



Review

Collegiality among social- and health care educators in higher education or vocational institutions: A mixed-method systematic review

M. Koskenranta^{a,*}, H. Kuivila^a, M. Männistö^b, M. Kääriäinen^{a,c,d}, K. Mikkonen^a

^a Research Unit of Nursing Science and Health Management, University of Oulu, Oulu, Finland

^b Health Care and Nursing, Oulu University of Applied Sciences, Oulu, Finland

^c Medical Research Center Oulu, Oulu University Hospital and University of Oulu, Oulu, Finland

^d The Finnish Centre for Evidence-Based Health Care, A Joanna Briggs Institute Centre of Excellence, Finland



ARTICLE INFO

Keywords:

Collegiality
Educator
Social- and health care
Higher education
Vocational institution

ABSTRACT

Background: Social- and health care educators collaborate on national and international levels; this collaboration is intrinsically related to collegiality, a concept which has only been scarcely studied among social- and health care educators.

Objectives: To identify the best evidence on social- and health care educators' experiences of collegiality and factors influencing it in educational institutions.

Design: A mixed-methods systematic review.

Data sources: Keywords were defined according to PICO and PEO inclusion and exclusion criteria. A search was performed across five databases (CINAHL, PubMed, Medline, Scopus, and ProQuest) for articles published in Finnish and/or English.

Review methods: During the screening process, three researchers separately screened original studies by title and abstract ($n = 806$), and subsequently, based on the full-text ($n = 40$). The JBI Qualitative Assessment Research Instrument was used to evaluate qualitative studies, while the Critical Appraisal Checklist for Analytical Cross-sectional Studies was used to evaluate quantitative studies.

Results: The systematic review included a total of 15 articles. Collegiality among social- and health care educators was described through united and safe work culture, along with the dissemination of relevant expertise. The benefits of mentoring, communication on national and international levels, and collaboration are all issues that affect an educator's work. In the context of social- and health care educators, collegiality does not only include the interactions between the educators, but also involves their mentors and supervisors. Mentoring and collaboration between educational institutions were found to be associated with collegiality.

Conclusions: Collegiality among educators can be maintained through networking, collaboration, mentoring, mutual communication and the consideration of professional ethical issues. It would be important for educational organisations to pay attention to collegiality and encourage educators to collaborate with their colleagues. It is important to emphasise the role of collegiality in the education of new social- and health care teacher candidates and the continuing education of current educators.

1. Introduction

Collegiality can be considered as a collaborative effort between educators to achieve a common goal. In addition, it is defined as a sense of cooperation and common purpose among the faculty of an educational institution (Lasseter, 2013). According to Shen et al. (2012, 2019), “collegiality refers to a positive working relationship among teachers

highlighted by a sense of collaboration with and recognition from colleagues”. Collegiality includes characteristics such as the degree and quality of teamwork, consultation (Lasseter, 2013), support among colleagues and collaborative working methods (Lasseter, 2013; Shah, 2012), mutual respect, trust, positivity, and caring for educators (Shah, 2012). Collegiality creates the ideal basis for cooperation, and fosters an environment in which educators can receive continuous support for

* Corresponding author at: Research Unit of Nursing Science and Health Management, Faculty of Medicine, 5000, FI-90014, University of Oulu, Finland.

E-mail addresses: miro.koskenranta@oulu.fi (M. Koskenranta), heli-maria.kuivila@oulu.fi (H. Kuivila), merja.mannisto@oamk.fi (M. Männistö), maria.kaariainen@oulu.fi (M. Kääriäinen), kristina.mikkonen@oulu.fi (K. Mikkonen).

<https://doi.org/10.1016/j.nedt.2022.105389>

Received 4 October 2021; Received in revised form 8 March 2022; Accepted 25 April 2022

Available online 30 April 2022

0260-6917/© 2022 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

professional development (Shah, 2012; Ning et al., 2015). Thus, collegiality is key to enabling educators to become more professional (Honvedt et al., 2021).

According to socioconstructivist learning theory, mutual interaction increases individual learning (Amineh and Asl, 2015). Reciprocal collaboration is a critical part of collegiality and means that educators can learn from one another (Vangrieken et al., 2015). When educators collaborate with each other in different ways, bringing their expertise to improve teaching, this collaboration can also help students to perform better, which – by extension – also improves the success of the institution (Goddard et al., 2007). In this way, collegiality is crucial to the development of educational institutions and can result in students achieving better grades (Shah, 2012). Cooperation is also needed in social- and health care to solve future problems (Isoherranen, 2012), as educators are responsible for training qualified professionals (Mikkonen et al., 2021) who, upon graduation, will transition to multi-professional working life in which different professional groups work with each other (Schot et al., 2020).

Social- and health care educators are required to possess a wide range of competences, including collaboration, pedagogical, communication, monitoring and evaluation, digital technology, and management skills (Salminen et al., 2021). Each of these skills is related to other skills involved in an educator's competence; for example, collaboration and societal competence positively influences subject and curricular competence. In addition, competence in leadership and management is shown to be positively related to collaboration and societal competence (Mikkonen et al., 2021). Collaboration also gives educators confidence in their own professional skills (Burton, 2015) and reduces their feelings of isolation (Koch, 2014). The recent increase in collaboration is reflected in team teaching, which is rapidly becoming a popular alternative to individual teaching (Kakkonen, 2016). In team teaching, educators plan, teach, and evaluate together (Hellier and Davidson, 2018) depending on the level of team teaching; whether responsibilities are shared to some extent or whether each area is implemented together. In principle, it can be considered that team teaching is multidisciplinary, with this being emphasized more strongly when the cooperation is more in-depth. (Immonen and Kinnunen, 2016.)

At the international level, social- and health care educators are required to have a certain amount of work experience in social and health care professions, achievements in scholarships and a certain level of educational competence (National League for Nursing, 2019; WHO, 2016; University of Applied Science Act 932/2014). For example, nurses in the United States must have a degree in nursing, a certain amount of postgraduate studies, and at least three years of work experience prior to teaching in higher education (NLN, 2019). In Finland, educators are recommended to have 60 credits of pedagogical studies, 3–5 years of work experience in social- and health care, and at least a Master's degree in their own field (University of Applied Science Act 932/2014). In Germany, all educators are required to have vocational training or a Bachelor's degree; from 2029 onwards new educators will also be required to have a Master's degree. In order to get a teaching position, nurse educators in Spain, Iceland and Ireland usually need to have a doctoral degree (Salminen et al., 2021). In Finland, vocational education is considered to be secondary education while education at a university of applied sciences is considered to represent higher education (Ministry of Education and Culture, 2021). On the other hand, in the United States vocational education is defined as education that falls below a baccalaureate level degree (Zirkle, 2017).

Multiple studies have investigated educator collegiality (see e.g., Lasseter, 2013; Shah, 2012), but there is scarce research on collegiality among social- and health care educators. This is surprising, as collegiality has been shown to affect various competencies, e.g., an educator's collaborative competence (Mikkonen et al., 2021). Collegiality has a positive impact on educators through collaboration, which allows educators to expand their teaching tools and activities, as well as make teaching more effective. Moreover, collegiality is positively associated

with educator retention (Vangrieken et al., 2015). Studying collegiality among social- and health care educators is important for understanding the implications of this practice on an educator's competence, with Palaniandy (2017) already highlighting that collegiality among employees at higher education institutions should be considered. This review brings new insight into collegiality among social- and health care educators, and fills certain information gaps concerning collegiality in the sphere of higher education.

2. Purpose

The purpose of this systematic review was to identify the current best evidence on social- and health care educators' experiences of collegiality and factors influencing it in educational institutions.

The research questions were:

- 1) What kinds of experiences do social- and health care educators have of collegiality in their work at higher education or vocational institutions?
- 2) What are the associations between collegiality and social- and health care educators' background factors?

3. Methods

3.1. Study design

A mixed-methods review was conducted following Joanna Briggs Institute guidelines (Aromaratis and Munn, 2020). The review included both original qualitative and quantitative studies and its protocol has been registered in the PROSPERO database of the National Institute of Health Research (CRD42021226082). The results of this review were described based on the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) checklist (Moher et al., 2009, Supplementary file 1).

3.2. Search strategy

A literature search was conducted by two researchers (MK, KM) in five electronic databases (CINAHL, PubMed, Medica, Scopus, and ProQuest) in the autumn of 2020. Keywords were defined according to PICO and PEO inclusion and exclusion criteria before the database search was performed. A library information specialist was also utilised during this stage of the research. The inclusion and exclusion criteria for qualitative and quantitative research were based on the PICO (Participants, Phenomena of interest and Context; Lizarondo et al., 2020) and PEO (Participants, Exposure of Interest, Outcomes; Moola et al., 2020) guidelines, respectively (see Supplementary file 2). More specifically, for qualitative studies, participants in eligible studies were social- and health care educators, the phenomenon of interest was collegiality as experienced by educators, and the context was higher education or vocational institutions (PICO criteria); for quantitative studies, participants had the same eligibility criteria as qualitative studies, exposure of interest included background factors associated with collegiality, and the outcomes were results concerning mutual collegiality (PEO criteria). No time limit was set in the literature search, but to be eligible, a study had to be peer-reviewed and published in either Finnish or English. No time limit for obtaining information related to the research topic was set. The research terms were combined with Boolean operators (AND, OR, NOT).

