

## PERFORM- ACTIVITIE(S) IN HEALTH WORK: GENDER PROBLEMATIZATIONS<sup>1</sup>

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**ABSTRACT.** In this study, aspects of research carried out with nursing technicians and techniques in the Surgical Block of a Hospital are approached, analyzing the normative experience that characterizes the exercise of work as an activity and exploring areas of problematization regarding acting in and through work that can destabilize the gender expressions. The research methodology was constituted by observations in the workplace and in situations of collective analysis of work processes, which indicate that, despite the strong prescriptions that make up the work in the surgical block, the workers also problematize gender norms. Operating with references from the Clinical field of Work as an Activity, it is stated that it is in the activity that work norms, and also gender, are questioned, producing stylizations that can become resources for the workers themselves to overcome performative reiterations of gender. Articulations of Judith Butler's thought regarding gender performativity are analyzed for analyzes related to the experience of work as an activity, notably through the Clinical Work approaches that take work as an Activity.

**Keywords:** Clinical work; activity; gender performativity.

## PERFORM-ATIVIDADE(S) NO TRABALHO EM SAÚDE: PROBLEMATIZAÇÕES DE GÊNERO

**RESUMO.** Abordam-se aspectos de pesquisa realizada com técnicos e técnicas de enfermagem do bloco cirúrgico de um hospital, analisando-se a experiência normativa que caracteriza o exercício do trabalho como atividade e explorando zonas de problematização quanto ao agir no e pelo trabalho que podem desestabilizar as expressões de gênero. A metodologia da pesquisa se constituiu por observações nos locais de trabalho e em situações de análise coletiva de processos de trabalho, as quais indicam que, apesar das fortes prescrições que compõem o trabalho no bloco cirúrgico, os trabalhadores e trabalhadoras ao problematizar as normas de trabalho, problematizam também, as normativas de gênero. Operando com referenciais do campo clínico do trabalho como atividade, afirma-se que é na atividade que as normas de trabalho, e também de gênero, são colocadas em questão, produzindo estilizações que podem se tornar recursos para os próprios trabalhadores e trabalhadoras ultrapassarem reiterações performativas de gênero. Analisam-se articulações do pensamento de Judith Butler referente à performatividade

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de gênero para as análises relativas à experiência do trabalho como atividade, notadamente pelas abordagens clínicas do trabalho que tomam o trabalho como atividade.

**Palavras-chave:** Clínicas do trabalho; atividade; performatividade de gênero.

## **PERFORM-ACTIVIDAD(S) EN EL TRABAJO DE SALUD: CUESTIONES DE GÉNERO**

**RESUMEN.** Se discuten aspectos de investigaciones realizadas con técnicos y técnicas de enfermería en el Bloque Quirúrgico de un Hospital, analizando la experiencia normativa que caracteriza el ejercicio del trabajo como actividad y explorando áreas de problematización respecto al actuar en y por el trabajo que pueden desestabilizar las expresiones de género. La metodología de investigación involucró observaciones en el lugar de trabajo y en situaciones de análisis colectivo de los procesos de trabajo, lo que indica que, a pesar de las fuertes prescripciones que componen el trabajo en el bloque quirúrgico, los trabajadores y trabajadoras, al problematizar las normas de trabajo, problematizan así como las normas de género. Operando con referentes del campo Clínico del Trabajo como Actividad, se afirma que es en la actividad donde se cuestionan las normas de trabajo, y también de género, produciéndose estilizaciones que pueden convertirse en recursos de superación de los propios trabajadores, reiterando la performatividad de género. Se analizan las articulaciones del pensamiento de Judith Butler en torno a la performatividad de género para análisis relacionados con la experiencia del trabajo como actividad, en particular a través de los enfoques del trabajo clínico que toman el trabajo como actividad.

**Palabras clave:** Clínicas del trabajo; actividad; performatividad de género.

### **Introduction**

Gender studies, from the perspective of analyses of work experience as activity, constitute the theoretical foundation of this article. We are interested in examining how gender is produced—understood here as going beyond the male/female binary, according to the perspective adopted by Judith Butler (2015). We follow the author in the direction of denaturalizing the linearity between sex, gender, and desire, emphasizing the performative character of the sexed body, of gender, and of sexuality as enacted through the exercise of work as activity—that is, through the management of the distance between prescribed work and real work experienced by workers in work situations.

