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The work of nurses and municipal guards: identity, gender and power

O trabalho de enfermeiras e guardas municipais: identidade, gênero e poder

El trabajo de enfermeras y guardias municipales: identidad, género y poder

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ABSTRACT

This paper aimed to analyze points in common in the work of women in two professional categories: nurses and municipal guards. This analysis was done by rereading the authors' previous studies. The methodology was based on comparing the characteristics of the day-to-day routines, such as anxiety, tension, risk to life and fear. Concepts like identity, power, gender and defensive ideology were dealt with. It was seen that work forms a constitutive element of identity, influenced by gender and power relations. These are historically constituted and have relational characteristics. It was argued that professional activities involving situations of anxiety, tension and risk promote the construction of defensive ideologies of denial of fear. This stimulates lifesaving ideals, heroic attitudes and ambivalent feelings. It was concluded that work situations in both of these professions, along with the management and organizational characteristics of the work give rise to psychological distress, stress and identity conflicts.

Keywords: Working women. Identity. Gender. Nurses. Municipal guards

RESUMO

O objetivo deste artigo é analisar aspectos comuns do trabalho da mulher em duas categorias profissionais: enfermeiras e guardas municipais. A análise realizou-se a partir de uma releitura de pesquisas anteriores dos autores. A metodologia baseou-se na comparação de aspectos do cotidiano de trabalho, tais como ansiedade, tensão, risco de vida e medo. Foram abordados os conceitos de identidade, poder, gênero e ideologia defensiva. Apontou-se que o trabalho configura-se como elemento constitutivo da identidade, sendo perpassado pelas relações de gênero e de poder, historicamente constituídas e de caráter relacional. Argumentou-se que atividades profissionais que envolvem as situações de ansiedade, tensão e risco favorecem a constituição de ideologias defensivas de negação do medo e mobilizam o ideal de salvar vidas, atitudes heróicas e sentimentos

ambivalentes. Concluiu-se que as situações de trabalho em ambas as profissões e as características da gestão e organização do trabalho propiciam sofrimento psíquico, estresse e conflitos identitários.

Palavras-chave: Trabalho feminino. Identidade. Gênero. Enfermeira. Guardas municipais

RESUMEN

El objetivo de este artículo es el de analizar aspectos comunes del trabajo de la mujer en dos categorías profesionales: enfermeras y guardias municipales. El análisis se ha realizado a partir de releer investigaciones anteriores de los autores. La metodología se ha basado en la compatación de aspectos del trabajo cotidiano tales como ansiedad, tensión, riesgo de vida y miedo. Se abordan los conceptos de identidad, poder, género e ideología defensiva. Queda resaltado que el trabajo se configura como elemento constitutivo de la identidad, siendo sobrepasado por las relaciones de género y de poder históricamente constituidas y de carácter relacional. Se argumenta que las actividades profesionales que integran las situaciones de ansiedad, tensión y riesgo favorecen la constitución de ideologías defensivas de negación del miedo y movilizan el ideal de salvar vidas, actitudes heroicas y sentimientos ambivalentes. Se concluye que las situaciones de trabajo en ambas profesiones y las características de la gestión y organización del trabajo propician sufrimiento psíquico, estrés y conflictos de identidad.

Palabras clave: Trabajo de mujeres. Identidad. Género. Enfermera. Guardias municipales

INTRODUCTION

The work is one of the cornerstones of the social being and a constitutive element of identity (Lessa, 2002). Work and identity, as Jacques (1995) argues, configure an indispensable articulation. The identity, formed and metamorphosed in socialization processes and in working life (Ciampa, 1991, 1990; Berger and Luckmann, 1978), is determined and determines the historically constituted configurations of gender relations in our society (Scott, 1995). Such relations, inevitably intertwined to power devices (Foucault, 1994, 1992), require explicitness and critical analysis of women's work peculiarities as well as their consequences in terms of several aspects, among which stand out: identity conflicts, psychological distress (Dejours, 2004b, 1992) and weariness (Seligmann-Silva, 1994; Laurell and Noriega, 1989).