3.3. Search outcomes

The database search yielded a total of 1001 publications. A further study was identified by a manual search that fell outside of the systematic search (Fig. 1 PRISMA Flow Diagram). A total of 196 studies were removed during a check for duplicates, after which 806 titles and abstracts, and subsequently, 40 full-text articles were screened by three

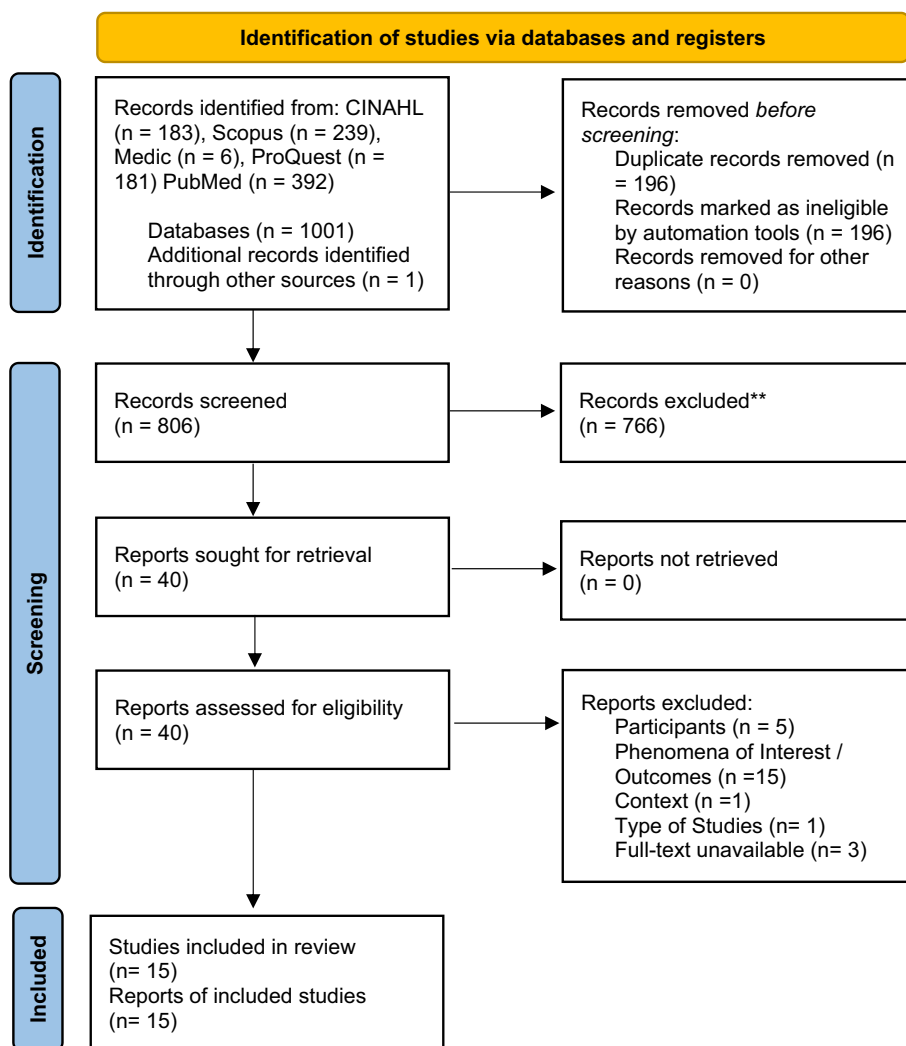


Fig. 1. - Flow diagram.

researchers (MK, HMK, KM). Each researcher conducted this screening process independently, and – upon completion – the researchers compared and discussed their results until agreement was reached. The researchers agreed that 15 studies should be included in this systematic review. Of these 15 studies, 13 were qualitative studies, one was a quantitative study, and one was a mixed-methods study that applied both qualitative and quantitative approaches.

3.4. Quality appraisal

The methodological quality of the 15 selected studies was evaluated according to Joanna Briggs Institute (JBI) guidelines. The JBI Qualitative Assessment Research Instrument was used for studies that employed qualitative methodologies (n = 13) (Lockwood et al., 2020), while the Critical Appraisal Checklist for Analytical Cross-sectional Studies was used for studies that applied non-experimental quantitative methods (n = 1) (Moola et al., 2020). The quality of the mixed-methods study (n = 1) was evaluated using both instruments. The methodological quality of the studies was assessed by three researchers (MK, HMK, KM). In cases of disagreement during the assessment, the researchers discussed the issue until an agreement was reached. The results of the quality assessment were as follows: one study scored maximum points of 100% (Chiang et al., 2010), four studies scored 90% (Koskenranta et al., 2020; Koskinen et al., 2020; Mikkonen et al., 2019; Direko and Davhana-Maselesele, 2017), two studies scored 80% (Miner, 2019; Stanley and Stanley,

2019), one study scored 70% (Witchger Hansen, 2015), four studies scored 60% (Cotter and Clukey, 2019; Croker et al., 2016; Daniels and Khanyile, 2013; Matthew-Maich et al., 2007), and one study scored 50% (Darlow et al., 2017). The two relevant quantitative studies scored 90% (Direko and Davhana-Maselesele, 2017) and 25% (Zipp et al., 2015) (see scores in Supplementary file 3).

3.5. Data extraction and synthesis

The following data were extracted from all of the articles included in the review: author(s); year of publication; country of origin; study purpose; participants; methods of data collection and analysis; and key findings (See Table 1). The data extracted from the qualitative studies and mixed-methods study (n = 14) were synthesised using Microsoft Word software (Microsoft Corporation, Redmond, WA). Content analysis was performed on the qualitative research to summarise the findings describing collegiality among social- and health care educators (Mikkonen and Kääriäinen, 2020). At the beginning of the analysis, the raw text was divided into meaning units (a single word, phrases, or entities) based on the research question. A total of 356 codes related to the research question were formed from the meaning units. In the next phase of the content analysis, 59 subcategories, six categories and two main categories were defined (See Table 2).

Of the identified studies, two presented quantitative data; these data are presented in the results section of this study. The quantitative studies

Table 1
Data extraction.

Author(s), year, and country	Purpose	Participants	Methodology (design, data collection, data analysis)	Key findings	Quality Assessment
Chiang et al., 2010, Taiwan	To explain and illustrate the challenges of working together during the curriculum change process.	Psychiatric nurse educators (n = 8) teaching in the psychiatric nursing unit or involved in psychiatric nursing clinical placements.	A collaborative action research design Team discussion, review of curriculum documents and reflective journals Paradigmatic analysis of narrative, both deductive and inductive approaches.	The collaborative process posed five major challenges: meaning; time; work culture; conflicting views; and equality. However, collaboration helped team members to think in new ways and to approach things differently.	JBIs Qualitative Assessment Research Instrument 10/10
Cotter and Clukey, 2019, USA	To describe the cultural context of academic nurse educators through the use of ethnography.	Nurse educators (n = 13) from four different academic institutions in public and private universities.	An ethnographic study design Twelve semi-structured, face-to-face interviews Ethnographic data analysis.	The cultural context consisted of rules, rituals, language, and beliefs. Rules may change with leadership and trends. Nurse educators learned rituals on their own or with the help of support. Nurse educators learned the academic phrases and language informally and over time. Language contributes to transition in the educator's role, relationship building, and communicating across academia. Beliefs expand as novice educators fit into the cultural context.	JBIs Qualitative Assessment Research Instrument 6/10
Croker et al., 2016, Australia	To describe how educators develop shared purpose to work together when planning and implementing IPE strategies.	Academic educators (n = 12) from eight different professional backgrounds.	A qualitative study design 20 semi-structured photo-elicitation interviews, six focus groups Thematic analysis.	According to the study, the development of a shared purpose among educators representing different professions is a dynamic and complex process. Educators' negative experiences of individuals from another profession influenced their willingness and openness to work with these educators. An essential part of cooperation is mutual interest in other professions.	JBIs Qualitative Assessment Research Instrument 6/10
Daniels and Khanyile, 2013, South Africa	To evaluate the common teaching platform model of collaboration.	Academics (n = 27) and students (n = 81) who had been involved in the design, development and implementation of the CTP.	An evaluation research design Semi-structured in-depth interviews, focus group interviews Inductive analysis.	Lecturers and deputy vice-chancellors reported that universities were not ready for collaboration due to differing philosophies and conflicts of interest. Staff at lower levels were less willing to collaborate than senior leadership. The deans also reported that partners of the common teaching platform lacked a common understanding of collaboration. All of the participants indicated that the sharing of resources and expertise through the platform did not take place as intended.	JBIs Qualitative Assessment Research Instrument 6/10
Darlow et al., 2017, New Zealand	To understand the development of an interprofessional teaching team and generate insight that may aid the development of such teams in other settings.	Radiation therapy educators and students (n = 6)	A qualitative study design Semi-structured focus groups (n = 2) Thematic analysis.	The study identified three themes that are related to the development of an interprofessional teaching team: development as an interprofessional educator; developing a team; risk and reward. This study found that interprofessional teaching skills take time to development. Commitment, enthusiasm, leadership, trust and understanding supported the development of the educator team.	JBIs Qualitative Assessment Research Instrument 5/10
Direko and Davhana-Maselesele, 2017, South Africa	To explore and describe the perceptions of nurse educators and stakeholders with the goal of developing a model of collaboration for the joint education and training of nursing professionals.	Nurse educators (n = 120) and stakeholders (n = 15).	A mixed methods study design Semi-structured in-depth interviews, four-point Likert scale questionnaires Thematic analysis, statistical analysis.	The following themes were identified: clarification of collaboration goals including implementation of SANC qualifications and improvement of stakeholder relationship; establishment of a conducive environment, including mutual trust, sound negotiation, political	JBIs Qualitative Assessment Research Instrument 9/10 JBIs Critical appraisal checklist for analytical

