

# The value and challenges of collegiality in practice

**T**he ability to work optimally with colleagues is considered to be a valuable determinant of success, but collegiality is a challenge to assess. Could you be more collegial, and what might be the benefits and drawbacks for clinical practice? How could you be more collegial and foster more collegiality among those you work with?

## What is collegiality and what does it mean to be collegial?

Collegiality can be defined as the relationship between individuals working towards a common purpose within an organization. The concept has its origins in the Roman practice of sharing responsibility equally between government officials of the same rank in order to prevent a single individual from gaining too much power. Collegiality emphasizes trust, independent thinking and sharing between co-workers. In modern practice, the focus is less on sharing responsibility between officials of the same rank and more on ensuring that all employees within an organization are treated with equal respect as individuals (Lorenzen, 2006).

Collegiality is often seen as unproblematic (something 'we just do'). An alternative perspective is that collegiality is a form of action or work that can have a significant effect on the culture of an organization. Seen in this way collegiality carries considerable responsibility. It is different from congeniality (enjoying each other's company)

and distinctive from, but a feature of, collaboration or teamwork. Being collegial involves building a rapport and learning about and from each other (Hoerr, 2005).

## What are the benefits of collegiality to your clinical practice?

A consideration of collegiality requires an understanding of the social context in which it takes place. Most professions are 'self-regulated' (Freidson, 1970), both formally and informally. Informal self-regulation takes place on a daily basis in the workplace among employees, and is subject to cultural norms and unwritten rules. When the process of informal self-regulation is ignored, there is a danger that decisions and actions that are detrimental to staff morale and patient care may develop and persist. In the current climate of litigation it is vital that colleagues hold each other accountable for the quality of patient care. As the literature has consistently pointed out, it is risky to act in isolation (Reckless et al, 2013). Collegial interactions increase the opportunity for dialogue and reflection, ensuring that everyone involved is informed by the combined knowledge and experience of the collective, grows in ability and practices more safely.

## What are the benefits of collegiality to health care?

A more collegial, unified relationship has the value of enabling staff to combine their power to improve patient care (Gianakos, 1997). A collegial work environment has a sense of belonging, open communication, cooperation and support. It fosters effective conflict management, high work satisfaction, and consequently high staff retention (Duddle and Boughton, 2009). A collegial culture has the advantage of empowering individuals and collegial leadership makes it easier for staff to raise contentious issues (Hoerr, 2005). In this environment it is easier to identify and manage difficult staff such as those who bully, harass, avoid work, or have other questionable individual approaches to work (Waggoner, 2005). When health-care

workforce morale is low, the extraordinary efforts and love of professional vocation (Sharp, 2017) can bolster service resilience if there is also a collegial culture.

## How can you improve your collegiality?

The main challenge for individual development of a collegial approach is the willingness to be open in order to trust others. Collegiality requires an awareness of each other's strengths in order to capitalize on them, and of each other's weaknesses to be able to shield them. Thus, opportunities to communicate and develop professional intimacy (Rogers and Holloway, 1993) are particularly important. In medical practice, professional intimacy among staff involves, where appropriate, discussing patient needs with other staff, discussing service needs, observing staff in practice, being observed, teaching, being taught, and learning together (Hoerr, 2005). These activities are important because the common goal of patient wellbeing is more important than the success of an individual member of staff.

It can be helpful to undertake training in conflict resolution (Lorenzen, 2006). By learning how to separate emotions from conflict it is possible to mediate compromises and accept decisions you do not agree with. Thus, it is important to model positive behaviours: keep emotions detached from decision making, focus on the task, ensure everyone feels ownership, do not let negative comments that undermine individual staff members pass unchallenged, use good humour to relieve tension and acknowledge and celebrate success.