This paper aims at analyzing common aspects of women's work in two different professional categories: nurses and municipal guards. First, we discuss the identity, power and gender concepts. Next, we present some considerations on the methodology of this article as well as on the researches carried out by the authors that provided the basis for the present discussion (Silva, 2005; Fabbro, 1996). Rereading those researches data enabled us to present new reflections that gave support to the analysis of women's work common aspects in the reported professional categories. We point towards the existence of psychological distress, stress and identity conflicts in women's work and towards its social and historical character permeated by masculinity and femininity normative definitions and by their underlying power relations (Kergoat, 2002; Scott, 1995).

The plot of concepts: identity, power and gender

In order to understand the municipal guard's and the nurse's identities and to better understand who these professionals are, it is necessary to both discuss the identity concept and to understand what is personal and social identity to then reflect upon the professional identity.

The identity concept is complex and it has different conceptions in Anthropology, Sociology, Philosophy and Psychology. For the present paper, it will be used the identity concept in its professional dimension conceived as one of the individual's identity aspects (Dubar, 2005; Jacques, 1995).

Therefore, we searched the literature for a sound theoretical basis in some authors, such as Berger and Luckmann (1978), Ciampa (1991, 1990), Dubar (2005) and Habermas (1983), who conceive

the professional and personal identity as the result of an ongoing socialization process, that is, the identity is structured by means of intersubjectivities. They consider that the psychic structure of each person co-determines the identity construction as well. However, they also highlight the social environment as a strong source of influence in such construction.

The other is a crucial component in shaping identity. In the socialization process, the individual identifies himself with the other in the same way he internalizes the underworld of social institutions (Berger and Luckmann, 1978).

The identity can be modified along someone's life history according to his interrelation with the social environment. In this sense, it is neither set nor static, but rather an ongoing movement, a metamorphosis (Ciampa, 1991, 1990).

The professional identity is shaped and forged by the social identity or even by the identification with the class and group it belongs to. As the municipal guards and nurses perform their jobs, they shape their identities through "acting" and "being" professional. Nevertheless, both of them are the legacy of the objective reality, inextricably articulated to the subjective reality by means of historical and social processes of internalization, externalization and objectification which, by their dialectical nature, cannot be thought of as occurring in a temporal sequence (Berger and Luckmann, 1978). Hence, the secondary socialization process where the professional-technical formation occurs possesses identification referentials conferred by the population.

We add to Berger's and Luckmann's (1978) discussions on the dialectic or on the indissociability between objective and subjective reality the concepts of subjectively suitable identity and socially attributed identity, which are concepts that, when retaken by Ciampa (1990), allow us to differentiate the Habermesian concept of the social role from the character concept (Ciampa, 1990).

In Habermas's view (1983), the social role is related to the socially established, to the systemic world. We highlight here only his reference to the role identity, that is to say, that one sticking to social predeterminism, to norms and rules that support reproduction and hinder personal autonomy.

Ciampa (1990), using the character concept, relates it to the experiences singularity and concreteness in the individual biography, highlighting that such uniqueness is not divorced from collective and social dimension, but rather establishes with it an inseparable relation of mutual and reciprocal influence. In such a dialectical interplay between the individual and the social, it may emerge what we could adjectivate as stereotypical or inauthentic identities.

Goffman (1990, 1988) approaches the stigma and spoiled identity concepts based on the analysis of total institutions (mental hospitals, monasteries and prisons) as well as of their power relations. The spoiled identity is related to human objectification and to certain stereotypes and attributes stigmatization. Such stigmatization confers normality to those who have power positions in institutions.

Hence, such considerations on the identity concept lead us to discuss the power concept and its relational aspect. In Foucault's view (1994, 1992), power is related to the movement concept as well. The power circulates, it is present not only in the institutional dimension (the State, schools, hospitals, the police), but also in discourses, in social relations, in everyday life. His great contribution, which moves forward in relation to Marxism, is with regard to micro-power and to the overcoming of the dominant-dominated dichotomy. Moreover, Foucault relates power and knowledge for highlighting the scientific discourse as a power device.

