the study, both in geographical location and radiation

Table 4

Participant Demographic Characteristics		
Characteristic		n (%)
Years of radiation therapy experience		
	0-3	33 (21.7)
	4-8	43 (28.3)
	9-15	31 (20.4)
	16-25	23 (15.1)
	> 25 years	22 (14.5)
Education level in radiation therapy		
	Certificate	32 (21.3)
	Associate degree	31 (20.7)
	Bachelor's degree	87 (58.0)
Age		
	18-23	4 (2.6)
	24-30	40 (26.5)
	31-40	49 (32.5)
	41-50	27 (17.9)
	51-65	30 (19.9)
	> 65	1 (0.7)
Ethnicity		
	Caucasian/white non-Hispanic	126 (85.1)
	Asian	4 (2.7)
	African American/black	6 (4.1)
	Hispanic/Latino	5 (3.4)
	Native American	0 (0)
	Pacific Islander	1 (0.7)
	Prefer not to answer	6 (4.1)
Gender		
	Male	28 (18.8)
	Female	121 (81.2)
Employment setting		
	Hospital	68 (45.3)
	Academic hospital	44 (29.3)
	Outpatient clinic	31 (20.7)
	Regional hospital	7 (4.7)

therapy settings, this percentage is a direct indicator of a problem that needs to be addressed. The data also indicate that 71% of therapists had been bullied personally and that the majority of bullying (75%) occurred horizontally. In addition, 46% of the bullying within the department was top-down. This indicates a breakdown in communication between therapist and supervisor and gives the perception that this behavior is tolerated. Increased communication is needed in these instances, not only from the supervisor, but also from the therapist. For this change to happen, an open and safe environment must be created in which the therapist has the confidence to approach the supervisor about the problem, knowing that the conversation will remain confidential and that action will be taken. For that environment to be created, more education and resources regarding bullying must be made available.

As shown with many other problems, such as smoking, education leads to decreased engagement in negative behaviors. Research has shown that "interveners" among staff can help facilitate a response to these behaviors; thus, by educating everyone about bullying and its effects, each therapist can ensure that other therapists within the department are not working in a volatile environment, which currently is not being done.[1]

Top-down bullying indicates that as therapists are promoted to managers or supervisors, their bullying tactics remain. This also indicates that proper training and job performance tracking are not performed adequately for staff at either the manager or staff-therapist level regarding bullying behaviors.

It is evident that individuals outside the direct bullying situation struggle with getting involved, as 93% of therapists said they had witnessed bullying in the department. Based on the prevalence percentages, it can be inferred that the behavior is being tolerated, corrective action is not implemented when reported, or both. As other research has demonstrated, bullying often is not reported because of fear of the bully or because witnesses believe someone else will report the incident.[16] The feeling that others will deal with the issue is called the "bystander effect" and is demonstrated by the publicized 1964 murder of Kitty Genovese, in which none of the 38 witnesses reported the murder after seeing it.[16] Participants in our study demonstrated the bystander effect by indicating that they perceived the bullying behavior to be tolerated by management (65%), the institution (25%), and the

human resources department (23%). This is further demonstrated by the findings that the bully was never reported 36% of the time and was sometimes reported 52% of the time. Further research needs to be done to determine what therapists are doing when the bullying occurs. Additional research also could include the institution's human resources department to see how many cases of bullying of radiation therapists are reported.

According to participants, most bullying behavior (77%) was demonstrated in front of others. This is a territorial indicator, signifying that the bully was attempting to show dominance over the individual and instill fear in others. It often boosts the bully's self-esteem to belittle or humiliate the target publically. This effect was documented in the current study, which showed that the most common bullying behavior was humiliation. This type of behavior easily could cause a sense of fear in the one being humiliated, as well as in witnesses, which could permeate and dominate the work environment, possibly leading to the bystander effect.

An environment filled with fear and lacking communication—pervasive in a hostile work environment—also places the patient's safety at risk. In the field of radiation therapy, mistakes occur. However, much knowledge is gained from mistakes, which leads to improved processes and, one hopes, the prevention of future misadministration. This can be true only if an environment is created in which the therapist feels secure enough to report issues.

This study also showed that the majority of the bullies within the radiation therapy department were women. This finding was not surprising because most of the 19 925 registered radiation therapists are women, as indicated by the American Registry of Radiologic Technologists statistics. It also further validates the study's finding that female-to-female bullying was the most common type because of the favored gender mix in the profession.

