The Workplace Meets the Academy: The Hybrid Literacy of Returning RNs in Journal Writing for Introduction to Theology

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Like window glass, most workplace writing is transparent. Although integral to work done well, writing is not the goal in and of itself and occurs at a subconscious level of the writer's awareness. In contrast, writing for school is often opaque, occurring with the writer's attention consciously focused on the task. The writing itself, as evidence of learning accomplished, may be its sole purpose. The writer, graded on her/his writing, cannot afford to let the words on the page become transparent, nor can the instructor, who uses the writing to assess learning which has occurred (Dias, Freedman, Medway, & Paré, 1999). The transparency or opaqueness of writing, one of the key differences between writing in the workplace and writing in school, raises questions about how students who find themselves simultaneously in both worlds manage contradictory writing demands. What happens when writers with well-developed workplace writing practices return to school? How do they respond when writing is suddenly no longer transparent?

Context of the Study

During the Fall semester of 1995, I conducted an ethnographic study with a group of 21 Returning Registered Nurses (RRNs). The one male and 20 female RRNs were enrolled in a Bachelor of Science in Nursing (BSN) program at a small, private liberal arts college. The Accelerated RN to BSN program in which the students were registered offered short-term courses. A 3-credit class met one night per week for 8 weeks. With work experience ranging from 3 to 27 years, these nurses had been awarded course credit for their nursing diplomas. To complete the BSN, the bulk of their remaining courses came from the humanities and social sciences. The study described here occurred in a required general education course, TH100 Introduction

to Theology. Because earning a BSN requires more than nursing courses, issues raised here are germane to faculty who find themselves teaching nursing students in other disciplines.

For TH100 students did extensive writing, most of which occurred in lengthy dialogue journals, based on assigned and self-selected readings.[1] As a participant observer, I attended each meeting of TH100. After obtaining written consent, I taped class meetings, photocopied dialogue journals, interviewed each student individually, held focus group interviews with 12 of the 21 students, and talked informally with each of them.

Through the dialogue journals and students' conversation, a tension became apparent: writing in this new discipline of theology was markedly different from the writing done at work. How this tension played out in students' journal writing brings into focus three issues to be discussed in this essay: 1) the hybrid literacy the students developed, heavily dependent upon their writing experience as nurses; 2) the questionable school-to-work progression implicitly embedded in the literature about workplace writing; 3) considerations for instructors whose students might have well-developed professional literacies.

The Shaping Discourse of the Medical Workplace

Words come to us "saturated with experience" (Vygotsky, 1986, p. 193) and marked by "contextual overtones" of "a profession, a genre, ... a particular person,... an age group, the day and hour" (Bakhtin, 1981, p. 293). An individual's daily encounters with words, then, encompass any number of communities in which the individual might claim membership. These communities, connected to the multiple life roles any individual plays, represent multiple literacies (Neilsen, 1989). The literacy of work is especially significant, as institutions, such as the workplace, exert shaping power over discourse, and over writing in particular (LeFevre, 1987). This study explores the writing practices of RRNs. What, then, are the writing practices of nursing and in what ways might they influence a student returning to college?

Writing in the Medical Workplace

Writing holds considerable power in the medical workplace. While the production of writing in a nurse's daily routine may be a transparent activity, no nurse can take writing lightly. The primary writing nurses do is to "record and justify their practices" (Dautermann, 1993, p. 101). Nurses' notes, those notations made on patients' charts specifying care given, are legal documents, calling nurse's care into

question should liability become an issue (Chapman, 1991; Hannakan, 1996).

Such writing is an art. "Keep it short" and "Be clear" are common directives for nurses' notes (Chapman, 1991). Conciseness, objectivity, attention to fact rather than opinion or judgment are desirable qualities (Sorrell, 1991). Learning what is and what is not significant enough to document on the chart and then selecting and organizing the information also prove to be problematic. Student nurses learn this critical skill through mimicking the style and language already on the charts (Sorrel, citing Shine); thus to some degree, the proper writing of nurses' notes is modeled by expert nurses for those less expert.

Further, while information about a patient's condition must be treated as confidential, nurses' notes also serve a uniquely public function. They are the official record of care given, a record passed from one nurse to someone on the next shift, to the doctor making rounds, and, if necessary, to legal counsel. For these multiple audiences, the notes, even though brief, must be thorough, clear, and accurate. RRNs, having become experts through practice, have internalized these directives about writing.