Gender studies perspective also contributes to the discussion on power, inasmuch as it proposes a male and female understanding taking as a reference the construction of social and cultural roles performed by men and women as well as it denounces gender inequality arisen from sexual differences, but without falling into reductionism of the dominant-dominated dichotomy, especially in the studies of historical and relational perspective (Kergoat, 2002; Scott, 1995).

Finally, we consider that the professional identity issue leads us not only to the aforementioned concepts, but also to Work Psychodynamics presuppositions (Dejours, 2004a, 2004b, 1992). Under this perspective, work includes pleasure and suffering dimensions and it can be characterized as pathogenic, related to identity conflicts that disrupt the psychosomatic or even sublimatory balance, structuring the professional and personal identity (Dejours, 2004b). According to this perspective,

the workers develop defensive strategies due to management modes and work organization. These strategies can configure a stereotyped and/or pathogenic adaptation to work adversities or a shield to psychological distress processes and/or to diseases.

Methodological aspects

The analysis of the nurses' and municipal guards' work presented in this paper is the result of a rereading of Fabbro's Master's Thesis (1996) and Silva's Doctoral Dissertation (2005) respectively, from the aforementioned authors as well as from co-authored papers with Heloani (Silva and Heloani, 2006; Fabbro and Heloani, 2004).

Fabbro's case study research (1996) was carried out at a large teaching hospital. 25 interviews with several professionals (director and supervisor of obstetrics, nurses, nursing assistants, clinical director and resident physicians) were conducted aiming at investigating the nurse's identity formation process in the hospital context based on work relations with the nursing¹ and medical staffs. Interview data were vertically and horizontally categorized and analyzed according to presuppositions of the content analysis (Bardin, 1977) and of the qualitative research (Minayo, 1996).

Silva's research (2005) addressed the municipal guard's work from the relations between organizational management and stress. 238 questionnaires on health, work and family life were applied in 26 teams subjected to semi-structured group interviews; 42 semi-open individual interviews were conducted with municipal guards identified as stressed. The identification of stress and of its stages (alarm, resistance and exhaustion) was made through the Stress Symptom Inventory (Lipp and Guevara, 1994). The categorization and the vertical and horizontal analysis of the interviews also followed the presuppositions of content analysis (Bardin, 1977) and of qualitative research (Minayo, 1996).

The results showed a total of 31.93% stressed municipal guards. In teams in which the female contingent was approximately 100% (management staffs and Operations Command staffs or telephony staffs), there were respectively 71.42% and 77.77% of individuals who reported feeling stressed out, which represented a very different percentage of the support staffs² (18,75%), entirely composed of male workers (Silva, 2005).

Both professional activities, usually performed in alternating shifts, are subject to generate occupational diseases, weariness (fatigue, stress, tension) and/or psychological distress. Furthermore, daily work is characterized by confronting anxiogenic and distressing situations, which involve life and death issues, insomuch that they turn out arduous and unhealthful activities that entangle crucial conflicts and tensions of human life and tend to impact negatively on the health of these women workers. Another aspect worth highlighting is that such situations, creating ambivalent feelings, involve repression/control and protection/care activities.

Aiming at subsidizing the common aspects approach of the nurses' and municipal guards' work, we present next some brief reflections on some of the analysis originally done in the previously mentioned researches.

The hospital and the power-knowledge: working relations of the nurse with the nursing and medical staffs

In their everyday working lives, the nurses are embedded in the submissiveness web and in the hospital culture (Moreira, 1999). They tend to assume what we conceptualize as the role-identity (Habermas, 1983), since in their medical power-knowledge relationship (Foucault, 1992) they tend to reproduce stereotypes of the female gender and attitudes of either submission or of utmost

¹ The nursing staff consisted of: director, supervisor, nurse, nurse technician, nurse assistant and nurse attendant (position currently extinct), who were hierarchically subordinated.

