

ERASMUS+ Programme 2015 – KA2 Adult Education  
Project nº: 2015-1-ES01-KA204-015937  
Document name: Observation Report Guidelines - Portugal  
Partner: KERIGMA  
Author: Joana Carvalho

## **Employment and Women on the 21st century in Europe: From Household economy to SME economy (Small and Medium enterprises) – MUPYME Project**

### **Guidelines for drafting the participant observation report**

As agreed, once the observation is completed it shall be displayed on a report that summarizes the observation action together with other data; both describe what we call the *Professiograph* of the household work. The data, the cold figures, should be discussed by the analyst by making a critical interpretation. We will note possible answers in brackets, but the observer/commentator's reflections are especially interesting.

We remind you that every partner of the project should draft a report for each of the 5 observations that should be made. Afterwards, they will write a summary report for which drafting we will provide an appropriate guide.

### **1.- Identification**

Descriptive data related to:

- **Name** (may be real or even a pseudonym if the woman doesn't want to give her real name) – Maria Peixoto
- **Place** – Vila Boa - Barcelos
- **Analyst name** – 4
- **Approximate time of the observation**- 2 hours

### **2.- Context**

Other data that may be useful for analysing the space where the observation takes place

- Type of town (population size) – 2 483 habitants
- Local economy (agricultural, industrial, commercial, services) – Agricultural and industrial
- Local dynamics (enriched, impoverished, emergent) - Emergent
- Referential cultural environment (urban, rural, intermediate) – Intermediate

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### **3.- Profile**

Information for the correct understanding of the selected woman as the subject of study

- Age - 60
- Educational level (certified) – Higher degree in nurse
- Income level or estimated social class (low, middle, high) - Middle
- Type of household (members of the family) – 2 persons (she and her husband).
- Work experience outside the household – household – 40 years working as a nurse

### **4.- Subject assessment**

Informal data that may help to understand the work performance inside the household

- Where and how did she learn to perform the household? By training.
- How many years has she been working in the household economy? Since she is retired at 4 years ago.
- What does she consider to be the most and the least difficult task? Simpler task – taking care of the family; Difficult task – don't have any tasks that she considers difficult
- What kind of things does she consider that would have facilitated her work performance? Enjoyment of performing the tasks and helping other people.
- Has she given up to something in order to take care of the household? No.
- Would she have pursued other professional career in other circumstances? No

### **5.- Most frequent tasks**

*This section has to be filled in by following the Tasks File form attached to these guidelines.*

ANNEX 1

### **6.- The performance**

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*This section has to be filled in by following the Job Analysis form (modified) attached to these guidelines.*

ANNEX 2

## **7. - Summary and critical reflection**

Maria Peixoto is a person of our personal knowledge, schedule the observation it was relatively easy, since she already knew us and opened the house door.

On the day set for the holding of observation it proved to be quite comfortable and the observed task was planning a home visit and she explained to me all the steps to plan the visit.

It is usually contacted by people who already know her or indicated by others who know your work.

Depending on the type of monitoring that people needed, If you are a person who is making a specific treatment - take injections daily, she program it the daily visits. She has a calendar on paper, which marks the time and type of treatment that the person is doing.

Usually are the people who provide the material, however it has always carry a kit with all the necessary material, such as: needles, syringes, dressings / bandages, adhesives, materials for disinfection; gloves, scissors and a portable container to put the material used.

These tasks have always been related to her profession and she feels very well to develop them. Alongside these specific tasks she does volunteer work in a social institution 1 day per week, she has an education office for health, which promotes corporate body monitoring the users individually or in groups.

This activity is also related to their professional area, and has to do with prevention and health promotion and both activities are free, It has no cost associated to the people who use its services.

She felt quite well to develop these activities and expects to continue to do for many years together with their housework.

She is a very communicative person with a positive and well organized energy always willing to help others. During many years she has managed a service and this management reflects on the development of domestic activities.

## **ANNEX 1**

### **TASK RECORD FILE**

#### **LUÍSA OLIVEIRA**

<b>TASK</b>	<b>EXECUTIVE</b>	<b>MANAGEMENT</b>	<b>LEVEL OF DECISION</b>	<b>CRITICISM</b>	<b>IMPACT</b>	<b>CORRESPONDENCE</b>	<b>TIME</b>
Planning a home visit, for monitoring a patient in post-operative	Parcial (60%)	Parcial (40%)	Unilateral	five		Care of the family unit	+ - 20% working hours (daily)
shopping market	Partial (70%)	Partial (30%)	Unilateral	five	Time Personal life; Financial area	Financial management; Planning; Time management;	two times per week
Paying the bills	Partial (80%)	Partial (20%)	Shared with her husband	five	Financial area	Financial management Technology Planning Time management	10% of the working hours.
Cooking	Parcial (80%)	Parcial (20%)	unilateral	4	financial and care of family unit	Cleaning and maintenance planning; time management; coordination	20% Daily
Volunteering activities	Parcial (80%)	Parcial (20%)	Unilateral	5	Personal life;	planning; time management; coordination comunication	50% Weekly (One day per week)
Decision	Parcial	Parcial	Unilateral	5		Executive	5%



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TASK	EXECUTIVE	MANAGEMENT	LEVEL OF DECISION	CRITICISM	IMPACT	CORRESPONDENCE	TIME
making process	(80%)	(20%)				Management; Coordination	Daily

Reviewed by: Joana Carvalho

Code: 20160531\_MU\_O1\_KERIGMA\_1

This project has been funded with support from the European Commission. This publication Route Map reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

## **ANNEX 2**

### **GUIDELINES FOR THE PARTICIPANT OBSERVATION RECORD OF THE HOUSEHOLD WORK**

#### **1. Identification**

##### **1.1 Occupation: Housewife**

ISCO-08 classification approach. See section relating to the management of small and medium enterprises: ISCO-08- code 2221 - Nursing and midwifery professionals.

