Levels of Nursing Students' Exposure to Colleague Violence and Affecting Factors: A Multicenter Cross-Sectional Study

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ABSTRACT

Background: *Colleague violence experiences of students negatively affect their vocational education in the short term and their desire to stay in the profession in the long term. This study aims to determine the levels of colleague violence experienced by nursing students and the affecting factors in Türkiye.* **Methods:** *This study was conducted with second-, third-, and fourth-year nursing students (N = 703) from three state universities in three different provinces in Turkey. The data were collected using the "Student Information Form" and "The Scale of Exposure to Colleague Violence" with an online questionnaire. Descriptive statistics, the Independent Samples t-test, and the ANOVA test were employed for data analysis.* **Results:** *Students' total mean score on the scale was 46.72 ± 21.30. The "exposure to verbal/psychological violence" and "effect of violence on physical and mental health" subscales were 21.62 ± 10.09 and 25.10 ± 12.02, respectively. The most common reaction to the violence they were exposed to was "remain silent" (34.7%).* **Conclusions:** *Nursing students were exposed to moderate levels of verbal/psychological colleague violence, and students' physical and mental health were moderately affected by this violence. Most students remained silent as a response to colleague violence. This study contributed to the emergence of factors that affect and are related to colleagues' violence. The results highlighted the need for programs that educate people about colleague violence and what should be done.*

1. Introduction

Violence is defined as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either result in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation" [1]. The phenomenon of violence, which continues to exist increasingly today, negatively affects millions of people physically and mentally [2].

Workplace violence (WPV) is defined as "incidents where staff is abused, threatened, or assaulted in the circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being, or health" [3]. Working in areas where security measures are low and crime rates are high and working with people with a history of violence and drug and alcohol addiction are stated as risk factors for workplace violence [4]. WPV in the health field is more than in other workplaces. Aggression and

violence against healthcare professionals is a global problem [5, 6]. Violence in health institutions is defined as "verbal or behavioral threat, physical assault or sexual assault from the patient, patient relatives or another individual that poses a risk to the health worker" [5]. WPV can be classified as physical violence, verbal violence, psychological violence, and sexual harassment. Physical violence and sexual harassment have reportedly been less common than verbal and psychological abuse [7, 8].

WPV can be classified as vertical and horizontal violence according to its structure. Vertical violence involves both healthcare workers and patients, while horizontal violence occurs only between healthcare workers or patients themselves [4]. Horizontal violence is called co-worker or peer violence and is quite common in the healthcare industry [9]. Horizontal violence includes disrespectful and humiliating behavior that damages a person's reputation and value through negative behavior such as intimidation, belittlement, bullying, and hostility, usually carried out by peers or colleagues and often by people who have relative power over the victim [9,10] Horizontal violence is nurse-to-nurse common in clinical practice [11].

Colleague violence among nurses is an act of aggression perpetrated by a colleague against another colleague. While colleague violence is usually verbal or emotional abuse, it can also include physical abuse [12]. Colleague violence in nursing usually manifests itself in situations such as constantly criticizing, engaging in insulting interpretations, humiliating, applying pressure, speaking loudly and shouting, making groundless accusations, ignoring, acting in a sarcastic and ridiculous style, making a scapegoat, and overburdening [13, 14]. WPV is a major threat to nurses' physical and mental health [7]. Furthermore, workplace violence can cause nurses to leave their profession, decrease nurse manpower, and disruption in the delivery of care [15].

Nursing students are more likely to encounter colleague violence in healthcare settings due to inexperience [16–18]. Nursing students participate in clinical placements to undertake nursing care under the guidance and support of experienced nurses [19]. Nurses need to have a supportive attitude towards nursing students during clinical placement. Because it will enable students to feel safe in the healthcare team and provide professional satisfaction by having a positive clinical practice experience [9]. Nursing students experience problems such as anxiety, psychological distress, lack of self-confidence, and loss of self-esteem due to colleague violence they are exposed to during their clinical practice [18, 20]. Colleague violence negatively affects nursing students' learning desires, professional perceptions, professional development, professional commitment, quality of clinical training, and interpersonal communication with team members, patients, and their relatives [13, 21].

