

WHEN DISCOURSES COLLIDE

A Case Study of Interprofessional Collaborative Writing in a Medically Oriented Law Firm

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This qualitative case study explores interprofessional collaborative writing among attorneys, nurse consultants, and writers in a law firm. Elucidating the challenges of interprofessional collaboration, this study finds that nurse consultants and attorneys encounter discursive conflicts, epistemological conflicts, and bypassing as a result of their differing professional discourse community affiliations and complex power relations. While these conflicts can potentially decrease efficiency and lead to documents that tell muddled stories, the conflicts can also productively ensure that the firm's documents speak persuasively to their diverse professional audiences (legal, medical, and corporate). To minimize the detriments and maximize the benefits of interprofessional conflicts, the firm employs professional writers to act as discourse mediators, merging together legal and nursing perspectives into dialogic, persuasive narratives. Implications for research and pedagogy are explored.

Keywords: *interprofessional collaboration; cross-functional collaboration; conflict; legal writing; professional writing*

Conducting surveys of workplace writers across diverse professional and organizational contexts, researchers have demonstrated that collaborative writing is a pervasive practice in the workplace (Couture & Rymer, 1989; Ede & Lunsford, 1990; Faigley & Miller, 1982). Although collaboration is rarely an easy process, it can be particularly challenging when collaborators must cross boundaries to engage in cross-functional collaborations (Cross, 2001) or collaborations across organizational cultures (Spilka, 1993a). Although numerous scholars have explored the challenges of collaboration among representatives of differing departments, cultures, and/or functions within an organization (Cross, 2001; Kent-Drury, 2000;

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Spilka, 1993a) or among individuals from entirely separate organizations (Griggs, 1996; Karis & Doheny-Farina, 1991; Spilka, 1993a), researchers have yet to interrogate intensively the particular challenges of collaborating across professional boundaries.

Socialized into very different discourse communities and subject to ongoing intensive regulation of their discursive production and knowledge creation or dissemination, interprofessional collaborators (from well-established professions such as law and health care) may have striking differences in their beliefs about appropriate discursive conventions, epistemological standards, and definitions of technical terms—differences that make the process of coming to consensus about a document extremely difficult. Even when permanently located in the same department or division, interprofessional collaborators may continue to conflict about fundamental issues such as epistemology because they are still very strongly influenced by (and identified with) their larger communities of professional practice.

Seeking to explore the specific challenges of interprofessional collaboration, this article presents a case study of collaboration among nurse consultants, attorneys, and professional writers at a law firm: Smith, Jones, and White (pseudonym). In particular, this study elucidates the kinds of conflicts that nurse consultants and attorneys encounter in collaborating across professional boundaries, explores the causes of these conflicts, and then considers ways that professional writers help to mediate these conflicts, maximizing their benefits and minimizing their detriments.

I begin by reviewing relevant theoretical and empirical literature and by enumerating the research questions. I then outline the qualitative methods of data collection and analysis, reflect critically on my own subjectivity as a researcher, and provide a contextual description of the organization and participants studied. Following this methodological and contextual background, I sequentially offer answers to the research questions and conclude with implications for research and pedagogy.

LITERATURE REVIEW

Developing a rich literature on collaboration, researchers have conducted ethnographies and case studies of collaborative writing in the workplace (Blakeslee, 1993; Cross, 1990, 1993, 1994, 2001; Dautermann, 1993, 1997; Doheny-Farina, 1986; Locker, 1992; Weber, 1991; Winsor, 1989) and in business- and technical-writing classrooms (Belanger & Greer, 1992; Burnett, 1993; Forman, 1991; Rogers & Horton, 1992). In addition to studying the collaborative practice of codrafting, researchers have argued that collaborative writing includes “any of the activities that lead to a completed document” (Ede & Lunsford, 1990, p. 14) and thus studies of collaborative writing have included such diverse practices as oral discussion (Dautermann, 1997; Spilka, 1993b), supervisory review (Couture & Rymer, 1991; Kliemann, 1993), and intertextual document production (Selzer, 1993). In framing this study, I focus particularly on collaborative theory and

research in four areas: discourse communities, conflict, power relations, and dialogical narratives.

Discourse Communities

In exploring collaboration, scholars have been particularly concerned with the ways in which collaborative practices both influence and are influenced by discourse communities. Simply put, a discourse community is a group of people who share common assumptions about the discourse conventions and standards of evidence that must be employed for a written text to claim authority as knowledge (Bruffee, 1984; Faigley, 1985; Kuhn, 1970; Olsen, 1993; Thralls & Blyler, 1993). Theorizing the relationship between collaboration and discourse communities, Bruffee (1984) argues that people become acculturated into a discourse community through the process of collaborating with its members. Providing empirical support for this claim, Paradis, Dobrin, and Miller (1985) explore how particular collaborative writing practices can work to socialize new employees into the discourse community of a research and development organization, whereas Locker (1992) presents a case study in which an attorney's lack of understanding of and/or resistance to the norms of the organizational discourse community of a state legal agency prevented him from effectively leading a collaborative writing group.

Although discourse communities can exert great influence on collaborative practices in organizations, we must remember that organizations cannot always be reduced to a monolithic discourse community; rather, organizational discourse communities are often multiple, complex, and hybrid (Dautermann, 1997; Harris, 1989; Olsen, 1993).¹ Within any organization, people performing different functions and/or located in different areas may have widely divergent understandings of ways to approach writing tasks (Cross, 2001; Kent-Drury, 2000; Spilka, 1993a). While research on cross-functional collaboration (Cross, 2001) has amply demonstrated that members of various functional units in an organization may differ greatly in how they approach writing tasks, we have yet to look intensively at ways in which multiple professional discourse communities can influence writing practices in an organization.

Members of well-established professions (such as law and nursing), whose discursive and epistemic practices have long been intensively regulated both by the state and by professional organizations (Larson, 1977; Macdonald, 1995), may be particularly likely to hold on to professional discourse community assumptions even if they are not institutionally located within a professional firm. As professionals are ultimately more concerned with generating and applying knowledge than they are with making material products (Abbot, 1988; Macdonald, 1995), they may be particularly concerned with the textual regulation of epistemic, or knowledge-making, practices (Devitt, 1991; McCarthy, 1991). Thus, by focusing research on interprofessional collaborations, we may be able to gain a sharper understanding of the role of epistemology in influencing collaborative practices.