The perspective of work as activity necessarily involves a performative dimension in its course. It presupposes ergological processes, as understood by Schwartz and Durrive (2021), for whom activity always implies doing otherwise, working otherwise; it consists in a kind of inherent obligation of any situation of human work activity to already include a dimension of transformation. This perspective is supported by the thought of Canguilhem (2001), for whom life is always activity in opposition to inertia and indifference, thereby implying normativity—in other words, the creation of “norms-as-means” for living. For Yves Clot (2010), activity is the effective realization of the task, by means of it but sometimes against it, producing a medium composed of material objects, symbolic objects, and human relations—or, more precisely, the re-creation of a living environment. Activity is, therefore, in favor of life *in and through* work, making possible its development through its objects, its instruments, its recipients, and through its effects on work organization. Drawing on

Spinoza's notion of *conatus*, Clot links the concept of activity to the effort of self-preservation that binds the dynamism of life to intelligence, the productivity of action to self-realization. The power to act is thus connected to the power to exist, with *conatus* referring to an effort of self-preservation in one's own being. It is an effort or tendency toward the affirmation of existence, with affects playing a role in increasing or decreasing the body's capacity to act.

The dimension of transitivity involved in the definition of activity for both of the above-mentioned authors of the clinical field of work<sup>6</sup> – Schwartz and Clot—interests us insofar as such a perspective allows us to analyze and position the analytical framework through which we aim to address the performative dimension of gender. We question how<sup>7</sup> the field of work clinics has approached the theme “work and gender,” given that we have identified few studies that address this topic from the perspective of activity. In Brazilian research, we highlight two articles that explore work as activity in relation to gender issues: “Work and Public Health: the point of view of activity and gender relations” (Brito, 2005) and “Health, subjectivity, and work: the clinical and gender approach” (Brito et al., 2012)<sup>8</sup>. These researchers discuss the importance of making visible the different dimensions of work and the production of health in this context. They consider that relations between men and women lie at the heart of human conflicts and discuss how work experience can be paradoxical, since, even as it produces domination of men over women, it can also produce women's (re)appropriation of activity through the construction of new norms of life and work.

The insights presented by this group of researchers prompt us to reflect on how concrete work by men and women takes place in situ, analyzing the entanglements between gender norms and work norms from the standpoint of activity, given that the studies mentioned above do not analytically develop the production of gender in the management of work as activity—that is, at the moment when decisions related to operative modes of work are made.

Given this scenario, we were prompted to reflect on the normative process of gender in its interlinking with the normative process of work as activity. To do so, we draw on the theoretical perspective of philosopher Judith Butler, who proposes understanding gender through the notion of performativity. This perspective assumes that the production of sexed subjects occurs within regimes of social norms and possibilities for agency. In this sense, the materiality of bodies is constituted through performative acts and reiterative and citational practices, in which the subject is an effect of truths emerging from webs of knowledge, power, and discourse that are historically and culturally produced.

The perspective of gender performativity allows us to look at the bodily dimension of male and female workers, in the sense of considering how they are constituted in activity, as well as how their insertion, their acts, their practices, and their speech produce them as subjects within the micro-managements of work and the power relations present therein. Moreover, the idea of performativity helps us recognize that the subject is never fully

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<sup>6</sup> The field of Work Clinics is composed of distinct approaches that address the interrelations among work, subjectivity, and health (Lhuillier, 2006), among which Ergology and the Clinic of Activity can be mentioned. Both approaches, despite their conceptual and methodological differences, are fruitful for the analyses we carried out in the research from which we extracted elements for this article, and we draw on them to support specific moments of our considerations.

<sup>7</sup> This research was carried out within the Research Group *Institutions, Subjectivation, and Work in Analysis* (N- PISTAS) of the Graduate Program in Social and Institutional Psychology at the Federal University of Rio Grande do Sul (UFRGS). It is linked to the research project *Work, Subjectivation, and Clinic: Education and Health in Analysis*. The study was funded with resources from CAPES and CNPq.

<sup>8</sup> In these studies, the authors engage with the concept of work as activity, developed by Clot (2010) and Schwartz (2007 or 2016), establishing dialogues with Helena Hirata (2002 or 2018), whose work addresses gender issues through the lens of social relations of sex.

constituted, since they are not prior to action; rather, they are constituted through action. In this way, we arrive at the following question: how is gender performed in the lived experience of work as activity?

