LIQUID SPACE: THE NURSE AS AN AGENT OF CARE IN OFFSHORE ENVIRONMENT

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ABSTRACT
Objective: to reflect about the challenging work of the health sector in the offshore environment. Method: theoretical reflection article, which used as a reference two concepts of geography and sociology, trying to territorialize this new environment and overput the concept of net life defended by Bauman, in an attempt to reflect the nursing care in the offshore environment. Results: it was observed that the work processes need to be thought of broadly, thus transcending the spaces usually recognized by the profession and awaken to a new logic of working with different scenarios and use of new technologies. Conclusion: it was observed that the work processes need to be thought broadly; thus, transcending the spaces usually recognized by the profession and awaken to a new logic of working, with different scenarios and use of new technologies.

Descriptors: Nursing; Labor; Work Environment.

RESUMO
Objetivo: refletir sobre o desafiador trabalho do setor saúde no ambiente offshore. Método: artigo de reflexão teórica, que utilizou como referência dois conceitos da geografia e sociologia, tentando territorializar esse novo ambiente e transpor o conceito de vida líquida defendido por Bauman, na tentativa de refletir a assistência de enfermagem no ambiente offshore. Resultados: observou-se que os processos de trabalho precisam ser pensados de forma ampla, transcendendo, assim, os espaços habitualmente reconhecidos pela profissão e despertar para uma nova lógica de trabalho, com cenários diferentes e o emprego de novas tecnologias. Conclusão: observou-se que os processos de trabalho precisam ser pensados de forma ampla, transcendendo assim, os espaços habitualmente reconhecidos pela profissão e despertar para uma nova lógica de trabalho, com cenários diferentes e o emprego de novas tecnologias. Descritores: Enfermagem; Trabalho; Ambiente de Trabalho.

RESUMEN
Objetivo: reflexionar sobre el trabajo desafiador del sector de la salud en el entorno marino. Método: artículo de reflexión teórica, que utiliza como referencia dos conceptos de la geografía y la sociología, intentando territorializar este nuevo entorno y poner en práctica el concepto de la red defendida por la vida líquida de Bauman en un intento de reflejar la atención de enfermería en el entorno marino. Resultados: se observó que los procesos de trabajo deben ser pensados en términos generales, trascendiendo así los espacios generalmente reconocidos por la profesión y despertar a una nueva lógica de trabajo con diferentes escenarios y uso de las nuevas tecnologías. Conclusión: se observó que los procesos de trabajo deben ser pensados en términos generales, trascendiendo así los espacios generalmente reconocidos por la profesión y despertar a una nueva lógica de trabajo con diferentes escenarios y el uso de las nuevas tecnologías. Descriptores: Enfermería; Trabajo; Ambiente de Trabajo.

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INTRODUCTION

This study seeks to contextualize the offshore environment from the perspective of health care, especially from the perspective of the nurse as an agent of the labor process. Thus, first of all, one must understand the term as part of the offshore oil industry, including prospecting, drilling and exploitation of deposits located off the coast. It is known that the history of the use of oil marks the time of some civilizations such as the Egyptians who used the product to embalm bodies, in paving roads and building pyramids.

In Brazil, the oil industry marks the end of the nineteenth century focusing their initial practices in research and exploration of oil on a small scale. In the twentieth century, around 30 years, specifically in 1939, approximately 80 wells had been drilled. In 1953, the Vargas government officialized in the state monopoly on oil activity, with the creation of the state enterprise "Petroleo Brasileiro S.A.", or Petrobras. Since then, investment in research and discoveries of oil in the different Brazilian regions, such as North, Northeast, Southeast and South mainly mobilizes thousands of workers, making the country one of the largest oil producers in the world and the most experienced in drilling wells in ultra-deep waters.