Collaborative Conflicts

Interprofessional collaborative endeavors, in which collaborators hold very different assumptions about discursive and epistemic practices, may be particularly likely to cause conflict. Although substantive conflicts can improve the quality of documents (Bernhardt & McCulley, 2000; Burnett, 1993), they can also waste inordinate amounts of time and money if they are not managed well (Cross, 1994). In view of these important ramifications of conflict, it is crucial that we conduct studies that elucidate specific strategies that organizations can use to manage conflict effectively (Cross, 1994, 2001). Conducting case studies of the challenges of cross-functional collaboration, technical-communication researchers have suggested

A discourse community is a group of people who share common assumptions about the discourse conventions and standards of evidence.

that professional writers may be uniquely positioned to mediate cross-functional conflicts which occur in collaborations in the technical firms (Marchwinski & Mandziuk, 2000; Sullivan, 1991). Furthermore, Cross (2001) questioned whether the cross-functional collaborators he observed would have more efficiently resolved conflicts if they had had a professional communicator on their team. At this point, however, we still have no qualitative studies that document the specific roles that professional writers can play in mediating conflicts in cross-functional or interprofessional collaborations outside of technical industries.

Power Relations

In addition to considering issues of conflict, scholars of collaboration have also explored power dynamics (Cross, 1994, 2001; Dautermann, 1997; Ede & Lunsford, 1990; Lay, 1992). In their foundational study, Ede and Lunsford (1990) distinguished between two kinds of collaborative power relations: hierarchical (featuring clear divisions of roles and top-down decision making) and dialogic (featuring egalitarian dialogue and consensus-based decision making). While Ede and Lunsford (1990) tend to present these two models as a binary, subsequent workplace research has complicated this view. Cross (2001) tells the complex story of a large-scale collaboration that moved from a consensual to a hierarchical model as a result of an "anti-consensual revolt," whereas Dautermann (1997) relates the experiences of a group of nurses who wrote together in a dialogical manner but still

had to adapt their writing to the hierarchical power regimes of hospital administration and regulatory agencies. Interprofessional collaboration may be a particularly rich area for exploring complex collaborative power dynamics, as professionals can derive their power from multiple organizational and extraorganizational sources.

Dialogical Theory and Collaborative Practices

Dialogic narrative theory has also played an important role in studies of collaboration. Outlining the theory of dialogism, Bakhtin (1981) argues that narratives are constructed by the interaction and intersection of various social discourses, including the discourses of the professions. Drawing on this theory, workplace-communication researchers have used dialogic analysis to explore the complex intersecting discourses that animate business and professional documents (Detweiler & Peyton, 1999; Mendelson, 1993; Schryer, 1993) and the complex forces that impact workplace collaborative writing (Cross 1990, 1993, 1994). Furthermore, numerous business-communication theorists (Reither, 1993; Selzer, 1993; Thralls, 1992) have used dialogic theory to argue that all workplace writing is collaborative because workplace rhetors always draw on the words of others in crafting their documents. Exploring connections between dialogism and the more traditionally collaborative practice of coauthoring, Jameson (2000) has suggested that collaborative authoring practices can contribute to the development of dialogical narratives in mixed-return annual reports. Although Jameson's study presents qualitative and quantitative analysis of dialogic narrative texts that are usually produced collaboratively, no one has yet documented the specific kinds of strategies that a group of diverse professionals use to create dialogical persuasive narratives, which combine diverse discourses.

RESEARCH QUESTIONS

In analyzing interprofessional collaboration at Smith, Jones, and White, this study focuses on four research questions:

1. What kinds of conflicts do nurse consultants and attorneys encounter in collaborating with each other?
2. In what ways are these conflicts attributable to the differing discourse community affiliations and complex power relations of nurse consultants and attorneys?
3. What are the benefits and detriments of conflicts between nurse consultants and attorneys?
4. What roles do professional writers play in facilitating collaboration between nurse consultants and attorneys in order to produce dialogic narratives that are persuasive to their diverse audiences?

METHOD

At the time the data were collected in June and July of 2001, I had already been employed as a writer at Smith, Jones, and White for 13 months. In my role as a writer, I engaged in collaborative writing with nurse consultants and attorneys on an almost daily basis. After my first 6 months on the job, I was placed in charge of conducting workshops and individual writing conferences to train new staff members in the writing of demand letters and complaints. Drawing on my own experiences (as well as the experiences of my writer colleagues), I drafted a training manual that outlined the collaborative process of drafting demand letters; this manual was reviewed and approved by several of my writer colleagues, my immediate attorney supervisor, and all three of the partners in the firm. In my complaint training, I used a manual that was drafted by a fellow writer and approved/reviewed by numerous other writers and supervising attorneys.

Although I did not initially take the position of a writer in order to complete a research project (and indeed I did not formally begin collecting data until I had already worked at the firm for 13 months), I frequently found myself reflecting on the collaborative processes in which I was engaged and the complex discourse communities in which I was situated. In addition to reflecting on my own, I also found myself informally chatting about issues of collaboration and rhetoric with several writers and nurse consultants with whom I had developed social relationships. It became increasingly apparent to me that employees of Smith, Jones, and White had interesting reflective stories to tell about the challenges of interprofessional collaboration in a law firm context—stories that had not yet been told in the research literature on collaborative writing in the workplace.

Using interviews to elicit and record participants' stories of and reflections on workplace practice (Czarniawska, 2002), I recruited seven interviewees who frequently engaged in interprofessional collaboration: three writers, two attorneys, and two nurse consultants. I had engaged in various degrees of collaboration with all but one of these interviewees. Using the semistructured interviewing technique (Arskey & Knight, 1999), I developed a series of eleven open-ended questions designed to engage participants in talk about their backgrounds and their experiences with interprofessional collaboration at the firm.² I also asked follow-up questions designed to elicit more detailed responses, and I encouraged the participants to share freely their thoughts and experiences on topics not explicitly covered in the prepared questions. Seeking to minimize my "insider" status in the interviews, I asked the interviewees to define jargon or professional shorthand for me as if I were an "outsider" who was unfamiliar with it, and I largely restricted my own talk in the interview to asking questions rather than offering comments. Although I did seek to minimize my "insider" status in the interview, the fact that I was a full participant in the organization was useful in that I had established relationships of trust with my interviewees, which made them more comfortable discussing sensitive issues with me (Arskey & Knight, 1999). By interviewing several different nurse consultants,

attorneys and writers from three different teams in the firm, I sought to triangulate my data sources, noting similarities and differences in the ways in which all of these people responded to my questions. I further sought to triangulate my sources of data on collaborative processes and document genres at the firm by collecting and analyzing the firm's training manuals for the writing of complaints, medical reviews, and demand letters.

Data analysis was an iterative process. Drawing on the constructivist tradition of grounded theory (Charmaz, 2002), I first immersed myself in the data (both while I was still collecting it and after), looked for themes that emerged from the data, and then formally coded the data for these themes. This process of coding allowed me to ensure that the claims that I make and the representative quotes that I cite reflect (as accurately as possible) the themes that characterized the data as a whole. Although I did draw on grounded theory methodology to add more objective rigor to my data analysis, I still recognize that the qualitative research report is always influenced by the researcher's embodied social positioning (race, class, gender, age, relation to subjects and to the organization) as well as by the particular audiences for whom he or she is writing (Dautermann, 1996; Doheny-Farina, 1993).