² Support staffs were denominated as the ones that, being better technically prepared and consisting of four guards, gave support to the vehicles patrolling the streets in instances of higher complexity or risk.

dedication to the superwoman image – a heroic character that takes responsibility for all problems. Nevertheless, they are paradoxically labeled as subhuman, exactly for being submissive towards the medical staff and the institution itself (Fabbro, 1996). Therefore, there are vestiges in the institutional and socio-cultural imaginary that the nurse is merely a doctor's assistant and, exactly as stated by Gastaldo and Meyer (1989), the domestic space as a female space and the nursing as a home extension are enhanced.

The nurse's relationship with the nursing staff unveil some other facets of power relations. An explicit hospital hierarchy in the hospital regulations decide upon each staff member's duties and responsibilities, from which power relations are established. Notwithstanding, there is the presence of other hierarchical forms among the nursing staff, legitimated by the tacit knowledge (seniority and practical experience at work), which elaborate activities different from those prescribed.

When the nurses are the target of power devices and of discourses that inflict upon them both the political docility towards their hierarchical superiors and the economic utility for the benefit of the hospital organization (Foucault, 1994), they reproduce the socially attributed role-identity. On the other hand, in the game of forces operating in correlation and of circularity of power (Foucault, 1992), they face confrontation of that role-identity, having a political attitude which shows us that the political competence is equally or even more important than the technical competence for their work.

It is noticeable a diversity of stances in the relationship between nurse and nursing staff. Sometimes it is evident the nurse's authoritarian attitudes towards her subordinates, and those attitudes imitate the male stereotype of command present in the nurse's relations with the medical power-knowledge. At other times, it is evident the tacit power-knowledge of those who have more seniority and practical experience at work, configuring a power relation that does not correspond to formal hierarchy of work management and technical division (e.g. cases of conspiracy between more experienced attendants and doctors to the detriment of the of the chief nurse's formal power). In such cases, however, it also corroborates the medical power-knowledge, the gender relations as elements which legitimize that as well as working practice dedication and submission.

Santos and Barreira (2008) analyze the professionalization of women and nurses during the military dictatorship in Brazil, from 1930 to 1940, and they emphasize the historic dimension of gender issues at work. The authors indicate a symbolic and material striking division of the social world, which is explicitly reflected in the nurses' work social division and in the evocation of feminine attributes to their professional activities. The authors consider that the persistence of the sex roles division is revealed by means of the discreet, silent, kind and altruistic care practiced in the nurse's daily work. Male dominance is demonstrated through the divisions between female and male spaces in order to create a state of symbolic dependence of women who tend to be conditioned by male expectations and, consequently, to be subordinated and subjected by them. Such aspects, which we argue as being current, albeit not so explicitly, are also tackled in classical studies on gender, health and nursing (Lopes, Meyer and Waldow, 1996).

Stress and identity in the work of municipal guards

The women workers of the management and telephony staffs were responsible for providing assistance or support in which it tended towards reproducing the gender stereotype and the preestablished and standardized role-identity. Such kind of work was depreciated by organizational culture, as opposed to the predominantly performed by men "street work", which was permeated by power, strength and bravery signs, creating a masculine and fetishized image of the police identity (Silva and Heloani, 2006; Silva, 2005).

The women workers' stress is therefore related to the current gender and power relations in the existing socio-institutional reality as well as to the dialectic among family, work and social lives (Silva, 2005). Police work generally causes life balance disturbance and, consequently, family life disturbance. Female police officers, besides being subjected to pathogenic aspects of professional activity, are in charge of both domestic work and support to family problems, what intensifies the

psychosocial adversities with which they have to cope with in their daily routines (Silva, 2005; Farmer, 1990).

The work of municipal guards and nurses: psychological distress and defensive ideologies

Dejours (1992) analyzes defensive ideologies of collective workers from various areas that are structured as a way of preventing psychological distress or diseases. The fear denial defensive ideology is tackled in the cases of workers of petrochemical industry, civil construction industry and fighter pilots.

The work is characterized as pathogenic in the first two categories. The stereotyped nature defensive ideology does not satisfactorily exert its protective function. Fear denial is structured upon gender stereotypes, adjectivally used by Dejours (1999) as virile defense, besides being work situations whose technical mastery or control under risk situations (chemical industry explosions and civil construction accidents) are very restrict (Dejours, 1992).