Writing in the Nursing Curriculum

The routine writing a nurse does is limited by readers' expectations for clearcut precision based on observable data. Because of these limitations, nurses' notes do not adequately represent the complexity inherent in an expert nurse's practice. Expert nurses rely on tacit knowledge gained on the job in addition to theoretical and scientific knowledge in implementing effective nursing care. Even nurses trained in traditional, behaviorist classrooms tend to adjust their working practice with time and experience (Tanner, 1993). Recognizing the importance of this shift to more professional practice, nurse educators have turned toward teaching student nurses to think critically and to act more independently (Diekelmann, 1993).

Writing as means of learning began entering the nursing curriculum in the mid-1980s (Chapman, 1991), primarily as a means of moving nurses toward more autonomous, professional practice (Diekelmann, 1993). Proponents of writing to learn in nursing viewed writing as a process "through which information is shaped and understood" (Allen, Bowers, & Diekelmann, 1989, p. 6). Its appearance in the nursing curriculum has served numerous purposes. Writing is perceived as a means of capturing thoughts and learning content material (Allen, Bowers, & Diekelmann; Chapman); of dealing with emotions and, through narrative, of reflective practice (Hahnemann,

1986; Kennedy, cited in Williams, 1996; Messner, 1995; Tanner, 1993); of responding to issues and reconceptualizing thoughts (Allen, Bowers, & Diekelmann; Chapman); and of entering the profession through publication (Berg & Serenko, 1993).

Two key recommendations in the 1990s further promoted writing to learn in nursing classrooms. In 1992 the National League for Nursing began requiring critical thinking as an outcome criterion for the accreditation of BSN programs. In 1995 the PEW Health Professions Commission recommended that nursing programs prepare nurses to be more innovative, proactive, and part of an integrated health care system (Poirrier, 1997). In other words, critical thinking and problem-solving were re-emphasized as essential elements of nursing education.

Subsequent investigations of writing to learn in nursing courses and nursing programs show both cognitive and affective gains by nursing students who routinely write in their courses. Writing to learn enhances critical thinking abilities and improves comprehension and retention of course material (Dobies & Poirrier, 2000). In addition, writing, particularly reflective journal writing, emphasizes the caring dimension of the technical field of nursing. Such writing provides a forum through which students can examine their own personal and emotional experiences in clinical settings (Dobies & Poirrier, 1999). Art Young notes the critical fusion between technical and humanizing writing, indicating that writing to learn in current nursing programs represents "a new synthesis [in] professional/liberal/technical education" (Poirrier, 1997, p. xi).

The use of peer dialogue journals in TH100, then, was well-suited to goals for writing as they exist within nursing curriculums. In TH100, the peer dialogue journals served to help students learn content material, but more importantly to prompt reflection on how nursing, daily life, and spirituality are mutually complementary. Through their dialogue journals, these nurses could explore previously unexplored territory and build their own understandings.

While encouraging critical thinking, construction of knowledge, and reflection, the dialogue journals were, at the same time, ill-suited to the already ingrained practices of the veteran nurses in the course. Trained in behaviorist classrooms, these RRNs perceived of themselves as black and white thinkers in a setting where work was done correctly or incorrectly, as recorded in their nurses' notes. This perception belied even their self-reports of complex decision-making. The challenge for these students was to develop conscious awareness of their own intuitive and experiential knowledge (Bevis, 1993)

and of their own expert practice. In TH100 writing was the tool for raising awareness and calling black and white thinking into question.

Nursing and Theology: Two Different Worlds of Writing

When asked about writing for class and for work, Carrie wrote, "The writings for work and class seemed direct opposites to me." Indeed, the writing expected of students in THlOO clearly differed from writing performed every day on the job. The table below illustrates the differences.

Routine Writing Practices in the Medical Workplace and in TH100	
At **Work**	**In TH1OO**
▪ telegraphic *(brief)*	▪ elaborated through anecdote and analogy
▪ objective, accurate , impersonal	▪ subjective, speculative, personal
▪ confidential	▪ public
* work-specific in real time	▪ inclusive--work home, school— through past, present, and future

The literacy of nursing was, for these veteran nurses, well-developed and did indeed exert shaping power over their writing. In TH100, workplace literacy interacted with the new discourse of theology. In the classroom context these RRNs were theology students, apprenticing themselves to the language of that discipline. However, because the instructor's philosophy was that spirituality was a part of everyday life, working life became part of the course. The students' "nurseness" was continuously on the table. Students balanced the tension between these two literacies by being in two discourses at the same time (Gee, 1990).

