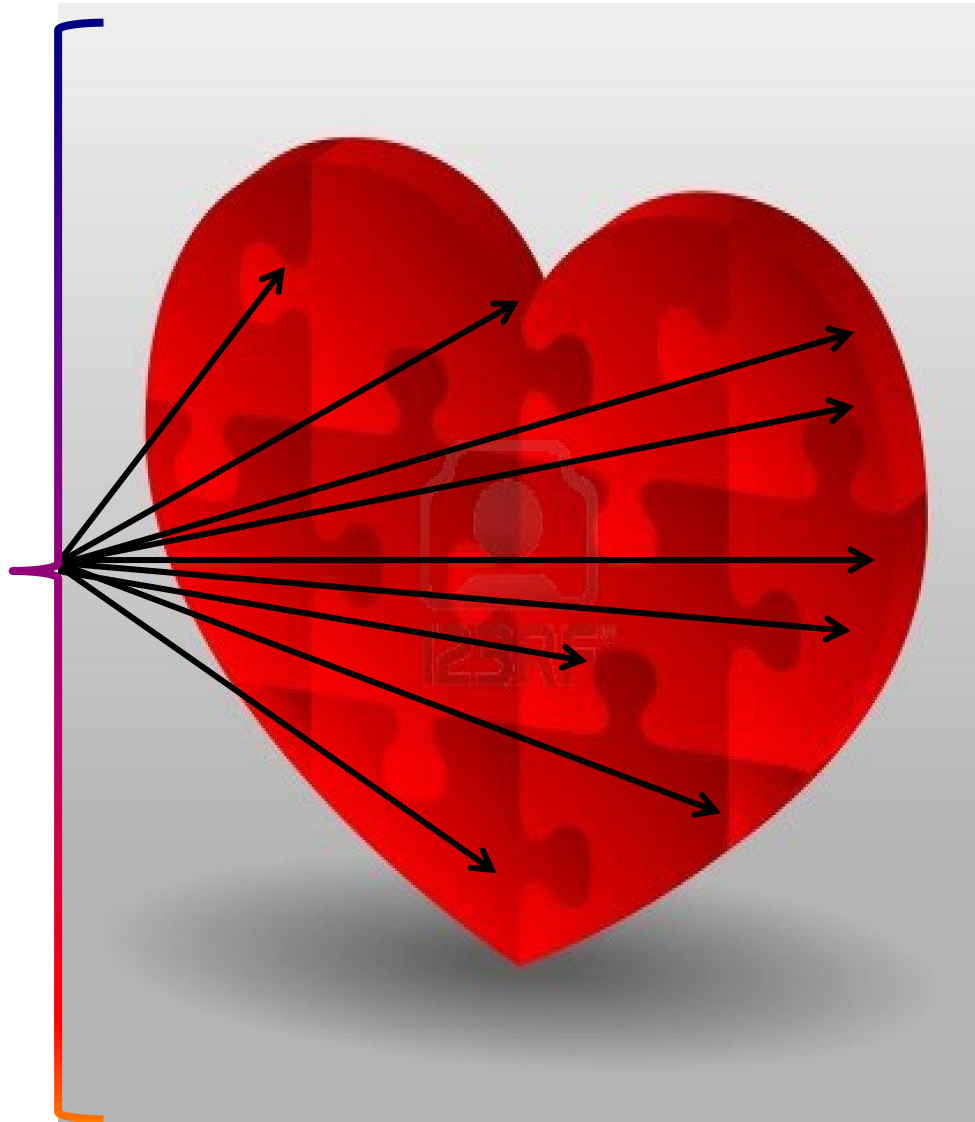


# **Why Understanding the Lived Experience of Vulnerability is Fundamental to Exploring the Value Base of Care**

**Vanessa Heaslip – Senior Lecturer  
Karen Cooper – Lecturer  
Julie Ryden – Senior Lecturer**

# 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 health care literature**

(Spiers 2000:716)



# THINGS THEY'RE TOO BUSY FOR

Comforting/talking to patients	78%	Helping patients with food and drink	34%
Promoting mobility and self care	59%	Helping patients use toilet or manage incontinence	33%
Oral hygiene	48%	Prepare patients and families for discharge	30%
Falls prevention	45%	Skin care	30%
Sufficient change of patient's position	31%	Pain management	19%
Keeping patients and families informed	30%	Care for elderly patients	17%

# 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 'foul 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 forced to wait for treatment for up to ten hours



**Under Fire**



**Daily Mail**

**FREE knitting pattern card**

PICK UP YOURS FROM TESCO OR WHSMITH

**YOU'RE NOT TOO POSH TO WASH A PATIENT**

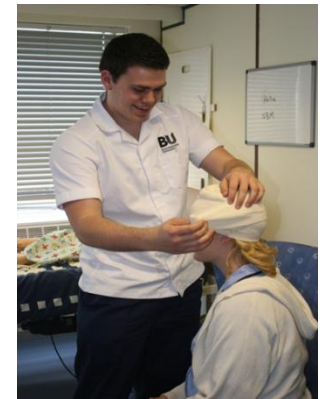
- Compassion-related pay for members of staff who provide high quality care;
- Failed managers to be blacklisted to prevent them getting new jobs elsewhere;
- Tougher Ofsted-style inspections for hospitals which could last up to a month;
- Care Quality Commission will rate hospitals as either 'outstanding, good, requiring

# AT A GLANCE

- 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.

