

# Collegiality in Nursing: A Concept Analysis

## Abstract

**Background:** Collegiality in nursing is crucial for fostering a positive work environment, promoting teamwork, and improving patient care outcomes. The aim of this study was to clarify the concept of collegiality in the nursing profession using the concept analysis method developed by Walker and Avant. We intended to generate knowledge that enhances the understanding of collegiality and its application in nursing research and clinical practice. **Materials and Methods:** The concept analysis of collegiality in nursing was guided by the eight stages of the Walker and Avant approach. A comprehensive review of the literature on Collegiality in nursing was conducted using the electronic databases Web of Science, Scopus, Ovid, Science Direct, Google Scholar, and PubMed without a time limit until 2023. **Results:** Through the analysis conducted, collegiality in nursing is identified as a collaborative process, whether within the nursing profession or across different healthcare disciplines. It involves nurses working together as a team to address patient care or healthcare system issues. This entails respectful sharing of knowledge and resources among team members. **Conclusions:** Collegiality in nursing is vital for creating a supportive work environment, where nurses can freely seek assistance and guidance for their colleagues. This can lead to better decision-making and ultimately improves patient care outcomes. It also promotes teamwork and collaboration, which are essential for providing high-quality care. Additionally, collegiality plays a role in reducing workplace stress and burnout, benefiting both nurses and patients.

**Keywords:** Collaboration, concept formation, interprofessional relations, nursing

## Introduction

Collegiality is the relationship between individuals working together toward a common purpose within an organization. Its origins can be traced back to the Roman practice of sharing responsibility equally among government officials of the same rank to prevent the concentration of power. In contrast, managerialism prioritizes obedience and responsiveness to authority, limiting opportunities for democratic consensus.<sup>[1,2]</sup> Collegiality promotes trust, independent thinking, and sharing among coworkers, fostering autonomy, mutual respect, and organizational effectiveness.<sup>[3]</sup> In modern practice, the focus has shifted towards treating all employees within an organization with equal respect as individuals.<sup>[4]</sup>

Collegiality is often viewed as something that happens naturally without much thought. However, an alternative perspective recognizes collegiality as an active form of work or action that can significantly impact an organization's culture. In this

sense, collegiality carries a considerable responsibility. It is important to distinguish collegiality from congeniality, which refers to simply enjoying each other's company, and from collaboration or teamwork, which involves working together. Being collegial involves building rapport, learning from each other,<sup>[5]</sup> and fostering relationships with other staff.<sup>[6]</sup> These relationships require honest self-disclosure to establish trust, ensuring that each member acts in the best interest of others and understand their individual responsibilities and boundaries.

Collegial relationships in nursing play a crucial role in ensuring quality, safety, and maintaining professional standards. To understand collegiality, it is important to consider the social context in which it occurs. Most professions, including nursing, have both formal and informal systems of self-regulation.<sup>[7]</sup> Informal self-regulation takes place on a daily basis amongst employees in the workplace and is influenced by cultural norms and unwritten rules. Ignoring this informal self-regulation process can lead to detrimental decisions

**Mehrangiz Ghabimi<sup>1</sup>, Ahmad Nasiri<sup>2</sup>**

<sup>1</sup>Student Research Committee, Birjand University of Medical Sciences, Birjand, Iran,

<sup>2</sup>Department of Nursing, Faculty of Nursing and Midwifery, Birjand University of Medical Sciences, Birjand, Iran

**Address for correspondence:**  
Dr. Ahmad Nasiri,  
Department of Nursing and  
Midwifery, Birjand University of  
Medical Sciences, Birjand, Iran.  
E-mail: nasiri2006@bums.ac.ir

## Access this article online

**Website:** <https://journals.iww.com/jnmr>

**DOI:** 10.4103/ijnmr.ijnmr\_276\_23

## Quick Response Code:



**How to cite this article:** Ghabimi M, Nasiri A. Collegiality in nursing: A concept analysis. Iran J Nurs Midwifery Res 2026;31:38-45.

**Submitted:** 12-Sep-2023. **Revised:** 19-Nov-2024.

**Accepted:** 08-Sep-2025. **Published:** 02-Jan-2026.

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 License (CC BY-NC-ND), where it is permissible to download and share the work provided it is properly cited. The work cannot be changed in any way or used commercially without permission from the journal.

**For reprints contact:** WKHLRPMedknow\_reprints@wolterskluwer.com

and actions that negatively impact staff morale and patient care. It is crucial for groups to articulate a shared purpose rather than assuming it, as this can prevent harmful patterns of behavior.<sup>[8]</sup> In the current healthcare landscape, it is vital for colleagues to hold one another accountable for the quality of patient care. Acting in isolation is risky, as highlighted in recent literature.<sup>[9]</sup> Collegial interactions increase dialogue, reflection, and a culture of trust, where staff actively learn with, learn from, and teach their colleagues.<sup>[5]</sup> This collaborative approach ensures that everyone benefits from the collective knowledge and experience, leading to improved abilities and safe practices.