In this article, we devote ourselves to examining the experience of work as activity and the performativity of gender implicated therein, by analyzing elements of research conducted with nursing technicians (men and women) in the surgical unit of a hospital located in southern Brazil.

### **Working Is to Overflow the Performed Activity: What the Clinic of Activity Tells Us**

Yves Clot (2010), as well as Schwartz (2016), conducted research analyzing the distance—always present— between prescribed activity and performed activity. To do so, both authors begin with the concept of situated activity, that is, the activity that actually occurs in the daily work setting. Thus, for these authors, *living work in action* is the main object of analysis and, more specifically, the activity itself, with both dimensions developed in highly singular ways in their respective studies.

For Clot (2010) and the researchers of the Clinic of Activity, following the French tradition of work analysis, activity—as always, more than merely the activity performed—is subject to description for analytical purposes, because it encompasses the conflicts arising in the process. Activity demands the physical and psychological mobilization of the worker in response to an environment in constant variation, going beyond the specific gesture performed—observable directly and measurable. It is defined, therefore, by the manual and intellectual operations put into practice at every moment by workers in order to meet their objectives, which exceed those prescribed by the organization of work in view of an environment that is continuously changing.

Activity is not only what is done. The real of activity also includes what is not done, what cannot be done, what one tries to do but fails at—failures—what one would like or could do, what is no longer done, what one thinks or dreams of doing at another time. In the realm of activity, what is accomplished does not have a monopoly on reality. Fatigue, intense wear, and stress are explained as much by what workers cannot do as by what they actually do (Clot, 2001).

Considering work as activity means considering not only the work post and its tasks, but also—and above all—the fact that activity has a developing history. It is an always unfinished, unexpected, and variable process, whose unit of action rests on the tripod of “oneself, the work object, and others.” Activity is always directed. It is directed toward a recipient, toward someone, even when one works alone. It is through concern with oneself, with the work object, and with others that workers insert themselves into a work activity (Clot, 2010).

According to Clot (2006), work fulfills a psychological function that directs the worker toward an activity necessarily oriented toward others. In this sense, one acts to produce something that is not necessarily aimed at personal production, but rather as a movement outward from oneself, constituting an important function in building human collaboration. Thus, the research object in the Clinic of Activity is located above all in the development and in the impediments of activity, more specifically in the dynamics of the increase or decrease in workers’ power to act.

The concept of the power to act is inspired, for Clot, by the notion of *conatus*, which, according to Spinoza’s philosophy, is tied to the question of affects. This understanding of *conatus* is intimately connected to the tendency or effort toward self-preservation, in which

the function of affects is to expand or diminish one's capacity to act (Amador & Fonseca, 2014). Thus, the power to act corresponds to the potency to affect and to be affected, thereby expanding the possibilities for transforming oneself and the world.

According to Clot (2010), the power to act, in the Clinic of Activity, concerns the subject's capacity to expand the range of their action at work, introducing into their activity elements of their own subjectivity in an attempt to respond to the other's activity so as to be able to accomplish their own. In this sense, subjectivity does not present itself as something of the order of private interiority; rather, it refers to the power to be affected, with the power to act not being separated from this power of affectability. However, it is important to highlight that this power corresponds, beyond the execution of tasks, also to the power to create possibilities by activating means to live, to do, and to become something else. These possibilities of creation concern both acting upon the external world and the capacity to be the subject of one's own norms, with the power to act thus being directly related to the production of health.

The place of the collective in the Clinic of Activity is expressed in the concept of *professional genre*—a social frame of reference for each worker, while also functioning as an indispensable support for exchange and expression<sup>9</sup>.

If, on the one hand, the professional genre is a powerful resource for activity and a support for the development of the power to act, on the other hand, it is within activity itself that each worker ensures the continual revitalization of the genre, indicating its always provisional stability. In this direction, Clot (2010) constructs the concept of *style* as an instrument that is expressed as a personal style but is produced within a collective zone—of forces, transitions, or emergences from the collective. It is related to the professional genre, to what has already been done and assumed as a way of working, but also to virtualities as forces in the process of actualization that enable other ways of working, thus allowing the continual potential for transformation of the trade. It is stylistic recreations that keep the professional genre alive, and at the same time, the mastery of the professional genre and its variabilities that enable stylization by workers. The genre of activity is produced through the repetition of shared professional styles and is, therefore, continuously altered by them. It involves, then, living work in action, with workers giving life to the professional genre and giving meaning to their action, contributing their own stylization.

