

Migration of demands between the public and private spheres from the point of view of gender relations: a study with nurses

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The attenuation of the public-private limits, typical of contemporaneity, favors the migration of demands between the professional and domestic spheres, called work-home permeability. This study seeks to analyze the permeability from a gender perspective, based on individual interviews with 42 nurses (18 men and 24 women), confronting them with the image of their respective use of time during a week. Having management positions was linked to greater demands in the professional field, making it difficult to reconcile with family life. The permeability between work and home, more common among women, reinforces inequality in the power relations, generating tensions that affect the work and family life, as well as the interaction between them. The dualistic approach in the analysis of the public and private spheres is criticized.

Keywords: Gender relations. Nurses. Work.

Introduction

Contemporary work is characterized by substantial changes, especially with regard to the lower regulation of employment and the massive entry of women in the labor market, with consequent shifts in gender relations modeled on man as the breadwinner of the family¹. In the midst of the advancement of communication technologies, this background gives rise to a greater interrelation between public and private spaces², also referred in the literature as an attenuation between the boundaries (or borders) between the public and private spheres³. It is, in the words of Genin⁴, of an overflow of work over personal life or vice versa. Thus, if the Industrial Revolution favored the clear separation between the spheres of work and home, regarding rules, patterns of thought and action⁵, contemporary life is witness of a greater interaction between work and family as domains that influence each other⁴.

Time, seen as a social construction that organizes life in society⁶, is crucial in analyzing the relationships between work and family. In this context, it is necessary to be considered from a political perspective, since time is “[...] subject to control, possession, exchange, negotiation and divergent interests and conflicts”⁷ (p. 15). Thus, studies based on the technique of time use are based on the conception that the distribution of time in relation to the various activities of life is a way to visualize values and worldviews of social groups⁸. For example, changes in modes of time distribution in relation to public and private spaces would inform possible changes in the sexual division of labor, a concept that associates the private/domestic sphere with the female gender, while the public/professional world is linked to the male gender⁹. Official statistics on the use of time point to a modest increase in male participation in domestic work as a result of the increased insertion of women in the labor market¹⁰. In the Brazilian context, Aguiar¹¹ remarks the continuity in the inequalities in gender attributions. Data from the 2005 National Sample Household Survey reveal an alarming situation in the total workday in terms of the extent and inequality between men and women¹². The study of Souza and Guedes¹³ reveals that women spend at least 12 hours more than men in domestic chores, indicating that “the densification of women at public boundaries is not accompanied by a reexamination of the limits of feminine responsibilities”¹³ (p. 123). Therefore it is feasible to interpret the distribution of time as revealing of an unequal system of power between men and women¹⁴.

Time-use techniques have been essential in the elaboration of the public policy agenda and its interface with gender issues, such as the demand for greater availability of services that refer to the social sphere and care for the burden of women, among others⁸. Despite its role in the diagnosis of gender inequalities, some shortcomings in the technique impede further analysis. One of these problems refers to the exclusive allocation of time to an activity date, that is, it is considered that at each moment one activity is performed in a given place. Regarding the interface between professional work and family life, it is considered that the activities are carried out either in the professional environment or in the domestic environment. Thus, there is no way to contemplate the so-called permeability in the public-private interface, which corresponds to situations in which, when occupying a sphere (for example, the domestic space), the person feels demanded in terms of attention and availability by situations from another sphere such as professional work¹⁵. This phenomenon is

described by Genin¹ as porosity of the different times, in reference to the interferences between personal and professional temporalities.

In this line of thought, the present study is associated with the criticisms of the literature regarding the shortcomings of the techniques of time use in the apprehension of subtle aspects of the experience of time, sensitive to gender inequalities¹⁶, such as the combination of several activities at the same time as well as the fragmentation of activities¹⁷. Such criticisms have inspired adaptations in the use of the technique in order to deal with some of these problems. For example, in an analysis of the experience of men and women in relation to leisure, Bittman and Wacjman¹⁴ analyzed a database that contained high-quality information on concurrent activities and situations expressing care and responsibility towards the family. Another innovation in this area refers to the use of qualitative approaches on the experience of time, as proposed by Morehead¹⁸ to record the experience of mothers in relation to work and family life.