(continued on next page)

Table 1 (continued)

Author(s), year, and country	Purpose	Participants	Methodology (design, data collection, data analysis)	Key findings	Quality Assessment
				will and stakeholder commitment; maximising the exchange of human and material resources; role clarification concerning responsibility and accountability; perceived challenges such as fear, uncertainty and organisational culture. Stakeholders were 100% in agreement that collaboration could facilitate academic and professional development, improvement of qualifications through mentoring, coordination of clinical learning placements, and sharing of personnel with rare skills. There was 98% agreement among stakeholders that collaboration enhances community projects and partnering in research projects. Moreover, 98% of educators agreed that realistic expectations of new roles lead to successful collaboration. All of participants agreed that factors contributing to an environment of trust benefit the community.	cross-sectional studies 7/8
Gillund et al., 2013, Norway	To describe the reported experiences of Indonesian nursing teachers who participated in a two-year cross-cultural project designed to build pedagogical and professional competence.	Nurse teachers (n = 17)	A qualitative study design workshops, an open-ended questionnaire Thematic content analysis.	The study highlighted one dominant theme – an empowered nursing teacher. This theme could be understood as an umbrella for positive experiences of personal growth and development. This theme consisted of four categories: encouraged by collaboration and teamwork; more independent as a teacher; encouraged by more active students; inspired to develop further competence. Teachers were optimistic about the future and felt strong when giving each other constructive feedback during collaboration. Their relationship with colleagues was described as mutually supportive. Teachers expressed mainly positive experiences regarding their participation in the project and felt more empowered and independent as nursing teachers.	JBQ Qualitative Assessment Research Instrument 5/10
Koskenranta et al., 2020, Finland	To describe how social- and health care teachers experience mutual collegiality.	Social- and healthcare educators (n = 22)	A qualitative study design Focus group interviews Inductive content analysis	The results of this study consisted of two main categories – mutual expertise and teachers' united working culture. According to this study, teachers share their expertise with one another, e.g., by sharing teaching materials, their own expertise, and various information. Teachers in the social- and health care fields also utilise the expertise of their colleagues in their work. This includes, for example, joint assessment of students. Teachers' professional ethics were also described as a part of their collegiality. Ethics involved confidentiality, appreciation, helping others, and supporting a colleague. Communication between teachers and communality are also part of collegiality. Discussions should give everyone a chance to share their ideas. Communality was also described as defending a colleague in various conflict situations.	JBQ Qualitative Assessment Research Instrument 9/10

(continued on next page)

Table 1 (continued)

Author(s), year, and country	Purpose	Participants	Methodology (design, data collection, data analysis)	Key findings	Quality Assessment
Koskinen et al., 2020, Finland	To widen the understanding of health- and social care educators' ethical competence in relation to core values and ethos.	Social- and health care educators (n = 48)	A qualitative study design Focus group interviews (n = 16) Thematic analysis.	The results of this study can be categorised into three main patterns: basic ethical motives; an ethical bearing; and ethical actions. Valuing each other's work, experiences and knowledge expertise is a part of ethics. Collegiality is strengthened by being on the same side, sharing knowledge, showing consideration and being open to new ideas. Collegiality promotes a good work atmosphere, which is characterised by humor and a "we" spirit. Collegiality offers educators space and support to grow and develop their ethical competence. Collegiality manifests itself as shared guidelines, receiving support when help is needed, opportunities for consultation, openness to different perspectives, and discussion.	JBBI Qualitative Assessment Research Instrument 9/10
Matthew-Maich et al., 2007, Canada	To assess the impact of a collaborative faculty development programme on the development of PBL skills and the establishment of a common culture among the faculty of three partner institutions.	Nurse educators (n = 30)	A qualitative study design Focus group discussions, questions Thematic analysis.	The study identified five categories that nurse educators who participated in the faculty development activities experienced during the first year of the collaborative programme: becoming certain in the midst of uncertainty; developing collegial trust and community; embracing PBL; valuing faculty development; and evolving as a nurse educator in PBL. Nurse educators described that collegial trust was created in their teaching community during the course of the programme. Participants also spoke of personal and professional growth. The activities of the development program made it possible to create a new common culture.	JBBI Qualitative Assessment Research Instrument 6/10
Mikkonen et al., 2019, Finland	To describe social- and health care educators' perceptions of their competence in education.	Social- and health care educators (n = 48)	A qualitative study design Focus group interviews (n = 16) Inductive content analysis	The study identified one main category – multidimensional educators' competence. This category consisted of nine sub-categories: educators' capability to practice as an educator; subject competence; ethical competence; pedagogical competence; management and organisational competence; innovation and development competence; collaboration competence; cultural and linguistic competence; and continuous professional development competence. According to this study, social- and health care educators are required to have a broad set of skills; pedagogical competence was the broadest identified category of competence. Collaboration competence comprised helping and getting help from colleagues on national and international levels.	JBBI Qualitative Assessment Research Instrument 9/10
Miner, 2019, USA	To identify the positive aspects of the transition experience of nurse educators, with the goal of providing evidence for how to move from clinical nursing into academia.	Nurse educators (n = 8)	A qualitative study design Semi-structured interviews Constant comparative method	The presented research identified four main themes from the data: mentoring and support; collaboration; camaraderie; and positive attributes of the nursing faculty role. In this study, all nurse educators felt that mentoring had a positive effect on a successful transition. This mentoring was	JBBI Qualitative Assessment Research Instrument 8/10

(continued on next page)

Table 1 (continued)

Author(s), year, and country	Purpose	Participants	Methodology (design, data collection, data analysis)	Key findings	Quality Assessment
Stanley and Stanley, 2019, Australia	To explore the interprofessional socialisation experiences of health professional educators within higher education	Health educators (n = 26)	A qualitative study design One-to-one semi-structured, face-to-face interviews Inductive content analysis	described as the main support for novice teachers. A crucial part of the transition was a sense of belonging. Flexibility, autonomy and professionalism were also identified as facilitators of this transition. The analysis yielded five themes: working with other professional in higher education; qualities and attributes of interprofessional socialisation; advantages and benefits of interprofessional socialisation; barriers and disadvantages of interprofessional socialisation; and interprofessional socialisation strategies within higher education. These themes were used to create the HEIPS framework. The implementation of the HEIPS framework within faculties can be used to improve student satisfaction in terms of learning and teaching experiences, increasing connections for individual professional development and improving interprofessional collaboration.	JBQ Qualitative Assessment Research Instrument 8/10
Witchger Hansen, 2015, USA	To uncover how occupational therapy educators and scholars perceive the development and maintenance of global partnerships	Occupational therapy educators and scholars (n = 30)	A qualitative study design An online survey, follow-up interview Constant comparative analysis.	The main themes identified in this study were: motivation, initiation and gaining entry; building a relationship of trust and respect; cultivating cultural competence; communicating effectively; sharing power with collaborators; sharing resources; and creating a context for reciprocal learning. According to this study, global partners need to continually develop trust between all stakeholders. Most participants said that building trust requires commitment. Frequent communication was said to be essential in building strong relationships. Creating an effective partnership requires the sharing of ideas and mutual learning.	JBQ Qualitative Assessment Research Instrument 7/10
Zipp et al., 2015, USA	To discover if - and to what extent - mentoring occurs during entry-level PT education.	Physical therapy faculty members who are licensed therapists (n = 66)	Exploratory, cross-sectional survey research design The Health Sciences Faculty Mentoring Survey (HSFMS), five-point Likert scale, open-ended questions. Statistical analysis, conventional content analysis.	According to the respondents, 22.7% had a mentor. When asked how the mentoring relationship is formed, respondents said that 19.7% of mentees chose their mentor. Conversely, 9.1% of respondents noted that mentors informally chose their mentees. Department chairs assigned mentors in 12.1% of cases. The mentees most frequently discussed teaching strategies (36.4%), research projects (31.8%), university policies or procedures (30.3%), service (28.8%), and promotion (22.7%) with the mentors. The transition from clinician to faculty member (60.6%), the acquisition of knowledge specific to teaching responsibilities (45.4%), and research productivity (42.4%) caused moderate to extreme levels of stress among the participants. "Providing guidance to orienting and navigating the academic culture" was the theme which surfaced as the most important function of mentorship. Another	JBQ Critical appraisal checklist for analytical cross-sectional studies 2/8