Professional genre and style make work activity possible. Work occurs in the interstices of historical heritage, local heritage, and singular heritage—at the interface between social collaboration and the singular collaboration of each worker, who activates the genre and leaves their mark, their style, upon it. It is through style—the competence of the living—that the heritage gains life and remains in constant transformation. It is through the genre that the living is oriented and guided, supported by social collaboration, which prevents it from remaining continuously without direction, though always amid trials and errors. In this sense, the prescribed and its surpassing drive living production—living work in action—in continuous creation.

The prescribed corresponds to what a person finds already given and which, even though it may be modified at times, appears as an impersonal mark of what must be done. *Impersonal*, according to Clot (2010), refers to what has been previously structured and what

<sup>9</sup> It should be emphasized that the notion of gender for Butler (2015) and for Clot (2010) refers to distinct elements. For Butler, it concerns a dimension related to gender and sexuality studies, whereas for Clot it refers to a dimension associated with the repertoire of ways of working generated in the experience of work as activity. Both terms are considered in our analyses, given the transversal nature of their operations.

workers encounter as a norm already established by others. The professional genre, while also considering this impersonal dimension inherent to the task, is a kind of social memory of activity—a medium for action—constructed in the relationships among workers and composed as well of elements generated in action. It has a cultural character, and also a symbolic one, enabling anticipation, organization, rearrangement—in short, the orientation of work through a common, transpersonal frame of reference built by those who came before and constantly reconstructed by those currently engaged in activity.

Clot (2010), in this sense, considers the professional genre to be *transpersonal*, insofar as it surpasses each individual, constituting a construct that goes beyond immediate professional relations. However, it is also a rearrangement of the personal dimension—necessary because each worker stylizes it, bringing it to themselves and reorienting it, seeking a new meaning for action, which consequently reorganizes the professional genre.

### **Perform-activity(ies) of gender: incursions into Judith Butler’s thought to raise questions from the standpoint of work activity**

For Butler (2015), gender refers to a production within cultural and subcultural discourses, which are responsible for creating our sex, our sexuality, and our gender. The philosopher therefore uses the concept of performativity, which refers to an act without an actor, challenging the notion of a subject prior to action. In this sense, gender is performative, for it is through the reiteration and repetition of acts that the subject is consolidated and gender is constituted, as if it were something natural—an effect of repeated acts that are continually updated through historical and cultural discourses (Butler, 2015).

The stability of the binary gender structure is problematized by Butler (2015), when she argues that such a structure, conceived as exclusive, is in fact imposed by what she calls the “matrix of gender intelligibility.” This matrix constitutes a prescriptive grammar that establishes as natural, normal, and unquestionable the linear and essential connection between biological sex, gender, sexual desire, and identity. In the logic of this grammar, intelligible genders are those that, in some way, establish and maintain coherent relations between sex, gender, sexual practice, and desire, shaping the sexed body in accordance with compulsory heterosexuality, taken as a regulatory principle (Butler, 2015).

Discourses therefore shape the body and produce certain relations among bodies, according to Butler (2015). At the same time, between the norms that act upon bodies and those produced or reiterated by bodies, it is always possible to “undo” gender, as Butler’s analyses also suggest. The author states that if the materialization of bodies is brought about through gender regulatory norms that must be constantly repeated, cited, and reiterated, there are nonetheless twists and gaps in the process. Thus, bodies do not conform directly to the rules that regulate them, never fully adhering to the norms that impose their materializations (Butler, 2015). In this sense, bodies are understood as “[...] spaces of struggle and experimentation [...] as conflicting spaces of submission and subversion” (Paraíso, 2011, p. 149).

Butler (2015) associates the performativity of discourse with the citationality of utterances, arguing that, for a performative utterance to be successful, its formulation must be the repetition of a “coded” or reiterable utterance—that is, one that functions as a recognized citation. However, the philosopher also understands performativity as “deconstitutive” of the very process of repetition, insofar as it makes it possible to activate power in such a way as to undo the very effects through which identity is stabilized.

In this sense, Butler (2015) understands agency as the possibility of producing performative ruptures in the relation to the norm. For the philosopher, the possibility of agency is thus understood as the capacity for action found within subjection and subordination; that is, for her, change occurs within the very dynamics of power, which can reiterate forms of resignification and produce new effects. For Judith Butler, the great driving force of agency is desire, as it is the innovative and propelling force of change and therefore also a destabilizing one, since no desire remains the same.

