

# Working conditions and professional well-being of women healthcare professionals



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The physical, mental and emotional wellbeing of people working in healthcare is key to their ability to perform their jobs effectively and successfully. A healthy working environment not only improves their quality of life, but is also essential for attracting and retaining talent. This is particularly important for healthcare workers, who work with people in complex health situations every day. When working conditions are inadequate, it is not only the well-being and health of the team that is at risk, but also that of the people they care for. In fact, it has been observed that a poor working environment can increase the likelihood of infections and even death.

In recent years, and especially since the Covid-19 pandemic, much scientific research and media attention has been drawn to the difficulties faced by healthcare professionals. These include job insecurity, exposure to psychosocial risks, long working hours and lack of resources such as adequate protective equipment against Covid-19. These problems have highlighted the need for urgent reforms, not only in the area of contracts, but also in the area of their welfare.

As part of a broad project on how to improve primary maternal and child care<sup>1</sup>, a team of specialists in social anthropology, organisational studies, nursing and social

psychology has investigated how professionals experience their daily work and what their main concerns are. Professionals from a public university hospital in Barcelona, which has advanced technology and multidisciplinary teams, participated in the research.

For this purpose, professionals from one of the hospital's services were invited to participate in qualitative interviews. In total, 40 people responded: 37 women and 3 men. The results therefore mainly reflect the perspective of female doctors, residents, nurses, technicians and administrative staff from various areas of the hospital service. The interviews were conducted between November 2022 and March 2023, and the results have been organised into four main themes: working conditions and professional development, organisational culture, work-life balance, and communication with patients.

### **Working conditions and career development in a hospital environment**

Many of those interviewed described precarious working conditions, marked by temporary or intermittent contracts, part-time and weekend work, and low salaries. This situation particularly affected nurses, nursing care technicians and administrative staff. As one participant explained:

1. The study that underpins this text was developed within the framework of the research "Promoting personalised and family-centred maternal and child primary care: improving shared decision-making, gender and ethnic sensitive approaches", developed by AFIN and directed by Dr. Diana Marre. This research was also part of the RICORS SAMID Network "Interventions in Primary Care to Prevent Maternal and Child Chronic Diseases of Perinatal and Developmental Origin", directed by Dr. Elisa Llorba.



Until recently I didn't have a contract, I had single-day contracts. I worked 100% of the working day, even more, but always with contracts in which every day I was discharged from the social security system. If I got sick or anything else, I had no right to sick leave; no paid holidays either. Now since June I am permanent, but there is still a lack of staff in the service, which means always working more than 100%, shift changes...

The female doctors, for their part, spoke of the effort involved in combining their professional development in the public hospital with private consultations and on-call duty, which they described as stressful:

It is very difficult for me to stay awake for 24 hours and at night I fall asleep, I sleep standing up. Even sometimes, with a patient.... Having a lot of on-call duty generates a bit of stress for me because, well, I'm tired. These things generate stress for me, the workload, sometimes the on-call duty...

Healthcare professionals reported feeling overburdened, with high work rhythms and lack of time, which negatively affected their professional development. This overload was related to the lack of professionals in some specialties, such as paediatrics or midwifery. In fact, the 2024 report of the Spanish Society of Public Health and Health Administration has warned about the shortage of Family and





Community Medicine doctors. In February 2025, the Spanish Association of Primary Care Paediatrics denounced that the lack of paediatricians leaves almost two million children in Spain without such care. In the case of nurses and according to statistics from the Organisation for Economic Co-operation and Development (OECD), in 2021 Spain had an estimated average of 6.57 nurses per 1000 inhabitants compared to 7.44 in Portugal. To match that figure, Spain would have needed to add 41,000 nurses.

It has been suggested that it is precisely these factors, together with working conditions, that often trigger stressful situations that can affect the mental and emotional health of healthcare workers. This was explained by one of the nurses interviewed:

Now I'm coping a bit better. Before, when I had sporadic contracts, I worked all shifts: morning, the next day in the afternoon, the next day at night and so on. There was a moment when it was quite bad for me because then I had a kind of continuous jet lag. I couldn't sleep. I had to start taking sleeping pills because I was so out of focus.

