Fostering Interdisciplinary Boundary Spanning in Health Communication: A Call for a Paradigm Shift

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Abstract

Scholarship in the field of health communication is broad, with interdisciplinary contributions from researchers trained in a variety of fields including communication, nursing, medicine, pharmacy, public health, and social work. In this paper, we explore the role of "health communication boundary spanners" (HCBS), individuals whose scholarly work and academic appointment reflect dual citizenship in *both* the communication discipline *and* the health professions or public health. Using a process of critical reflective inquiry, we elucidate opportunities and challenges associated with HCBS across the spectrum of health communication in order to provide guidance for individuals pursuing boundary spanning roles and those who supervise and mentor them. This dual citizen role suggests that HCBS have unique skills, identities, perspectives, and practices that contribute new ways of being and knowing that transcend traditional disciplinary boundaries. The health communication field is evolving in response to the need to address significant healthcare and policy problems. No one discipline has the ability to single-handedly fix our current healthcare systems. Narrative data from this study illustrate the importance of seeing HCBS work beyond simply being *informed* by disciplinary knowledge. Rather, we suggest that adapting ways of knowing and definitions of expertise is an integral part of the solution to solving persistent health problems.

Keywords: health communication, health professions, interdisciplinary research, mentoring

Scholarship in the field of health communication is broad with interdisciplinary contributions across multiple disciplines (Nussbaum, 1989; Walter, 2016). Researchers from diverse areas of educational preparation have contributed to the field, including those with traditional communication graduate education and those with preparation in the health professions and sciences, such as nursing, medicine, pharmacy, social work, and others. These diverse perspectives enrich the field of health communication (Kotowski & Miller, 2010; Real, 2010), especially in the areas of health information, health promotion, patient-provider interactions, and shared decision-making. This interdisciplinary research encourages multiple ways of knowing. Additionally, health communication scholarship across disciplines and epistemological perspectives influences policy nationally and internationally (Hannawa et al., 2014; 2015; Parrot, 2008). Given the interdisciplinary, heterogeneous nature of health communication research, the discipline is uniquely situated to move from basic to translational research spanning disciplinary boundaries to improve individual and public health outcomes.

However, health communication scholars engaged in collaborative interdisciplinary and translational research face significant barriers, including insufficient resources (Parrot, 2008); navigating disciplinary differences in epistemology and theory (Hannawa et al., 2014, Walter, 2016); incompatible and/or different requirements for advancement across disciplines (Hannawa et al., 2014; Thompson et al., 2010); insufficient training to conduct research in another discipline (Hannawa et al., 2014; Thompson et al., 2010); and an emphasis on theory development in communication studies, rather than theory application in the health professions (Hannawa et al., 2014). One recommendation for overcoming the challenges to interdisciplinary and translational health communication research is to *join forces* with other disciplines (Hannawa et al., 2014). One established group who accomplish these goals are health communication scholars who have been

trained in communication studies and collaborate with colleagues in the health professions and health professionals and scientists who actively collaborate with health communication scholars.

Our focus in this paper is on a different group — those health communication scholars who either hold *joint* appointments in communication and health professions or public health or who hold *full-time* positions in health professions or public health, yet conduct health communication focused research. For the purposes of this article, we call these individuals "health communication boundary spanners" (HCBS). We define them as individuals whose scholarly work and academic appointment reflect dual citizenship, that is, bilingual and bicultural membership in *both* the communication discipline *and* the health professions or public health, including "nurses (both registered and advanced practice), pharmacists, physician assistants, physicians, and others that sometimes come under the rubric of allied health...including, for example, psychologists, counselors, and social workers" (Institute of Medicine, 2003, p. 24). HCBS also include public health communication professionals whose work exists at the various intersections of mass communication, health education, epidemiology, and psychology (Bernhardt, 2004). To our knowledge, the challenges and experiences of this group of health communication researchers — those whose scholarly and academic homes span two (or more) different disciplines as dual citizens — are uniquely different than the varied perspectives of other individuals conducting interdisciplinary research (i.e., traditionally-trained communication scholars collaborating with health professionals or health professionals collaborating with health communication-prepared individuals).