The elements presented thus far, drawn from Butler's thought on gender as well as from Schwartz and Clot's approach to work as activity, allow us to position some elements that serve our analyses in the field of studies on work and gender. Based on the conception of work as activity, we ask to what extent gender performativities can be displaced in the face of the infidelities of the environment, highlighting a dynamic process that deserves analysis.

### **Methodological Pathway: Accessing Gender Performativity Through Activity**

The problematic question of our research is shaped by the interest in accessing the analysis of work experience as activity among male and female health workers in a hospital operating within a surgical ward, with special attention to the gender performativity implicated in this process. To this end, we employ methodological aspects from the Clinic of Activity to access the analysis of work as activity performed by health workers, bringing into question the gender performativity implicated in and through the exercise of work as activity.

According to the methodological investments used in the Clinic of Activity, it is essential to follow work processes as they occur, in the way that, in the act of working, actions are carried out. In *The Psychological Function of Work* (2006) and *Work and the Power to Act* (2010), Clot presents the methodological proposal of the Clinic of Activity as a co-analysis of work, practiced in the usual environment, considering that the work analyst is preceded in this environment by those who exercise their craft there. Thus, work analysis must consider the experience of the workers, taking the concrete experience of work as its starting point. In this way, it seeks to intervene by prompting workers to access an experience already lived—as work performed—and from there to have the means to live other experiences (Clot, 2006).

The movements undertaken to activate the co-analysis process occurred through visits, meetings, observation of surgical procedures, informal conversations, and collective work-analysis sessions. The *first movement* was the formulation of the clinical work problem together with the workers. The *second movement* involved articulating strategies to access the analysis of work as activity.

Chegamos ao hospital<sup>10</sup> movidas por questionamentos e inquietações de como ocorre a produção generificada dos trabalhadores e trabalhadoras pela experiência do trabalho como atividade. Adentramos e lançamos mão de um processo aventureiro, estando abertas as possibilidades que pudessem emergir durante as visitas nos setores e conversas com os trabalhadores e trabalhadoras, construindo conjuntamente um plano analítico da pesquisa.

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<sup>10</sup> A pesquisa passou pelo Comitê de Ética da Universidade Federal do Rio Grande do Sul, através do projeto de pesquisa Trabalho, Subjetivação e Clínica: Educação e Saúde em análise, nº do parecer: 4.212.218

We arrived at the hospital<sup>11</sup> driven by questions and concerns about how the gendered production of workers unfolds through their experience of work as activity. We entered with an exploratory stance, remaining open to possibilities that might emerge during visits to sectors and conversations with workers, thus jointly constructing an analytical plan for the research.

During one of the first visits to the hospital, a statement by the nurse coordinator of the surgical ward provoked us: “Many times we have to become kind of macho in order to handle some things at work.” This utterance led us to pay closer attention to the surgical ward, which was then selected as the area to be encompassed by the research. We presented the research proposal to the surgical ward coordination and to the workers, and thus we began conducting systematic visits to the sector to follow the work processes, especially surgical procedures. We also formed collective activity-analysis groups with 11 nursing technicians, given the closeness we had established with these professionals and considering that they are present from the beginning to the end of surgical procedures.

The first movement of analysis focused on presenting the research problem—formulated by the researchers prior to entering the hospital—in order to foster the production of an analytical demand among the nursing technicians. Considering that the object of the Clinic of Activity consists of a problem-object—that is, that it involves following the paths through which workers do something different from what they usually do (Amador, 2019)—and that such analysis must be opened based on issues raised by the workers themselves, the co-analysis situations began by eliciting processes they were interested in discussing. The formulations brought by the workers referred mainly to difficulties related to the exposure of bodies in certain surgical procedures, as evidenced by the following statement from a nursing technician: “[...] in gynecology everyone touches, everyone puts their hands on you. It’s an aggression.”

Propusemos, então, encontros coletivos com os técnicos e técnicas de enfermagem do bloco cirúrgico. O primeiro encontro voltou-se para a organização dos encontros, os quais foram realizados durante os turnos de trabalho. Foram realizados, no total, oito encontros, durante o período de seis meses. O primeiro movimento produzido voltou-se para a colocação da problemática da pesquisa com os trabalhadores e trabalhadoras de modo a fazer circular a temática trabalho e gênero, na tentativa de produção de uma demanda de análise entre os trabalhadores e trabalhadoras na direção da proposta das pesquisadoras.