It has long been known that working conditions also impact on career development, as a full career often



requires a commitment to work in three areas: clinical care, teaching and research. Addressing all three areas is a challenge, especially for women, who often need family support to address these goals. Interviewees point out a contradiction: although research has a lot of value and institutional recognition, on a day-to-day basis, not enough time is allocated to it, as dedication to care takes up most of the working time. This means that research has to be done in personal time. One of the professionals expressed it in the following way:

Yes, sometimes it is a bit difficult for me because, well,



you work long hours in the hospital and you also do a lot of research (...) and it is really worthwhile to get involved in research. But it is true that it is something very demanding, that requires a lot of time and dedication, and that sometimes it frustrates a little because you are working all day, you do your shift, your work and then you have to stay all afternoon to do databases, which is not so formative, with the prospect that an article will come out of it, your name will come out, and this is good for the curriculum.

The hospital where the professionals interviewed work is a leading centre in biomedical research and attracts international medical talent. Therefore, for many doctors, developing their professional careers necessarily involves research. While doctors usually manage to develop in all three areas (care, teaching and research), nurses say that they are valued for their contribution to care, but have fewer opportunities in research. One of the nurses interviewed described this as follows: "And we work very long hours. Why don't nurses write articles? Why don't they do as much research? Because we don't have the hours.

### **Reconciling work and family life**

Working conditions often make it difficult to reconcile work and family life. The type of contract, low salaries, overtime and on-call duties impact on all healthcare professionals, regardless of their speciality and category. The participants commented that it is increasingly difficult to access housing or to consider becoming a mother, which requires the support of family and, above all, of a partner in order to develop professionally. Some women who have reduced their working hours after becoming mothers say that this causes them stress, as they have to do the same work in less time. Twelve-hour shifts and on-call duty also make it difficult to reconcile work and family life, especially during breastfeeding:



Of course, the baby slept with me and it's hard for him at night if I'm not there. At first, when I went back to work, I had to pump my milk every three or four hours.

It is well known that the organisation of family care often depends on the family's purchasing power. One of the doctors interviewed, who came to the hospital through an international talent attraction programme, pointed out that she was able to combine her care and research work because she could afford to pay for a person to take care of the daily household chores:

Neither for him [meaning her husband] nor for me, ever, have children been a problem. We have always had help. Since my father died, my husband and I decided to take on an intern at home, of course. It's just that, if you work so hard, you have an income because you work like crazy.

Other professionals interviewed said that they relied more on their partners, sharing household and care tasks, and also on their extended family network, if they live nearby. In this sense, grandparents play a fundamental role, as one of the research participants explained: "When [the children] got sick... [we left them with] the grandparents, but of course, we were the

ones who took care of them.... [we left them with] the grandparents, but of course, we are three sisters and we each have two children and there are two grandparents, so we tried not to abuse them".

Some women commented that they decided to change service in order to have better working hours (women are generally more in demand for the morning shift), even if this meant fewer opportunities for professional growth. One of the female doctors interviewed was considering leaving a leading hospital to work close to home, giving up her career aspirations and desires to spend more time with her family.

Prioritising job stability can delay motherhood, which in some cases leads to fertility problems or not being able to have the desired children. One professional explained: "I had my first child when I was 33 (...) and the second one was almost 37.". The case of healthcare professionals is not exceptional: Spain is one of the countries in the world with the lowest fertility rate (1.16 births per woman) as well as one of the countries with the largest "child gap", i.e. the biggest difference between the number of children women have and the number they would like to have. According to the 2018 fertility survey of the National Institute of Statistics, 54% of women over 40 and almost 52% of women over 45 would have wished to have more children, while only half of women over 45 without children did not wish to become mothers.