In the present study, we use as a foundation the demand for a qualitative approach focused on the experience of men and women in relation to the migration of demands between the public and private spheres. The article aims to analyze the public-private interface in male and female nurses, focusing on the migration of demands from work life to the domestic environment and vice versa. It is a professional category in which the challenges in time management are evident, since professional practice involves extensive work time in hospitals (often 12 hours) and the accumulation of positions, in addition to night and weekend shifts in a predominantly female group¹⁹.

Methods

The empirical investigation was carried out in a hospital located in the metropolitan region of the State of Rio de Janeiro, between January and February 2012. The study included 42 nurses (24 women and 18 men) selected out of a total of 93. Individual contacts were made with the nurses during their working time. The first contact was intended to present the research objectives and the data collection instrument to emphasize the importance of their involvement and participation. In the case of acceptance, the nurse signed the Free and Informed Consent Form and was informed about the step-by-step of their participation.

The study was based on Time-Use Surveys, which seek to evaluate the distribution of times and the different ways of each one to organize the various daily activities^{11,20-22}. Based on this reference, the research developed a two-steps device^{23,24}. The first was based on an instrument that sought to record the times and activities carried out in the daily life (Activity Log). It was associated with a qualitative step based on reflections on the relationships experienced between the public and private spheres, with focus on permeability¹⁵.

This first stage of the fieldwork took place through the registration of the times in the Activity Book, in which the nurses indicated the start and end times of each activity over seven days, through horizontal lines in a 24-hours day frame, as described in the following image (Figure 1).

CADERNETA DE ATIVIDADES: REGISTRO DIÁRIO - EXEMPLO													Nº		Data:		Dia da semana:									
HORA	0	1	2	3	4	5	6	7	8	9	10	11	12	12	13	14	15	16	17	18	19	20	21	22	23	24
Trabalho no hospital pesquisado																										
Outro trabalho remunerado																										
Cuidado de si / saúde																										
Lazer, ativid. física, cult. e religiosa																										
Estudos																										
Cuidado de outros																										
Atividades domésticas																										
Sono / descanso																										
Deslocamento / transporte																										
Outros:																										

Fonte: Pereira, 2015.

Figure 1. Activity book - daily time registration.

Female and male nurses were advised of the possibility of reporting more than one activity occurring simultaneously, by registering them on more than one horizontal line, without distinction between main and secondary activity.

The second step composing the device was through self-confronting interviews²⁵, allowing the participants moments to face the compilation of their own time^{23,24}. This stage began with the presentation of an image elaborated by the field researcher using the records of the book. Through the so-called *schedule map*, the image described the distribution of activities over a week using colors.

The nurses included in the study were: those who accepted to complete the activity book at the time agreed for the interview, those with more than one employment relationship, management positions, having small children or elderly in the family. Were excluded those who had only undergraduate education, who lived alone, who had no children at home and who had not completed the activity book in the agreed period.

For the dialogue, a script was drawn up with open questions referring to the information on the record of time, the integration of the public-private dimensions, the tensions related to the two spheres, highlighting the contradictions between the use of time for themselves and for the others. Thus, reflections were made about the

episodes that occurred during the working time in the hospital that migrated to the private life and events of the domestic scope that invaded the time of the participants when they were working in the hospital.

In order to meet the recommendations regarding ethical precepts related to research with human beings, the study was evaluated and approved by the Ethics Committee of the National School of Public Health - Fiocruz (nº 205/2011).

The interviews were analyzed using the thematic analysis technique, with the purpose of eliciting information that can express the impressions of the people on a certain theme²⁶. In order to analyze the thematic content of the speeches of the participants, in addition to using the permeability category, this study also is theoretical anchored in the theory of gender, focused in the socio-historical-cultural constructions, taking into account the power relations in everyday life⁹.

Results and analysis

For the purpose of the analysis of this study, the empirical material is processed according to the migrations of the demands: from work to home, from home to work.

Demands migrating from work to home

Many situations of migration of events from the public sphere to the private life refer to professionals who carry out activities of people management or administration of areas or sectors (direction, supervision or coordination).

