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# Bullying Among Radiation Therapists: Effects on Job Performance and Work Environment

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**Purpose** To identify the effects of workplace bullying in the radiation therapy department on job performance and explore the environment and morale of individuals who work with a bully.

**Methods** A quantitative research study was designed to assess the prevalence and effects of bullying in the radiation therapy workplace.

**Results** A total of 308 radiation therapists participated in the study for a return rate of 46%. Of those, 194 indicated that workplace bullying was present either in their current workplace or in a previous radiation therapy environment and that it negatively affected job performance and satisfaction.

**Discussion** Findings of this study indicate a need for evaluation of the radiation therapy workplace, education on how to identify and prevent bullying behavior, and better communication among members of the radiation therapy environment. Participants indicated that working in a hostile environment led to forgetfulness, ineffective communication, and perceived discrepancies in promotion and treatment by management.

**Conclusion** Any bullying behavior contributes to an overall toxic work environment, which is unhealthy and unsafe for patients and therapists. Those who manage therapists should promote a culture of safety and embrace their staff's independence.

**B**ullying has been documented to exist in all workplace environments, from education to health care.<sup>1</sup> Effects of workplace bullying can be detrimental to those who are bullied and to those working in the hostile environment.<sup>1,2</sup> Johnson and Trad identified workplace bullying as prevalent in the field of radiation therapy and found that bullying affects practicing radiation therapists both personally and professionally.<sup>3</sup> This research study is a continuation of that initial research documenting the effects of bullying on the personal health of radiation therapists.

Because the definition of *workplace bullying* is broad and behaviorally nonspecific, it is important to understand the researchers' definition of the term. The term *bully* has been used to describe both actions and behaviors, from the playground to the workplace. In the

context of this research study, *bullying* is defined as the 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."<sup>1</sup>

Research shows that 35% of Americans have been bullied at work, with an additional 15% witnessing some form of bullying in the workplace.<sup>4</sup> Previous research on radiation therapy workplace bullying found that it was frequent and had dramatic effects on the study participants who experienced it, including lack of sleep, depression, gastrointestinal issues, and blood pressure fluctuations.<sup>3</sup> The study also emphasized the need to identify workplace bullying and establish guidelines to report and reprimand bullies. The purpose of this current research was to identify the effects of

workplace bullying in the radiation therapy department on job performance and explore the environment and morale of individuals working with a bully.

## Literature Review

Workplace bullying takes place in almost every profession, including radiation therapy.<sup>1-10</sup> In the American workforce, 53.5 million people, or 35% of American workers, reported being bullied at work, and an additional 17.5 million have witnessed some sort of bullying behavior in the workplace.<sup>4</sup> In the only identified workplace bullying research specific to the field of radiation therapy, 71% of workers had personally been bullied, and 94% had witnessed bullying in the workplace.<sup>3</sup>

Workplace bullying has been found to have detrimental effects on job attitudes and performance.<sup>5</sup> It has been shown to diminish relationships between employer and employee and cause conflict between coworkers.<sup>5</sup> MacIntosh et al conducted a study on health care professionals and found that long-term exposure to bullying behavior at work led to loss of meaning derived from work, which led to feelings of apprehension about going to work, inability to focus at work, and loss of fulfillment and satisfaction in the job.<sup>9</sup> These feelings resulted in the participants' inability to provide quality care to their patients and undermined self-confidence in their work.<sup>9</sup> Similar research identified that a hostile work environment decreases employee morale and increases employee turnover, employees' use of sick leave, and administrative costs related to recruitment.<sup>10</sup>

Bullying presents itself in different forms. A survey conducted by the Workplace Bullying Institute in 2010 identified the following workplace bullying behaviors<sup>4</sup>:

- Verbal abuse.
- Behavior that is humiliating or threatening.
- Abuse of authority.
- Interference with work performance.
- Destruction of workplace relationships.

Johnson and Trad confirmed these findings in the field of radiation therapy.<sup>3</sup> In their study, participants indicated that shouting, humiliation, abuse of authority, interference with work, and destruction of workplace relationships occurred over a prolonged period with little intervention from their institution's administration or human resources departments.<sup>3</sup> Radiation therapists

also reported that working in a hostile environment affected their stress level at work and their personal health.<sup>3</sup>

One research study identified specific behaviors that employees used to define their experiences with workplace bullying<sup>6</sup>:

- Feeling ostracized.
- Having information withheld from them.
- Threatening body language.
- Ridicule.
- Exclusion from decision-making meetings.
- Pressure to comply with decisions that might be unethical or illegal.