We then proposed collective meetings with the surgical-ward nursing technicians. The first meeting focused on organizing the sessions, which took place during work shifts. A total of eight meetings were held over the course of six months. The first movement produced aimed at presenting the research problem to the workers in order to make the theme of work and gender circulate, thus attempting to foster an analytical demand among workers in line with the researchers’ proposal.

Amid the group meetings, we felt the need to select three surgical procedures to analyze with the workers, namely: gynecological, urological, and hip trauma procedures. We therefore followed the selected procedures, observing—as researchers—and describing how processes were carried out. Afterwards, we presented the observed aspects for debate in five collective meetings with the aim of accessing the activity.

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<sup>11</sup> The research was reviewed and approved by the Ethics Committee of the Federal University of Rio Grande do Sul, through the research project *Work, Subjectivation, and Clinic: Education and Health in Analysis*, opinion number: 4.212.218.

## Considerations Regarding Gender Performativity in the Exercise of Work as Activity in the Field of Healthcare

The discussions carried out with the nursing technicians highlight how this work is permeated by renormalizations that take place in the day-to-day operations in response to prescriptions (a “mechanized,” “automatic,” and “agile” kind of work). It is within activity that work norms and also gender norms, which traverse this mode of doing, can be called into question, producing deviations and renormalizations, opening breaches and critiques of regulatory – and at times violent – models that anchor everyday practices.

On the one hand, nursing technicians find themselves pressured to follow the prescribed aspects of the work (positioning patients’ bodies and assisting physicians), which can ultimately result in acting through the production of violence upon these bodies. On the other hand, within activity, when faced with a void of norms, work becomes renormalized based on a value framework confronted with the environment’s infidelities. The worker is thus summoned to invent other modes of action not foreseen by such norms in order to respond to what is being demanded. However, many of these renormalizations, when not supported collectively, place workers at risk of being framed as transgressive.

The procedure of positioning patients is the subject of many debates and various negotiations between what must be done, what can be done, and what is actually done in work practices. In one of the group meetings, a male nursing technician referred to the management of care among gendered bodies in his daily routine: *“Position before intubating. I think it’s wrong to put a woman in the gynecological position before intubation. But he [the anesthesiologist] told me to do it. We complied and did it. What happens: I positioned and covered her. Immediately! Because man, there were... how many?... Several men there.”* Another male worker expressed himself by describing the way he does the work: *“You only touch after they’re sedated, right...”* followed by another worker’s response, referring to how the work has to be done: *“Yeah, always. I think that’s good. But then you can position.”* *“Can you? With her awake and everything...”*

A female worker continued, justifying such difficulties: *“It’s that sometimes, wanting to speed things up, that comes from the anesthesiologist, you know. ‘You can position.’ Before, you know?”* Another female worker contested such practice in other procedures: *“But it’s more in urology that they position after. Because in gynecology the patient is awake and they are already positioning.”* A male worker then justified the practice: *“No, that’s their methodology [gynecologists].”* Followed by a female worker’s explanation: *“You know why? Because even when a woman goes to the gynecologist, she’s conscious, she’s not anesthetized, and he asks her to place her legs in the gynecological position.”* Two further female workers and a male worker added regarding the management of women’s bodies: *“And this ends up becoming something so normal...”* said a female worker. *“Yeah, it’s not malicious! It’s a ‘gyn’ habit.”* *“But I think it’s cultural... Because woman... of course, woman is already more exposed, she goes to the gynecologist, so it’s normal to ‘open her legs’.”* said a male worker.

To create ways of entering into activity and making the work happen beyond the norm that produces “exposure of women’s bodies,” nursing technicians use means of deviating from the imposed norm, producing acts of care by covering patients, as in the cases described. They problematize the way women’s bodies are culturally made available, naturalized, and therefore treated as exposable.

Following the commands of surgeons and anesthesiologists during surgical procedures is one of the prescriptions for nursing technicians. However, this prescription is

questioned and renormalized as possibilities for deviation and for producing care amid situations of exposure of women's bodies, even if the organization of work is not effectively transformed. Those who work as nursing technicians navigate, in their everyday doing, possibilities for constructing a place *with* the other, beyond merely following prescriptions and established norms. Amid hierarchies and knowledges, our analyses allowed us to follow attempts to produce a "milieu" for care practices in a gendered manner, within the micro-management of work processes.