Although not investigated in this study, a direct link could exist between the tolerance of coworkers, management, and the institution and job turnover, as shown in a previous health care study.[7] Subsequent research could verify whether this is true within the radiation therapy profession.

Bullying Behavior in the Radiation Therapy Department

This study also examined the dynamics of how the bully executed his or her behavior. Results showed that 64% of the bullies worked with others. This parallels society's "herd effect." The fear that the bully instills could make others join in the behavior rather than combat the issue and risk becoming the target themselves. Most radiation therapy facilities in our study had more than 5 therapists. This reported teamwork of bullying is concerning because it easily could cause isolation of other therapists, resulting in a communication breakdown. This herd effect is further supported by our study's finding that the majority of the bullying occurs horizontally. The potential risk to patients in this environment is heightened because therapists might then prefer to perform duties alone or could be hesitant to ask pertinent questions that affect the patient's treatment.

Our study showed that 37% of the bullying behavior had been occurring for longer than 3 years. This prolonged exposure increases the health risks to therapists and affects the overall well-being of the department. Working in a hostile or fear-provoking environment for this length of time also increases the risk of a misadministration of treatment to a patient and is indicative of the lack of education and mechanisms to guard against bullying behavior. Depending on the job market, this behavior also could directly influence employee retention. Further research could investigate the relationship between staff turnover and the duration of exposure to the bullying behavior. In an area where radiation therapy jobs are not readily available, therapists might be forced to simply "tough it out" if nothing is being done to identify and correct the problem. Our research shows that this could be the case, given the 3-year or longer tolerance level.

Bullying Behavior Effects on Personal Health

The effect on therapists' health was another alarming finding of this study. Bullying behavior appeared to influence the radiation therapist's stress level at work, with 16% of participants stating that it directly contributed to irregularities in their blood pressure. High blood pressure and stress both have been shown to increase the risk factors for myocardial infarction and other heart-related problems.[17] Stress also can be

linked to a weakened immune system, headaches, and neurological deficits such as forgetfulness and tremors.[18] Our findings also indicated that the anxiety level of 50% of the therapists was higher than normal. Study participants reported having chest pains and gastrointestinal issues, which they related to the hostile work environment. These effects are risk factors not only to the therapists but also to coworkers and their patients. Prolonged exposure to stress and its effects could lead to an accident. The effects also could be a liability to the institution and decrease employee retention.

Our results indicated 53% of radiation therapists failed to get a good night's sleep always or frequently because of issues at work. This lack of adequate rest again could be a potential hazard for mistakes and misadministration of radiation. Mistakes related to loss of focus, loss of concentration, and fatigue have been indicated in other studies on bullying and appear to occur in the field of radiation therapy as well.[19]

Our study also showed that therapists suffer from depression as a result of bullying in the workplace. Depression can affect the individual battling it and the entire workplace.[1] In addition, depression caused by the bully's behaviors in the department can spill over into the therapist's personal life, causing difficulties with friendships, parenting, and marriages.

All of the findings in this study indicate a need to evaluate the radiation therapy workplace and provide education on identifying bullying behavior. Data indicate that the health-harming acts of bullying are prevalent among radiation therapists, and little is being done to stop them. This indicates the lack of education among the bullies, staff, management, and institution on the issue.

Limitations

This study's major limitation was the sample size. To gain a more complete view of the bullying problem, a study surveying a larger number of radiation therapists would increase the validity of the results. The current research, however, was designed as a preliminary study to determine whether bullying is as prevalent in the radiation therapy field as it is in other health care professions. Another limitation was the large number of survey questions, which might have deterred some participants from completing the questionnaire. One final limitation was the decision to distribute the survey only to managers of the radiation oncology department. This could have allowed a manager to not distribute the survey or to distribute it selectively.

Conclusion

The radiation therapist's role is to deliver radiation to cancer patients in a comforting and caring manner. It is a stressful job in and of itself. Added stress on workers in this field caused by other radiation therapists, managers, or the workplace environment is a recipe for mistakes, institutional liability, and job burnout. To provide competent and comforting care to patients, radiation therapists need to work in an environment that is as stress-free as possible and in which they feel comfortable discussing their needs and those of their patients without being anxious about repercussions.

