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Vulnerability and its dimensions: reflections on nursing care for human groups

Vulnerabilidade e suas dimensões: reflexões sobre os cuidados de enfermagem aos grupos humanos

Vulnerabilidad y sus dimensiones: reflexiones sobre los cuidados de enfermería a los grupos humanos

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ABSTRACT

Objective: to develop a reflective and theoretical discussion about vulnerability and its dimensions in nursing care for human groups. **Content:** this reflective analysis, framed by reference to vulnerability and human rights, conducted group thinking on the proposed theme, with a view to practical and theoretical learning through immersion in related practical and theoretical contexts, so as to build an analysis of how dimensions of vulnerability can be addressed by nursing care for diverse human groups. **Final considerations:** this study found that vulnerability involves a combination of components reflected in the individual, social and programmatic dimensions and associated with experiences of difficulties and solutions imposed by the health-disease process. related to the lifestyle of each group and the nursing care provided.

Descriptors: Health Vulnerability; Nursing Care; Vulnerable Populations; Health Policy.

RESUMO

Objetivo: desenvolver uma reflexão teórica-reflexiva acerca da vulnerabilidade e suas dimensões nos cuidados de enfermagem aos grupos humanos. **Conteúdo:** Trata-se de uma análise reflexiva, fundamentada no referencial de vulnerabilidade e direitos humanos, que promoveu uma reflexão acerca do tema proposto, com o propósito de uma aprendizagem prática- reflexiva a partir da imersão nos contextos práticos-teóricos sobre o tema, para tecer uma análise de como as dimensões da vulnerabilidade podem ser trabalhadas com os cuidados de enfermagem aos diversos grupos humanos. **Considerações finais:** Verifica-se, a partir desse estudo, que a vulnerabilidade envolve a combinação de elementos que refletem na dimensão individual, social e programática e estão associadas às experiências de facilidade e dificuldades impostas pelo processo saúde-doença relacionadas ao modo de vida de cada grupo e aos cuidados de enfermagem prestados.

Descritores: Vulnerabilidade em Saúde; Cuidados de Enfermagem; Populações Vulneráveis; Políticas de Saúde.

RESUMEN

Objetivo: desarrollar una discusión reflexiva y teórica sobre la vulnerabilidad y sus dimensiones en el cuidado de enfermería para grupos humanos. Contenido: este análisis reflexivo, enmarcado en referencia a la vulnerabilidad y los derechos humanos, realizó un pensamiento grupal sobre el tema propuesto, con miras al aprendizaje práctico y teórico a través de la inmersión en contextos prácticos y teóricos relacionados, a fin de construir un análisis de cómo las dimensiones de La vulnerabilidad puede ser abordada por el cuidado de enfermería para diversos grupos humanos. Consideraciones finales: este estudio encontró que la vulnerabilidad implica una combinación de componentes reflejados en las dimensiones individuales, sociales y programáticas y asociados con experiencias de dificultades y soluciones impuestas por el proceso de salud-enfermedad. relacionado con el estilo de vida de cada grupo y la atención de enfermería brindada.

Descriptores: Vulnerabilidad en salud; Atención de Enfermería; Poblaciones Vulnerables; Política de Salud.

INTRODUCTION

Vulnerability derives from the Latin "*vulnus*", meaning wound. Thus, it refers to the possibility of being hurt, both physically and socially. The principle of vulnerability can be understood in a generic way through the relationship with everything that lives, understanding that death is inexorable to life and that everyone is susceptible to being hurt to some degree, just being alive for that[1].

However, not everyone is susceptible in the same way and intensity. Therefore, it can be understood in a more specific way, with respect to population groups such as women, older adults, children, and indigenous people, among others. These two conceptions can be summarized as follows: one with an adjective function, qualifying some groups, and the other as a noun describing the common reality of these groups[2].

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The search for an understanding for the sense of vulnerability aims to achieve greater effects than just intellectual exercise. It is based on the intention to understand the challenges and tensions that arise in the face of public, social and health policies, when they commit themselves to plan and implement actions from preventive, protective and proactive perspectives. In this sense, the concept of vulnerability was primarily developed in 1930, and recognized that the complex interactions between the individual and environmental forces and the presence or absence of social support would be associated with a better adaptive response or not in the face of a stressful situation. However, for years, this understanding was restricted to the economic bias of poverty, directly relating the reduction of opportunities to the difficulty of access to goods and services[3].