Therefore, it is crucial to have a clear understanding of the concept of collegiality and to develop methods for its enhancement. While several studies have been conducted on collegiality in nursing, few have provided a comprehensive definition that encompasses all its aspects. There is a need for a comprehensive and concise definition of collegiality in nursing that can be used by nurses and serve as a foundation for future research. The aim of this study was to clarify the concept of collegiality in the nursing profession by using the concept analysis method developed by Walker and Avant's method.<sup>[10]</sup> We wanted to produce knowledge that provides understanding of collegiality and way to apply the concept in nursing research and clinical practice. The research question was: what are the attributes, antecedences, and consequences as well as surrogate and related terms of the concept of nurses' collegiality?

## Materials and Methods

We used Walker and Avant<sup>[10]</sup> concept analysis method to clarify the concept of collegiality in nursing. The concept analysis approach is a qualitative research method used primarily in nursing and other health-related fields to clarify and define concepts. This approach involves systematically examining a concept to understand its attributes, antecedents, consequences, and relationships with other concepts.<sup>[11]</sup> Walker and Avant's<sup>[10]</sup> method for concept analysis consists of eight stages. These stages include: 1) selecting a concept, 2) determining the aim of the analysis, 3) identifying all the different ways the concept is used, 4) determining the defining attributes of the concept, 5) constructing a model case, 6) constructing additional cases, 7) identifying the antecedents and consequences of the concept, and 8) defining the empirical referents.

A comprehensive review of the literature on Collegiality in nursing was conducted using the electronic databases Web of Science, Scopus, Ovid, Science Direct, Google Scholar, and PubMed without a time limit until 2023.

The search strategy involved exploring various databases using relevant keywords such as "nursing AND collegiality," "nursing AND companionship OR cooperation," "nursing AND sharing\* OR collaboration\*," and "nursing AND Teamwork\* AND respect." Two researchers independently conducted a search of the same databases using the same

process. The inclusion criteria for the articles were as follows: being written in English, having the keywords in the title and abstract, relevance to the concept, and availability of the full text. The exclusion criteria included access only to the abstract, letters to the editor, editorial articles, and irrelevant articles. After the initial search in article titles and abstracts, 505 articles were transferred to EndNote. Ten, 138 duplicated articles were removed, leaving 367 articles. In the next step, the abstracts were reviewed to exclude irrelevant articles, resulting in 332 articles being excluded. Then, 35 remaining articles were reviewed for full-text accessibility and five article full texts were not accessible. (All reviewed full texts included even one of the terms.) Additionally, five irrelevant full texts were removed. Finally, 25 articles and three theses that aligned with the study aims were included in the concept analysis.

## Ethical considerations

This study was approved by the Ethics Committee of The Birjand University of Medical Sciences, Birjand, Iran, with the code of ethics No. IR.BUMS.REC.1402.197.

## Results

During the literature review, a total of 25 articles and 3 theses were selected [Table 1]. The following sections outline the eight stages of Walker and Avant's method for analyzing the concept of "collegiality in nursing."

### Selecting a concept

The first step in Walker and Avant's method is to select a concept.<sup>[10,12]</sup> Collegiality was selected as the key concept of focus due to its significance in nursing. Collegiality is considered crucial for ensuring quality and safety, and maintaining the professional standards. It encompasses behaviors such as kindness, compassion, respect, teamwork, and service to others, which are highly valued in the nursing profession.<sup>[18,27]</sup> Boice (1992) emphasizes that collegiality lacks a single definition and can take on multiple forms depending on the specific work context. Bess further explains that collegiality has cultural, structural-organizational, and behavioral dimensions, all rooted in values of reciprocity, cooperation, civility, and equality. Cultural collegiality focuses on shared values in a culture of reciprocity, structural collegiality pertains to governance and organization, and behavioral collegiality involves interpersonal acts that go beyond the requirements of the culture or organization.<sup>[41]</sup> The literature extensively defines collegiality using terms such as community, respect, value of peers and their work, concern for colleagues, highly valued peer interaction, and a sense of belonging.<sup>[42-44]</sup>

Collegiality – the relationships among colleagues working together—provides a framework, where professionals are expected to hold each other accountable in providing care that aligns with local and national standards.<sup>[15]</sup> It serves as the primary mechanism for professional self-regulation. Despite the importance of collegiality in many healthcare