In the petrochemical industry, playing with dangerous situations, as throwing oil on the floor so that a workmate slips, function as a symbolic attempt to face risks which are not controllable by the engineers' expertise. Sometimes such defense temporarily avoid illness, but it does not avoid psychological distress that remains latent or hidden regarding manifest acting and that is insidiously and chronically associated with management exploitation and work organization. It takes advantage of the workers' fear denial defensive strategies as well as of the self-reinforcing need of "manhood," strength and courage as tools to impress the "spontaneous" search upon hard and intense work, maximizing productivity by exploiting suffering, generating psychosomatic disease or psychosomatic disorders (Dejours, 1992).

In relation to the case of the civil construction industry, denial implies refusal to use safety equipments since they are seen as a fragility symbol. Many workers who do not accept the defensive ideology give up work, when they are not nearly expelled from the workplace by the collective pressure (Dejours, 1992).

On the other hand, in the case of the fighter pilot work, characterized as sublimatory, it involves a high degree of worker's technical knowledge and high demand and evaluation levels, being the fear denial a psychological attitude crucial for facing the high-risk task for which the fighter pilot is already technically prepared by means of a long professional development process. In this case, the adaptive defense, necessary and useful to perform the worker's task, maintains the psychic balance and the positive self-image (Dejours, 1992).

The fear denial defensive strategies are used by nurses and by municipal guards as well; however, they do not immunize them against psychological distress and/or disease and may be related to identity conflicts and to gender and power relations, built inside the contradictory and dialectical nature of the historical process and of its social and work relations.

As for nursing, the nature of professional activity evokes a strong sense of responsibility (Menziés, 1970). Regarding hospital work, there are high-risk and patients' death situations. The high degree of responsibility entailed in the position, permeated by gender issues and idealized images of the profession, resulted in a pathogenic work configuration (Fabbro, 1996).

Concerning hospital work, there is a considerable risk of nurses being overwhelmed by fear and anxiety due to life and death situations they have to cope with but are beyond their control (Menziés, 1970). They undergo considerable personal, health and somatopsychic energy weariness costs. The responsibility and the lives saving ideal, rather than acting towards sublimation (Dejours, 2004a, 2004b) are converted into a routine marked by external (institution, nursing and medical staff and patients) and internal pressures and demands, being both permeated by power-knowledge relations, role identities and gender relations (Fabbro, 1996).

Work demanding and internal pressures are not merely subjective or belonging to a psychic dimension isolated from the whole social and organizational systems. We understand that there is an inevitable dialectic between objective and subjective in the daily social and work routines, which means a reciprocal and mutual influence relation between a certain profile required for professional practice – a socially constructed and shaped profile both by formation as by such practice - and its

internalization. In this sense, the personal and professional, individual and collective profiles, outstandingly embodied by the ideal/idealization of saving lives/caring for lives is the result of the aforesaid dialectic, of the game of influences between socially attributed identity and subjectively appropriate identity (Berger and Luckmann, 1978).

With regard to nurse's work, due to objective and subjective issues articulated in a contradictory and dialectical form, anxiety and fear cannot be revealed. Fear raised in the professional activity does not find a way of expression and of group and psychic elaboration. In this manner, fear denial collective defensive strategies are produced which, though effective at first, are transitory and unsustainable in the long run. Psychic conflict not eliminated by fear denial persists in latent form and tends to erupt through aggressiveness in work relations.

Fabbro (1996) indicates that some emergency situations give rise to excessive anxiety and high stress level in all professionals. It is sometimes the case of a certain inertia of some workers (e.g., the nursing assistant or even the nurse) facing constant and busy demands of the medical staff in that situation. Such inertia tends to be seen as technical incompetence and/or personal unadaptability to the profession, mobilizing verbal aggression and interprofessional conflicts, therefore intensifying the tense situation. In other words, individual and collective fears, incited by real situations coupled to the imaginary dimension generate anxiety. Defensive and anxiogenic strategies are produced that feed back tensions and fears which fall on individuals, groups and organizational climate. It can be concluded that the counterproductive, ephemeral and defensive strategy does not hold and acquires a pathogenic nature. Psychic conflict is converted into interpersonal conflicts that become explicit in work relations.