In the systematic review and meta-analysis study conducted by Mohammed et al., 55.1% of nursing students were exposed to workplace violence, and 24.2% of these were committed by nurses [22]. The issue of colleague violence needs to be addressed as it is on the rise [8]. Colleague violence experiences of students negatively affect their vocational education in the short term and their desire to stay in the profession in the long term [23]. Determining the exposure of nursing students to colleague violence and its effects will contribute to the determination of necessary strategies for the prevention of violence and its effects in both clinical and academic fields. This study aims to determine the levels of colleague violence experience of nursing students in clinical practice and the factors affecting colleague violence in Türkiye.

2. METHODS

2.1. Design

To meet the study's aims, a descriptive and cross-sectional study was designed using the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) checklist.

2.2. Participants and Sample

The study population was nursing students enrolled in nursing departments of three different state universities in three different provinces in Türkiye. Nursing students at the universities included in the research: first-year nursing fundamentals; internal

diseases nursing, surgical diseases nursing in the second year (2nd); women's health and obstetrics nursing, pediatrics nursing in the third year (3rd); in the fourth year (4th), they receive education and training in the form of theoretical education and clinical practice for mental health nursing, community health nursing, nursing management, and nursing education courses. The inclusion criteria were undergraduate students in nursing programs at the selected universities, enrolled in the 2nd, 3rd, and 4th years, with internet access, and willing to participate. Since first-year students did not have sufficient clinical experience, they were not included in the sample due to their inability to be with their colleagues. First-year students were excluded from the study.

The study's sample size was calculated with the G*Power 3.1.9.7 software program. It was determined as 210 students based on 95% power, medium effect size (d=0.50), and 0.05 significance level using the Independent Samples t-test on this software. Considering a 20% loss in the study, the sample size was planned to consist of 252 students. 737 nursing students participated in the study. 34 of 737 students were excluded because they were first-year students. As a result of the post hoc power analysis performed considering the sample size of 703 students, based on the Independent Samples t-test used in this study, the power of the study was calculated as 0.99% with an effect size of 0.47 (a medium effect) and a margin of error of 0.05 [24, 25].

2.3. Instrument

The "Student Information Form" and the "The Scale of Exposure to Colleague Violence (SECV)" were used to collect the study's data.

The Student Information Form: As a result of the literature review by the researchers, 14 items consist of expressions such as the student's age, gender, alcohol and cigarette use, psychiatric diagnosis, income perception, family type, choice of department voluntarily, academic success status, reactions to colleague violence, and of committing violence against others [11, 21, 26].

The Scale of Exposure to Colleague Violence (SECV) was developed by Bahadır-Yılmaz et al.

(2020), to determine the severity of colleague violence experiences of nursing students in clinical practice and the effect of colleague violence on them. The scale consists of 22 items with five-point Likert-type questions, and Each item has scores on a Likert scale ranging from "1=Strongly Disagree," "2=Disagree," "3=Moderately Agree," "4=Agree," and "5=Completely Agree." The scale has two subscales defined as "The exposure to verbal/psychological violence" ve "The effect of violence on physical and mental health". The minimum and maximum scores that can be obtained from the total of the scale are between 22 and 110. The "Exposure to verbal/psychological violence" sub-dimension has a minimum and maximum of 11-55 points, and the "Effect of violence on physical and mental health" sub-dimension is between 11-55 points. The higher scores obtained from the scale indicate a higher level of exposure to violence and the higher negative effects of violence on physical and mental health. The items in the scale "The Scale of Exposure to Colleague Violence (SECV)" are given in Table 3. Cronbach's alpha value for the scale was 0.94, and they were found to be 0.93 for "The exposure to verbal/psychological violence" and 0.89 for "The effect of violence on physical and mental health" [20]. In this study, the Cronbach alpha value was found to be 0.93 for the total scale, 0.90 for the "exposure to verbal/psychological violence" subscale, and 0.89 for the "effect of violence on physical and mental health" subscale.

