

The High Cost of Hospital Bullying: Resignation Intent and Emotional Distress Among Radiologic Technologists

Amira Joy I. Dela Cruz¹, Jester Ashlee R. Gonzales², Mary Rose R. Lardizabal³,
Kesiah C. Ramos⁴, John Jr. Torralba⁵, Merceditas Tiongson⁶

^{1,2,3,4,5,6} College of Our Lady of Mercy of Pulilan Foundation, Inc.

Corresponding Email: info@colmpulilan.edu.ph

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ABSTRACT

Bullying in the healthcare sector remains an under-recognized but pervasive problem that undermines quality care delivery and contributes to poor patient outcomes. This study examined whether hospital bullying is experienced by Radiologic Technologists (RTs) in selected hospitals in Bulacan, Philippines, and characterized its forms, perpetrators, and effects. Using a descriptive, quantitative research design, the researchers administered a 20-item, 4-point Likert scale questionnaire (1 = Never to 4 = All the time) to 44 RTs across seven hospitals, selected through purposive sampling from an initial pool of 57 respondents across eight hospitals. Items 1–7 measured work-related bullying, items 8–12 measured person-related bullying, items 13–15 identified perpetrators, and items 16–20 assessed effects on the RT. Frequency and percentage distributions and weighted means (WM) were computed to interpret responses. Results showed that RTs experience hospital bullying occasionally, with person-related bullying (Grand Weighted Mean [GWM] = 1.80) reported marginally more often than work-related bullying (GWM = 1.76). Seniors or superiors were the most frequently identified perpetrators (WM = 1.40), followed by co-employees (WM = 1.38). The most common effects were reluctance to go to work (WM = 2.38) and thoughts of resignation (WM = 2.34), both linked to heightened stress and anxiety. These findings indicate that hospital bullying, although occasional in frequency, is measurable and consequential among RTs, with implications for staff retention, morale, and the quality of patient care. Hospital administrators and policymakers should treat these results as a call to strengthen enforcement of anti-bullying legislation such as House Bill No. 815, institute regular training and confidential reporting mechanisms, and provide accessible emotional support to affected staff.

Keywords: *Hospital bullying, Radiologic Technologists, Workplace bullying, Work related bullying, Person-related bullying*

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INTRODUCTION

Workplace civility is one of the key elements of professionalism in the healthcare industry, where healthcare professionals interact within an environment that supports open, respectful exchange. Effective teamwork between medical professionals positively affects patient safety and outcomes, and it improves the morale of team members. However, as in any workplace, bullying can arise whenever people work together, regardless of gender, race, or organizational structure. Bullying in the healthcare sector is an under-recognized but pervasive problem. Under the proposed Anti-Office Bullying Act of 2016 (House Bill No. 815), office bullying is defined as the severe or repeated use, by one or more employees, of a written, verbal, or electronic expression, or a physical act or gesture, directed at an employer, co-employee, or any person with whom the actor has professional relations, that causes or places the recipient in reasonable fear of physical or emotional harm **(House of Representatives, 2016)**.

Workplace bullying is recognized as a risk factor for mental health and undermines an individual's sense of well-being **(Niedhammer et al., 2021)**. Beyond serious psychological and physical health problems among targets, bullying behavior also produces low worker morale, increased absenteeism, and undesirable job turnover. According to the **World Health Organization (2020)**, bullying often reported from the workplace has adverse impacts on mental health, such as depression and anxiety. Within the Philippine context, these detrimental organizational effects are further corroborated by **Dela Vega et al. (2025)**, who found that unprofessional and toxic workplace behaviors directly contribute to impaired team dynamics, severe mental health challenges like stress and anxiety, and lowered employee morale, all of which ultimately jeopardize staff retention and operational efficiency.