(continued on next page)

Table 1 (continued)

Author(s), year, and country	Purpose	Participants	Methodology (design, data collection, data analysis)	Key findings	Quality Assessment
				theme was "providing guidance in the transition into the academic culture". Time was considered as a challenge to the creation of meaningful mentoring relationships.	

employed four-point and five-point Likert scales, and were conducted to investigate mentoring and collaboration between educators and stakeholders. Zipp et al. (2015) used The Health Sciences Faculty Mentoring Survey (HSFMS) tool in their study, while Direko and Davhana-Maselesele (2017) utilised a questionnaire to indicate whether they agree or disagree with a particular statement. The questionnaire was based on Social Exchange Theory, and hence, included the concepts of exchange, negotiation, role differentiation, and building an environment of trust.

4. Results

4.1. Characteristics of the studies

The original studies included in the review were conducted in the USA ($n = 4$), Finland ($n = 3$), Australia ($n = 2$), South Africa ($n = 2$), New Zealand ($n = 1$), Norway ($n = 1$), Canada ($n = 1$) and Taiwan ($n = 1$). The participants of these studies were social- and health care educators from different fields ($n = 376$), academics ($n = 39$), and faculty members ($n = 66$).

4.2. Qualitative data synthesis on social- and health care educators' experiences of collegiality

The synthesis of qualitative data identified two main categories that describe collegiality among social- and health care educators in higher education and vocational institutions (see Table 2). These main categories were *united and safe work culture* and *joint expertise of social- and health care educators*.

4.2.1. United and safe work culture among social- and health care educators

This main category consisted of four categories, namely, *common work culture*, *educators' professional ethics and working according to values*, *collaborative communication*, and *diversity of cooperation*.

4.2.1.1. Common work culture. Educators organise (Koskenranta et al., 2020) and participate in social events (Koskenranta et al., 2020; Miner, 2019). These events can strengthen social relationships (Koskenranta et al., 2020) and increase an educator's self-confidence and sense of belonging (Miner, 2019). It is also important to note that social interactions can occur in different contexts, e.g., during lunch breaks (Cotter and Clukey, 2019). Educators must actively consider their colleagues, e.g., caring for a colleague, face-to-face encounters, ensuring that no one is left alone with problems, and reminding colleagues that it is necessary to have good subordinate and co-operation skills (Cotter and Clukey, 2019; Koskenranta et al., 2020; Koskinen et al., 2020). There is also a need for interest in other professions (Crocker et al., 2016) and an understanding of different cultures (Witchger Hansen, 2015).

Educators should consider how they represent their own professional group and the unity of the profession by showing solidarity (Koskenranta et al., 2020; Koskinen et al., 2020) in terms of their rights and understanding of colleagues (Koskenranta et al., 2020). Educators should always be available (Cotter and Clukey, 2019) and – under no circumstances – diminish or embarrass each other in front of students

(Koskinen et al., 2020). It is important that each educator experiences a sense of belonging (Miner, 2019), communality (Koskenranta et al., 2020; Chiang et al., 2010), and mutual friendship (Koskenranta et al., 2020; Koskinen et al., 2020). Attention should also be paid to sharing and taking responsibility (Gillund et al., 2013), clarifying roles and responsibilities (Direko and Davhana-Maselesele, 2017), and focusing on mutual equality (Chiang et al., 2010). Educators strive to build a community (Koskenranta et al., 2020; Chiang et al., 2010) and work culture (Chiang et al., 2010) that exudes respect, positivity, and collegial trust (Matthew-Maich et al., 2007). This type of atmosphere offers help, support, and guidance (Matthew-Maich et al., 2007), and places emphasis on kindness, positivity (Miner, 2019), safety (Matthew-Maich et al., 2007), humor (Koskenranta et al., 2020; Koskinen et al., 2020) and appreciation (Koskenranta et al., 2020). Moreover, prior research has stressed that these environments include a "we" spirit (Koskinen et al., 2020), along with a positive attitude towards collaboration (Chiang et al., 2010).

Educators work through problems and solve them, take risks together (Witchger Hansen, 2015), energise each other (Chiang et al., 2010), set common goals (Mikkonen et al., 2019), network (Mikkonen et al., 2019; Cotter and Clukey, 2019), and are flexible in their work (Koskenranta et al., 2020; Chiang et al., 2010; Witchger Hansen, 2015). In the case that conflict arises, the situation is handled with dignity (Mikkonen et al., 2019). According to Koskenranta et al. (2020), a colleague should also be defended when the conflict situation includes students.

4.2.1.2. Educators' professional ethics and working according to values.

Collegiality is an ethic that involves avoiding the misuse of power (Koskinen et al., 2020). For instance, educators collaborate with their supervisors and the work community to consider how to promote the goals of the educational institution (Koskenranta et al., 2020). In their work, educators develop democratic processes (Chiang et al., 2010) and are ready to take on challenges (Koskenranta et al., 2020). Honesty is needed when developing relationships (Witchger Hansen, 2015). Collegiality also involves the creation of guidelines (Koskinen et al., 2020) and rules. These rules facilitate collaboration through the creation of a confidential and respectful relationship, guidance of behaviour, and increased equality (Chiang et al., 2010). Educators commit to change (Chiang et al., 2010), partnership (Witchger Hansen, 2015), along with a common vision, purpose, and underlying goal of collaboration (Daniels and Khanyile, 2013).

Educators should be open to work with different professionals (Crocker et al., 2016), new ideas, novel perspectives, and mutual encounters (Cotter and Clukey, 2019; Crocker et al., 2016; Koskinen et al., 2020). Furthermore, educators should be able to openly express their desires, fears, dreams, barriers, and collaborative strategies (Matthew-Maich et al., 2007), as openness is needed for building trust and respect (Witchger Hansen, 2015). In a positive, respectful relationship, each member's individuality and individual freedom are acknowledged and not to be interfered with (Chiang et al., 2010); in the context of social- and health care education, each educator should be able to act according to their own personality and afforded opportunities to develop their skill-set (Koskinen et al., 2020).

Educators understand that they must support and value each other

Table 2
Results of the content analysis of collegiality among social- and health care educators.

Subcategories	Categories	Main categories
Joint action in maintaining social relations	Common work culture	United and safe work culture among social- and health care educators
Consideration of colleagues		
Activities for the benefit of the work community		
Representing one's own profession		
The unity of the teaching profession		
Communality among educators		
Mutual friendship		
Culture created by educators through collaboration		
Responsibility in the work of the educator		
Mutual equality		
Common goals		
Networking with colleagues		
Taking risks together		
Flexibility at work		
Mutual atmosphere		
Communal problem solving	Educators' professional ethics and working according to values	
Inspiring colleagues		
Conflict management		
Educators' support for each other		
Educators value one another		
Helping others		
Mutual respect		
Mutual trust		
Giving space to colleagues		
Openness between educators		
Acting ethically		
Commitment to action		
Collegial activity		
Common rules		
Efficient communication		Collaborative communication
Opportunities for open discussion and sharing experiences		
Discussion that takes others into account		
Openness of communication		
Mutual professional communication and liaison		
Conversation that considers comprehension and emotion		
Communication as part of building relationships		
International cooperation	Diversity of cooperation	
Maintaining cooperation		
Issues to be considered in cooperation		
Voluntary cooperation		
Purposefulness of cooperation		
Activities resulting from cooperation		
Qualifications required for collaboration with other educators		
Working together		

Table 2 (continued)

Subcategories	Categories	Main categories	
Team-teaching	Utilisation of knowledge and expertise in the work of an educator	Joint expertise of social-and health care educators	
Taking the role of a mentor			
Joint activities of educators			
Giving feedback			
Asking for advice			
Learning from colleagues			
Utilising a colleague's expertise			
Evaluating together			
Sharing of practices			Building a sharing culture
Sharing of ideas			
Resource sharing			
Sharing of expertise			
Sharing of knowledge			
Sharing of materials			
Attitude towards sharing			

