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FROM FRUSTRATION TO EDUCATION: HOW MIGRANT NURSE-INFLUENCERS USE INSTAGRAM TO ADDRESS AMR AND SHAPE TRUST IN EU HEALTHCARE SYSTEMS

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Abstract

An urgent challenge in the antimicrobial resistance (AMR) "silent pandemic" is developing cross-culturally attuned communication that recognises how antibiotic knowledge is continually negotiated across socio-cultural systems. This study addresses this need by examining how Iranian-born, Germany-based nurse influencers on Instagram create rhetorical spaces for negotiating competing medical epistemologies around AMR, and how EU-based migrant audiences engage with these narratives. The analysis draws on Bhabha's (1994) theory of the Third Space, contemporary trust scholarship, and affordance theory. Through qualitative analysis of two influencer posts and their comment threads, the study identifies two configurations: (1) fracturing medical authority through embodied testimony, *where antibiotics shift between symbols of care and signs of neglect; and (2)* satirizing clinical logic to expose semiotic instability, *where humour and role-play unsettle assumptions about Iranian "excess" and German "minimalism". Across both configurations, influencers increase their visibility through relatable, culturally attuned performances that blend professional insight with humour and satire. Trust, rather than eroding online, is continually re-signed as users navigate tensions between institutional authority and lived experience. More broadly, the posts and comment threads function as participatory classrooms where peer exchange fosters health literacy while resisting polarization, demonstrating the pedagogical potential of Third-Space mediatization in AMR communication.*

Keywords: *AMR, migrant nurse-influencers, Third Space, trust, affordances, Instagram*

1. Introduction

In an Instagram thread sparked by a viral video from an Iranian-born, Germany-based nurse influencer, users debated Iranian and European approaches to antibiotic prescribing. The video humorously contrasted an Iranian doctor who hastily prescribes a long list of antibiotics for a mild cold with a German doctor who insists on "water only" even for severe symptoms. The post circulated widely among Iranian migrants across Europe, South Africa, Canada, and Australia, prompting exchanges that ranged from banter to heated debate over what counts as proper care. One user calling for optimal access to antibiotics finally commented, *"Just because our doctors may be wrong doesn't mean theirs are right. It's possible that both approaches are flawed"*.

It is in these frictional encounters that *time lag*, to use Homi Bhabha's (1994) term, becomes visible in medical modernity, moments when divergent histories of care, expertise, and progress collide within a single digital conversation. Migrants in these threads inhabit overlapping temporalities of medicine: one shaped by immediacy, abundance, and the culturally embedded expectation of being "treated" quickly; the other shaped by minimalism, long-term prevention, and institutional caution. These asynchronous logics do not align neatly. Instead, they generate irony and negotiation as users make sense of their past and present healthcare worlds. Crucially, these frictions take on heightened significance in the context of antimicrobial resistance (AMR), a domain where delays and prescribing cultures are not merely symbolic but carry real public health consequences. It is within this temporal gap, where the promises of two healthcare systems fail to coincide, that this study situates its analysis. *We examine how migrant healthcare professionals on Instagram create rhetorical spaces for negotiating competing medical epistemologies around AMR*.

Public health communication often frames online health debates in binary terms, *polarized, compliant vs. resistant, pro vs. anti* (Henkel et al. 2022; Wagner and Eberl 2024). Such framings are too narrow for the textured meaning-making visible in transnational migrant comment cultures, risking the reduction of complex knowledge negotiations into measurable sentiment (Christodoulou and Zembylas 2025). This study instead treats the discursive knowledge produced in these interactions as analytically significant. Migrants do not merely consume information; they re-signify medical "truths" through lived histories, emotions, and the participatory affordances of Instagram. In line with Charani's (2022) argument that AMR strategies must identify opinion leaders and understand the ecosystems they inhabit, we ask: *What makes Instagram-based storytelling by migrant healthcare professionals compelling, and how do these creators translate antibiotic rhetoric within digital Third Spaces?* We further examine how trust is formed as migrants navigate European healthcare systems, arguing that trust is not eroded by social media but continually re-made in culturally hybrid spaces where authority and experience intersect.