**Table 1: Studies reviewed for data extraction (n=28)**

Title	Author/year
Collegiality in interdisciplinary health teams: Its measurement and its effects.	Feiger <i>et al.</i> <sup>[13]</sup>
Collegiality among social- and health care educators in higher education or vocational institutions: A mixed-method systematic review.	Koskenranta <i>et al.</i> <sup>[14]</sup>
Collegiality among staff registered nurses in acute care: Test of a conceptual model (Thesis).	Hansen <sup>[15]</sup>
Collegiality, the nursing practice environment, and missed nursing care (Thesis).	Menard <sup>[16]</sup>
Staff nurse collegiality: The structures and culture that produce nursing interactions (Thesis).	Jacobs <sup>[17]</sup>
The value and challenges of collegiality in practice.	Burr <i>et al.</i> <sup>[18]</sup>
Collegiality in education: A case study.	Singh <i>et al.</i> <sup>[19]</sup>
The development of ethical guidelines for nurses' collegiality using the Delphi method.	Kangasniemi <i>et al.</i> <sup>[20]</sup>
Professional collegiality and peer monitoring among nursing staff: An ethnographic study.	Padgett <sup>[21]</sup>
Collegiality in nursing.	Jordan <sup>[22]</sup>
Defining collegiality within the academic setting.	Balsmeyer <i>et al.</i> <sup>[23]</sup>
'Looking like a bad person': Vocabulary of motives and narrative analysis in a story of nursing collegiality.	Padgett <sup>[24]</sup>
Collegiality, adaptation, and nursing faculty.	Congdon and French <sup>[25]</sup>
The role of collegiality in academic review, promotion, and tenure.	Dawson <i>et al.</i> <sup>[26]</sup>
Collegiality: A singular concept?	Easterling <sup>[27]</sup>
Interprofessional collegiality enhances patient outcomes.	Lowe and Tori <sup>[28]</sup>
Barriers to physician-nurse collegiality: An anthropological perspective.	Heider and Pollock <sup>[29]</sup>
Nurse collegiality: Fact or fiction?	Baltimore <sup>[30]</sup>
Peer-to-peer mentoring teaching collegiality.	Scott <sup>[31]</sup>
Student nurses as peer-mentors: Collegiality in practice.	Gilmour <i>et al.</i> <sup>[32]</sup>
The way we were: Collegiality in nursing in the 70s and 80s.	Stewart <i>et al.</i> <sup>[33]</sup>
Collaboration, collegiality, and cooperation.	Attwood <i>et al.</i> <sup>[34]</sup>
Palliative care simulation: Nurturing interprofessional collegiality.	Gillan <i>et al.</i> <sup>[35]</sup>
Cooperation, collegiality, and collaboration: Reinforcing the scholar-practitioner model.	Sharpe <i>et al.</i> <sup>[36]</sup>
Mentorship and collegiality.	Curtin <sup>[37]</sup>
Physicians, nurses, and collegiality.	Gianakos <sup>[38]</sup>
The effect of collegial solidarity among nurses on the organizational climate.	Kilic and Altuntaş <sup>[39]</sup>
The relationship between nurses' work-related variables, colleague solidarity, and job motivation.	Goktepe <i>et al.</i> <sup>[40]</sup>

studies, there remains the lack of clear definition of this concept, especially in the field of nursing. Therefore, the researchers selected collegiality as the focus of this study to clarify and understand this important concept in nursing.

## Determining the aim of the analysis

The second step is to determine the aim of the analysis, which essentially addresses the question of "Why am I doing this?"<sup>[12]</sup> The purpose of this concept analysis is to help clear the concept of "collegiality" in nursing and distinguish it from similar concepts that are vague and prevalently used in practice. It results in a precise operational definition of collegiality that accurately reflects its theoretical basis.<sup>[10,12]</sup>

### Identifying all the different ways the concept is used:

A more collegial and unified relationship among staff holds the value of harnessing their power to improve patient care.<sup>[38]</sup> A collegial work environment has a sense of belonging, open communication, cooperation, and support among staff. It effectively manages conflicts, promotes high job satisfaction, and consequently leads to high staff retention.<sup>[45]</sup> Adopting a collaborative approach to work challenges promotes individual growth, service improvement, and facilitates cross-cover through increased institutional memory. A collegial culture empowers individuals to maximize their potential contribution. Furthermore, collegial leaders make it easier for staff to raise contentious issues.<sup>[5]</sup> A collegial work environment facilitates the identification and management of difficult staff such as those who bully, harass, prioritize their needs over others, avoid work, or have other questionable approaches to work.<sup>[46]</sup> When healthcare workforce morale is low, a pre-existing collegial culture can bolster resilience by harnessing the dedication, extraordinary efforts, and love for the professional vocation exhibited by staff.<sup>[47]</sup>

### Determining the defining attributes

In this step, the defining attributes of collegiality are determined, which help differentiate it from related concepts and clarify its meaning.<sup>[10,12]</sup> In the review of literature, several defining attributes of the collegiality were identified. While collegiality can encompass a range of behaviors and attitudes, some key defining attributes include:

- **Mutual Respect:** Collegiality involves treating others with respect and appreciating their contributions.
- **Shared Goals:** Colleagues who demonstrate collegiality often have shared goals and work together towards achieving them.
- **Open Communication:** Collegiality requires open and honest communication, where colleagues share ideas, feedback, and concerns.
- **Trust:** Establishing trust among colleagues is essential for effective collaboration and the accomplishment of shared goals.
- **Collaboration:** Collegiality involves working as a team, sharing knowledge and expertise, and supporting one another in achieving common goals.

These attributes contribute to the development of a positive and supportive work environment where colleagues feel

valued, respected, and motivated to work together towards shared objectives.<sup>[48]</sup>

Sharing in the context of collegiality go beyond goals and objectives. It also involves sharing resources and participating in decision-making processes.<sup>[30]</sup> Gardner emphasizes that sharing in the decision-making process is a key characteristic of collaborative relationships.<sup>[49]</sup> Green and Johnson further expand the meaning of sharing to include sharing costs, risks, and rewards when collaborating and achieving positive outcomes.<sup>[50]</sup>

In addition to sharing, “teamwork” is another defining attribute of collegiality noted in the literature. Collegiality requires working together with open minds and valuing the contributions of each team member.<sup>[13]</sup> In education, administrators have facilitated teamwork by adjusting lecture planning times to enhance teacher-to-teacher collegiality.<sup>[3]</sup> Teamwork involves sharing expertise, cooperating and coordinating with other professionals, such as in the healthcare field.<sup>[30]</sup> The National League for Nursing also emphasizes the importance of nurses being part of interprofessional teams, which allows for collaboration and coordinated care among healthcare team members.<sup>[22]</sup>

