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Nurses' blogs as part of a political process – Professional identity as a rhetorical resource for negotiating responsibility and blame

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ABSTRACT

The working conditions of nurses in the Swedish healthcare system are often debated in the news media, where the various stakeholders' (nurses, union, politicians and healthcare managers) versions of events are laid out. By using social media, nurses can participate in the debate and in a political process by drawing on narrative elements as responses to politicians' and healthcare managers' neglect of the nurses' situations.

This article reports on a study of 50 topic driven blogs written by nurses from 2013 to 2015 and published on the website of a union magazine for healthcare professionals. Departing from a discursive narrative approach, the aim of the study is to analyse how the nurses narrate their working conditions and what they convey. The study shows that the bloggers create a we-ness by constructing and displaying their professional identity, illustrating unfair working conditions, conveying criticism and negotiating responsibility and blame. Addressing other nurses, the bloggers presume that others in the profession experience similar things in their workplaces and thereby encourage them to take action and make the injustices known. In order to gain credibility for the reported events and the relations, rhetorical resources such as factual accounts, categories, pronouns and a media discourse are used.

The media discourse that is (re)produced in the blogs and elsewhere may result in nurses being trapped in their way of talking about their working situation, normalising it and having difficulty finding solutions.

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1. Introduction

In contemporary society, social media is a virtual space in which people can express and share experiences with others. Arenas like Facebook, Instagram, Twitter and blogs have become part of our mediated interaction (Thompson, 2005) and facilitate the sharing of stories with many people at the same time (Duggan, 2013; Page et al., 2013). Narrating events or different experiences online or offline is usually done using discourses as rhetorical resources (Phoenix, 2013; Taylor, 2007). This article reports on a study of 50 blogs written by nine nurses in 2013–2015 (until 1st August) published on the website of a union magazine for healthcare professionals (www.vardfokusbloggen.se) – a union that is politically committed to improving the situation for nurses. The blogs are topic driven (Rettberg, 2014), i.e. nurses' working conditions in the Swedish healthcare system – a topic that is animatedly debated in the media when discussing the shortage of nurses (Blomberg and Stier, 2016).

The shortage of nurses has a major impact on healthcare systems world-wide. In newspapers and/or in several research projects, this shortage is depicted as a well-known problem (Buchan, 2002; Hong et al., 2012; Janiszewski Goodin, 2003). In a Swedish media context, the stakeholders (nurses, union, politicians, healthcare managers) give their own versions of what is happening in the healthcare sector and with the nurses (Blomberg and Stier, 2016). In the media discourse, or the general news media narrative (Bell, 2001; van Dijk, 1988), the shortage of nurses is framed as a social problem and, using metaphorical expressions, as inevitable, abstract, beyond control and that no-one is held responsible for this state of affairs (Blomberg and Stier, 2016). In Sweden, the healthcare sector is tax-funded and county councils are politically governed organisations. New public management (NPM) has been introduced in the healthcare sector to create greater efficiency and increased productivity. In this NPM system, patients are regarded as customers who buy services. The county councils are responsible for providing good health care and for guaranteeing patient safety, which, according to the media discourse, are lacking at a time when the welfare system is collapsing due to austerity economics (Blomberg and Stier, 2016). This mean that issues related to nurses' situations and the risk to patient

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safety when no-one takes responsibility remain. Nurses' blogging on the union's website can be regarded as a political attempt to mobilise nurses to make politicians and healthcare managers sit up and take notice and make the necessary improvements.