Prior research has used the term *boundary spanner* in various ways. In organizational communication, a boundary spanner is characterized as an individual who discursively connects its organization to its environment (Nelson-Marsh, 2017). Boundary spanners often serve as

bridges, sharing knowledge or practices between organizations and encouraging collaboration. In nursing, a *boundary spanner* is described as an individual who extends the reach and representation of nursing to others, including other healthcare stakeholders; the boundaries between multiple care delivery sites; and even the boundaries between nursing administration and individual nurses offering direct patient care (De Regge et al., 2020; Sitterding et al., 2015). Within educational development, *boundary spanners* are university faculty or staff with hybrid identities who work in the liminal space between academic cultures and within institutional power dynamics (Little & Green, 2012). For the purposes of this article, we maintain that HCBS differ from interdisciplinary health communication scholars in the following ways: boundary spanning (a) is not "visiting" another discipline, rather it represents an intellectual dual citizenship in two disciplines, such as communication studies and allied health professions or health services research; (b) is a long-term commitment, representing a level of permanence, with the responsibility to contribute to at least two distinct disciplines, organizations, or institutions; (c) involves moving into another physical or intellectual space, working with different colleagues, and following different rules of conduct governed by divergent norms; (d) acquires and uses multiple languages and cultures reflected in each disciplinary area; and (e) requires an active decision to live in two different intellectual cultures simultaneously. Examples of HCBS might include a communication studies-trained scholar who works as faculty in a medical school; a nursing scholar whose research addresses health communication and whose publications, conference attendance, and mentoring spans two disciplines; a physician-researcher who contributes to health communication theory development and international standards on communication training and evaluation strategies; and a communication studies scholar with a joint faculty appointment in both communication studies and public health.

In this article, we use critical reflective inquiry to elucidate opportunities and challenges associated with HCBS in order to provide guidance for trainees and others pursuing boundary spanning roles. This article may also provide insight for those who lead, supervise, or mentor HCBS. Our authorship team draws on decades of academic career employment with diverse experiences of dual citizenship who are actively straddling the disciplines of communication studies, medicine, nursing, and public health. We represent differing educational backgrounds, career trajectories, professions, positions, and levels of experience from early career to senior scholar HCBS.

Methods

We used a process of critical reflective inquiry (CRI) (Bolton, 2005; Galutira 2018; Keating et al., 1996; Kim, 1999) to explore the challenges of HCBS. Rooted in continuous learning, CRI is an iterative process that integrates reflection as a way of thinking (Dewey, 1933), a way of knowing (Schon, 1983), a way of interrogating social and political contexts (Freire, 1970), and a way of interacting with the environment (Galutira, 2018). Bolton (2005) posits that reflective practice is not merely sharing personal experience, but rather involves a deep examination of political and social practices that restrict personal and professional development within the context of the person's environment, which can facilitate or hinder reflective inquiry (Galutira, 2018).

Our approach was informed by Keating et al.'s (1996) four assumptions that guide the CRI process: (1) organizational members possess tacit knowledge of an organization's problems; (2) a structured, iterative reflection process can bring this tacit knowledge to the surface; (3) variation in perspectives can reveal "creative tension necessary for learning;" and (4) similarities in perspectives can lead to action prompting organizational change. Keating et al. summarize: "the process makes explicit and testable many of the key mental models and assumptions that were

previously tacit and individual" (p. 36). Collectively, our authorship team shares an identity as HCBS, yet we represent diverse career roles, stages, and career trajectories. Therefore, the process of CRI allowed us to systematically uncover shared experiences and distinct trajectories of boundary spanning careers. The group experience central to reflective practice can encourage individual sensemaking as organizational members often serve as a mirror that allows each member to see their own thoughts and actions in the narratives of others in a way that encourages reframing and self-awareness (Brookfield, 1998). We used CRI to expose the tacit knowledge uncovered through the process of reflection that will help current and future HCBS who are navigating the tensions that initiated our original exploration.