Trust is foundational to healthcare, shaping whether patients seek help and adhere to treatment (Tucker et al. 2016). For migrants in the EU, this trust is strained by structural, linguistic, and cultural barriers (WHO, Regional Office for Europe 2023), often pushing individuals toward informal markets and self-medication, thereby increasing vulnerability to AMR. AMR among migrants is driven less by cross-border transmission and more by structural factors like overcrowded living conditions and socio-economic inequality (Häsler et al. 2018). Migrants may also carry diagnostic expectations from their countries of origin, leading them to pressure doctors for antibiotics (Lescure et al. 2022; Kjøllesdal et al. 2020), underscoring the need for AMR strategies that foreground cultural sensitivity and relational trust.

Charani (2022) conceptualizes antibiotic use as embedded in socio-cultural systems, calling for co-designed interventions. Similarly, Harandi et al. (2025) show AI-driven stewardship tools

require socio-cultural adaptation to avoid undermining trust. The WHO/RIVM's Tailoring AMR Program (2021) highlights the need for context-specific communication, yet little is known about how such knowledge circulates on social media among migrants. Research on influencer communication provides a key entry point. The concepts of microcelebrity (Senft 2013) and relatability (Abidin 2017) explain how influencers cultivate credibility. In health contexts, they become mediators who translate expertise into relatable narratives through "influencer pedagogy" (Hendry, Hartung, and Welch 2021), leveraging parasocial connection (Horton and Wohl 1956). However, most studies emphasize influencer output, not the dialogic audience interactions that co-produce meaning. While Roe and Kjeldsen (2025) analyze AMR communication by a nurse influencer, they retain a national, top-down perspective. Our study extends this by repositioning comment threads as participatory arenas where transnational audiences, specifically Iranian migrants, actively negotiate medical authority.

1.1. Global and Iranian contexts of AMR

AMR forms an urgent backdrop to these debates. The WHO (2023) characterizes AMR as a "silent pandemic" and one of the top global health threats of the 21st century. While antimicrobials remain essential to human, animal, and plant health, their overuse and misuse are the main drivers of resistance. An estimated 1.3 million deaths annually are directly attributable to bacterial AMR, a figure expected to rise without coordinated, multisectoral action. The WHO (2023) further warns that AMR will deepen global health inequalities and disproportionately affect low- and middle-income countries, underscoring the need for One Health governance and sustained public engagement.

In Iran, the country of origin for the influencers and migrant commentators examined in this study, AMR is shaped by intertwined institutional and sociocultural dynamics. Studies highlight barriers to rational prescribing, including limited diagnostics, inconsistent guidelines, weak oversight, and uneven clinical competence among physicians (Mehtarpour, Najafi and Jaafaripooyan 2025). Public misconceptions, patient pressure, and widespread over-the-counter access to antibiotics also fuel misuse. Addressing AMR in Iran, therefore, requires public education, stronger trust in diagnoses, and cross-sector collaboration across human and animal health systems. Biomedical scholarship similarly emphasizes therapeutic innovation. Penchovsky and Traykovska (2015, 631) argue for "unconventional strategies" in antimicrobial development. Extending this call, we suggest that equally unconventional approaches are needed in communication, where antibiotic risks are negotiated across diverse cultural logics and digitally mediated spaces.

The following sections outline the theoretical framework, describe the data sets and methodology, present the findings and discussion, and conclude with reflections on the implications for authority–migrant communication and health literacy.

