

Shifting Sands of Vulnerability

Vanessa Heaslip
Snr Lecturer Adult Nursing/Part Time PhD
Student

Aims of the session

- This paper will present a theoretical exploration of the shifting sands of vulnerability utilising the humanising framework proposed by Todres et al (2009), in order to illuminate the complexities of the phenomenon of vulnerability.
- It is presented as part of a PhD exploring, "The Lived Experience of Vulnerability". Understanding health vulnerability of a Gypsy/Travelling community: using a holistic health perspective.

The beginning...



Vulnerability and Health

- Nurses have historically “ministered” to vulnerable populations (Drake 1998).
- 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 which nurses use in the daily course of their professional work, due to its links with health and health problems.
- Barker (2005) argues that addressing vulnerability is at the heart of nursing practice.

© Original Artist
Reproduction rights obtainable from
www.CartoonStock.com



"ALWAYS GIVE THEM THE BILL BEFORE
THEY GET THEIR CLOTHES BACK ON --
THEY'RE MOST VULNERABLE THEN."

The Etic and Emic debate

Vulnerability
(Noun)
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

Vulnerable
(Adjective)
Emic

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

A review of the literature

Database

- Initial index term searches using keywords (in the title, abstract or keyword) 'vulnerab*', 'Gyps*', 'Vulnerab*' and Gyp*', 'Vulnerab*' and qualitative' and 'Gypsy and qualitative'.
- Dates searched 1983 to 2010
- Databases British Nursing Index, Medline, CINAHL, Academic Search Premier, Global Health, International bibliography of social sciences, Social work abstracts, Int Bibliography of the Social Science, Psyche Articles and Applied Social Service Index and Abstracts (ASSIA).