Many studies have been conducted on the shortage of nurses, each with different empirical foci, theoretical starting points and methodological designs (e.g. Buchan, 2002; Hong et al., 2012; Janiszewski Goodin, 2003). Most studies focus on suggestions to resolve this problem, such as "local nursing recruitment" (Tierney, 2003) or "improving nurses' working conditions to include less stress", "higher wages" and "a more satisfying working environment" (Gardulf et al., 2008; Spetz and Given, 2003). Studies have also been carried out on how the media portrays nurses and influences their public image, for example as "the ministering angel", "the battle-axe", "the naughty nurse" and "the doctor's handmaiden" (Hallam, 2000; Kelly et al., 2012; Stanley, 2008; Summers and Summers, 2004). There have been calls for others images of nurses and nursing in the media (Kelly et al., 2012; Ten Hoeve et al., 2014) that reflect respect, education and "concerned health authorities" (Kalisch et al., 2007). However, so far very little research has combined discursive and narrative approaches to study how nurses use their professional identity as a rhetorical resource in narratives (Phoenix, 2013). On the other hand, research on narrative, identity and social networking sites (Page, 2010; Zhao et al., 2008; Merchant, 2006; West, 2013) and the construction of professional identity (nurses as well as teachers) is widely available on the Internet (Bowers, 1997; Luehmann, 2008; Moorley and Chinn, 2015). The blogs that are analysed in this article are concerned with a topic that is currently debated in the media and are published on the politically committed union's website are also part of the political process, in that they are located in the cross-section of politics, media and discourses (Burroughs, 2007). This is a political process that involves nurses arguing for and negotiating improvements as well as the question of responsibility and blame. In this respect, nurses draw on narrative elements (they do not display entire narratives) that can be formulated as justifications, disagreements or argumentative (as responses to politicians' and healthcare managers' inability to take responsibility for nurses' situations) (see Sutherland et al., 2013).

2. Rationale, aim and research questions

The study draws on a discursive narrative approach (Blomberg and Börjesson, 2013; Taylor, 2007). This is a combination of discursive psychology (Edwards and Potter, 1992; Potter, 1996) and narrative analysis that views stories as a way of doing actions and constructing identities, and facilitates an understanding of socio-cultural aspects of life – in this case how narrative elements relate to cultural values and ideas about nursing/nurses when bloggers write about relations and events (De Fina and Georgakopoulou, 2012; Mishler, 1999; Phoenix, 2013). This means that the blog texts are analysed with reference to larger socio-culturally shared narratives, regardless of whether or not the bloggers are explicitly referring to social-cultural narratives about nurses or to cultural and social issues concerning health care and nursing (Bamberg, 2007; Mishler, 1999; Phoenix, 2013; Potter, 1996). In this sense, it can be said that narratives or narrative elements are always part of larger discourses. Some scholars talk about master narratives (Lindemann, 2001; Lyotard, 1984) or socio-culturally shared narratives (Bamberg, 2007; Mishler, 1999) with a familiar plot, script, content and actors performing the socially and culturally expected or unexpected (Potter, 1996). In this respect narrative is a form of discourse, although it differs from other discourses when it is organised in terms of narrative/narrative elements (De fina and Georgakopoulou, 2012). The narrativity that is presented in the blogs includes narrative elements with an interactional perspective (how the bloggers write to a presumed audience) that accomplishes social actions and constructs and displays professional identity (Mishler, 1999; Potter, 1996). The focus is therefore on narrative elements that construct justifications and disagreements and are argumentative in ways that illuminate why and how the accounts are produced (Phoenix, 2013). Discursive psychology thus contributes to an understanding of how accounts are produced in a given context and illustrates what is at stake when blogs are part of a political process (Edwards and Potter, 1992; Potter, 1996).

Discursive psychology is an approach that focuses on how text and talk are rhetorically organised to accomplish social actions, how discourses are central to actions, make sense of events and frame the telling context and individuals' identities (Edwards and Potter, 1992; Potter, 1996). The article's discursive narrative approach involves an analysis of how bloggers relate to socio-culturally shared narratives about nurses when displaying and constructing identities in narrative elements and what is achieved by the specific language used (Blomberg and Börjesson, 2013; Sutherland et al., 2013).

The aim of this article is thus to show *how* the nurses depict their working conditions in the blog texts and *what* they convey. The research questions are:

- Which rhetorical resources do the nurses use to construct credibility for themselves and what is conveyed in blog texts?
- Which social actions are accomplished in the blog texts?

By answering these questions, the idea is to contribute to the understanding of how bloggers, in this case nurses, draw on and use rhetorical resources to accomplish social actions when blogging on the union's website. The discursive narrative approach used in the study contributes to further analytical approaches when analysing blogs, i.e. analysing how bloggers use narrative elements and relate to socio-culturally available narratives and at the same time focus on the micro-details of language use – the rhetorical organisation (Blomberg and Börjesson, 2013; Sutherland et al., 2013). The study also shows that a displayed and constructed professional identity is important when arguing for improvements in the workplace and negotiating responsibility and blame when reaching out to others via social media.