## Organisational culture

Hospitals are often hierarchical organisations, with schedules and shifts that impact on the relationships established between professionals and with patients. The organisational world of the hospital is rich but complex, with a wide variety of social experiences, professions, technologies and relationships between patients and professionals. The participants in our research reported feeling committed to the hospital culture, but said they were disillusioned by not receiving the recognition they would like, especially in terms of job evaluation and salary. This distance between the professionals and their organisations is noticeable in the separation between the care work they do within their working hours, with well-defined schedules and salaries, and the work they do outside it, without remuneration, for vocation or to support their professional career, as in the case of research. As one of the participants in the study explained: "In research, for everything I do, I am paid very little financially, but, as a nurse's research is highly valued in terms of her CV, I do it".

Although many interviewees saw the relationship with the hospital a space of economic exchange (work for pay), they also described it with words such as "family", "home" or "village", suggesting that they also valued the

companionship and personal relationships that are woven into their workplace. One interviewee explained her vision of the hospital in this way: "It's a house, it's like you are at home. You know everybody. It's like a mini-village, so to speak. I've always thought of it that way".

These metaphors reflect a positive perception of the working environment, in contrast to other centres where elitism or competitiveness is perceived.





In this respect, one of the interviewees pointed out: "The truth is that there is a good predisposition on the part of the people and so, in the end, the good feeling makes the work go well".

This good climate ("good feeling") also influences power dynamics. Although hierarchies exist (by seniority or between medicine and nursing), the recognition of certain professional achievements contributes to professional motivation and a feeling of recognition. One nurse, who was proposed to move to a specialised gynaecology practice, referred to this:

I was given the opportunity not to be only in hospitalisation but to be in a consulting room on my own, taking the gynaecologist's office for a while. It was opportunity to get to know other areas of the hospital and to be able to say that I am qualified to work in the women's area. And the opportunity I was given was very special for me and I decided not to waste it. [I felt] confidence, above all confidence and judgement. Because I think that nursing is a profession that, until a few years ago, was not considered to have its own criteria, but rather we have always been a little bit under the protection of what the doctor says.



In this case, the professional pointed out that the organisation provided her with a valuable opportunity. Despite the hierarchies and their ambivalences, she appreciated that doors were opened that allowed her to grow and feel satisfied with her work.

### Communication with patients

It was common in the research that healthcare professionals attached great importance to improving communication with patients, and that they considered continuous training as key. One of the biggest challenges they highlighted is communicating with people with whom they do not share the same language. The following situation recounted by one of the interviewees is just one example among many:

Very recently I had a patient who I always saw alone and who only spoke Arabic. I used Google Translate to speak to her. I would type 'did you bleed' and put it in Arabic. She would do the same. It's not ideal. In the hospital we have a cultural mediator who is very good, but you can only have her if you give advance notice and it's not at the weekend.

Technology, according to the participants, helps but does not replace the role of cultural mediators, who not only translate words, but also customs,



ways of understanding health and illness or how to cope with a loss. An increasing number of nursing and medical students come from families with diverse backgrounds, especially from the Maghreb, speaking languages such as Arabic, Darija, Kabyle or Tamazight, which are typical of North Africa. The incorporation into the public system of staff who speak the languages of health system users would help to improve communication with patients in the future.

The professionals interviewed were also concerned about how to communicate bad news. They told us that doctors and nurses are usually

expected to play different roles in these situations: the former are expected to inform about the illness; the latter expected to provide empathy and emotional support- helping patients process and cope with the impact of the news.. Often, after the technical and often unexpected medical explanation, it is the nurse who enters the room and finds the patient confused and full of questions. As one nurse explained, "the whole avalanche of questions falls on you". Another nurse described the moment following the communication of bad news by medical staff as a kind of limbo in which patients "are so stunned that they don't even ask questions". A few minutes later, when the nurse comes, for example, to start the new treatment, is when the questions appear and it is she who has to "explain the same thing that the doctor has just said, but in plainer words, so that they understand". This task of translating and offering emotional support is not always easy. As one professional pointed out: "The ability to develop empathy is mediated by having good working conditions that provide the right context".