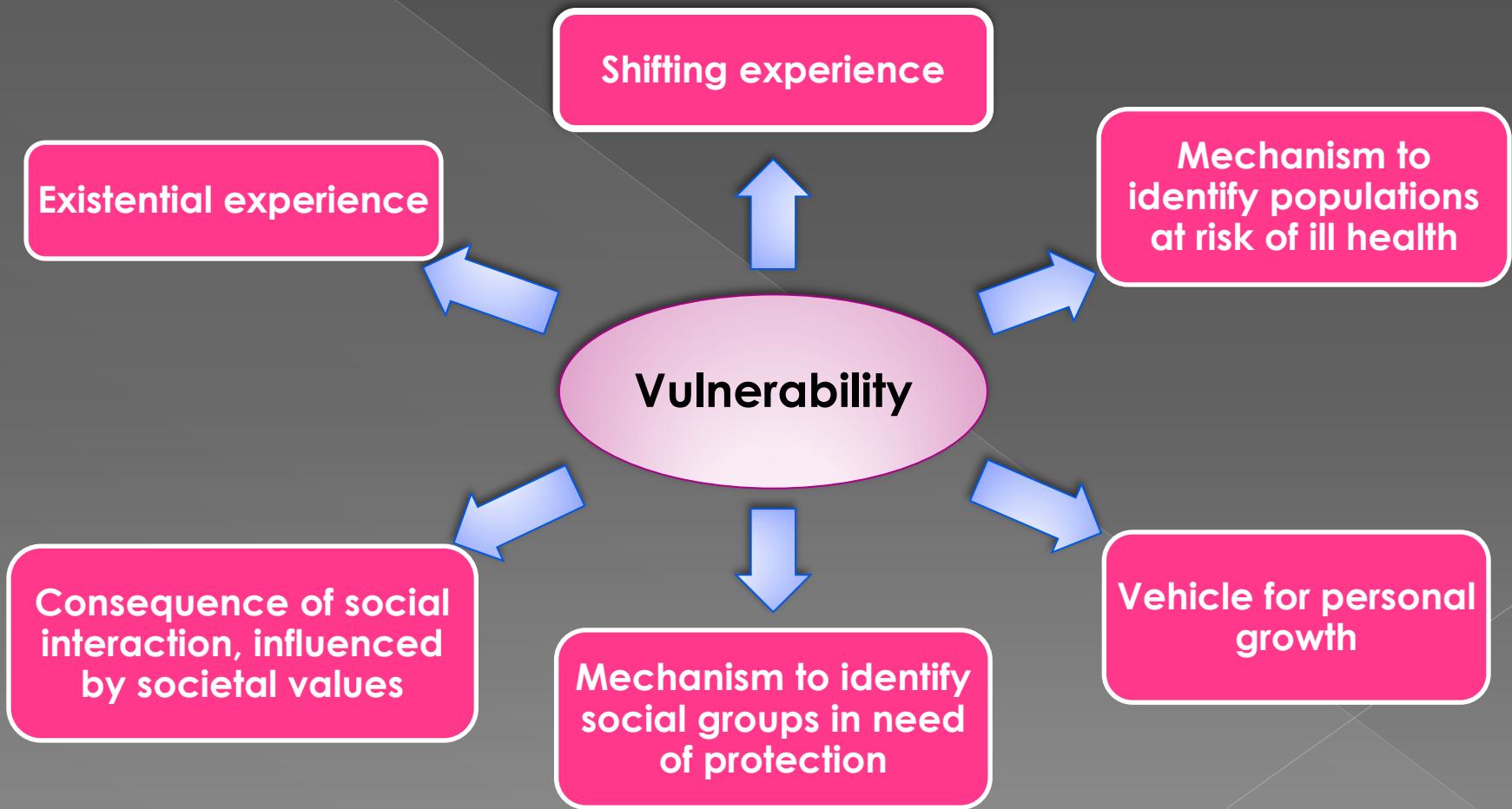
Search Terms

- Index to Thesis looking for 'vulnerable and gypsy', 'vulnerable and health' and 'gypsy', as well as *Ethos* (*Electronic thesis online service*) searching for 'Gypsy', 'Vulnerable', and 'Vulnerability'.

Grey Literature

- Policy initiatives with regards to healthcare provision within the United Kingdom (UK) as well as statutory guidance in vulnerability.

Perspectives of Vulnerability



Perspectives of Vulnerability

Mechanism to identify populations at risk of ill health	Vulnerable populations as “social groups who have an increased relative risk or susceptibility to adverse health outcomes... as evidenced by morbidity and premature mortality.” – Flaskerud and Winslow 1998:69.
Mechanism to identify social groups in need of protection	“Anyone aged 18 years + who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or maybe unable to take care of him/herself”. DoH 2000:8-9.
Consequence of social interaction, influenced by societal values	Peternej-Taylor (2005) defines vulnerable populations as those who are typically impoverished, disenfranchised, or who are subject to discrimination, intolerance, and stigma.
Shifting experience	Rather than a dichotomous experience, vulnerability needs to be expressed as a continuum, upon which individuals will move depending upon the experience at that time - Archer Copp (1986).
Existential experience	All human beings are vulnerable (Erlen 2006), as part of their humanity, for human beings are never totally free from the risk of harm (Sellman 2005).

Dimensions of humanisation

Conceptual framework of the dimensions of humanisation by Todres et al (2009)	
Insiderness	Objectification
Agency	Passivity
Uniqueness	Homogenization
Togetherness	Isolation
Sense-Making	Loss of Meaning
Personal Journey	Loss of Personal Journey
Sense of Place	Dislocation
Embodiment	Reductionist body

The confusion.....



micah s. 2005

How does the Emic/Etic views align with the perspectives of vulnerability identified from my reading?

Are some etic and some emic?

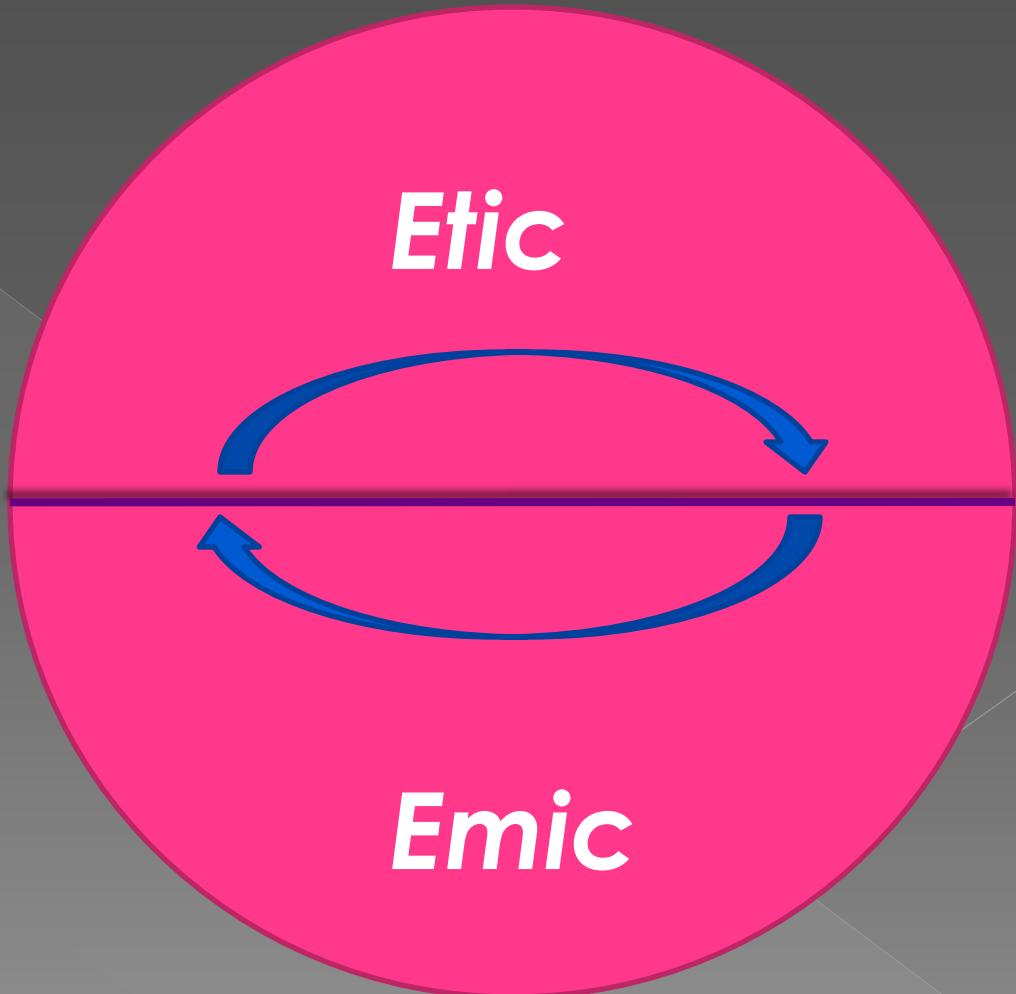
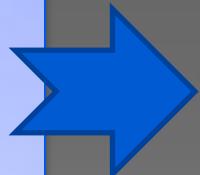
Could you explore an etic /emic point of view under each perspective?