Procedures

We iteratively collected and analyzed data for this manuscript using the three sequential phases (Kim, 1999): descriptive, reflective, and critical summarized in Table 1. First, we used the *descriptive phase* to elicit narratives of actual experiences including descriptions of actions, thoughts, and feelings (Kim, 1999). This phase began while preparing for a discussion panel on navigating disciplinary boundaries presented in the Health Communication Division at the National Communication Association (NCA) 2018 Annual Convention in Salt Lake City, Utah. Each author wrote narratives of their experiences navigating a boundary spanning academic position. We focused on describing specific scenarios that highlighted the challenges and opportunities of careers that transcend disciplinary boundaries or illuminated cultural and organizational differences between our various positions. The panel organizer (AK) assembled these initial experiences from the participants (AK, KHL, CB, MC, SS) into a slide deck that provided a starting point for the panel discussion. One panel attendee (CJK), who was also a HCBS, participated in the discussion and ultimately joined the authorship team to offer additional

experiences. Following the conference, the authors generated and elaborated our narratives throughout the manuscript development, which continued iteratively throughout the development and submission of the manuscript to ensure a comprehensive and rich data set.

Next, we shifted to the *reflective phase* in which researchers typically compare narratives to existing theories and ways of knowing to look for "coherence and consistency" while noting "systematic inconsistencies and disparities" (Kim, 1999, p. 1209). We held regular videoconference meetings over the course of 22 months (August 2018-June 2020) to discuss our experiences and to collaboratively identify salient themes and tensions. During this period, we organized the descriptive narratives into a meaningful framework, including the conceptual framework of CRI, the idea of organizational boundary spanning, and the tensions between academic and applied health communication. This phase was dedicated to sensemaking informed by our shared experiences, but also our diverse experiences and epistemological perspectives.

After creating our overarching framework, we began the *critical phase*, evaluating organizational practices and discourses that reinforce conflicts and inconsistencies (Kim, 1999). This phase continued after receiving comments from two anonymous reviewers and the editor of *Health Communication* (April 2020) that helped us refine our framework. The critical phase is not terminal; rather, it serves as a way of encouraging ongoing learning to critically examine challenges and opportunities afforded those who choose to embrace a boundary spanning career.

[INSERT TABLE 1 HERE]

In the major sections below, we describe three challenges and two opportunities to provide exemplar narratives related to boundary-spanning identities and practices.

Challenges

Boundary Spanners Maintain an Identity in Two Disciplines

Our narratives related to shaping our scholarly identities derived from the challenges of establishing oneself as a dual citizen of both disciplines. Early career HCBS are often excited to have obtained a position in an interdisciplinary environment that aligns with their career goals. However, they face the unique challenge of conducting research across two disciplines as they establish themselves as an independent scholar. One author's narrative reflects this tension:

> Early on in my appointment in a communication department, I was cautioned about being not "communication enough." Yet, when I would approach collaborative grants in the medical school, I was always told, "You're the communication person; you tell us how to measure that clinical skill." Figuring out how to balance being "not enough" in one place versus the "only person" in another created a unique challenge as I articulated my case for promotion and tenure. (KHL)

This quotation illustrates some key tensions with HCBS, namely, being regarded as neither an insider to one's discipline of origin or health communication. Health professionals who transcend boundaries are at increased risk of an unsupportive workplace environment because to clinical peers they are not "clinician" enough, and to interdisciplinary colleagues they are "too much of a clinician" to provide value to other disciplines but especially their disciplinary science. This tension is particularly present among clinician scholars who struggle to meet university's requirements for scholarly activity for promotion, tenure and other academic awards as the criteria for these professional milestones is often the demonstration of impact to the science, while simultaneously maintaining professional practice hours required for board certification or licensing (Bosold & Darnell, 2012). Another example consists of physicians in academic medicine, who are increasingly expected to engage in scholarly activity, yet few receive adequate training in social scientific research methods (Stevenson et al., 2017). To successfully fulfill scholarly

expectations, HCBS must become well-versed in strategies for disseminating research in two different disciplines, recognizing that presentations and publications in health science versus communication outlets require different formats, serve different purposes, and reach different audiences. Yet, our narratives revealed that achieving balance can be challenging.

The excitement of developing a research career can be overwhelming for any new scholar but especially when trying to negotiate areas to focus professional efforts across disciplines. Scholars must learn which skills from their training have value in a boundary spanning role. Those working in academic medicine will find that the discipline has history of prioritizing quantitative research methods (i.e., biostatistics, clinical research) over qualitative research methods. However, qualitative and mixed methods are increasingly recognized for their value in integrating the voices and perspectives of patients, families, and clinicians in healthcare research (Barbour, 2003). For example, the Patient-Centered Outcomes Research Institute (PCORI) supports rigorous patient-centered research that aims to enhance shared-decision making and improve health outcomes (Sheridan et al., 2017).