Researchers have identified teamwork as a key attribute of collegiality and collegial behavior.<sup>[33]</sup> Research has also supported healthcare teams and teamwork. For example, in a study by Fulmer, teamwork appeared to be integral in caring for older people. Additionally, positive outcomes have been observed when pharmacists, physicians, and nurse practitioners (NPs) collaborate as a team, such as improved decision-making related to drug therapy, continuity of care, and patient safety.<sup>[51]</sup> Health professions students have also reported that teamwork is a key factor for enhancing patient outcomes.<sup>[26]</sup>

Another important attribute of collegiality discussed in the literature is “respect.” Mutual respect for each member’s role and profession within the healthcare team is necessary for effective collegiality. Team members must value what other members bring to the discussion, including the roles and knowledge.<sup>[17]</sup> Respect requires healthcare teams to forego any hierarchical structure and treat all members as equal.<sup>[22]</sup> Furthermore, a positive and respectful relationship between physicians and nurses is vital for ensuring the quality of patient care.<sup>[38]</sup>

### Case model

The case model is a pure example of the concept being studied and should have all the attributes that define the concept.

In this case, a general practitioner (GP) noticed a tumor on a patient’s neck during an office visit. After examining and inquiring about the patient’s symptoms, the GP became increasingly concerned that the tumor could be indicative of malignancy. The GP discussed the findings and urgency

of further investigation with the patient, who expressed gratitude and consented to an expedited workup. The GP contacted the radiologist and spoke about the examination findings and share her concerns. Together, they discussed on the most appropriate imaging study to obtain the best diagnostic information. The GP called an ENT specialist, providing an overview of the patient’s case and informing them of the plan initiated with the radiologist. Both the GP and the ENT specialist agreed that after the patient completed the imaging study recommended by the GP, he should directly visit the GP to discuss the results. The radiologist subsequently contacted the GP and ENT specialist, confirming the presence of a tumor suspicious for malignancy in the report. The radiologist also sent a copy of the films with the patient for the ENT specialist and physician to review. At the end of the day, the ENT specialist thanked the GP for the referral and shared that the patient was pleased with the prompt and compassionate service they provided by all healthcare providers.

This is an example of a case model that showcases the attributes of collegiality and highlights its associated benefits. The GP showed respect for the patient by engaging in an open and honest discussion about the seriousness of the findings and by taking immediate action to expedite the necessary workup and referral. The collaboration between the radiologist and the GP exemplified teamwork and sharing, as they jointly discussed the findings and made informed decisions about the appropriate diagnostic tests. The ENT specialist and GP also demonstrated mutual respect’s opinions and worked together as a team to coordinate the patient’s care. The decision-making process was shared among all providers involved, including the patient. As a result, the patient’s problem was managed in a timely manner, leading to a high level of patient satisfaction.

### Borderline case

Identifying borderline cases reduces ambiguity between cases by clarifying essential attributes of the model. While the borderline case has many attributes of the concept, it does not incorporate all of them.

In this case, Mehrangiz, a Clinical Nurse Specialist (CNS), aimed to develop a mentoring program for newly hired nurses assigned to the medical floor. To gather insights, Mehrangiz conducted a random survey, seeking individual nurses’ perceptions of the work environment. Angela thanked the nursing staff for their participation, acknowledging their input and perspectives. Mehrangiz used the feedback to design a mentoring program and distributed the new policy to the nursing staff.

This case illustrates two attributes of collegiality. Firstly, this scenario demonstrates respect for the participating nurses Mehrangiz sought their input and thanked them for their involvement. Secondly, the nurses shared their



opinions and concerns with Mehrangiz during the survey. This case falls short of collegiality as teamwork did not occur. Mehrangiz conducted the survey individually, rather than fostering a group discussion among the nurses. The nurses were not involved in the decision-making process, indicating a missing attribute of teamwork in this scenario.

### Contrary cases

Contrary cases do not include any of the main attributes of the concept. Their definition indicates what the concept is not. It is evident to most people that this is not an example of the desired concept.

Paramedics brought a 60-year-old female to the emergency department (ED) by ambulance after she fell into a lake while trying to exit a boat. Initially, the paramedics recorded a blood pressure reading of 138/80 mmHg; however, upon arrival at the ED, the patient's blood pressure was recorded as 90/60 mmHg. Unfortunately, the nurses and physicians in the ED failed to review the paramedics' records. X-rays confirmed a left hip fracture, which required surgical repair for the patient.

The next day, the patient complained of shortness of breath, attributing it to her asthma. However, the nursing staff did not observe any wheezing during the examination and did not communicate this to the orthopedic surgeon, who oversaw the patient's care. The orthopedic surgeon continued the patient's home medications and started anticoagulation therapy postoperatively to reduce the patient's risk of blood clot formation. During a medication review, the nurse discovered that the patient usually took two medications to lower her blood pressure. When the nurse called to confirm the order to continue the hypertensive medications, the orthopedic surgeon responded angrily, instructing the nurse to follow the orders and not to call back unless there was a change in the patient's condition. Although the patient's morning blood pressure was 85/58 mm Hg, the nursing staff assumed the surgeon had seen this when reviewing the chart before prescribing the home medications. The nurse decided not to administer the hypertensive medication due to the low blood pressure. The hospital transferred the patient to a rehabilitation facility without addressing the patient's low blood pressure or conducting further evaluation of her shortness of breath. However, the patient's shortness of breath worsened upon arrival, and her blood pressure remained low. The staff at the rehabilitation facility transferred the patient back to the ED for reevaluation. At the ED, a chest X-ray revealed blood accumulation around the lungs (a hemothorax) and two fractured ribs. A vascular surgeon placed chest tubes to drain the blood and ordered a transfusion of four units of blood. By the following day, the patient's breathing and blood pressure had improved.