Because of the prevalence of bullying in society and the effects it has on victims, it is imperative to address this issue. Bullying has been documented as a major issue in the workplace. With the only health care–relevant research being done in the nursing profession, it is critical to further investigate this epidemic within the radiation therapy workplace. As further research is published, all levels of staff must work collaboratively to develop strategies to eliminate bullying. This study is foundational for further research in the radiation therapy profession.

It is clear that any existing education and training on how to recognize and deal with bullying behaviors within the health care industry is insufficient. To meet the needs of patients and the expectations of employers, workplace bullying should be thoroughly investigated and addressed. Solutions and accountability must be established, along with a policy of zero tolerance once the bullying issues are identified. Because the use of radiation therapy services will increase exponentially over the next decade, it is essential to identify the prevalence of bullying because it may ultimately affect patient safety and the quality of care.

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References

1. Namie G, Namie R. *The Bully-Free Workplace: Stop Jerks, Weasels, and Snakes From Killing Your Organization*. Hoboken, NJ: John Wiley & Sons; 2011.
2. Namie G, Namie R. *The Bully at Work: What You Can Do to Stop the Hurt and Reclaim Your Dignity on the Job*. 2nd ed. Naperville, IL: Sourcebooks; 2009.
3. Workplace Bullying Institute. Workplace bullying from the perspective of U.S. business leaders. http://workplacebullying.org/multi/pdf/2013-WBI-Z-BL.pdf. Published 2013. Accessed February 21, 2013.
4. Murray JS. No more nurse abuse: let's stop paying the emotional, physical, and financial costs of workplace abuse. *Am Nurse Today*. 2008;3(7):17-19.
5. Murray JS. Workplace bullying in nursing: a problem that can't be ignored. *Medsurg Nurs*. 2009;18(5):273-276.
6. Bartlett JE II, Bartlett ME. Workplace bullying: an integrative literature review. *Adv Dev Hum Resources*. 2011;13(1):69-84. doi:10.1177/1523422311410651.
7. Hogh A, Hoel H, Carneiro IG. Bullying and employee turnover among healthcare workers: a three-wave prospective study. *J Nurs Manag*. 2011;19(6):742-751. doi:10.1111/j.1365-2834.2011.01264.x.
8. Weidmer TL. Workplace bullying: costly and preventable. *Delta Kappa Gamma Bull*. 2010;77(2):35-41.
9. Berry PA, Gillespie GL, Gates D, Schafer J. Novice nurse productivity following workplace bullying. *J Nurs Scholarsh*. 2012;44(1):80-87. doi:10.1111/j.1547-5069.2011.01436.x.
10. Simons SR, Mawn B. Bullying in the workplace--a qualitative study of newly licensed registered nurses. *AAOHN J*. 2010;58(7):305-311. doi:10.3928/08910162-20100616-02.
11. Cowie H, Naylor P, Rivers I, Smith PK, Pereira B. Measuring workplace bullying. *Aggress Violent Behav*. 2002;7(1):35-51.
12. De Cuyper N, Baillien E, De Witte H. Job insecurity, perceived employability and targets' and perpetrators' experiences of workplace bullying. *Work Stress*. 2009;23(3):206-224. doi:10.1080/02678370903257578.
13. Matt SB. Ethical and legal issues associated with bullying in the nursing profession. *J Nurs Law*. 2012;15(1):9-13.
14. Dehue F, Bolman C, Völlink T, Pouwelse M. Coping with bullying at work and health related problems. *Int J Stress Manag*. 2012;19(3):175-197.
15. Yildirim D. Bullying among nurses and its effects. *Int Nurs Rev*. 2009;56(4):504-511. doi:10.1111/j.1466-7657.2009.00745.x.
16. Manning R, Levine M, Collins A. The Kitty Genovese murder and the social psychology of helping: the parable of the 38 witnesses. *Am Psychol*. 2007;62(6):555-562.
17. FAQs about stress. American Heart Association Web site. http://www.heart.org/HEARTORG/GettingHealthy/StressManagement/HowDoesStressAffectYou/FAQs-About-Stress_UCM_307982_Article.jsp. Updated May 5, 2011. Accessed April 22, 2013.
18. 50 common signs and symptoms of stress. American Institute of Stress Web site. http://www.stress.org/stress-effects/. Accessed January 21, 2014.
19. Fackelmann K. Long hospital shifts, lack of sleep can kill, study says. Tired medical residents make more errors. *USA Today*. December 12, 2006:1A. http://usatoday30.usatoday.com/printedition/news/20061212/1a_offlede12.art.htm. Accessed January 22, 2014.