

FEATURE

Articulations of antimicrobial resistance in trade union financed journals for nurses in Scandinavia – A Foucauldian perspective

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Abstract

Antimicrobial resistance (AMR) in bacterial infections is a growing threat to humanity and a challenge to healthcare systems worldwide. Healthcare professionals have an important role in preventing AMR and the spreading of infections. This article focuses on trade union financed journals for nurses in Scandinavia studying how the journals articulate AMR to its readership. A systematic literature search over an eleven-year period was conducted, using web-based national trade union financed journals, searching for 'bacteria' and 'resistance'. A thematic analysis, inspired by Foucault's concepts of power and governmentality, was made of 131 texts to understand, which kind of practices, strategies and policies the journals frame regarding AMR. The time period studied resulted in the recognition of four separate themes: the horror scenario, the 'dangerous' other, healthcare professionals as a source of resistance development and AMR as a field of research and producer of research qualifications. The study concludes that the journals tend: to present AMR in apocalyptic terms with more research and pharmaceutical industries needed for avoidance; to point out problems in other countries, populations, and sometimes nurses' working conditions, but primarily with other professionals' behaviour; and lastly, to present the nurse as a good fairy and disciplinator of doctors.

KEYWORDS

antimicrobial resistance, articulations, foucault, nurses, trade union journals

1 | INTRODUCTION

The World Health Organization (2017) defines AMR as the resistance of bacterial, viral, parasitic and fungal microorganisms to antimicrobial medicines that were previously effective for treatment of infections. The emergence of antimicrobial resistance (AMR) is a contemporary social problem and has come to prominence as a global priority for policy makers (Andersson et al., 2019; Center for Disease Dynamics, Economics, & Policy, 2015; World Health Organization, 2015) and a subject for debate among healthcare professionals (van Katwyk et al., 2018). AMR is also a problem that will change how healthcare

professions organise their work and practice (Gröndal, 2018) since modern healthcare is very much dependent on active and effective antibiotics. On a daily basis, modern healthcare is organised and operates by using antibiotics both for direct treatment, prevention of bacterial infections and by having a central role in preventing spread of diseases. However, since antibiotics in general are losing the ability to treat and prevent bacterial infections, the progression of AMR calls for a reconstruction of clinical practices in situations where cultural and incorporated beliefs and behaviours regarding use of antibiotics need to be challenged. Healthcare systems consist of heterogeneous organisations (e.g. International Council of Nurses, 2020; World Medical

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Association, 2020) with different professions working alongside (Glasdam et al., 2020). All healthcare professionals anchored in the corpus Hippocraticum and the Hippocratic Oath; doing no harm, and tend to share care for the patient as the main objective (Hoeyer et al., 2005; Houghton et al., 2010), also when it comes to treatment with antibiotics and prevention of AMR. On a global scale, it is unfortunate that after decades of different antibiotic behaviours in healthcare systems, different routines in departments and even misuse of antibiotics in societies, an emerging global problem has been created that might undermine the power of one of the most effective tools in modern healthcare.

Research shows that through their organised clinical practice, healthcare professionals themselves play a major role when it comes to the spreading of infections and the development of AMR, as they act as carriers and thereby transmit resistant bacteria to patients (Fracarolli et al., 2017; de Oliveira et al., 2012). However, as a profession, nurses can also play a central role in the improvement of prevention and control (IPC) of bacterial infections (Kyratsis et al., 2019). Studies argue that nursing perspectives, active participation of nurses and organised clinical practice are crucial to both IPC, and to strategies to reduce AMR development and to gain optimal success of antibiotic stewardship programs across the entire spectrum of healthcare systems (Manning et al., 2016; Olans et al., 2015). In addition, studies show that access to training and educational resources on AMR for healthcare professionals increase the frequency and level of thoroughness of trained practices, which aim to minimise the spread of AMR by professionals (Chun et al., 2015; van Katwyk et al., 2018). Kyratsis et al. (2019) also show that nurses are key actors for the fostering of an organisational safety culture among other healthcare professionals. Manning et al. (2016) argue that it is important to act through various nursing organisations and constituencies because of the dire consequences of AMR together with the urgency of engaging the entire nursing community in both changing the way clinicians and consumers use antibiotics, including the overall reduction of consumed antibiotics.

In this article, we focus on the nurses' trade unions, specifically on trade union financed journals for nurses in the three Scandinavian countries. The study explores how the journals present AMR to nurses and thereby attempt to influence nurses' thinking, actions and experience concerning AMR. Typically, trade unions organise employees at a certain workplace or in a certain vocational group to represent their collective interests towards other groups. Nearly all Scandinavian nurses are organised in national trade unions. The three Scandinavian trade unions have about 110.000 Swedish nurse members, 105.000 Norwegian nurse members and 77.000 Danish nurse members. All members receive the national trade union journal for free. This means that a majority of Scandinavian nurses have continual access to these journals, bearing in mind though, that this is not the same as reading these journals on a regular basis. However, the nurses may be influenced by the contents of the journals. Studying articles published in these journals is a way of showing how AMR is intended to be approached by the profession. The aim of this article is to illuminate the articulations of AMR in trade union financed journals for nurses in Scandinavia in order to

understand, which kind of practices, strategies and policies the journals frame as a solution to AMR among nurses and the readership.