Through the situation discussed above, the question that intrigues us is the following: if work as activity entails the place of the normalized body, there is also a normative potency in bodies in work situations capable of destabilizing these conforming forces. If being in activity implies rehearsing and creating other ways of living and working when confronting the environment's infidelities, we may think that opening zones of problematization regarding acting at work—regarding the act to be produced for work to occur—can generate destabilization of the conformations of the sexed body.

These problematizations may also be approached in dialogue with the concept of "agency" formulated both by Clot (2010) and Butler (2015). In the situations described above, we notice how the capacity for action that puts into play the norms already established at work, as well as the possibility of agencing new norms, will depend on the affectation of bodies—on whether or not their power to act is expanded. Agency, being a process of change, of destabilization, appears as the possibility to question work and gender norms.

In this sense, we also discuss the acts that shape the production of the bodies of the nursing technicians themselves. *"Yeah, here more or less I see that in trauma surgeries the guys go, to use strength. Or [the colleague] who is a butch lesbian. And the lighter surgeries then the girls go..."* said a female worker. A male worker followed with: *"Sometimes you were there working and stuff... And because you were a man, you had to do more."* The researcher then asked whether this was an orientation of the organization:

No [...] it wasn't stated. It wasn't stated by management, never, no. That I can't say. But behind the scenes that thing was created [...] They are very feminist, but there's this thing. Then I say, 'But why does it have to be a man if it's a major surgery?' [...] You're just going to do the same thing you'd do if you were removing a tiny mole. Handing the forceps, handing the suture thread. Because it's a somewhat long surgery, then a man has to go, you know. A man has to go, 'so I stay in the short one because I'm a woman'. See? Then things contradict themselves. Of course I have this disposition, I was raised like that, I don't know if it's right or not. Let's say there's [a colleague] who really will be in a heavy surgery and so on. Damn, I'll go there and help her. 'Hey, let me do the heavy lifting for you.' Because she's a woman, I know it's not a matter of being sexist or not. There is an issue of physical fragility between men and women. I have this disposition to go and help. But only to the point where I feel that she really needs my help. The moment I see she doesn't need it, that she's using that to step out and leave me there, then I don't do it anymore. You understand? But it happens. That was my view. I'll let the others speak now [...]"\*, said a male worker.

This verbalization by the male worker calls into question the ways in which realities that perform work in gendered ways are constructed. The performance enacted by this male worker in such work situations positions him as the one who decides whether the colleague needs help or not. Such a value-laden position appears in a gendered manner, as what is being judged is the body of a female professional, with the judging position occupied by a man, resulting in a management of when help is or is not needed in work processes.

Moreover, the male position appears as active in assigning roles and functions, including when he opens space for other group members to speak.

Thus, when we consider health work in the surgical ward, nursing technicians, in order to deal with the environment's infidelities, draw on shared knowledge produced within activity, generating a stock of resources that allows them to act in situations that violate bodies. "*Guys, I picked this up from my colleagues!*" said a female technician in one of the group encounters. We can observe the outlines of a collective strategy being woven among the workers themselves, questioning the possibilities in terms of strengthening the professional genre—understood in the framework of the Clinic of Activity—as well as the production of gender situated within the field of gender and sexuality studies, renewing the craft, which at times emerges as forms of resistance to certain prescriptive and subjectifying strategies at work. Professional genre, in forming a repertoire of acts and ways of considering things and people in a given milieu—acts that in some way stabilize what is predictable in order to withstand the unpredictability of the real—is continuously traversed and produced in a gendered manner, operating through the distribution of power via bodily and speech acts that tend to rectify regulatory gender norms, while also preserving the possibility of subverting them.

If the notion of gender performativity is useful for thinking about the articulation between a situated and emergent level of practices within a broader social context, the notion of professional genre (Clot, 2010) may contribute to understanding the specificity of the worker's professional activity, insofar as it seeks to account for an entire discursive context of bodily actions and professional gestures that in some way typify or stylize work operations. We may think that the professional genre refers to what is most performative in activity; professional style refers to the possibility for the person to act within the professional genre, the possibility of transforming the professional genre within the real history of activity. Dialoguing with Judith Butler, it is possible, therefore, to consider the genre of activity as the repeated stylization of professional acts that come to function as a norm, whether explicitly or implicitly. Workers can recreate these genres to the extent that they create "*[...] conditions of action that lead elements of the context and of their conduct to associate in a relationship that offers a new way out for the situation experienced*" (Faita, 2004, p. 69).

