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*Article*

Laughing It Off: Uncovering the Everyday Work Experience of Nurses

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**Abstract**

During research towards her doctoral dissertation, the author noticed that nurses understated the conditions in which they worked. Seeking to understand how nursing culture shapes how nurses describe their work, she developed a “toolbox” of reflexive methods. She used metaphors of nursing and emotion expressed as laughter to identify aspects of nursing culture in semistructured interviews with nurses working in Australian residential aged care facilities. She also incorporated autoethnography, as she had worked as a registered nurse while studying economics. The inclusion of her voice in the data illustrates the difference between nursing culture and another worldview. These pluralist methods made explicit some of the effects of gendered socialization, such as understatement and self-consciousness, and demonstrate how they are embedded in nursing culture. Awareness of such norms is important for understanding marketized caring labor. This combination of methods has significance for uncovering workplace culture in other forms of marketized caring.

**Keywords:** reflexive, metaphor, emotion, autoethnography, insider, outsider, interpretive, nursing culture, epistemology, residential aged care

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## **Introduction**

Residential aged care facilities (formerly nursing homes and hostels) provide 24-hour nursing care to frail, elderly people. The staff who deliver the care are predominantly female, with registered and enrolled nurses being responsible for the clinical care of residents who often have multiple medical problems. Feminist economists and sociologists are studying marketized care services, such as nursing homes, as the intersection of the performance of “care,” traditionally unpaid and provided within families by women, and “work” as a paid means of earning a living. The combination of these core economic activities involves strong personal and emotional involvement on the part of the person caring to provide good quality care. Feminist economists have sought to understand the nature of caring labor, what differentiates it from other forms of labor, and, in the case of paid caring labor, how staff providing care negotiate the intersection between care and work. To this end, empirical studies of paid care work are both necessary and important.

While I was in the process of conducting interviews for research toward a doctoral thesis investigating how aged care nurses experience their care work, aspects of nursing culture emerged that had implications for the analysis of the interview material. It became apparent that nurses understated the conditions in which they worked. It was my personal experience working as a registered nurse in residential aged care facilities that enabled me to identify this trend, making it necessary for me, as the researcher, to understand how nursing culture affected the way nurses described their work.

To do this, I have developed a “toolbox” of reflexive methods comprising a pluralist analysis of metaphors of nursing, emotion expressed as laughter during interviews, and autoethnography. Adding my voice to the empirical data has facilitated a two-tiered analysis of the interview material incorporating an insider/outsider perspective. I have situated this rich combination of methods in an interpretive paradigm grounded in feminist epistemology. These pluralist methods have enabled me to uncover the workplace culture of nurses and to make explicit some of the effects of gendered socialization roles and their importance for understanding marketized caring labor. This combination of methods has significance for uncovering workplace culture in other forms of marketized caring, such as teaching and child care. It also contributes to feminist methodology by providing a combination of methods useful for researching the impact of gender socialization roles on women at work.

### **Reflecting on the data**

One of the purposes of qualitative interviewing is to “hear and understand what the interviewees think and to give them public voice” (Rubin & Rubin, 1995, p. 19). Reflexivity in qualitative research means both that the researcher engages in a “process of critical self-reflection on one’s biases, theoretical predispositions, preferences and so forth” and also that “the inquirer is part of the setting, context, and social phenomenon” that she or he is researching (Schwandt, 2001, p. 224).

## **Understatement**

The research methods described here were initiated when I discovered that nurses who were participating in semistructured interviews consistently understated the conditions under which they work. An example is the following quotation from a nurse with 20 years' experience who had worked across the aged care sector:

A: If I'm due off at 11 somewhere, it's anywhere between 11 and 12 . . . That's how I look at it.

Q: So it could be anything up to an hour?

A: Yes.

Q: So do you get paid for that extra time?

A: No, because I see it as maybe . . . you know a time management thing for myself (laughs). (Betty, agency registered nurse)

Rather than assert that the workload was too heavy for the hours allocated, this nurse passes the situation off as a possible inadequacy in herself. This is despite this interviewee's extensive experience working in aged care and the everyday nature of working past the end of her shifts. Her employment as an agency registered nurse means that because she regularly works unpaid time, this is occurring across the aged care sector, not merely in a few nursing homes.

As I continued to analyze the data, I noticed that the nurses interviewed presented problems they experienced in doing their "care work" as "normal" or due to something lacking in them. This tendency had the effect of providing an understated view of the conditions actually experienced on a regular basis. The research design evolved as I, as the researcher, "heard" the data (Rubin & Rubin, 1995).

## **Laughter and what it communicates**

I discovered that nurses laughed when saying anything that could be interpreted as their not being "good nurses." Closer examination revealed that this laughter was, most of the time, a rather self-conscious response to having said something about their work that, although true, fell short of an ideal of how nurses "should be." I discovered that the deep-seated nature of nursing culture underpins how the empirical data needs to be interpreted. This gave rise to two questions regarding method: How can the understatement and self-consciousness evident in the interview transcripts of aged care nurses be investigated? and What are the implications for the interpretation of the interview data?

## **Developing methods to answer the questions**

### *Metaphor and emotion*

To answer these questions, I used a combination of methods. *Method*, as the term is used in this paper, refers to "a procedure, tool, or technique used by the inquirer to generate and analyse data" (Schwandt, 2001, pp. 158-159). The purpose is to answer the research

questions posed above by using the procedures explained in this article (Crotty, 1998). I began by investigating the culture of nursing. To do this, I used a historical perspective to look at the culture of nursing via the use of metaphors (Denshire, 2002; Koro-Ljungberg, 2004),<sup>1</sup> as metaphors have been used to explain nursing culture in relation to modern nursing's emergence during the Crimean War and, in Britain, during the Victorian era (Kuhse, 1997). I then researched the role of emotions and their analysis in qualitative research across disciplines, which included nursing (Chapple & Ziebland, 2004), sociology (Denzin, 1984; Griffiths, 1998), psychology (Scheff, 1979), communications (O'Donnell-Trujillo & Adams, 1983), and gender studies (Allen, Reid, & Riemenschneider, 2004). I then analyzed the data to see where nurses laughed during the interviews as a signal of a self-conscious moment, which often reflected on the mores involved in being a good nurse.

