







**Reflection on the home as a public/private space in the provision of healthcare****Reflexión acerca del domicilio como espacio público/privado en la producción de la atención en salud****Reflexão sobre o domicílio como um espaço público/privado na produção de cuidados em saúde**

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ABSTRACT

Objective: To reflect on the home as a public/private space and its intersection in the provision of healthcare, informed by the works of Sandra Jovchelovitch and Hannah Arendt. **Development:** This is a reflective work that uses the theoretical frameworks of the aforementioned two authors, along with scientific literature on the topic, provided by other scholars. The authors suggest that the home is characterized by privatization, representing the foundation of familial interactions and the simultaneous development of the individual, who inevitably ventures toward extramural horizons, conceptualized as collective spaces. In this context, there are nuances in the demarcation between public and private spheres; however, there are connections with other fields such as health, which encompasses both health systems and public policies. Although the domestic sphere is initially treated as private, it becomes public as it is traversed by healthcare professionals. **Conclusions:** Nursing professionals, like other healthcare workers, need to understand this space of care beyond the specific conditions and needs of each patient, as well as the environment in which it is situated, including the meaning of existing processes, notions, and concepts.

Keywords: Home Care Services; Essential Public Health Functions; Integrality in Health; Health Policy; Nursing.

RESUMEN

Objetivo: Reflexionar sobre el domicilio como espacio público/privado y su intersección en la producción de la atención en salud a la luz de Sandra Jovchelovitch y Hannah Arendt. **Desarrollo:** Texto reflexivo, en que se utilizó como marco teórico las obras de dos autoras, juntamente con la literatura científica aportada por otros autores acerca de la temática del estudio. Las autoras proponen que el domicilio se caracteriza por la privatización, cuya esfera constituye la base de las interacciones familiares y el desarrollo concomitante del individuo, que inevitablemente seguirá camino hacia horizontes extramuros, conceptualizados como espacio de colectividad. Para esto, hay sutilezas en las demarcaciones entre público y privado; sin embargo, se establece relación con otros campos, como el área de la salud, que contiene los sistemas de salud y las políticas públicas. El ámbito doméstico, aunque inicialmente ha sido tratado como ámbito privado, se vuelve público a medida que el espacio es atravesado por los profesionales de la salud. **Conclusiones:** El profesional de enfermería, al igual que otros profesionales, necesita comprender este espacio de atención más allá de la condición de cada paciente y sus necesidades, así como el entorno en el que se inserta, incluso el significado de sus procesos, nociones y conceptos existentes.

Palabras claves: Servicios de Atención de Salud a Domicilio; Funciones Esenciales de la Salud Pública; Integralidad en Salud; Política de Salud; Enfermería.

RESUMO

Objetivo: Refletir sobre domicílio como espaço público/privado e sua implicação na produção de cuidado em saúde à luz de Sandra Jovchelovitch e Hannah Arendt. **Desenvolvimento:** Texto reflexivo, no qual foram utilizados para a investigação o arcabouço teórico as obras de ambas as autoras, juntamente com a literatura científica trazidas por outros autores frente a temática do estudo. As autoras propõem que o domicílio é caracterizado pela privatização, com sua esfera servindo como a base para as interações familiares e o desenvolvimento concomitante do indivíduo, que inevitavelmente segue um caminho em direção a horizontes mais amplos, conceitualizados como um lugar de coletividade. Para isso, há sutilezas nas distinções entre o público e o privado; no entanto, não obstante, estabelece-se uma relação com outros campos, como a área da saúde, permeada pelos sistemas de saúde e pelas políticas públicas. Embora inicialmente tratado como um domínio privado, o âmbito doméstico torna-se público à medida que é adentrado pelos profissionais de saúde. **Conclusões:** O profissional de enfermagem, assim como outros profissionais, precisa compreender este espaço de cuidado além da condição e das necessidades de cada paciente, bem como o contexto em que está inserido, incluindo o significado de seus processos, noções e conceitos existentes.

Palavras-chave: Serviços de Assistência Domiciliar; Funções Essenciais da Saúde Pública; Integralidade em Saúde; Políticas de Saúde; Enfermagem.

INTRODUCTION

The concept of the home as a space encompassing both public and private spheres offers a complex perspective for analyzing healthcare delivery, particularly within the Nursing field. This study seeks to explore the implications of this duality—public and private—in healthcare provision.