##### **1.2. Workplace. Describe the hierarchical relationship of work compared with:**

- **Other members of the family**

Maria Peixoto usually plays his domestic duties at home, with the collaboration of husband.

- **Neighbor**

In its day-to-day she has no neighbors together to perform their tasks. However, when necessary the neighbors ask for your cooperation for the execution of some tasks related to her professional experience (for many years she was a nurse).

- **Social institutions and administrativas** not apply

- **Educational, recreational institutions, among others** not apply, but she develops volunteer service in a social institution.

#### **2. General job definition**

##### **2.1. Objectives: To support the level of health and health education**

##### **2.2. The work is performed in order:**

- Isolated - usually isolated
- In the group - not apply
- Under simple or coordination - not apply
- The production line - not apply
- Others

##### **2.3. Level of autonomy, initiative and responsibility (short, medium and large):**

- Troubleshooting – Large
- Decision making - Large

- Execution of tasks – Large

### 3. Facilitative structures:

#### 3.1. Production: Activities related to the health and health education

- Machines - machine to evaluate the blood pressure
- Tools - Use manual tools related to health (stethoscope)
- Materials - Uses materials linked to health (syringes, needles, compresses, pads...)

#### 3.2. Non- material:

- Software systems - Does not use
- Software systems - Does not use
- Networks- Not applicable
- Outros.....

#### 3.3. Characteristics related to the means of production and their use:

To develop the work related to the health requires knowledge at the level of provision of health care; knowledge about diseases: types and causes; knowledge of basic human needs; preparing and applying different types of washing products, disinfection and sterilization and medication and knowledge in terms of time and organization management; communication.

#### 3.4. Perception about the kind of change on the performance at work? In what sense? Technological, social, organizational?

She has a lot of knowledge of the progress of work. She worked as a nurse during several years, although not perform tasks daily seeks to keep always informed - self training - especially through research and reading.

### 4. Qualification inherent to work if necessary training required

4.1. General level of skills inherent in the work (see the classification established by Cedefop [European Centre for the Development of Vocational Training] adapted to the structure of the different Member States of the EU. Related 1 to 5)

EQF - Level 6

4.2. In detail, that particular qualification is required for the performance of work?

For this task the necessary qualifications are related to the area of Health – Nurse

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- **Knowledge**  
 Planning, organization, coordination, implementation, evaluation of granted nursing services and supervise / monitor the activities of assistants and technicians.
- **Competencies**  
 Operates in the prevention and control of infections and communicable diseases, and is suitable for the highest technical complexity nursing care, which require scientific knowledge and immediate decisions.
- **Experience**
  - She always developed this work/ tasks in the professional context.

4.3 Does it require some kind of specific training or some level of knowledge?

We differentiate 3 levels (see glossary)

- Basic Training (mention regulated studies, if possible) –
- Professional Qualifications – yes, she had specific training in this area
- Occupational Training .....

## 5. Analysis developed to work

### 5.1. Skills and intellectual psychological needed for development activity

0-3 scale:

0- Not applicable 2-Average 1 – Scarce 3- High

	0	1	2	3
1. General intelligence needed to perform the activity (ease of learning, reasoning, judgment and drawing conclusions)				x
2. Ability to solve problems				x
3. Mental calculation				x
4. Easiness of communication				x
5. Spatial dimension				x
6. Creativity, ease of participation and originality				x

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7. Ability to concentrate				x
8. Motor coordination				x
9. Manual dexterity				x
10. Color differentiation capacity, identification and combination				x
11. Ability to store data, ideas or phrases				x
12. Special memory				x
13. Responsiveness				x

## 5.2. Personal and social skills

0-3 scale:

0- Not applicable 2-Average 1 – Scarce 3- High

	0	1	2	3
1. Easy to build personal relationships				x
2. Ability to make quick decisions				x
3. Method and perseverance				x
4. Individual Control				x
5. Leadership skills				x
6. Level of responsibility				x
7. Organizational skills				x
7.1. In the activity itself				x
7.2. Working with other				x
7.3. administrative powers				x
8. Ability to adapt				x

### 5.3. Working conditions and effort (summary)

1. Posture adopted at work (description):

She has knowledge of ergonomics and positioning of patients.

2. Key features of working conditions:

Normally she moves to the house of the person or the institution. The materials are assigned by the person or institution (depending the treatment).

3. Main physical requirements, including the sense of requirements:

Concentration, mental capacity and in some cases requires physical ability.

4. Working hours per day: To carry out the activity (health care) she spend more or less 1 hour per day depending the needs presented. At the moment, she is helping one person daily, because the person is recovering from surgery.

Scale 0-3 attitudes

0- Not applicable 2-Average 1-Scarce 3- High

	0	1	2	3
6. Physical Wear				x
7. Mental Effort				x
8. Nervous Effort			x	
9. Dangerous Effort			x	
10. Toxicities			x	
11. Environmental Assaults			x	
12. Danger			x	

### 5.4. Performance improvement

1. You can improve performance at work? Yes.

- Basic training, Not applicable

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- Professional qualification, Not applicable
- Specific or occupational training, , Not applicable
- Through experimentation, , Not applicable

2. Is there any possibility to receive some training in order to improve work performance?

Yes, the methods are always changing and all training directed to the health area is important to improve my skills and be able to face new challenges.

No.....

No, only if the training is directly related to my work .....