Scholars who pursue careers in the same discipline as their academic training may have some underlying familiarity with the norms and expectations within their home discipline. Conversely, HCBS who accept a position outside their academic home must navigate varying, and occasionally conflicting, cultural norms that shape future success, as the following narrative illustrates:

> Although I had developed a teaching philosophy and was trained to confidently address the principles of effective instructional communication, this was a secondary concern during medical school job interviews. I had to modify the job talk format I was taught to prepare in graduate school to address my potential to secure external funding and my 5-

> year funding goals. Before these interviews, I was well-prepared to discuss my personal research goals and outline my 5-year research plan, but I was less prepared to map this on to grant funding. I spent hours combing through the NIH website, attended grant-writing workshops at conferences, and downloaded the NIH "All About Grants" podcast to start to learn the language of grant funding. (AK)

Boundary spanning means immersing oneself in a new culture, learning new facets of organizational and institutional values with their own unique norms and expectations that one must typically learn informally. Prospective HCBS should anticipate substantial epistemological, methodological, epidemiological, and cultural knowledge gaps when entering other disciplines, and they should be prepared to conduct both independent and mentored research to find ways to address those gaps. For example, some of those trained in communication departments may be surprised to learn that communication skills training during medical school does not typically occur in a semester-long course in "doctor-patient communication." Instead, medical students receive communication training and curriculum across multiple classroom, clinical, and simulated environments over the course of their training and residency. Having an understanding of curricular structure across disciplines can help HCBS identify where their expertise in communication may be most beneficial and well-received. Given the many challenges and learning curves, HCBS benefit from mentors who help navigate this foreign intellectual terrain.

HCBS must learn and speak the language as a dual citizen of multiple disciplines, becoming bilingual and bicultural members of their organizations. While the language of research often crosses disciplinary boundaries, the language of nursing and medical education differs significantly from traditional communication education. Learning the language is important for acceptance as a member of the culture — especially for communication scholars who teach in

health professions schools. Shifting across boundaries can feel as if one is learning to write and speak in a foreign language, as the following experiences illustrate:

> When I was first hired in a medical school, I got excellent advice to become a "student of the culture" for the first three months on the job. I asked colleagues if I could shadow them on rounds. I observed a PI working in the lab with his postdocs and graduate students. These experiences helped me to understand the implicit norms that were an important part of the culture of academic medicine. (KHL)

> As a postdoc in my first year, I remember being completely puzzled by the language people were using. I couldn't understand the cultures in which I was immersed — health policy, health services, and clinical research. They spoke a foreign idiom and used such diverse research methods I wasn't familiar with. I wrote down words/phrases I didn't know and looked them up. This went on for at least three months before I really started to recognize how the conversations around me were related to research methods I already knew. It was literally a re-education. I added to the skills I developed during my PhD. (CJK)

Each organization has its own culture that must be learned. These quotations describe different acculturation processes for HCBS to acculturate to an unfamiliar environment. Note that basic research skills were critical to learning the norms of the new setting for those trained in communication studies. Conversely, health professionals who aspire to work in the communication studies discipline may have to shift their vocabulary from a focus on clinical outcomes and significance to the language of research design, methodology, and communication theory.

Because scholarly productivity can be defined in different ways, regardless of the measurement standards, HCBS who desire advancement are expected to produce scholarship that demonstrates value to their departments, institutions, and intellectual communities of practice. For

example, although first or single-authored articles may be most valued in communication studies as well as other disciplines, health professions faculty may equally value external funding, policy initiatives, team science, clinical education, and leading local quality improvement projects. Boundary spanners approaching tenure and promotion often must negotiate multiple expectations, some of which may be tacit or ill-defined, making it essential to ask explicit questions of institutional leaders about productivity expectations. A challenge for HCBS is achieving a scholarly identity as well as achieving recognized benchmarks of success in multiple disciplines, as the following experience exemplifies:

> When seeking promotion, nurses often disseminate in discipline-specific outlets to achieve an identity and recognition as a nursing scholar. The same is true for traditionally prepared health communication scientists trying to achieve success and scholarly identity within health communication. (MC)

Each professional organization, conference, and journal all have shared norms that are typically socialized during training and early career activities. In our collective experience, learning these norms is akin to taking up residence in a new culture in which boundary spanners strive to become bilingual and bicultural. As they become more senior, HCBS may be precluded from these awards because professional impact can be difficult to achieve due to disciplinary- or organizationally-specific standards for evaluation that may not appreciate the unique path of a boundary spanner or the value of a dual citizen who bridges disciplines.