In this context, it is noteworthy the speech of a male nurse that points out the change of habits over the weekend from the moment he assumed a position:

I would go home and turn off my cell phones so I did not have to get anything from work on Saturday and Sunday [...] I'm leaving the cell phone on now ... I'm re-educating myself ... because I have an institutional cell phone [...] but I think this is an inconvenient situation ... (male nurse 4)

In an analysis of privacy, Bauman²⁷ comments on the use of mobile phones associating them with constant accessibility and availability. For him, such availability has been used to divide public space into areas of connectivity and non-connectivity. If, on the one hand, everyone can always be available, on the other hand the individual becomes available to a selected group of people. Thus, according to the same author "Becoming available is a tool of network building: of unification and separation, of getting in touch and staying out of touch." ²⁷ (p 45).

In the previous speech of the male nurse 4, the movement went from a *policy of isolation*, followed by the mention of *re-education*, concluding that the current situation is *inconvenient*. This inconvenience appears in the interview of another male nurse, when expressing that:

sometimes the phone rings ... it creates tension for you ... even because the person expects a response and sometimes you do not get that response right

away. But it actually causes discomfort ... you end up involving two different blocks that would not be in context ... (male nurse 17)

The discomfort associated with two different blocks, interpreted here as paid work and life outside of this work, is literally identified. The reference to “two different blocks that would not be in context” refers to the so-called “work-family conflict”, which, based on the concept of social role, defines conflict as a result of pressures from professional roles that would hinder participation in roles in the family and vice versa²⁸.

The occupation of positions of leadership and management has been seen as a factor that contributes to increase the demands related to work, making it difficult to reconcile paid work and other daily activities^{29,30}. For example, being contacted by a staff member at a time that is considered as private generates daily tensions that unfold beyond the scope of work. The need to answer via phone contact implies finding solutions to the problem, as well as making decisions, negotiating compensation and mediating possible future conflicts. Although it is only an agreement for work-scale accommodation, as it appears in the previous speech (male nurse 17), the frequency and circumstances in which these events unfold can trigger disagreements, weariness, tensions and conflicts of interest. Along the same lines, a female nurse states that “it is part of the work of coordination, but at the same time is deeply harming me ...” (female nurse 26).

In this context, it should be highlighted the “right to disconnect”, guaranteed to workers in France as from January 1, 2017, when a law required organizations with more than 50 workers to enter into negotiations to define workers’ rights to ignore their smartphones³¹. According to the British newspaper “The Guardian”³², some large groups such as *Volkswagen* and *Daimler* in Germany have already taken steps to limit out-of-hours messages to reduce burnout among workers. According to BBC³³, this law is backed by the recognition that lifestyles based on the constant availability of communication can be a risk to public health. Reviews on the subject corroborate the harmful effects of conflicts in the work-family interface to health and social life³⁴⁻³⁶.

The linkage of the exercise of managerial positions to total availability is confirmed through narratives that address decisions taken throughout professional life in order to restrict or prevent such invasions, such as the narrative of two nurses:

I’m not the boss anywhere, so I do not have this kind of demand ... rare exceptions in the sense of a colleague asking for a shift... (female nurse 25)

I do not assume a leadership role, because it’s going to cost me ... it’s because at times when I’m with my family, I have to be able to solve problems at work ... and I do not want that [...] that’s why a leading position is not appealing to me. (female nurse 54)

In this context, we identify statements about the decision to avoid assuming management positions. This position allows reflecting that the demand for total availability, also described by Genin¹ in relation to managers in Canada leads many professionals to stop assuming positions of prominence or the accumulation of power inherent to the occupation of these spaces in the professional scope.

In relation to the demands associated to management, there are situations of involvement with work that go beyond the issues generated by the institution through actions when while being outside the institutional space, the person requests the hospital action. This is the case, for example, of a nurse who comments on: “a phone call that I make when I get home, I try to check a decision I made [...] I’ll call some people in the morning [...] I’ll call and talk to my colleague ...” (female nurse 53).

Following this same line, female nurse 61 demonstrates a process of naturalization and estrangement in relation to the connection with the professional work while in the domestic space. She marvels herself by not feeling “upset in any way [...] it is strange, but I feel a need to be aware of what is happening, to be connected there at work”. For the nurse, this is a position that generates conflicts and tensions by becoming “one of the biggest reasons of disagreement between me and my husband [...] I give the phone number to the patients ... crazy thing ... my mother gets angry with me over it [...] it is my side of wishing to help people [...]] solidarity ... it does not stop being work ... but it runs over our time...” (female nurse 61).

