PERSPECTIVAS E DILEMAS DA ENFERMAGEM NA PÓS-MODERNIDADE: DIALOGANDO COM ZYGMUNT BAUMAN

PERSPECTIVES AND DILEMMAS OF NURSING IN POST-MODERNITY: DIALOGUE WITH ZYGMUNT BAUMAN

PERSPECTIVAS Y DILEMAS DE LA ENFERMERÍA EN LA POSMODERNIDAD: DIALOGANDO CON ZYGMUNT BAUMAN

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RESUMO

Objetivo: refletir sobre temas cruciais do cuidar em saúde e da prática de enfermagem sob a lente do sociólogo Zygmunt Bauman e do paradigma pós-moderno descrito em suas obras. **Método:** estudo teórico-reflexivo baseado no fichamento de livros de autoria de Zygmunt Bauman, complementados com conclusões e formulações de outros estudos. **Resultados:** as temáticas examinadas foram o amor, amor-próprio, redes de apoio, desgaste dos laços humanos, atrição com sistemas de cuidado tradicionais, refugo humano, volatilidade das posições sociais, no mercado de trabalho e identidade. Seguindo uma linha de pensamento inteligível, foram desenvolvidas ao longo de três eixos de discussão: "Dilemas da fragilidade dos laços humanos e breves paralelismos com o cuidar em saúde"; "Antigo dilema líquido dos refugados e dos sistemas de cuidado: necessidade das teorias holísticas"; e "Regime de crise e dilemas na configuração teórico-sócio-identitária do trabalho de enfermagem". **Conclusão:** Bauman analisa extensivamente e com pessimismo a pós-modernidade, reafirmando-a como desgastada em diversos âmbitos. O cuidar de enfermagem encontra incalculáveis barreiras diante da desvalorização dos vínculos, decerto valorizar, resgatando teorias holísticas de enfermagem, são os mecanismos para lutar contra tal contexto, culminando em uma árdua, fundamental e permanente configuração teórico-sócio-identitária da enfermagem na pós-modernidade.
Descritores: Enfermagem Holística; Teoria de Enfermagem; Sociologia.

ABSTRACT

Objective: to reflect on crucial topics on health care and nursing practice through the lens of the sociologist Zygmunt Bauman and the postmodern paradigm described in his works. **Method:** theoretical and reflective study based in highlights of the books authored by Zygmunt Bauman, supplemented with findings and formulations of other studies. **Results:** the examined themes were love, self-esteem, support networks, wear of human ties, discord with traditional care systems, human waste, volatility of social positions in the labor market and identity. Following a line of intelligible thought, they three axes of discussion were developed: "Dilemmas on fragility of human ties and brief parallelisms with health care", "Old liquid dilemma on human waste and care systems: need for holistic theories" and "Crisis regime and dilemmas on theoretical and socio-identity configuration of nursing". **Conclusion:** Bauman analyzes postmodernity extensively and with pessimism, reaffirming it as worn in different areas. Nursing care encounters incalculable barriers front of devaluation of the links. So, valuing, rescuing holistic theories of nursing, are the mechanisms to fight against this context, culminating in a tough, fundamental and permanent theoretical socio-identity configuration of nursing in postmodernity.
Descriptors: Holistic nursing; Nursing theory; Sociology.

RESUMEN

Objetivo: reflexionar sobre cuestiones cruciales en la atención em salud y la práctica de enfermería a través de la lente del sociólogo Zygmunt Bauman y el paradigma posmoderno que se describe en sus obras. **Método:** Estudio teórico reflexivo basado en informes de libros de Zygmunt Bauman, complementados con los resultados y las formulaciones de otros estudios. **Resultados:** Los temas examinados fueron el amor, la autoestima, las redes de apoyo, fugacidad de las relaciones humanas, la atrición con los sistemas tradicionales de atención, los desechos humanos, la volatilidad de las posiciones sociales en el mercado de trabajo y la identidad. Siguiendo una línea de pensamiento inteligible, que se desarrollaron a lo largo de tres ejes de discusión: "Los dilemas de la fragilidad de los vínculos humanos y breves paralelismos con el cuidado de la salud", "Viejo dilema líquido de los desechos humanos y los sistemas de atención: necesidad de las teorías holísticas" y "Crisis del régimen y dilemas en la configuración teórica y socio-identidad de la enfermera". **Conclusión:** Bauman analiza en extensión y con pessimismo la posmodernidad, la reafirmando como erosionada en diferentes áreas. Los cuidados de enfermería sufren las barreras incalculables ante de la devaluación de los lazos, ciertamente el rescate de las teorías holísticas de enfermería, son mecanismos para luchar contra este contexto, culminando en uma configuración de identidad socio-teórico duro, fundamental y permanente de la enfermería en la posmodernidad.
Descriptores: Enfermería holística; Teoría de enfermería; Sociología.