2.4. Data Collection

In 2022, the study was carried out in two academic periods between April and November. Considering the students' clinical experience and exposure to their colleagues, the sample was collected during the academic year. Participating students completed data collection forms through a secure online survey platform. The online survey link of the study was delivered to the nursing students through the faculty members working in the nursing departments of the universities and the nursing student representatives in these universities. The goal of the study, the fact that participation in the study is optional, and the fact that they can leave at any moment were

all explained to the students in an explanation paragraph before they were led to the online data collection forms. After reading the informative material, the students who accepted to participate in the study were given access to the online questionnaires. Personal information like the names and numbers of the students was excluded from the data collection forms to protect the participants' confidentiality. The nursing students answered the research questions without any time limitations.

2.5. Ethical Considerations

The relevant Social and Humanities Ethics Committee also approved (07.04.2022, Number of meeting: 05, Decision no: 06). The study followed the Helsinki Declaration.

2.6. Analysis of Data

SPSS 22.0 was used to analyze the data. The data were assessed using descriptive statistics. Skewness (.766) and kurtosis (-.246) values were used to determine whether the data were normally distributed. Data found homogenous by Tabachnick and Fidell (2013) values between +1.5 and -1.5 [27]. Since the data were normally distributed, parametric tests were used. The independent variables were descriptive characteristics of students. The dependent variable is the SECV mean scores. The "Independent Samples t-test" was used to compare the means of two separate groups, while the "ANOVA test" was used to compare three or more independent group samples. For post hoc analysis, Tukey's and Scheffe's tests were applied. For all analyses, the level of statistical significance was specified at $p < .05$ (two-tailed).

3. Results

This study was completed with 703 nursing students. The mean age of the students was 21.5 ± 1.87, and 68.1% were female. The majority of the students did not smoke, drink alcohol, or have any psychiatric diagnosis. 51.8% of the students had a medium income level, and 71% had a nuclear family structure. 67% of the students perceived their academic achievement at a moderate level, 58.6% chose nursing voluntarily, and 46.5% were satisfied with being in the nursing department (Table 1).

The mean scores of the total and subscales of the 4th-grade students, the students who had a psychiatric diagnosis, perceived their academic success as bad, were not satisfied with the department, were exposed to violence other than colleague violence, and inflicted violence on others were statistically significantly higher (p < .05). The mean score of the "exposure to verbal/psychological violence" subscale of the students who use alcohol was statistically significantly higher. The "effect of violence on physical and mental health" subscale mean scores of students who willingly chose the department were lower (p < .05). Of the students, 48.9% were not exposed to any violence, and 85.9% did not inflict violence on others (Table 1).

The three most common reactions to colleague violence were "remain silent" (34.7%), "ignore" (33.6%), and "share with friends and family members" (29.1%) (Figure 1).

The total mean score of SECV of students was 46.72 ± 21.30. The mean score of the "exposure to verbal/psychological violence" subscale was 21.62 ± 10.09, and the mean score of the "effect of violence on physical and mental health" subscale was 25.10 ± 12.02 (Table 2).

Table 3 displays the mean scores of the SECV items. The statement "I am afraid of not meeting their expectations" was in the highest position with an average of 2.53 ± 1.37. The statement with the lowest mean is "They frighten us with threats." with 1.61 ± 0.98 (Table 3).

4. Discussion

Nursing students are mostly exposed to violence and encounter rude behavior in clinical practices [28, 29]. Studies show that nursing students frequently experience colleague violence [3, 14, 21, 30]. In a study conducted with Turkish nursing students, students were exposed to moderate levels of colleague violence in clinical practice [20]. In a study of Australian nursing students, half of the students had been bullied and harassed in the previous 12 months, and nurses were among those who were bullied and

Table 1. Students' characteristics and the relationship between characteristics and SECV scores (n = 703).