Considering that the notion of professional genre refers to the informal knowledge generated through work experience and shared among workers—forming a collective memory of the craft, in which knowledge, memories of failures, unanswered questions, and what can or cannot be carried out are inscribed (Clot, 2010)—how can we think of the gender struggle (Butler, 2015) within the act of work that is materialized through this stock/heritage of ways to act? How can we think about the tension between what workers do, what they cannot do, their hesitations, their impediments, and what should be done through the prism of gender performativity in health work?

In this sense, we question how gender performativity composes the real of activity—that is, facing everything that can or cannot be done in work, the prohibitions imposed by gender norms, or not—resulting in an activity that is hindered as well as a gender performance that is hindered or not. Given that activity is a process in constant becoming, encompassing possibilities and impossibilities that the worker encounters in carrying out a task, we ask: how does gender performativity generate the possibility of creating new meanings about life and work? And further, how can normative and renormalizing processes in work disturb the performative processes of gender, thus producing the possibility of agencing new gender performances that expand the power to act in and through work?

Considering that, for the Clinic of Activity, health implies expanding the power to act in and through work, we also ask how, given the need to manage the unpredictability of the environment, gender performativity emerges in activity. And also, whether within the exercise of work as activity there exists a potential for resistance through gender performativity? How would such resistance compose the process of producing health *in and through* work through the very exercise of work? Here we understand resistance as the production of new norms of life, of creation and recreation of milieu. In this direction, an important issue raised concerns some movements indicating the construction of strategies to protect patients from exposure, especially in gynecological procedures:

*“Sometimes they remove [the covering] even if the surgeon is already scrubbed in, for example. Then the anesthesiologist says: you can position! So we position. Then we drop, like this, the sheet down a bit, or even place a compress. If the surgeon is there waiting to prep the area, to do the asepsis, and removes it. But if the anesthesiologist hasn’t anesthetized yet, we always put it back, we don’t leave it like that”,* said a female worker.

In the light of this, one worker reported: *“This is widespread! I picked up this habit from my colleagues.”* Thus, we may think that the generic knowledge produced through activity itself—through experience in and through work—emerges as a resource to face the challenges of the real amid gender performativity, putting into question the acts of care and the exposure of bodies.

From this, we see how the production of the professional genre is constantly traversed by the production of gender, entangled in a game of negotiating norms. This initiative of mutual support among surgical ward technicians becomes renormalized through the ways they learn from one another and produce new norms of work and gender, indicating the professional genre not as a set of guidelines to follow, but as a resource for renewing the development of gendered action.

The analyses produced by the research questioned situations in which the dynamic of problematization related to work processes in health, from the perspective of professional genre, directly implies the ongoing process of gender performativities. Amid the debates lived in activity, there is a potency in creating situations for analyzing work processes with health workers, expanding the possibilities for analyses of work as activity.

## **Final considerations**

Returning to the questions presented in the introduction of this article, it seems to us that the dynamic of repetition, in a certain sense, “without repetition,” as indicated by Clot (2006) when addressing the experience of work—given that there is always something unprecedented accompanying it, something typical of the normative and renormative process that defines activity—does indeed present a performative dynamic. In this dynamic, through agency (Butler, 2015), normativities related to work processes as well as to the gendered dimension of existence that composes such processes are disrupted, in a particular modulation that can give rise to an expansion of the power to act. This expansion, which the research discussed allows us to follow, is evidenced in some of its threads by the issues raised by the healthcare workers themselves in the surgical unit in question, together with the researchers.

We emphasize, however, that the analytical perspective of gender production through the lens of work analysis as activity deserves further development in discussions that may greatly contribute to analyses concerning the triad work–subjectivity–health. We also highlight the relevance of expanding studies in the field from an intersectional perspective.

After all, what are the nuances of this experience among trans women and men, for example? Or how do markers of race and class shape the micro-management of work processes as normative experience? These are only some of the questions that continue to unsettle our thinking, and which seem fundamental to pursue analytically in order to develop new problems within the field of Work Clinics.

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