Oil is considered the main source of energy. With the advent of petrochemicals, hundreds of new products were launched in the market. Such products are essential facilities and amenities of modern life, such as plastics, rubber, paints, dyes, solvents, detergents, explosives, pharmaceuticals, cosmetics etc. All this moves the complex context "offshore world" that has unique features conventional industries. In the context of the offshore environment and its characteristics, we propose to discuss here without intending to exhaust, how is the relationship of the work of the professional nurse in this context.

Study of reflection of the professional practice setting and the concerns of the author, who experienced offshore work as a nursing supervisor health aboard a ship drilling of oil wells over a period of two and half years. Having lived through this experience, it was observed with the day to day work a gap to be filled regarding the meanings of the working process of the nurse in this environment.

We will address the theme showing the discussion surrounding the concept of territory handled by Milton Santos, believing extract this discussion understanding of 'place' to understand the linkages and the environment itself, adapting them to the discussions held by Bauman, in trying to understand what liquid ratio referred to in the theme does not have sole and exclusive connection to waters where the oil giant technological apparatus, the relation with the theme also references the frailties of human relationships and adaptation of man's current labor circumstances. This influence, the very model of society in which we are living, namely, the effects of capitalist society.

The relevance of this topic is to try to reflect on the challenging work of the health sector in the offshore environment. Space this poorly mapped and discussed in relation to scientific production, as well as meetings that promote solid debates in defense of improved conditions for providing assistance in health. Raising in this way, the quality of life of the workers involved in this process.

The offshore territory

Initially the concept of territory was treated in the Natural Sciences and was subsequently incorporated by Geography which relates space, natural resources, society and power. Recently, other disciplines have incorporated the debate, such as sociology, anthropology, economics, political science, and, more recently, the disciplines of the health field. However, to understand the territorial configuration is dwell on the living dynamics of natural and artificial sets that make up the landscape, spaces and places. Thus, the concept of territory according to Santos, is used and all appropriate extension.

The set of elements that make up nature in its superficial and visible aspect of the landscape consists of a territory. The space is all true because it is dynamic, result of permanent or temporary meeting between the territorial configuration and geography making. The category space is being used with an emphasis in health as a key to support the concept of risk, based on the multiple possibilities that one has to locate and view people, objects and flows and to approach the situation specialize health through the distribution of socio-economic, health and environmental indicators that reveal the conditions of life.

To better understand the dynamics of these concepts, it is necessary to enter the territory and explore the "space" that are composed of fixed and flows that interact and change each other all the time. Fixed are the instruments of labor and the productive forces in general, including men, flows are...
movements that feed or subsidize the work process.  

It is interesting to address that fixed cause flows. Do not just fixed as working tools to create the masses, you need to make to move. The ability to mobilize a mass in space is given exactly by economic, political or social power. Thus, it is easy to implement when trying to understand the offshore territory from these concepts.

The initial picture that territory, when examined from above, can be seen as a homogeneous expanse, consisting of the salt water and small floating points composing the landscape. In proposing this landscape view from above, in fact, are trying to describe, in fact, the feeling of most offshore workers using air transport (helicopter), to embark and disembark units. What you see from the top really are fluctuates points in immensity.

The photograph of the territory of which we are speaking, comprises numerous oil units for exploitation of oil off the Brazilian coast, running from the North to the South end of the country. Platforms and ships, or oil, in addition to the support vessels to these structures, makes up a portion of fixed and flows of the system. The complex system of sophisticated engineering mounted to exploit this energy source mobilizes numerous resources. But the great driving force that animates and gives life to machines are men.

Men who manipulates the machines and keeps running and who takes care of the “machine” man although the main object of the work is offshore oil, are? Unease is perhaps the most important question of this reflection. Therefore, is based on the reflections experienced by the author in the period in which the local landscape looked in your macro dimension (country) and micro (place), in an attempt to understand the relationship of the health professional inserted in this context.

Does the health worker equipped to care for this place? To try to understand the dynamics of offshore work and above all, the work process in health, need territorialize this environment, taking as a basis, several authors, besides those already mentioned.