Fear and anxiety which are individually and collectively denied in extreme situations come up again in work relations by means of the projection defense mechanism, giving rise to aggressiveness among peers. It is about psychological dynamics tackled by psychoanalysis, in which what is ego driven and projected on the other ends up as a threatening object to the ego itself, producing persecutory anxiety and consequent hostility (Freud, 1987). Such dynamic takes place in the organizational and work contexts in which the aforementioned gender and power issues are crucial to mobilize the defense process, i.e., this is not the result of a particular psychodynamic or subjectivity, but rather of a contradictory and dialectical unit, the subject-object unit.

Thus, nurses tend to complain that their assistants are incompetent and/or irresponsible. The nursing management complains that the nursing staff does not take responsibility for the group coordination, blaming them for unfulfilled routines. Nurses react and complain about the management imposing them a strict if not repressive discipline, treating them as if they had no sense of responsibility. From that comes the mutual and excessive work demand. The demands lose meaning or symbolic strength (Fabbro, 1996). They stop being indicative of a possible outcome and start representing surveillance and punishment standards (Foucault, 1994) in which the usual demand becomes meaningless, aimless, simply demanding by demanding.

In this manner, the inherent pressure of extreme situations (patients' death risk) is associated with a context of interpersonal pressures and demands and engenders competitiveness in the search of the medical power-knowledge approval symbolically and hegemonically masculine. As a result, nurses and assistants get weary and vulnerable to stress and to psychosomatic disorder.

Hence, similarly to the civil construction workers' case analyzed by Dejours (1992), the defensive ideology, in the nurses' case, induces an attitude of everyone's participation. The one who does not contribute or who does not share the content of this occupational defensive ideology is sooner or later excluded, either by dismissal or by a system that "labels" the employee. Such aspect generates new emphasis on collectivization of responsibilities so as to form vicious cycles characterized by stereotyped defensive strategies, rigid forms of management and of work organization, and psychological distress and disease processes (Fabbro and Heloani, 2004; Dejours, 1992).

It is also worth mentioning that the responsibilities collectivization issue, supported by the service collaboration discourse and understood as an institution power device, induces women workers to be subjected to work overtime and to work pace intensification. Such situation worsens due to a specific work condition: the high service demand with a reduced number of employees. According

to Meyer (1995), such induced collaboration can be translated into a full-time availability to assume work activities, even if reluctantly, and forged by the medical institutional power.

Fear denial and defensive ideology are also present in the municipal guards' work, having specific ways and peculiarities if the workers are men or women.

Cavassani (1998) ponders that the psychic fragility has no place in the police organization, being interpreted as a sign of "madness". From our point of view, given the sociocultural conditions of the female and male construction, the female police officers are the main targets of such stigmatizing interpretations.

Sampaio and Carneiro (1997, p. 313) also identified, in a clinical study of a female military police, that each and every fragility was denied or undesired by the organizational ideology, which valued "the strong being" as well as "self-control, cleverness and defensive readiness."

Cruz (1989) addresses the fragile heroic identity of the military police. The work activity that enables the hero imaginary creation is related to street work, predominantly carried out by workers. It can be noticed a human fragility denial in the heroic identity valuing. In other words, the workers tend to develop a defensive professional ideology (Dejours, 1992), of stereotyped nature, which tends to place the female police officer, or even the femininity, in a position of inferiority so as to reproduce the aforesaid and historically constituted normative definitions about the female and the male (Scott, 1995).

The metaphors "hunter" and "hunted", present in the municipal guards' discourse in reference to "street work" and to the offender-police clash, show us that the active position ("hunter"), which in the sociocultural imaginary presented itself as mainly male, was highly valued, whereas the passive position ("hunted"), seen as essentially feminine, was feared and rejected, besides being configured as incompatible to the desired professional identity. In such position, the work was experienced as a stress or weariness factor (Silva, 2005).