Characteristics	N	%	Exposure to verbal/ psychological violence Mean ± SD	Effect on physical and mental health Mean ± SD	Total Mean ± SD
Study year					
2nd year[a]	283	40.3	20.05 ± 8.83	23.36 ± 10.98	43.41 ± 18.97
3rd year[b]	294	41.8	22.01 ± 10.51	25.54 ± 12.25	47.55 ± 21.91
4th year[c]	126	17.9	24.25 ± 11.13	27.97 ± 25.10	52.23 ± 23.54
Test**; p			t= 8.079; **< 0.001 (a,c)**	t= 6.865; **0.001 (a,c)**	F= 7.996; **< 0.001 (a,c)**
Gender					
Female	479	68.1	21.74 ± 10.18	25.67 ± 12.26	47.41 ± 21.55
Male	224	31.9	21.36 ± 9.91	23.88 ± 11.42	45.25 ± 20.73
Test; p			t= .472; 0.637	t= 1.833; 0.067	t= 1.257; 0.209
Alcohol					
Yes	84	11.9	23.90 ± 11.15	26.61 ± 12.44	50.52 ± 22.93
No	619	88.1	21.31 ± 9.91	24.89 ± 11.96	46.21 ± 21.04
Test; p			t= 2.213; **0.027**	t= 1.232; 0.218	t= 1.743; 0.082
Smoking					
Yes	134	19.1	22.96 ± 11.37	26.44 ± 12.75	49.41 ± 23.32
No	569	80.9	21.30 ± 9.75	24.78 ± 11.83	46.09 ± 20.77
Test; p			t= 1.708; 0.088	t= 1.440; 0.150	t= 1.623; 0.105
Psychiatric diagnosis					
Yes	20	2.8	27.05 ± 12.57	31.70 ± 13.87	58.75 ± 25.61
No	683	97.2	21.46 ± 9.97	24.90 ± 11.92	46.37 ± 21.08
Test; p			t= 2.447; **0.015**	t= 2.498; **0.013**	t= 2.571; **0.010**
Income perception					
Low	293	41.7	21.92 ± 10.22	25.99 ± 12.29	47.92 ± 21.61
Average	364	51.8	21.62 ± 9.68	24.78 ± 11.65	46.40 ± 20.56
High	46	6.5	19.73 ± 12.26	21.89 ± 12.78	41.63 ± 24.52
Test; p			F= .932; 0.394	F=2.585; 0.076	F= 1.821; 0.163
Family type					
Nuclear family	499	71.0	21.12 ± 9.77	24.86 ± 11.95	45.99 ± 20.90
Extended family	184	26.2	22.57 ± 10.37	25.40 ± 11.97	47.97 ± 21.57
Broken family	20	2.8	25.25 ± 13.89	28.35 ± 14.33	53.60 ± 27.52
Test; p			F= 2.724; 0.066	F= .886; 0.413	F= 1.660; 0.191
Perceived academic success					
Good[a]	179	25.5	19.96 ± 9.05	22.96 ± 11.16	42.92 ± 19.53
Medium[b]	471	67.0	21.84 ± 9.89	25.44 ± 11.85	47.29 ± 20.91
Bad[c]	53	7.5	25.24 ± 13.62	29.28 ± 14.89	54.52 ± 27.46
Test; p			F= 6.043; **0.003 (a,c)**	F= 6.326; **0.002 (a,c)**	F= 6.682; **0.001 (a,c)**

Table 1. Students' characteristics and the relationship between characteristics and SECV scores (n = 703). *(continued)*