3. Theoretical and methodological starting points

When bloggers use narrative elements in their blogs they relate to several contextual layers to convey what they regard as legitimate versions of reality (Potter, 1996). In discursive psychology, it is important to analyse how an utterance or account is dependent on its context to identify social actions (Potter, 1996). As language use is not viewed as the result of cognitive processes (as reflections of people's inner states), but is regarded as a form of social practice, speaking is equated with action (Billig, 1997; Edwards and Potter, 1992; Potter, 1996). Here, it is worth mentioning that discursive psychology was developed by Edwards and Potter (1992) as a reaction to the increasing cognitivism in the discipline of psychology (Hepburn and Wiggs, 2005). The use of language in text and talk is more dynamic, which means that blogging about an issue can be regarded as a social action. In addition to studies of interaction, discursive psychology has been used to study newspaper accounts on different topics/debates in order to reveal how versions of reality are (re)produced and constructed (Potter and Halliday, 1990; Stier and Blomberg, 2015).

Blogs can be viewed as sites in which people can display and construct narratives or narrative elements (Duggan, 2013). In this study, the local context is made up of blogs written by female nurses

(with 5–25 years of experience in nursing) once a month and their readers – presumed to be other nurses visiting the union's website. Affordances (Page, 2013) that are accessible to the audience in the published blogs are: the possibility to search for blogs using keywords, previously published blogs and comments listed by date and year (to click on), lists of bloggers' names so that blogs by a specific nurse can be read, lists of different topics from which to choose, opportunities to share the blogs on Facebook/Twitter and comment boxes for communicating with the bloggers. Interactions between the bloggers and the audience are rare. Many make comments that support the topic under discussion and share political blogs on Facebook. For example, one blog has been shared 348 times.

Another aspect of the local context is the website's rules for the publication of blogs. On the site in focus here, any member of the union can be a blogger and write about his or her professional concerns. The web editor, a medical journalist, is responsible for how the debates are conducted, e.g. no foul language and respect for others' opinions (www.vardfokusbloggen.se). The narrative elements that are used in the blogs also construct the telling-context and how the blogger wants to be perceived. This means that narrative elements are resources that frame the blog and achieve social actions (Sutherland et al., 2013).

The social and political context determines nurses are able to participate in an ongoing political process related to their profession and working conditions. As previously indicated, the media discourse legitimises the situation as problematic for both the healthcare sector and the nurses due to the austerity economics that prevail in Swedish welfare which means that in general nothing is done to improve the situation (Blomberg and Stier, 2016). As the blogs studied in this article are part of the political process (see Rettberg, 2014), they give rise to a further analytical focus: *what is at stake* when the nurses argue and negotiate improvements and how the question of responsibility is handled by the nurses. In discursive psychology, the analysis of description is double-oriented (called the discursive action model): one is directed at action (how descriptions accomplish actions such as blaming, defending etc.) and the other is epistemologically oriented, i.e. how a description *is* constructed to accomplish or perform a specific action (Edwards and Potter, 1992; Potter, 1996). This means that when analysing narrative elements, the focus is on what is conveyed and accomplished and how the narrative elements are developed in the blog texts. There is always a stake and an interest in all interactions, both in talk and text. This is a significant dilemma (*dilemma of stake*) (Edwards and Potter, 1992; Potter, 1996), in that people tend to view other people's (in this case nurses') utterances and descriptions as an extension of their own self-interests, ambitions or desires. In order to avoid being perceived as acting out of self-interest and thus losing credibility, a sense of '*out-there-ness*' needs to be created (Potter, 1996). This involves displaying/constructing descriptions as *factual* using a variety of rhetorical resources when claiming versions of reality (Edwards and Potter, 1992). It also involves agency and speakers' accountability when producing the descriptions and doing the actions (Edwards and Potter, 1992). What is primarily at stake for the nurses is the issue of accountability for their working environment and their working conditions. By using *factual accounts* (in which attention is directed away from the person making the utterance) the nurses can create a reality out-there (*out-there-ness*). At the same time, they need to take previous actions into account to gain credibility in managing this dilemma of stake (Potter, 1996). Therefore, the analysis reveals how the bloggers organise the texts by using rhetorical resources to convey a neutrality, credibility and authenticity for the reported events and relations and how they want to be perceived by the presumed readers (see Abell and Stokoe, 1999). Versions or alternative versions of events can be produced using different kinds of narratives or narrative elements (Potter, 1996). In the article's discursive narrative approach, this double action oriented analysis is important because it shows how bloggers construct themselves as credible (to deal with the issue of accountability) when negotiating and mobilising. They do this by using accounts and narrative elements that are familiar in order to develop the blog text and to construct and display professional identity (Edwards and Potter, 1992; Mishler, 1999; Potter, 1996). Furthermore, when analysing how professional identity is constructed and displayed, the focus is on the use of relevant others, i.e. how bloggers define themselves in relation to other characters in the given plot and, in this case, to the presumed readers of their blog texts (Bamberg, 2007; Mishler, 1999).