The hybrid literacy which evolved bore markers of theology and of nursing. Nursing's influence made itself felt in some telegraphic writing, in the tension between objective vs. subjective writing, and in issues of confidentiality. Theology's discourse practices appeared in students' development of anecdote, analogy and metaphor, and elaborated ideas.

Brevity: Good Nurse's Notes Get to the Point

Conciseness was a much-admired feature of dialogue journal writing. Fran wrote, "There is not time for eloquence or excessive descriptions at work." As students read one another's dialogue jour-

nals, those few students who had been able to respond succinctly to assigned readings earned praise from their peers. After reading Laura's journal one evening, Jane reported the writing was enjoyable reading because "It was concise. It was complete. They [sic] had a good way of presenting their thoughts." Adam, who wrote one of the shortest dialogue journals was praised, too, for his brevity. "You are able to reply so directly to these questions," Fran wrote in his dialogue journal.

Students in TH100 stressed that in the medical workplace, lengthy communication is taboo. "In this type of work you abbreviate so much," Audrey said, at the same time talking about her uncle who had just been diagnosed with "colon CA with mets to the liver." Even her conversation was sprinkled with medical abbreviation. In dialogue journals abbreviations appeared frequently. Rather than patient, journals often read pt. With and Without were nearly always represented by abbreviated symbols. Because the dialogue journals were shared with peers, common abbreviations used by nurses created no reading problems. That an expert in theology was also a reading audience for this writing seemed not to matter.

Abbreviations appeared in dialogue journals throughout the 8-week course. Adam continued to write concise entries, for which readers consistently applauded him. In most cases, however, writers released themselves from the workplace dictum for writing "to the bone," as Ginger had described it. They took cues from the discipline of theology to elaborate on their writing, primarily through anecdote, analogy, and metaphor.

From the first class meeting, both the instructor and the textbooks for TH100 encouraged connections between course material and everyday life. Feelings and personal experience would be welcome and would, in fact, be expected as sense-making strategies. Dialogue journals became filled with writing which would have been completely inappropriate in a nurse's writing for work. These entries allowed students to grasp theological concepts by linking the unfamiliar with something familiar. Anecdotes about home and about work appeared. The death of Vivian's puppy, which she had rescued from the pound only a few weeks before the event she describes, became an entry through which she examined the role of prayer in her life:

> Sammy never went outside of the boundaries of the property. Because of this I didn't "chain him up" this time. I proceeded to change from my scrubs when I heard a "whimpering." I took it for granted that Sammy was ready to come back inside. When I went to the door I

couldn't believe what had happened. My beloved Sammy was lying on the street next to the pickup truck that had hit him.... All that I could do at that time is go over to my puppy and say a prayer even before I moved him from the roadway. I apologized to the lifeless animal for allowing him to go outside. The guilt was overwhelming. I prayed to St. Francis to ask for his intercession on mine and Sammy's behalf.

Cindy explored the question of intervention from a higher power in this anecdote about her work:

I can remember a night I was working [in the emergency room] and we had two young females that were in a car accident. I can remember saying, "If there is a god, please help me" and he did. I cannot tell you how I took care of both of these near-death patients at one time. I was the only nurse and the initial treatment they received in the first few minutes saved their lives. I had only two hands and to this day cannot tell you how I performed the tasks on these individuals, but I thanked God they lived.

Analogy and metaphor, used extensively in the course text and modeled for the students by their instructor, provided another means for understanding course material. As with anecdote, analogy and metaphor served as sense-making strategies. Perhaps the most stunning analogy came late in the course, after Paige had clearly spent time thinking about her work and its relationship to her reading. Her journal compared the nursing process with the prayer process as described by theologian Evelyn Underhill. Both Paige's reader that evening and the course instructor complimented the originality of this entry:

1. Preparation   Assessment
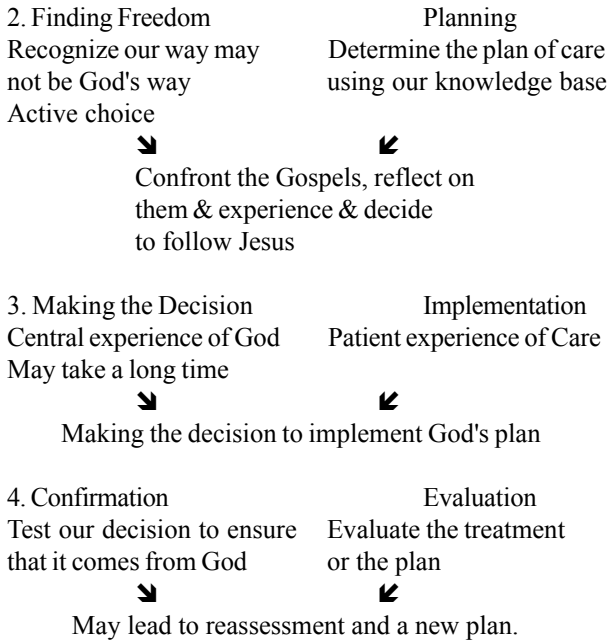Pray for light, freedom   Investigate the needs of
& discernment   the patient
              ↘   ↙
            Assess our spiritual needs

2. Finding Freedom	Planning
Recognize our way may not be God's way Active choice	Determine the plan of care using our knowledge base

↘ ↙

Confront the Gospels, reflect on
them & experience & decide
to follow Jesus

3. Making the Decision	Implementation
Central experience of God May take a long time	Patient experience of Care

↘ ↙

Making the decision to implement God's plan

4. Confirmation	Evaluation
Test our decision to ensure that it comes from God	Evaluate the treatment or the plan

↘ ↙

May lead to reassessment and a new plan.

By moving away from their workplace writing strictures, students' exploratory and personal writing solidified theological concepts. At the same time, some features of nursing discourse retained strong footholds in the dialogue journals.

Black, White, and Gray: Accuracy Counts Most on the Hospital Floor

Students taking TH100 encountered a learning environment very different from what they were accustomed to. When asked what they learned in the class, Ginger replied, "I learned to think. And there is no right answer." Dealing with abstractions and a multitude of possible interpretations created some anxiety for students who described themselves as working most comfortably with blacks and whites.

Nursing literature supports students' self-reports about their previous learning experiences. Although this is gradually changing, a nursing student's prior school experiences inculcate a correct answer, black and white way of thinking (Buchanan, 1993). Later, for a nurse in the workplace, there is little margin for error. Dosages must be correct; medications must be distributed at particular times. Audrey, a specialist in diabetes care, expressed the contrast between her work and the ever-present, unresolved ambiguities in TH100 when she

said, "I'm used to being specific. You know, I say to a patient, >Test your blood sugar four times a day before meals, about 20 minutes before you eat.' I'm used to dealing with lay people so it's all very specific." Nothing in TH100 was very specific. Everything was subject to personal interpretation, including the methods for writing one's dialogue journal.

Numerous stories like Cindy's, of working on her own in the emergency room to save two lives, emerged from among these students. Such stories strongly suggest that in actual practice a veteran nurse calls on much more than stimulus-response behavior and memorized reactions. Nevertheless, the nurses perceived themselves as black and white thinkers.

In a dialogue journal entry, Katy realized the value of exploring gray areas, but also stated where her preference lay. "This [TH100] is about the gray areas, again! Critical thinking, logic.... Black and white is comfortable. It is or it isn't. Gray makes my mind spin. But it does seem to open doors for me. It makes me feel and think in a totally new light or with a part of my mind I usually don't use." In her interview, Jane said, "As usual we [nurses] like black and white stuff. I'm a very concrete person." Paige seemed willing to consider a different reality. She said, "Nurses always say we're black and white. That is, I think, a part of our personality and a part of our educational process. It's this way in nursing. Not a lot of abstracts, but because you do deal with the human person and a lot of spiritual things with illness, I think we deal with more of that type of thing [gray areas] than maybe what we're aware of ourselves."

Paige was the exception. For many of these RRNs, allowing for ambiguities in TH100 meant setting aside their school and hospital experiences. This was not an easy task. Black and white thinking exhibited itself in striving for accuracy, and, in doing so, the students reproduced their nursing discourse in unexpected ways.

One prominent example of striving for accuracy appeared in several dialogue journals. In nurses' notes, mechanical errors or slips in thought must be corrected without obscuring the original text. Such corrections appeared in several dialogue journals. Cindy had written this line: "I think we ~~had~~ [error] as a society have the faith and basic history ..." Fran made a similar entry. "This process helps ~~but putting a s~~ [error] by giving a structure to the decision making process and helps organize our thought process."