Human beings are shaped by their surroundings. Every object they encounter immediately becomes a condition of their existence, as individuals in constant motion and as actors in the world. They

experience the meaning of the elements in the universe because these elements are intelligible and communicate with one another.¹

Nursing plays a key role in this knowledge exchange; this can be observed in the discussions that arise from the practice and interaction between healthcare providers, the uniqueness of, and the holistic care required by each patient.²⁻⁴

Public health, understood as a strategy aimed at promoting, maintaining, and protecting community health while preventing diseases, injuries, and disabilities, operates across various settings.⁵⁻⁷ Among these, the home emerges as a unique environment marked by its diverse inhabitants and the knowledge embedded within its multiple dimensions. Notably, the home encompasses two primary dimensions: public and private. Within this context, it becomes a privileged site for healthcare activities, representing a powerful, and often preferred, space for delivering both public and private care.

Healthcare teams, particularly those of nursing professionals, encounter intersections and challenges in the duality of public and private spheres. In other words, every household contains the private domain of the family, while healthcare providers represent the public sphere, as they are employed by institutions or the state.⁸

Thus, these professionals must understand the concept, significance, and configuration of the public dimension's process, as the public domain is not an external condition influencing private life but one of its integral elements.⁹ Similarly, the demarcations and specific characteristics of each resident or family member within the private domain (the home) are amplified in their role as public actors. This represents a social segment in itself, without this dynamic altering their essence or identity.

Despite the traditional dichotomy between domestic life and political life, often portrayed as private and public dimensions,⁹ this reflective essay aims to illuminate how the home, as a public-private space, contributes to the production of healthcare. This analysis draws on theoretical perspectives from Sandra Jovchelovitch and Hannah Arendt.

DEVELOPMENT

Sandra Jovchelovitch⁹ and Hannah Arendt¹ provide important perspectives for nursing practice in the home care setting. Jovchelovitch emphasizes the social sphere as a field of interactions and shared meanings collectively constructed, whereas Arendt distinguishes between the private (domestic) and public (political) spaces, each with distinct roles and dynamics.

In the context of home care, Jovchelovitch's concept of the social sphere relates to how nurses interact and negotiate meanings within the home environment. Arendt's distinction, on the other hand, helps us understand how healthcare, although performed in a private space, has implications that extend into the public sphere. Consequently, home-based nursing practice is not confined to the private realm but also contributes to the public sphere by integrating effective and sensitive care that aligns with family dynamics.

This reflective study employs a theoretical analysis encompassing the following aspects: the characterization of the domestic sphere or space; domestic life; the family contained within the private space and sphere in the process of healthcare production; the public sphere/space; and, finally, public policies and political life as enacted in the public domain.

The Domestic Sphere or Space

For Sandra Jovchelovitch, the domestic sphere is private and characterized by interpersonal experiences shaped by individual needs. Within this realm, life cycles and everything related to

physiological needs are confined to the family nucleus.⁹ Hannah Arendt, on the other hand, describes the home as a domain of organization and privatization, where the “freedom of being” emerges only in the public sphere, which she views as a primarily pre-political phenomenon.¹

In the domestic sphere, individuals are united yet possess distinct features. When examined in terms of intramural activities, the privatization of all occurrences, especially those rooted in biological needs, becomes evident.¹⁰

Home visits in healthcare must address not only biological changes but also the psychological and social dimensions of each family member. These visits require a broad perspective, as preventive, promotional, and curative measures may vary and should consider the well-being and quality of life of people through comprehensive care.^{4,11,12}

The process of providing home-based care requires humanized practices to better understand the population's real needs. Additionally, it enables nursing professionals to provide individualized care, respecting patients' beliefs, values, and unique characteristics. This approach supports and enhances quality of life while offering care grounded in humanized practices.^{13,14}

Entering the home allows nursing professionals to recognize it as a “fluid source” of knowledge exchange, effectively integrating public services offered by the state. In Brazil, for example, these services are delivered through the Unified Health System (*Sistema Único de Saúde*), which facilitates home-based care practices rooted in interactions between family members, patients, and nursing professionals.¹⁵

Home visits performed by healthcare teams are a powerful tool for fostering connection, attentive listening, and support. By developing strategies tailored to each situation, with a focus on families and communities, these visits assess their capacity to adopt health promotion practices more independently.¹⁶⁻¹⁸

Such visits occur *in situ*, within the everyday environment of individuals, where their worldview takes shape.¹⁶⁻¹⁸ However, the way a person perceives their habitat significantly influences the actions of the entire healthcare team, since this environment is shaped and defined through both formal and informal conversations that can either strengthen or weaken the various components of care delivery.