2. Theoretical lens

This study employs a tripartite theoretical framework integrating Bhabha's (1994) concepts of the Third Space, time-lag, and the semiotics of sign and symbol; Affordance theory (Gibson 1979; Norman 1999; Hutchby 2001); and contemporary conceptualizations of trust (Hardin 2002; Uslaner 2002; Warren 2018). This combination is necessary because the communication under analysis unfolds on Instagram, a multimodal platform shaped by technological affordances; because migrants translate and re-mediate AMR information through recurrent semiotic anchors such as *water* and *antibiotics*; and because trust in institutions, clinicians, and peers is continually destabilised, renegotiated, and rerouted.

2.1. Third Space, time-lag, sign and symbol

Bhabha's postcolonial theory offers a lens for understanding how cultural meaning is generated in the "in-between," rather than within fixed or "pure" traditions. He argues that "all cultural statements and systems are constructed in this contradictory and ambivalent space of enunciation" (Bhabha 1994, 54–55), which he calls the Third Space. Historically shaped by colonial encounters and reproduced today through migration and displacement, the Third Space is characterized by tension and creativity: it enables hybrid cultural forms that exceed binary models of assimilation or separation and allows individuals to "be turned into subjects of their own history and experience" (Bhabha 1994, 255).

A key feature of this space is time-lag, the temporal disjunction that interrupts linear narratives of cultural continuity. In this "temporal break," inherited frameworks cannot simply be reproduced but become objects of revision (Bhabha 1994, 275). Within this interval, Bhabha distinguishes symbols (i.e. meanings that appear stable and taken for granted) from signs, which emerge when these symbolic certainties are disrupted and re-articulated. When the sign "ceases the synchronous flow of the symbol," it "seizes the power to elaborate... new and hybrid agencies and articulations" (Bhabha 1994, 275). This study draws on these concepts to analyze how "water" and "antibiotics" oscillate between symbols of proper care and signs open to contestation within migrant medical discourse.

2.2. Affordance theory

Affordance theory complements Bhabha by grounding these semiotic processes in the material structures of Instagram. Following Gibson (1979), Norman (1999), and Hutchby (2001), affordances refer to the actions an environment enables or constrains. They are relational rather than inherent to technology. Ronzhyn et al. (2023, 3180) define social media affordances as "the perceived actual or imagined properties of social media, emerging through the relation of technological, social and contextual factors." Because antibiotic discourse on Instagram is embedded in a multimodal, algorithmically shaped environment, affordances such as images, captions, stories, and comment threads must be considered to understand how meanings circulate and are reinterpreted.

2.3. Conceptualizing Trust

Trust is multidimensional and contested (Nannestad 2008). Rational-choice perspectives define trust through strategic evaluation. Hardin's (2002; 2006) theory of encapsulated interest holds that we trust when we believe others incorporate our interests into their own, while Yamagishi and Yamagishi (1994) distinguish between assurance (aligned incentives) and social trust (risk assessment). Normative approaches treat trust as a generalized moral belief in the goodwill of others. Uslaner (2002) differentiates generalized trust from particularized trust grounded in familiarity and shared identity. Warren (2018) emphasizes institutional trust, inferred from the legitimacy and norms of systems rather than direct experience. Because migrants' trust in clinicians, institutions, and digital peers shifts across these modes, trust theory is essential to interpreting how AMR messages are re-signified.

3. Data-sets

Two Iranian-born, Germany-based nurse-influencers serve as case studies. The dataset consists of two publicly accessible posts and their full comment threads. The table below provides a detailed overview of their content and engagement metrics:

Table 1. An Overview of the Dataset

	Influencer 1	Influencer 2
Date	Feb. 12, 2024	Nov. 9, 2024
Number of followers	188000	88000
Likes	29.2 K	46.011 K
Number of comments	1655	1886

Influencer 1 shared frustration over receiving advice to drink water for a lung infection, contrasting German doctors' cautious approaches with Iranian doctors' proactive use of antibiotics. The post, which was titled "Medicine in Germany is about as useful as a fart in a fan factory when water fixes everything 😂", was captioned as follows:

> You're hearing this from someone who was hospitalized, then spent two weeks resting at home with a lung infection, and guess what? They didn't actually treat me! All they kept saying was 'Drink water' and pumping me with paracetamol, either in pill form or as an injection. Like, come on, even a donkey knows that infections only go away with antibiotics, but these guys still haven't figured that out 🤦 🤦 🤦 All I gotta say is much love to Iranian doctors! They actually saved me from these German-certified, theory-based so-called doctors.