Characteristics	N	%	Exposure to verbal/ psychological violence Mean ± SD	Effect on physical and mental health Mean ± SD	Total Mean ± SD
Choosing the department willingly					
Yes	412	58.6	21.41 ± 10.15	24.16 ± 11.69	45.58 ± 21.18
No	291	41.4	21.91 ± 10.02	26.43 ± 12.37	48.35 ± 21.40
Test; *p*			t= -.647; 0.518	t= -2.474; **0.014**	t=-1.700; 0.089
Being satisfied with the department					
Yes[a]	327	46.5	19.79 ± 9.18	21.97 ± 10.85	41.76 ± 19.38
No[b]	116	16.5	24.97 ± 12.31	29.49 ± 13.05	54.46 ± 24.40
Not sure[c]	260	37.0	22.43 ± 9.62	27.08 ± 11.96	49.51 ± 20.67
Test; *p*			F= 13.017; **< 0.001 (a-b)**	F= 23.762; **< 0.001 (a-b,c)**	F= 19.731; **< 0.001 (a-b,c)**
Exposure to violence other than colleague violence					
Yes	344	48.9	23.09 ± 10.78	27.25 ± 12.63	50.34 ± 22.42
No	359	51.1	20.21 ± 9.18	23.04 ± 11.04	43.25 ±19.58
Test; *p*			t= -3.820; **< 0.001**	t= -4.710; **< 0.001**	t= -4.472; **< 0.001**
Violence against another					
Yes	99	14.1	25.34 ± 11.51	29.96 ± 12.49	55.31 ± 22.74
No	604	85.9	21.01 ± 9.71	24.30 ± 11.76	45.31 ± 20.74
Test; *p*			t= 3.997; **< 0.001**	t= 4.401; **< 0.001**	t= 4.382; **< 0.001**

* SECV: The Scale of Exposure to Colleague Violence; **t: Independent Sample t-Test. F: One-way ANOVA.
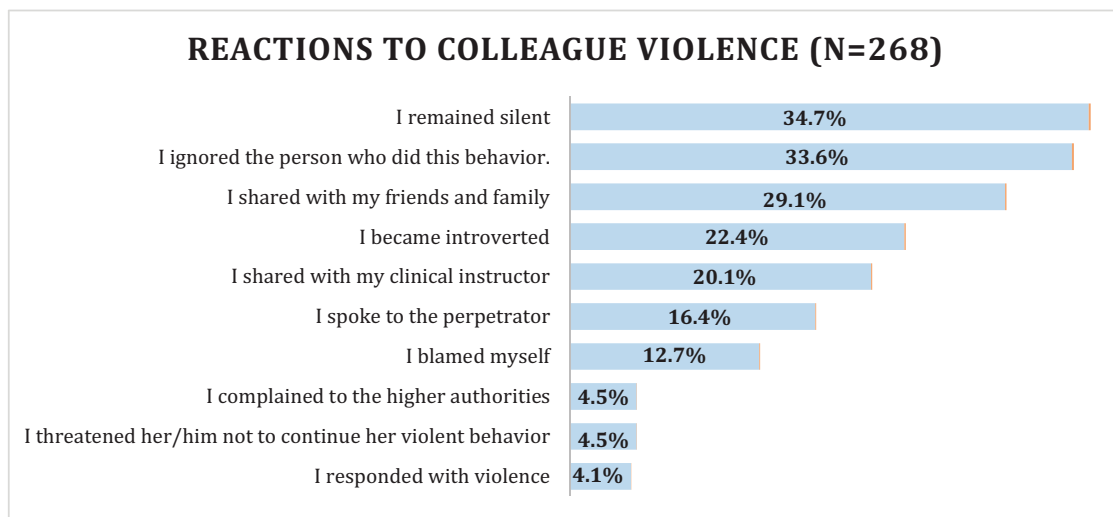
Figure 1. Reactions to colleague violence.

harassed [31]. In this study, according to the total scale (min=22- max=110), the mean score was also found to be moderate (46.72 ± 21.30), the "exposure to verbal/psychological violence" subscale score (min=11- max=55) was also found to be low-moderate (21.62 ± 10.09). Since violence cannot be accepted at any rate and level in any setting, these results should not be ignored and should draw attention to

the issue. It was stated that students mostly did not report colleague violence because they were afraid of being treated negatively [31]. Therefore, in this study, the possibility of students being reluctant to indicate colleague violence should not be ignored. This may have affected the level of exposure to colleague

violence reported by students in this study. In this study, our finding on the most frequent response to violence by remaining silent shows that we should not ignore it.