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INTRODUCTION

Searching for health and/or quality of life in postmodernity permeates various conceptual and practical challenges, the dichotomous environmental view of self-produced factors linked to consumption and occupational models, indomitable external factors and those pertinent to health services access. Because of this, some lifestyles and ecosystems are known to bring morbid population effects and, despite this, the clinics for certain pathologies requires a technological, diagnostic and therapeutic apparatus that is highly elitist and far from the less favored social strata[1].

Criticisms made by Public Health to the advance of technoscience in postmodernity are the deviation of the focus on the human collectives and their relocation to socially excluded groups. By failing to proceed in this cut, health is restricted and is subject to the impossibility of overcoming poverty. Another criticism is addressed to specific activities of health promotion and prevention of diseases. With the dissemination of information in this regard, reductionist ideas of health and illness are generated and propagated. Modernly, lifestyle change designs have been marketed, narrowly economic and commonly understood by the recipients as the way to expand youth and as the remedy for death[1].

Framed in this, caring is preliminary to the history of nursing, but since the Roman and Middle Ages the roles of women caregivers were already perceptible, especially when it came to helping those who had just given birth and their children. Hospitals emerge as entities on the sides of churches and cathedrals, serving and rescuing the masses plunged in misery, hunger and the terrifying epidemics that plagued Europe in the Middle Ages. These constituents will give to health, disease and the deficiencies strong magical and religious components linked to the superstitious reasoning of that time[2].

Subject to the models, nursing experienced the prevailing scientific paradigm that privileged the objective response of phenomena erected before men, positivism consolidated as a source of scientific rigor, rationality and quantification. However, overcoming this paradigm regarding nursing was only feasible when the search for new taxonomies such as those oriented by the North American Nursing Association (NANDA) and the Systematization of Nursing Assistance (SAE) occurred[3].

It is worth emphasizing that it is difficult to set the starting point that adequately contextualizes postmodernity because it is the era of indeterminations. Successive modifications will break paradigms, and man will constantly confront himself with the leap from simple worlds to superbly complex ones. At this moment, the wisdom boasted as medullary rationally starts to grasp only part of reality, man becomes fragmented and entangled and exchanges served health and made it receptive to other systems, but also generated a contingency that drives the creation of new systems and subsystems[4].

The global political conjuncture of contemporary times, marked by crises, finds a serious problem in new means of survival granted by technological progress: the growing degradation of the possibilities of sustenance of the populations. The once beneficial economic growth now synthesizes excessive population contingencies to the logic of modernization and that also need protection[5]. New paradigms have already been and will be created (like those of postmodernity), founding new ethical, moral and epistemological dilemmas. Nursing, by cohabiting in the vanguard of the changes of the immateriality of care needs to be aware and to reflect on strategies of incorporation or relegation of values.

For nurses, it is indispensable to meditate on these (material and immaterial) phenomena in the social and occupational field, noting them not as punctual and residual processes, but as originating in uninterrupted and global processes. In view of this, pondering the glimpse of the insertion of nursing professionals in postmodernity and delimiting dilemmas of "ethical-social-philosophical" nature present in contemporaneity, this study aims to link and reflect on love, lack of love, crisis and identity associated with the profession. The rationale that guides the lines of this reflection is in the work of Zygmunt Bauman.

METHOD

This is a theoretical-reflexive study built on critical and conceptual clarifications based mainly

on the work of sociologist Zygmunt Bauman and his liquid modernity, criticism to postmodernity, exhaustion of the future and shortening of social ties. Bauman is Polish, awarded with prizes for emphasis in Social Sciences and Sociology, and has dozens of books translated into Portuguese and published in Brazil[6].