Hutchinson et al identified similar findings in their research on nurses, stating that bullying behavior took place in the form of "personal attacks, erosion of professional competence and reputation, and attack through work roles and tasks."<sup>10</sup> Personal attacks produced feelings of exclusion, isolation, intimidation, belittlement, and humiliation among employees.<sup>10</sup> Participants also felt that the bullying behavior damaged their professional identity and limited their career opportunities, reporting that they were overlooked for promotions and excluded from specific activities within the workplace.<sup>10</sup> These types of bullying led to an uncivil work environment, increasing the chances of turnover and litigations and creating an environment of mistrust.<sup>10</sup>

Workers in the health professions are more likely to experience workplace bullying than other employment sectors because of the strenuous demands of the work, the pace of the work environment, and the emphasis on performance.<sup>9</sup> The literature also reveals a direct link between bullying behaviors in the workplace and a hostile work environment that diminishes job performance. These findings have been substantiated in many health care-related fields.

A thorough database search of CINAHL and PubMed using the phrases *workplace bullying in health care*, *bullying in radiation therapy*, and *bullying in radiologic sciences* returned no studies investigating the field of radiation therapy or radiation oncology. However, the assumption is that workplace bullying within the radiation therapy field will have similar negative effects on a radiation therapist's job performance and workplace. This research study provides information specific

to radiation therapists. The research questions guiding this study are:

- How does bullying affect job performance in the field of radiation therapy?
- What effects does workplace bullying have on the radiation therapy work environment?

## 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 and 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. 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 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 and Likert-type questions that investigated the radiation therapists' experiences with bullying over 4 sections:

- Bullying prevalence and demographics.
- Workplace environment.
- Effects on personal health.
- Effects on job performance.

Previously published research addressed the bullying behavior, work environment, and effects on personal health,<sup>3</sup> while this article discusses the effects on job performance.

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 experienced or witnessed bullying according to the definition provided. If the participant answered no, the survey was terminated to guarantee that data were collected only 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.<sup>6</sup> 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 pre-tested 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

Of 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 concerned that participation would aggravate the already volatile situation. 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 received the survey, 308 opened the survey link, read the consent, and agreed to participate, for a return rate of 46%. Of those, 194 indicated that 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 numbers of responses reported vary from question to question and do not always equal 100% or 194. The participant demographics are shown in **Table 1**.

The first set of questions concerned effects on job performance. Participants were asked about their ability to concentrate and remain focused on their work in

Table 1

### Participant Demographic Characteristics

Characteristic	n (%)
Years of radiation therapy experience	
0-3	33 (22)
4-8	43 (28)
9-15	31 (20)
16-25	23 (15)
> 25	22 (15)
Education level in radiation therapy	
Certificate	32 (21)
Associate degree	31 (21)
Bachelor's degree	87 (58)
Age	
18-23	4 (3)
24-30	40 (26)
31-40	49 (32)
41-50	27 (18)
51-65	30 (20)
> 65	1 (1)
Ethnicity	
Caucasian/white non-Hispanic	126 (85)
Asian	4 (3)
African American/black	6 (4)
Hispanic/Latino	5 (3)
Native American	0 (0)
Pacific Islander	1 (1)
Prefer not to answer	6 (4)
Gender	
Male	28 (19)
Female	121 (81)
Employment setting	
Hospital	68 (45)
Academic hospital	44 (29)
Outpatient clinic	31 (21)
Regional hospital	7 (5)

 [Click here in the online version of this article for a full list of survey questions.](#)

the hostile environment. Sixty-three percent stated it was either somewhat or very difficult to focus on work. However, 53.8% said that this did not make them more forgetful with their work, 35.4% reported sometimes forgetting, 8.2% reported frequent forgetfulness, and 2.5% reported constant forgetfulness. Workplace bullying also caused irritability among coworkers, with 54.8% indicating they were sometimes irritable because of the hostile work environment, 8.9% reporting being frequently irritable, and 1.3% reporting constant irritability.

Respondents indicated that the hostile work environment did not have dramatic effects on self-worth. Seventy-two percent were confident in their role as a radiation therapist within the department, and 73% felt they were part of the team. In addition, 75.5% indicated having an average or high sense of self-worth within the department; however, 18.2% indicated a low sense of self-worth, and 6.3% said they had a nonexistent sense of self-worth, which is noteworthy (see **Table 2**).