In the video, the influencer mockingly recounts her personal experience with exaggerated sarcasm, saying:

> Man, in Germany, they have something called water therapy. What even is that? Your whole body is infected, filthy, sick to the point of death, and your illness is basically messing with you... Then the doctor tells you, 'Just drink some water, you'll be fine.' Like, I don't get it. They say water is the essence of life. Bro, it's not some damn disinfectant! If water could actually cure infections, then the mother fucker who invented antibiotics was just talking nonsense, right? I honestly don't get why they're acting like we're still in the Middle Ages!

Influencer 2 (88,000 followers), however, humorously compared Iranian GPs' liberal antibiotic prescribing with German GPs' restraint. In the video, she first enacts a "typical" doctor-patient interaction in Iran, followed by a contrasting one in Germany. In the transcriptions that follow, *P* refers to the patient and *GP* to the general practitioner:

Iran (The original conversation is in Persian)

GP: *[shouts]* Next one, come in!

GP: So, what's the problem?

P: Uh, my throat feels a bit sore, Doctor.

GP: Sore throat, right? *[already starts scribbling the prescription]*

P: I mean, it doesn't exactly hurt... It's more like a weird feeling at the bottom of my throat. I thought, just to be on the safe side... But antibiotics? Umm... maybe I should explain... I mean, thank you, but...

GP: *[Interrupts, still writing]* I've prescribed Penicillin, an Azithron, one every two hours, Metronidazole injections every six hours, and Ciprofloxacin. Don't forget that one. Take it for sure. And drink fluids, if you feel like it.

P: *[hesitates, trying to speak]*

GP: *[cuts her off]* I'm listening, madam, say what you like.

[under breath] Why do you meddle in what I prescribe? Just go to the pharmacy, get the meds, use them, and you'll be fine.

[Hands over the prescription sheet. Turns away.]

Send in the next patient. I'm in a hurry.

[The patient mumbles something as she slowly walks out.]

Germany (originally in German with Persian and German subtitles)

GP: Good day, I'm Doctor X. What brings you in today?

P: *[speaking hoarsely]* Hello Doctor. Since last week, I've had a sore throat, high fever, a terrible cough, and I feel constantly nauseous.

GP: *[immediately, calmly]* Drink water. 💧

P: Also, I have diabetes... and my toe... it's turned black.

GP: *[with a more serious face and a firm, almost heroic tone]* Drink **more** water. 💧💧

P: *[panicking]* But Doctor!!!

GP: *[camera zooms in dramatically as she slowly says, eyes narrowed]*

Drink.

Water. 💀

Both posts used such Instagram's affordances as visual storytelling, multimodal cues, subtitles, and active comment threads. Users responded through likes, emojis, anecdotes, and counter-arguments, demonstrating platform-specific modes of participation. Such environments enable networked health activism, where professionals and lay users articulate experiences and advance alternative perspectives (Vicari 2021). In this sense, the posts and their comment threads operate as mediated social practices situated within what Bhabha (1994) terms the Third Space, where meaning is produced through ongoing translation and reinterpretation.

4. Methodology and Procedures

This study uses a qualitative, interpretive design to examine how Iranian-born, Germany-based nurse-influencers and their audiences negotiate AMR discourse on Instagram. Both posts, captions, comment threads, and relevant semiotic cues (e.g. emojis) were systematically anonymised and archived into Word files. Following Sikt[1] guidelines, no identifiable information is disclosed, and no verbatim quotations are attributed to individual users.