Discourses are viewed as rhetorical resources that can reinforce what individuals are trying to achieve in the telling or/and how they want others to perceive their identity (Potter, 1996). The displayed identity can also serve as a rhetorical resource depending on the topic discussed (Phoenix, 2013).

The double oriented analysis entails identifying the following rhetorical resources: the use of *categories* in general (e.g. hospitals, system, staff) and in particular (e.g. nurses) and what accompanies the categories (*category-bound activity*), which is an essential part of constructing and displaying identities and social actions (Billig, 1987; Potter, 1996), the use of *factual accounts* (the absence of agency in descriptions) to create neutrality and a reality out there for claiming versions of truth, the use of *contrasting* accounts to make a point and convey the bloggers' versions, the use of *active voicing* (here quoting previous interactions with texts, managers) to convey an understanding of their perspectives (Mishler, 1999; Wooffitt, 1992), the use of *pronouns* (I, we, they, you) to deal with the issue of accountability, making use of a *secondary character* as a witness and the use of *time* to create credibility and an authenticity for the reported events (Potter, 1996).

4. The empirical material and methodological reflections

As empirical material, blogs are easily accessible and in the public domain. The analysed blogs are not written in the context of research they are regarded as *naturally occurring text* (Hookway, 2008; see also Potter, 1996). Blogs are written for a specific audience and, if comments are permitted, facilitate mediated interactions between the reader and the author (Hookway, 2008; see also Thompson, 2005). In the analysis it is important to identify who the texts are addressing and the target audience, because this indicates how the bloggers want to be perceived (how they display and construct their identities) and which actions are accomplished (see Edley, 2001).

The blogs under scrutiny in this article were accessed via the website of a union magazine for healthcare professionals. The inclusion criterion for the data collection – a sample of 50 blogs – was that the blogs must in some respect discuss nurses' working conditions and professional identity as a nurse. The blogs that did not fulfil this criterion were omitted. The selected time period of 2013–2015 was chosen because it provides a relatively up-to-date overview of nurses' current situation.

The blog texts varied and seven were commented on. In the data analysis the blog texts and any accompanying comments were analysed, especially if the latter reinforced the blogger's version or disagreed with it. The data was analysed in three steps. First, the blogs were read on numerous occasions in order to identify the reported events and relations (Mishler, 1999; Potter, 1996). Second, the analytical focus was on how the bloggers relate to a familiar script and content (about nurses) when constructing identities and doing social actions (Bamberg, 2007; Mishler, 1999). In this step it was also possible to identify who the texts were directed towards and what was assumed about the target audience. The third involved identifying how the dilemma of stake was

handled (how the bloggers create neutrality and credibility in their version of events and how they want others to perceive their identities) by the bloggers' use of rhetorical resources and what was achieved and conveyed in the texts (Mishler, 1999; Potter, 1996). The empirical examples presented and analysed in this article illustrate different ways of organising and using professional identity when accounting for the working conditions in order to mobilise other nurses and negotiate improvements and apportion responsibility and blame.

Ethical considerations have been taken into account and accord with Swedish ethical guidelines (Gustafsson et al., 2005). When blogs are publicly available participant consent is not required (Hookway, 2008). However, in nethnography (ethnography applied to the web) ethical decision-making is complex and researchers need to consider aspects like context, participants, access, risks and how the data is managed, stored and represented so that the participants are not harmed (Markham and Buchanan, 2012). In this study, the bloggers' names are not mentioned and the focus is on nurses as a professional group in their political struggle. Additionally, the original data is in Swedish and has therefore had to be translated into English for the purpose of this article, which also means that tracing the bloggers' texts on the Internet would be difficult. One limitation of the study is the difficulty of translating the data into English. In view of this, a native English speaker, who is also a professional language editor and translator, was consulted about equivalent English expressions. In the examples included in the article, some of the original text content has been omitted, which is indicated as (…). A further limitation of the study is that blogs from only one website have been analysed. However, as the website's context is obviously political – the union magazine for healthcare professionals – it is therefore an important actor in the political arena.