2 | METHOD

The study was based on different kinds of texts published in trade union financed journals for nurses in Sweden, Denmark and Norway. The thematic, textual analysis was inspired by Foucault's concepts of power and governmentality (Foucault, 1988, 1990, 1995).

2.1 | Theoretical framework

Foucault's concept of governmentality is closely linked to his concepts of technologies, power and control. Governmentality draws attention to the procedures, tactics and techniques of government for directing human behaviour and the conduct of individuals' or of groups' social practices or thought patterns (Foucault, 1988, 1990). Power relations are fundamental to social relations and forms of knowledge in all kinds of healthcare institutions. Power is positive in that it is considered productive, and it is everywhere, diffused and embodied in discourse, knowledge and 'regimes of truth', and therefore, power is neither agency nor structure, but is constituted by accepted forms of knowledge (Foucault, 1990). Power orients actions to certain objectives. Correspondingly, governmentality works through policies, practices or vocabularies, where it is shaped in predetermined ways. It is about governing people to govern themselves. Within institutions, in the government systems and in definition of roles, there are bodies of knowledge that engage certain norms and rules of behaviour and deviance, by which physical bodies are subjugated and made to behave in certain ways (Foucault, 1995). This can also be described as a social technology, a way to regulate social behaviour; a way to select, benefit and/or optimise social behaviour. Using Foucault's concepts of power and governmentality as a lens for analysing articulations about AMR in trade union journals might be a fruitful way to understand which kind of practices, strategies and policies the journals frame.

2.2 | Inclusion and exclusion criteria

The literature search was carried out with a primary criterion of including all text with a focus on both bacteria and resistance. The specific inclusion criteria were texts published between 2009 and 2019 in order to see the articulations about AMR over a reasonable period. Exclusion criteria were book reviews and job descriptions.

2.3 | The literature search and studies included

The literature search was conducted by use of the web-based search features in the three Scandinavian trade union financed journals for nurses: *Vårdfokus* (Sweden), *Sygeplejersken* (Denmark) and *Sykepleien*

(Norway). The search was conducted in the period between 01.01.2009–31.12.2019 by the two search words 'bakterie' (bacteria) and 'resistens' (resistance), which are similar words in the three Scandinavian languages. In total, 154 references were found, where 131 texts were included in the study, see Figure 1 and File S1.

2.4 | Analysis strategy

A thematic, textual analysis was made, inspired by the method of Braun and Clarke (2006) and a theoretical perspective of Foucault (1988, 1990, 1995, was the title of text? What did the text articulate about bacteria and resistance? Thirdly, the empirical material was read through a lens of Foucault's concepts of governmentality and power (Foucault, 1988, 1990, 1995). In the current study the interpretive level was Foucault-inspired and, based on this, four main themes were constructed, see Table 1. Significant quotations from the articles and notes in the journals served as illustration for the analysis. The quotations were translated from the Scandinavian languages into English for this article.

3 | FINDINGS

In the time period studied, the Norwegian and Danish journals both included written texts in the form of articles and notes by journalists and different kinds of nurses (clinical nurses, nursing specialists, researchers, managers). In comparison, the Swedish journal differed: both by including a substantially larger number of published articles and notes, and because journalists wrote all texts. In addition, the Danish journal did not touch on the resistance problem between 2013 and 2018, see Table 2, while those from Sweden and Norway (except 2013 in Norway) did. Despite these differences, which reasonably could reflect cultural differences between the trade unions journals in the three Scandinavian countries, no significant difference was found in the way in which bacteria and resistance was articulated in the three journals. Therefore, the findings could not differentiate between the three different country's journals and as such the empirical material was analysed as a unified whole. In this section, the four themes identified by the study will be presented.