The active and passive positions in the face of fear and/or anxiety in work activity result in opposite configurations, namely: pathogenic work and sublimatory work. In the predominantly male support staffs, anxiety was actively "managed" by workers, so that the work tended to be sublimatory. On the other hand, in the predominantly female telephony staff work, anxiety could not be actively "managed" because the women workers only required their "street work partners" to take care of the police reports and they did not get to know what actually happened, therefore configuring a pathogenic work (Silva, 2005). That work was less valued, routinized and more controlled by management, involving unpredictability and sense of powerlessness which generated significant anxiety.

As for the support staffs, unpredictability was experienced with positive valuing of a not routinized activity, besides being consistent with a libidinally invested professional identity, valued by the organizational culture and by the workers themselves.

Thus, in the female group, the unpredictability and risk situations were configured as harmful to health, whereas in the male group they were either positively experienced or as a source of professional pride. The women workers' activities did not generate the sense of "authenticity" of police work and dissociate themselves from the strength and courage symbols, valued by power devices (Foucault, 1992) present in gender relations discourses, either at the micro level or at a wider level of organizational ideology and culture (Silva, 2005).

The patrol staffs of women workers were usually disdainfully and disrespectfully treated by part of the population, of the male guards, of the ones responsible for management, and of the infringer (Silva, 2005). Notwithstanding, we found out another side of this issue in the case of one of the interviewed women who was considered "operational" and valued by her male partners because of her skills related to bravery and strength symbols. For being a woman and seen as less capable and fragile, her action was usually unexpected, and not rarely more effective, due to what was called "surprise factor" (Silva, 2005, p. 276), which favored success in the approach to police reports. This situation illustrates the relational nature of gender social construction (Scott, 1995) as well as Foucault's concept of circularity of power (Foucault, 1992), both previously mentioned.

In that case, being a woman had neither subjective consequence nor negative self-image, or even did not hinder her to perform her work competently. This example demonstrates that power and gender issues are not entirely insurmountable. On the other hand, it is important to highlight that the success of her actions was many times favored due to the offenders seeing her under a sexist perspective, so they usually did not expect such agility and technical domain coming from a woman.

As previously exposed, we can state that the defensive ideology in the guards' work is sometimes adaptive, in order to enable actively facing fear/risk, task performance and the establishment of professional identity consistent with the workers' aspirations. Other times, it is stereotyped and/or pathogenic, when fear/risk is merely denied, hampering professional action and reproducing the myth-identity (Ciampa, 1990) based on the fragile and illusory heroic identity of the police (Cruz, 1989).

Thus, we can state that the power and gender issues in police institution give rise to a sexual division of labor once the women workers, who tend not to agree with the defensive ideology, are led to assistencial work closer to a stereotyped condition of women work, therefore institutionally and socially depreciated (Maia, 1993).

The research also made evident that the role of care, of dedication and of emotional support in the family was primarily performed by women workers. Consequently, it was found that the female condition in police work, given the institutional and sociocultural realities as well as the predetermined family and social roles (caretaker of home, of family health problems, of school and personal problems of her children and so on), was a significantly favorable factor to weariness or to stress, so that the adversities experienced at work and in the family tended to place women in a more vulnerable condition to stress (Silva, 2005).

Final Remarks

The analysis of the nurses' and municipal guards' work reveals common aspects and some peculiarities or distinctions. Hospital and police works present themselves as opportune activities to psychological distress, stress and identity conflicts, being the women workers privileged targets given the relations among identity, power and gender in socioinstitutional reality. The professional activities involve risk situations and foster the formation of fear denial defensive ideologies. They mobilize the ideal of saving lives, heroic attitudes and ambivalent feelings as well. In both cases, protection and care are present in their work, together with repression and control.

The heroic characters identified in Fabbro's (1996) and Silva's (2005) analysis revealed fear denial defensive strategies and specific forms to cope with anxiety. Findings show that women workers have the need to show themselves strong and present low effective attempts to oppose to psychological distress, to social norms and to gender and power relations (Scott, 1995; Foucault, 1992).