Participants were then asked about the workplace environment and how the bullying affected them. Sixty-one percent responded that they were often interrupted in their work and unable to focus, 35% said they were frequently micromanaged in their work, and an additional 48.1% said they were somewhat micromanaged. Regarding communication, 60.8% noted a lack of effective communication within their workplace; however, there was a fairly even split in feelings of autonomy in decision making at the workplace, with 52% saying they felt autonomous, and 48% saying they did not feel encouraged to make workplace decisions on their own.

When asked about workplace dynamics in regard to promotions and raises, only 37% said they had equal opportunity for advancement within the department, and 80% indicated that promotions were either somewhat or mostly based on subjective opinions as opposed to objective measures. In responding to the statement, "When mistakes are made in the department, personal ownership is taken," 51% answered yes, while 49% answered no. However, 73% indicated that when a mistake was made, incidents were either sometimes or always used as teaching opportunities. In addition, 38% answered that when they had made a mistake in the past, administration held it against them later. Finally, 44% answered that their management does not usually

Table 2

**Bullying Effects on Job Performance**

Question	n (%)
Do you feel that workplace bullying is present in some form at your institution or at a previous institution you were employed?	
Yes	194 (68)
No	90 (32)
It is difficult to concentrate and remain focused due to the bullying dynamics in my department.	
Not at all	58 (37)
Somewhat	80 (51)
Very difficult	20 (13)
I am often forgetful because I am worried about the bullies in my department.	
Never	85 (54)
Sometimes	56 (35)
Frequently	13 (8)
All the time	4 (3)
I am irritable around my coworkers because of the bullies and environment created by them.	
Never	55 (35)
Sometimes	86 (55)
Frequently	14 (9)
All the time	2 (1)
I feel confident in my role as a therapist in the department.	
Not at all	8 (5)
Somewhat	36 (23)
Definitely	113 (72)
I feel as though I am part of the team.	
Yes	116 (73)
No	43 (27)
My sense of self-worth in my department is:	
Nonexistent	10 (6)
Low	29 (18)
Average	82 (52)
High	38 (24)

step in to calm fears or relieve tension when an issue or problem occurs within the workplace.

When asked about their overall happiness with their department, 59% of participants said they were happy

overall, and 41% said they were not. However, a “no” response did not seem to affect their intention to leave their workplace, as 70% said they planned to continue to work in the same department, while 30% said they were looking for other employment (see **Table 3**).

## Discussion

### *Bullying Effects on Job Performance*

Study findings indicate that workplace bullying is as damaging to the work environment and job performance as previous research suggested.<sup>7,8</sup> In the health care profession, it is vital to stay focused because every task entails risks to patients’ health and well-being. Sixty-four percent of study participants reported being distracted or having trouble concentrating on the job because of bullying in the workplace. Delivering

Table 3

Effects of Bullying on Workplace Environment	
Question	n (%)
I feel like I am uninterrupted and able to focus at work.	
Yes	60 (39)
No	95 (61)
Micromanaging occurs in my department:	
Never	26 (17)
Somewhat	74 (48)
Frequently	54 (35)
The environment in my department is one that emphasizes effective communication.	
Yes	60 (39)
No	93 (61)
The environment in the department is one that encourages individuals’ autonomy in decision making.	
Yes	81 (52)
No	75 (48)
I feel like promotions and advancements are biased, subjective opinions and not objective measures:	
Not at all	31 (20)
Somewhat	74 (47)
For the most part	51 (33)
If mistakes are made in the department, ownership is taken (blame is not passed around).	
Yes	79 (51)
No	77 (49)

Table 3 (continued)

Effects of Bullying on Workplace Environment	
Question	n (%)
When mistakes occur, they are used as teaching opportunities:	
Never	12 (8)
Rarely	31 (20)
Sometimes	66 (42)
Always	48 (30)
If I report a mistake that I made, it is <i>not</i> held against me.	
True	94 (62)
False	57 (38)
Management is quick to address issues or problems to calm fears and tensions:	
Not usually	67 (44)
Sometimes	60 (40)
Usually	25 (16)
Overall I am happy in the department I work in.	
Yes	88 (59)
No	62 (41)
I plan to continue working in the department I work in.	
Yes	105 (70)
No	45 (30)

accurate treatments and monitoring a patient’s safety during treatment requires therapists’ utmost focus and attention to detail. The slightest distraction could lead to inaccurate treatment, collision with the treatment machine, or failure to recognize when a patient is having a problem. Distractions in the workplace can compromise the intended treatment outcomes for patients. Although 54% of participants indicated that distractions do not cause them to become forgetful, 35% said they are sometimes forgetful, and 8% are frequently forgetful. Forgetting even a small step, such as placing a bolus on a patient, can have dramatic results on the patient’s treatment plan and response to treatment.