### **Autoethnography and epistemology**

Autoethnography "is self-awareness about and reporting of one's own experiences and introspections as a primary data source" (Patton, 2002, p. 86). In this research, an autoethnographic interview was used as an additional data source and analyzed in conjunction with the nurses' interviews. As I had studied economics while working in nursing homes, including my voice in the interview data enabled me to identify differences between nursing culture and economics education. This toolbox of methods was then situated within a suitable epistemological framework. Although I had worked as a registered nurse in residential aged care facilities for more than a decade while studying economics to honor's level part-time, I had commenced this research project from the viewpoint of an academic researcher investigating issues related to caring labor and public policy. As the research methods literature explains (Ellis & Bochner, 2000; Patton, 2002), the inclusion of an autoethnographic interview within the empirical data clearly situates the researcher within the research project. Not only did this step herald the inclusion of the researcher's voice in the first person to recount the research findings, it also meant that the data needed to be analyzed from an insider/outsider perspective. Although this combination of methods uncovered the scope and depth of nursing culture, it also centered this research firmly in the interpretive paradigm<sup>2</sup> operating from an epistemological viewpoint in which all knowledge is situated and socially constructed.

### **In summary**

My purpose in describing this approach is to present a collection of research methods that are useful tools in analyzing the largely invisible influence of nursing culture. The procedures described here would be useful in other contexts where a deep-seated workplace culture exists. Using a reflexive process, in this paper I examine both "insider" and "outsider" perspectives (Franzway, 2001) of nurses working in residential aged care, and modes of behavior that are discernible in workplace culture. I explore the research issue of how to analyze the effects of this culture in relation to the interview material collected, so that nurses' complex experience working in residential aged care is made explicit. Unless the self-consciousness and understatement evident in the nurses' interview transcripts is understood, the interpretation of the interview data is

compromised and would be unlikely to reflect the realities of working in residential aged care facilities.

In the following sections, I describe, first, why the culture of nursing is important and how metaphors have been used in the nursing literature to describe this culture. I next explain the importance of emotions and the use of laughter as a form of analysis. I then describe the use of an autoethnographic interview and the reason for the inclusion of myself as a participant in this research. In the last section, I demonstrate how I use this toolbox of methods to uncover the gendered socialization embedded in nursing culture as evidenced in the interview data.

### **The importance of nursing culture**

This project involves 17 interviews with registered and enrolled nurses giving professional care in residential aged care facilities that provide 24-hour nursing care to frail elderly people. Five interviews were also conducted with management comprising three directors of care, one chief executive office (CEO) of a large nonprofit organization operating multiple residential aged care sites, and one private enterprise proprietor.

The interview questionnaire was designed to explore some of the issues raised in the literature on caring labor. This work has mainly been done, to date, by feminist economists and sociologists, who began by looking at women's unpaid caring in the home. However, in many industrialized countries, caring work has increasingly moved out of women's traditional realm of the home and into the public realms of market and government provision, where caring is provided as a service for a fee (Nelson, 1999). Child care centers and nursing homes are two examples of marketized care services.

To date, there has been a lack of research on how aged care nurses experience their caring role and the implications for Commonwealth residential aged care policy. It is this gap in research that I have sought to address in my doctoral project. Although I report in this methods paper on the collection of methods used to uncover the effects of nursing culture and demonstrate their use in analyzing the interview data so that nurses' experiences are made explicit, in the larger doctoral project, I seek to add to the emerging theory on marketized care and the implications for public policy.

In the process of analyzing the data, it became obvious that nursing culture was important, because, as it was embedded in the everyday working lives of nurses, it affected how they participated in the interviews. The term *culture* is used differently in different disciplines and studies. In my study, I am using the term in the context of the nursing environment as defined by Suominen, Krovasin, and Ketola (1997), who described culture as finding expression "in learned, shared and inherited values, in the beliefs, norms and life practices of a certain group, guiding their processes of thinking, decision-making and action" (p. 186). In relation to nursing culture, these authors comment that the "structures of nursing culture have so far remained very much unknown territory and are seldom discussed, either in practice or among nursing researchers. Nursing culture can be seen as part of the environment of nursing" (p. 187). Researchers

into residents' experiences in Australian nursing homes have reported that "the nurse's intent is more often about control rather than benevolence and another's best interest" (Tuckett, 2005a, p. 81), and that nursing homes are "short-staffed and time-starved" (Tuckett, 2005b, p. 211). In an earlier study, articulate residents, who were the key informants in the research, "stated that to get on with nurses they had to be subservient and compliant" (Fiveash 1998, p. 170). According to Street (1992), the cultural practices of nursing "are informed by their relationship with the history of nursing" (p. 4). In this study, I use these historical explanations of nursing culture as the basis to explore nursing culture via the use of metaphors, stereotypes, and notions.

### **Metaphors of nursing**

I discovered during the data analysis that nursing culture affected the way in which nurses delivered care, how they interpreted their workplace environment, and how they participated in the interviews conducted for this research. The way I use my toolbox of methods to uncover this culture is demonstrated later in this paper. It is therefore likely that these methods could have a broader application to other caring professions. By taking a historical perspective, I explain in this section how metaphors have been used as an analytical tool to examine tenets of nursing culture.

Metaphors have been described as being pervasive in everyday life, not only in language but also in thought and action, with the essence of metaphor being that we understand and experience one thing in terms of another (Lakoff & Johnson, 1980). Lakoff and Johnson have argued,

Since metaphorical expressions in our language are tied to metaphorical concepts in a systematic way, we can use metaphorical linguistic expressions to study the nature of metaphorical concepts and to gain an understanding of the metaphorical nature of our activities. (p. 7)

The linguistic expression of conceptual metaphors can vary widely but always involves a set of correspondences between two conceptual domains (Steen, 2002). Miles and Huberman (1994) see metaphors as having "an immense and central place in the development of theory" (p. 250), as people use metaphors constantly as a means of making sense of their experience.

Academic researchers have examined the use of metaphors across disciplines and within the philosophy of science.<sup>3</sup> Thus, analysis via the use of metaphors has been both prolific and multidisciplinary. Although not fully developed in economics, which is situated in the positivist paradigm, there has been some analysis of the metaphorical concepts in economics including the use of the market metaphor in relation to child care (McCloskey, 1995) and a feminist economics critique of the central neoclassical economics metaphor "an economy is a machine" (Nelson, 2004, p. 383).

Metaphorical analysis has also been used in nursing. Froggart (1998) found metaphors useful in examining the emotional work of nurses working in palliative care. Wuzbach

(1999), in discussing moral metaphors present in nursing, explained, “Moral metaphors do not describe literally the state of affairs in moral discourse, but in some essential way they may convey a truth not yet recognised or acknowledged by a particular profession” (p. 95). Kuhse (1997), in discussing nurses’ history of subservience, argued that metaphors not only draw attention to similarities that already exist but also create similarities. “Depending on whether they are forward or backward-looking they can be a tool or a toil—being supportive and productive of change, or giving implicit support to practices and institutions that we would be better off without” (p. 16).