(Koskenranta et al., 2020; Koskinen et al., 2020; Miner, 2019; Chiang et al., 2010; Matthew-Maich et al., 2007); for this reason, educators strive to cooperate in order to build a culture that enables both of these aspects (Koskenranta et al., 2020; Koskinen et al., 2020; Matthew-Maich et al., 2007). It is important to note that support is provided in every situation, e.g., during decision-making related to pedagogical solutions (Koskenranta et al., 2020), because this support is critical to the development of educators (Koskinen et al., 2020). This dynamic must be reciprocal, i.e., educators who provide support must also know that they will receive support when they need it (Miner, 2019). As such, each colleague's contribution (Chiang et al., 2010) and work (Koskinen et al., 2020; Miner, 2019) is valued, while other professional groups, cooperation (Chiang et al., 2010), expertise (Koskenranta et al., 2020, Koskinen et al., 2020, Chiang et al., 2010), colleagues' personalities and competencies, and pedagogical freedom (Koskenranta et al., 2020; Koskinen et al., 2020) are acknowledged. Moreover, a colleague's expertise must not be questioned or undermined under any circumstances (Koskenranta et al., 2020).

A main tenet of collegiality is helping others (Koskenranta et al., 2020; Koskinen et al., 2020; Mikkonen et al., 2019; Chiang et al., 2010); this help is provided reciprocally and during change (Chiang et al., 2010), both nationally and internationally. (Mikkonen et al., 2019). Colleagues offer help according to their own strengths, and it is especially important to help a new employee during the induction phase (Koskenranta et al., 2020).

Mutual trust is important (Koskenranta et al., 2020; Koskinen et al., 2020; Miner, 2019; Chiang et al., 2010), and educators should always be looking for ways to develop this aspect of collaboration (Chiang et al., 2010; Witchger Hansen, 2015; Darlow et al., 2017; Direko and Davhana-Maselesele, 2017), as well as contribute to relationship building (Stanley and Stanley, 2019). Mutual trust can be built by developing cultural competence (Witchger Hansen, 2015), with improvements in trust making it easier for educators to raise concerns and questions (Miner, 2019).

To be valuable, mutual respect must be valued by all staff members (Koskinen et al., 2020; Chiang et al., 2010). Honesty and the development of cultural competence can build respect (Witchger Hansen, 2015), and respect is part of building relationships (Stanley and Stanley, 2019). Simply stated, mutual respect means that each educator respects the opinions, views, ideas, expertise, and contributions of their colleagues (Chiang et al., 2010).

4.2.1.3. Collaborative communication. Effective, constructive (Stanley and Stanley, 2019), and regular (Witchger Hansen, 2015) communication is part of relationship building and international partnerships. All conversations and communication should be open (Koskenranta et al., 2020; Koskinen et al., 2020; Witchger Hansen, 2015) and honest

(Witchger Hansen, 2015), as these characteristics promote trust (Cotter and Clukey, 2019). During discussions, educators should listen to each other and consider the opinions of others (Koskenranta et al., 2020). Listening is also an important part of any international partnership and can build trust (Witchger Hansen, 2015). In these types of partnerships, educators should understand the life histories of each colleague as well as be afforded the opportunity to discuss their feelings with others (Koskenranta et al., 2020). Discussions are also crucial to highlighting shared experiences, frustrations, accomplishments, thoughts, problems, and matters outside of work (Miner, 2019; Koskenranta et al., 2020).

Educators communicate with each other (Koskenranta et al., 2020) when they collaborate with colleagues (Chiang et al., 2010) or on an interprofessional level (Stanley and Stanley, 2019). Based on what was presented in the identified studies, discussions should embrace reflexivity, open-mindedness (Chiang et al., 2010), and the presentation of different ideas (Koskenranta et al., 2020; Chiang et al., 2010) in order to develop interesting projects and initiatives (Koskinen et al., 2020). It would be good to have face-to-face discussions with a colleague. In these discussions, things are raised directly, and correctness is remembered. Discussions also emphasise solution-centricity and are more formal with people who do not know each other so well already. Dialogue also plays an important role in these discussions (Koskenranta et al., 2020). For international partnerships, it has been suggested that periodic discussions about a project, which include debriefing, are beneficial (Witchger Hansen, 2015).

4.2.1.4. Diversity of cooperation. Educators collaborate both with their immediate colleagues (Koskenranta et al., 2020; Miner, 2019; Koskinen et al., 2020; Mikkonen et al., 2019) and on the interprofessional level (Koskinen et al., 2020; Croker et al., 2016). Cooperation also occurs outside of teaching and can circumvent team boundaries (Koskenranta et al., 2020). For example, it is good practice to pair novice educators with a more experienced employee; this will make the novice teacher's job easier (Miner, 2019) and take advantage of differences in cooperation (Chiang et al., 2010). Those who get involved in co-operation should be enthusiastic and active (Chiang et al., 2010), as well as willing to give up autonomy for the sake of co-operation (Daniels and Khanyile, 2013). Everyone should make their voice heard and objectively express their own opinion. As a result of this collaboration, participants experience a sense of community and how it feels to be part of a team (Chiang et al., 2010).

In the context of teaching, cooperation also occurs on the international level (Gillund et al., 2013). The integration of linguistically and culturally diverse colleagues is important to cooperation (Mikkonen et al., 2019). To be effective, the cooperation must be actively maintained; however, the cooperation must include an underlying sense of purpose to feel worthwhile, as it is voluntary for most of the participants. This common purpose should then guide thinking, planning, decision-making, and action. It should be noted that educators are ready to get invested in collaboration even if it has a long-term goal, and short-term benefits may not be seen during all the rush (Chiang et al., 2010).

Various aspects should be considered in cooperation, e.g., respect for freedom of expression, joint decision-making and voting about details. These values allow each member to influence the collaborative process. In terms of good practices, the dates of meetings should be agreed upon ahead of time based on the participants' availabilities, and each member should be on time to the meeting. The objectives of cooperation should be clear to every member (Direko and Davhana-Maselesele, 2017), and the cooperation process must be followed (Daniels and Khanyile, 2013); as a result, each member will be listened to, discussions will take place, and the ideas shared during meetings will be respected (Chiang et al., 2010).

Educators who wish to successfully collaborate should have different qualities. These include openness to collaboration, the ability and motivation to organise collaboration, project management skills

(Mikkonen et al., 2019), as well as enthusiasm and passion for inter-professional activities (Darlow et al., 2017). As a result of cooperation, participants will gain new ways of thinking, be able to approach things in different ways and build a culture of cooperation (Chiang et al., 2010).

4.2.2. Joint expertise of social- and health care educators

The second main category consisted of the categories *building a sharing culture and utilisation of knowledge and expertise in the work of an educator*.

4.2.2.1. Building a sharing culture. Educators collaborate to build a culture of sharing, which includes disseminating good ways to act (Koskenranta et al., 2020), effective practices (Koskenranta et al., 2020; Stanley and Stanley, 2019), ideas (Stanley and Stanley, 2019; Witchger Hansen, 2015), and resources (Direko & Davhana Maselesele 2017, Witchger Hansen, 2015). Moreover, educators share materials with each other regardless of whether they are asked to (Koskenranta et al., 2020).

In their work, educators also share knowledge (Koskenranta et al., 2020; Koskinen et al., 2020; Chiang et al., 2010) and expertise (Koskenranta et al., 2020; Witchger Hansen, 2015; Chiang et al., 2010). During international cooperation, educators also share their knowledge with colleagues (Koskenranta et al., 2020; Koskinen et al., 2020; Chiang et al., 2010) and partners (Witchger Hansen, 2015). In the case that a colleague is unaware of something, the person with the information will pass it on to the colleague (Koskenranta et al., 2020). Sharing knowledge is part of building relationships (Stanley and Stanley, 2019); as such, it is important for educators to share their expertise (Cotter and Clukey, 2019; Daniels and Khanyile, 2013), information and materials (Daniels and Khanyile, 2013), and financial resources when cooperating (Daniels and Khanyile, 2013).

4.2.2.2. Utilisation of knowledge and expertise in the work of an educator.

Educators should have the confidence to utilise their colleagues' expertise and knowledge in their work. It is also important for educators to consult their peers when an issue is unclear or they need advice (Koskenranta et al., 2020). Educators should also perform evaluations, i.e., give their students grades, in collaboration with their colleagues (Chiang et al., 2010; Koskenranta et al., 2020). Furthermore, it is important for educators to give positive and constructive feedback to each other (Gillund et al., 2013); this also holds true in international partnerships (Witchger Hansen, 2015).