I was particularly aware that my own position as a White male rhetorician and (former) writer in the organization affects the ways that I interpreted the data in the interview transcripts. In particular, I must note that my close personal relationships of trust with my interviewees encouraged me to focus on documenting how collaboration worked at the firm and to avoid (for the most part) critically interrogating the broader ethical, social, and political implications of the firm's collaborative practices. In other words, although I personally am interested in research that explores larger social and political implications of workplace communication and imagines alternatives to existing models (Buzzanell, 1994; Deetz, 1992, 1995; Mumby, 1988), I recognize that my full-participant status led my interviewees to expect that I would tell a more functionalist, pragmatic tale—and that is what I do here.

BACKGROUND: THE DOCUMENTS, THE ORGANIZATIONAL STRUCTURE, AND THE PARTICIPANTS

A large firm with more than 30 attorneys and 200 support staff, Smith, Jones, and White focuses on plaintiffs' cases of medical malpractice and nursing-home neglect and has a national reputation for garnering large court judgments and/or "out-of-court" settlements. Although many kinds of documents are produced by the firm, the documents that are most central to the institutional mission are persuasive documents such as demand letters, complaints, and motions for punitive damages, which relate persuasive narratives of how a health care facility's repeated failures to uphold medical or nursing standards caused a patient to suffer serious

Table 1. Purposes and Audiences for Commonly Produced Documents

<i>Document</i>	<i>Purposes</i>	<i>Audiences</i>
Demand letter	To convince a corporate defendant or insurance company to settle a case by demonstrating that a jury would likely find the defendant negligent and impose a large judgment	Defense attorneys, defense medical experts, corporate defendants, insurance adjusters
Complaint	To initiate a legal proceeding; to convince a judge that there is an appropriate cause of action to proceed; to begin the process of convincing the defendant to settle a case	Judges, defense attorneys, defense medical experts, corporate defendants
Punitive packet	To convince a judge that there is sufficient evidence that a nursing home or hospital engaged in such egregious and conscious neglect of the client that he or she should be entitled to seek punitive damages; to convince the defendant health care corporation that it is in their financial interest to settle the case	Judges, defense attorneys, defense medical experts, corporate defendants
Medical review	To provide a review of a client's medical records, highlighting injuries the client suffered as a result of the negligence or malpractice of particular health care providers (the review is an internal document from which nurses, attorneys, and writers draw information to write their external documents)	Internal nurses, attorneys, and writers

injuries and/or death (see Table 1). These kinds of persuasive documents combine legal and medical content and speak to diverse audiences, including legal professionals (judges, defense attorneys), medical professionals (nurse and physician experts for the defense), and business managers (executives of defendant corporations, liability insurance adjusters). Although attorneys are experts in legal content and in methods of persuading legal audiences, they frequently need assistance in writing about technical medical issues for health care audiences; thus, the firm employs internal nurse consultants with extensive medical training and clinical experience to collaborate with attorneys in producing medically related documents. Neither attorneys nor nurse consultants, however, have time to focus exclusively on drafting persuasive documents for external audiences; nurse consultants are frequently busy reviewing voluminous records and locating “outside” experts, whereas attorneys spend much of their time taking depositions, participating in mediations, appearing in and prepping for court, and managing support staff. Partially as a result of these time limitations, the firm employs professional writers to facilitate collaboration between nurse consultants and attorneys. Playing the role of “primary drafter,” writers gather content both orally and in writing from attorneys and nurse consultants and then synthesize this content into a narrative document.

Once a document draft is complete, it is reviewed by an attorney and often by a nurse consultant as well. In addition to playing the role of the primary drafter, writers also function as “reviewers” of documents written by nurse consultants and/or attorneys, revising the documents to ensure that they are both grammatically correct and comprehensible to nonspecialist audiences.

The firm is managed by three senior partners: Smith, Jones, and White. Immediately beneath the partners in the organizational hierarchy are several “supervising attorneys” who are in charge of specialized teams composed of junior attorneys and support staff (including writers, nurse consultants, and legal assistants). Although supervising attorneys do not hold the same status as the senior partners, they do have substantial decision-making authority and autonomy in running their teams. Evidencing a clearly hierarchical division of roles, attorneys are directly responsible for supervising the writing of all nonattorney staff including writers and nurse consultants; in fact, the firm maintains a strict policy that all documents must be signed and reviewed by an attorney before they are sent out. The participants in this study came primarily from three teams: the complaint team, the litigation team, and the training team. All participants are referred to by pseudonyms.

The Complaint Team

The complaint team was primarily responsible for drafting the complaint, or the initial pleading filed in the court that begins the litigation process. This team was composed of Bob (the supervising attorney), an administrative assistant, and several writers (including myself). Although there were no nurse consultants or junior attorneys on the team, the writers frequently collaborated with nurse consultants and attorneys from other teams on writing projects. A relatively homogenous group, the writers were mostly recent college graduates with academic backgrounds in English or journalism and/or with work experience in professional writing. Most of the writers had little or no legal or medical experience before coming to the firm. In addition to drafting complaints, the writers were frequently called on to draft demand letters and medical reviews for other teams in the firm. Three members of this team were interviewed: Bob, the supervising attorney, and the two most senior writers, Sabrina and Jane.

The Litigation Team

After a complaint was drafted in a case, the case was assigned to a litigation team who coordinated all subsequent legal work on the case (such as depositions, hearings, motions, etc.), focusing particularly on trying to convince the defendants to settle the case out of court. The litigation team I studied included a supervising attorney, numerous junior attorneys, a nurse consultant, a writer, and numerous clerical personnel. On this team, I conducted interviews with John (the supervising attorney), Linda (the nurse consultant), and Beth (the writer). Linda had extensive

experience with clinical-nursing practice and administration before joining the firm. Similar to the writers on the complaint team, Beth came to the firm as a recent college graduate with a degree in journalism (public relations focus) and some experience with professional writing and editing. Linda and Beth collaborated extensively with one another and with the attorneys on the team in producing punitive packets. Evidencing the pervasiveness of cross-team collaboration, John often called on members of the complaint team (including me) to work with him and the litigation nurse consultant (Linda) on the drafting of demand letters.

A Training Perspective

The final interview was with Barb, a nurse consultant who was in charge of training all the new nurse consultants, writers, and attorneys in the firm in how to review medical records. In this role, she reported directly to one of the senior partners in the firm. Barb's perspective was especially useful for this project, as she was able to share her perceptions of the writing of members of different professional

Both nurse consultants and attorneys
tend to talk about their writing as
narration, as "telling the story."

groups when they first entered the firm. Prior to becoming director of training, Barb had worked as a medical reviewer. In this role, she frequently collaborated with attorneys and writers, providing both of these groups with written and oral information about the medical aspects of a case that they could use in drafting such documents as complaints and demand letters. A seasoned nursing professional with an advanced graduate degree, Barb had spent many years as a nurse manager in diverse health care contexts before coming to the firm.