A small inventory of books he authored was carried out, and floating readings and the technique of writing shaped prospects of adding elements from health and nursing. Finally, the books that had fragments consulted were: "Liquid love: on the fragility of human bonds"; "The malaise of postmodernity"; "Modernity and ambivalence"; "Identity" and "Wasted Lives". In the light of other theorists and authors with other arguments and experiences, the books were listed in a complementary and appropriate way, thus requiring an inductive line.

RESULTS AND DISCUSSION

Copious themes and concepts about postmodernity were observed during the reading: love, lack of love, wear of bonds, individualism, difficulty in dealing with the other, human waste, crisis, labor market and identity, being grouped in three axes in which the reflections were drawn.

Dilemmas on fragility of human ties and brief parallels with health care

Providing care is portrayed as noble by Bauman in highlighting the subject who loves like the one supporting the object or the loved one, the one who socially and politically makes him/herself responsible, bear renunciation and in an immaterial manner the gestures of love and it is embodied, little by little, in the world. This so inextricable feeling is attributed to power relations. "Love, on the other hand, is the will to care, and to preserve the object taken care of. [...] Ingesting, absorbing and assimilating the subject in the object, not vice versa, as in the case of desire (p. 24)"[7].

Unfolded, love is not simply a romanticized sentiment: it is a behavior out of respect, gentleness, and honesty. Caring develops beings and when performed in health it differs in applicability, when it is understood that the professionalization of the human capacity to care (nursing) proves its love in care through the consolidation of techniques, knowledge and skills. Because of this, theorizing nurses have already differentiated generic care from professional care, as well as science from humanism in academia[8].

It is understood, therefore, that the maintenance of rituals and orders that reaffirm the human identity is only possible through the social consubstantiation of the precept of love to the other. Assured of this, one can easily counter the social importance of the principle of love to the other and self-love: while the latter is related to survival, the former is the conclusive and challenging element of nature that enables human existence in a particular way, distinguishing us from other animal specimens[7].

Self-love runs parallel to the sense of survival, but it is not the indispensable component for the preservation of our bodily existences. Animals do not possess it, and yet they instinctively safeguard themselves. Such ramblings about love make us state that even self-love is a human unfolding of the hope of being noticed in the crowd through the recognition of others. This is completed with: "In short: in order to have self-love, we need to be loved. The refusal of love - the denial of the status of an object worthy of love - fuels self-loathing. [...] Others should love us first so that we begin to love ourselves (p. 100)."[7]

Presuppositions involving love and self-love result in interesting findings about humanization on the health field. In the perception of intensive care unit nurses, attributing value to oneself and to the other are postures that promote humanization; communication with the team and with the institution are elements that engender this process. Also, the lack of valorization in relation to the service provided and individualism are factors that contribute to the development of difficult relationships among professionals[9].

The need for evident recognition and support in the human reality finds hope in nursing. For example, family caregivers will demand more services when they find, in their itineraries, lack of support and demands in the network of informal relationships. In the care of the family nucleus in similar situations, assistance should stimulate the self-care of those involved, and it is significant to prevent the sickness of those who provide care[10]. Similarly, nursing emerges the improvement in daily care in the relationship with caregivers of subjects affected by schizophrenia. Barriers are still found due to the excessive importance given to passing on information to the detriment of attention to other aspects of the family nucleus and the social

imaginary on how to deal with mental disorders[11].

According to a recent systematic review, support networks appear to be relevant to alcohol and drug users. Professional, family and community ties greatly contribute to improve the treatment and life of the subjects and are crucial in acquiring social support. Without underrating professionalized work, social networks give an expanded perspective of healthcare[12]. It is through the care that the science of caring sees the alternatives of developing the other's tools to take care of oneself within one's capabilities. In a solicitous manner, obstetrical nurses fulfill their roles with patience and tolerance, enabling the future mothers to find their potentialities during gestation and enabling mothers, through their care, to become free for themselves and for their child during childbirth[13].