Achieving promotion or tenure may also be more challenging for HCBS for some of the aforementioned reasons such as narrow disciplinary expectations; publishing only in communication journals; or, for those with joint appointments, a double standard, such as being expected to have a sustainable funding stream in one discipline but not in the other, while others

in your college or department are not held to the same standard. Moreover, tenure and promotion systems may not be flexible enough to accommodate boundary spanners.

Boundary Spanners Mentoring Needs Are Unique

By definition, a mentor is someone who is considered knowledgeable, approachable, and trustworthy, thus mentors for HCBS take on the crucial and unique role of assisting in career advancement across multiple disciplines. Finding mentorship in both disciplines is important if one intends or is required to achieve recognition across disciplines. Early in their careers, HCBS may struggle to find mentorship that meets their unique professional needs:

> Early on, my challenge as a communication scholar and junior faculty was navigating a medical school setting where faculty have different scholarly and clinical backgrounds and research interests, making it difficult to identify an optimal mentor who understands my background, career goals, and who supports my efforts in pursuing opportunities for advancement. For a communication scholar working in a medical school, finding the right mentor(s) early is key to success. After three years of searching and trial and error, I finally found a mentor who works in the medical school, is dedicated to mentorship, has a background in both communication and qualitative methods, and thus has helped me navigate the challenges and opportunities of a boundary spanning career. (SS)

In fact, the challenge to find mentorship locally was the initial motivation to assemble an NCA conference panel of HCBS from across the country. Our ongoing conversations revealed the vital importance of mentorship, and its significant was reflected by those of us lucky to work with boundary-spanning mentors early in our careers:

> As an early career faculty member, I transitioned into a behavioral science department at a major cancer center. In this position I was able to get the mentorship and experience I

needed on grant writing, clinical research, and medicine to help me become the kind of scholar and educator I wanted to be. Additionally, I was able to provide a fresh perspective to my colleagues. I often felt like I was an advocate for the communication discipline, making introductions for department colleagues to other communication scholars, and explaining our discipline and our journals. (CB)

As these narratives illustrate, mentorship is key for obtaining additional knowledge and skills unique to other disciplines, as experience is key to navigating unfamiliar intellectual terrain, socializing the uninitiated into tacit norms, and helping with procedural knowledge that may differ across boundaries. Mentors may assist in developing research projects, navigating grant writing, providing financial support, giving practical advice for working on an interdisciplinary team, recommending scientific, career, and organizational champions, and helping establish a professional interdisciplinary network (Abedin et al., 2012; Chopra et al., 2016).

Regardless of discipline, mentoring is aligned with being a good steward of science within and across disciplines. Boundary spanners may find some mentors entrenched in disciplinary silos that may not support a mentee's interest in spanning across disciplinary boundaries. The reasons for this can include lack of knowledge about viable boundary-spanning career opportunities and trajectories, disciplinary myopia, and disinterest in expanding disciplinary boundaries. Mentors can also be absorbed in their own projects and careers that can manifest as benign neglect of mentee's training goals (Chopra et al., 2016); this may be especially true when they come from another discipline, as career development needs and institutional support are different for HCBS who may need additional mentorship acculturating to a new discipline.

Boundary spanners are advised to make connections with multiple mentors. Many of us have separate mentors for career trajectories, intellectual work, service opportunities, equity, and

even self-care. Regardless of one's career stage, we have all learned from the experiences of other HCBS who may provide guidance and serve as a source of informal mentorship on the undefined practice of crossing interdisciplinary boundaries. Establishing supportive mentorship is essential for the HCBS to establish a unique and valued scholarly identity that reflects dual citizenship.

