Why Understanding the Lived Experience of Vulnerability is Fundamental to Exploring the Value Base of Care

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Vulnerability and Health

- People can experience vulnerability whenever their health or usual function is compromised, thus vulnerability increases when they enter unfamiliar surroundings, situations or relationships (NMC 2002).
- Within health care a host of situations can "herald" vulnerability for a person, including becoming a patient as this often incorporates a loss of identity (Barker 2005:5)
- Spiers (2005) identifies that vulnerability is an essential concept for nurses due to its links with health and health problems.
Perspectives of Vulnerability

- Mechanism to identify populations at risk of ill health
- Mechanism, to identify social groups in need of protection
- Consequence of social interaction, influenced by societal values
- Shifting experience
- Existential experience
- Mutually Experienced
- Vehicle for personal growth

(Heaslip 2013)
Etic versus the Emic

Etic

- Susceptibility to & possibility of harm
- Externally evaluated/judged description by someone else, normative, dichotomous, homogeneous.
- Quantitative measures of health, biomedical, says nothing about what the person might be experiencing

Emic

- State of being threatened & feeling/fear of harm
- Internally judged, description of the experience of being/feeling vulnerable.
- Qualitative & holistic
- Silent in healthcare literature

(Spiers 2000:716)
**THINGS THEY'RE TOO BUSY FOR**

- Comforting/talking to patients: 78%
- Promoting mobility and self care: 59%
- Oral hygiene: 48%
- Falls prevention: 45%
- Sufficient change of patient's position: 41%
- Keeping patients and families for discharge: 30%
- Skin care: 30%
- Pain management: 19%
- Care for delirious patients: 17%
- Helping patients with food and drink: 34%
- Helping patients use toilet or manage incontinence: 33%

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**THE KEY FINDINGS**

- Floors and curtains stained with blood
- Blood splattered on trays used to carry equipment
- Badly soiled mattresses with stains soaked through to the foam filling, some with a 'Toul odour'
- A soiled commode under a seat
- Ventilator tubes that should only be used once still in use
- Equipment in the resuscitation room that was past the use-by date
- A children's blood pressure cuff heavily stained with blood
- Suction machines contaminated with fluid inside and out, with what looked like mould growing on the equipment
- Dozens of elderly patients with pressure sores – double the national average
- A patient's catheter bag on the floor
- Patients treated on trolleys in the centre of the major injuries room
- Nurses doing nothing to help elderly patients with feeding or treat them with dignity
- A shortage of paediatric nurses
- People being being forced to wait for treatment for up to ten hours

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**Under Fire**

- Compassion-related pay for members of staff who provide high quality care;
- Failed managers to be blacklisted to prevent them getting new jobs elsewhere;
- Tougher Ofsted-style inspections for hospitals which could last up to a month;
- Care Quality Commission will rate hospitals as either 'outstanding, good, requiring improvement or poor';
- NHS staff to be legally obliged to tell the truth: the so-called 'duty of candour';
- Hospitals will be fined if they are found to be covering-up mistakes or fiddling the figures;
- A new chief inspector for hospitals and an equivalent for care homes.

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**Bournemouth University**
Humanising Care at BU

- Central to the pre registration nursing curriculum is the concept of the humanising care approach and the life-world (Todres et al. 2009).

- Humanising healthcare recognises that an individual’s dignity is a complex phenomenon and is entwined with their own sense of feeling human and feeling valued as a human being.
Humanising Care at BU

- **Knowledge for the head**
  - Facts; literature; policy; research

- **Knowledge for the heart** (experiential; ‘lifeworld’):
  - What it (this situation) means to ‘me’. Understanding human experiences such as vulnerability, wellbeing etc.)
  - Impact of care on health care professionals/workers
  - Hearing “lived experience”

- **Knowledge for the hand** (what we do but crucially how we do it; skills, attitudes)
  - Person-centred care not task-centred;
  - Clinical judgments;
  - Service user and carer involvement
  - Development of clinical skills/competency
One way to explore vulnerability and impact upon professional practice