Although metaphors can impart only a partial view, two separate but historically related metaphors have been identified that shaped the early days of nursing: a military metaphor, which appeared in both medicine and nursing (Kuhse, 1997; Wuzbach, 1999) and the metaphor of the virtuous woman (Kuhse, 1997). Societal changes in the 1960s heralded the emergence of a third metaphor—that of the patient advocate—whereas more recent nursing research has uncovered the “tyranny of niceness,” a metaphorical description of an aspect of current nursing culture. As understanding these metaphors is a necessary step toward a metaphorical analysis of the workplace culture of nurses, I now discuss them briefly. Examples of how I have used metaphors as an analytical tool are provided in a later section.

### **The military metaphor**

The military metaphor was pervasive in nursing, not only because modern nursing stems from the Crimean War but also because nursing emerged at a time when medicine was adopting a military metaphor. Disease was described as the “enemy,” medicine “combated” disease with “arsenals” of drugs, and young doctors became house “officers” (Winslow, 1984, cited in Kuhse, 1997, p. 22). Applied to nursing, the military metaphor required discipline, and loyalty and obedience to those of superior rank. As those of rank were, of course doctors, nurses’ subservience to doctors as their proverbial “handmaidens” came into being, and this relationship has proven very difficult to banish. “The military metaphor thus not only turned nurses into obedient soldiers, but also put them under the command of medical men” (Kuhse, 1997, p. 25).

### **The virtuous woman**

Kuhse (1997) explored the history of nursing culture, which is embedded in a series of cultured norms that originated with Florence Nightingale and the Victorian notion of the virtuous woman. Florence Nightingale saw a need to attract educated women into nursing as a necessary step to improving nursing practice and outcomes. If nursing was to become an acceptable profession for a “better class” of women and their daughters, then strict insistence on high moral character was necessary. Kuhse described the metaphor of the virtuous woman as a “congruence” between the “good woman” and the “good nurse” (p. 27), which was successful in turning nursing into a respectable occupation suitable for ladies: “Nursing was not only an *acceptable* occupation for women, it was a natural and highly commendable one” (p. 28, emphasis in original). Therefore, modern nursing at its inception was brought into being with characteristics of dedication, self-sacrifice,

submissiveness, and intellectual passivity. This meant that nurses were easily exploited and discouraged from forming ethical or professional judgments.

Much earlier, Muff (1984) discussed the “angel of mercy” stereotype as creating an impossible ideal that “denies nurses important aspects of their humanness” (p. 28). This stereotype has been analyzed in feminist economics in the context of women’s unpaid care in the home by Nelson (1999). Known as the “angel in the house,” this is a White, middle-class notion that refers to the unpaid care women provide in the home for love, not money. This notion works against caring occupations’, predominantly comprising women, attracting an income commensurate with male “breadwinner” wages (Nelson, 1999). This linking by Nelson, in an economic sense, of the angel in the house with paid caring work parallels Muff’s angel of mercy in nursing and connects with Kuhse’s (1997) metaphor of the virtuous woman. Although referred to as a stereotype by Muff and a notion by Nelson, Kuhse conceptually links the private (unpaid, the “good woman”) and public (paid, the “good nurse”) domains of caring work in her metaphor of the virtuous woman.

### **Attempted changes in the metaphor**

In the 1970s and the 1980s, a number of cultural and societal changes began to challenge the sex role stereotyping inherent in the traditional metaphors of nursing, with many nurses indicating that they were no longer willing to play the submissive and passive role traditionally assigned to them. Rapid advances in medical technology raised ethical questions and gave rise to the awareness that patients could be potential victims of medicine because they lacked medical expertise and the power that conferred. Ethical uncertainty became coupled with consumer discontent at the same time as nurses were becoming better educated and more skilled. These changes coincided with a growth in feminism.

In 1973, the International Council of Nurses’ *Code for Nurses* shifted nurses’ primary responsibility away from doctors to patients or those in need of nursing care (Kuhse, 1997), and heralded the metaphor of the patient advocate, 120 years after the establishment of “modern” nursing during the Crimean War (1853-1856). This signaled the emergence of a new role that, within the wider social climate, gave rise to the possibility of more assertiveness and professional independence among nurses, who were now being seen as accountable for their own actions (Kuhse, 1997).<sup>4</sup>

In spite of social changes and the introduction of the element of patient advocate to the nursing metaphor, ideas of the virtuous woman, of niceness, and of handmaidens to the medical profession have persisted. As discussed by Street (1992), nursing training until very recently was carried out in mainly public, acute care hospitals under an apprenticeship-type arrangement. Although not indentured, hospital-based training was very hierarchical and rather ritualistic, with an emphasis on specific ways of doing each task. Rather than building a comprehensive knowledge base that nursing practitioners could draw on for informed decision making, hospital training focused on “hands on” work in wards and following orders. As a result, many women still in the nursing

profession reflect traditional attitudes and behave in ways that support traditional relationships between workers in the medical profession.<sup>5</sup>

Although the idea of the nurse as patient advocate is potentially part of the nursing metaphor, nursing has traditionally been expected to flow not from a careful analysis of the needs of the patient but from an unquestioning adherence to rules and rituals (Street, 1992). Because of this, the role of nursing advocacy has been slow to establish itself in the medical establishment, including among nurses themselves, and the wider community.

However, there is evidence of nurses advocating on behalf of their residential aged care residents in the interview material. I have therefore used the patient advocate as a third metaphor present in nursing culture but placed it in a residential aged care context by renaming it the metaphor of the resident advocate, acknowledging that these elders are not hospital patients but residing in supportive accommodation that is now their “home.”

### **The identification of a contemporary metaphor?**

Nursing has also been deeply affected by what Street (1995) has called the “tyranny of niceness” (p. 31),<sup>6</sup> a label that nurses related to and identified with whether they were working in a hospital, community setting, or nursing academia. Street’s niceness appears to be linked to Kuhse’s (1997) metaphor of a virtuous woman. The traditional stereotype of a good woman since Victorian times has been someone who is patient, caring, kind, and hard working, never complains or criticizes, and therefore is very nice to be around. This social conditioning is not inherent only in nursing. It affects women in all Western societies (Nelson, 1999), and is particularly evident in all caring occupations which, after more than 30 years of equal opportunity legislation in Australia, are still predominantly made up of women (Australian Institute of Health and Welfare, 2003; Pocock, 1995), and is an expectation that remains alive and well despite more than 30 years of active feminism.