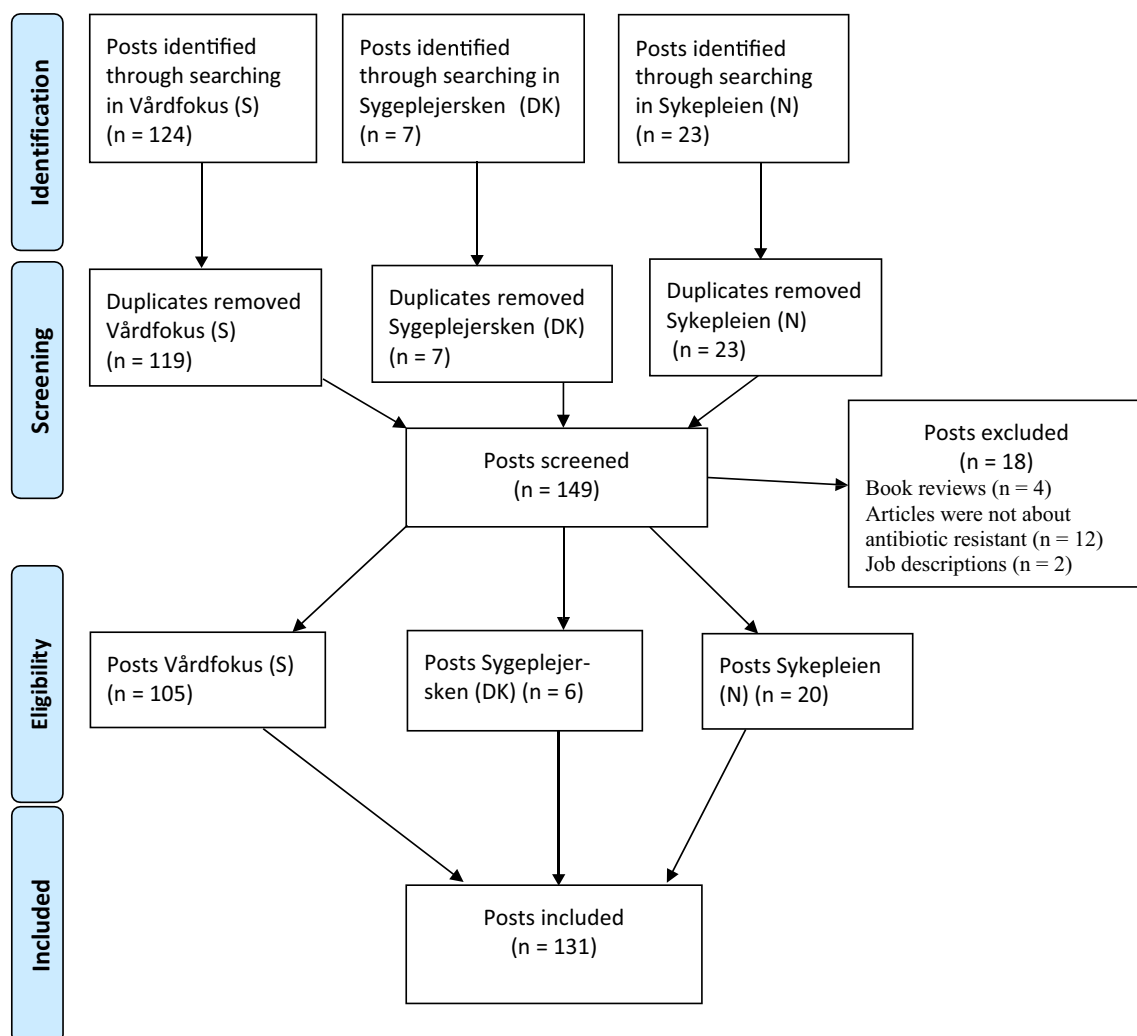


FIGURE 1 Flow diagram of the process for selecting literature

TABLE 1 Themes

Themes
The horror scenario
The 'dangerous' other
Healthcare professionals (nurses) as a source for AMR development
AMR as a field of research and producer of research qualifications

3.1 | The horror scenario

The articulations in the texts showed that AMR was not a suddenly evolving problem. Instead, there had been warning signs from the very beginning of the use of antibiotics in the 1940s.

Alexander Fleming, who accidentally discovered penicillin in 1928, warned as early as 1945 that the bacteria had a countermeasure: the ability to develop resistance to the wonder drug.

(Hernæs, 2015)

The risk of AMR has always been there; it is in the nature of bacteria. However, it was overlooked that professionals were also a threat regarding the development of AMR. The journals articulated that these warning signs had not been taken seriously resulting in an uncontrolled development of AMR.

I can't say how close we are to the disaster and don't want to either, because it's scary. It is a nasty future prospect, because it develops so fast.

(Mirsch, 2015a)

The discourse about AMR formed the scenario of a bugaboo for things to come in the future, which was intended to indirectly regulate the behaviour of the readers of the journals, primarily nurses. In

TABLE 2 Distribution of texts per year

Year	Numbers of texts		
	Vårdfokus (Sweden)	Sykepleien (Norway)	Sygeplejersken (Denmark)
2019	5	3	1
2018	5	4	0
2017	9	3	0
2016	7	3	0
2015	22	4	0
2014	13	2	0
2013	5	0	0
2012	10	1	1
2011	11	0	4
2010	10	0	0
2009	8	0	0
Total	105	20	6

this respect, the idea was that AMR would counteract the modernisation process within the healthcare system. AMR was described as a threat to humanity, including healthcare and veterinary care, alongside other global threats and existential challenges.

Antibiotic resistant bacteria are very common in turkey, chicken and pigs. The discovery is referred to as an early warning signal. Multi-resistance is no longer just a problem for healthcare.

(Erlandson, 2014)

He [the Swedish Public Health Care Minister] draws parallels to other global threats to human health, such as climate change and even HIV and AIDS.

(Weilenmann, 2016b)

AMR was not just a problem for the healthcare sector, with hints that other health aspects of multi-resistance would develop into global threats. Yet, one articulation against the hegemonic discourse about the apocalypse was also seen, expressed as a hope for the future.