Thus, although the nurses express tensions, conflicts and discomforts, a prevalence of discourses is identified, suggesting that the way to relate to the professional work implies the need to take it to the domestic environment, suggesting a closer approximation between the public and private spheres.

If there is a general profile of permeability associated with management functions in the hospital, on the other hand, women’s discourses point to peculiar aspects linked to a management style exercised as a “way of caring” – whether related to work or to their subordinates. The need to be aware of work when at home (female nurse 61) exemplifies this aspect of the exercise of the respective function.

Thus, if public-private permeability is strongly associated with the managerial function, it is expressed differently in the studied group, observing situations in which women seem to extend the “female function” of caring to the very act of managerial professional work. Accordingly, a study that reflects on nursing (a historically female profession), indicates that the relationship between the productive and reproductive spheres, which interpenetrate each other consolidating the experiences and especially the female ones, are related to the definition of the situation (time, space, quality) of women’s work³⁷.

Situations that migrate from the hospital to the private sphere are less common among those who perform activities directly in the care of both the inpatient and outpatient sectors. Work-related issues may require the practitioner while being at home to face the need to change shifts or check backlog in previous shifts. Thus, differentiated degrees of public-private permeability may be observed, ranging from statements that point to denial or the deliberate choice of not answering the phone, the difficulty in saying *no* to a colleague regarding the request for change of shifts, up to the need to take phone calls on a full-time basis.

As a result of this permeability, frequently there is a strong imbrication of work in the time of private life as expressed in the speech of an interviewee who refers to the hospital as her own home: “here, my first home, I’m the fixer ... sometimes I am home and they call ... I have a great difficulty to say no ... even to colleagues [...] this has already created discord at home... arguments...” (female nurse 60).

In this respect, different strategies are used by workers to negotiate demands, as discussed by Nippert-Eng³⁸, based on an extensive qualitative study. The author refers to the various ways of juxtaposing the home and work as a continuous line ranging between situations of total integration where home and work are seen as the same category of social existence, up to situations of total segmentation. In this case, the individual constructs a clear and impenetrable mental limit that prevents migration between one sphere and another.

Migrations from private to hospital

With respect to female nurses, private-public permeability was often revealed in the present study through an attitude of touching base with private spaces while they were in the institutional environment, as expressed by the female nurse 5: “during my stay at work I solve my problems at home ... I have to call the maid... to the children’s school [...] I have a certain dependency ... even in working hours” (female nurse 5).

This speech exemplifies the woman who cares for the family, a characteristic that we found as introjected when building gender social relations³⁹ since it refers not only to demands coming from the home environment, but also from the female nurse herself in relation to her home. According to Bila Sorj⁴⁰, data from the National Household Sample Survey of 2005 show that the exercise of work in the public space does not exempt women from dealing with the demands of the domestic space, further reinforcing gender inequalities in the market. In this context, the advancement of communication technologies, especially cell phones, seems to favor the uninterrupted availability of women to the demands related to the family environment, allowing what the nurse described as “lack of” ceremony, when referring to her daughter calls during work. As observed by Epstein⁴¹, cell phones make the boundaries of work permeable and promote greater interchange from social places, home-work, both in time and space.

The male nurses analyzed here seem to be less demanded by their families. With regard to the movement of contacting the domestic environment, they seem to avoid being disturbed during shifts, as can be observed:

my wife already knows that she can not call me, that’s why I call her ... she does not call me at all when she’s working ... she knows she interrupts me... (male nurse 30)

I really miss it sometimes, to keep this contact ... in my work schedule I miss the external contact ... family contact ... to know how things are going in this period that you are trapped [...] It makes you more relaxed... (male nurse 41)

When searched for by their everyday social network, they demonstrate the attempt to preserve more personal time through greater control over the moment when they leave the work process and pay attention to their personal time. Thus, it is observed that male nurses exert a greater delimitation of institutional and private times and spaces. In this way, they indirectly put a barrier between private and institutional life, avoiding conflicts.