When the instructor supplied the correction for a misprinted Bible reference that 20 of the 21 students had written responses to (surely another example of striving for accuracy), Ginger wrote new responses in her dialogue journal, this time to the appropriate pas-

sages. She introduced the new entries with these two headings, "Correction to typo error" and "Psalm 18 correction." Not only had she felt the need to backtrack and do over again something that was not caused by her own error (and which the instructor had not asked the class to correct), she identified the reason for the additional text. In nurses' notes, she would have made exactly the same kinds of notations.

The students' need for accuracy created some sameness in dialogue journals. Even though students wrote dialogue journals based on personal experience and viewpoints, they worried when their own writing seemed to differ too much from what they read in someone else's journal. Difference meant the dialogue journal had not been done the "right" way. Audrey, speaking to the writer of the dialogue journal she read on the first night of journal share, said, "Then when you [added a magazine article], I felt like I did that wrong." Getting the journal "right" meant having a dialogue journal that was similar to those of other students. Paige said that "because the approach was maybe a little different, I felt mine had to be wrong. That someone else's must have been right." She was relieved later in small group to know that everyone felt that way; still the initial response to this new form of writing was that difference meant inaccuracy.

Although many of the students' fears about correctness or accuracy in writing a dialogue journal diminished through the weeks of the course, they did not disappear completely. Another prominent example occurred late in the course when students wrote their own prompts for journal writing rather than obtaining them from the instructor. Anxieties rose anew over doing the writing "correctly."

During small group discussion in the 6th week of the course, Carrie discovered that her self-developed prompts differed in focus from those written by others in her small group. Carrie's immediate reaction was to assume that her prompts were incorrect. She said to the instructor, "They [Laura and Katy] analyzed the material. I guess I came from a much more basic point of view and I just wanted to know certain things about Evelyn Underhill." While all three writers had asked questions which tapped into their readers' opinions and experiences, Carrie alone had written prompts asking for information beyond what had appeared in their reading.

For the following week Carrie adjusted her writing; she stayed within the reading text, as Laura and Katy had done the week before. Having shared dialogue journals only within her own group that night, Carrie had no way of knowing that other students had written prompts similar to her own. Her reading and small group experience that week

had demonstrated "the correct" method for her. She adapted her own writing to match the method she had seen demonstrated.

The need for correctness also engendered competitiveness. When Cleo began writing entries to reflections the instructor handed out weekly, others did, too. In this focus group conversation, Adele and Jane clearly felt that their journals were substandard or wrong in some way if they did not follow Cleo's example:

> Tessa: The reflection paper we were to read that came with the journal - I didn't know we were supposed to respond to those.
> Cindy: I didn't either.
> Tessa: I read it ... but I never reflected on it in my journal
> Adele: I only started to after I read someone else's reflection. Oh, I better answer these.
> Jane: I did that the last couple times.

Whether they *wanted* to respond to the reflections was not the issue. Whether they *should* was.

That adaptations occurred with Carrie, Adele, and Jane and, in some form, with every student, is not surprising when one considers the influence of their nursing careers. As noted earlier, student nurses learn from the written models of more veteran peers. As they had probably done years earlier in nurses' training, the students turned to the models at hand to revise their own writing. In this way accuracy, i.e., doing the dialogue journal correctly, was maintained. Life on a hospital floor, where little margin for error exists, was preserved.

Confidentiality: Nurses Don't Disclose Private Information

During the first class meeting, the instructor had explained the dialogue journal saying, "This is not a diary." She had issued this caution so that students did not simply write about daily life without integrating day-to-day events with course material. The anonymous circulation of dialogue journals mitigated students' sense of exposure to some degree. Still, because of their nursing experience, maintaining confidentiality was second nature to these students and concerns surfaced quickly. They occurred on two levels: 1) How much personal disclosure was expected? 2) What did writers have the right to bring up about other people they knew?

The first sharing of dialogue journals aroused explicit objections. Paige reported, "I hate spilling my guts to strangers" and then included that line on her group's poster for general discussion. She explained, "I guess I'm just a very private person, and I just don't

easily share my inner feelings with people I don't know. In some way that inhibited some of my responses >cause I really kind of thought about, >What's somebody gonna think when they read this?'"

Gradually, students found ways to manage this shared, public text. Most simply monitored what they wrote, especially concerning themselves. Shelly wrote one lengthy journal entry about a situation at work, took it out, and replaced it before class with a more general statement. She said, "When I re-read it, I thought, >This is corny. Somebody's gonna read this and they're not even gonna understand anything I'm saying.'" Margaret and Carrie chose not to write about particular incidents they said were too personal to share. Nearly every student admitted to omitting something because peers would read it.