Although Street (1995) referred to the phrase that grew out of the research she did as a “label,” I am using it as a fourth metaphor because, by definition, in describing niceness as a tyranny, this phrase certainly describes one thing in terms of another and maps across two conceptual domains (Lakoff & Johnson, 1980). However, I suspect that it is a contemporary manifestation of the gendered socialization inherent in nursing culture that speaks back to the Victorian notion of the virtuous woman. Although contemporary social mores concerning women are not focused on virtue or angels, either “in the house” or demonstrating “mercy” as nurses, Street’s research clearly demonstrates that the tyranny of niceness is present in contemporary nursing culture, widespread, and recognizable by nurses. In a following section, I discuss this tyranny of niceness as identified in the interview data.

## **Out of the positivist paradigm**

Evidence of the effect of the metaphors of nursing culture in the interview material meant that it was necessary to dig deeper to understand nurses' experience of care work. Because nurses tend to "soldier on" and, at times, speak so "nicely" of the difficulties they encounter that it can seem as if these situations are dealt with effortlessly, there is a danger that the demanding nature of aged care work will not be evident. Empirical investigation of the provision of care in marketized settings is important to the development of theoretical explanations of caring labor and an understanding of the degree of commodification present in different care markets. However, identifying a means of analyzing interview data to uncover workplace culture situates this research firmly in the interpretive paradigm rather than the positivist paradigm central to neoclassical economics. MacDonald (1995, p. 175) has argued, "The standards for empirical research and data collection in mainstream economics create difficulties in dealing with feminist concerns" (p. 175). Feminist economists draw on methods from other social sciences, because, just as neoclassical theory gives rise to certain data needs, so does feminist theory:

Whereas economic methods were designed to test rather abstract models explaining economic behaviour, the sociological methods reflected a desire to tease out of the data an understanding of relationships. (p. 176)

The interpretive paradigm recognizes that meaning emerges through interaction, and emphasizes understanding the overall text of a conversation and the importance of seeing meaning in context. It "accepts the importance of culture and the necessity of a relativistic approach to culture in the interview" (Rubin & Rubin, 1995, pp. 31-32).<sup>7</sup> In developing my toolbox of methods, the first step in identifying the effect of nursing culture on the interviewees was to analyze where nurses laughed. In the next section, I explain the importance of emotions, the relevance of laughter to nursing culture, and how laughter was used as an analytical tool. I then introduce the reason for the inclusion of an autoethnographic interview in my research, which is discussed in detail in the following section.

### **Locating laughter as a means of analysis**

As mentioned previously, nurses often laughed in a somewhat self-conscious manner whenever talking about anything that might be interpreted as not being a good nurse. Although they sometimes laughed when relating enjoyable moments in their caring work, I noticed as I worked with the data that many times, interviewees laughed when recounting difficult situations in which they were not reaching the ideal of a good nurse, even though their responses were readily understandable as normal human experiences:

*Q:* Does it take a lot out of you to do this?

*A:* Yes . . . some days . . . it's not only physically but it's emotionally tiring as well . . . especially if you've got someone who's a wanderer or someone who's a bit aggressive . . . there is different behaviours you've got to challenge . . . so it's not just

physically tiring . . . sometimes you get . . . it tries your patience, put it that way (laughs).  
(Lesley, registered nurse)

As I discovered that every nurse laughed either in the context of not being a good nurse, as in the extract above (indicative of the metaphor of the virtuous woman or the proverbial angel in the house), or in the context of downplaying or understating difficulties (indicative of the military metaphor of soldiering on), my continuing analysis of the participants' discourse and their behavior during interviews led me to look at the nature of emotions and the role of laughter as an expression of various forms of emotion in social exchanges. The points where nurses laughed during the interviews were then located and analyzed using the metaphors of nursing to explain these responses.

My first step in seeking to understand the role of laughter was to draw on Denzin (1984) for a comprehensive discussion of the role of emotions. In a singular work on understanding emotion, Denzin defined emotions as "temporally embodied, situated self-feelings that arise from emotional and cognitive social acts that people direct to self or have directed towards them by others" (p. 49). However, many of these feelings and the reasons people give for having them are "social, structural, cultural, and relational in origin" (p. 53). He also argued, "Individuals are connected to society through the emotions they experience" (p. 24), which means that mood and emotion are important for the study of society and social organization. Lupton (1998) built on Denzin's work and discussed a social constructionist perspective on emotion that describes emotion as socially constructed, meaning "that it is always experienced, understood and named via social and cultural processes" (p. 15). Emotions are therefore viewed to a greater or lesser degree as "learnt rather than inherited behaviours or responses" (p. 15).

I discovered through Denzin's (1984) reference to the work of Goffman (1956) that in an early study linking embarrassment with social organization, Goffman identified laughter as a gesture that individuals can hide behind while bringing their feelings "back into tempo" and themselves "back into play" (p. 266). Because people dislike feeling embarrassed, tactful people will often pretend not to know that someone has lost composure or had grounds for losing it. From this point of view, poise plays an important role in communication. Scheff (1979) linked spontaneous laughter with anger and embarrassment, with both of these states of tension being able to be resolved through spontaneous laughter. However, in the feminine role, "much anger and embarrassment lie outside of the woman's awareness" (p. 64).<sup>8</sup> This is borne out in my research, where nurses' laughter when speaking of situations that fall short of the idealized good nurse occurred naturally as a usual form of conversation behavior.

According to Allen et al. (2004), even though laughter is universal, it remains a surprisingly understudied communication behavior. Using focus groups made up of 39 female information technology (IT) employees, Allen et al. studied the role of laughter in meeting workplace barriers and challenges. I saw this study as useful for my work, because it looked at how women use laughter when they find themselves working in difficult situations, particularly when they are unable to change the problems they are faced with. These researchers found that "laughter can occur when people discuss the

paradoxes and ambiguities of organisational life or sensitive and taboo topics” (p. 177). Laughter, as a nonverbal form of emotion, “provides a valuable opportunity to identify how women communicate nonverbally about those conditions that potentially act to hinder or restrict their satisfaction with work conditions” (p. 177). Using laughter as an indication of self-consciousness, or an indicator of a departure from the prescribed manner of being, there is evidence that nursing culture affects how people relate to, and talk about, situations of concern to them and some of the work experiences they encounter.<sup>9</sup>

In my study, every participant laughed at some time, and laughter was the prevalent emotion throughout the interviews.<sup>10</sup> The segments of each interview where people laughed were coded into categories according to the context of what was being said when these nurses laughed. By this means, I identified that interviewees laughed when they talked about situations where they were anxious or experienced difficulties, found the work demanding, felt something was unfair, found a situation unrealistic, or felt inadequate, uncertain, self-conscious, or cynical. On a positive note, they also laughed when they talked about their caring role and aspects of their work that contributed to their job satisfaction. The final category is where I, as the interviewer with a strong nursing background, also laughed. These contexts where nurses laughed were used as indicators of where nurses felt some level of emotion, as identified by their laughter. The metaphors derived from the literature on nursing culture were then used as an analytical tool to make meaning of these situations.