Educators cooperate to do parts of their educational work, such as planning (Witchger Hansen, 2015; Chiang et al., 2010), creating, and implementing (Chiang et al., 2010). In addition, educators who participate in collaborative efforts reflect on certain issues together (Witchger Hansen, 2015), treat others kindly (Mikkonen et al., 2019), and can learn from others (Stanley and Stanley, 2019). Mentoring (Miner, 2019; Cotter and Clukey, 2019) and supervision (Gillund et al., 2013) are also important, and have been stated to positively affect cooperation. Furthermore, numerous researchers have reported that mentoring makes the transition to teaching easier (Miner, 2019; Cotter and Clukey, 2019). Educators can also collaborate in teaching (Koskenranta et al., 2020), with team teaching one form of collaboration. In this context, they can support, complement, and correct each other (Gillund et al., 2013).

4.3. Quantitative data results

Zipp et al. (2015) reported that mentoring was associated with collegiality. They found that 23% of faculty members reported having a mentor. Moreover, 20% reported that mentees informally select their mentors, while 9% reported that mentors informally select their mentees. Department chairs assigned mentors 12% of the time. The mentees reported commonly discussing the following topics with their mentors:

research projects (32%); teaching strategies (36%); university policies or procedures (30%); promotion (23%); and service (29%). Furthermore, Zipp et al. (2015) found that the transition from clinician to faculty member (61%), the acquisition of knowledge specific to teaching responsibilities (45%), and research productivity (42%) resulted in moderate to extreme stress levels.

Direko & Davhana-Meselesele (2017) presented that collaboration between nursing educational institutions was associated with collegiality. In their study, they found that 100% of stakeholders agreed that collaboration can facilitate academic and professional development, the coordination of clinical learning placements, and the sharing of personnel with rare skills, as well as improved qualifications through mentoring. The stakeholders were also in 98% agreement that collaboration enhances community projects, develops teaching and learning skills, and partnering in research projects. Furthermore, the participating educators were in 98% agreement that members must have realistic expectations of their new roles if the collaboration is to be successful. In addition, Direko and Davhana-Meselesele (2017) point out that 84% of educators preferred a decentralised structure to negotiable leadership, while 100% agreed that the factors which contribute to an environment of trust will benefit the community beyond the collaborating partners.

5. Discussion

The purpose of this systematic review was to identify the current best evidence from qualitative and quantitative studies on social- and health care educators' experiences of collegiality in higher education or vocational institutions. An additional objective was to clarify which factors influence collegiality. The results show that collegiality among social- and health care educators is a broad concept that includes various factors. Based on our results, collegiality unites social- and health care educators, creates a safe work culture, and provides a forum through which educators can share their expertise in education. The original studies included in this review revealed that mentoring and collaboration between educational institutions are associated with collegiality.

According to the results, various forms of communication are a central part of collegiality (Koskenranta et al., 2020; Koskinen et al., 2020; Cotter and Clukey, 2019; Mikkonen et al., 2019; Miner, 2019; Stanley and Stanley, 2019; Witchger Hansen, 2015). Collegial communication not only introduces novel ideas, but can also be used to critically discuss certain issues (Charner-Laird et al., 2016), which will improve the openness of the communication (Shah, 2012). In addition, professional ethics was identified as a part of collegiality (Koskenranta et al., 2020, Koskinen et al., 2020, Croker et al. 2019, Miner, 2019 Darlow et al., 2017, Direko and Davhana-Meselesele, 2017, Witchger Hansen, 2015, Daniels and Khanyile, 2013, Chiang et al., 2010, Matthew-Maich et al., 2007). Tourangeau et al. (2014) point out that collegial support increases commitment to work, whereas helping others increases work community competence and job satisfaction (Poorman and Mastorovich, 2017; Emamzadeh Ghasemi et al., 2014). Moreover, social- and health care educators also value each other (Salminen et al., 2017), so it is natural for educators to practice collegiality to share their practices and experiences.

The analysed research suggested that educators extensively implement cooperation; as such, various factors must be considered (Koskenranta et al., 2020, Miner, 2019, Koskinen et al., 2020, Mikkonen et al., 2019, Direko & Davhana-Meselesele 2017, Chiang et al., 2010). Collaboration gives educators confidence in their own professional skills and the opportunity to utilise ideas and experiences (Burton, 2015). Nevertheless, collaboration – and thus collegiality – is affected by various factors such as leadership, stakeholders, and new roles (Direko & Davhana-Meselesele 2017). Professional educators felt that collaboration with different stakeholders should be a part of each educator's expertise (Lehtonen et al., 2018). Collaboration was also seen by health science teacher students as an important educator's competence (Kuivila

et al., 2020).

Networking (Mikkonen et al., 2019; Cotter and Clukey, 2019) and the creation of a culture of sharing created by educators also involve numerous factors (Koskenranta et al., 2020, Koskinen et al., 2020, Cotter and Clukey, 2019, Stanley and Stanley, 2019, Direko & Davhana Meselesele 2017, Witchger Hansen, 2015, Daniels and Khanyile, 2013, Chiang et al., 2010). The results presented by Konkola et al. (2021) revealed that a majority of social- and health care educators participate in national and international networks. Health science teacher students also considered this networking to be an important part of the educator's competence (Kuivila et al., 2020). Educators then use these networks to stay up-to-date on information that is relevant to their profession (Koskimäki et al., 2021). Information sharing is influenced by, among other things, the culture of the work environment, sharing opportunities and the motivation to share (Ipe, 2003). Although educators show a willingness to share teaching materials and knowledge (Chong et al., 2014), this practice is still not as effective as it could be (Ridzuan et al., 2008; Kim and Ju, 2008).

In a collegial work community, educators utilise knowledge and expertise in different ways (Koskenranta et al., 2020, Koskinen et al., 2020, Cotter and Clukey, 2019, Mikkonen et al., 2019, Stanley and Stanley, 2019, Witchger Hansen, 2015, Gillund et al., 2013, Chiang et al. al. 2010). For example, asking for advice and consulting are part of collegiality (Lasseter, 2013) and professional development (Koch, 2014). Team teaching is another facilitator of professional development because it allows educators to fill in the gaps left by others, as well as manage things that educators cannot do alone (Gladman, 2015). The positive benefits of mentoring were also prevalent in this study (Zipp et al., 2015; Miner, 2019; Cotter and Clukey, 2019). Mentoring plays an important role in recruitment, retention, career development, and leadership development (Nick et al., 2012). Effective mentoring requires collegial and reciprocal relationships, and can ultimately increase job satisfaction as well as work community competence (Poorman and Mastorovich, 2017; Emamzadeh Ghasemi et al., 2014).

According to this review, the various elements related to collegiality have positive effects. Therefore, organisations must invest resources in the collegiality of educators so that, for example, the constant rush does not prevent cooperation (Chiang et al., 2010). Additionally, based on the research included in this review, educators should act collegially towards their supervisor as well as the work community, which suggests that collegiality also includes the mutual relationship with supervisors (Koskenranta et al., 2020). However, Lasseter (2013) proposed a definition for staff collegiality that did not include the relationship between educators and their supervisors.

6. Conclusions

The results of this review confirm that collegiality among social- and health care educators has mainly been studied using descriptive methodology approaches, and requires further research attention. Educators are required to possess a wide range of competencies to be able to work collegially. The research discussed in this review suggests that educators should consider networking as they collaborate on national and international levels. Educators should therefore be active and in maintaining their networks with the support of mentors and leadership. This will allow educators to stay up-to-date on new information. Ethical factors must also be considered when discussing collegiality, and educational organisations and institutions should emphasise ethical competence for educators and teacher candidates.

Communication is another central aspect of collegiality among educators. In a collegial work community, educators have the opportunity to openly discuss various topics. It is also important for educators to extensively collaborate and – during this process – share learning materials, ideas, practices, and expertise. In today's ever-changing world, cooperation ensures the success of an educator. Organisations should provide resources and encourage educators to collaborate, share their

views on different issues, as well as invest in mentoring; these actions will be beneficial to many parts of their job, such as transitioning to a new role and professional development at all stages of an educator's career. According to the results presented in this review, there was no clear way to identify mentors and mentees. Therefore, it would be important for organisations to have a clear policy concerning who acts as a mentor and to whom. The results of this review provide a comprehensive picture of collegiality among social- and health care educators and are therefore applicable to the education of new teacher candidates and the continuing education of current educators. More research is needed to determine how collegial competence affects collegiality among social- and health care educators. An example of an empirical approach would be creating an instrument to measure the collegial competence of social- and health care educators.