This effort to address workplace mistreatment and safeguard the well-being of healthcare professionals aligns directly with the United Nations Sustainable Development Goals (SDGs), specifically SDG 3 (Good Health and Well-being) and SDG 8 (Decent Work and Economic Growth). By investigating the emotional distress and mental health impacts of bullying on radiologic technologists, the research directly addresses SDG Target 3.4, which focuses on promoting mental health and well-being **(United Nations, n.d.-a)**. Furthermore, identifying and mitigating bullying to prevent staff resignation and ensure a secure, respectful professional climate advances SDG Target 8.8, which seeks to protect labor rights and promote safe and secure working environments for all workers **(United Nations, n.d.-b)**.

Existing literature on workplace bullying in healthcare has largely focused on nurses and physicians in Western and international settings, with comparatively little attention paid to allied health professionals such as Radiologic Technologists, and even less to healthcare workers in the Philippine provincial hospital context. This gap is notable given that Radiologic Technologists frequently occupy a subordinate position within hospital hierarchies while performing safety-critical, high-pressure work, which may place them at particular risk of both work-related and person-related bullying. Recognizing the existence of workplace bullying and intervening early to prevent it are essential to avoiding its detrimental effects on medical professionals and, by extension, on patient care. To address this gap, the researchers conducted this study to determine whether hospital bullying is experienced by Radiologic Technologists in selected hospitals in Bulacan.

Objectives

The general problem addressed by this study is: "Is there an existing hospital bullying being experienced by the Radiologic Technologist?" Specifically, the study answers the following questions:

1. What are the types of bullying experienced by the Radiologic Technologist?
2. Who is/are the perpetrator(s) of the act?
3. What are the effects of hospital bullying on the Radiologic Technologist?

Limitations of the Study

This study has several limitations that should be considered when interpreting its findings. First, the sample was drawn using purposive, non-probability sampling from a relatively small pool of 44 Radiologic Technologists across 7 hospitals in a single province, which limits the statistical generalizability of the results to Radiologic Technologists nationally or in other regions. Second, the loss of 22.8% of the originally targeted respondents due to one hospital's non-approval may have introduced selection bias, as the perspectives of technologists in that facility are entirely absent from the data. Third, the data were self-reported using a retrospective Likert scale, which is subject to recall bias and social desirability bias, particularly for a sensitive topic such as workplace mistreatment. Finally, the descriptive design used here identifies patterns and associations but cannot establish causal relationships between bullying, perpetrator role, and reported effects. Future research should utilize a larger, more randomized sample across a wider geographic area to confirm these findings on a national scale, and could incorporate qualitative or longitudinal methods to better capture the mechanisms and long-term consequences of hospital bullying among allied health professionals.

METHODS

Research Design.

The study aims to determine the existence of hospital bullying and its effects on Radiologic Technologists through a descriptive research design using a quantitative research approach. Descriptive research design aims to systematically obtain information to describe a situation, phenomenon, or population (Business Research Methodology, 2023). This design is appropriate for the present study since the researchers are only investigating the existence of hospital bullying rather than testing causal relationships. A Likert scale survey questionnaire was used as the specific tool for gathering the data necessary for the study.

Population and Sample of the Study.

The researchers used purposive sampling as the sampling design. Purposive sampling is a non-probability sampling method used when researchers want to access a particular subset of people (Alchemer, 2023). The sample size was initially targeted at 57 Radiologic Technologists across 8 selected hospitals in Bulacan. Due to non-approval from the Human Resources department of one selected hospital in Baliuag, 22.8% ($n = 13$) of distributed questionnaires were not answered; therefore, the researchers proceeded with $N = 44$ respondents across 7 hospitals. All personal information of the respondents and the identities of the selected hospitals were treated as confidential.

Research Instrument.

The researchers designed a survey questionnaire consisting of 20 Likert scale items using a 4-point rating scale: 1 = Never, 2 = Occasionally, 3 = Frequently, 4 = All the time. Items 1–7 relate to work-related bullying; items 8–12 relate to person-related bullying; items 13–15 identify the possible perpetrator; and items 16–20 identify the effects of hospital bullying on the Radiologic Technologist. The mean range used to interpret the results is shown in Table 1:

Table 1.