[1] Norway's national agency for shared services in education and research

Analysis proceeded in two stages:

1) Inductive thematic reading to identify recurrent discursive patterns: A clear polarity emerged between comments praising or criticising Iranian and EU healthcare systems (Table 2). This stage also showed that "water" and "antibiotics" functioned as key anchors of debate, prompting a semiotic analysis in stage two.

Table 2. Polarised Comment Themes: Critiques and Defences of EU Healthcare

Anti-EU	Pro-EU
"Come on, whatever pain you have they tell you: go drink lots of water and rest 😮 Is this for real? Does this even make sense? 😡 (angry red face)"	"They don't give you antibiotics for no reason. In Iran they prescribe antibiotics even if you have a virus. Look at Germans, they live to 95 and still ride bikes. In Iran, by 50 we're saying, 'It's too late for us to change.' 😬😀"

2) Applying Bhabha's (1994) distinction between symbol and sign to trace how meanings attached to water and antibiotics were stabilized, contested, or re-signified across posts and threads. Comments were coded as symbolic when they invoked taken-for-granted meanings linked to medical authority or institutional expertise, echoing the historical trajectory in which antibiotics operate as mid-century symbols of biomedical triumph and, more recently, as markers of AMR-related risk. Conversely, signs were coded where users actively reworked these meanings through medical jargon, humour, testimony, cultural memory, or platform vernaculars (e.g., emojis, multilingual puns), producing hybrid or ironic interpretations characteristic of Bhabha's time-lag. This analysis revealed a dynamic semiotic process:

   - As a symbol, *water* was invoked as a taken-for-granted marker of rational Western minimalism: *"But honestly, water therapy is better than antibiotics and chemical medicines* 😉." As a sign, it emerged in contexts where its meaning was contested or reinterpreted, often framed as neglect or dismissal: *"Your whole body is infected, filthy, sick to the point of death, and your illness is basically messing with you.. Then the doctor tells you, 'Just drink some water.."*
   - *Antibiotics* appeared as a sign of care and competence as their meaning was argued for, justified through personal testimony and detailed medical terminology: *"German doctors aren't good at diagnosing. I got sinusitis, and if they had given me antibiotics from the beginning, it wouldn't have turned chronic, and it wouldn't have spread to my ear. I've had dizziness for a year now."* At other times, they were refracted into signs of ignorance and future risk: *"If you knew what antibiotics do to the immune system and the digestive system, and what awful side effects they can cause, you'd actually be grateful* 😮." Only occasionally did antibiotics function as a symbol, invoked as self-evident markers of proper care without needing justification.

These shifting meanings were often embedded in narratives of pain and prior medical encounters, with Instagram's affordances adding affective and contextual layers that intensified or redirected meaning. As symbols fractured into signs, trust was reconfigured, moving from institutional authority toward relational, experiential forms. These dynamics form the empirical basis for the subsequent theoretical analysis.

5. Findings and Discussions

This section presents the findings, examining how antibiotics, water, and broader healthcare practices are negotiated across the influencers' posts and comment threads. Each subsection outlines a configuration within this semiotic negotiation. The section concludes by considering the implications of these re-significations for trust.

5.1. Fracturing medical authority through embodied testimony

Influencer 1 performs an embodied critique of contrasting medical cultures. Her narrative begins with personal frustration: she recounts a hospitalization for a lung infection treated only with paracetamol and repeated injunctions to "drink water." In contrast, she celebrates Iranian doctors' readiness to prescribe antibiotics. At first glance, the post seems to juxtapose two systems of care in which antibiotics appear as obvious symbols of proper treatment; yet its semiotic, temporal, and affective dynamics reveal a more intricate negotiation of truth and trust.

At the semiotic level, water and antibiotics function as condensed emblems of divergent epistemologies of health. In her account, water embodies the symbolic authority of European biomedical restraint, a logic of strict protocol adherence by what she calls *"German-certified, theory-based so-called doctors"* who privilege guidelines over responsiveness. Antibiotics, by contrast, represent decisive and attentive care, a culturally familiar assurance that suffering is recognized and acted upon (Lindenmeyer et al. 2016). This symbolic stabilization, however, is conditional: only when the illness is cast as non-viral does the influencer assert that "even a donkey knows that infections only go away with antibiotics", a moment in which the meaning of antibiotics temporarily settles into a taken-for-granted symbol of effective care.