It is, therefore, incumbent upon nursing professionals to understand these processes, ensuring that care provision is redirected assertively and effectively. Nurses hold a leading role in this dynamic.⁴ While the home is inherently private in its origin and structure, it assumes a public dimension when interactions between its internal and external worlds take place.

The Family in the Private Space and Sphere in the Production of Care

The family plays a vital role in the life trajectory of every individual. Associated with emotions and feelings, it is considered a fundamental structure¹⁹ due to its plurality.²⁰ The home represents a safe, comfortable, and familiar environment, where conducive approaches and practices are destined to address health issues through *in situ* care.²¹

The domestic setting consists of elements that interact to meet its unique demands. Within this space, family members are highly important throughout the various stages of life and health, often serving as informal caregivers to initiate or continue healthcare and provide support to their loved ones. These caregiving activities, such as medication administration, feeding, and repositioning patients, involve varying levels of complexity. Such complexity requires healthcare professionals to pay close attention to the variety of situations arising in home-based care.^{8,22}

Disease processes within the family demand for its members to carefully mobilize essential strengths. In this context, nursing must recognize these individuals as critical participants in the production of healthcare and support.

For Sandra Jovchelovitch and Hannah Arendt, the family structure is central to the construction of the private and public spheres. The private domestic circle, constituted by the family, nurtures individuals who contribute to the development of the public sphere. In this way, healthcare professionals, especially nurses, achieve greater proximity to individuals.⁵

The role of nursing professionals is essential in this context, as the quality of care within the private sphere directly impacts collective well-being and public health. A practice disconnected from strengthening the bond between family members and the continuity of care may lead to complications that affect not only the individual patient but also the community health system.²³

The connection between the private domain (the home) and the public sphere thus becomes crucial, particularly as public health policy implementation and the integration and promotion of effective care come into play. These processes influence both individual and collective spheres.

An additional and vital tool for nurses in aligning their practice with home visits is communication, a fundamental element in strengthening bonds and ensuring continuity of care. Without this cornerstone, there is no interaction between professionals and family members, which may lead to health complications for the patient. Hence, active listening, emphasizing empathy and horizontal therapeutic relationships, is of paramount importance.

When illness is present at home, understanding the family's dynamics and functionality is critical, as it helps uncover and identify the surrounding factors that condition pathological processes.¹⁵ In this regard, the practice of healthcare providers through home-based care, coming from the public sphere, should focus on knowledge and systemic support for those caring at home.²¹

Understanding family structure is crucial because home visits take place within these intimate circumstances, facilitating preventive, promotional, or curative actions. Therefore, the home should not only be understood as a private sphere and space but also as a fortress for assistance from public health services.

The Public Sphere/Space

Jovchelovitch views public life as a realm of freedom and interaction between the public and private spheres, inherently linked to the unavoidable involvement with political life. Many crucial issues in human life require decisions that can only be made through the negotiation of diverse public thoughts.⁹

Society has recognized the need for and importance of collectivity, which is facilitated through the creation of public spaces, the exchange of knowledge, and negotiations that enable the accomplishment of daily communal activities. In this way, politics emerges as a means of social and public organization,¹ of which health policies are also a part.²⁴

The role of the nursing professional is vital in this context. Operating in both domestic and public spaces, healthcare professionals become key agents in the implementation and effectiveness of public health policies.²⁵

Although home care takes place within a private space, it directly impacts collective well-being by contributing to disease prevention and the management of chronic conditions that affect the community. Thus, nursing practice is not confined to the private domain of the home but is interlinked

with the public sphere by promoting and reinforcing public health objectives and contributing to the development of a healthier and more equitable society.²⁵

Therefore, human beings strengthen their energy through the public figure of the state. They do so by continuing their actions in society and developing productive forces that arise as a means of expressing their consciousness and challenges in the domestic sphere.²⁶