## How can collegiality be fostered in the workplace?

The main challenge for any organization is to have a clear vision that staff can relate to and 'be empowered to achieve'. If staff believe that they are unappreciated, their performance may suffer. This could have a negative impact on patient welfare. Those responsible for leading must hone the ability

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to build relationships with, and inspire, staff at all levels. Nohria et al (2003) argue that leaders who present themselves as fellow employees (rather than masters) can encourage positive attitudes, improving overall performance. A collegial culture can evolve as staff define and develop their own community with support from management. Deal and Peterson (2016) suggest that many eminent organizations have evolved shared informal systems and traditions that infuse work with meaning, passion and purpose. In contrast, attempts to contrive collegiality administratively by imposing interactions among staff facilitates managerial control without enhancing staff development (Hargreaves and Dawe, 1990).

Collegiality can be encouraged by decentralizing tasks, rotating roles and working on cooperative projects. Meetings should be events that provide an effective safeguard against concealment of errors and an opportunity for all staff to learn. Sharing successes makes it easier to share failures, to benefit everyone, with good humour and support, bringing staff closer together.

It is also advisable to involve staff at all levels in selection and recruitment to maximize 'team fit' and send a clear message about how the opinions of staff are valued. Mentoring before entering practice increases collegiality (Scott, 2005). Another method that could encourage collegiality is supervisory intervention when someone is acting in a non-collegial manner. Multisource feedback is useful for assessing collegiality (Violato et al, 2003). Training in giving and responding to feedback per se is valuable. Setting collegiality as a formal goal evaluated in appraisals, with appropriate rewards and celebrations of success, ensures staff are appropriately motivated (Hoerr, 2005).

### What are the potential drawbacks of collegiality?

Excessive focus on working closer together could hinder individual innovation. Unique perspectives that are unsupported by the existing majority may be undervalued. An established opinion may be difficult to change. This can be offset by establishing strategic principles, such as a requirement that innovation is to be encouraged, but that change must be evidence based. In the transition to a new workplace, the process of integration depends on developing collegiality. There may be delays in the

integration of newcomers because of 'ingroupism' and expectations of power relationships (Congdon and French, 1995).

Collegiality depends on spending time to get to know and relate to others. Thus a collegial approach to decision making may be slow (but having the advantage of taking into account practical considerations from those with most experience), while also being less responsive to authority. Collegiality requires sharing experiences, personal circumstances and knowledge about shared values with different individuals. It therefore has the additional disadvantages of being susceptible to favouritism and bias (Leung et al, 2011), and being predisposed to allegations of preferential treatment of colleagues over non-colleagues. Thus emphasis on collegiality can create tension when there are responsibilities to patients, leading to personal professional dilemmas that can be difficult to resolve.

### Conclusions

Collegiality works when the goal of work (e.g. patient wellbeing) is recognized as more important than the personal ambitions of staff. The main requirement for a collegial approach is to treat staff at all levels with respect as equal individuals. This helps facilitate the honest sharing of weaknesses and strengths, to develop the trust needed so that staff know the limits within which they can act. Individuals benefit by learning from each other, and sharing responsibility for decisions. The workplace benefits by staff being empowered to contribute their full potential, maximizing shared knowledge and experience, and thereby improving patient safety, work satisfaction and service resilience. On the downside, collegiality can be slow to respond to change, and can be susceptible to personal biases and preferential treatment, which can lead to professional dilemmas. Collegiality can be improved by opportunities to communicate and develop professional intimacy, an understanding of biases, mediation and conflict resolution. Collegiality can not be imposed, but staff at all levels can be motivated. **BJHM**

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### KEY POINTS

- Success in joint endeavours begins with building relationships and communicating.
- Being collegial involves learning from each other, sharing responsibility for decisions and knowing the limits within which you can act for your coworkers.
- Treat everyone with respect as individuals and empower staff to contribute their full potential.
- Do not try to contrive collegiality, but do try to encourage other staff at all levels.
- Be aware that a collegial approach can be slow in response to change, and susceptible to personal biases.

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