5. Findings

5.1. Displaying and constructing the professional identity

In the blog texts the bloggers either start with the category nurse and what this is associated with in their telling or gradually establish category entitlement (Potter, 1996), i.e. being a nurse in the telling context. This means that professional identity as a rhetorical resource paves the way for the possible narrative elements in the blogs. Nurses relate to socio-cultural narratives that present nurses as good and caring, that view their work as a vocation (the "Florence Nightingale spirit") and that involve moral correctness and responsibility (see Latimer, 2003). As will be seen, the nurses' blogs studied in this article display professional identity as a good person who takes moral responsibility but is prevented by the working conditions from practising the profession as he or she had envisaged. In this respect, the nurses relate to more archetypical socio-cultural narratives about heroes and villains (Propp, 1968) when presenting themselves as the good guys and politicians and healthcare managers as the bad guys.

The following three examples illustrate different ways of organising and using professional identity when accounting for the working conditions.

In this blog, the nurse writs about suffering, i.e. continuously being forced to act against the profession's principles:

> *Ethical stress is something that you feel when you want to do what's best and right but it isn't possible and you instead do something that is neither good nor right. I'm not talking about the normal prioritisations for every single patient that the healthcare system has to constantly deal with. I'm not talking about ethical dilemmas that can occur in end of life situations and can be challenging for everyone involved. I'm not talking about one-off crises or emergencies that turn everything upside down. I mean the times in the everyday working situation when you simply don't do what you should do and are fully aware of the inappropriateness of it. (…) Good care means that both patients and carers are given the time and space to be in the suffering, have it confirmed and also learn to deal with it. But the suffering that ethical stress creates should not be part of everyday healthcare, as it is in many workplaces today. (…) The defence mechanisms creep in behind this ethical stress. When you can no longer cope with the suffering and the fighting but just switch off, you risk becoming unprofessional.*

The blogger introduces and defines the mental state of 'ethical stress' by using the pronoun 'you'; 'when you want to do what's best and right but it isn't possible', but how 'you' are instead forced to do something 'that is neither good nor right'. By using the pronoun you, the blogger manages to deal with the issue of accountability and at the same time claims a reality out-there (Potter, 1996). This factual account also facilitates the construction of professional identity, which is to want what is good and right. In this telling context, moral correctness is associated with the nursing profession and about how the blogger relates to socio-cultural narratives about nurses (Mishler, 1999; Potter, 1996). The next step in the creation of identity is to use a secondary character, in this case the patients, to reinforce the nurse category. This means that the blogger defines herself in relation to others in the plot and at the same time creates credibility and authenticity (Mishler, 1999; Potter, 1996).

Later on the blogger's account of ethical stress portrays the everyday working conditions in the health service and helps to articulate professional identity. Ethical stress is contrasted with: 'the normal prioritisations for every single patient that the healthcare system has to constantly deal with', 'ethical dilemmas that can occur in end of life situations' and 'emergencies that turn everything upside down'. This comparison not only creates a general image of nursing as a profession and what nurses are expected to cope with (which to a nurse will be very familiar), but also conveys that something is *morally wrong* (indirectly addressed to politicians and healthcare managers it conveys criticism).

Additionally, in the text the blogger contextualises suffering as part of the caring process for both the patient and the carers. This account accomplishes several things: (1) it makes it possible for the blogger to construct a professional identity of a good nurse who wants to do the right thing, (2) it compares ethical stress with the blogger's pursuit of doing things right and (3) it paves the way for the next account, which establishes the reality that nurses face and indirectly criticises the system: 'But the suffering that ethical stress creates should not be part of everyday healthcare, as it is in many workplaces today'. The blogger also describes the consequences of ethical stress: 'When you can no longer cope with the suffering and the fighting but just switch off, you risk becoming unprofessional', which also indirectly blames the system and at the same time counters the socio-cultural narrative about nurses' moral correctness (Lindemann, 2001; Mishler, 1999; Potter, 1996).