Demographics

All of the participants in this study were White—as indeed (to the best of my knowledge) were all of the nurses, attorneys, and writers at the firm during the time in which the study was conducted. Yet I suggest that race is no less significant in this study of collaboration than it would be in a study of a culturally diverse group of professionals. After all, the absence of cultural diversity can reveal as much about an organizational culture as its presence. The participants in this study also roughly reflect the gender patterns of different professional groups. In particular, the fact that both of the nurse consultants I interviewed were female reflects the reality that there were no male nurse consultants at the firm. Although the firm did have

numerous female attorneys, my choice to interview two male supervising attorneys still does reflect the gendered reality that all of the partners and the majority of the supervising attorneys were men. The choice to interview three female writers reflects the fact that (at the time that I conducted the study) all of the senior writers, with the exception of me, were female. Nevertheless, several other male writers had recently joined the firm, some of them replacing men who had left.

COLLABORATION ACROSS DISCOURSE COMMUNITIES

Outlining the results of this study, I begin by categorizing the challenges that nurse consultants and attorneys encounter in collaborating with one another: discursive conflicts, epistemological conflicts, and bypassing. I then explore the causes of these conflicts and consider their organizational detriments and benefits.

Clashing Narratives: Conflicts Between Nurse Consultants and Attorneys

Both nurse consultants and attorneys tend to talk about their writing as narration, as “telling the story” of a patient’s stay in a nursing home or hospital, focusing on how the health care organization neglected to provide for the patient and thus caused him or her to suffer injuries and/or death. In many ways, it is not surprising that both attorneys and nurse consultants talk of writing as narrative. Professional writing scholars have demonstrated that narratives are a central form of knowledge making in both the legal (Gewirtz, 1996; Moxley, 1996) and health care professions (Detweiler & Peyton, 1999; Munger, 1999). Even though nurse consultants and attorneys share a concern for narrative, they have very different conceptions of these narratives. In particular, nurse consultants and attorneys disagree about how these narratives should be told (discursive conflict), the standards of evidence that should inform the crafting of these narratives (epistemological conflict), and the ways in which the technical terms in these narratives should be defined (bypassing).

Discursive conflict. In collaborating with one another, nurse consultants and attorneys often encountered discursive conflicts, or disagreements about the appropriate discourse conventions for documents. In general, nurse consultants tended to value writing that was objective, copiously detailed, and informal grammatically, whereas attorneys privileged writing that was persuasive, concise, and grammatically correct. Illustrating the importance that attorneys placed on concise summarizing, both of the attorneys emphasized the need to write documents that “communicate why we’re upset about a case, why our client is entitled to monetary damages without getting caught up in details” (Bob) or “bogged down in medical terms” (John). In contrast, Barb, a nurse consultant,

highlighted the importance of “completeness” or comprehensiveness in her treatments of cases.

Providing a specific example of discursive conflict about details, Bob related the differing ways that attorneys and nurses would write up a case in which the client was incapacitated at the time of the injury. In these types of cases, the nurses would often include in their reports voluminous technical details about the client’s history of “CVA, senile dementia, all the different aspects of having oriented times two,” and Bob would insist that all of these details be pared down to a concise, general statement to “a judge, and ultimately to a jury, that this person [our client] wasn’t thinking clearly and the statute of limitations should be suspended because of that.” Nurse consultants’ and attorneys’ disparate preferences for levels of medical detail likely resulted from differences in the nursing and legal discourse communities. Whereas the nurse consultants had been trained (in their previous nursing experiences) to provide comprehensive descriptions of a patient’s condition that could provide doctors with enough information to make their own diagnoses, attorneys such as Bob had been trained to write persuasively for legal audiences, who were largely unfamiliar with medical issues. Thus, when attorneys needed to discuss medical issues in writing, they sought to include only enough medical detail as was necessary to make their legal argument rather than to provide a comprehensive medical picture of a client’s condition.

In addition to conflicting about the importance of copious details versus concise summaries, nurse consultants and attorneys also tended to hold conflicting beliefs about the appropriateness of different types of rhetorical appeals. Whereas nurse consultants tended to privilege appeals to *logos* (logical scientific facts), attorneys recognized the equal importance of appeals to *pathos* (emotion) designed to provoke a judge or a jury to feel anger about the injuries a client suffered as a result of a health care provider’s negligence. Revealing the extreme value that the nurse consultants placed on remaining dispassionate and logical, Barb related to me that she kept her personal opinions and emotions out of the medical reviews that she wrote, confining herself to a factual description of the case written in an “omniscient voice.”³ In contrast, John, the supervising attorney, discussed the importance of writing summaries of cases that vividly described a client’s injuries in as “graphic of style as you can” and then related those injuries to the “outrageous” and “hateful” neglect of a health care provider. The attorneys’ and nurse consultants’ disagreements about the appropriateness of emotional appeals in writing was indicative of a broader disagreement between them about the purpose of legal writing; whereas both nurse consultants that I interviewed tended to describe their narratives in terms of description of the “facts of a case,” both attorneys emphasized that the purpose of all of their narratives was, as John put it, “to persuade, that’s what lawyers do.” As a result of the attorneys’ emphasis on persuasion rather than purely factual description, they were more willing than nurses to use any type of rhetorical appeal in their writing if they felt it would be effective in convincing their audience to adopt their point of view on a case.

The nurse consultants that I interviewed differed in the extent to which they learned to use the pathetic or emotional appeals valued by the attorneys. Although Barb, who wrote mostly internal documents, held fast to her objective style, Linda, a nurse consultant who collaborated on external documents with an attorney and a writer, noted that she had learned to use such nonobjective adjectives as *outrageous* and *egregious* in her writing. However, Linda still encountered discursive conflicts between attorneys and the outside nurse experts with whom she collaborated on affidavits, finding that the attorney often wanted affidavits to be written in “egregious heavy duty language” with which the experts were uncomfortable and often unfamiliar.

Nurse consultants and attorneys also often disagreed about appropriate standards of grammatical correctness. For example, John, a supervising attorney, complained about receiving documents from nurses that did not use “good grammar,” exhibiting such problems as “noun-verb disagreement” and “ending sentences with prepositions.” Barb, the nurse consultant in charge of training new nurses, confirmed this assessment of the grammatical problems of many nurse-consultant writers, noting that she has had to work with new nurses on their sentence structure because “most nurses tend to write short, choppy sentences, um, not full sentences. When you’re documenting in the hospital, you’re writing snippets, you know, patient went to bathroom, bed-bath given.” In this way, Barb suggested that new nurse consultants’ grammatical problems resulted from the difficulty of transitioning from a nursing discourse community (which values speed and accuracy of writing over grammatical form) to a legal discourse community in which the ability to follow highly formalized grammatical rules is part of an attorney’s professional *ethos*. From the perspective of the writers who had extensive training in composition, neither nurses nor attorneys knew, as Beth put it, “where to put the commas and periods.” From the writers’ perspective, nurses tended to write short choppy sentences (or sentence fragments), whereas attorneys tended to write convoluted, “run-on” sentences. Although the writers questioned the notion that attorneys were actually better Standard English “grammarians” than the nurse consultants, they still agreed that there were substantial differences in attorneys’ and nurse consultants’ perceptions of the rules that should govern the crafting of sentences.