The influencer's rhetoric fractures these assumed stabilities and converted symbols into signs through humour and multimodal play. Her sarcastic portrayal of German healthcare, "They have something called water therapy", paired with laughter and facepalm emojis (😂 🤦) and vernacular phrasing, destabilizes the symbolic authority of clinical rationality and re-signifies water as a sign of inflexibility or absurdity in the context of her own suffering. Conversely, antibiotics shift from culturally familiar signs of care and attentiveness to temporarily stabilized symbols of biomedical competence. Instagram's affordances intensify this semiotic slippage. These patterned performances create what Zappavigna (2013) terms *ambient affiliation*: social bonding through shared discursive and semiotic cues that allow dispersed audiences to commune around affective and cultural alignments.

Underlying this semiotic tension is a time-lag, a collision of asynchronous medical temporalities that no longer align neatly. The influencer draws on a temporal logic shaped by past experiences in which antibiotics functioned as immediate, reliable interventions, while German clinical practice operates within a present-day temporality that is, according to her, akin to the *"Middle Ages"* (zero antibiotics). What the German system frames as prudent, long-term stewardship is experienced by migrants as inappropriate minimalism, especially in cases they perceive as requiring decisive action. This mismatch produces the time-lag of modernity, when regimes of progress and care fail to coincide. The influencer's affective performance converts this rupture into algorithm-ready performance, rendering the temporal clash intelligible, relatable, and even entertaining for her audience.

The comment thread amplifies this semiotic instability: each user's engagement acts as a micro-re-signification, generating hybrid meanings that travel beyond professional or national boundaries. Many responded with humour or parallel experiences. One recalled nearly dying after

being told to *"just drink water and tea"*, writing, *"I was a student.. The doctor thought I didn't want to go to school.. Anyway, the doctor said, "Go home, drink some water and tea, viel trinken, you'll be fine* 🤪*"* (131 likes). Others countered with biomedical correction: *"If you knew what antibiotics do to the immune system, you'd actually be thankful* 😮*"*. The influencer intervened to clarify that her illness was bacterial rather than viral, disrupting the inflexible German "truth" through detailed, medically grounded counter-arguments to destabilize the symbols and re-signify them:

> "Don't defend this medical system too much 😂 because my illness was bacterial, but the German doctor diagnosed it as a virus. I kept losing weight, couldn't drink water or eat anything because, excuse my language, my body would throw it back up. I had a constant fever fluctuating between 38 and 39 degrees, with severe muscle pain and extreme thirst, and when I told the doctor about my symptoms, they still said, 'It's normal, just drink water.' I honestly don't know what would've happened to me if I hadn't found an Iranian doctor 😢" (778 likes).

The interplay between her clarification and the audience's mixed reactions illustrates how institutional and experiential knowledge co-produce meaning.

Out of this friction emerges a hybrid zone where institutional truth and lived experience are continually reworked. The influencer occupies intersecting ethe: as a medically trained professional, as a migrant whose expectations of care derive from Iranian and German clinical norms, and as a social-media performer whose visibility depends on relatability. Relatability functions as both a communicative strategy and a platform affordance, inviting followers to re-signify water and antibiotics through their own lived experience and humour. By aligning professional expertise with the emotional vernacular of her network, she converts biomedical discourse into affective storytelling calibrated for Instagram engagement. This "calibrated amateurism" (Abidin 2017) bridges professional authority and everyday frustration, transforming the clinical encounter into a shared, platform-native performance.