According to the professionals, this scenario is accompanied by a transformation of the relationship between professionals and patients. According to them, the paternalistic model, in which the authority of medical knowledge always had the final word and the best judgement, is being left behind, in order to move towards a model

centred on the patient and shared decision-making. In this new framework, the professional accompanies and provides clear and sufficient information so that the patient can make an informed decision. However, this new model of the relationship between professionals and patients can be strained, especially when patients arrive with information that is not based on scientific evidence. For our interviewees, providing clear information, justifying decisions and managing expectations are now an essential part of everyday life for healthcare workers, which often results in stress or burnout.

## Conclusions

As mentioned at the beginning of this text, the research carried out with women working in the health field - doctors, residents, nurses, technicians and administrative staff - has identified four main areas of professional well-being: working conditions and professional development, organisational culture, work-life balance, and communication with patients.

Firstly, working conditions and the possibilities for professional development are often characterised by precariousness. Temporary contracts, long working hours and the overload associated with on-call duty are common themes in the interviewees' accounts. In addition, they consider their remuneration to be insufficient, especially considering the demands and responsibilities of their work.



In this sense, while they support the public health system with their labour, they feel that their own well-being is not adequately protected.

In terms of differences according to the job category to which they belong, it is the resident doctors, nurses, technicians and administrative staff who describe the most unfavourable situations in terms of job stability and promotion opportunities. Doctors, on the other hand, face a triple challenge: combining work in the public hospital with private practice and research,



while nurses report difficulties in conducting research. This demanding, long-term career can only be sustained, many of them say, with a strong sense of vocation, family support networks or by sacrificing their personal free time. The sustained effort required often leads healthcare professionals to show signs of burnout.

Reconciliation between work and family is another major challenge that was mentioned with insistence. Twelve-hour shifts, night shifts and little flexibility make it difficult to balance the professional and personal spheres, especially during the breastfeeding period once they return to work after maternity leave. As a consequence, the decision to have children is postponed, which limits the number of children they end up having, as opposed to the number of children desired, a common phenomenon in Spain, described as the "child gap".

Despite the difficulties in working conditions, the professionals spoke of their hospital as a "home" or a "village", i.e. that the hospital generates a good professional environment, which offers challenges and opportunities to the healthcare staff, even if they do not always feel that it is well rewarded financially.

Finally, the health professionals highlighted the difficulties in communicating with patients, especially



when there is no common language, or when bad news has to be delivered. In this sense, the inclusion of health personnel in the public system, of international or national people with diverse cultural backgrounds, would, according to them, facilitate the broadening of the linguistic range of the professionals, ultimately improving patient care. With regard to the communication of bad news, they highlighted the need for continuous training, as well as differentiated roles in patient care according to professional category, especially between doctors and nurses.

Improving professional welfare requires that, assuming that the improvement of working conditions and economic remuneration depends on collective agreements, professional recognition is promoted beyond monetary compensation and effective strategies for reconciling work and family life are implemented, such as the creation of childcare services for the children of healthcare workers, among other possibilities. Finally, it is essential to provide ongoing training in communication, provide adequate resources and to integrate professionals from diverse backgrounds and disciplinary specialities into the public system to overcome linguistic and cultural barriers.

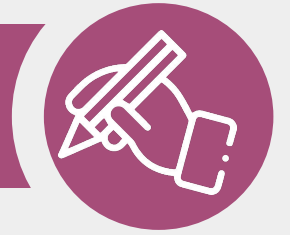
In the end, the wellbeing of healthcare



professionals is the foundation on which a dignified health system is built. It is important to reflect on the need to care for the well-being of healthcare professionals, who care for patients, the family and the healthcare profession itself. It is not about individual survival strategies, but about collective and structural strategies that prioritise public health as a fundamental pillar of the welfare state.