Epistemological conflict. Nurse consultants and attorneys also exhibited epistemological conflicts, or disagreements about appropriate standards of evidence for making knowledge. Within the particular rhetorical context of a plaintiff’s medical malpractice law firm, the primary type of knowledge that nurses and attorneys were involved in generating was knowledge about what injuries a client had suffered in a nursing home and why these injuries occurred. The nurses, most of whom had previous administrative or supervisory experience in medical settings, were very invested in the epistemological power of nursing documentation and nursing standards of care. Thus, in evaluating evidence of nursing-home negligence or medical malpractice, both of the nurses I inter-

viewed noted that the most convincing evidence against a health care provider was a close review of gaps and inconsistencies in the medical documentation. In contrast, the attorneys, educated in a tort law tradition, which emphasized the importance of ascertaining damages, tended to be more focused on evidence that vividly revealed the injuries that a client had suffered, considering “photographs of injuries” such as “severe pressure sores” to be the best evidence of neglect or malpractice.

The nurses’ and attorneys’ valuation of different types of evidence led them to develop divergent interpretive strategies for “reading” cases. When researching a case, attorneys tended to start first by looking at negative patient outcomes and then working to tie these to substandard care, whereas the nurses started first by looking at the care given and then later considered whether lapses in care might have led to negative outcomes. Illustrating the differing processes, Barb told me a story about a conflict she had with an attorney over why a hospital was responsible for a client’s death. Although both Barb and the attorney actually agreed that the hospital was at fault, they interpreted the fault in different ways. Working backwards from negative outcomes, the attorney noted that the client developed gangrene immediately preceding his death and thus argued that the hospital was at fault for the death because it did not do enough to prevent the gangrene. In contrast, Barb felt that the hospital had done everything it could to treat and prevent the gangrene; however, she did note that the hospital staff members had failed to follow standard procedure for evaluating urinary tract infections and that their failure to diagnose appropriately and to treat this illness early on contributed to the patient’s later development of fatal sepsis. The attorney, however, did not want to adopt Barb’s explanation of the hospital’s failure, as he found it complex and difficult to understand. As Barb explained, the attorney preferred to link the hospital to the gangrene because

gangrene is easy to see and deal with and people think it’s horrendous versus it starts with a simple . . . urinary tract infection that you can’t see. . . . So what they’re [the attorneys] looking for is a direct something you can link to the client’s death, which is a much easier jump and much easier for people to understand.

In this way, Barb implicitly recognized the differing audience conceptions of nurses and attorneys. Whereas nurses were concerned with developing complex technical explanations of negligence or malpractice that would be convincing to a medical specialist audience, the attorney was more interested in simple explanations which could easily be understood by nonmedical audiences such as judges and juries.

Bypassing. Another difficulty that nurse consultants and attorneys encountered was bypassing, which occurred when members of the legal and medical discourse communities had differing definitions of the same word. Discussing the challenges of collaboration between nurses and attorneys, Bob told me that one of the most common causes of unsuccessful collaboration was

miscommunication . . . when one sort of area of expertise clearly understands and the other person being communicated to doesn't have the same understanding. To some extent, that can happen between what a doctor or a nurse may consider to be incapacitated versus what an attorney may consider to be legally incapacitated for purposes of signing legal documents. They may or may not always have the same meaning in different contexts, for someone could clearly be [medically] incapacitated to the extent of not being able to be left alone for their daily needs . . . [but] that doesn't necessarily mean they're legally incapacitated [to understand and to sign legal documents].

Accustomed to working within specialist discourse communities in which the meaning of *incapacitated* was tacitly agreed on and understood, nurses and attorneys often forgot to define this term when they collaborated with one another. Attorney-nurse bypassing over the definition of the term *incapacitated* could have serious negative consequences for the firm. If an attorney made a legal argument based on a nurse's assessment of clients' incapacity without clearly ascertaining what the nurse meant by this term, the attorney might weaken his or her credibility to defense attorneys and judges by mistakenly arguing that a client was legally incapacitated when, in fact, the client was only medically incapacitated.

Socialization and Resistance: Exploring Potential Causes of the Conflicts

In considering the conflicts between nurse consultants and attorneys, we must question why nurse consultants would retain a separate discourse community affiliation even when their writing was evaluated and managed by attorneys. Ultimately, I suggest that the persistence of separate discourse communities for nurse consultants and attorneys can be explained in two ways. First, even though they did work in a legal setting in which they reported to attorneys, nurse consultants continued to be immersed in the nursing discourse community while being relatively separate from the broader legal discourse community that the attorneys inhabited. Second, nurse consultants at times resisted adopting the standards of the legal discourse community (even when they did know them) because they wished to retain their power as medical experts.

When nurse consultants entered the firm (often after years of experience as nurse managers in health care settings), they did not leave the nursing discourse community behind. They continued to keep their nursing professional certifications up to date and to read (and, in Barb's case, write) research literature on nursing issues. In their work, the nurse consultants frequently spent much time reviewing medical records, especially nursing documentation, and working with outside nurse and physician experts. Furthermore, both Barb and Linda frequently asked other nurse consultants for second opinions on complex medical matters in records that they were reviewing. Finally, when new nurse consultants entered the firm,

they often received most of their training from experienced nurse consultants rather than from attorneys.

In contrast to their ongoing saturation in the nursing discourse community, nurse consultants often had little contact with the broader legal discourse community beyond the attorneys for whom they worked. Because they were employees of the firm, nurse consultants could not testify in depositions or in court as experts and thus had little interaction with legal professionals in other firms. In contrast, the attorneys had very regular contact with the legal audiences for the firm's writing; in fact, most external documents at the firm either precipitated or responded to a face-to-face or telephone interaction with a judge or a defense attorney. Furthermore, whereas attorneys had all been socialized into the legal discourse community by completing law degrees and writing exams for the bar, the nurses that I interviewed had not received any special training in legal writing prior to coming to the firm. In view of the fact that nurse consultants had much less exposure to the legal discourse community than attorneys, it is not at all surprising that they often resorted to their more established nursing discourse-community knowledge in conceptualizing and executing writing tasks.

Although nurses' lack of knowledge of the legal discourse community was undoubtedly one reason why they did not adopt the discourse practices of their attorney supervisors, the interviewees also suggested that at times nurse consultants actively resisted adapting their writing to fit the epistemological and discursive standards of the attorneys even when they clearly understood what was expected of them. As Barb, the trainer of new nurse consultants, explained,

It's hard to teach the nurses how to write because they . . . tend to be a little more *resistant to change*. . . . Nurses don't like their writing style to be corrected. . . . [They] have a job history where they've done well and now it's like I want you to do it this way and they may not want to do it that way. They know how to write. They have been writing for twenty years.