Because dialogue journals were exchanged at random, students sometimes read and responded to the journal of someone else in their own small group. This created other concerns about personal intrusions, as small groups were expected to discuss the journals they had read. After the first journal exchange, Audrey, in Jane's small group for discussion, discovered she had read Jane's journal that evening. Audrey said, "It makes me uncomfortable though, 'cause Paige and I both felt uncomfortable reading somebody's private stuff. And now ... you're here for me to talk about you.... I don't know how much ... to say because I don't want to embarrass you by things I might say about you. You know what I mean?"

Susan brought up the privacy issue in reference to writing about others. One journal prompt asked that the writer think of a close friend and describe that person. She said, "I guess as a nurse we're so impounded [sic] that confidentiality is everything and somehow, even to tell what that friend's job was or to tell in detail about that friend almost seemed to breach that person's confidentiality. And so I chose not to answer that. I wrote it down on another piece of paper and I answered the questions and then I did not put it in my journal."

Each of these examples occurred early in the course. Fears about writing that was too personal or reading and talking about a journal that used personal example diminished over the 8-week session. As students got to know one another, the trend in writing and small group talk was toward greater personal disclosure. The anonymity of the journals and readers' responses provided one form of accommodating students' need for confidentiality. Once a classroom community formed, trust in one another's good judgment provided another. Still, students made choices and wrote only what they felt was not a violation, to themselves or to someone they knew.

The Hybrid Literacy

Being in two discourses at one time had both positive and negative effects. An RN who served as a nonparticipating, informed reader for this study remarked, "[A nurse's] individuality and certainly one's interior life are not a part of the job" (Hannakan, 1996). Students responded to the opportunity TH100 offered to write about their interior lives. Their dialogue journals included information about families, important events in their lives, and routine happenings. Over the 8 weeks, dialogue journals provided a forum for revisiting and elaborating on themes which were important to the writers.

Simultaneously the discourse of nursing controlled the forms some of the students' self-expression took: brevity (in some cases), striving for accuracy, and concern for confidentiality. The unspoken expectation that journals would resemble each other pushed classroom standards higher, but at the cost of anxieties over adequate performance.

The classroom environment of TH100 made this hybrid literacy both possible and acceptable. While students were entering the unfamiliar terrain of theology, they could rely on the supporting structure of a familiar discourse which could make new concepts accessible.

So What? I Don't Teach Theology; I Don't Teach Nursing Student

The literacy events described here pertain not only to RRNs. These nurses simply represent a clearcut example of what happens each time students with strong workplace writing practices cross a classroom threshold. Yet, the literacy practices of returning students whose working lives demands professional levels of writing is largely ignored in academic literature. Instead, a school-to-work progression is assumed. College is perceived as the arena in which students begin to learn those discourse conventions which will serve them in good stead for their futures (Beaufort, 1999; Boiarsky, 1997; Dias, Freedman, Medway, & Paré, 1999; Odell & Goswami, 1985). Even Dautermann's (1997) study of nurses in Writing at Good Hope closes with recommendations for writing and nursing education courses that more closely match future workplace expectations for writing.

In contrast, Courage (1993) shows how the professional literacy of one re-entry student, a Pentecostal minister, served as a resource for her in her first encounter with academic writing. Viewing academic and nonacademic literacies as dialectic rather than mutually exclusive, he urges instructors to discover how nontraditional students draw on nonschool literacy to accomplish school assignments.

I make the same recommendation, especially when considering that writing a dialogue journal appears to have been a relatively simple assignment. In fact, it was not. In the alien linguistic territory of theology, these RRNs needed to rely on familiar linguistic forms. They also needed models from the instructor and from their peers, and time to discover how theology and nursing might merge together. As this instructor did, instructors in any course can explicitly demonstrate how language works in a discipline and seek comments from students about how language functions in their own workplaces. Re-entry students are a reality in many institutions. It is not only naive, but irresponsible, to assume they will check their workplace literacy at the door. Workplace writing practices will affect students' classroom performance. Instructors who want their students to meet with success will attend to these other literacies and should anticipate the appearance of hybrid forms.

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[1]A dialogue journal is a Awritten conversation" (Staton, 1988). In TH100 students read and responded to peers' journals anonymously. Dialogue journals were submitted in identical blue folders and under ID numbers rather than under writers' names; reader/responders signed their comments with ID numbers. Readers selected at random from the pile of journals on a front table each week.