So, due to the indispensability of the aforementioned, the strengthening of this model is certainly what some seek and/or avoid in health, "investing strong feelings in the partnership and taking a vow of fidelity means accepting a huge risk: it makes you dependent on your partner [...] (p. 112)"[7]. The fear of attaching too much (not only to loving partners) and of creating bonds infiltrates the mentalities of the workers whose psychological and emotional involvement is required. However, in order to counter this ideology, it is presumed that "although we should note that this dependence, which is now rapidly becoming a pejorative term, is what moral responsibility for the other consists of [...] (p. 112)"[7].

Without neglecting the aforementioned, self-care advocated by nursing has a political character, since these practices have allowed, throughout history, the emergence of various subjectivities[14]. But is it possible to (re) invent ways of caring that emancipates individuals in postmodernity? The guarantee of love and self-esteem is seen as much needed as it is shaken at this juncture.

Unfortunately, as we look at the way in which the other sees oneself through the lens of the postmodern world, we see the foundation of a separatist and competitive model. Being harsh, having no regrets, strong scruples, and being vigilant and suspicious ensure that none of the other social actors can confuse or deceive us and therefore the sequel produced at a relational level is the mitigation of lasting or unconditional commitments. The open exception to others,

strangers, according to Bauman, is, "getting closer, putting yourself shoulder to shoulder and working as a team makes a lot of sense as they help moving forward on one's own path (p. 110)"[7].

In order to establish the relation of when some approach is beneficial only unilaterally, we can talk about the way in which professionals have promoted their careers in health through cybermarketing in Facebook (social network created in 2004). The undue disclosure of patient conditions through posted images assumes, in the midst of the increasing popularization of the record of labor activities, compromising contours when they violate ethical principles of privacy and confidentiality. Although, when correctly performed in virtual networks, it can be used for the due clarification of the subjects[15].

On occasions when images of patients' physical conditions and names are exposed and fired in cyberspace, they can be accessed by lay users who refer them to stereotypes or make demeaning observations. This issue impels us to think about the motivations of professionals aware of the damages resulting from their actions[15]. The images should not be treated as objects, but relativized, both with respect to the critical dimension of their receptors (values, opinions and experiences of the group) and with respect to the context circumscribed to the record[16].

It is noteworthy that with the rupture of lasting bonds, ties with family, city and the multiple forms of solidarity and sensitivity, there comes to be a gap between the individual and the larger social sphere - before this connection was performed by these social institutions, now renegaded to the background, so the television, the internet and "networks" occupy space as conduits of information for individuals to the whole in which they live. However, what structures the sensible action is abandoned in these connection tools, based on the valuation of modernity and the individual and, paradoxically, of an egalitarian market economy; all are now seen in a great mass individualistic society[16].

Contemporary values convey the decline of the ideal of linking life to some vocation and the abstention of coherence. In the Liquid Age, there is a particular aversion to durability and refusal to fixation, bringing up a worrying and perpetual pilgrimage on new occasions, giving life a too short game *status quo*. For Bauman, this analogy is due to the sudden changes in the course of the

lives of the postmodern individuals, succeeded by rules that at any moment can disintegrate and reinvent the game[17].

Due to the rapidity with which exchanges occur in the postmodern game, the disposability of human beings is validated as a *modus operandi*, expressing that each of us is on our own in life in society. The cruelty of this circumstance is reflected in the rejection of the acquired merits and the eventual exclusion that the players make against each other in order to achieve success, admitting cooperation only when they are at their own advantage[7].

In excerpts from "Wasted Lives" another factor is incorporated into the postmodern game. The producer society is able to obtain advantages from the legion of the unemployed, as they embody labor reserve units. However, no use can be extracted from flawed consumers in a consumer society. Due to the deprivation of the quality of active consumers, many automatically lose the position of players of the only game available, being discarded of the market logic[5].

This fragility of the links corroborates with the thesis that the liquid times can be related to the health dilemmas drawn here (and also discussed in later discussion axes), triggering professional vanity, when it is closely linked to the dismantling of love and the lack of commitment with their professional category in extreme cases.

Now, from the key concepts of what love is, what constitutes the corrosion of human bonds and the operationalization of postmodern games: which contributions can be captured by the nurse? The output is also found in "Liquid Love: On the Frailty of Human Ties": "Loving the other as one loves oneself would mean respecting one's individuality - the value of our differences that enrich the world we inhabit together [...] (p. 101)"[7].