Agar (2010) argues there are no clear lines between the insider and outsider in today's world – indeed are they not two kinds of emic?

The Kaleidoscope of vulnerability

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
- ❑ Existential experience
- ❑ Shifting experience
- ❑ Vehicle for personal growth



THE KALEIDOSCOPE OF VULNERABILITY



<http://media.photobucket.com/image/kaleidoscope/jogiba/kaleidoscope5.gif>

Challenges in Vulnerability and Health

- Spiers (2000) argues that reducing vulnerability to epidemiological terms reduces the vision of the world. It does little to understand why some groups may experience vulnerability.
- Yet this perspective continues to present the dominance of a biomedical approach to health, and this is in contrast with contemporary humanistic nursing ideology which recognises the need to understand the client's perspective and social discourses.

The Future

- Whilst it is clear that vulnerability is a key issue in health, within the literature there appears to be little examination of what it is.
- Using descriptive phenomenology I plan to build upon from the work of Spiers (2000,2005) to explore the existential lived experience of health vulnerability of a Gypsy/Traveller community. By focussing upon the emic “lived experience” it will illuminate aspects of this phenomenon which have not yet been explored, developing our understanding of this concept further.



Comments.....

Thoughts.....

Vanessa Heaslip
Bournemouth University
vheaslip@bournemouth.ac.uk
Tel: 01202 255326.

References

- Agar, M. (agar@anth.umd.edu), 2 August 2010. Re Emic and Etic Perspectives of Vulnerability. E-mail to Heaslip, V. (vheaslip@bournemouth.ac.uk)
- Archer Copp, L., 1986. The nurse as advocate for vulnerable persons. *Journal of Advanced Nursing*, 11, 255-263.
- Barker, P., 2005. Editorial: Vulnerability. *Whitireia Nursing Journal*, 12, 5-8.
- Department of Health. 2009. *Safeguarding adults: A consultation on the review of the 'no secrets' guidance.*: Department of Health.
- Drake, V., 1998. Process, perils and pitfalls of research in prison. *Issues in Mental Health Nursing*., 19, 41-52
- Erlen, J., 2006. Who speaks for the vulnerable? *Orthopaedic Nursing*., 25 (2), 133-136.
- Flaskerud, J., and Winslow, B., 1998. Conceptualizing vulnerable populations: Health-related research. *Nursing Research*, 47, 69-77.
- Nursing Midwifery Council. 2002. *Practitioner - client relationships and the prevention of abuse*. London: Nursing Midwifery Council.
- Peternalj-Taylor, C., 2005. Conceptualizing nursing research with offenders: Another look at vulnerability. *International Journal of Law and Psychiatry*, 28, 348-359.
- Sellman, D., 2005. Towards an understanding of nursing as a response to human vulnerability. *Nursing Philosophy*, 6, 2-10.
- Spiers, J., 2005. A concept analysis of vulnerability. In: Cutliffe, J., and Mckenna, H. eds. *The essential concepts of nursing; building blocks for practice*. London: Elsevier.
- Spiers, J., 2000 New perspectives on vulnerability using emic and etic approaches, *Journal of Advanced Nursing*, 31, (3), 715-721.
- Todres, L., Galvin, K., and Holloway, I., 2009. The humanisation of healthcare: A value framework for qualitative research. *International Journal of Qualitative Studies on health and Wellbeing*., 4 (2), 68-77.