This case illustrated a complete lack of collegiality that resulted in the patient's readmission, additional procedures, and costs. The nurse and the surgeon failed to conduct a thorough evaluation of the patient's shortness of breath

or low blood pressure. Each assumed the other was monitoring the situation, resulting in critical information being overlooked. Furthermore, the patient assumed that the healthcare team members were communicating and collaborating to provide the best possible care. This case demonstrates a lack of shared decision-making, mutual respect, and teamwork. It exemplifies what collegiality is not, representing a complete deviation from the attributes that define the concept. Thus, this case serves as a contrary example to the model of collegiality.

### Antecedents

Antecedents are events that must happen before a concept occurs.<sup>[12]</sup> Collegiality can have various antecedents, depending on the context. However, common antecedents of collegiality include mutual respect, shared goals, open communication, trust, and a collaborative work environment. These factors contribute to a positive and supportive workplace culture, where individuals work together as a team towards a common goal.<sup>[23,36]</sup>

### Consequences

Consequences are events that occur as a result of the concept's occurrence.<sup>[12]</sup> In the case of collegiality, it brings about several positive outcomes in the workplace such as increased job satisfaction, enhanced productivity, improved communication and collaboration, and better decision-making.<sup>[27]</sup> When colleagues work together with mutual respect and cooperation, they are more likely to share knowledge and expertise, support one another, and work towards common goals. This can lead to a positive and supportive work environment, which can in turn improve employee morale and motivation.<sup>[16]</sup>

Excessive focus on working closely together may hinder individual innovation and undervalue unique perspectives that do not align with the values of the existing majority. It can be challenging to change established opinions. However, strategic principles can help address this by encouraging innovation, while requiring evidence-based change. In the transition to a new workplace, the process of integration relies on developing collegiality. Here is some informal for new staff: be aware that there may be delays in integration of newcomers because of group dynamics and power dynamics.<sup>[25]</sup> Building collegiality requires spending time to get to know and connect with others. Thus, decision-making in a collegial environment may be slower, but it benefits from practical insights from experienced individuals. It is also less responsive to authority. Furthermore, collegiality involves sharing experiences and personal circumstances, and understanding shared values with different individuals. However, it can be susceptible to favoritism, bias,<sup>[52]</sup> and accusations of preferential treatment of colleagues over non-colleagues. The emphasis on collegiality can cause tension when there are patient responsibilities, resulting in challenging personal and professional dilemmas that are difficult to resolve.<sup>[29]</sup>

## Empirical referents

The last step in concept analysis involves defining empirical referents for the main attributes of the concept. According to Walker and Avant, if the concept is abstract, its attributes are also abstract and cannot be considered as reliable empirical symbols.<sup>[12]</sup> Empirical referents, which are actual classes or categories of phenomena, can demonstrate the occurrence of the concept by their existence or presence.<sup>[10]</sup> Defining empirical referents aims to facilitate the measurement of the concept, identify it, and develop research tools.

The attributes of trust, shared goals, open communication, mutual respect, and collaboration also serve as empirical referents for the concept.<sup>[34]</sup> In the context of collegiality, empirical referents are observable and measurable behaviors or actions that demonstrate its presence in the workplace.<sup>[23,36]</sup> Some examples of empirical referents for collegiality include:

- **Frequency of Shared Decision-Making:** The extent to that colleagues involve each other in decision-making processes and work collaboratively towards shared goals.
- **Level of Communication:** The frequency and quality of communication between colleagues, including active listening, open dialogue, and constructive feedback.
- **Trust Level:** The extent to which colleagues trust each other and feel comfortable sharing ideas, feedback, and concerns.
- **Supportive Behaviors:** The frequency and quality of supportive behaviors, such as helping, providing feedback, and recognizing the contributions of others.
- **Teamwork:** The extent to which colleagues work together as a team to achieve shared goals, including the use of collaborative problem-solving, knowledge sharing, and joint decision-making.

By measuring these empirical referents, organizations can assess the presence of collegiality in their workplace culture and identify areas for improvement.

## Discussion

In this study, we discussed ambiguity related to the definition of collegiality in nursing and highlighted its common attributes, antecedents, and consequences. The first defining attribute of collegiality was sharing, which goes beyond goals and objectives. In the context of collegiality, sharing also involves the sharing of resources and participation in decision-making process.<sup>[46]</sup> The second defining attribute was teamwork. Collegiality requires working together with open minds and valuing the contributions of each team member.<sup>[14]</sup> In education, administrators have facilitated teamwork by restructuring lecture planning times to enhance teacher-to-teacher collegiality.<sup>[21]</sup> Teamwork encompasses the sharing of expertise, cooperating, and coordination with other professionals, as seen in the

healthcare field.<sup>[16]</sup> The last defining attribute was respect. Mutual respect for each healthcare team member's role and profession are necessary for effective collegiality.