Again in reply, the exercise of the nurse used to traditional, mechanized, fragmented and disciplinary processes must be considered. This saturated and curative technical and instrumental rationality aroused its own overcoming to give rise to epistemological foundations that based its reflexive potential by intervention rather than reflection-in-action[18]. In short, externally, it is vital to see the dimensions of the other, embodying an enlarged stance of care and admitting that the propitiation of subjectivities of

the other is fundamental to combat the trivialization of human existence[19].

Old liquid dilemma on human waste and care systems: need for holistic theories

Uncertainties in health care in the Liquid Age do not derive solely from relational bias, cluttered by the mitigation of love and responsibility by others. Social inequality is crucial in considering the formation of masses of 'excessive', 'redundant', unfit, displaced, and undesirable people in the modern structure - human waste. Our planet is currently dealing with a fragile balance of social forces, a peak in the production of wasted people. There is crisis in suitable spaces that shelter these individuals and deterioration of security with such intensity that these dilemmas are added to the culture of individualization[5].

It is crucial to mention human waste, namely, people deprived of means of subsistence and declared mostly as a State's obligation, lacking food, clothing, shelter and therefore generating financial burden. The undesirable elements of modernization find themselves trapped in the permanence of their survivals in a postmodernity thought to be unequal and that in no way will reinsert them[5].

Connecting refugees with health considerations is to admit that the problems brought by low purchasing power clients are generally socioeconomic and political, and can be resolved (entirely) by higher instances: "Now they are faced with the need to seek (in vain, apparently) local solutions to problems produced globally (p. 13)"[5]. Is this, then, the great dilemma of health field today?

Social problems in health are recurring, so it is worth thinking about the pillars of the current model in which users are usually co-opted as protagonists when choosing and using individual "models of choice" in the context of care systems. However, the strength that the neoliberal discourse has gained with health care choice and before the users globally must be observed, and yet we must be attentive to sociocultural complexities not inherent to the policy in the scope of the choice for health care[20].

The dominant culture, when represented by physicians, psychologists or psychoanalysts, for example, encounters barriers linked to the incomprehension of individuals from subjugated classes or classes perceived as subcultures. Certainly, the official knowledge instituted by

science and its professionals has always found in the observation of pathologies a paradox: "their references, their normality patterns, their evaluation of trajectories and personal well-being are inserted in a world view committed to certain ideas of efficiency and productivity, associated with what is called bourgeois individualism [...] (p. 32)"[21].

Discrepancies between the value judgments established by biomedical knowledge and health practice are observed in loco. They are often caused by the clash with the knowledge of care providers, who exercise "medical" and therapeutic competences, resulting in health care based on subjectivity, socialization and experiencing of tradition. These ethno-medical systems were identified in Mozambique, related to the cosmovisions, different nomenclatures of the disease and groups of caregivers to whom malaria sufferers used in the first instance. Thus, the entire process of suffering is interrupted by narratives in which the range of socioeconomic and environmental aspects is privileged[22].

It is interesting to note in cases such as the district of Chókwè, in Mozambique, that the knowledge instituted by the biomedical model penetrates the lexicon and the local diagnoses. Nevertheless, it reconfigures the care network and overlays the traditional providers in health policies. The recognition of malaria by the local knowledge and therapies is adjusted to the new terminologies introduced and becomes intricate due to the symptoms of other ethno-diseases also faced by them[22].

In the Brazilian context, Collective Health has become the beginning of the meeting of the human and social sciences with those of health, exercising the respectable attribution of producing knowledge and putting public policies into practice. More recently, a new equation has been debated: the biological (previously regarded as immutable) can transmute itself in articulation with the sociocultural environment. In addition, culture can only be contextualized in biological existence. In no way can they be dissociated. Moreover, it is not the social sciences as an academic movement that have made their approaches urgent, but rather the organized society, with emphasis on feminism, the movement of Gays, Lesbians, Bisexuals and Transsexuals and the Psychiatric Reform, for example, who called for the participation of the subjects in the access to health care[23].