As the technology becomes more advanced and treatment plans more complex, the number of small steps and safeguards increases. Missing steps can happen, especially when physicians and other staff give verbal and “on the fly” orders to therapists. These orders can be details about the patient seeing the doctor before or after treatment, performing extra imaging, verifying

the setup and treatment field, or withholding treatment. With the patients' health and safety at risk, forgetfulness is not an option.

A hostile work environment increased irritability among radiation therapists, with 55% responding that they were sometimes irritable and 9% responding that they were frequently irritable. Patients often can sense a hostile work environment or pick up on a health care provider's irritability. Sensing this irritability might lead patients to be less open to sharing concerns or forming bonds with their radiation therapist, thus diminishing their satisfaction. Patient satisfaction is the mission of many departments and is directly linked to Centers for Medicare and Medicaid Services reimbursement benchmarks. Irritability could lead to communication and trust breakdowns among radiation therapists who work together, which might lead to the patient feeling the tension. It should be noted that factors other than bullying can contribute to forgetfulness and irritability (eg, stress from home life, economic factors), which is why the questions in this survey were related only to the context of the effects of bullying.

Participants did not seem to equate a hostile work environment with personal confidence in their skills or self-worth as an employee. Seventy-two percent of respondents indicated that they definitely felt confident in their role, and 73% reported feeling like part of the team. These results are excellent indicators that radiation therapists feel valued and competent to perform their duties in spite of a sometimes negative workplace environment. It also might indicate therapists' ability to put patient care above all other issues.

Another positive report is that 52% of study participants indicated having an average sense of self-worth within the department, and 24% reported a high sense of self-worth, which suggests they feel greatly valued at work. What is troubling is that 18% indicated a low sense of self-worth, and 6% said they had no sense of self-worth within the department. Because some radiation therapists do not feel valued as team members or recognize the positive affect they have on their patients' lives, these responses might indicate that bullying behavior has created a toxic work environment. A negative work environment could lead to a lack of job satisfaction and increased staff turnover. Conversely, the

value created by a high sense of self-worth could translate to increased productivity and patient satisfaction. As radiation therapy departments across the country continue to look for ways to maximize efficiency without sacrificing quality, it is clear that increasing employees' sense of self-worth might result in a more efficient and more profitable department and better patient care.

#### ***Bullying Effects on the Workplace Environment***

Workplace bullying affected all aspects of radiation therapists' work life, from job performance and satisfaction to how they perceived their treatment by management. Sixty-one percent indicated the hostile work environment interrupted their daily routine and reduced their ability to focus on their job. Eighty-three percent felt they were either somewhat or frequently micromanaged. Micromanaging indicates a lack of trust, autonomy, and recognition for the years radiation therapists spend obtaining specific clinical and didactic training. From a management perspective, a certain level of supervision is required to ensure competency, productivity, and adherence to policies and procedures. Managers might cross the line between supervision and bullying when they have personal motives or subjective reasons for micromanaging employees. If managers and supervisors are micromanaging, they might benefit from further training on the correct aspects of management, including accountability, objective measurement, and proper use of transparency.

It is important to foster an environment of open communication in any health care profession, including radiation therapy. If an employee feels free to ask questions, to question authority, or to report mistreatments or inaccurate setups, mistakes can be prevented or used as teaching moments. Unfortunately, 61% of respondents indicated that their department does not emphasize effective communication, which might lead to treatment errors if therapists do not relay patient information correctly or do not feel open to asking questions about treatment plans or setups. Much can be learned by "near misses" and from therapists acting as "whistle blowers." Administrators can foster a culture of open communication by ensuring that therapists feel free to relay information to them, keeping shared information confidential, and addressing issues consistently. Open

communication and respect for colleagues' opinions create a work environment that fosters patient-centered care and teamwork and is imperative to patients' safety. Failure to listen and take action could lead to patient safety issues.

In reference to taking ownership of one's mistakes, the results were split almost evenly, with 51% responding that ownership is taken, and 49% responding that blame is passed around. Seventy-two percent of respondents indicated that mistakes such as mistreatments are sometimes or always used as teaching opportunities, which makes honest communication about mistreatments possible and leads to safer clinical practice. Managers and supervisors always should use mistakes as teaching opportunities. It is inevitable that mistakes will happen; however, to safeguard against repeating the same mistakes, employees have to feel empowered to speak out and feel confident that their comments will be received in a constructive and positive manner. Therapists who fear that mistakes will be held against them are more worried about their well-being than their patient's care.