Mean Range Interpretation for the Experience of Radiologic Technologists in Hospital Bullying

Point	Scale	Interpretation
1	1 – 1.75	Never
2	1.76 – 2.50	Occasionally
3	2.51 – 3.25	Frequently
4	3.26 – 4.00	All the time

Statistical Treatment

Frequency and percentage distributions were used to express the relative frequency of survey responses. Weighted mean was computed using the formula: Equivalent of Scale $\times$ Number of Respondents (f) = Weight (w); Total Weight (tw) / Total Frequency (tf) = Weighted Mean (WM). Grand Weighted Mean (GWM) was computed by summing all WM values within a category and dividing by the total number of questions in that category.

RESULTS and DISCUSSION

Work-Related Bullying

Table 2

Weighted Mean of Work-Related Bullying Experienced by the Radiologic Technologist in Selected Hospitals in Bulacan

Q No.	4f	w	3f	w	2f	w	1f	w	tf	tw	WM	Description
1	1	4	8	24	10	20	25	25	44	73	1.65	Never
2	0	0	10	30	14	28	20	20	44	78	1.77	Occasionally
3	2	8	11	33	19	38	12	12	44	91	2.06	Occasionally
4	4	16	5	15	15	30	20	20	44	81	1.84	Occasionally
5	0	0	6	18	13	26	25	25	44	69	1.56	Never
6	1	4	9	27	8	16	26	26	44	73	1.65	Never
7	3	12	10	30	8	16	25	25	46	83	1.80	Never

Note. 4f, 3f, 2f, 1f = frequency per scale; w = Weight; tf = Total Frequency; tw = Total Weight; WM = Weighted Mean. Grand Weighted Mean (GWM): 1.76.

As shown in Table 2, the Grand Weighted Mean (GWM) for Questions 1–7 is 1.76, corresponding to respondents experiencing work-related bullying occasionally. The most experienced item is being requested to do work outside the job scope (Q3, $WM = 2.06$). The least experienced is having one's work, awards, career, professional status, productivity, performance, or talents undermined (Q5, $WM = 1.56$).

Table 3

Percentage of Work-Related Bullying Experienced by the Radiologic Technologist in Selected Hospitals in Bulacan

Q No.	4f (%)	3f (%)	2f (%)	1f (%)
1	2.27	18.18	22.72	54.54
2	0.00	22.72	31.81	45.45
3	4.54	25.00	43.18	27.27
4	9.09	11.36	34.09	45.45
5	0.00	11.36	29.54	56.81
6	2.27	20.45	18.18	59.09
7	2.27	20.45	13.63	56.81

Table 3 shows that Question 4, where necessary information and opportunities are purposefully withheld, was experienced by 9.09% of respondents all the time and 11.36% frequently. Question 3 — being requested to do work outside job scope was experienced by 4.54% all the time and 25.00% frequently.

These results suggest that work-related bullying among Radiologic Technologists most often takes the form of role overreach being assigned tasks beyond one's job description rather than overt exclusion or sabotage. This pattern is consistent with the broader literature indicating that healthcare workplaces under staffing or resource pressure tend to produce bullying that is embedded in everyday task assignment rather than isolated, dramatic incidents (Niedhammer et al., 2021). Because such behavior can be rationalized as ordinary workload management, it may be under-recognized by both perpetrators and administrators, which could explain why it is reported as occurring only "occasionally" rather than "frequently" despite its consistency across items.

Person-Related Bullying

Table 4

Weighted Mean of Person-Related Bullying Experienced by the Radiologic Technologist in Selected Hospitals in Bulacan

Q No.	4f	w	3f	w	2f	w	1f	w	tf	tw	WM	Description
8	2	8	8	24	8	16	26	26	44	74	1.68	Never
9	1	4	7	21	14	28	22	22	44	75	1.70	Never
10	3	12	12	36	7	14	22	22	44	84	1.90	Occasionally
11	1	4	15	45	11	22	17	17	44	88	2.00	Occasionally
12	0	0	10	30	12	24	22	22	44	76	1.72	Never

Note. Grand Weighted Mean (GWM): 1.80.