Given all this sociocultural complexity, care for organic and psychological disorders is difficult to understand by health workers. In the Brazilian context, this embarrassment is revealed in the interactions, in which the dominant culture will continuously characterize with exotic attributes and derogatory labels the care systems coming from lower income layers. Discordance arises in the professional doing, deriving from the rationalist simplification instilled in the health ideology and the lack of contextual relativization in relation to the problems brought by the user[21].

Studies on care, perceptions, experiences and feelings of sick people and communities are basic in nursing, since they have generated philosophical, educational, administrative and ritualistic implications in the life of those studied and those who consume this literature. In the same way, they bring the evolution and postulation of qualitative research methods, such as the ethno-nursing[8]. Through the subjective problems posed by the sick people in postmodernity, we can trace the reflexes to nursing from these searches for contemporary identities (ours and theirs) and connect them with the care standards to be followed as care specialists. Henceforth, how to distance oneself from a non-human ideal of work remains as a suitable question for nurses.

Returning to the first reflections, an emerging justification for the unconcern of the wealthy people with - opposite and adjacent - social conditions is the lack of notion of belonging to the place or city they inhabit, since often their worries and responsibilities are very far from these spaces. Provided with comfort, services and leisure activities, this perfectly situated urban population has no esteem for their locality, as opposed to the less wealthy strata that are essentially attached to their place and full of hope (lessness) and dreams[7].

The Baumanian metaphors call this process "a gap between living / lived spaces ... proven to be the most encouragers of all social, cultural and political separations" (p. 121)"[7]. In this case, despite the potential conflicts addressed in this reflection, nursing enjoys a bulwark of theories, research methods and technical and ethical determinations that certainly provide a rescue of sensibility in the midst of dilemmas and dissipation of bonds in the cities.

Orem's Theory of Self-Care Deficit and Madeleine Leininger's Theory of Cross-Cultural

Care present applicability and embrace considerations about love, humanization and comprehensiveness. Thus, cross-cultural care is taken into consideration as a strategy of comprehensive care to perceive the phenomena involved in the reality and the dynamics of the subjects' lives. When applied to clinics, it benefits not only individuals from distant cultures in relation to the professional, but also vulnerable and marginalized populations[24].

When considering the historical experience of marginalization, vulnerability and discrimination of migrants, culturally congruent care leads to a reduction of clinical barriers using dynamics that promote well-being and health. Many of these itinerant backstretch workers were more susceptible to health problems and, for receiving cross-cultural nursing services, they were able to overcome obstacles in access[24].

On the other hand, self-care is supported by the Self-care Theory and the Self-care Deficit. The Nursing System advocates from an identifiable deficit the nursing care production. The act of being in the world and changing oneself is interpreted and as species of political exercise, members of the proposal to take care of oneself[14]. The "being attended" and the "being listened" have instigated the stimulus to self-care of pregnant users of crack in a chemical detoxification unit. In this sense, nursing activities and care improved the users' esteem and awakened the desire to achieve happiness alongside their children without using the narcotic[25].

Similarly, in the promotion of educational actions to clients with psychological distress, nursing seeks to rescue the motivation to care for oneself in the users, aiming to improve their self-image and their interaction, experiences narrated in an extension project in the Center for Therapeutic Activities[26]. Self-care actions are intentional and practiced with the attempt to remain intact for social life; its determining conditions are sociocultural, environmental, family-related and corresponding to the individuality of each person[14].

In "Dilemmas on the frailty of human bonds and brief parallels with health care," a question was raised about the feasibility of (re)inventing emancipatory forms of caring for individuals in postmodernity. Orem and Leininger's actions are deeming to fit the precision of not losing holistic and ethical care identities. They are necessary in the face of liquid modernity that dismisses and empties human social existence, our work cores.

Nothing is static and the work process is continually changed with the advances of thinking and acting, Before this, health and nursing have added new knowledge to holistic care[3]. Even the usual literary explanations of nursing, as based on cognitive art and on broadly qualified and scientific reasoning, seem insufficient, since decisions are regularly made in prominent and non-cooperative spheres of knowledge. Essentially, nursing practices must have a much more meaning of "theory in practice" than in extreme rationalism[27].