In this quote, Barb demonstrates that nurse consultants may be resistant to adapting their writing to the discourse-community expectations of attorneys because they seek to retain their primary professional identities as nurses. Although in the above quote Barb discusses the ways in which new nurse consultants in the firm resisted the discursive expectations of attorneys, her comments about her own conflicts with attorneys revealed that she too engaged in acts of resistance. For example, Barb did share with me a great deal of knowledge about the epistemological standards of the attorneys (their tendency to prefer simple stories of negligence instead of complex, multifaceted stories, as well as their primary focus on damages suffered rather than breaches in the nursing standards); however, she argued that attorneys' methods for making knowledge about medical care were not always valid, because they had limited expertise in the medical arena. In Barb's view, the attorneys "have an end product and

they're trying to fit the medical stuff into a box to fit the legal stuff and we [the nurses] say you have to take the medical stuff and then you can either do or not do the legal stuff based on" the medical information provided by the nurses. In other words, Barb contended that attorneys should defer to nursing epistemological standards in determining what kinds of evidence to include in their stories of medical neglect.

Ultimately, the nurses' resistance must be situated within the context of the complex power dynamics between nurse consultants and attorneys. At the firm, attorneys were clearly in an institutional power position over nurse consultants; although attorneys were charged with supervising and evaluating nurse consultants, they were supervised by only more senior members of their own profession. In view of their lack of institutional power, nurse consultants struggled to assert

The nurses' and attorneys' valuation
of different types of evidence led
them to develop divergent interpretive
strategies for "reading" cases.

expert power (French & Raven, 1959)—to claim that their professional and educational backgrounds in health care should give them more authority in medical matters than attorneys. Although nurse consultants were not in an institutional position to compel attorneys to accept their expert authority, they attempted to retain their identities as authoritative medical experts by continuing to conceptualize their work as writers within the context of the nursing (rather than the legal) discourse community.

Detriments and Benefits of Conflict

Conflicts between nurses and attorneys often increased the time necessary to complete documents. For example, one of the writers, Sabrina, related to me an instance in which the completion of a complaint was delayed for several days because the nurse and the attorney working on the case could not agree about whether there was sufficient evidence to make a particular claim about a client's injury. Although in this particular case there was ample time for this conflict to be resolved, the supervising attorney of the complaint team emphasized to me that complaint writing in the firm often occurred in a fast-paced environment in which complex complaints often had to be written "in a matter of 24 hours" so that they would be ready to be "signed and sealed and out the door." In such deadline-

intensive situations, extensive conflicts could slow down the writing process unacceptably.

Failure to resolve conflicts also resulted in the creation of muddled, incoherent documents. For example, Linda (nurse consultant) noted that it was important for all of the nurses and attorneys working on a document to “speak the same language”; however, this did not always happen. In fact, almost all of the interviewees cited disagreements and/or miscommunications between nurses and attorneys as one of the most common causes of unsuccessful collaborations that did not produce documents that were as strong and unified as they could be.

Although discursive and epistemological conflicts did at times negatively affect the collaborative writing of documents, these conflicts were also useful because they helped ensure that the final documents spoke effectively to their diverse legal and medical audiences. Although the attorneys tended to prefer simple causal explanations, concise summaries, and nontechnical terms when drafting documents for legal audiences, they needed to make sure that they could also support their claims to medical audiences (such as defense medical experts and accused health care providers) using technical medical vocabulary and standards of evidence. For example, Barb found that the kind of voluminously detailed technical information that she provided in her internal reviews of clients’ medical records was particularly useful for attorneys who were called on to depose medical personnel from a defendant institution. Illustrating this point, Barb related to me that nearly 6 months after she had written a technical, objective review of a medical record, an attorney came back to her and said,

based on your review when I deposed that Director of Nursing [from the defendant nursing home] . . . we really were able to get into some *specific* problems and point out that the nursing home was not doing what it was supposed to do and basically after that they went ahead and settled the case because they knew they were going to lose based on the information that was in [your report].

In this case, the attorney needed to word his case in terms that would be persuasive to the medical discourse community so that he could persuade the director of nursing to admit that her nursing-home staff failed to uphold the medical standard of care in their treatment of the client. In this way, the attorney benefited from Barb’s entrenchment in medical discursive and epistemological standards.

The attorneys’ need for nurse consultants to maintain their knowledge of medical discourse and epistemology may explain why the firm seemed to tolerate nurses’ (limited) resistance to the standards and conventions of the legal discourse community. Ultimately, by allowing the nurses to engage in limited acts of resistance, the attorneys ensured that the nurse consultants would feel comfortable sharing their medical perspectives on cases, even when these perspectives did not necessarily coincide with the attorneys who were their superiors. If nurse consultants had been required to completely adapt their writing to a legal audience, they might

have lost their valuable insider perspective on the discursive and epistemological expectations of medical audiences.

THE ROLE(S) OF PROFESSIONAL WRITERS IN FACILITATING INTERPROFESSIONAL COLLABORATION

In supporting and maintaining successful interprofessional collaborative writing between nurse consultants and attorneys, the managers of the firm faced a dilemma. On one hand, they needed to nurture and support conflicts between nurse consultants and attorneys so that the managers could ensure that their legal documents were persuasive for the diverse legal and medical audiences to whom they were addressed. On the other hand, they had to find ways to ensure that these conflicts were expediently resolved and that the final documents cohesively merged together the medical and legal perspectives. To this end, the firm employed professional writers to mediate the collaborations between nurse consultants and attorneys.

Writers were in a unique position to act as mediators of nurses' and attorneys' discursive and epistemological conflicts because the writers entered the firm with little experience in law or medicine, learning most of the necessary legal and medical content knowledge "on the job." Unlike nurses and attorneys, writers were not looked at as (nor did they perceive themselves as) professional content experts in law or medicine, and thus they did not tend to identify their professional *ethos* strongly with the epistemological and discursive standards of either the legal or the medical discourse community.⁴ Furthermore, all three writers emphasized in interviews that their previous academic training in English and journalism and/or their previous professional writing experiences had taught them the importance of adapting their writing for different audiences, purposes, and genres. By defining *adaptation* and *flexibility* as central to their identities as skilled writing professionals, the writers were more able to modify their work to fit differing audience expectations than were the nurses and (to a certain extent) the attorneys who tended to invoke a particular kind of writing as an essential part of their professional identities.

In discussing the roles of writers in facilitating collaboration, I first explore ways in which writers, as primary drafters, functioned as dialogical storytellers or discourse mediators, creating persuasive narrative documents that merged together diverse legal and nursing perspectives.⁵ Further analyzing the writer's role as primary drafter, I also discuss ways in which writers were valued by the firm for their skill at providing *copia*. I then explore how writers were able to prevent bypassing by reviewing or editing documents originally written by nurses and attorneys. Broadening out the discussion of the writers' work, I conclude by exploring

organizational factors, such as space and time, which affected the writers' ability to successfully facilitate interprofessional collaboration.