The institution tends to use an internalized heroic image either for greater work intensification and exploitation (hospital) or for enabling stronger efficacy in performing street work (male police officers), what, however, does not always happen, given that such image does not endure in some real situations, even for not being backed by a condition of technical formation of excellence, as in the case of the fighter pilots analyzed by Dejours (1992). In the case of the majority of the female police officers, although there is a conscious or unconscious investment in the heroic image, they usually do not actually or actively face risk/fear situations, so that such image does not spare them from suffering at work; on the contrary, it tends to intensify it, producing a state of stress.

Anxiety, which is intrinsic to the disease/patient care activity and intensified by the nursing work organization itself, dissipates collectively, being socialized by the team. Nevertheless, that socialization is presented as pathogenic. The team is induced to intensive work, to fatigue and to interpersonal conflicts. In the case of the nurse who assumes the character responsible for everything, the work intensifies, implying not only fatigue but also conflicts, since she has difficulties to delegate tasks and, as she radically internalizes such character, she presents difficulty

in valuing the peer's work that presents itself as incomplete, if not ineffective, from a subjective point of view.

In relation to the police work, findings show that anxiety occurs in different levels and conditions according to the staff position, being more intense and pathogenic for those who deal with it passively (telephony) than for those who deal with it more actively (street work). Due to their sexual division of labor, women usually occupied staff positions in which predominated passive ways of dealing with anxiety. In the specific case of the "operational" female police officer, who performed street work, the heroic image, as opposed to what happened to the majority of the women workers (telephony), was an element that tended to help the task performance, though, exactly as in the case of the male workers, the assumption of such image was not a guarantee of success in the police record.

Fabbro's (1996) analysis allowed to indicate that the nurse's identity conflict is related to a difficulty of assuring her unique action, her knowledge, her work space in professional practice, being gender and power relations an important factor for the social construction of the picture of the apolitical and submissive nurse.

Nevertheless, Fabbro (1996) asserts that although the nurse is still dependent on the role-identity, she is dissatisfied with what she experiences. Such dissatisfaction can be understood as the beginning of consciousness. Fabbro (1996) argues that seeking to understand that consciousness is, above all, revealing the multiple levels of submission/oppression to which the conscience is subjected to. The refusal of labels and stereotypes, such as "doctor's maid", "be a Jack of all trades" and "responsible for everything", leads the nurse to realize that it is not enough to have technical competence and that the political competence is as important or even more important to perform her job. That competence is manifested in small, discreet and transitory resistance forms.

Silva's analysis (2005) revealed that the identity conflicts and the work and family relations conflicts are more intensively experienced by women workers and, consequently, they tend to be more vulnerable to stress when compared to male workers. The institutional place of work activity is labeled by the stigma of inferiority and by worthlessness.

Based on the previously mentioned researches and on the pivot points among them concerning the topics identity, power and gender, it is possible to state that work organization and management and the organizational and sociocultural adversities, pervaded both by conservative gender relations and by power devices, are configured as essential determinants to suffering, illness and identity conflicts of the women workers.

We conclude that socioinstitutional reality weariness (Silva and Heloani, 2006; Seligmann-Silva, 1994; Laurell and Noriega, 1989), the blocking of the relationship between men and work organization (Dejours, 1992), the dehumanization of the labor relations and the illness and/or psychological distress processes are issues to be faced courageously, aiming at the objectives of a healthier, more free, more creative and more autonomous work. Such challenge, if seen in relation to the work world, to the private life and to the relationships built in it, cannot prescind from the workers' defensive strategies analysis as well as from the critical analysis on the gender relations and on their understanding as historic, relational and socially constructed (Kergoat, 2002; Scott, 1995).

We hope the reflections presented on this paper can contribute to broaden the theoretical dimension on the relations between work and health in order to provide more directness and objectivity to practical actions to improve the women workers' health in particular, and the male workers in general.

COLLABORATORS

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