The military metaphor requires nurses to be efficient and always able to cope, in effect to “soldier on.” Analysis of the interview data showed that elements of the military metaphor are still present in nursing culture. It was quite usual for nurses to laugh when talking about soldiering on. As an example, during one interview, a registered nurse laughed twice when talking about being interrupted during her meal break and not usually getting back to finish it, and also laughed when talking about usually not getting off on time. The same nurse laughed when explaining that she often felt rushed and was not having time to finish her documentation, when she explained that her main job satisfaction came from getting all she needed to get done in a shift without leaving little bits behind, and when talking about doctors’ calling in of an evening and how she could do with half an hour more than she gets paid for. Finally, she also laughed when she said she did not plan to keep working in aged care, but “doing something about it is another thing” (Glenys, registered nurse).

Although reducing tension, this strategy also has the effect of downplaying or understating the degree to which these factors in the work environment are an ongoing problem to the point where this particular nurse would like to leave her job in aged care. Glenys’s comment above that “doing something about it is another thing” fits with the study by Allen et al. (2004), discussed previously, where women use laughter in talking about “problematic working conditions” (p. 177) that cannot easily be changed.

The metaphor of the virtuous woman, through which nurses are seen as dedicated and self-sacrificing, appears to be a major contributor to the tyranny of niceness, which

implies that nurses like to care for everyone they come across. In the interview material, nurses laughed when talking about having any sort of difficulty with residents or relatives. One nurse laughed twice when talking about the time and effort involved in settling a very fussy resident each night (Pat, registered nurse). Another nurse laughed when talking about some situations between family members being difficult. She later laughed twice when talking about difficulties with the son of a resident who hid alcohol for his father in the kitchen cupboards (Sandra, registered nurse). Not only do nurses feel they must be always nice, their level of self-esteem drops if they do not manage the impossible. A registered nurse, when talking about a resident she could not “get along with,” said,

I think I was disappointed in myself in the end because I couldn't give her that sort of caring nature that I give to others . . . just because she was such an awkward old biddy basically (laughing). (Susan, registered nurse)

The situation is markedly different in relation to the metaphor of the resident advocate. There is only one instance of laughter when an interviewee is advocating a rehabilitation program for residents:

The rehabilitation nursing background really made me value rehabilitation programs so I put one in here. And it's had some fantastic outcomes for residents and really good outcomes for staff and it's . . . I just see it as the basis of delivering a decent lifestyle for residents is to keep them as well as possible, as fit as possible and then try and give them a good time (laughs) so . . . pretty simple philosophy really. (Meryl, director of nursing)

This participant is describing a two-way benefit for both residents and staff and laughter here is associated with positive responses. Although this laughter is not indicative of understatement, it is possibly associated with overstatement, as “fantastic outcomes for residents” appears to be an exaggerated claim in relation to the literature on nursing homes and “really good outcomes for staff” is incongruous with other comments on staff made by Meryl during this interview. However, the claim of a rehabilitation program being beneficial for residents and the act of establishing one is advocating on behalf of the residents. In the numerous other instances of advocacy in the interview material, the nurses do not laugh. They talk seriously and mostly confidently, because this is a valid role for nurses:

Meals, sometimes meals are an issue. They're not hot enough and they need looking at. It's up to the registered nurse to make sure that the meals are of good standard, and that the residents appreciate them cause you know, there is times when the meals aren't. (Glenys, registered nurse)

*Q:* What . . . because of the way they were speaking to a resident?

*A:* Yes, condescending, non-respectful, judgemental, impatient. Yeah . . . I had one girl say, a third year nursing student, said to a resident; and this lady was fully alert mentally; and this carer took away a dessert the lady started eating and said, “Don't be such a naughty girl” and I actually had to get the girl aside and say that is inappropriate . . . and I

actually said to the girl, “When I’m 85 years old, if anyone talks to me like that they had better look out.” (Fiona, registered nurse and nursing agency manager)

Because these nurses are confident in their role as the residents’ advocate, they do not feel self-conscious in talking about it, and so they do not laugh. The advocacy metaphor came out of the 1960s, a period characterized by second-wave feminism and the growth of the consumer movement. This resulted in increased educational opportunities for women and nurses, with nurses asserting that being the patient’s advocate was both a valid and a necessary role for nurses. This metaphor refers to behavior that is realistic and achievable, is now supported within nursing culture, and relates to a rise in professional status for nurses. The presence of resident advocacy in these nurses’ interviews indicates a positive aspect of nursing culture present, to some extent, in residential aged care. As Tuckett (2005b) found in a review of the literature on nursing homes that “the nursing home is an inadequate site for communication and decision-making” (p. 221), it seems that there is room for further development of the role of nurses as residents’ advocates.

The four metaphors—the military metaphor, the metaphor of the virtuous woman, the tyranny of niceness, and the role of the resident advocate—are all present in the nursing culture evident in residential aged care facilities. What constitutes a “good nurse” is shaped by this culture. These metaphors are present at different times but, as evidenced by the interview material, also appear to intertwine. The metaphor of the virtuous woman, although it appears superficially as an anachronism, probably is expressed most often in contemporary nursing settings as the tyranny of niceness. Both the metaphor of the virtuous woman and the tyranny of niceness have a gender focus; in this case the characteristics inherent in these metaphors are embedded in behavior characteristics historically designated as desirable feminine traits. However, unlike that of the resident advocate, the other metaphors are to do with Victorian notions of womanhood. Nurses are doomed to fail to maintain these characteristics all the time. Although outside the scope of this research, changing these metaphors could assist aged care nurses to reconceptualize their role and promote realistic expectations of their own performance (Tobin, 1990).