Overcoming Conflicts: Writers as Dialogical Storytellers or Discourse Mediators

In collaborating with nurses and attorneys on the writing of documents, writers often fulfilled the role of the primary drafter of a document. In this role, the writer retained primary responsibility for drafting the document, drawing on content gathered both orally and in writing from attorneys and nurse consultants. Once a draft was complete, it was reviewed by an attorney and often by a nurse consultant as well. As primary drafters, writers worked to resolve discursive conflicts between nurses and attorneys by translating the objective medical reports written by nurses into the persuasive narrative style valued by the attorneys. For example, John, supervising attorney of a litigation team, particularly praised the writers for being able to discuss the medical issues in the case in ways which "detailed graphically" the "outrageous" behavior of the nursing home. John was particularly impressed by the writers' ability to use strong adjectives to "characterize the hatred of the at-fault party," noting jocularly that the writers "may not have a thesaurus but they don't need one."

In addition to mediating discursive conflicts, writers were able to minimize epistemological conflicts by taking the evidence gathered by the nurses and combining it with the types of evidence privileged by the attorneys to make multipronged narrative arguments. Explaining this process, Sabrina (a writer who frequently drafted complaints for Bob) noted that her descriptions of the evidence of a case fell "somewhere in the middle of medically correct, and, you know, legally acceptable." Illustrating the usefulness of this model, both of the supervising attorneys suggested that the most successful interprofessional collaborations occurred when attorneys and nurses provided evidence to a writer who then molded the evidence into a coherent narrative. Giving a particular example of how this collaborative process worked, John told a story about what he characterized as a "wonderful" interprofessional collaboration. Asked by a judge to write an atypical kind of complaint, John collaborated with a nurse and writer, noting that

it took a great nurse review, it took some depositions that were taken by an attorney, *and then we handed those things to the writer* [italics added] . . . and said we don't want this to be a demand; we don't want it to be a complaint. We want it to be set up in this formalized style, but yet we want it to *flow almost like a story* [italics added], and it was damn hard work.

In this particular instance, both the nurse and the attorney acted as content experts: The nurse provided many details about the nursing home's failure to

follow the medical standard of care, whereas the attorney guided the writer in how to revise the format of the complaint to meet the unusual legal requirements outlined by the particular judge in the case. Rather than risking conflict by requiring the nurse to revise her write-up of the case to meet the judge's requirements, John relied on the writer to take the information provided by the nurse, to combine it with the legal information (such as depositions) generated by him and other attorneys, and then to put it together so that it "flowed like a story." In this way, the writer created what Bakhtin (1981) would call a dialogic narrative—a narrative whose meaning is constituted by the interactions of the various discourses that are combined within it.

Failure to resolve conflicts also resulted in the creation of muddled, incoherent documents.

In addition to minimizing discursive and epistemological conflicts between nurses and attorneys, writers also worked to lessen the impact of nurses' resistance by developing compromise wording that validated the opinions and critiques of the nurse while still conforming to the requirements of the attorney. For example, Sabrina told me that she often encountered situations in which John, her attorney supervisor, and Joanna, a nurse who reviewed her work, disagreed about the assertion in a complaint that a client suffered a particular injury as a result of medical negligence. Whereas John wanted to include all potential injuries that the client may have suffered in order to make the hospital "sound as bad as possible," Joanna tended to argue that they should include only those injuries for which they had the strongest evidence of malpractice. Thus, when both John and Joanna would review Sabrina's complaints, Sabrina often found herself "between the two of them butting heads." In situations like this, Sabrina would "placate Joanna" by "toning down" the discussion of the injury, leaving it in the complaint but not describing it "in as great detail." In this way, Sabrina created compromise wording, which met the requirements of the attorneys while still allowing Joanna to maintain her independent medical judgment and to feel that her medical expertise was valued and considered (if not entirely accepted). Sabrina told me that she personally tended to agree with Joanna's assessments of cases; however, she did not see evaluating the merits of cases as part of her job. Viewing herself as a writing expert rather than a content expert, Sabrina was able to ignore her personal opinions on cases, focusing only on producing a document that was an "acceptable" compromise between the attorney and the nurse.

Writers as Providers of Copia

Although much of the writer's role as primary drafter involved merging legal and medical discourses, the attorneys also looked to writers to draw on their own previous writing experiences to create innovative, attention-grabbing styles for demand letters. Explaining the value of allowing writers the flexibility to develop unique writing styles, John stated that

with the writers we have working for us, the complaint is gonna have to be a restrictive method of writing but [with] the demand letters . . . there's a lot more room for individual [styles]. . . . If there's some difference in how things are put together, I actually think it's more convincing. . . . The reader is looking at that [demand letter] and going, dang, they put some effort into that. This isn't one of those canned letters I usually get from John.

As John was often faced with having to send multiple demand letters about different cases to the same defense attorneys and insurance adjusters, he wanted to make sure that every letter was different as he wanted to show that the firm valued each case enough to create an original (rather than a boilerplate) letter. To this end, he relied on the writers' skill at "finding a new way to say the same thing."

John's assertion that the writers were skilled at finding "new ways to say the same thing" evokes Erasmus's notion of *copia*. A foundational theorist of rhetoric, Erasmus (1512/2001, p. 598) defined *copia* as "richness of expression" (or the ability to express an idea in many different ways) and "richness of subject matter" (or the ability support an argument with examples and details drawn from many different sources). Erasmus's definition of skill at *copia* can provide a model for describing the writers' mediation of discursive and epistemological conflicts between nurses and attorneys. In mediating discursive conflicts, the writers demonstrated "richness of expression," developing new ways to convey the information given to them by nurses and attorneys in a coherent flowing narrative. Encountering the often conflicting types of evidence valued by the legal and nursing discourse communities, writers also needed facility with "richness of subject matter," supporting their arguments by drawing examples from sources as diverse as medical records, depositions, legal statutes, and photographs. Whereas attorneys and nurses were particularly valued for their in-depth mastery of specialized knowledge, writers were valued for their "copious" rhetorical skill—for their ability to produce "rich" narratives that moved back and forth between medical and legal discourses.

Preventing Bypassing: Writers as Document Reviewers

In addition to playing the role of the primary drafter bringing together medical and legal discourses, writers also functioned as reviewers of documents written by

a nurse or an attorney. Explaining what she looks for when she reviews a document, Beth (a writer) stated that she serves as the

layperson, you know, I'm reading this . . . for grammar, simple punctuation, because, you know, nurses and attorneys are not known for knowing where to put the commas and periods. . . . And then secondly, once again, [I] make sure that I understand what they're talking about, because you have an attorney who knows the law, you have a nurse who knows medicine, but they need somebody who can come in and actually develop this into an understandable document that anybody can pick up and read. . . . So I'm just making sure that they're not using too much legalese or that they're not using too many medical terminologies that they're not explaining.