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## About the authors



### **Bruna Alvarez**

**Co-director of the AFIN Research Group and Associate Professor in the Department of Anthropology at the Universitat Autònoma de Barcelona (Spain)**

Her research lines include motherhood, reproduction, sexualities, and childhood. She completed her doctoral dissertation on motherhood policy in Spain, highlighting how the labor market, gender relations within heterosexual couples, the narrative of choice, and feminist discourse operate as moral regimes shaping reproductive decisions. Since 2017, she has co-coordinated the SexAFIN project on sexuality and childhood in Catalonia (Spain), Ciudad Juárez (Mexico), South Africa, and Brazil. She is currently researching reproduction in Barcelona (Spain) and in Ciudad Juárez and Tijuana (Mexico), focusing on (non-)reproductive mobilities. Specifically, her work in Barcelona centers on gamete recipients, reproductive decisions and trajectories, and work-life balance among reproductive health professionals in Catalonia. Along Mexico's northern border, she is analyzing reproductive mobilities in relation to childbirth in the United States, assisted reproduction in Mexico, and voluntary pregnancy termination in both countries. She has published a book, five book chapters, and twenty-five academic articles, and has conducted a wide range of research dissemination activities, including training for primary and secondary school teachers, talks for families, and support for individuals undergoing assisted reproduction.



## About the authors



### **Paola Galbany Estragués**

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Paola Galbany Estragués holds a diploma in Nursing from the Universitat Ramon Llull (URL)-Blanquerna (1998), a degree in Social and Cultural Anthropology from the Universitat de Barcelona (UB) (2001), a postgraduate diploma in Intensive Care Nursing from URL (2006), and a PhD in Nursing Science from UB (2012). She completed a postdoctoral fellowship at the Lawrence S. Bloomberg Faculty of Nursing, Toronto, Canada (2015–2016). She served as Dean of the Faculty of Health Sciences and Welfare at the Universitat de Vic – Universitat Central de Catalunya (UVic-UCC) from 2017 to 2020, and was a senior lecturer in the Nursing degree program. From 2020 to 2024, she was President of the Col·legi Oficial d'Infermeres i Infermers de Barcelona. She is currently a teaching and research professor in the Department of Fundamental and Clinical Nursing at the Faculty of Nursing, Universitat de Barcelona.

Since 2011, she has been part of several research groups, most notably the AFIN Group at the Universitat Autònoma de Barcelona (UAB), a research group focused on the social sciences, humanities, and health sciences, where she actively collaborates as a researcher.

## About the author of the images



### Álvaro Sobrino

Álvaro Sobrino (Madrid, 1962) is a prominent figure in the field of graphic design and visual communication in Spain. Trained as a journalist, he has developed a multifaceted career as an editor, graphic designer, writer, and exhibition curator. For more than three decades, he has directed *Visual* magazine, a reference publication on design and visual communication. Additionally, he has been president of ADG-FAD and a member of the advisory council for the National Design Awards, establishing himself as one of the most influential voices in his field.

In the realm of collage, Sobrino is an active member of the Collage Society of Madrid. He has promoted collaborative projects such as *Los Días Contados*, an artistic calendar that combines original collages with contributions from other creators. His series KINO vs. MARVEL stands out for assembling comic book panels and vintage photographs, creating compositions that fuse the nostalgic with the contemporary. His work has been exhibited in various group shows, such as “Solo Collage” at the Centre Cívic de la Barceloneta in Barcelona.

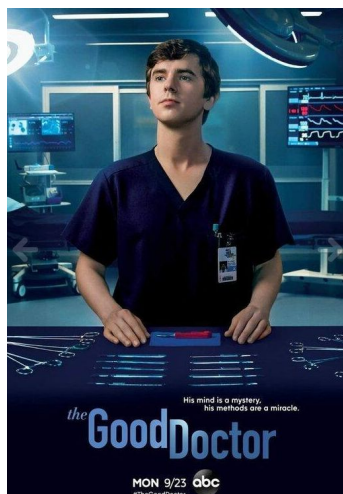


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## Further watching



### Shore, David (2017)

*The good doctor*

**USA, 45 min**

TV Series (2017-2024). 7 seasons. 126 episodes. Shaun Murphy is a young surgical resident who suffers from autism and savant syndrome, a condition that causes problems when relating to others, but which has also allowed him to develop prodigious mental abilities, such as an extraordinary memory. Despite having a very complicated childhood, Shaun has become a very talented doctor and has been recruited by Dr. Aaron Glassman to the pediatric surgery unit of the prestigious San José St. Bonaventure Hospital. However, not all of the hospital's board agrees with the decision to add a surgeon with autism to the team. Shaun will have to clear up doubts and prove his worth, and even if he can find his way to the operating room, there are still many challenges and prejudices he must face to fulfill his dream of saving lives.