Within this Third Space, trust ceases to operate as an institutional given. Instead, it is re-performed and re-signified through communal laughter and trauma. By harnessing Instagram's affordances of visibility, immediacy, and emotional reciprocity, the influencer shifts AMR communication from a unidirectional expert discourse to a transnational, participatory negotiation of what counts as care and credibility.

5.2. Satirizing clinical logic to expose semiotic instability

Influencer 2 appears to invoke familiar stereotypes of Iranian doctors who overprescribe antibiotics and German doctors who prescribe only water, yet her performance simultaneously reveals her awareness of these tropes. Through a comic double role-play, she stages both figures against each other, mocking the usual for/against polarization. This pairing exposes the symbolic certainties of each regime (antibiotics as an unquestioned cure, water as responsible stewardship) only to render both as caricatures. In doing so, she fractures these symbols into renegotiable signs, creating a Third Space where neither medical system retains uncontested authority, and audiences are invited to interpret for themselves.

By quadrupling herself into the roles of both physicians and their bewildered patients, figures that mirror the confusion of a transnational audience, the influencer dismantles the very binaries she stages. Her laughter, gestures, and emoji-laden captions (💧💀😂) further accentuate this slippage from symbolic coherence to semiotic play. The "💧" emoji, repeated across captions and

subtitles, functions as a portable sign of care's absurd minimalism, a shared in-joke among viewers that translates frustration into humour, commiserating, and peer-learning. Instagram's affordances turn this satire into a participatory semiotic field where followers can recognize and amplify the joke through remixing, comments, and emojis.

The sketch also dramatizes a time-lag between two medical temporalities, in which "a moment for revision" (Bhabha 1994, 275) becomes imperative for the migrant patient, allowing alternative knowledges to emerge. As mentioned above, the history of antibiotics has not been flowing smoothly from past to present to future, but it has rather been non-linear and fractured as the past narrative of progress can no longer sustain itself. Moreover, the juxtaposition of the two tempos (hurried abundance versus deliberate inaction) creates a temporal dissonance emblematic of migrants' lived encounters with asynchronous modernities of care. Within this lag, formerly stable symbols fracture into contested signs: what counts as responsible action or prudent restraint shifts across frames, making trust unstable.

As with Influencer 1, Influencer 2 adopts a multiply hybrid ethos: a healthcare professional trained in biomedical rationality, a migrant navigating institutional difference, and a content creator whose success relies on relatability. Her satire draws authority from medical expertise while performing humility through humour, creating an ethos that is simultaneously expert and ordinary, i.e. *calibrated amateurism*. Humour further strengthens her relatability, echoing Knight's (2013, 69) argument that humour "brings friends together in solidarity around particular values" and fosters a sense of shared belonging.

The comment threads that follow, filled with laughing emojis and anecdotes, extend this hybrid authorship by turning spectators into co-interpreters of what counts as sensible care. A highly liked comment voiced shared frustration: *"You might make a joke out of it... but in Germany this is literally what the doctor tells us: drink water, drink tea.."* re-signifying water from a symbol of prudent stewardship into a sign of neglect. Replies layered empathy and critique embedded in personal testimony revealed competing semiotic frames. Some reaffirmed German minimalism: *"I personally agree with the German doctors.. just water, fluids, soup, and rest"*, stabilizing *water* as a symbol of rational care. Some valorized Iranian decisiveness: *"The best medical staff are in Iran.. I always get my treatments done in Iran* 😍*"*, recasting *antibiotics* as a symbol of competence and responsiveness. Across these exchanges, symbols of 'proper' care continually fracture into signs open to reinterpretation, producing a collaborative negotiation of meaning in which neither regime retains uncontested authority.

The influencer's humour becomes a soft technology of trust: by showing that she, too, finds both systems flawed, she forges solidarity across difference, a message a follower clearly endorsed through saying *"Just because our doctors may be wrong doesn't mean theirs are right. It's possible that both approaches are flawed."* In Bhabha's (1994) terms, such a stance emerges within the Third Space, where meaning is not constructed through opposition but through translation and partial understanding. Here, the polarity of "Iranian excess versus German minimalism" dissolves into a collaborative questioning of what care ought to look like, and thereby care fractures into signs. In tandem with care, trust experiences resignification.