In addition to contributing her content expertise in grammatical editing, Beth helped to prevent bypassing between nurses and attorneys by encouraging them to define their terms for a nonspecialist audience (such as herself).

Although the writers' general audience perspective on legal and medical terminology was useful in preventing bypassing, the writers' lack of specialized content knowledge occasionally caused them to "use a medical term or a legal term in a fashion that is not appropriate" (John). Just as attorneys and nurse consultants relied on the writers to gauge if their uses of terms were comprehensible by nonspecialist audiences, writers depended on the review of attorneys and nurses to ensure that they used terms in ways that were consistent with the accepted definitions of legal and medical specialists.

Space and Time: Organizational Factors Influencing Writers' Success

To function most effectively as dialogical storytellers or discourse mediators, writers needed to communicate regularly with nurse consultants and attorneys throughout the writing process. Although writers at times were able to gain information about the medical and legal perspectives on a particular case merely by reading previous documents that had been drafted by nurses and attorneys, they also needed to be able to converse about a case with nurses and attorneys who were working on it. For example, John related a hypothetical story (based on real collaborative experiences) in which a writer on a complaint had drafted a demand letter for him based largely on previous written documents (medical review, depositions, attorney notes). In these documents, the writer found many mentions of falls and thus included three pages about fall-related injuries in the letter; when John reviewed the letter, he had to take those three pages out because his strategy for pursuing the case no longer included injuries from falling as a central part of the story. If John had conversed about the case orally with the writers before drafting, this misunderstanding could have been avoided. In this case, John attributed the lack of communication to two factors: the time constraints on attorneys and the spatial

distance between the collaborators. John faulted himself and other attorneys on his team for prioritizing other activities over talking with writers. John also noted that the “geographic distance” between him and the writers on the complaint team made communication difficult because he was unlikely to encounter the writers by chance for informal conversations about their writing projects in process. Although writers could act as primary drafters, their ability to tell effective dialogic stories was (at least in part) impacted by their spatial distance from (Cross, 1990, 2001) and degree of oral interaction with (Spilka, 1993b) their attorney and nurse-consultant collaborators.

IMPLICATIONS

Ultimately, this study suggests that conflict in interprofessional collaboration is not inherently positive or negative. Within particular organizational contexts, conflicts (particularly interprofessional conflicts) will often both hinder and support the organization’s writing goals. Rather than seeking to eliminate or to maximize conflicts, organizations must develop specific local strategies for productively using conflicts to support their institutional mission. Within the organization studied, the use of writers as dialogical storytellers or discourse mediators was one of the local strategies that worked to maximize the benefits and to minimize the negatives of interprofessional conflict between nurses and attorneys. Significantly, however, other organizations would likely use very different strategies depending on their particular needs and contexts, and some organizations made up of diverse professionals might not experience (or feel the need for) interprofessional conflicts at all. Thus, we need more research (both broad surveys and local case studies) of interprofessional collaboration and conflict in the workplace so that we can develop a variety of strategies for effectively managing interprofessional conflict within diverse organizational contexts.

Furthermore, there are still many questions to be answered about the use of writers in facilitating interprofessional collaboration. In particular, we might ask how do professional writers learn to function effectively as discourse mediators or dialogical storytellers? We might also ask what are the broader ethical and organizational implications of defining professional writers as non-content experts who do not have epistemological authority? Finally, we might ask how common it is for organizations to use professional writers to facilitate interprofessional collaboration. By exploring other situations in which professional writers play a role in interprofessional collaboration, we can gain a much more nuanced understanding of this practice.

This study also contains implications for the analysis of collaborative-power dynamics. In exploring hierarchical interprofessional collaboration, this study suggests that subordinate professionals may resist the discursive and epistemological practices of their superiors and that this resistance can potentially have the positive organizational benefit of ensuring that documents speak effectively to their diverse

professional audiences. We still do not know, however, how common resistance is in interprofessional collaborations and whether it always carries organizational benefits. Furthermore, we must still interrogate the gendered sociopolitical implications of hierarchical interprofessional collaborations in which members of the traditionally patriarchal profession, such as law (Spencer & Padmore, 1986), hold institutional authority over members of the traditionally feminized profession, such as nursing (Dautermann, 1997; Witz, 1992).

Extending the teaching of collaborative writing, this study suggests the need for the development of pedagogical models to prepare students to pursue interprofessional writing endeavors. In assembling student groups and assigning writing projects, we need to provide students with opportunities to work with peers in different professions (or at least different majors) on projects that necessitate the blending of disciplinary or professional discourses. Furthermore, we need to conduct further workplace and classroom studies to discover methods for teaching students to function effectively as discourse mediators or dialogical storytellers in interprofessional contexts. Questions to explore include: What skills does an effective discourse mediator or dialogical storyteller need? Which of these skills are transferable and which are organizationally specific? (This would likely require comparative studies.) In addition, we should also explore how we can create pedagogical assignments that give students the experience of acting as a primary drafter or document reviewer in an interprofessional collaborative situation.

By conducting further explorations of successful models for merging discourses in interprofessional collaboration, we can better prepare our students to communicate effectively across the boundaries of the highly complex (and often conflicting) discourse communities of the contemporary workplace.

NOTES

1. Some scholars have even suggested that the very idea of a discourse community always oversimplifies the complex dynamics of human communication (Kent, 1991). Although I see validity in this critique, I still find that the notion of clashing and/or intersecting discourse communities can serve as a useful (though certainly not all-encompassing) heuristic for analyzing the challenges of interprofessional collaboration.

2. In particular, these questions explored participants' occupational or literacy histories, the discursive and epistemological assumptions that informed their past and present writing, their conceptions of their job responsibilities (especially as related to writing), the extent to which they conceived of their written work as collaborative (and the models they used for collaboration), their positive and negative experiences with interprofessional collaboration at the firm, and their own analyses of what factors influenced the success and/or failure of interprofessional collaborative writing projects.

3. Barb's preference for an objective style is supported by the professional literature on legal nurse consulting. In particular, Aumann's "Ethics and the Legal Nurse Consultant" (1998) argues that legal nurse consultants should impart objective judgments, which do justice to both parties in a lawsuit.

4. I do not, however, wish to imply that writers did not develop some expert knowledge of law and medicine while at the firm. In fact, the writer's tasks in collaboration often necessitated familiarity

with a great deal of specialized legal and medical content. Nevertheless, the writers tended not to be seen as medical or legal experts, because they were not formally trained in these areas.

5. In using the hybrid term, "discourse mediator / dialogical storyteller," to describe the work of writers as primary drafters, I aim to demonstrate ways in which writers were able to mediate discourse community boundaries by producing dialogic narratives. In this study, discourse mediation and dialogical storytelling are such ultimately interrelated processes that they cannot be separated out into distinct terms.

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