Boundary Spanners May Struggle to be Accepted in Their Home Disciplines

Balancing contributions in both disciplines can lead to a challenge for boundary spanners who feel not fully accepted in either discipline. Boundary spanners who are scholars and health professionals may feel as though they are not accepted into the communication discipline. Similarly, those trained in communication studies who pursue a career in the health professions or public health may feel judged by their fellow communication scholars as having left the discipline or chosen a career "outside of academia" as this narrative illustrates:

> For the 13 years I spent working in administrative and faculty positions in academic medicine, I constantly fought the perception of those in traditional communication departments that I had "left academia." I was often invited to speak on panels regarding "job opportunities outside of academia." Even very recently I referred to my career as not following a traditional academic path, and a colleague responded that non-academic careers make the academy richer. During my time in academic medicine, I published peer-reviewed publications, wrote grants, conducted research projects, taught courses, provided service, and held faculty appointments. How anyone can call my work "non-academic" is hard for me to understand. (CB)

Boundary spanners trained in communication studies can experience imposter syndrome in a clinical environment, and those trained in the health professions may feel as though they are viewed solely as a connection to clinical contexts rather than a true scholar (Hutchins, 2015).

Sometimes, those who span two disciplines are viewed as less qualified for leadership positions in their home discipline. Traditionally, universities and academic associations have rewarded focused specialization. Choosing to return to your home discipline after working in a different setting may result in leaders viewing your work as diluted, rather than appreciating the richness that you provide. For example, it can be a challenge to help administrators in communication studies understand how experience in training residents and medical students helps, not hurts, one's ability to teach and train undergraduate and graduate communication students. Boundary spanners have a responsibility to learn other disciplines' theories and methods to discover multiple ways of knowing, so the transition across boundaries with the ultimate goal of dual citizenship, is less turbulent.

Opportunities

Boundary Spanners Bring Novel Methodological Skills and Epistemological Perspectives

Training in social scientific research methods is particularly valuable for scholars who work in clinical settings. Our experience with fundamental research skills, such as creating conceptual and operational definitions, writing interview protocols, coding and analyzing transcripts, and preparing manuscripts for publication, is valued in collaboration across disciplines:

> As the lead qualitative methodologist in the Northwestern University Center for Outcomes Research and Education, I collaborate with a variety of interdisciplinary teams in new areas and am constantly learning about new conditions, patient populations, and contexts with which I had limited to no prior experience. As a junior faculty member in this role, I learned my expertise in qualitative methods is a much-needed commodity in a medical school, and a skill that has opened doors for networking, collaboration, funding, and has enabled me to explore new avenues of research interest and communication scholarship. (SS)

> The qualitative methodology and project management skills I began learning in graduate school were expanded as a postdoctoral fellow. These practical skills were essential for the Principal Investigators at the medical center needed to conduct mixed methods research and for me as I built my academic research and publishing credentials. These skills helped me transition from postdoc to staff member and, ultimately, to PhD faculty in a Department of Medicine. (CJK)

Over the past 10 years, the use of multiple and mixed methods has become more salient across public health, medicine, nursing, and epidemiology. HCBS can help shape clinically-relevant and theoretically-informed research questions to improve population health across illness types and social differences. Given the increasing need and value placed on qualitative and mixed methods research in health professions, HCBS can leverage these skills to add value as well as create networking and collaboration opportunities.

As we recommend HCBS to share their research expertise, we also recognize the importance of theoretical education. Communication scholars add value by bringing communication theory to other disciplines. Street et al. (2009) called for more research that develops strong theoretical explanations for the connection between communication and health outcomes. The following narrative suggests that HCBS are uniquely well-positioned to address this challenge:

> I used communication theory as the basis for the research I was conducting as a staff member, even though the research was not directly related to communication. When writing grant method sections, I incorporated my favorite theoretical and methodological perspectives. When it came time to write up results, I built on the theories I knew (and loved) and worked with more senior researchers to get the pieces published in academic

> medical journals. This demonstrated to my mentors and clinical research collaborators that skillful application of theory not only provided value, but occasionally helped a manuscript to get published or a grant to get funded. (CJK)

Communication studies-trained HCBS can facilitate the integration of communication theory into research design, analysis, and interpretation. Theoretically-informed research is essential regardless of discipline. Finding balance between applied and theoretical research is critical, but challenging for an some HCBS, as not all disciplines prioritize theory over empirically-based health outcomes. However, we feel this is a critical element for the boundary spanner to build a sustained program of theoretically-grounded interdisciplinary research.