Unique characteristics of offshore work

The area of oil, thus, offshore and other continuous process industries, is characterized by non-interruption of their processes and operations during the 365 days of the year, only requiring replacement in teams, who take turns continuously. The transport of workers to the rigs or vessels are performed mostly by helicopter, may also use small boats.

To reach unity, workers are greeted by a health professional, a technical security work or a receptionist. In the author's experience, the workers were welcomed into the helideck by nurses who controlled the entry and exit of employees of the unit through the flight schedule. Stepping on the unit, even on the helipad workers receive the PPE (Personal Protective Equipment) such as ear plugs, safety glasses and helmet through the deck (area of operations) to the houses (insight and accommodation), where they attend the briefing by the technical security work, informing them about the operations and safety standards to be adopted in the unit.

It is known that the space is configured for offshore processes and complex, dangerous, continuous and collective activities, involving various risks. The briefing is complete with screening conducted by nurses from the unit, passing the reports about their care one should have for a healthy living in the period in which they remained in the unit. Therefore, given the number of the box (restroom) where staying.

Adding to this complexity, stay for fourteen days confinement, ranging 21 to 14 days worked off, among others, however, what is seen in most companies that outsourced its labor is fourteen days shipped off to fourteen.

The confinement factor is a singularity of this work. People sleep and wake up at their place of work for 14 days, staying away from their families, friends etc. off land. Thus, Goffman contributes saying that a total institution may be defined as a place of residence and work where a large number of individuals with similar situation, separated from the wider society for a considerable period of time, it takes a closed and formally administered life. His or closing their total character is symbolized by the barrier to social intercourse with the outside world and bans exit that are often included in physical schema - for example, locked doors, high walls, barbed wire, ditches, water, forests or marshes.

In this case, we can consider as the immensity of the sea barrier that isolates the workers for a period of time, however, the landscape consists of the offshore space, serving as inspiration, the contrast between the blue sky and sea. Goffman lists the total institutions of our society into five groups, such as: 1 - Homes for the blind, elderly, orphans and destitute; 2 - Sanitarium for
tuberculosis, mental hospitals and leprosy; 3 - Chains prisons, prisoner of war concentration camp; 4 - Barracks, ships, boarding schools, labor camps, colonies and large mansions; 5 - Monasteries, convents and other cloisters.

We will highlight the fourth group, which describes how meeting people with the intention of undertaking any work task. Thus, it is possible to establish an analogy between the total institutions and offshore marine units. It is observed that, regardless of the purpose of each, the confinement is a common feature among them. What may differentiate in fact the work offshore, beyond the confinement would be the salary issue that stands out when compared to the salaries of those working on the ground. This is undoubtedly a strong attractive differentiator between the two spaces (workers land/sea workers). For workers of land, the majority of health professionals working in more than one job, given that, in general, the salaries received are insufficient to sustain a life with dignity, requiring hours to achieve comprehensive, doubling, and sometimes tripling exposure of these professionals to the risks inherent to the profession.

▷ Net Space

It was stood out the specifics of offshore work with regard to confinement, transportation, compensation. However, we want to advance the discussion trying to understand the relationship of network today and adapt (flexibility) of the human being to a variety of performance spaces.

What we want to encourage not merely a description of the work processes performed in the offshore environment, the simple fact of the practice setting and action of workers who reside there for a period of time to be curtailed by the sea. Net dimension that we delimit this discussion has been advocated by sociologist Zigmund Bauman, who claims to “net life” is a way of life that tends to be carried forward in a liquid modern society. “Net-modern” society is one in which the conditions under which its members act change at shorter than that required for the consolidation, habits and routines in time. The liquidity of life and society feed and consolidate, habits and routines in time.

The liquidity of life and society feed and reinvigorate each other. Net life, as well as liquid-modern society, cannot keep fit or stay long.