Favoritism and unequal treatment among therapists can lead to a hostile work environment. In the survey, 62% of respondents felt as though they had unequal opportunities for advancement within their department and that promotion and advancements are decided based on personal opinions rather than on merit or performance. Although it is critical that management base promotions and advancements on objective data, it might be difficult to do in radiation oncology, where managers and supervisors often are promoted from within. When someone is promoted from within a department, his or her previous relationships with coworkers have to change to avoid favoritism and actions based on favoritism such as unwarranted promotions.

Management must be quicker to identify issues affecting employees within the department, including bullying actions and personal conflicts, and take action to ease tensions. Forty-four percent of the respondents indicated that management does not get involved in workplace issues, and 40% indicated that it sometimes gets involved, which leaves radiation therapists to handle workplace issues on their own. These statistics

indicate a lack of manager and supervisor training. Radiation therapy managers who are promoted from within often display favoritism because they cannot move beyond the coworker relationship to the supervisory relationship. Favoritism can decrease morale in the department and isolate some therapists. In addition, favoritism can cause some of the department's better employees to perform at a lower standard because they see no incentive for their hard work. They might see the manager's favorite employees getting all the praise and recognition while they are doing the work and taking the extra initiative. A lack of training is further demonstrated when management is not quick to diffuse personal issues and escalating situations in the department. Some issues can and should be resolved among staff therapists; however, management must gauge the tone of the department and act quickly when an issue arises. Management's failure to act when warranted might lead to a therapist's loss of focus on patients and a toxic work environment. The emotions and feelings resulting from these situations pose a risk to patient satisfaction and safety.

Despite the sometimes-hostile workplace environment, 59% of respondents indicated that they were happy with their place of employment, and 70% stated they planned to continue working within their department. It is uncertain whether the participants were working in a department in which workplace bullying was taking place or whether their responses were in regard to a hostile work environment they left. If respondents have left a hostile environment, this might contribute to the elevated satisfaction level, and that uncertainty is a limitation of this research. The finding that 59% of respondents were happy seems low, and further research is needed to understand why therapists are unhappy in their positions and whether it is related to bullying. Limited jobs in the field and a surplus of therapists could explain why 70% plan to remain at their jobs. Another reason for staying could be the environment of fear. If it is a superior who is doing the bullying, the radiation therapists might feel nervous about leaving their jobs for fear they would get a negative review or referral when trying to find a new job. In addition, as our previous research indicated, bullying is often endured for long periods of time, which allows the environment of fear to grow.<sup>3</sup>

This study's major limitation was its sample size. To gain a more complete view of bullying in the radiation therapy workplace, a study surveying all radiation therapists would increase the validity of the results. Another limitation was the high number of survey questions, which might have deterred participants from completing the questionnaire. One other limitation was the lack of certainty that the radiation oncology managers and supervisors who agreed to participate actually distributed the survey to the entire therapist staff. The study did not identify a mechanism to ensure complete compliance for this step. One final limitation of the study was the decision to distribute the survey only to managers of the radiation oncology department, in that the managers could have distributed the survey to selected therapists only instead of all therapists working in their departments. The authors decided not to distribute the survey to individual therapists. Instead, managers or supervisors were contacted and requested to make use of their e-mail distribution lists because sending the survey via e-mail directly to the therapists would have involved collecting more than 19 000 e-mail addresses.

### Conclusion

Bullying poses a risk to a radiation therapist's ability to perform his or her job appropriately, and it risks patient safety. The number of patients receiving radiation therapy continues to grow along with the complexity of treatments. As management demands increased efficiency, the utmost focus with minimal distractions is required of radiation therapists. Workplace bullying in radiation therapy departments has been shown to inhibit these demands, hinder therapists' performance, and affect other aspects of the workplace environment. Therapists can provide care to patients and make autonomous decisions about some aspects of that care (eg, moving patients' time slots, drawing on boost treatment fields). An environment of favoritism, micromanaging, and a lack of effective communication compromises this autonomous practice and puts the patients and the institution at risk.

Any bullying behavior contributes to an overall toxic work environment, which is unhealthy and unsafe for patients and therapists. Therapists might spend 40 or more hours a week at work. Those who manage them

should promote a culture of safety and embrace their staff's independence. Ultimately, research such as this study, education, and a commitment to decreased tolerance of bullying will be required to ensure accurate, quality treatments for patients.

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*This research is part of a larger study, and more results were published in "Bullying Behavior Among Radiation Therapists and Its Effects on Personal Health" in the Spring 2014 issue of Radiation Therapist. The Methods section and Table 1 were reproduced from this article.*

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