

Position Statement



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Position Statement on Vulnerability

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As the “voice of nursing” (CARNA vision statement), the College and Association of Registered Nurses of Alberta (CARNA) and registered nurses in all practice settings can take a leadership role in supporting and lobbying for healthy public policy. Healthy public policy reduces vulnerability of clients, families, groups and populations, and promotes health for all.

Registered Nurses Know...

...What Vulnerability Is

Merriam Webster’s Collegiate Dictionary defines vulnerability as “capable of being physically wounded” and “open to attack or damage” (Merriam Webster, 1994). In a concept analysis of the word “vulnerable”, Purdy (2004) suggested that *vulnerability* is viewed as unprotected, exposed, undefended, sensitive or immature. The vulnerable are susceptible to or at risk of harm, damage, loss, injury or victimization.

Every day registered nurses see vulnerable persons, families, groups and populations. We see that the same factors that influence health, i.e. determinants of health, can influence vulnerability.

Determinants of health include (CIHI, 2004):

- income and social status
- social support networks
- education
- working conditions and safe work environments
- physical environments
- supportive communities
- shelter
- nutrition
- biology and genetic makeup
- personal health practices and coping skills
- healthy child development (including prenatal and early childhood experiences)
- access to health services

We know that vulnerable people often become ill, and are more likely to have other difficulties in life. Vulnerability means more stress and more barriers to overcome in every day life.

... Vulnerability is Changeable

At any point in his or her life, a person can be vulnerable. Someone can be vulnerable for a little while or permanently. Vulnerability can come back again and again, like the flare up of a disease. Every day life experiences, circumstances, life stages and transitions can make a person more vulnerable or less vulnerable.

... Vulnerability Can Be Made Worse

Like an illness, vulnerability can be mild or severe. Often, the factors that make someone vulnerable are beyond their control. Both internal and external factors can impact vulnerability.

External factors can include barriers to health services; enacting public policies that are not healthy public policies; not enough staff to provide care that is needed; cutting necessary public programs to “balance the books”; beliefs and stereotypes; and reducing the individual’s, family’s and group’s sense of control over their lives. Individuals living in continuing care facilities, for example, are vulnerable in that they are dependent on the facility to provide appropriate resources for care to be delivered and they are dependent on their caregiver’s care for them.

Internal factors affect vulnerability. Becoming ill or having a chronic illness or condition increases an individual’s vulnerability.

... Vulnerability Is a Personal and a Public Issue

Health and social system changes can make people vulnerable or their vulnerability worse. While each person’s experience with vulnerability is unique, being vulnerable robs people of the ability to enjoy health and well-being. Being vulnerable also makes it hard for individuals, families and groups to plan and dream about the future. Society is left to deal with the consequences of vulnerability such as ill health, increased health-care costs and lost economic productivity.

... Vulnerability Can Be Reduced and Sometimes Prevented

Preventing and reducing vulnerability is as important as dealing with the effects of vulnerability.

... Nursing is Part of the Answer

Registered nurses work with others to address the factors that cause vulnerability and its effects on persons, families and groups. Purdy (2004) states the following:

It is important to recognize that sometimes a person's strength is expressed in being vulnerable, because this allows them to regroup and be part of or chosen for interventions that promote being on a healthy track. When clinicians align with a less stigmatizing conceptualization of vulnerability, they will be better equipped to interact with vulnerable populations in ways that encourage choices and openness to decisions that have a more positive impact on lifestyles and health outcomes.
(p. 32)

In a study by Updegraff and Taylor (as cited in Purdy, 2004) on women with HIV/AIDS, it was found that 75% of the women's self-perceptions had changed for the better since learning they were infected with HIV/AIDS and 53% felt it had changed their life priorities for the better.

The Following Beliefs Guide Action on Vulnerability

1. The effects of vulnerability are serious.
 - Dealing with the causes of vulnerability is less costly than dealing with the serious effects of vulnerability.
 - Reduced vulnerability has long-term economic and social gains.
2. Addressing and preventing vulnerability is a social responsibility.
 - It is essential to create health, education and social programs that reduce and prevent vulnerability.
 - People who are vulnerable must have a significant role in priority setting, development and evaluation of these programs. At the same time, these people must not be burdened or victimized by this role.

3. Social policy and health system reforms have a major impact on vulnerability.
 - Health and social service reform activities can decrease or increase vulnerability for individuals, families and groups.
 - The health system must focus more on health promotion and disease prevention.
 - Healthy public policies that create, support and strengthen programs that address determinants of health are needed to reduce and prevent vulnerability.
 - Municipal, regional, provincial and federal fiscal policy support is necessary to ensure appropriate levels of funding for these programs.
4. Social policy and health system reform programs should be governed by the *Canada Health Act* (1984) principles. They should be:
 - accessible
 - publicly administered
 - comprehensive
 - portable
 - universal
5. Implementing the principles of primary health care, as defined by the World Health Organization (WHO) (see Glossary), should address and reduce vulnerability. The principles of primary health care are:
 - use of appropriate technology
 - accessibility of services
 - public participation
 - intersectoral collaboration
 - health promotion

The Canadian Nurses Association (CNA) *Code of Ethics for Registered Nurses* (2002) provides guidance for registered nurses in responding to and advocating for vulnerable clients, families, groups or populations. The following section on Justice is from the CNA *Code of Ethics for Registered Nurses*:

Justice

Nurses uphold principles of equity and fairness to assist persons in receiving a share of health services and resources proportionate to their needs and promoting social justice.

1. Nurses must not discriminate in the provision of nursing care based on a person's race, ethnicity, culture, spiritual beliefs, social or marital status, sex, sexual orientation, age, health status, lifestyle, mental or physical disability and/or ability to pay.
2. Nurses must strive to make fair decisions about the allocation of resources under their control based upon the individual needs of persons in their care.
3. Nurses should put forward, and advocate for, the interests of all persons in their care. This includes helping individuals and groups gain access to appropriate health care that is of their choosing.
4. Nurses should promote appropriate and ethical care at the organizational/agency and community levels by participating in the development, implementation and ongoing review of policies and procedures designed to provide the best care for persons with the best use of available resources given current knowledge and research.
5. Nurses should advocate for health policies and decision-making procedures that are consistent with current knowledge and practice.
6. Nurses should advocate for fairness and inclusiveness in health resource allocation, including policies and programs addressing determinants of health, along with research based technology and palliative approaches to health care.
7. Nurses should be aware of broader health concerns such as environmental pollution, violations of human rights, world hunger, homelessness, violence, etc. and are encouraged to the extent possible in their personal circumstances to work individually as citizens or collectively for policies and procedures to bring about social change, keeping in mind the needs of future generations.

Glossary

Primary Health Care – Primary health care was identified by the WHO at the 1978 conference at Alma Ata as a strategy to achieve “health for all.”

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country’s health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national system bringing health care as close as possible to where people live and work, and constitutes the first elements of a continuing health-care process (WHO, 1978, p. 413).

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