Following the research trail through developing an understanding of some of the reasons why nurses might have laughed frequently through the interviews to then assimilate the gendered and restrictive culture embedded in aged care nursing, I decided to act on a suggestion from an experienced researcher and include autoethnography in my research. This decision was also influenced by the style of research I wished to engage in. On reflection, I preferred to make my presence explicit, so that my influence on the processes of inquiry could be seen and understood by others as part of an evolving search for understanding (Sword, 1999). This is in keeping with feminist methods wherein research centered on the lives of women seeks to avoid treating the participants as simply a source of data (Maynard, 1994), and lessens the unequal relationship between the researcher and the researched (Glucksmann, 1994).

### **The inclusion of “I” in this research**

Ellis and Bochner (2000) defined autoethnography as “an autobiographical genre of writing and research that displays multiple layers of consciousness, connecting the personal to the cultural” (p. 739). It is usually written in the first person and appears in a variety of forms. Autoethnographers vary in their emphasis on the research process (graphy), on culture (ethnos), and on self (auto), whereas feminism has contributed to legitimizing the autobiographical voice associated with reflexive ethnography (Ellis & Bochner, 2000).

The decision to engage in autoethnography was a struggle, because neoclassical economics is situated in the positivist paradigm with an emphasis on “objectivity.” In this paradigm the personal is excluded, but there is considerable debate about such objectivity. Feminist research methods accept an involved role for the researcher, with reflexivity and voice being important (Harding, 1987; King, 1996). Feminist economists agree, but feminist economics and work on caring labor are emerging areas with much work to be done, and they are open to new approaches.

Banks and Banks (2000) described the emergence of autoethnography as “a long-wave transformation that in all likelihood is preparadigmatic” (p. 233). They noted a shift toward qualitative research and an increasing number of books and journal articles containing experimental forms of writing. These authors link this change with the crisis of representation in ethnographic writing, which emerged as a “seeping of doubts about objectivity and neutrality into anthropology, sociology and related fields” (p. 233). Tedlock (2000) has described this form of scholarship as working to bridge the gulf between self and other as it reveals both parties as vulnerable experiencing subjects working to co-produce knowledge. Writing for and about a community in which one has achieved some degree of insider status should produce engaged writing “centring on the ongoing dialectical political-personal relationship between self and other” (p. 467). After considering different options and the many forms autoethnography has taken (Patton, 2002), I decided to be interviewed using the same questionnaire to provide a similar and comparable record of my experience to that of the nurses I had interviewed.

When I, as the researcher, conducted my interviews, I was a nurse who had worked for 12 years in nursing homes while studying for an economics degree part-time conducting interviews with nurses currently working in residential aged care facilities. However, as a postgraduate researcher doing doctoral work on the concept of caring labor, I had an awareness of the issues this body of theory that was not shared by the participants in my research. The rationale to include an autoethnographic interview in my research was therefore based on the premise that studying economics while working in nursing homes had led me to view nursing homes through a somewhat different lens to nurses. I saw issues related to the efficient use of resources, for example, that I would not have been aware of without my economics training. To include my experiences in working in residential aged care, I was interviewed by my principal supervisor using the same interview schedule that I had used to interview the other participants. My decision to incorporate autoethnography into my research led to a closer examination of my position

within the research project, that of insider/outsider, and the issue of voice. can be insiders and outsiders to a particular group of research participants at different levels at different times, that “positionality is determined by where one stands in relation to ‘the other,’ ” and that “these positions can shift” (p. 411). When interviewing participants I had insider status, in that the interviewees were aware that I was a registered nurse who had worked in nursing homes. This had a positive effect on the nurses who participated, as they were friendly, cooperative, and relaxed in talking about their work. However, it had a negative effect in the pilot interviews, in that I did not clarify some statements because I knew what they meant. I needed to be aware that my supervisors and future readers of my dissertation were not likely to know what these nurses meant. Reflecting on this, I explained this situation to the participating nurses before the interview and asked for clarification during the interview if clinical terminology was used or any comment made that someone who was not a nurse might not understand.

My outsider status stems from my honors degree in economics, and some of the questions I was asking were linked to the feminist economics theory on caring labor. A positive effect of my outsider status was that I realized early in the interview process that the nurses were understating problems, and that laughter during the interviews was linked to varying degrees of self-consciousness related to not being a good nurse, as discussed in my analysis of laughter. Although there was no apparent negative effect of my outsider position, because the participants were unaware of my economics training, some questions exploring the nature of caring labor puzzled some of the interviewees, because they were not used to viewing their role in those terms:

*Q:* How do you feel about doing caring work?

*A:* (Pause) I don't quite understand? (laughing)

*Q:* Well um do you get a sense of satisfaction out of doing that type of work as opposed to another type of work?

*A:* Yeah I guess I do . . . because it's people . . . it's not like . . . OK I used to work as a shop assistant years ago, and it's nice to look at a nice tidy shelf and things like that, but this is . . . yeah it's different. I don't think I've really answered that question either (laughing). (Susan, registered nurse)

*Q:* Your work involves a lot of responsibility in caring for people . . . Can you describe how you meet this responsibility?

*A:* (Pause) Um . . . help me.

*Q:* (Laughing) You just do it as a matter of course . . . I'm just looking for what you see you do, um, to ensure that you are responsible . . . like on a shift where you are in charge, um, what would you do so that you yourself would feel that you are being responsible for the shift . . . or for the residents?

*A:* Summon my inner resources (laughing) which have come from many years of experience and a good training background, I guess . . . (still laughing). (Betty, registered nurse)

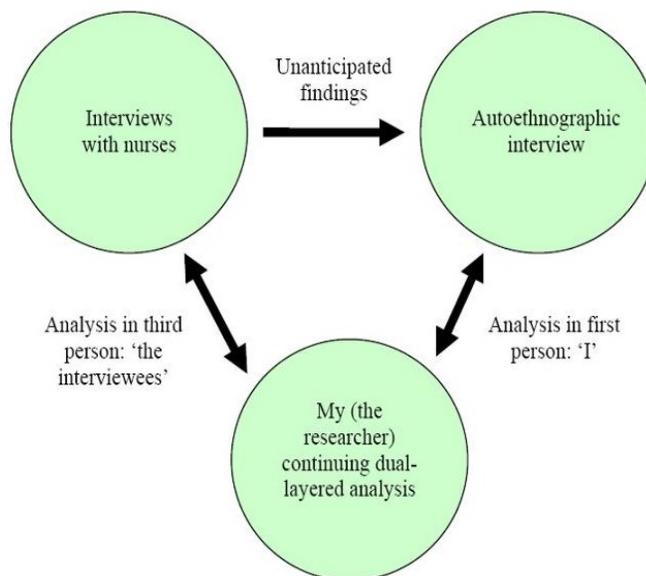
These questions would have puzzled me when I was a nurse without feminist economics training and unaware of the effort to define elements of marketized caring labor. Because

being caring and responsible for other people is intrinsic to the work of nurses, the autoethnographic interview provided a means of analyzing the depth of nursing culture and to what extent it could be dissipated by alternative forms of education. By putting myself “under the microscope,” I could compare and contrast my experience of working in residential aged care facilities with that of nurses working from a singular nursing perspective. My analysis of laughter had also raised some personal questions concerning how my “lens” was affected by nursing culture.