(Filmaffinity)



### Rambaldi, Julien (2015)

*Bienvenue à Marly-Gomont [The African Doctor]*

**France, 96 min**

In 1975, Seyolo Zantoko, a recently graduated doctor from Kinshasa, accepts a position as a rural doctor in a small French village. When he arrives in Marly-Gomont, the people are afraid because they've never seen a Black person, but Seyolo is determined to fight and will do everything he can to earn the villagers' trust. (Filmaffinity)



## Further watching



**Salonen, Hannu (2015)**  
***Die Hebamme [The Midwife]***  
**Germany, 115 min**

In 1799, a young woman is sent by her mother, a midwife on her deathbed, to learn the same trade from a colleague. Upon her arrival, the instructor has no intention of caring for her and sends her without any training to a municipal birthing center. (Filmaffinity)



# News AFIN

## Call for Papers for the Symposium “Crippling Reproductive Justice: Repensando los Futuros de la Reproducción”

On October 13, 2025, the symposium “Crippling Reproductive Justice: Repensando los Futuros de la Reproducción” will be held in Barcelona, coordinated by Dr. Hannah Gibson and Dr. Laura Sanmiquel from the AFIN group. The event will bring together scholars and activists to reflect on the intersection between disability and reproductive justice, with special emphasis on the first-hand experiences of people with disabilities.

The symposium will feature an inaugural lecture by Dr. Alison Kafer, Embrey Associate Professor of Women’s, Gender, and Sexuality Studies at the University of Texas, and a participatory workshop that will use speculative narrative as both a form of resistance and a methodological tool.

The call invites the submission of paper proposals in English, each lasting 15 minutes, focusing on the experiences of people with disabilities and critically engaging with the approaches of reproductive justice and disability justice. Abstracts (up to 300 words) may be submitted until May 13, 2025, at this [web address](#).

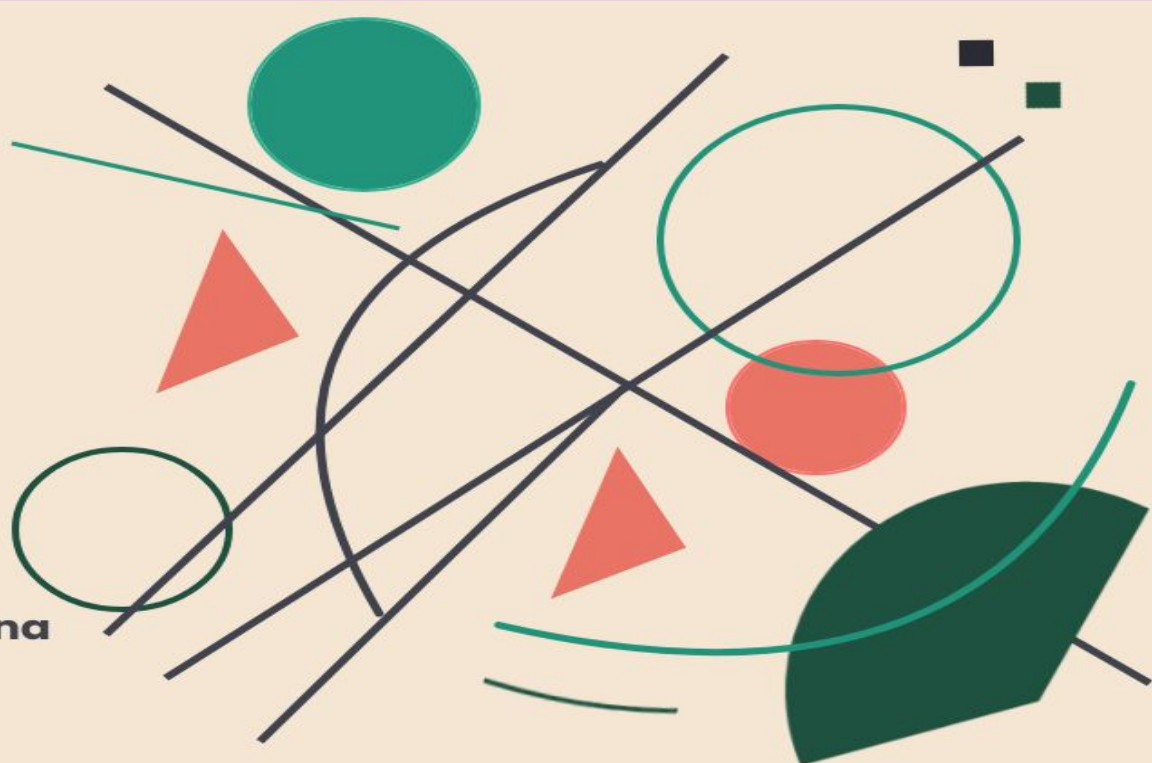
Contributions will be valued from diverse perspectives, including those that use frameworks such as crip theory, social justice, community action, speculative methods, and intersectional justice approaches. The symposium