In this study, the "effect of violence on physical and mental health" subscale score (min=11-max=55) was also found to be moderate (25.10 ± 12.02). According to the scale score similar to the literature, the impact of violence on students' physical and mental health was modest in the current study [20]. In a qualitative study, students reported feeling less excited and motivated about their careers as a result of colleague violence [14]. The majority of participants in a study looking into the clinical experiences of bullying and/or harassment among Australian nursing students said that the event left

Table 2. Range and mean scores of the Exposure to Colleague Violence Scale and subscales.

Scales and subscales	Min.-Max.	Mean ± SD
The exposure to verbal/psychological violence	11-55	21.62 ± 10.09
The effect of violence on physical and mental health	11-55	25.10 ± 12.02
Total	22-110	46.72 ± 21.30

Table 3. The mean scores of the items of the SECV (n=703).

Items	Min.	Max.	Mean	SD
1. They act like I am not there	1.00	5.00	2.39	1.25
2. They talk to me loudly.	1.00	5.00	2.16	1.15
3. I am exposed to humiliating words.	1.00	5.00	1.85	1.09
4. They do not allow me to apply the treatment to the patient.	1.00	5.00	2.27	1.26
5. They give me more work than I can handle.	1.00	5.00	2.25	1.22
6. When I make a mistake, they scold me repeatedly.	1.00	5.00	1.98	1.15
7. They make fun of the things we do	1.00	5.00	1.97	1.20
8. They gossip among themselves about us.	1.00	5.00	2.21	1.30
9. They frighten us with threats.	1.00	5.00	1.61	.98
10. They vent their anger on us when they get angry about something else.	1.00	5.00	2.18	1.30
11. They insist that I do something that I know is wrong	1.00	5.00	1.77	1.10
12. They say humiliating words in front of others.	1.00	5.00	1.79	1.09
13. They exhibit insulting behaviors in front of others.	1.00	5.00	1.79	1.13
14. When I am with them, I feel useless.	1.00	5.00	2.07	1.27
15. After working with them, I feel physically exhausted.	1.00	5.00	2.28	1.31
16. They cause me to be reluctant to practice	1.00	5.00	2.36	1.43
17. I am afraid of not meeting their expectations	1.00	5.00	2.53	1.37
18. They discincline me from my profession.	1.00	5.00	2.35	1.40
19. They negatively affect my clinical success.	1.00	5.00	2.27	1.37
20. I do not want to go to internship because of their behavior toward me.	1.00	5.00	2.20	1.36
21. I constantly have a headache after the internship due to the tension they make me experience.	1.00	5.00	2.20	1.32
22. I cannot pay attention to the things I do.	1.00	5.00	2.13	1.28

SECV: The Scale of Exposure to Colleague Violence, Min: Minimum, Max: Maximum, SD: Standard Deviation.

them feeling anxious and depressed [31]. Colleague violence shouldn't be discounted because it might have adverse psychological impact on students and long-term effects.

Nursing students' exposure to colleague violence is affected by many factors including some sociodemographic characteristics. This study has indicated a higher likelihood of senior students experiencing colleague violence, a finding consistent with the existing literature [13, 21, 31]. Due to the increased time spent in clinical settings, interactions with colleagues, expectations from students, and students' tasks, the rise in students' grade level may have contributed to increased exposure to colleague violence in clinical practice [28]. The students who consume alcohol had higher levels of exposure to verbal/psychological violence. Students may consume alcohol as an ineffective way of coping with stress [32]. Students who use alcohol may have difficulties coping with stress effectively and performing the desired performance in clinical settings. This situation could have an impact on students' exposure to colleague violence in this study. According to this study, students diagnosed with psychiatric conditions are at a higher likelihood of being at risk for colleague violence. The rate of exposure to violence may have increased as a result of the mentally ill students' less successful academic achievement than anticipated [33].