The Methicillin-resistant *Staphylococcus Aureus*, MRSA, decreased between 2012 and 2015 in Europe.

(Weilenmann, 2016a)

AMR was explicated as having two causes; partly a misuse of antibiotics and partly a question of contemporary pharmaceutical development of new antibiotics. An underlying idea could be seen; if only researchers and the pharmaceutical industry could keep up with new inventions, then AMR did not present a major and real problem.

Some new antibiotics have not been developed in thirty years, and although a few have progressed somewhat in the process of research and drug testing, none of these are expected to be effective against gram-negative bacteria [...]

(Weilenmann, 2015a)

It is the high use of antibiotics, both for humans and animals, which drives the resistance.

(Weilenmann, 2016a)

AMR was expressed as congruent with economic collapse, both for the pharmaceutical industry

The big Achilles heel of the pharmaceutical industry is to recoup the huge sums invested in new drugs. If the company fails, it risks going bankrupt.

(Olsson, 2009)

and for society in general

The public health authority [has] calculated that the additional costs for care (extra visits, extra care days, infection tracking) and medicines today are at 160 million [Swedish kronor] per year for the treatment of infections with resistant bacteria [...]. It is mainly infection tracking and inpatient care, which incur large costs. However, it could be even more expensive in the future.

(Mirsch, 2015b)

If the pharmaceutical industry has nothing to yield from investments when developing new drugs, there would be no new drugs, and healthcare professionals would be alone with their proactive strategies to prevent spread of AMR. Such a horror discourse had an inherent capacity to impact on and discipline humans to govern themselves in the 'right AMR-way', understood as the right medical and socio-economic way.

3.2 | The 'dangerous' other

All of the journals articulated the Scandinavian countries as good global examples regarding strategies against AMR.

Infections with multi-resistant bacteria account for only a relatively small proportion of infectious diseases in our country. If we in Norway compare with other countries in Europe, we use the least antibiotics and the most narrow-spectrum antibiotics.

(Klein, 2018)

Multi-resistance is one of the greatest challenges of our time. Sweden is successful in keeping down the use of antibiotics and preventing infections [...]. In many ways, Sweden has been a pioneering country with a broad cooperation in this matter and low antibiotic use.

(Westin, 2017)

Often, the problem was assumed to be elsewhere, namely in countries other than the one where the journal was published. However, it was possible to find articulations that modified the picture of the Scandinavian countries.

The antibiotic week is now starting with the aim of focusing on how important it is to have functioning antibiotics in the future. [...] WHO classifies antibiotic resistance as one of the top ten threats to human health globally. Healthcare professionals' knowledge of antibiotics has been mapped in a study by the EU's infection control agency, ECDC. It shows that healthcare workers in Europe have good knowledge

of the correct use and the development of resistance. However, the study also shows that there is a difference in knowledge in different countries. In the European study, Sweden does not stand out as the country where healthcare professionals know most about antibiotics and resistance. Swedish healthcare professionals end up on the European average in the knowledge test, which compares knowledge, attitudes and behaviour.

(Weilenmann, 2018)

The articulations in the journals showed a tendency to point out both particular societies and countries as being guilty of the transmission of resistant bacteria to individuals and over-treatment with antibiotics leading to AMR development consequently.

The cases we see are the tip of an iceberg. In China and Thailand, up to 50 percent of the population has ESBL carba [Extended Spectrum Beta-Lactamase with hydrolytic activity against carbapenems] in their bacterial flora [...]. The bacteria are also spread more closely, in Greece, Italy and countries in Eastern Europe, where half of the blood cultures show resistant bacteria. In some hospitals in Greece, isolation rooms are used for the few patients who are not infected, instead of the other way around.

(Weilenmann, 2015b)

The idea was that AMR would reorganise the healthcare system and society by turning it upside down through isolation of non-infected individuals and thereby protecting them from those infected. The articulations in the journals also pinpointed individuals who travelled to, and stayed in, these countries as risky, irresponsible and a threat to Scandinavia, especially if the individuals became ill and had to be in contact with the healthcare system during their stay.

Almost all cases that have been detected in Sweden in the past have been infected abroad, but now there is a tendency for ESBL carba to also become infected within healthcare. [...] In other countries, ESBL carba is widespread and is seen as a major threat to healthcare in Italy, Greece and Turkey, among others.

(Mirsch, 2015a)

Studies show that 5–9 percent of the adult Swedish population are carriers of ESBL and that this has increased since 2010. This is mainly known from the so-called traveller studies, where the participants gave samples before traveling abroad. The risk of becoming a carrier of, or diseased by, resistant bacteria after traveling to countries with a higher incidence of

bacterial flora is increased. The risk increases further if the traveller needs to be treated with antibiotics or visits the healthcare system.

(Weilenmann, 2018)

Young people were articulated as especially irresponsible and risky, because they were both eager to travel and per se labelled as risk takers.

Generally, we see that younger travellers take greater risks compared to older travellers and therefore also become ill more often [...]