## Symposio

### Crippling Reproductive Justice:

Repensando los  
Futuros de la  
Reproducción

13 de octubre 2025 | Barcelona





particularly encourages the participation of academics and activists with disabilities. For further information, please check the [call for papers](#).

### **New Cycle at Palau Macaya. The Griefs That Help to Live (Better)**

From May 7 to June 4, 2025, the Palau Macaya will host the lecture and debate cycle “Los duelos que ayudan a vivir (mejor)”, co-organized with the collaboration of the AFIN Group from the Universitat Autònoma de Barcelona. The scientific direction of the cycle is led by Professor Diana Marre, director of AFIN.

The cycle proposes a reflection on how, throughout life, people go through transitions that involve goodbyes — to situations, conditions, desires, or expectations — and the need to embrace new experiences. Recognizing and facing these losses allows one to live more consciously and fully.

The first session, titled “Los duelos en los inicios de la vida. Su importancia en el resto de la vida”, will take place on Wednesday, May 7 at 18:30. It will feature the participation of psychologist and psychoanalyst José Ramón Ubieto; pediatrician Anna Habimana Jordana from the Hospital Sant Joan de Déu de Barcelona; and anthropologist Carolina Remorini, a researcher with the AFIN group and INARI Global Social Action SL.



The second session, “Los duelos que ayudan a vivir (mejor) durante la madurez. Cómo afrontar la menopausia, la andropausia o la jubilación”, will be held on Wednesday, June 4 at the same time. It will include the contributions of Dr. María Fernanda Peraza Godoy, urologist and specialist in sexual and reproductive medicine; Dr. Elisa Llurba Olivé, head of the Gynecology Department at the Hospital de la Santa Creu i Sant Pau; and Dr. Josep Vilajoana Celaya, a psychologist with expertise in grief.

Both events are free of charge, with simultaneous translation into Catalan and Spanish, and prior registration is required. [More information](#).

### **Conference on Child Development at UAB**

The AFIN Barcelona Group is organizing, with the support of the Department and the Doctoral Program, the conference “Early Childhood Development interventions: A global movement in need



of cross-cultural research”, which will be delivered by Prof. Dr. Gabriel Scheidecker, Assistant Professor at the Department of Social Anthropology and Cultural Studies (ISEK), University of Zurich.

The event will take place in person on May 26 at 10 a.m., in room B7/1058 of the Facultat de Filosofia i Lletres, UAB. The conference is free of charge, requires no prior registration, and will be held in English.

In his presentation, Scheidecker will offer a critical perspective on how evidence derived from ethnographic and cross-cultural research in anthropology and cultural psychology has been systematically excluded from dominant models of child development.