In the current study, students who perceived their academic success as bad did not choose the nursing department voluntarily, and were not satisfied with the department were more exposed to colleague violence and were affected by it. Professional success is closely related to knowing the profession's requirements and choosing the profession willingly [34, 35]. The profession perceptions of students who chose the profession willingly and are satisfied with the profession had higher positive perceptions of nursing [35]. For nursing students to be productive, they should perceive their profession as important and valuable and have good communication skills [36]. According to a study, students who believe they succeed academically have better communication skills [37]. In our study, the positive perceptions of the students who had high academic success chose nursing voluntarily. They were

satisfied that the department enabled students to cope more effectively with the problems they encountered in their clinical practice, to communicate more positively with their colleagues, and to fulfill the professional practices expected from them more successfully. This may have reduced students' exposure to colleague violence. Colleague violence can be avoided by developing students' professional attitudes and successes.

In this study, the level of being exposed to colleague violence was higher for students who were exposed to violence other than colleague violence and perpetrated violence against others. The fact that students who were exposed to violence did not feel safe and could not reach academic qualifications [38] may have affected their exposure to violence in their clinical education.

The students reacted to colleague violence by being silent most frequently in the current study. Ignoring and sharing with friends and family were the other most common reactions. In Koç and Batkın's study, nursing students struggled with colleague violence by sharing with their friends and lecturers and staying away [21]. A qualitative study conducted with nursing students determined that students generally preferred to remain silent and communicate with academics about the problems they encountered during their clinical practices [14]. In another study, students who were exposed to colleague violence responded by avoiding communication [28]. Moreover, in this study, it was determined that the rate of students responding to colleague violence with violence, warning the perpetrator of violence, and complaining was low. Students are vulnerable and often feel powerless to question their colleagues about their violent behavior [31]. Clinical educators should closely monitor the communication and interaction of the students with their colleagues in the practice areas and support the students in reporting violent behaviors. It will help to define violent behaviors, prevent colleague violence, and make it easier for students to identify and report colleague violence.

The study's strength is its use of a valid and reliable scale. Its limitations are that the results cannot be generalized to all nursing students and that the data is collected online.

5. CONCLUSION

The level of exposure of nursing students to colleague violence and the effect of the violence on their physical and mental health were moderate. The level of exposure to verbal/psychological violence of the students was low. Students were most frequently exposed to psychological violence and reacted to violence by remaining silent. Colleague violence should not be normalized. This study showed that there is colleague violence. The results of this study may help identify the essential tactics for reducing colleague violence, as well as for reviewing and maybe correcting the elements that contribute to it.

Exposure to a low level of violence does not change the fact that violence exists, it can be argued that violence is a problem that should never be tolerated. Academic nurses, clinical nurses, and nursing supervisors all play a significant part in decreasing colleague violence. For this, mutual expectations should be shared and cooperation should be ensured in the triangle of nursing student, educator, and manager. Additionally, it's critical to increase their understanding of colleague violence. Nurse educators should support students to share and report violence with positive and constructive behaviors. For students to voice their feelings and defend their rights when they are the targets of colleague violence, it is crucial to support them in developing their advocacy and communication skills. Nurses should approach students favorably, be good role models for pupils, and be aware of their violent conduct. It is advised for educators to incorporate the topic into the curriculum and teach pupils about what violence is and how to respond to it. Techniques such as case studies and role-playing can be used to teach effective methods of combating colleague violence. The negative effects of colleague violence on students' psychological health should be considered. Counseling and psychological support should be provided to all students who have been subjected to colleague violence, but especially to students with a diagnosis of psychological illness.

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