(Westin, 2015)

The target groups (for oral condoms) are youth and young adults under the age of 25, people who buy and sell sex, refugees and asylum seekers, men who have sex with men, people living with HIV and their partners, and prisoners. [...] Since gonococci easily develop resistance, health authorities fear they will become very difficult to treat in a few years.

(Helmerts, 2018)

In addition, when young people became parents they were articulated as still dangerous.

The fight against multi-resistant bacteria is threatened by parents' quest to get penicillin to their children too often.

(Ejd, 2012)

Certain groups were labelled as having a behaviour that would increase AMR in society. All these articulations of 'dangerous' others formed an understanding of normality regarding AMR and actors involved, where this understanding of normality was closely linked to an understanding of good morals. In this sense, these articulations shaped power relationships between countries, between travellers and non-travellers, and between age groups of people, where the writers of the journals represented a non-young, Scandinavian position. The articulations in the journals were closely aligned with WHO's understanding of AMR capturing how the state produces citizens, here nurses, best suited to fulfil the policies of the state, which included the organised practices (mentalities, rationalities, and techniques) through which subjects were governed and govern themselves.

The discourse about the 'dangerous' others was also seen regarding the internal professional hierarchy, in which the nurse were articulated as the good, knowledge-competent fairy, and the doctor as the bad, unwise and ignorant individual.

A nurse can do a lot to help patients [...] First and foremost, they need to be aware of symptoms and

not least to help patients prevent urinary tract infections. [...] As long as there are still some people who think that smelling urine or a urine stick that shows leukocytes or nitrite is a urinary tract infection that needs to be treated. And as long as there are general practitioners who prescribe antibiotics without being aware of preventative measures, then it is difficult to detect and prevent more cases.

(Sommer, 2019)

Nurses are the professional group that is best at hand hygiene.

(Weilenmann, 2019)

The problem was also located among the different professions, and there were internal conflicts within the professions. The articulations showed an idea of a reverse knowledge and power hierarchy in the healthcare system in relation to the traditional one where a doctor has historically been positioned above a nurse in terms of, for example, social rank, length of education, medical knowledge and salary.

Nurses who are knowledgeable about sustainable antibiotic use can actively influence doctors' prescribing practices by referring to national guidelines on antibiotic use. A recent Cochrane study [...] has shown that simple interventions, including nurses discussing and educating doctors, results in more patients receiving the right treatment. Furthermore, it causes the antibiotic course of treatment to be shorter and the hospital stay shorter.

(Klein, 2018)

On the other hand, the articulations also showed how nurses were subject to doctors in clinical practice, where nurses were described as the extended arm and brain of the doctors regarding AMR.

The nurses must have a round card with short points where any antibiotic treatment should be reviewed at each round. [...] The round cards [...] should fit in the breast pocket and are intended as a daily reminder to consider the antibiotic treatment. The round cards remind [doctors] of four important elements: to ensure that the culture of the bacteria is prescribed and performed, to monitor responses of the culture of the bacteria, administer correctly and change the treatment. With this working model, the question is updated every day to the doctor.

(Unknown Author, 2019)

Such articulations must be regarded in context of the publications and the fundamental purpose of the trade unions for nurses in Scandinavia in consolidating the nursing profession in the health-care system regarding position, knowledge, jobs and salary, etc. Consequently, the articulations about AMR also showed a latent power struggle between different professions in the healthcare system.

3.3 | Healthcare professionals (nurses) as a source for AMR development

There were two opposing articulations of healthcare professionals as carriers of resistant bacteria. On the one hand, (some) healthcare professionals were at risk of getting an infection with multi-resistant bacteria and thus becoming an infectious agent for patients.

Healthcare professionals working in primary health care may be particularly at risk of MRSA infection.

(Dolonen, 2016)

On the other hand, healthcare professionals were not at particular risk of getting a multi-resistant infection.

Healthcare professionals are exposed to a slightly higher risk of being infected by resistant bacteria at work than others in society. That's because antibiotic treatments are more common there. However, in general, there is little risk of healthcare professionals being infected with antibiotic-resistant bacteria.

(Weilenmann, 2018)

Regardless of that, the texts in the journals regarded organisational conditions and nurses' working conditions important for the development of AMR.

The risk comes from the fact that healthcare professionals have small employment fractions and must have many parallel jobs to earn a normal income. If they are carriers of multi-resistant bacteria, they are at risk of spreading the infection in all workplaces.

(Dolonen, 2016)

A major concern already today is that the premises in many parts of the country are not optimal for providing isolation care, which is a way of keeping relatives and patients apart and thereby minimising the risk of infection spreading. If the premises would allow isolation care, another problem arises: it requires more staff and we have a shortage of today [...] The staff shortage has led to a reduced number of facilities for

care, overcrowding and relocation of patients. The turnover of staff also leads to reduced experience and lower care competence, which is a risk of deteriorating the work done in the care setting to keep the infections down.