Once the autoethnographic interview was completed, I then needed to look at the issue of “my voice” and the reflexivity required to analyze my participation in the research process. Goodall (2000) argued that the persona the researcher creates and the voice that carries it through the narrative is the source of your authorial character, which is derived from how you as a person narrate the story, reflect on experiences, and provide explanations. “Your persona also creates perceptions of the kind of person you are” (p. 131). Reflexivity refers “to the process of personally and academically reflecting on lived experiences in ways that reveal the deep connections between the writer and her or his subject” (p. 137).

This assimilation of my voice within the project and the reflexivity required to analyze my experience of working in nursing homes created a dual-layered analysis, as shown in Figure 1.

Figure 1. Data-based development of dual-layered analysis



The project began with the researcher interviewing nurses, analyzing the data, and reporting the findings in the third person. Because of unanticipated findings and the investigation that ensued, the decision was made to include the autoethnographic interview. This entailed analysis in the first person. To analyze my interview data using

the toolbox of methods discussed in this article, I now need to reflexively move in and out of first and third person, comparing and contrasting the contents of my interview with those of my participants in a dual-layered analysis.

### **The results**

Similarities and differences between the nurses interviewed and my autoethnographic interview were readily apparent. My answer to the interview question regarding the meaning of “being caring” was very similar—

You’ve got to interact with people. You’ve got to spend time talking to them, make them feel that they’re important to somebody. (Sandra, registered nurse)

So you, spend time again trying to be supportive and (pause) calm them down, and, you know, help them to (pause) give them some positive feedback, try to raise their self-esteem. (Valerie, researcher)

—as was the way in which I talked about the notion of holistic care:

It can be different from day to day to day . . . and caring is not only materialistic . . . it includes the whole person—the physical, the psychological and the spiritual. (Cheryl, registered nurse)

So it’s, it’s trying to think of them as a whole person, and meet all their needs and enhance their quality of life as much as possible. (Valerie, researcher)

However, there were also marked differences. One of the interview questions asked about “money on the job,” as there is a deep-seated belief that caring should not be associated with the subject of money. With the move to more marketized forms of caring, people involved in caring work, predominately women, are supposed to be above thinking about money, even when their livelihood depends on it (Nelson, 1999). Caring work has been shown to entail a “wage penalty” (p. 455), in that people in these occupations on average receive a lower hourly rate than would be predicted on their skill demands, qualifications, and other job characteristics (England, Budig, & Folbre, 2002). Money and caring seems to be linked to the Victorian notion of the virtuous woman and has proven difficult to shift. In one of the pilot interviews, a nurse said that she did not think about money at all “on the job.” When the interview finished and the tape recorder was turned off, she commented that she had lied only once, adding, “Of course I think about the bloody money!”<sup>11</sup>

Following reflection on the pilot interviews and some amendments to the interview schedule, 17 interviews were conducted. Thirteen nurses said that they did not think of money while working. For the four nurses who said they did, it was “sometimes but only in a round about way” (Susan, registered nurse), “I tend to brag about it on a Sunday” (Thomas, registered nurse), “If I’m having a bad day or I’ve got too many bills” (Louise,

registered nurse), and “When there are notes from management about being over budget” (Estelle, enrolled nurse).

There is a noticeable difference between the male nurse, who is outgoing about earning shift penalty rates, and the reasons the female nurses give. In contrast to these women, I was more outspoken about thinking about money and about its being a reason for working:

*Q:* um . . . but we’ve been talking about pay, and I’m wondering, um . . . do you think about how much you’re paid while you’re on the job?

*A:* I actually did, um . . . because I was, I was actually studying part time, I had two young children and I had no family here at all other than a husband who often worked overtime when I went home of a weekend, and it was a bit like changing of the guard, and I did think about the money and in fact, the reason I worked weekends was because I got paid more. (Valerie, researcher)

Although the above quotation illustrates a more detached, business-like view of being employed in a caring occupation, there was also (sadly) evidence of nursing culture. The military metaphor is evident, and the following statement provides an example of soldiering on:

Every time we needed someone new it was yet another inexperienced nursing student, they were first year students, some of them had done one placement in nursing homes and that was all the nursing they’d done in their life . . . and I actually said to the Director of Care, um . . . and they were all coming word of mouth from other people who worked there, I said, couldn’t we just advertise once in a while for an experienced person? And she then informed me that she really hated doing interviews, and she went home and I was furious . . . I fumed with anger all evening to think that myself and this other carer, who happened to be a Cambodian woman who weighed about 7 stone and who went home to a family, her and I were busting ourselves to train one totally inexperienced nursing student after another, so we had three of them and only us, because she didn’t like doing interviews. And I couldn’t believe it (laughs). (Valerie, researcher)

Although I am more forthright about the difficult working conditions that I encountered than most of the nurses that I interviewed, I laughed in the same manner that the interviewees did, which has the effect of downplaying the account. Similarly, there was evidence of the tyranny of niceness. At the end of a long segment in which I described the work that I did as a registered nurse working in a nursing home, I made the following statement:

The carers tended to work on their own and refer problems to the RNs. And that . . . that’s a difficulty too, because the RN is still responsible for all the care given on the shift, and it’s particularly difficult with new carers, or a carer who you may feel (long pause) is not as caring as you would like to be. (Valerie, researcher)

Although I was well aware of the tyranny of niceness metaphor before the interview, this did not stop me succumbing to it. An interesting exchange followed the transcription of this segment. The transcriber, who knows me well, commented that he nearly typed “pregnant pause” because it went on for so long: “I was waiting and waiting and it went on and on” (transcriber). When I commented that I could not remember pausing for a long time, he replied, “You sounded as if you had to think hard how to be nice and not slag off <sup>12</sup> a whole lot of people.” My immediate reaction was to laugh, leaning forward as I did so! He then explained that it was when I was talking about some carers’ not doing their job properly. <sup>13</sup> Although doing an economics degree has certainly reeducated my notions of caring work and money, it is layered on top of the hospital-based nursing training that I received as a young school leaver. Some forms of gendered socialization run deep.