Based on the dialogism of Pierre Bourdieu's "Theory of Practice" on morning moments of a nursery, in a recent article, it was noticed that the meaning of nurses' actions, through Bourdieu's lens, is basically that of players in a match, organizing physicians, patients and managing the daily work in a limited context[27]. Collaborating with the issue of exacerbated rationalism, the difficulty in seeing patients' reality and getting closer to the *locus* in which they work is one of the dilemmas of health professions. Even so, the nursing category identity must be fixed against the excluding models.

Crisis regime and dilemmas on theoretical and socio-identity configuration of nursing work

The so-called "Generation X" suffers from observing the volatility of social positions, reduction of perspectives of one's own quality of life and the impossibility of lasting placements. Higher education has become the tiniest parameter for a dignified life, just because it appears in a privileged minority. Bauman emphasizes these disparities with a playful exemplification: "The world, it seems, has taken another turn, and even more of its inhabitants, incapable of withstanding its speed, have fallen from this vehicle in acceleration - while a larger contingent of those that have not even boarded yet could not even start to run [...] (p. 23)"[5].

This crisis regime in which the Generation X subjects are entangled is a product of the naive feeling that happiness bears many "passengers", when in fact there is the imposition of fewer and fewer individuals on the heels of modernity. Many are left behind, abandoned or swallowed. Similarly, the rigidity and overcrowding of the labor market and the massive depression are products of this era of uncertainties, causing a feeling of existential disintegration never seen so marking in our ancestors, when different problems prevailed[5]. In the face of the continued

production of wasted humans, the loss of sensitivity and fixation in the labor market, health workers must (in a difficult manner) be encouraged to formulate strategies to reformulate or rescue their health care identities.

According to an excerpt from "Identity" (2005), the loss of unity of the categories is due to a globalized labor market in which everyone strives to be noticed by their bosses, and there is no room for proletarian solidarity[28]. In short, it is associated with the high degree of competitiveness and mistrust, explicit in postmodern games, and in the difficulty of subjects to construct linear, perennial and compromised identities with some conviction. The great contemporary dilemma is not to discover, invent or delineate any identification, it is actually to make it impossible to adhere to its physical existence, seen as essentially inconstant[17].

In line with the aforementioned, the specialist is not remarkable for his/her academic predicates or possessions, but for how he/she is perceived by his/her recipients and by the variety of problems listened to, evidencing the personification of the individuality of his/her requesters. On the other hand, clients who seek experts to translate their needs (often subjective) into reliable, impartial and technical parameters firm their autonomy through submission, according to the sociologist[29].

By making a brief analogy with computerized services, what matters to customers is trust in the interpretive role of the specialist rather than their humanity. Seeking specialists is located in the postmodern paradox of individual identity that must be achieved at all costs for us and for clients: we lack a stable difference in relation to the other and the world, and we still need social approval, so users believe in specialization when personal uncertainties become interpersonal problems and call for resolution. All these "individual problems" in specialized care have socially accepted and replicated tabulations[29]. Therefore, deciphering this question is crucial for health.

The loss of a durable identity and a physical existence were mentioned above from the pessimistic point of view of Bauman, although the author states: "Durable and well-seated identity is already an advantage; increasingly and more and more clearly, it becomes a responsibility (p. 114)"[17]. So, presumably, we must firmly shape our identities - with difficult or not, taking into account the holistic framework of theories, systems of care, customers' specificity, and the ins and outs of the Liquid Age.

Elaborating this profile is possible through curricular transformations that permeate the possibilities of the academic that will enter the market. On the identity of nursing teachers and researchers, the importance of study associated with praxis, combined with the impetus to create and disseminate new knowledge as constituents of the profession, is underlined. The current personal identification of nursing subjects - located between teaching and research - generates unique attributions to the aforementioned role: those of amplifying and conceiving new theories and ways of caring for clients[30].

According to the theoretical stratum in which care is centralized, finally, one can cross another seam of impasses linked to stress, suffering and job dissatisfaction that routinely come into conflict with the patience required in health field. In the face of human crises exemplified within postmodernity, how can such extrinsic and intrinsic work disturbances affect the identity configuration of the nurse?

Data from a study of Primary Care workers in 15 units in the municipality of Rio Grande do Sul corroborate assessments of inadequate working conditions. It is particularly relevant to highlight the coping strategies formulated by older workers in relation to the fight against labor suffering, given the less professional exhaustion and less freedom of expression they have compared to younger workers, hitherto provided by high expectations as to functions, which may be eroded if not accomplished[31].