From this standpoint, he will analyze current policies and interventions by international organizations on Global ECD, as well as their theoretical, methodological, practical, and ethical implications.

This conference will be considered a creditable activity for Doctoral students and is open to researchers, faculty, and undergraduate, master’s, and doctoral students.

### ENPA Annual Prize for a Remarkable Scientific Article in 2024

The European Network of Psychological Anthropology (ENPA) invites nominations for the annual ENPA Prize for an article considered particularly relevant in the field of psychological anthropology. Submissions will be evaluated for their contributions to existing debates, innovative or bold approaches, work that brings attention to underexplored areas, provides new evidence, or develops original perspectives, among other criteria.

To be eligible, the article must have been published between January 1 and December 31, 2024. Self-nominations are accepted, but in all cases, a brief nomination letter written by an ENPA member must be included, highlighting the significance of the proposed article.

Interested individuals may contact Dr. Carolina Remorini



([carolina.remorini@uab.cat](mailto:carolina.remorini@uab.cat)), current ENPA convenor, along with John Loewenthal and Suzana Jovicic, who form the evaluation committee.

The deadline for submission is May 22, 2025, via email to [info@enpanthro.net](mailto:info@enpanthro.net). The winning article will be announced during the **ENPA 2025 Conference**, which will take place from June 11 to 13, 2025, at the University of Münster.

For more information: **ENPA prize for a remarkable published paper in 2024 – European Network for Psychological Anthropology**.

### New Article on Child Development

In January 2025, Dr. Carolina Remorini, researcher with the AFIN Group, published the article “Becoming a Caregiver: The Role of the Environment in the Process of Children Becoming Responsible for Others” in the journal *Behavioral Sciences*, 15(1). The paper is part of the special issue “*The Interaction between Cultural and*

*Environmental Factors in Children’s Development*,” guest-edited by Dr. Lucía Alcalá (California State University), Dr. Guadalupe Díaz Lara (California State University), and Dr. Paula Alonqueo (Universidad de La Frontera).

The article is based on ethnographic research conducted by Dr. Remorini between 2013 and 2018 in rural and Indigenous communities of the Calchaquí Valleys, in northwestern Argentina. Aligned with the ecological approach to human development, the study highlights the central role of culture as a constitutive part of the environment in shaping diverse trajectories of child development.

Through the analysis of a cultural practice that involves taking responsibility for the care of domestic animals from an early age, the article examines how these daily routines contribute to the development of social, emotional, cognitive, and physical skills necessary to become a person capable of caring for others. In this context, the article





proposes that the capacity to care is a developmental milestone and draws on the concept of “mutual caregiving” to understand the relationships between children and animals and their role in the construction of personhood.

Finally, the article offers a critical reflection on the limitations of hegemonic perspectives in child development studies and public policies, emphasizing the need to incorporate anthropological evidence and historically marginalized cultural experiences.

### **Bruna Alvarez discusses parental burnout on Catalunya Ràdio**

Bruna Alvarez, Professor of Anthropology at the UAB and researcher with the AFIN group, recently took part in a conversation about parental burnout on the Catalunya Ràdio programme “L’ofici d’educar”.

The episode explores the exhaustion, overwhelm, and guilt reported by eight out of ten mothers and fathers for not being able to spend as much time with

their children as they would like. It reflects on the challenges of work-life balance, the demands of intensive parenting, and the social pressures that often make parenthood feel extreme and overwhelming.

In addition to Brunna Alvarez, the discussion featured Mireia Bosch Teixidor, perinatal psychologist specialising in parenting and author of the children's book *Els camins de la fura*; Albert Pons, a therapist focused on parenting from the Entrehomes group; Estel Solé, actress, writer, and Ramon Llull Prize winner for *Aquest tros de vida*; and Jordi Chacón, from Mimeraki, a free play space for babies in Girona. The programme also includes reflections from Sergi Vives, a first-time father of twins, and psychologist Lara Terradas in the segment “Com educo”.

The full episode can be listened to here: [Why are parents more overwhelmed than ever before?](#)