Boundary Spanners Are Cultural Ambassadors

Boundary spanners should remain mindful of their potential to bridge language and cultures as dual citizens of unique disciplinary cultures. For example, faculty trained in the health professions are often not aware of many of the fundamental principles upon which communication education and research is built. One author explained an "aha!" moment that occurred when clinically-trained colleagues found a taken-for-granted assumption about communication to be novel and insightful. Another author explained that the professional relationships and cultural capital she established in the medical school proved to be very valuable to her communication colleagues. However, this knowledge is the result of intimate familiarity with clinical and applied research cultures:

> For both my thesis and dissertation, I immersed myself in a multidisciplinary clinic at a large children's hospital. I spent over 200 hours shadowing before collecting data and during data collection. The conversations I witnessed in these halls — among the team of clinicians and with the patients and their families — shaped the questions I was asking as

> a scholar. They were rooted in the lived experiences of the patients and the chaos of the clinical environment. Once I started presenting my findings to the clinicians, I realized that the answers to the questions I was posing could make a real difference in how they approached patient care. (AK)

The above narrative highlights the mutually beneficial partnerships between HCBS, clinicians, and researchers who often have the goal of improving communication, health literacy, and quality of care. HBCS act as cultural ambassadors bridging cultures, as experiences conducting research, explaining ideas to clinicians and patient populations often give them insight to clinical processes, organizational climates, and everyday people who are ill and their families. Whereas early career HCBS may be concerned with finding like-minded colleagues, experienced HBCS can create opportunities for shared language across disciplinary boundaries and to claim the boundary-spanning territory as dual citizens of research and clinical cultures. However, dual citizenship comes with additional responsibilities:

> When one considers becoming a boundary spanner, the challenge is to achieve success and identity in multiple disciplines. For example, nurses investigating health communication science must additionally disseminate in traditional communication venues such as the National Communication Association (NCA), and recognized communication journals to achieve a scholarly identity in these forums. Similarly, traditionally prepared health communication scientists, especially those employed in settings other than an academic communication department, may choose to achieve scholarly identities within fields such as medicine that have their own recognized journals and conferences. (MC)

Regardless of the extent of one's experience, HCBS must continue to develop and maintain relationships with scholars from diverse disciplines in the social, humanistic, and health

communication arts and sciences. Our authors have all been a bridge for collaboration between disciplines across the health professions and communication, acting as advocates for the communication discipline, mentoring junior scholars, and promoting communication journals and conferences within academic health professions. Boundary spanners also have a responsibility to reach out actively to other disciplines to learn new directions and opportunities for assisting others in their goals for patient-centered care, equity and inclusion, and research justice. Increasing attendance at health conferences often builds relationships with colleagues and clinical partnerships for support, inspiration, and mentorship to develop and maintain collaborative relationships with colleagues across disciplines.

A Call for a Paradigm Shift

In this article, we defined the intellectual role of health communication boundary spanners (HCBS) and describe some of their responsibilities as intellectually bilingual, bicultural dual citizens of two distinct disciplines of health communication, the health professions, and public health. Using an iterative process of critical reflective inquiry, our authorship team described our experiences, reflectively organized these experiences to compare similarities and differences, and then worked to critically evaluate experiences by questioning how those experiences reflect larger trends in communication studies and the health professions and public health. We acknowledge that our experiences are neither representative nor exhaustive. However, they represent a variety of approaches to embodying what it means to be HCBS.

The results of our process helped us systematize and describe the complex experiences as dual citizens of the disciplines in which we occupy, namely, health professions, health services research, and communication studies. Challenges include maintaining a viable professional identity across two disciplines; finding mentorship; and gaining acceptance and navigating cultural

norms as a dual citizen. Opportunities include introducing novel methodological tools and epistemological perspectives to other disciplines; theory development, measurement, and application; and creating new forms of scholarship that transverse disciplinary, methodological, and paradigmatic boundaries. Based on the reflexive process of this literature review and data analysis, we propose several approaches to affirming HCBS as key players in our academic institutions: both for individual researchers and for leaders of units, departments, and organizations.

Individual Scholars

As individual scholars, HCBS have ample opportunities to innovate at the intersection of communication sciences and health professions to build bridges across disciplinary silos. We offer the following three recommendations to help HCBS traverse sometimes inhospitable organizations and institutions.