# 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

**How normal she is**

**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

# Student Feedback.....

Being able to freely ask open, honest questions which may otherwise seem taboo

Gaining insight on a personal level rather than just information.

*Abolished pre conceived ideas*

**Everything changed my views**

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**

*Will definitely make me feel more comfortable when nursing transgender patients*

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

*Not to discriminate as a nurse!*

**Personal experience makes it much easier to connect with**

**I am quite hurt that this attitude is still so alive in today's society**

# Challenges to this approach...

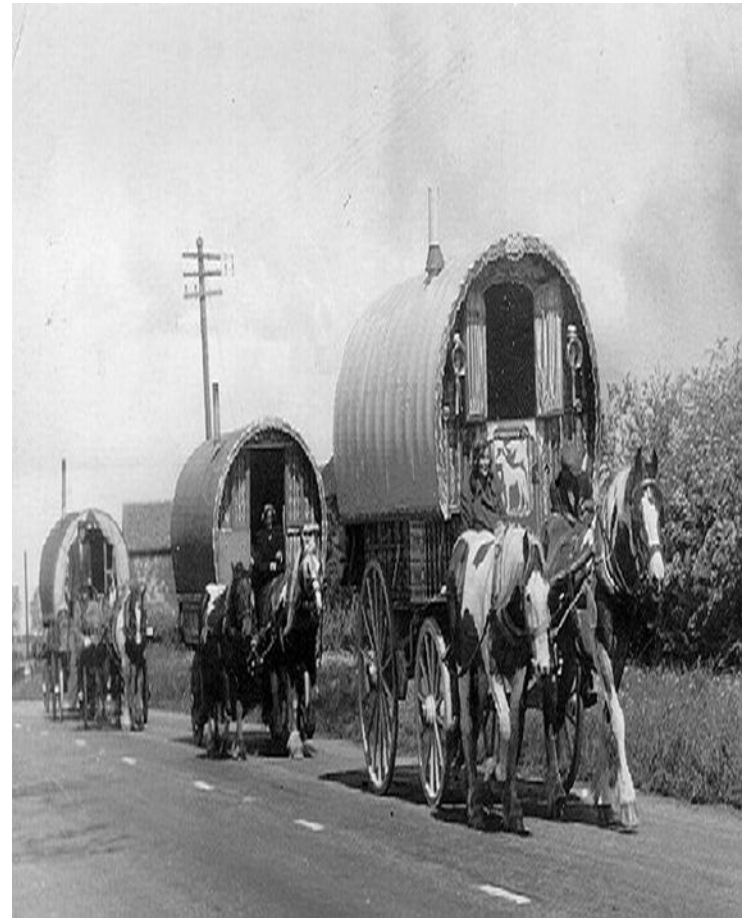


- Students can experience feeling vulnerable if these new values are incongruent with practice values.
- Students can find it hard to make their voice heard....
- Students fear being labelled themselves.....

(Cooper and Scammell 2013)

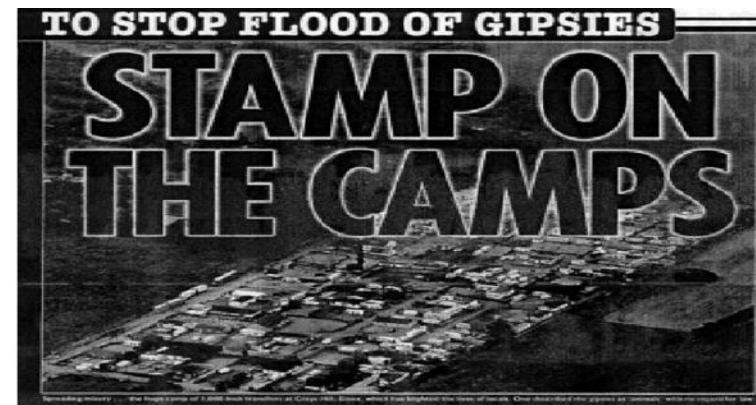
## Another Example .....

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).



## Emic Perspective of Vulnerability – Breadth Phase

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.

## Emic Perspective of Vulnerability – Depth Phase

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

Vulnerability is....

Vulnerability is....

Vulnerability is....

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

Vulnerability is....

Vulnerability is....

Etic Perspective

Emic Perspective

- 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

Vulnerability is....

Vulnerability is....

Vulnerability is....

(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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