Table 4 presents the GWM for person-related bullying (Q8–12) at 1.80, indicating that respondents experienced it occasionally. The most experienced item was having slanderous or false statements made against them (Q11, WM = 2.00). Being disrespected and devalued was the least experienced (Q8, WM = 1.68).

Table 5

Percentage of Person-Related Bullying Experienced by the Radiologic Technologist in Selected Hospitals in Bulacan

Q No.	4f (%)	3f (%)	2f (%)	1f (%)
8	4.54	18.18	18.18	59.09
9	2.27	15.90	31.81	50.00
10	6.81	27.27	15.90	50.00
11	2.27	34.09	25.00	38.63
12	0.00	22.72	27.27	50.00

Table 5 shows that humiliation (Q10) was experienced all the time by 6.81% of respondents and frequently by 27.27%. Slanderous or false statements (Q11) were experienced all the time by 2.27% and frequently by 34.09%.

Person-related bullying (GWM = 1.80) was reported slightly more often than work-related bullying (GWM = 1.76), with slander and humiliation as the leading items. This suggests that when bullying does occur among Radiologic Technologists, it tends to target professional credibility and reputation rather than physical or administrative resources. Given that a Radiologic Technologist's standing depends heavily on peer and supervisor trust in a diagnostic setting, reputational attacks may carry outsized weight even at low reported frequency, which is consistent with global evidence that person-directed mistreatment is a strong predictor of anxiety and depressive symptoms among healthcare workers (World Health Organization, 2020).

Perpetrators of the Act

Table 6

Weighted Mean of the Perpetrators of the Act Experienced by the Radiologic Technologist in Selected Hospitals in Bulacan

Q No.	4f	w	3f	w	2f	w	1f	w	tf	tw	WM	Description
13	2	8	3	9	6	12	33	33	44	62	1.40	Never
14	0	0	1	3	15	30	28	28	44	61	1.38	Never
15	0	0	2	6	8	16	34	34	44	56	1.27	Never

Table 7

Percentage of the Perpetrators of the Act Experienced by the Radiologic Technologist in Selected Hospitals in Bulacan

Q No.	4f (%)	3f (%)	2f (%)	1f (%)
13	4.54	6.81	13.63	75.00
14	0.00	2.27	34.09	63.63
15	0.00	4.54	18.18	77.27

As shown in Tables 6 and 7, the most common perpetrator of the act is a senior or someone in a superior position (Q13, WM = 1.40), with 4.54% of respondents experiencing this all the time. Co-employees were the second most common perpetrator (Q14, WM = 1.38). The employer was the least common perpetrator (Q15, WM = 1.27).

That seniors and superiors emerge as the most frequently identified perpetrators is consistent with the power-imbalance mechanism widely described in workplace bullying research: bullying tends to flow along existing hierarchies, where individuals with greater authority, seniority, or clinical experience face fewer consequences for mistreating subordinates (Niedhammer et al., 2021). In a hospital radiology department, senior technologists and superiors

often control scheduling, task assignment, and performance evaluation, which may make it difficult for junior staff to challenge or report mistreatment without risking their standing. The relatively low rate of employer-perpetrated bullying (WM = 1.27) may reflect either genuinely lower direct contact between administrators and floor staff, or greater caution among employers who are more visible and accountable within the organization.