(Westin, 2017)

Even here, articulations must be regarded in context of the publications, through which the trade union had the task of ensuring and promoting good working conditions and a good working environment for nurses in Scandinavia. This meant that a global threat or crisis situation was rhetorically converted into a trade union policy issue with demands on employers to optimise working conditions for nurses. Through their journals, the trade unions had a powerful voice that transformed the rhetoric of AMR into the trade unions' own agenda of working conditions and salaries for their members.

Furthermore, nurses' bad hand hygiene was articulated as the overarching cause of the spread of multi-resistant infections to patients.

Nurses know a lot about hand hygiene. The problem is that they do not perform it.

(Hernæs, 2016)

Hand hygiene is essential to limit infection transmission and thereby to reduce the number of hospital-acquired infections. In the future, if we want to let patients get an effective antibiotic treatment, we will need to prevent infections.

(Lysdahl, 2011)

The problem of neglected hand hygiene pointed at both the individual nurse and the organisational structure with its working conditions.

What makes nurses and other health professionals not good at hand hygiene? Among other things, it takes a lot of time.

(Hernæs, 2016)

However, the suggestions for solving the problem were at an individual level, as was the question of disciplining nurses through education, guidelines, films, etc.

Therefore, it is important to be conscious and plan your work so that you do not have to perform hand hygiene so often. For example, you bring what you need to complete a procedure and avoid having to walk in and out of the room with the associated wash or disinfection of hands.

(Hernæs, 2016)

Knowledge may lead to increased competence and self-reported confidence.

(Lunde & Moen, 2014)

For example, we have two nurses responsible for quality of care and patient safety, they have a special mission to train staff and monitor these [AMR] issues.

(Westin, 2017)

The articulations about hand hygiene could be regarded as a technique to govern nurses to govern themselves and thereby adapted a 'right' non-AMR behaviour within the healthcare system; partly taking care of themselves as an important aspect of (wo)manpower and partly taking care of the patients.

3.4 | AMR as a field of research and producer of research qualifications

In the texts, new methods for diagnosis, new treatment strategies and new drugs were articulated as answers to the global AMR problem.

Our study indicates that all patients with clostridium difficile infection can commence treatment with gut bacteria instead of antibiotics.

(Hernæs, 2018)

Norwegian researchers have developed a new method that can create specially modified antibiotics against multi-resistant bacteria.

(Kvitrud, 2017)

Using expressions about beliefs in research and science functioned as a social technology in order to shape, regulate and maintain hope for the future among the readership of the journals. In other words, the journals expressed the view that research was the way to solve the global problem of AMR. At the same time, the journals argued that strategies concerning AMR ranked certain healthcare professionals, including nurse researchers, in a relatively high hierarchical position in the healthcare system. Researchers in the field of AMR had the right to define and predict strategies to deal with AMR now and in the future in comparison to other researchers and healthcare professionals in clinical practice.

Many international guidelines, now including the Danish guidelines, recommend use of tap water or isotonic saline for cleaning wounds. The amount of pressure applied to rinse the wound is of major significance in reducing the bacterial count at the base of the wound.

(Bermark & Skiveren, 2011)

In that way, the articulations in the articles and notes about research on AMR and researchers within the field of AMR functioned as a meritorious strategy by which healthcare professionals were positioned hierarchically high on the AMR agenda and its related medical issues. Yet, AMR and the related medical issues were also important in terms of careers for healthcare professionals and thereby consolidated a power relationship within the professional hierarchy in the healthcare system. Thus, AMR-related research was presented as a hope for the future, both in terms of managing AMR problems, but also as a research qualification for healthcare professionals.

4 | DISCUSSION

In this section, we will highlight three main findings, namely articulations on AMR that reveal ideas of the apocalypse and beliefs in research as a hope for the future, the articulations of the 'dangerous' others, and the articulations of nurses in the tension between the good fairy and the villain.

The articulations on AMR that reveal ideas of the apocalypse and beliefs in research as a hope for the future illustrate the trade union journals' quite narrow framing of the problem in relation to antibiotics. To the readership, the use (or misuse) of antibiotics is presented as the cause of the problem and the invention of, or research on, new antibiotics to use becomes the solution of the problem. Taking this path tends to rule out a broader discussion of the overall issue with AMR and thereby the search for alternative pathways. A broader discussion with the readership could possibly include bacteria as a naturally existing organism in our bodies on which we are dependent, architectural solutions for modern healthcare or new methods for isolating certain bacteria that give humans severe infections. The issue seems to be 'winning a struggle' instead of 'pathways for co-existence'. Alternatively, another way of broadening the discussion, in line with the thinking of Foucault, is to consider that a discourse determines not only what can be stated (in terms of problems and solutions of AMR), but also what cannot be stated (Foucault, 2002). Antibiotics is a part of the fundamentals of healthcare and today it is not possible to imagine a healthcare without antibiotics. Thus, a healthcare system as we know it, with access to antibiotics, is the norm. To understand why the use of antibiotics as the norm is taken in the trade union journals, explanatory answers could be found in the fact that nursing as discipline is subject to medicine in its thinking and practice (Glasdam, 2007; Glasdam et al., 2020; Karidar et al., 2016). For decades healthcare systems have coped with problems in medicine (e.g. medical, technical, human), and solutions of these problems, by using incident investigations. Such incident investigations are often designed with a pre-conception of an existing norm with underlying assumptions that problems are deviations from the norm (Wrigstad, 2018; Wrigstad et al., 2017). Hence as an analogy, when problems such as AMR occur there is an eagerness to return to a situation with access to antibiotics (= the norm) in which the methodology from incident investigations