You have to think in liquids of today, in which the modeling posed by modern life directly affects the way of being and acting of human beings in their various contexts. It should reflect the practice of nurses, new and challenging work scenarios different from those commonly known, such as hospitals, basic health units, among others. But it must also reflect if the nurse has been following the changes occurring all the time in the current model of society which we live. Therefore, to meet the new labor markets or (net spaces) you need to develop skills that will certainly differ from the practice scenario played before.

The demands of contractors fall short of what is expected of the concept of health, now understood in a wider sense, which could be developed by nurses. We know that companies meet the day to day activities of the nurse disconnected with the actual duties of the profession and the health context itself. That may be the lack of definitions and/or specific formal characterizations of offshore worker who presents himself as a “healthy” being only vulnerable situations inherent in the work.

For nurses, we must be alert to the changes did not lose time to change course before taking a path of no return, ie, establish a practice that is inconsistent with the profession. The planet is crossed by “information superhighway”; nothing that happens in some part of it may in fact, or at least potentially, remain the “outside” intellectual. There is no ground zero, no blank space on the mental map, neither land nor, much less unknowable unknown people.

To adapt to the offshore practice setting, nurses must act strategically without losing sight of the object of their profession: human care, because spaces need to be explored, mapped and well known, that develops practice grounded in principles guide nursing care, especially health.

FINAL CONSIDERATIONS

Half of the twentieth and early twenty-first century, major changes occurred mainly in the political, economic, social sectors as well as in health and nursing, while embedded social practice in this context. In this scenario, it has been the backdrop of globalization and the expansion of capitalism.

With the advent of petrochemicals and the recent discoveries of oil fields in the Campos Basin, empowered the country, giving it economic autonomy and highlight the technological advancements employees, serving as a model for the international oil scene excel in drilling and wells ultra deepwater.
It is interesting to think that, from the oil crisis in the 70s, Brazil invested heavily in research and exploration of new oil fields, thus discovering the largest oil reserves on the planet in the last ten years. The deepest reserves reach 15 million barrels and keep the volume of these reserves is necessary to look for more reserves. All of this implies for the sector, the mobilization of various professionals and workers who make up the "offshore system". In addition to geologists, paleontologists, engineers and technical professionals is incorporated into this team professionals in the healthcare, especially nursing.

It is expected that the nurse is aware of the processes that are involved, ie the accountability that is being ahead of a service that requires professional than scientific technical competence of care, the ability to use educational resources and management the work process itself. These last two items require, perhaps, a greater commitment, involving other concepts such as art/creativity, communication, ethics and aesthetics for the construction of a new health space. One hopes also that the health work in the offshore area is beyond the powers described, standardized or dictated. Not to allow this practice, as innovative for nurses, giving in to addictions of many failures already viewed the profession as a prescriptive, pragmatic and bureaucratic assistance.

The incompleteness of knowledge and work processes involving the production of health in the offshore space is still nascent, but with the advancement of reflection and interaction with other fields of knowledge arising from sociology, anthropology and psychology strategies to help you think this space, here termed by us as shareholders. Maybe then able help provide assistance for health from what we consider "net", moving to discussions and most solid practices with a view to meet the needs of the company and of its essence, or their employees - the human, that move and gives meaning to all offshore engineering.

Challenges are still expected, but what is sought is also that nurses focused their foundation to the complexity of present day theoretical bases. It is necessary to expand the scope of work, using its new arising from discussions of health promotion, knowledge and national health policies that instrumentalize and help us to incorporate an increasingly critical, creative and reflective practice.

Because it is a scenario of innovative practice and relatively new area of health, especially for the nurse, cannot forget that some structural axes are articulated in this process involving worker health and health man, for if mostly present in this environment. However, the object of work is not grounded in healing, but the logic of care provision.

You have to think modeling of work processes in health, in any type of service, minimizing tensions and promoting spaces centered on individual care or collectively to raise actually improved health of the people involved.

REFERENCES