The main challenge in developing a collegial approach is the willingness to be open and build trust with others.<sup>[53]</sup> Collegiality requires acknowledging both strengths and weaknesses to capitalize on the former and provide support for the latter. Thus, opportunities to communicate<sup>[54]</sup> and develop professional intimacy<sup>[6]</sup> are particularly important. Professional intimacy is nurtured through sharing interests, celebrating accomplishments, collaborating on projects, engaging with external events, and being open about feelings and vulnerabilities related to work.<sup>[6]</sup> In medical practice, this involves discussing patient needs with other staff, addressing service requirements, observing and being observed by colleagues, teaching, and learning together.<sup>[5]</sup> These activities prioritize the common goal of patient wellbeing over individual success. Differences of opinion can lead to conflict, and training in conflict resolution<sup>[4]</sup> can be beneficial. By separating emotions from conflict, it is possible to mediate compromises and accept decisions without taking them personally. Thus, it is important to model positive behaviors by keeping emotions detached from decision making, focusing on the task at hand, fostering a sense of ownership among team members, addressing negative comments that undermine individuals, using humor to relieve tension, keeping perspectives, and acknowledging and celebrating success.

The antecedents identified in this study for achieving collegiality in nursing can be categorized as follows: Willingness to participate is essential for nurses to actively engage in collegiality. Effective communication skills are crucial, as they enable nurses to interact positively and facilitate meaningful exchanges with their colleagues. Additionally, demonstrating strong interpersonal skills is important for fostering positive relationships within the team. Nurses must also possess the ability to work collaboratively as part of a team, ensuring that they contribute effectively to shared goals and support one another in their professional roles.

The consequences identified in the present study for practicing collegiality in the workplace include various positive outcomes. These include increased job satisfaction, enhanced productivity, improved communication and collaboration, and better decision-making.<sup>[27]</sup> When colleagues work together with mutual respect and cooperation, they are more likely to share knowledge and expertise, support one another, and work towards common goals. This can lead to a positive and supportive work environment, which can in turn improve employee morale and motivation.<sup>[16]</sup>

The conceptual definition of collegiality in nursing refers to the process where nurses, either intra-professionally or inter-professionally, come together as a team to address patient care or healthcare system issues, while respectfully

sharing knowledge and resources. Researchers have used various instruments to measure collegiality or assess a person's readiness to engage in collegiality. However, only a few instruments exist that measure the attributes of collegiality in nursing or healthcare settings. For the purpose of this study, two instruments, which are consistent with the conceptual definition of collegiality, were reviewed: the Mayo High Performance Teamwork Scale (MHPTSP)<sup>[55]</sup> and the Team Strategies and Tools to Enhance Performance and Patient Safety (Team STEPPS).<sup>[56]</sup> These instruments contain some items specific to the attributes of collegiality: sharing, teamwork, and respect.

The MHPTS is a 16-question survey that team members complete to assess the effectiveness of teamwork. The survey uses a scale of 0 to 2, where 0 indicates never or rarely and 2 indicates consistently. Self-rated items on the MHPTS that are consistent with the attributes of collegiality include: clear understanding of individual roles, repeating instructions for clarity, participating actively, and identifying actions that could lead to errors or complications. Malec *et al.* concluded that the MHPTS has satisfactory internal consistency and construct validity.<sup>[55]</sup>

The Team STEPPS, on the other hand, is a 23-item observational tool that uses a rating scale of 1 to 5, with one indicating very poor and five indicating excellent.<sup>[48]</sup> Observational items, included on the Team STEPPS that are consistent with the attributes of collegiality are: involving patients and families as part of the team, identifying team members' roles and responsibilities, seeking information from all available sources, ensuring effective communication of information, modeling team behaviors, fostering communication, and advocating for the patient effectively.<sup>[48]</sup> The Department of Defense and the Agency for Healthcare Quality and Research (AHQR) jointly developed the Team STEPPS, and Castner supported its validity and reliability.<sup>[57]</sup> To effectively measure collegiality, it is most beneficial for researchers to make keen and consistent observations of team behaviors, in addition to peer evaluations of the team members. One limitation of our study was the exclusion of number articles due to lack of access to their full texts. Additionally, another limitation is that this study only considered articles written in English, disregarding those written in non-English languages.

## Conclusion

This study provided an operational definition of collegiality in nursing, aiming to bring clarity to the concepts commonly used in the nursing context. By using Walker and Avant's model, this concept analysis identified the attributes, antecedents, and consequences of collegiality in nursing. In summary, collegiality is a complex process requiring sharing, respect, and teamwork. Whether it is within the nursing profession or across various healthcare disciplines, collegiality leads to enhanced patient safety, improved quality of care, and increased job satisfaction among healthcare providers. Multiple national and

international organizations such as AACN, CMS (2011), and WHO<sup>4</sup> acknowledge the significance of collegiality in nursing and healthcare. For nurse researchers to evaluate the effectiveness and outcomes of collegiality, it is crucial to have a clear conceptual definition specific to nursing. This inclusive definition aids in the development of instruments for measuring collegiality as a valuable resource for teaching the process of collegiality. Finally, nurses must serve as role models by actively engaging in teamwork, participating in the decision-making process, and showing respect for other members of the healthcare team to improve the quality of patient care.