are well-known tools within the profession. Dekker (2014a; 2014b; 2014c) argues that such incident investigations fulfil four psychological purposes; epistemological explanations of what happened, preventive explanations of how to avoid it from happening again, moral explanations with boundaries of behaviour for those involved and existential explanations to cope with the causes of the problem. The epistemological explanation relates almost entirely to humans if (*but almost always when*) technical or medical explanations have been ruled out. The preventive explanation deals with an eagerness to return to the norm. The moral explanation discusses what is acceptable and what is not with the use of framing. The existential explanations argue for ways of moving forward and beyond the current situation. Therefore in summary, the arguments on AMR are: (1) AMR comes from unreliable human behaviour. (2) The solution of the problem is new antibiotics. (3) We are ensured that the unreliable behaviour is personalised, mainly by doctors that simply need more control, but also by nurses, other colleagues or researchers. (4) The move towards new antibiotics is made by the pharmaceutical industries. Hence, through balancing articulations with signs of a dystopic post-antibiotic future for humanity with articulations addressing a more liveable future in which new antibiotics and the nurse profession are crucial parts of the solution, the journals are able to remain trustworthy in the eyes of their readership.

The articulations of the 'dangerous' others could point to an immanent 'thoughtlessness', which can be historically, individually and/or structurally conditioned. Arendt (1992) finds that the nature of every bureaucracy is to make functionaries and drivers in the administrative machinery out of people and in that way dehumanise them. Bureaucracies create an internalised second opinion on our thoughts and actions and produces 'thoughtlessness', conditioned by the fact that most people are team-players and 'play the game' (Arendt, 1992, 1998). Arendt and Foucault have different starting points and ways of thinking, but both argue that individuals' opportunities and thought patterns are conditional on the structural framework of the bureaucracy, including the healthcare system. Although people are concerned about how thoughtlessness blinds them to others' suffering, they also practice thoughtlessness (Arendt, 1992, 1998; Schiff, 2013). Inspired by Arendt (1992), a labelling of behaviour based on current results found regarding, for example, young people as risk takers and dangerous, can be regarded as 'thoughtlessness'. In this sense, 'thoughtlessness' means an 'unreflective strategy' in which authors of the analysed texts do not think about consequences outside the structural framework of the healthcare system. They are subject to the structural framework of healthcare (Foucault, 2003) with reproduction of the systems of thoughts, actions and practices, also regarding others. Thoughtlessness is conditioned by a habitual understanding of what is correct practice and behaviour regarding AMR, and the articulations of 'dangerous' others confirm the inherent logic and reward systems of the system. 'We' and 'The Other' often occur in discussions about AMR, in which the behaviour of the individual and their own group is set against the actions of the collective and the common good (Brown & Nettleton, 2017). This must be seen as an extension of neoliberal ideology, where risks,

risk assessment, responsibility and free choice are considered to be closely linked to the individual (Brown & Crawford, 2009). In that light, 'The Other' is portrayed as morally responsible for navigating the social realm of AMR, and is held individually responsible for development of AMR in society. In that way, the articulations shame individuals. This is in contrast to several researchers' call for solidarity in AMR problem (Littmann & Viens, 2015; Prainsack & Buyx, 2015; West-Oram & Buyx, 2017). However, solidarity for global public health has historically been elusive, in large part because of dominant social narratives, which emphasise relationships with fellow group members over those with distant others (Prainsack & Buyx, 2015). The neoliberal ideologies of modern society do not speak the same language as the multi-resistant bacteria as there is no link between free choice and whether a person gets an infection with multi-resistant bacteria. Individuals can be infected with multi-resistant bacteria unscathed, and individuals can inadvertently infect other individuals with multi-resistant bacteria. This means that individuals cannot always do what they want to do. In addition, individuals cannot always create their own luck. People depend on each other, which calls for solidarity and on humanity regarding AMR considering different social positions and life situations among individuals or groups of individuals. In addition, calls for solidarity and humanity regarding AMR should take different socio-economic conditions in different countries into consideration.