1. **Become a steward of multiple disciplines**. Boundary spanners should look for opportunities to strengthen disciplinary homes with the unique methodological, epistemological, and practical approaches of the other discipline. By learning the strengths and weaknesses, HCBS have the cultural capital to improve both disciplines.
2. **Contribute to a culture of boundary-spanning mentorship.** Boundary spanners should reach out to mentors who can help them navigate citizenship across disciplines and serve as mentors to graduate students and early career scholars. Mentorship in these dual citizen roles is more critical than ever, given that many institutions' appointment structures and reward systems are not designed to support this work.
3. **Advocate for a cross-cultural approach to health communication research.** Boundary spanners should confront assumptions guiding research in both of their home disciplines

and continue to identify areas of research that *require* input from scholars with intimate knowledge of communication and health professions.

The burden to lift up the work and careers of HCBS should not rely solely on the scholars themselves; as our argument above indicates, we believe HCBS' unique worldviews improve the scholarship of the health communication field and, ultimately, the lives of patients.

Organizational Leaders

Organizational leaders such as department chairs, deans, and administrators can inform administrative practices designed to support HCBS in their career development.

1. **Recognize the merit of and advocate for scholarship across disciplines.** Encourage *and reward* HCBS, whose research is disseminated to diverse audiences through traditional avenues such as conference presentations and publications, as well as through public-facing avenues such as op-eds and "thought pieces" exploring new ways of being, doing, and thinking. Revise promotion and tenure criteria to move away from only valuing siloed programs of research to recognize and reward boundary spanning collaborations.
2. **Promote interdisciplinary education and career paths.** Boundary spanners are trained in a variety of disciplines including nursing, medicine, public health, education, and communication. Leaders can develop minor programs and encourage/require electives in allied fields to enable a smoother transition for HBCS. This approach to education allows students to develop the language of both disciplines, trying out dual citizenship before completing an academic program. Further, career development advice should include consideration of a postdoctoral fellowships, public policy work, and other non-traditional scholarly careers.

3. **Advocate for HCBS mentorship.** Many senior scholars have, over time, cultivated identities as HCBS, often by forging their own paths independently in multiple disciplines. In fact, many of our own mentors and scholars cited in this paper were the original HCBS. They, themselves, lobbied deans and chairs for dual appointments, argued to have their expertise represented on grant teams, and successfully navigated promotion and tenure processes not designed to reward interdisciplinary work. These scholars have important institutional memory and cultural capital that should not be lost or swept under the rug as a "unique case."

Health Communication Boundary Spanners (HCBS) have unique skills, identities, perspectives, and practices that contribute new ways of being and knowing that transcend traditional disciplinary boundaries. Our assertion that HCBS are bilingual, bicultural, dual citizens of multiple disciplines emphasizes the liminal quality of our expertise. As a result of our status as betwixt and between, we invent new methodological techniques, we apply current theories, and we create new scholarly products that synthesize our multiple areas of expertise. However, HCBS are not simply concerned with science for science's sake, whether health or communication science; rather, our work contributes to multiple goals, including training the next generation of clinicians, social, and health scientists, and to inform policy discussions about population health. In short, our collective goal is to envision a model of reflective, engaged scholarship that moves beyond current disciplinary silos. Our experience demonstrates the importance of being embedded in multiple disciplinary and organizational cultures for an extended period. Collectively, we have needed to be part of multiple disciplines before we acquired the ability to effectively translate and interpret ideas between disciplines. Our logic is synergistic and immersive, rather than additive. We have become cultural ambassadors for diverse stakeholders. Our ways of knowing are central to solving the range of

complex and pressing health problems, none of which are single-discipline problems, including cancer care and survivorship, trauma and mental health, structural oppression of Black, Brown, and Indigenous peoples, and the myriad problems associated with combined bio-psycho-social-spiritual domains.

The field of health communication is evolving in response to the identification of and the need to address significant healthcare and policy problems within the United States and internationally. No one discipline has the ability to single-handedly fix our current healthcare systems, propose and implement policies that promote population health, or mitigate the collective impact of complex physical, mental, and social health issues, from cancer, diabetes, and depression to access to care, racism, and other forms of structural oppression. We need creative approaches and diverse voices to address these issues (Clayton & Ellington, 2011). The narratives we provide throughout this article illustrate the importance of seeing HCBS work beyond simply being *informed* by disciplinary knowledge. Rather, our collective experience suggests that adapting our ways of knowing and definitions of expertise is an integral part of the solution to solving persistent health problems. HCBS commitment to dual citizenship makes us uniquely situated to address these problems.

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