## Acknowledgments

This study was approved by the Ethics Committee of The Birjand University of Medical Sciences, Birjand, Iran, with the code of ethics No. IR.BUMS.REC.1402.197.

## Financial support and sponsorship

Birjand University of Medical Sciences, Birjand, Iran

## Conflicts of interest

Nothing to declare.

## References

1. Dearlove J. The academic labour process: From collegiality and professionalism to managerialism and proletarianisation? University of Sussex; 2023.
2. International Council of Nursing. Definitions of Nursing. 2021. Available from: <https://www.icn.ch/nursing-policy/nursingdefinitions>. [Last accessed on 2023 June 27].
3. International Council of Nursing. The ICN Code of Ethics for Nurses. 2021. Available from: [https://www.icn.ch/sites/default/files/inline-files/ICN\\_Code-of-Ethics\\_EN\\_Web.pdf](https://www.icn.ch/sites/default/files/inline-files/ICN_Code-of-Ethics_EN_Web.pdf). [Last accessed on 2023 June 27].
4. Ciske KL, Verhey CA and Egan EC. Improving peer relationships through contracting in primary nursing. *J Nurs Adm* 1983;13:5-9.
5. Jacobs MA. Staff Nurse Collegiality: The Structures and Culture that Produce Nursing Interaction. Dissertation. Toronto, Canada: York University; 1999.
6. Duddle M, Boughton M. Intraprofessional relations in nursing. *J Adv Nurs* 2007;59:29-37.
7. Padgett SM. Professional collegiality and peer monitoring among nursing staff: An ethnographic study. *Int J Nurs Stud* 2013;50:1407-15.
8. Miller KL, Kontos PC. The intraprofessional and interprofessional relations of neurorehabilitation nurses: A negotiated order perspective. *J Adv Nurs* 2013;69:1797-807.
9. Gustafsson I, Nystrom M, Palmér L. Midwives' lived experience of caring for new mothers with initial breastfeeding difficulties: A phenomenological study. *Sex Reprod Healthc* 2017;12:9-15.
10. Walker LO, Avant KC. Strategies for Theory Construction in Nursing. 5<sup>th</sup> ed. Prentice Hall, New York: Pearson; 2011.
11. Rodgers BL, Knaff KA. Concept Development in Nursing. Foundation, Techniques and Applications. 2<sup>nd</sup> ed. Saunders; 2000.
12. Walker LO, Avant KC. Strategies for Theory Construction in Nursing. 4<sup>th</sup> ed. Pearson; 2005.
13. Feiger SM, Schmitt MH. Collegiality in interdisciplinary health