The next example is different in that it leads the reader into a telling context about thoughts before taking a holiday and the post-holiday return to work:

> *The other day I was leafing through an old lifestyle magazine, the kind of magazine for relatively mature career women. One of the headings was "How to manage your summer'. Words like this make me automatically think of healthcare crises, lack of hospital beds, worn out staff and threats to patient safety. But there was no reason to worry in this case. The article was simply about how to make the most of your summer holiday.*

'Wind down several days before the holiday. Complete all your tasks so that there's nothing hanging over you while you are away. Start to empty your schedule in good time.' (…)
This might work for some occupational groups. But not for others. How many nurses can for example enjoy the luxury of emptying their schedules? Who will do the work?
'Don't book important meetings for the first few days of your return. Things might have happened during your time away that you need to become acquainted with. Allow yourself to come back to work slowly and quietly.'
The first day back at work for a nurse is like any other working day, at least that's my experience after 25 years in healthcare. The only difference is that you are expected to do everything as usual without having any real control. (…)

In this example, nurses' working conditions are illustrated by quotes from an old magazine for 'mature career women'. The heading 'How to manage your summer' and the ensuing article are used to show that the advice given in the article does not reflect the day-to-day reality of nurses. In fact, the article enables the blogger to make the following associations: 'healthcare crises', 'lack of hospital beds' and 'threats to patient safety'. As well as displaying the nursing profession, the blogger also uses and legitimises the media discourse on Swedish healthcare (Blomberg and Stier, 2016) to portray an authentic nurse and a blogger and highlight this version of reality.

When the blogger compares the advice to 'Wind down several days before the holiday' and to 'complete all your tasks' with nurses' working conditions, it makes it easier for the reader to understand the blogger's perspective (Mishler, 1999). The blogger's rhetorical question 'Who will do the work?' shows that the profession is characterised as continuously having to take responsibility under stress. Similarly, the advice to 'Allow yourself to come back to work slowly and quietly' is challenged by the reality that 'The first day back at work for a nurse is like any other working day' and 'that's my experience after 25 years in healthcare', which not only creates a category entitlement (Potter, 1996), but credibility for: 'like any other working day'. The blogger's account illustrates what nurses' working conditions are really like.

The next statement, 'you are expected to do everything as usual without having any real control', shows that the profession is still permeated by the "Florence Nightingale spirit" (Hallam, 2000; Blomberg and Stier, 2016) and how the blogger relates to socio-cultural narratives about nurses. At the same time, it indirectly conveys that there is an imminent risk of mistakes being made that could threaten patients' health and safety.

5.2. Mobilising the nurses – something must be done

Trying to indirectly or directly mobilise other nurses to influence politicians and healthcare managers involves drawing on the familiar situations of other nurses. The following three examples illustrate a variation in highlighting that nurses' situations need to be illuminated. One blogger writes:

Your working conditions, your working environment and your choice!
On Sunday 14th September we all have a choice to make and the choice you make can determine what your working environment will be like in the next four years.
Those of us working in the healthcare sector are affected by the decisions that the politicians in power make, in one way or another. That is why I think that we should all think twice before deciding which political party to vote for.

Using time as a rhetorical resource – in this case the Swedish parliamentary election date of 'Sunday 14th September' and 'the next four years' – makes it obvious that readers are encouraged to make a political choice. Here, the blogger creates a "sense of we-ness" and the feeling of belonging to a group by including the pronoun *us* in the account: 'those of us working in the healthcare sector'. Making use of the sense of we-ness enables the blogger to construct a professional identity and at the same time accomplish a social action, namely to challenge 'the politicians in power'.

Using the category 'politicians in power' and what is associated with it (Potter, 1996) not only creates the sense of an *allied we* but also a positioning of being subjected to politicians' decisions when nurses' working environments are affected by political decisions (Mishler, 1999). In this text, the blogger relates to socio-cultural narratives about the good and the bad (Propp, 1968), where politicians are indirectly understood as the latter. The introductory text, 'your working conditions, your working environment and your choice' is directly aimed at other nurses in the healthcare sector and also at the individual by use of the pronoun *you*. In effect, it is a call to take responsibility for the forthcoming working environment by making a political choice.

Another blogger alludes to the feelings nurse may have due to their working situation, and writes:

It's easy to get irritated, sad or upset at the greater transparency in the Swedish healthcare system. Last time I wrote that almost everything had been said, what is missing are the right ears to listen. Sometimes I want to invite the dirt-diggers from Uppdrag Granskning (author's note: a Swedish television programme that reveals wrong-doings in society) through the hospital doors to see whether what I ignore every day also passes them by. And then I remember what Uppdrag Gransking's solutions usually are: Do better.