Organisations can promote collegiality by investing resources in giving educators the opportunity and time to collaborate in various ways, for example, in the form of team teaching and networking with new people. In this way, educators realize that there is a time allotted for collegiality when it is not overlooked due to the rush. In addition, it is important that they are encouraged to share teaching materials, expertise, and skills for the common good. This should also be taken into account in educational institutions that train health sciences teacher students that they grow up as professionals in this collegiality and are aware of what it means. This will make it possible to improve the collegial work culture now and, in the future, when educators know what collegiality entails, improving the professional skills of all educators in the work community.

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.nedt.2022.105389>.

Funding statement

No funding.

Declaration of competing interest

Given their role as Editor on this journal, Professor Kristina Mikkonen had no involvement in the peer-review of this article and has no access to information regarding its peer-review. Full responsibility for the editorial process for this article was delegated to an independent Editor.

Acknowledgement

We would like to thank information specialist Sirpa Grekula from the University of Oulu for improving the search terms and Sees-Editing Ltd. (<http://www.seesediting.co.uk>) service for improving the language and helping us to communicate our findings to readers of the journal.

References

- Amineh, R.J., Asl, H.D., 2015. Review of constructivism and social constructivism. *J.Soc. Sci.Lit.Lang.* 1 (1), 9–16.
- Aromataris, E., Munn, Z., 2020. JBI Manual for Evidence Synthesis. The Joanna Briggs Institute, University of Adelaide, Australia. <https://doi.org/10.46658/JBIMES-20-01>.
- Burton, T., 2015. Exploring the Impact of Teacher Collaboration on Teacher Learning And Development (Doctoral dissertation). University of South Carolina, Columbia, South Carolina. <https://scholarcommons.sc.edu/etd/3107>.
- Charner-Laird, M., Szczesiul, S., Kirkpatrick, C.L., Watson, D., Gordon, P., 2016. From collegial support to critical dialogue: including new teachers' voices in collaborative work. *Prof. Educ.* 40 (2), 1–7.
- Chiang, C.-K., Champman, H., Elder, R., 2010. Overcoming challenges to collaboration: nurse educators' experiences in curriculum change. *J. Nurs. Educ.* 1–7 <https://doi.org/10.3928/01484834-20101029-04>.
- Chong, C.W., Yuen, Y.Y., Gan, G.C., 2014. Knowledge sharing of academic staff: a comparison between private and public universities in Malaysia. *Libr. Rev.* 63 (3), 203–223. <https://doi.org/10.1108/LR-08-2013-0109>.
- Cotter, K.D., Clukey, L., 2019. "Sink or Swim": an ethnographic study of nurse educators in academic culture. *Nurs. Educ. Perspect.* 40 (3), 139–143. <https://doi.org/10.1097/01.NEP.0000000000000434>.
- Crocker, A., Wakely, L., Leys, J., 2016. Educators working together for interprofessional education: from "fragmented beginnings" to being "intentionally interprofessional". *J.Interprof.Care* 30 (5), 671–674. <https://doi.org/10.1080/13561820.2016.1181613>.
- Daniels, F., Khanyile, T., 2013. A framework for effective collaboration: a case study of collaboration in nursing education in the Western Cape, South Africa. *Nurse Educ. Today* 33 (9), 956–961. <https://doi.org/10.1016/j.nedt.2012.11.004>.
- Darlow, B., McKinlay, E., Gallagher, P., Beckingsale, L., Coleman, K., Perry, M., Pullon, S., 2017. Building and expanding interprofessional teaching teams. *J.Primary Health Care* 9 (1), 29–33. <https://doi.org/10.1071/HCI16053>.
- Direko, K.K., Davhana-Maselesele, M., 2017. A model of collaboration between nursing education institutions in the North West Province of South Africa. *Curationis* 40 (1), a1670. <https://doi.org/10.4102/curationis.v40i1.1670>.
- Emanzadeh Ghasemi, H., Rafii, F., Farahani, M., Mohammadi, N., 2014. Being at peace as an important factor in acquiring teaching competency by Iranian nurse teachers: qualitative study. *Global J. Health Sci.* 6 (3), 109–115. <https://doi.org/10.5539/gjhs.v6n3p109>.
- Gillund, M., Rystedt, I., Wilde-Larsson, B., Abubakar, S., Kvigne, K., 2013. Building competence through cross-cultural collaboration in the aftermath of a tsunami: experiences of Indonesian teachers. *Nurse Educ. Today* 33 (3), 192–198. <https://doi.org/10.1016/j.nedt.2012.01.015>.
- Gladman, A., 2015. Team teaching is not just for teachers! Student perspectives on the collaborative classroom. *TESOL J.* 6 (1), 130–148. <https://doi.org/10.1002/tesj.144>.
- Goddard, Y., Goddard, R., Tschannen-Moran, M., 2007. A theoretical and empirical investigation of teacher collaboration for school improvement and student achievement in public elementary schools. *Teach. Coll. Rec.* 109 (4), 877–896.
- Hellier, S., Davidson, L., 2018. Team teaching in nursing education. *J.Contin.Educ.Nurs.* 49 (4), 186–192. <https://doi.org/10.3928/00220124-20180320-09>.
- Hontvedt, M., Silseth, K., Witte, L., 2021. Professional collaboration in teacher support teams—a study of teacher and nurse educators' creative problem-solving in a shared space for professional development. *Scand. J. Educ. Res.* 65 (2), 240–257. <https://doi.org/10.1080/00313831.2019.1665098>.
- Immonen, A.-L., Kinnunen, K., 2016. Pariopettajuus ja taloushallinto liiketalouden koulutuksessa. In: Kakkonen, M.-L. (Ed.), *Change in Teaching in University of Applied Sciences, Mikkeli, Finland* (in Finnish). <http://urn.fi/URN:ISBN:978-951-588-563-0>.
- Ipe, M., 2003. Knowledge sharing in organizations: a conceptual framework. *Hum. Resour. Dev. Rev.* 10 (2), 72–79. <https://doi.org/10.1177/1534484303257985>.
- Isoherranen, K., 2012. Threat Or Opportunity? - Developing Multi-professional Cooperation (Doctoral dissertation). University of Helsinki, Department of Social Research, Helsinki, Finland (in Finnish). <http://urn.fi/URN:ISBN:978-952-10-7664-0>.
- Kakkonen, M.-L., 2016. Esipuhe. In: Kakkonen, M.-L. (Ed.), *Change in Teaching in University of Applied Sciences, D: Free-form publications 77. Mikkeli University of Applied Sciences, Mikkeli, Finland* (in Finnish). <http://urn.fi/URN:ISBN:978-951-588-563-0>.
- Kim, S., Ju, B., 2008. An analysis of faculty perceptions: attitudes toward knowledge sharing and collaboration in an academic institution. *Libr. Inf. Sci. Res.* 30 (4), 282–290. <https://doi.org/10.1016/j.lisr.2008.04.003>.
- Koch, M.-A., 2014. The Relationship Between Peer Coaching, Collaboration And Collegiality, Teacher Effectiveness, And Leadership (Doctoral dissertation). Walden University, Minneapolis, Minnesota.
- Konkola, R., Hauta-aho, H., Hiilamo, H., Karttunen, M., Niemi, J., Tuominen, M., Huusko, M., Väättäin, H., 2021. The Evaluation of Higher Education in Social and Health Care. Publications 14:2021. Finnish Education Evaluation Centre (FINEEC), Helsinki, Finland (in Finnish). https://karvi.fi/wp-content/uploads/2021/06/KARVI_1421.pdf.
- Koskenranta, M., Kuivila, H.M., Meriläinen, M., Borén, N., Kääriäinen, M., Männistö, M., Mikkonen, K., 2020. Collegiality between educators of social- and healthcare in vocational college and universities of applied sciences. *Nurs.Sci.* 32 (3), 166–176.
- Koskimäki, M., Lähteenmäki, M.L., Mikkonen, K., Kääriäinen, M., Koskinen, C., Mäki-Hakola, H., Sjögren, T., Koivula, M., 2021. Continuing professional development among social- and health-care educators. *Scand. J. Caring Sci.* 35 (2), 668–677. <https://doi.org/10.1111/scs.12948>.
- Koskinen, C., Koskinen, M., Koivula, M., Korpi, H., Koskimäki, M., Lähteenmäki, M.-L., Mikkonen, K., Saaranen, T., Salminen, L., Sjögren, T., Sormunen, M., Wallin, O., Kääriäinen, M., 2020. Health and social care educators' ethical competence. *Nurs. Ethics* 27 (4), 1115–1126. <https://doi.org/10.1177/0969733019871678>.
- Kuivila, H.-M., Mikkonen, K., Sjögren, T., Koivula, M., Koskimäki, M., Männistö, M., Lukkari, P., Kääriäinen, M., 2020. Health science student teachers' perceptions of teacher competence: a qualitative study. *Nurse Educ. Today* 84, 104210. <https://doi.org/10.1016/j.nedt.2019.104210>.
- Lasseter, A., 2013. The Effects of Classroom Autonomy, Staff Collegiality, And Administrative Support on Teachers' Job Satisfaction. University of Maryland, College Park, Maryland (Doctoral dissertation).
- Lehtonen, E., Rintala, H., Pylväs, L., Nokelainen, P., 2018. Vocational teachers' views on their professional competence and cooperation with working life. *Ammattikasvatuksen Aikakauskirja* 20 (4), 10–26 (In Finnish).
- Lizarondo, L., Stern, C., Carrier, J., Godfrey, C., Rieger, K., Salmond, S., Apostolo, J., Kirkpatrick, P., Loveday, H., 2020. Chapter 8: mixed methods systematic reviews. In: Aromataris, E., Munn, Z. (Eds.), *JBI Manual for Evidence Synthesis*. Joanna Briggs