- teams: Its measurement and its effects. *Soc Sci Med* (1967). 1979;13A: 217-29.
14. Koskenranta M, Kuivila H, Männistö M, Kääriäinen M, Mikkonen K. Collegiality among social- and health care educators in higher education or vocational institutions: A mixed-method systematic review. *Nurse Educ Today* 2022;114:105389.
  15. Hansen H. Collegiality Among Staff Registered Nurses in Acute Care: Test of a Conceptual Model. ProQuest Dissertations Publishing: University of Kansas; 1991.
  16. Menard K. Collegiality, the Nursing Practice Environment, and Missed Nursing Care. Theses and Dissertations, University of Wisconsin-Milwaukee; 2014.
  17. Jacobs M. Staff Nurse Collegiality: The Structures and Culture that Produce Nursing Interactions. York University; 1999.
  18. Burr SA, Collett T, Leung YL. The value and challenges of collegiality in practice. *Br J Hosp Med (Lond)* 2017;78:486-7.
  19. Singh P. Collegiality in education: A case study. *S Afr J Educ* 2002;22:56-64.
  20. Kangasniemi M, Arala K, Becker E, Suutarla A, Haapa T, Korhonen A. The development of ethical guidelines for nurses' collegiality using the Delphi method. *Nurs Ethics* 2017;24:538-55.
  21. Padgett SM. Professional collegiality and peer monitoring among nursing staff: An ethnographic study. *Int J Nurs Stud* 2013;50:1407-15.
  22. Jordan CH. Collegiality in nursing. *Orthop Nurs* 1983;2:31-4.
  23. Balsmeyer B, Haubrich K, Quinn C. Defining collegiality within the academic setting. *J Nurs Educ* 1996;35:264-7.
  24. Padgett SM. 'Looking like a bad person': Vocabulary of motives and narrative analysis in a story of nursing collegiality. *Nurs Inq* 2015;22:221-30.
  25. Congdon G, French P. Collegiality, adaptation and nursing faculty. *J Adv Nurs* 1995;21:748-58.
  26. Dawson DD, Morales E, McKiernan EC, Schimanski LA, Niles MT, Alperin JP. The role of collegiality in academic review, promotion, and tenure. *PLoS One* 2022;17:e0265506.
  27. Easterling W. Collegiality: A Singular Concept? Definitions and Conceptualizations of Collegiality in the U.S. and Internationally. Available from: [https://scholarworks.iupui.edu/bitstream/handle/1805/2539/Easterling\\_Collegiality\\_A\\_Singular\\_Concept.pdf?sequence=1](https://scholarworks.iupui.edu/bitstream/handle/1805/2539/Easterling_Collegiality_A_Singular_Concept.pdf?sequence=1).
  28. Lowe G, Tori K. Interprofessional collegiality enhances patient outcomes. *J Nurse Pract* 2017;13:716.
  29. Campbell-Heider N, Pollock D. Barriers to physician-nurse collegiality: An anthropological perspective. *Soc Sci Med* 1987;25:421-5.
  30. Baltimore JJ. Nurse collegiality: Fact or fiction? *Nurs Manag* 2006;37:28-36.
  31. Scott ES. Peer-to-peer mentoring: Teaching collegiality. *Nurse Educ* 2005;30:52-6.
  32. Gilmour JA, Kopeikin A, Douché J. Student nurses as peer-mentors: Collegiality in practice. *Nurse Educ Pract* 2007;7:36-43.
  33. Stewart J, Floyd S, Thompson S, Caldwell S. The way we were: Collegiality in nursing in the '70s and '80s. *Kai Tiaki Nurs Res* 2015;6:4-9.
  34. Attwood C, Wellik K. Collaboration, collegiality, and cooperation. *Clin J Oncol Nurs* 2012;16:487-90.
  35. Gillan P, Arora S, Sanderson H, Turner L. Palliative care simulation: Nurturing interprofessional collegiality. *Health Interprof Pract* 2013;2:eP10511-9.
  36. Sharpe T, Lounsbery M, Templin T. Cooperation, collegiality, and collaboration: Reinforcing the scholar-practitioner model. *Quest* 1997;49:214-28.
  37. Curtin L. Mentorship and collegiality. *Am Nurse J* 2020;15:22-4.
  38. Gianakos D. Physicians, nurses, and collegiality. *Nurs Outlook* 1997;45:57-8.
  39. Kılıç E, Altuntaş S. The effect of collegial solidarity among nurses on the organizational climate. *Int Nurs Rev* 2019;66:356-65.
  40. Göktepe N, Yalçın B, Türkmen E, Dirican Ü, Aydın M. The relationship between nurses' work-related variables, colleague solidarity and job motivation. *J Nurs Manag* 2020;28:514-21.
  41. Henriksson L. Sisterhood's ordeals: Shared interests and divided loyalties in Finnish wartime nursing. *Dynamis* 1999;19:305-27.
  42. Kuhar MJ. Collegial ethics: What, why and how. *Drug Alcohol Depend* 2011;119:235-8.
  43. American Nurses Association. Code of Ethics with Interpretative Statements. Silver Spring, MA: American Nurses Association; 2015. Available form: <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/>. [Last accessed on 2023 June 19].
  44. Nursing and Midwifery Council. The Code. Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates. UK: Nursing and Midwifery Council; 2023.
  45. Code of Ethics for Registered Nurses. Ottawa, ON: Canadian Nurses Association; 2017.
  46. Noguchi-Watanabe M, Yamamoto-Mitani N, Takai Y. How does collegial support increase retention of registered nurses in homecare nursing agencies? A qualitative study. *BMC Nurs* 2016;15:35.
  47. Theodosius C, Kouloughlioti C, Kersten P, Rosten C. Collegial surface acting emotional labour, burnout and intention to leave in novice and pre-retirement nurses in the United Kingdom: A cross-sectional study. *Nurs Open* 2021;8:463-72.
  48. Koskenranta M, Kuivila H, Männistö M, Kääriäinen M, Mikkonen K. Collegiality among social- and health care educators in higher education or vocational institutions: A mixed-method systematic review. *Nurse Educ Today* 2022;114:105389.
  49. Göktepe N, Yalçın B, Türkmen E, Dirican Ü, Aydın M. The relationship between nurses' work-related variables, colleague solidarity and job motivation. *J Nurs Manag* 2020;28:514-21.
  50. Kılıç E, Altuntaş S. The effect of collegial solidarity among nurses on the organizational climate. *Int Nurs Rev* 2019;66:356-65.
  51. McDonald G, Jackson D, Vickers MH, Wilkes L. Surviving workplace adversity: A qualitative study of nurses and midwives and their strategies to increase personal resilience. *J Nurs Manag* 2016;24:123-31.
  52. Cristina Gasparino R, Daiana Mendonça Ferreira T, Ceretta Oliveira H, Fernanda Dos Santos Alves D, Pazetto Balsanelli A. Leadership, adequate staffing and material resources, and collegial nurse-physician relationships promote better patients, professionals and institutions outcomes. *J Adv Nurs* 2021;77:2739-47.
  53. Gianakos D. Physicians, nurses, and collegiality. *Nurs Outlook* 1997;45:57-8.
  54. Joolae S, Ho A, Serota K, Hubert M, Buchman DZ. Medical assistance in dying legislation: Hospice palliative care providers' perspectives. *Nurs Ethics* 2022;29:231-44.
  55. Thorpe K, Kalischuk RG. A collegial mentoring model for nurse educators. *Nurs Forum* 2003;38:5-15.
  56. Laugesen B, Albrechtsen MT, Grønkjær M, Kusk KH, Nielsen MG, Jørgensen L, *et al.* Nurses' clinical decision-making in a changed COVID-19 work environment: A focus group study. *Glob Qual Nurs Res* 2022;9:233339362211098.
  57. Koskenranta M, Kuivila H, Pramila-Savukoski S, Männistö M, Mikkonen K. Development and testing of an instrument to measure the collegiality competence of social and health care educators. *Nurse Educ Today* 2022;113:105388.