The findings show that nurses are articulated both as good fairies and villains. The good fairy functions as a disciplinator of the doctors, which can be seen in line with nursing's historical professionalisation strategies. Based on a Foucault-inspired historical analysis of textbooks in nursing, Beedholm and Frederiksen (2015) show how a growth in humanistic theories from the 1950s onwards provided an opportunity to replace the medical discourse with a humanistic discourse at the time when practical advice and professional views were argued and legitimised. It means that the medical discourse still is essential for the articulation of nursing, however as a negation. It may help to draw the picture of the nurse as the good, knowledge-competent fairy, and the doctor as the bad, unwise and ignorant individual. The articulations of the nurses' abilities and duties to control and discipline the doctors to the 'right' non-AMR behaviour can be regarded as a rhetoric power struggle, where the intention seems to be the desire to bring up the doctors and wanting the best for the patients (and the doctors). Medical practice depends on antibiotics as an infrastructure and the nurses are articulated as the ones who support best practice in this infrastructure by taking the role as the 'good fairy', disciplining others that misuse antibiotics. One becomes good, and even better if others are bad, or worse. Controlling and disciplining others is powerful (Foucault, 1995), however such articulated strategies of controlling and disciplining doctors always happen in the field of medical knowledge and the dominance hierarchy of doctors and nurses. This can be regarded as the nurses fulfilling their assistant functions to the doctors, reinforcing the existing hierarchy including the doctors' ways of thinking and the medical logic. Foucault (1995) shows that the

category 'nurse' appeared with the birth of the clinic and doctors' need of assistance to observe patients in his absence. Actually, the articulations in the studied journals show this need, and consolidate nurses' position as subordinate to doctors in the healthcare system, and counteract trade unions' professionalisation strategies, which has been shown in several studies over many decades (Beedholm & Frederiksen, 2015; Glasdam, 2007; Heyman, 1995). However, this glorification of nurses themselves may seem paradoxical given that the findings also show that nurses have trouble adhering to basic hygiene principles, which is well-known as an essential strategy in preventing AMR and spreading of infections (Graveto et al., 2018; Smith, 2020). The current COVID-19 pandemic has shown the world how, in a split-second, it is possible to provide a 'mass-radicalisation' of nearly a whole population, where all and sundry clean hands frequently and keep social distance (Glasdam & Stjernswärd, 2020), which also are key actions in preventing AMR and spreading bacterial infections. It is noteworthy that nurses obviously do not meet these basic hand washing requirements, which have been known since the dawn of nursing. Nightingale argued already in the 1800's that strict hand hygiene had to be practiced to prevent the spread of infections being transmitted from person to person (Hegge, 2013).

The method of this study should also be discussed. The results are descriptions of what the journals write about AMR, not how the nurses act or think about AMR, nor whether or not nurses read the articles. It is exclusively an analysis of how AMR is articulated. In other words, we are unaware of if the discursive practise in the trade union journals enact or produce that which they name, and if those discourses produce the effects that they name. This article does not analyse this. Furthermore, there is a skew distribution in the eleven-year time period regarding the number of AMR-related articles, which shows that Sweden stands out as having the vast majority. A reason for this could possibly be found in the fact that the Swedish articles are written by journalists in contrast to the Norwegian and Danish articles using both journalists and nurses as writers. Another reason could possibly be how the different editors choose relevant topics for the readership. There could also be cultural or other reasons, but this article does not analyse this. Using Foucault as a theoretical framework through an analytical lens makes it possible to break the preconceptions of the researchers and be stringent and transparent in the analysis. As Hodges et al. (2014) describe, using Foucault as a theoretical framework provides opportunities for making interpretations and analyses that would otherwise not have been possible for the researcher. A Foucauldian perspective challenges faith in the seemingly self-evidence of truths, presently valued in thought and practice systems.

5 | CONCLUSION

As modern healthcare systems are organised and dependent on antibiotics on a daily basis, the global progression of antimicrobial resistance is a contemporary emerging threat to humans. We have here

provided a thematic analysis of how three Scandinavian trade union financed journals for nurses during an eleven-year time period articulated AMR to its readership. We have recognised how they, while differing substantially in number of articles and kind of writers behind the articles, all articulated AMR in the same manner. The journals tend to present AMR in apocalyptic terms where more research and pharmaceutical industries are needed for avoidance; to point out as problematic other countries, populations, sometimes nurses' working conditions, but primarily other professionals' behaviour; and lastly, to present the nurse as a good fairy and disciplinator of doctors.

ACKNOWLEDGEMENTS

Open access funding provided by Lund University, Sweden. Thanks to the Pufendorf Institute for Advances Studies, Lund University, for facilitating our research in the theme 'Post-Antibiotic Futures'. Thanks to Penny Bayer (UK) for proof reading.

AUTHOR CONTRIBUTION

Stinne Glasdam: Conceptualization, Methodology, Formal analysis, Investigation, Writing- Original draft preparation, Writing - Review & Editing, Project administration. **Henrik Loodin:** Formal analysis, Writing- Original draft preparation, Writing - Review & Editing. **Jonas Wrigstad:** Conceptualization, Methodology, Formal analysis, Writing- Original draft preparation, Writing - Review & Editing.

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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section.

How to cite this article: Glasdam S, Loodin H, Wrigstad J. Articulations of antimicrobial resistance in trade union financed journals for nurses in Scandinavia – A Foucauldian perspective. *Nurs Inq*. 2021;28:e12396. <https://doi.org/10.1111/nin.12396>