The public sphere is shaped by interactions among different sectors that either strengthen or limit social development. In the context of home visits, healthcare providers perform tasks that support patients and engage them with their community, to mitigate health risks present in both public and private spaces. These activities are aligned with the capacities of the healthcare systems.²⁷

Social organizing in the public sphere involves social actors who assist individuals in their health-disease processes, either weakening or strengthening health, which in turn impacts the private realm. However, for illness to manifest within the home, it is undeniable that both spheres must be interconnected, with articulation and exchange of pertinent information between them. It is not sufficient to merely understand the definitions of public and private spaces, but to comprehend their components and how they interrelate, considering the dynamism that characterizes communities.⁹

In this sense, during home visits, the nursing professional acts as a bridge between both spheres, transmitting public health information to privatized spaces.

Public Policies and Political Life Becoming Public

According to Sandra Jovchelovitch, public life emerges as a tool to address community issues that cannot be resolved through singular truths rooted in private interests. Instead, mechanisms are developed to accommodate diversity.⁹

The need to mobilize arises to resolve each setback, which, while originating in the essence and constitution of each organism, affects the entire social structure. Within the home, one way to achieve this is through the production of care.

One of the key strategies to ensure the continuity of care production is the implementation of public health policies. In this context, nursing professionals play a crucial role, being an essential component in the effective implementation of these policies.²⁸

Understanding the spheres and spaces—both public and private—is critical for recognizing the home not only as a private space but also as an environment that influences both public and private dynamics. Thus, the home visit becomes a means to strengthen public health²⁸ since for Hannah Arendt, the social trajectory, organizational resources, problems, and activities have blurred the old division between the political and private spheres, between the public and domestic dynamics.¹

According to Hannah Arendt, by examining the meaning of these two concepts and their relevance to the lives of citizens, it is possible to assert that the healthcare sector is guided by the systems and actions proposed by public health policies, which, in turn, stem from the singularities and integrity of the private sphere. These then become reciprocal and transformational processes that subsequently affect the public sphere.¹ In this way, the movement and circulation of people between public and private spaces are restored. This dynamism allows for the emergence of different functions and impacts that are interrelated based on the extent of these spaces.

The domestic space, initially governed by the private sphere, has changed throughout human history due to these interactions. In this context, Nursing, as a healthcare science, plays a significant part in overcoming the obstacles marked by both social plurality and the domestic sphere. Considering the

home as a private sphere with a public character, due to the exchange of traditional knowledge and its transformative nature, allows for comprehensive assessment during home visits.

Reflecting on the duality of the public and private spheres within the home as a private/public space, based on the concepts of Arendt and Jovchelovitch, provides a substantial theoretical foundation for understanding the complexities and challenges faced by nurses in the production of home care. Recognizing and respecting these dualities is essential for nursing practice, as it enables holistic, person-centered care that considers not only clinical needs but also the dignity and privacy of individuals.

This reflective process faces some challenges, such as the need for future research to focus on the nature, type of institutional framework, modalities of communication, and constant exchange of opinions and knowledge on the topic.²⁶ Additionally, it would be relevant to explore the cultural values that underlie public/private social dynamics and exchanges, considering cultural, temporal, and geographical components that characterize these particularities.²⁹ Only this close, firsthand understanding will allow for a clearer insight into these complex interactions.

CONCLUSIONS

It has been observed that the home originates from the privatization of activities and needs (of a biological nature), with public spaces being relevant for the entire community. This observation influences home care, as one of its objectives is to provide essential care to patients, ensuring its continuity and comprehensiveness.

Politics, originating in ancient Greece, enabled the exchange within and union of the community to seek solutions to societal problems. Among its measures are public health policies that support effective assistance for those under home care. The home becomes public to the extent that people external to the household's residents become involved.

However, until that point, the home remains private regarding its routine activities and the essence of each individual, as their particular needs—singularity and integrality—are taken into account, being described and discussed by social actors, especially in the political context.

Reflecting on this matter can provide powerful insight for nursing professionals, who are responsible for managing care, and mostly focus on home care. The home in this context is a private space for each individual, deeply affected by how care is delivered. As a result, much has been discussed about home care and assistance.

However, there are gaps in the scientific literature regarding the understanding of this space and how it is perceived or labeled in the eyes of both healthcare providers and recipients. This highlights the urgency and need for a deeper discussion of these concepts and meanings, as the home is a powerful space for disease prevention, health promotion, and rehabilitation.

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