With the factual account 'It's easy to get irritated, sad or upset at the greater transparency in the Swedish healthcare system', the blogger alludes to a failed system. It is the account of a nurse who has a category entitlement (Potter, 1996) in the sense that she is expected to know about, have experience of and be familiar with the healthcare system. In addition, the blogger's account is part of a media discourse about nurses' working conditions that has been debated in the newspapers and framed as a shortage of nurses that is more or less inevitable, e.g. which will of course upset readers (Blomberg and Stier, 2016). In this text, the media discourse functions as a rhetorical resource.

Using the resource of time, the past, in the account: 'Last time I wrote that almost everything had been said', the blogger conveys a sense of hopelessness. Additionally, it tells the reader that the blogger has discussed nurses' working conditions on numerous occasions before. The sense of hopelessness is enhanced by: 'what is missing are the right ears to listen'. Apart from conveying a sense of not being listened to, the expression 'the right ears to listen' indicates that no one person is held accountable for neglecting the nurses' testimonies to their unfair working conditions. Thereafter, the blogger uses the present tense: 'Sometimes I want to invite the 'dirt-diggers' – to indicate where the real power to change lies, in this case the well-established and respected television programme that challenges or accuses decision makers such as politicians and healthcare managers about nurses' working conditions. However, the blogger continues to display a sense of hopelessness by remembering that all the TV programme can do in the end is to encourage those responsible to 'do better'. However, the call to 'do better' will not change the situation, but indirectly conveys that nurses should take the initiative.

Additionally, the use of professional identity in the texts is a resource that encourages colleagues to take action in order to reinforce the profession and change the unfair working conditions. The texts usually end with a metaphorical expression or a rhetorical question, as in the following example:

There is hardly ever time to become acquainted with what has happened during the holidays. It is actually easier to work if you are always working. But how healthy is that?

The account 'easier to work if you are always working' implies indirect criticism of what is expected of the profession. The rhetorical question 'how healthy is that?' enables the blogger to make a point and the readers to reflect on their own situations.

5.3. Part of a political process – a call for improvement

Many things are at stake when blogging, such as the bloggers' credibility and what they are trying to convey, such as criticising the system and mobilising other nurses. This is characterised by neutrality and accountability for previous events and actions (Edwards and Potter, 1992; Potter, 1996). The bloggers negotiate responsibility and blame as part of a political process. What is at stake is how they can gain legitimacy for their versions of events as told in their texts. The following examples come from one blog text and a comment on another blog, not presented here. The blogger departs from how the healthcare managers justify criticism from an authority (which in the media has accused the hospital for mistakes and endangering patients' safety):

In the emergency department in Lund the managers' response to the Swedish Work Environment Authority's criticism was that they should employ 'better' staff in the future. Not necessarily change the working conditions that made the staff ill and unable to perform well. (…) When nurses and doctors are reported for unauthorised access to data after having read patients' case notes following the closure of a case it leaves a bitter aftertaste of 'they should have known better'.

And perhaps they should. But when they don't know better, when the routines are unclear, when every single person makes the same mistakes, when everyone in the same workplace is in bad shape – shouldn't we stop to think and look at the system? Instead of saying we should do things "better", shouldn't we be working out "how"? (…)

I have given the wrong medicine and on several occasions have discovered others doing the same. Besides discussing it with my colleagues I report discrepancies. (…) Then I get responses to these discrepancies. The response comes from someone at a higher level than my departmental manager and is more or less the same. Regardless of the improvement measures I have suggested, regardless of whether it is an obvious system fault or not, the response is still:

'The nurse must be more careful.'

The nurse must do better. And then I think that it's hardly surprising that people don't have the energy to report discrepancies.

The blogger conveys that managers blame the staff by suggesting the employment of 'better' staff when justifying the Authority's criticism. This blaming illustrates the relationship between healthcare managers and employees and enables the blogger to indirectly question whether it is the working conditions that affect the staff's health. By using categories in general and not specifying *who* should make changes no-one is blamed.

The account of nurses and doctors being accused of unauthorised access to patients' notes and that 'they should have known better' has a similar effect. Here the accusation is turned to the blogger's favour by questioning the routines and the system and thereby indirectly blaming the management for 'unclear routines'. The statements: 'when every single person makes the same mistakes' and 'when everyone in the same workplace is in bad shape' indicate that blame can be apportioned to everyone, which results in the challenge to: 'stop to think and look at the system'.