Effects of Hospital Bullying

Table 8

Weighted Mean of the Effects of Hospital Bullying Experienced by the Radiologic Technologist in Selected Hospitals in Bulacan

Q No.	4f	w	3f	w	2f	w	1f	w	tf	tw	WM	Description
16	3	12	18	54	14	28	9	9	44	103	2.34	Occasionally
17	2	8	9	27	15	30	18	18	44	83	1.88	Occasionally
18	4	16	20	60	9	18	11	11	44	105	2.38	Occasionally
19	4	16	10	30	7	14	23	23	44	83	1.88	Occasionally
20	5	16	4	12	12	24	23	23	44	75	1.70	Never

Table 9

Percentage of the Effects of Hospital Bullying Experienced by the Radiologic Technologist in Selected Hospitals in Bulacan

Q No.	4f (%)	3f (%)	2f (%)	1f (%)
16	6.81	40.90	31.81	20.45
17	4.54	20.45	34.09	40.90
18	9.09	45.45	20.45	25.00
19	9.09	22.72	15.90	52.27
20	11.36	9.09	27.27	52.27

As gathered from Tables 8 and 9, the most common effect of hospital bullying experienced by respondents is not wanting to go to work (Q18, WM = 2.38). The thought of resigning is the second most commonly experienced effect (Q16, WM = 2.34). Stress and anxiety (Q20) were experienced all the time by 11.36% of respondents. Poor performance and not wanting to go to work were each experienced all the time by 9.09% of respondents.

The prominence of work avoidance and resignation ideation over other effects mirrors global findings that workplace bullying is strongly associated with withdrawal behaviors and turnover intention rather than only acute emotional symptoms (**World Health Organization, 2020**). For a hospital already reliant on a limited pool of Radiologic Technologists, this pattern is especially concerning: staff who withdraw from or leave their positions due to bullying can compound workload pressures on remaining colleagues, potentially reinforcing the same conditions that produced the bullying in the first place. Stress and anxiety being the item most often reported as occurring “*all the time*” further underscores that even occasional bullying, as measured by the GWM, can leave lasting psychological effects on some individuals, which the aggregate weighted means may understate.

CONCLUSION

The findings of this study provide important insights into the existence of hospital bullying as experienced by Radiologic Technologists. Working in a hospital involves interacting with people of different genders, races, and beliefs under stressful conditions daily, which makes workplace bullying behavior particularly harmful to medical professionals.

Among the 44 Radiologic Technologists surveyed across 7 selected hospitals in Bulacan, respondents experience hospital bullying occasionally. Both person-related bullying (GWM = 1.80) and work-related bullying (GWM = 1.76) were experienced occasionally, with person-related bullying being marginally more common. Senior or superior staff were the most common perpetrators (WM = 1.40), followed by co-employees (WM = 1.38). The most common effects were not wanting to go to work (WM = 2.38) and the thought of resigning (WM = 2.34).

The universal truth these figures point to is straightforward: bullying that flows down existing hospital hierarchies erodes the willingness of frontline staff to stay in their jobs, well before it escalates into more visible or extreme forms of mistreatment. Because seniors and superiors are the leading perpetrators (WM = 1.40), interventions should prioritize supervisory accountability — for example, mandatory anti-bullying training for charge technologists and department heads, and clear channels for subordinates to report supervisor misconduct without fear of retaliation. Because withdrawal and resignation ideation are the leading effects (WM = 2.38 and 2.34, respectively), hospitals should treat these as early warning indicators, using periodic, confidential staff climate surveys to detect rising bullying before it translates into attrition.

The problem of hospital bullying continues to grow, but effective measures have not yet been adequately applied. It is time for anti-bullying laws such as House Bill No. 815 to be strongly enforced, and for institutional policies to be created that reduce the occurrence of bullying that hinders the delivery of quality healthcare and affects the well-being of medical professionals. Based on these findings, the researchers recommend that hospital administrators visibly demonstrate that their institutions will not tolerate bullying; that seminars on bullying and relevant policies be conducted regularly; that government anti-bullying laws be implemented effectively; that seniors act as models of respect and kindness; and that emotional support or guidance be made available to those who experience bullying, given that victims often report not wanting to go to work and thoughts of resigning, which can escalate into stress, anxiety, or depression.

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