Hence, the use of an autoethnographic interview is successful in engendering a dual-layered analysis to answer the questions raised by the evidence of nursing culture in the interview material. Likewise, the analysis of both metaphor and laughter facilitate the uncovering of understatements and self-consciousness inadvertently triggered when any account of the day-to-day experiences of nurses giving hands on care in residential aged care facilities can be perceived as not being a “good nurse.”

### **Conclusion**

The reflexive methods used in this research, that of metaphorical analysis, tracking laughter (nursing culture) and autoethnography (voice) have generated an approach that teases out important but overlooked strands of workplace culture and the way it is lived by workers, in this case nurses. From the analysis presented here, I argue that the Victorian metaphors and the resident advocacy metaphor send contradictory messages to nurses, which affect their perceptions and shapes their experiences.

I have presented evidence that the military metaphor is still influencing nurses’ response to their working conditions. Although laughing and thereby understating the difficulties that they encounter on a daily basis, these aged care nurses are, indeed, soldiering on. Their self-conscious laughter in any circumstances where their comments might indicate being a less-than-perfect nurse signals that the metaphor of the virtuous woman or the tyranny of niceness also influences these nurses to have unrealistic expectations of themselves. Although the resident advocate metaphor acts to enhance their professional autonomy and improve resident care, changing the military metaphor and the tyranny of niceness would allow nurses to do their job better.

The autoethnographic interview allowed me to add my voice to that of the nurses that I interviewed. While reducing the power differential between researcher and participants, it also facilitated a deeper analysis of the effect of the gendered socialization embedded in nurses’ training in the hierarchal hospital system. The two-tiered analysis demonstrated that this type of enculturation is not displaced easily by other forms of education, in this case an economics degree.

Situating this research in the interpretive paradigm and incorporating an insider/outsider perspective has generated a form of analysis that not only allows a dual perspective but also is useful in uncovering the gendered norms embedded in the workplace culture of nurses. The methods presented here, singly or in combination, are likely to be useful in analyzing the effects of workplace culture in other caring occupations, such as teaching and child care, and in other nursing settings. These pluralist methods and their epistemic base contribute to the development of methodologies useful in feminist economics for empirical work on caring labor.

### **Notes**

1. Denshire (2002) is an Australian occupational therapist who has argued that metaphor analysis offers a new strategy for exploring implicit knowledge in the human-related professions. Koro-Ljungberg (2004) has discussed how metaphorical analysis within a poststructuralist perspective displaces the assumed meanings of metaphors and argues that a focus on metaphors can provide multiple insights “challenging the epistemology of objectivism and positivist views of producing truth” and “can be used to open up and create new meanings” (p. 341).

2. Blaikie (1993) described interpretivism as based on an ontology, or nature of being, that regards social reality as the product of processes by which social actors together negotiate the meanings for actions and situations. In other words, social reality is a complex of socially constructed meanings.

3. For example, Richardson (1998) described social scientific writing as using metaphors at every “level.” Metaphors affect the interpretation of “facts,” and this “sense making” is always “value constituting” (p. 351); that is, it makes sense in a particular way in which one ordering of the facts is privileged over others.

4. This included refusing to follow a doctor’s order if avoidance of harm to a patient was the intended goal (Kuhse, 1997). This was a sizeable shift, considering that prior to this, nurses were under the command of doctors. This shift had legal ramifications, with the nurse being personally liable for the medications or treatment she administered.

5. As “nursing education has a long history of squelching curiosity and replacing it with conformity and a non questioning attitude” (Street, 1992, p. 6), Street draws on Foucault to discuss this situation as an enculturation carried out deliberately through rules and ritualized practices. This results in the making of passive bodies. The outcome is a workforce that responds with speed, efficiency and technical mastery.

6. Street’s (1995) empirical work in a pediatric unit revealed nurses were negating their feelings because of the unit stereotype of nurses as nice, caring people. Because nurses were not able to express their frustrations, disappointments, or anger in the work context, issues were not resolved creatively. Individual nurses were blaming themselves for legitimate concerns. The relationship between being nice and being caring had blurred to

such a degree that these clinical nurses believed that they were being genuinely caring when what they were doing was fitting in with the unit's expectations.

7. Interpretive social science regards the ways people understand their worlds and how they create and share meaning about their lives as important. To understand the experiences and meanings of interviewees, interpretive researchers look in the areas they are studying for "thick and rich descriptions of the culture and topical arenas" and try to develop "an empathetic understanding of the world of others" (Rubin & Rubin, 1995, pp. 34-35).

8. By contrast, he noted that because of social training, men have largely screened fear and grief out of their awareness and believes that these emotions are "stored as muscular tension and other physical anomalies," making it difficult for men to form emotional ties with other people (Scheff, 1979, p. 54).

9. In the health care sector, humor has been more widely analyzed. Griffiths (1998) discussed an extensive literature on humor and health care, with much of it centered on the affiliative and emotional functions of humor. Although social scientists have recognized the significance of humor as a mechanism for managing tension in social relationships for a long time, in the health care sphere it has been portrayed as "something that helps staff to deal with difficult communications, comfort and reduce anxiety in patients, express frustration and anger, relieve tensions, bond together and enhance work satisfaction" (Emerson, 1973, cited in Griffiths, 1998, p. 874). Humor also allows staff and patients to raise forbidden topics that it would be difficult to disclose in more "serious" discourse (Emerson, 1973, cited in Griffiths, 1998, p. 875). Humor, however, is not necessarily the same as, or always linked to laughter.

10. After obtaining ethics approval from my university ethics committee, I contacted interviewees at their home address, sent an information sheet, and invited them to participate. The interviews were conducted when the nurses were off duty at a location of their choice, which was usually their home. Each interviewee signed a consent form prior to the commencement of the interview. The interviews were audiotaped and transcribed, with any audible emotion that occurred being recorded in brackets. All identifiers were removed to promote confidentiality, and each participant was given a pseudonym. When it was noticed that the nurses displayed a tendency to understatement and often laughed, a software package for qualitative research, NUD\*IST (Non-numerical, Unstructured Data; Indexing, Searching, Theorising) Version N6 was used to perform a text search which located all interview segments where laughter occurred. These data were then analyzed and the text segments where interview participants laughed were categorized according to the context in which the laughter occurred.

11. The discussions that took place with participants before and after interviews were recorded as field notes (Richards, 2005).

12. A colloquialism that, when used in this context, means to criticize someone.

13. Recorded as field notes.

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