An important aspect regarding the private-public permeability refers to the role as a professional reference of the group studied for the people of its social network, that is, the request of *favours* referring to their professional practice, by relatives, friends and neighbors, characterizing demands emerging from an affective bond. The following speech portrays this situation: “sometimes I feel really overwhelmed ... today I have already collected blood from my father ... you stay in the health area ... [...] you end up being a reference... and sometimes the reference ... gets, let’s say ... drained...” (female nurse 9).

Both female nurses and male nurses report discomfort and dissatisfaction when private events that migrate to institutional time and space are frequent. This relationship expresses how private situations reinforce the presence of conflicts, anxieties, worries and overload, especially for women. The comments of two female nurses exemplify this situation:

there is a schedule over there, one patient in and another out [...] so I cannot stop... and he (partner) becomes secondary [...] I am currently living a personal drama at home so... many complaints... (female nurse 61)

we are in life to help other people [...] sometimes it overloads us... I get a little annoyed... depending on the situation it even breaks your pace of work... stopping to solve an external issue... ends up disturbing... (female nurse 13)

In addition to the demands of children and the elderly, to be a “professional reference” for asking “favours” related to medications, dressing wounds or home procedures, paying attention to interferences that involve the use of hospital services or professional listening, guidelines and opinions can generate more tension and overload for female nurses than for male nurses, since there increase the chances of being demanded on a full time basis.

In general, female nurses showed a greater closeness than male nurses in relation to the continuous dynamics of private life, both when contacting home and when being contacted by the family while at work. The greater involvement of women in the domestic sphere refers to the analyses carried out by Bittman e Wajcman¹⁴ in relation to the free time (after excluding the time devoted to paid and unpaid work) in ten countries. When analyzing the use of time considering the simultaneous activities, the authors observed that, although the duration of free time was similar between men and women, they experienced greater time pressure, due to the fragmentation of leisure in short episodes, given the constant interruption associated with unpaid domestic work. In this same line, Mattingly e Bianchi⁴², in a representative sample of the North American population, observed marked gender differences in the quality of free time given its contamination by activities related to the domestic environment.

In this way, investigating the direction of migrations between the professional and domestic spheres from the male nurses and female nurses’ speeches contributes to clarify some aspects of the subjectivity of the experience of time that are not visible through the strictly used time-use technique. Although several studies investigate the total work time of men and women in the domestic environment⁴⁰, including female



nurses⁴³, the subtler facets experienced in relation to the nature and quality of time will demand qualitative contributions.

Final considerations

The permeability between professional fields and house, most commonly seen in women refers to the criticism of Morehead¹⁸ in relation to the inadequacy of the dualistic approach in the analysis of the public and private spheres. In interviews with nurses who are mothers and also work in a hospital, the author discusses the innumerable experiences of linkages between public and private, showing the extension in which the worker is a mother while working in the hospital, as well as working professionally while performing the functions of mother at home. This criticism guides us to emphasize the effort to overcome the classical public and private sphere division, considered to be watertight, using instead methodological devices that dig deeper in visualizing its permeability.

When considering that the use of time is crossed and stressed by the new communication technologies, as expressed in the French law of disconnection³³, empirical material reminds us of the words of Bryson⁴⁴ (p. 110): “Our relationship with time in contemporary societies is neither ‘natural’ nor just. On the contrary, time is used, valued and understood in such a way that it reflects and sustains economic, social and political inequalities”

The analysis of migration events is echoed in the writings of Elias⁴⁵, noting that people relate through so-called “functional dependency networks”. This approach contributes to analyze, in this context, the relations of the interviewees with their peers from the point of view of the invasion of demands crossing the boundaries of the “public-private” and “private-public” interfaces. In this way relationships of reciprocal dependencies can be described, as well as their conflicts, inequalities and attempts at balance of power at stake. Those processes refer to the theory of configurations of interdependencies elaborated by Elias⁴⁶. As observed by Sirianni and Negrey⁴⁷ and Hirata and Kergoat³⁹, relations of power and inequality shape the experiences related to working time in the market and the domestic sphere for both men and women, as well as the interaction between these two spheres. Accordingly, the permeability between public and private spaces that is more usual among women reflects the continued existence of gender asymmetry.

Authors' contributions

All authors participated actively in all stages of preparation of the manuscript.

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