The blogger's accountability for previous actions and mistakes with medicament dosages conveys that although she is not perfect, she takes moral responsibility by discussing it with colleagues and reporting the mistakes that have been made. Moreover, she also displays what is usually associated with the category of nurse: the willingness to do the right and best thing, which relates to socio-cultural narratives about nurses. In spite of this, the management's response is always the same: 'The nurse must do better'. The apportionment of blame and accountability continues in the text, especially when the blogger talks about not getting the management's attention to improve the working conditions. This also indicates how the blogger relates to socio-cultural narratives about the good and the bad (Propp, 1968).

In a comment to a blog this apportionment is organised as follows:

We run ourselves into the ground so that everything works as well as possible, work double shifts and abstain from holidays. But still the politicians talk about the problem as though it is our fault that the queues are so long, that there are so few hospital beds and that many patients and relatives never get the information they need and have a right to. You are absolutely right, we should rejoice that we are better staffed today than tomorrow. The healthcare is constantly going downhill…

This comment is addressed to the blogger and to other nurses. Here, the commentator creates a sense of we-ness: good nurses working hard. In spite of their efforts, the politicians argue that the nurses can take some of the blame for the too long queues and too few hospital beds; responsibilities that in actual fact are political. The use of time as a rhetorical resource when comparing the present and the future (Potter, 1996) – 'better staffed today than tomorrow' – emphasises the health service's downward spiral and the poor working conditions for nurses, which continuously negotiates responsibility and blame.

6. Discussion

The article has shown how nurses depict their working conditions as unfair and that they cannot practise their profession as they would like. They do this by reporting events and relations as they know and experience them. The article suggests that the narrative element used in blogs can be regarded as responses to politicians' and healthcare managers' failure to take responsibility for the nurses' situations and that this is why the blogs are published on the union's website. The social and political context enables the nurses to participate in social media, which is an important arena for displaying the professional identity of nurses in their political struggle to improve their working conditions. Part of this political struggle is to directly or indirectly mobilise other nurses. By addressing them in the blog texts, the bloggers presume that other nurses experience similar things in their workplaces and therefore encourage them to take action and make the injustices known. This portrays the bloggers as energetic and willing to improve the situation for nurses. This perception is strengthened by indirectly questioning and criticising politicians and healthcare managers and negotiating responsibility and blame. These social actions are also evident in the union's magazine and the news media. The question of responsibility, where no-one is held responsible for the unfair working conditions, is central to the Swedish media discourse about the shortage of nurses (Blomberg and Stier, 2016). This media discourse is present when the bloggers claim that their versions of reality are correct in order to gain credibility.

In addition, the displayed or gradually established professional identity makes the reported events credible, for example when relating to sociocultural narratives about nurses as being good and responsible (the Florence Nightingale spirit) and defining themselves in relation to relevant others, in this case patients and a presumed audience (Bamberg, 2007; Mishler, 1999). Rhetorical resources (e.g. categories, factual accounts, contrasting accounts, active voicing, pronouns, time) (Billig, 1987; Potter, 1999; Wooffitt, 1992) are thus used to create credibility and authenticity, to achieve an expressed identity and to highlight the issue of accountability (dealing with what is at stake) when criticising the system, politicians and healthcare managers. Additionally, professional identity can also function as a rhetorical resource for negotiating responsibility and blame and for arguing for improvements in the workplace when reaching out to other nurses. One of the key findings is the sense of *we-ness* in co-producing professional identity and pointing out that every action matters in this struggle. Even though the interaction between the blogger and reader is rare, it can be detected by the number of blogs (varies from 2 to 348 times) shared on Facebook and that other nurses are taking action by spreading the word elsewhere. The question about whether or not the nurses' blog texts actually influence the politicians' agenda to the extent that they are willing to make improvements is difficult to answer. However, in the Swedish budget proposal in 2016, the government announced the need for methods other than NPM for the welfare sector in order to better organise the skills and expertise of healthcare professionals and to create more trust (http://www.regeringen.se/artiklar/2016/02/offentlig-sektor-ska-styras-med-tillit-som-utgangspunkt/). This can be regarded as politicians beginning to take responsibility for the healthcare sector and the nurses by suggesting organisational changes.

Another key finding is how the bloggers reproduce the media discourse in their narratives. If *everyone* reproduced this discourse the possible consequences could be to become trapped in this way of thinking and talking about nurses, their working situations, the difficulty of finding sustainable solutions and so on (see Blomberg and Stier, 2016). The situation would thus become normalised, the self-fulfilling prophecy of the nurses would be reinforced and the issue of responsibility would continue.

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