- Exploring concept of vulnerability
- Understanding Discrimination & Oppression
- Examine world at a P,C,S Level
- Lived Experience
- Safe Space
- Strategies for AOP
Lived Experience Workshops

Vital to support people sharing their experiences

- Individuals are offered training sessions (talking to a group, understanding the programme etc)
- Supported by an academic
- Small groups (less than 12)
- Pre and post briefing session (with students and individuals)
- Share feedback with individuals

Example of workshops types

- Living with Bipolar
- Disability and the family
- Living with a sleeping bag
- Being Transgender
- Being HIV
- What a difference being gay makes
- Young people with cerebral palsy
- Living with a long term condition
- Cutting myself
- Living with an addiction
....opened my eyes about the way disabled people are treated and marginalised within society - as though they don't have the same rights as the rest of society

Made me more aware of how to communicate with a person with down syndrome as well as making me aware of how attitudes can affect that person

Learnt about myths that are not true

I will not label people anymore

You don't understand until you hear it from their point of view

teaches you to be non judgemental

Gaining insight on a personal level rather than just information.

To hear first-hand experiences which changed my views and opened up an issue that I really didn’t know much about

..been an eye opener to mental illness that I would like to share with other people and change other peoples attitude/perceptions

Abolished pre conceived ideas

Student Feedback.....

..been an eye opener to mental illness that I would like to share with other people and change other peoples attitude/perceptions

Will definitely make me feel more comfortable when nursing transgender patients

Everything changed my views

I didn’t think I was judgemental but I certainly have a greater understanding now

Not to discriminate as a nurse!

I am quite hurt that this attitude is still so alive in today’s society
Challenges to this approach...

• Students can experience feeling vulnerable if these new values are incongruent with practice values.

• Students can find it hard to make their voice heard....

• Students fear being labelled themselves.....

(Cooper and Scammell 2013)
Experiences of vulnerability from a Gypsy/Travelling perspective: a phenomenological study.
Gypsy/Traveller Vulnerability

- Poorer physical (Goward et al. 2006) and mental health (Parry et al. 2007).
- 31% not permanently registered with a GP (Peters et al. 2009).
- Inadequate information, inequitable & poorly delivered services (Hodgins et al. 2006.)
- One of the most socially excluded marginalised groups (McCaffery 2009; Van Cleemput et al. 2007) who experience discrimination (Karner 2004; Turner 2002).
A feeling of vulnerability created by the potential or actual lack of physical travelling experience.

Fear of the future and declining physical health.

Being an outsider; this experience of vulnerability contained two similar but distinct variants.
- Insider identity
- Perception of others outside the Gypsy/Travelling community

Vulnerability connected to the ambiguities of their historical, cultural and geographical identity.

Vulnerability of feeling pressurised to conform to live a particular way

Vulnerability of feeling split in one’s identity

Vulnerability due to feeling a loss of one’s heritage

Vulnerability of feeling discriminated, persecuted and threatened

Vulnerability of powerlessness

(Heaslip 2014)
Vulnerability is:

- Mechanism to identify populations at risk of ill health
- Mechanism, to identify social groups in need of protection
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- Vehicle for personal growth
- Shifting experience
- Existential experience

Vulnerability due to feeling defined and homogenised in a particular way
- Vulnerability of feeling pressurised to conform to live a particular way
- Vulnerability of feeling split in one’s identity
- Vulnerability due to feeling a loss of one’s heritage
- Vulnerability of feeling discriminated, persecuted and threatened
- Vulnerability of powerlessness

(Heaslip 2014)
The Future

It is clear that listening to individuals lived experience provides us with a very different, contrasting perspective.

We have to listen to these voices, if we are to be effective working with people who maybe deemed to be vulnerable.
Questions......

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References

- Cummings, J., and Bennett, V., Compassion in Practice, Nursing, Midwifery and Care Staff. Our Vision in Practice. Leeds: Commissioning Board Chief Nursing Officer and DH Chief Nursing Adviser
• Hodgins, M., Millar, M., and Barry, M., 2006. “...it’s all the same no matter how much fruit or vegetables or fresh air we get”: Traveller women’s perceptions of illness causation and health inequalities. Social Science and Medicine, 62, 1978-1990.