- Institute, University of Adelaide, Australia. <https://doi.org/10.46658/JBIMES-20-09>.
- Lockwood, C., Porrit, K., Munn, Z., Rittenmeyer, L., Salmond, S., Bjerrum, M., Loveday, H., Carrier, J., Stannard, D., 2020. Chapter 2: systematic reviews of qualitative evidence. In: Aromataris, E., Munn, Z. (Eds.), *JBIM Manual for Evidence Synthesis*. Joanna Briggs Institute, University of Adelaide, Australia. <https://doi.org/10.46658/JBIMES-20-03>.
- Matthew-Maich, N., Mines, C., Brown, B., Lunny-Child, O., Carpio, B., Drummond-Young, M., Noesgaard, C., Linton, J., 2007. Evolving as nurse educators in problem-based learning through a community of faculty development. *J. Prof. Nurs.* 23 (2), 75–82. <https://doi.org/10.1016/j.profnurs.2006.07.004>.
- Mikkonen, K., Kääriäinen, M., 2020. Content analysis in systematic reviews. In: Kyngäs, H., Mikkonen, K., Kääriäinen, M. (Eds.), *The Application of Content Analysis in Nursing Science Research*. Springer, Cham, Switzerland.
- Mikkonen, K., Koskinen, M., Koskinen, C., Kouvuola, M., Koskimäki, M., Lähteenmäki, M.-L., Mäki-Hakola, H., Wallin, O., Sjögren, T., Salminen, L., Sormunen, M., Saaranen, T., Kuivila, H.-M., Kääriäinen, M., 2019. Qualitative study of social and healthcare educators' perceptions of their competence in education. *Health Soc. Care Commun.* 27 (6), 1555–1563. <https://doi.org/10.1111/hsc.12827>.
- Mikkonen, K., Kuivila, H., Sjögren, T., Korpi, H., Koskinen, C., Koskinen, M., Koivuola, M., Koskimäki, M., Lähteenmäki, M., Saaranen, T., Sormunen, M., Salminen, L., Mäki-Hakola, H., Wallin, O., Holopainen, A., Tuomikoski, A., Kääriäinen, M., 2021. Social, health care and rehabilitation educators' competence in professional education: empirical testing of a model. *Health Soc. Care Commun.* <https://doi.org/10.1111/hsc.13414> early view.
- Miner, L.A., 2019. Transition to nursing academia: a positive experience. *J. Contin. Educ. Nurs.* 50 (8), 349–354. <https://doi.org/10.3928/00220124-20190717-05>.
- Ministry of Education and Culture, 2021. *The Finnish Education System*. Ministry of Education and Culture, Helsinki, Finland <https://minedu.fi/koulutusjarjestelma>.
- Moher, D., Liberati, A., Tetzlaff, J., Altman, D.G., 2009. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *PLoS Med.* 6 (7) <https://doi.org/10.1371/journal.pmed.1000097>.
- Moola, S., Munn, Z., Tufanaru, C., Aromataris, E., Sears, K., Sfetcu, R., Currie, M., Lisy, K., Qureshi, R., Mattis, P., Mu, P., 2020. Chapter 7: systematic reviews of etiology and risk. In: Aromataris, E., Munn, Z. (Eds.), *JBIM Manual for Evidence Synthesis*. Joanna Briggs Institute, University of Adelaide, Australia. <https://doi.org/10.46658/JBIMES-20-08>.
- National League for Nursing, 2019. National League for Nursing website. <http://www.nln.org/>.
- Nick, J., Delahoyde, T., Del Prato, D., Mitchell, C., Ortiz, J., Ottley, C., Young, P., Cannon, S., Lasater, K., Reising, D., Siktberg, L., 2012. Best practices in academic mentoring: a model for excellence. *Nurs.Res.Pract.* <https://doi.org/10.1155/2012/937906>.
- Ning, H.K., Lee, D., Lee, W.O., 2015. Relationships between teacher value orientations, collegiality, and collaboration in school professional learning communities. *Soc. Psychol. Educ.* 18 (2), 337–354. <https://doi.org/10.1007/s11218-015-9294-x>.
- NLN, 2019. *Certified Academic Clinical Nurse Educator (CNE cl) 2019 Candidate Handbook*. National League for Nursing, Washington, D.C.
- Palaniandy, S., 2017. Collegiality versus instructional support. *Jiste* 21 (2), 50–56. <https://eric.ed.gov/?id=EJ1176960>. <https://eric.ed.gov/?id=EJ1176960>.
- Poorman, S.G., Mastorovich, M.L., 2017. Promoting faculty competence, satisfaction and retention: faculty stories supporting the crucial need for mentoring when evaluating nursing students. *Teach. Learn. Nurs.* 12 (3), 183–190. <https://doi.org/10.1016/j.teln.2017.01.006>.
- Ridzuan, A.A., Hong, K.S., Adanan, M.A., 2008. Knowledge management practices in higher learning institutions in Sarawak. *Asian J. Univ. Educ.* 4 (1), 69–89.
- Salminen, L., Rinne, J., Stolt, M., Leino-Kilpi, H., 2017. Fairness and respect in nurse educators' work - nursing students' perceptions. *Nurs. Educ. Pract.* 23, 61–66. <https://doi.org/10.1016/j.nepr.2017.02.008>.
- Salminen, L., Tuukkanen, M., Clever, K., Fuster, P., Kielé, V., Koskinen, S., Sveinsdóttir, H., Löyttyniemi, E., Leini-Kilpi, H., 2021. The competence of nurse educators and graduating nurse students. *Nurse Educ. Today* 98, 1–6. <https://doi.org/10.1016/j.nedt.2021.104769>.
- Schot, E., Tummers, L., Noordegraaf, M., 2020. Working on working together: a systematic review on how healthcare professionals contribute to interprofessional collaboration. *J. Interprof. Care* 34 (3), 332–342. <https://doi.org/10.1080/13561820.2019.1636007>.
- Shah, M., 2012. The importance and benefits of teacher collegiality in schools a literature review. *Procedia Soc. Behav. Sci.* 46, 1242–1246. <https://doi.org/10.1016/j.sbspro.2012.05.282>.
- Shen, J., Leslie, J., Spybrook, J., Ma, X., 2012. Are principal background and school processes related to teacher job satisfaction? A multilevel study using schools and staffing survey 2003–04. *Am. Educ. Res. J.* 49 (2), 200–230. <https://doi.org/10.3102/0002831211419949>.
- Stanley, K., Stanley, D., 2019. The HEIPS framework: scaffolding interprofessional education starts with health professional educators. *Nurse Educ. Pract.* 34, 63–71. <https://doi.org/10.1016/j.nepr.2018.11.004>.
- Tourangeau, A., Saari, M., Patterson, E., Ferron, E.M., Thomson, H., Widger, K., MacMillan, K., 2014. Work, work environments and other factors influencing nurse faculty intention to remain employed: a cross-sectional study. *Nurse Educ. Today* 34, 940–947. <https://doi.org/10.1016/j.nedt.2013.10.010>.
- University of Applied Science Act (932/2014). Retrieved from. <https://www.finlex.fi/fi/laki/ajantasa/2014/20140932>.
- Vangrieken, K., Dochy, F., Raes, E., Kyndt, E., 2015. Teacher collaboration: a systematic review. *Educ. Res. Rev.* 15, 17–40.
- WHO, 2016. Nurse educator core competencies. <https://www.who.int/publications/i/item/nurse-educator-core-competencies>.
- Witchger Hansen, A.M., 2015. Crossing borders: a qualitative study of how occupational therapy educators and scholars develop and sustain global partnerships. *Occup. Ther. Int.* 22 (3), 152–162. <https://doi.org/10.1002/oti.1401>.
- Zipp, G., Maher, C., Falzarano, M., 2015. An observational study exploring academic mentorship in physical therapy. *J. Allied Health* 44 (2), 96–100.
- Zirkle, C., 2017. A qualitative analysis of high school level vocational education in the United States – three decades of positive change. In: *Vocational Education and Training in Times of Economic Crisis*, 321–337. https://doi.org/10.1007/978-3-319-47856-2_17.