5.3. Resignifying trust

The influencers' satire exposes how institutional trust falters when expectations of responsiveness collide with the perceived procedural minimalism of German/EU healthcare, raising doubts

about both competence and moral integrity (Warren 2018). In Influencer 1's complaint that doctors *"just say drink water"*, institutional trust shifts toward interpersonal and particularized trust placed in Iranian doctors viewed as attentive and action-oriented (Uslaner 2002). Influencer 2's parody, by contrast, underscores the fragility of rational-choice trust, the form grounded in predictable, incentive-aligned behaviour (Hardin 2002; 2006; Yamagishi and Yamagishi 1994). By highlighting mismatches between clinical action and patient need, her sketch destabilises the calculations on which such trust depends.

The comment threads show users moving between these trust modes, with humour acting as a key mediator. Shared laughter produces what Uslaner (2002) terms social or generalized trust: an affective, temporary bond rooted in mutual recognition of frustration. As Heath (2000) notes, "people identify with those they trust, and they trust those with whom they identify", and humour strengthens this identification (Meyer 2000). On Instagram, trust becomes a relational affordance, enacted and validated through emojis, likes, replies, and cascades of laughter (Hosking 2014). These practices form a Third Space where biomedical authority and experiential knowledge intersect, and trust is continually re-signed across geo-cultural and digital boundaries.

6. Conclusions: Implications for education and communication

The Instagram posts and comment threads analyzed in this study show how digital platforms function as informal, participatory classrooms where critique, trust, and health literacy develop through peer exchange. Users debated when antibiotics are needed, distinguished bacterial from viral infections, and shared treatment experiences, echoing Westerling et al.'s (2020) call for patient-centred, trust-based education on rational antibiotic use. Unlike formal campaigns that are costly and slow (Allom et al. 2018), nurse-influencers already translate biomedical concepts into relatable narratives for large, affectively engaged audiences. Through humour, role-play, and direct interaction, they generate emotional resonance and sustained dialogue that institutional communication rarely matches. Policymakers should recognize and support this culturally embedded, influencer-led pedagogy.

These findings extend research on health influencer communication, which has tended to prioritize content analysis over interaction. The dynamics of microcelebrity (Senft 2013) and relatability (Abidin 2017) are evident here, as influencers domesticate biomedical knowledge into accessible, hybrid narratives (Wellman 2022). Yet our data show that these processes unfold dialogically: influencers engage directly with followers through replies, clarifications, and commentary, moving beyond parasociality toward what Hendry, Hartung, and Welch (2021) term *influencer pedagogy*. This dialogic exchange resembles the hybrid expertise described by Roe and Kjeldsen (2025) but extends transnationally, turning comment threads into collaborative spaces of cross-cultural health learning and navigating unfamiliar systems.

The dialogic exchanges exemplify Bhabha's (1994) Third Space, where meaning emerges through negotiation. Influencers and followers re-signify AMR messages within migrant cultural life, translating biomedical authority into shared, emotionally resonant understanding. Rather than reproducing binaries, participants co-produce culturally legible health knowledge, making the Third Space a pedagogical site of care and trust.

These insights align with the WHO/Europe and RIVM's Tailoring AMR Strategies (TAP) framework (2021), which stresses that "knowledge alone is not enough", and with Charani's (2022) claim that AMR interventions must attend to socio-cultural contexts. Influencer-led exchanges illustrate

such context-specific engagement. Lindenmeyer et al. (2016) likewise highlight the importance of understanding migrants' perspectives to improve antibiotic communication. The interactions examined here respond to that need by creating communicative bridges where cultural expectations and biomedical rationales intersect. Integrating these trust-based practices into formal AMR education could enhance equity. More future research should examine how migrant nurse-influencers operationalize participatory learning.

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