According to a recent integrative review, the quality of life of nurses working in hospital services is jeopardized by the structure, double shifts, work accidents, overload, lack of personnel and material, lack of recognition and night shifts[32].

Another bibliographic inspection detected the non-existence of committed performance in places whose professionals are stressed. There are also no recent studies that accurately describe what is more stressful. Consequently, severe stressors are added to nursing practice, such as the requirement for more accurate care to severe patients, lack of qualification and high demands of the subjects[33]. On the other hand, harmonious coefficients for job satisfaction are related to working hours, remuneration, staff,

autonomy and achieving the expected results with care[34].

Entering this issue is to hypothesize that the chaos established in the configuration of identities (professional or not) in the Liquid Age is related to the collapse of social welfare, labor flexibility, privatization of public sphere and corrosion of character. Workers' identity is shaken at this juncture in which it cannot be eternal, being an idea particularly ambiguous and connected to the field of battles when claimed by groups in relation to some collective ego, but, in the meantime, it extends between the endless construction and dissolution[28].

CONCLUSION

Following the exploration perpetrated by Bauman, there was reflected on the connection of love to the other and self-love with the action of the nurse; degradation of human relations; deleterious effects of postmodern games; needed care to human waste and the observance of their care systems; and the difficult theoretical-socio-identitary configuration within health in postmodernity interspersed by the volatility of positions, impasses in the world labor market, specialization of care, stress and job dissatisfaction.

The limitations of this formulation are emphasized by not ostensibly addressing globalization, commodification of health and digital tools and their reflexes, despite the extensive literature of the thinker about it. In electing the themes first quoted for reflection, we observe skepticism about postmodern human bonds shrouded by exhaustion, unpleasant, porous, and short human relationships. The pessimistic view of Bauman and the statements contained in his works derive from comprehensive processes and analyzes, do not have a direction, but "directions", and probably in the field of health cannot be taken into account particularly, but universally.

During the first axis, we have interpreted the postmodern context of love and disaffection, as well as its tenuous connections with the universe of nurses and clients. In order to encourage them to find self-esteem and self-care tools, we first need to strengthen our human convictions and then to invigorate their support networks for flexibility and respect of our behaviors. The fear of giving oneself to some patient and the briefly explained professional vanity can be an unfolding of the weakening of the bonds. Thus, we have made considerations of how pernicious the macrostructure of the postmodern games in the health conducts is.

Especially knowing that nursing should move away from the non-human ideal of work and the loss of bonds of empathy, trust, and reciprocity, we have drawn contributions to the second axis. It is worth stressing that other dilemmas were launched, such as the production of human waste, the distance erected immaterially within the cities between professionals and their users and care systems. However, in order to deal with the experiences of vulnerability, invisibility and self-care difficulties, we have considered that the holistic nursing theories – Theory of Cross-cultural Care and Theory of Self-Care Deficit paired here - allow one to see the other in a comprehensive manner. They should be applied to the work process in order to fight those described and to value the care systems delimited by the profession.

We can think in the determinant for a reshaping – the rescue of fundamental values should be achieved by establishing a linear identity, committed to the profession and away from the culture of individualism and empty discourses that are swollen by ethical, moral, and practical vicissitudes and dilemmas in the lives of nursing workers. Among these, certainly, the heavy workload and the uncertainties of the labor market and the specialization of care that is discussed here superficially in the third axis are involved.

It is recognized by the author that such deleterious factors of postmodernity are decisive for the configuration of identities, in addition to affirming that only global solutions can be effective. However, many discussions must be reverted to the curriculum of the undergraduate courses, specifically by the nursing professors with focus on social care.

In short, based on the conceptual support of this miscellany of works of Bauman and other authors, we support the impossibility of loving at a distance or by the teaching of techniques. Such projects would only increase the game of frailty of bonds. New theorizations and reflections should be drawn in relation to nursing - still in Bauman, but it elucidates the role of facilitator of the caring process that is shaken by the current conjuncture, confusing the theoretical-socio-identitary configuration of nursing in postmodernity with the necessary rescue, revival

and remodeling of forms (theoretical or not) of thinking about love for others.

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