Thus, the focus was on getting to know the most deprived social groups of society, allowing to outline specific risk groups based on indicators of access or shortages of basic needs, allowing for a view with a focus on the individual and not on the context that caused vulnerability. However, it is essential to consider that the whole of society is affected by factors of non-protection and insecurity, and is not an exclusivity only of the poorest economic class population[4].

In the current social context, despite the existence of several factors that evidence the advancement of public policies on the social protection of vulnerable groups, there is a constant setback through the withdrawal of rights already assured[1-2]. Therefore, knowing about the vulnerability of human groups, such as Indians, black-skinned people, *quilombolas*, rural workers, homosexuals, people with physical limitations, street people, with chronic non-communicable diseases, and with chronic infections, among other population segments. Therefore, knowing about the vulnerability of human groups, it is essential for the professions to be able to assist them within their basic needs and processes involved. Nursing is among these professions, seen as a science that recognizes the human being, not only as an individual, but also as a member of a family and community that are perceived in all the dimensions composing them[4-5].

Such dimensions emerged from discussions regarding the articulation between vulnerability and specific contributions from the theory of recognition, in which the analysis of the relationships between inter-subjectivities and social contexts, dialogs and conflicts, actions and structures seek to understand vulnerability as systematic situations of greater exposure to damage to health and recognizing that the opposite may also happen, as the individual has a capacity for social response in the face of the problems that may come arise from the subjective relationships. In this context, the dimensions involve levels that need to be understood so that the reflection on the theme can be better discussed. Thus, some concepts about the types of dimensions were defined to support a theoretical-practical construction on vulnerability. The dimensions are divided into three levels: individual, social, and programmatic[6].

The individual dimension involves the cognitive and behavioral level, so that it considers the degree and quality of the information that the person has about the disease, as well as the ability to manage such knowledge and incorporate it into their daily lives, which results in prevention behaviors of the disease or in favoring it[7].

The social dimension, in its turn, covers indicators that are able to reveal the profile of the population in relation to their access to information, health services, availability of material resources, gender conceptions, discrimination and prejudice, religious beliefs or capacity of civil society organization[8].

The programmatic or institutional dimension involves the social resources that must be developed so that the population is not exposed to the problem. Thus, programs and policies that address the needs and specificities of the population are considered, so that the care provided can be comprehensive, universal, and humanized. Thus, it refers to the way services are organized and arranged, which leads to a reflection on whether these are limiting or favoring a decent access for the population[7].

When we associate these concepts with nursing care, it is realized that care needs to be beyond dimensions, as the definition of care is established as an intentional phenomenon, essential to life, which occurs through meetings between professionals and human beings, which interact, through attitudes, involving conscience, zeal, solidarity, empathy, concern and resilience[8]. Upon understanding vulnerability and its dimensions from the perspective of the care that each human group needs in its health-disease process, it is possible and necessary to assist them with a preconception-free view, intervening more effectively in their basic needs In view of the above, the following guiding question arose: “What is the importance of promoting reflection on vulnerability and its dimensions in nursing care for human groups?”

Therefore, this study aims to develop a theoretical-reflective reflection on vulnerability and its dimensions in nursing care for human groups, based on texts consulted in the Scientific Electronic Library Online (SCIELO) and in the US National Library of Medicine (PUBMED), through a search with the following keywords: Nursing Care, Vulnerabilities, and Human Groups.

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CONTENT

The framework was chosen because it supports studies that visualize the relationships and means in which human groups are inserted in the face of vulnerabilities. The article was developed during the "Care to human groups with chronic transmissible diseases" discipline from the Graduate Program in Nursing, academic master's level, from August to October 2018, as a method for evaluating the acquired knowledge.

Vulnerability and dimensions

The concept of vulnerability is part of a theoretical construct found in several areas, including nursing. Despite being widely used, the need for non-stagnation has been understood, suggesting a continuous revisiting of its aspects, ensuring a wide and current analysis of the needs and apprehensions of human groups within their own vulnerabilities[8].

Evidence of such a need is understood in the historical context of the HIV infection cases in the 1980s and 1990s. At the time, the pandemic was associated with specific social identities, which caused a sense of security for other human groups, leading them to disregard the disease-related danger. This demonstrated the deficiency of what was understood as vulnerable, at that time. It was then considered that susceptibility to health problems occurs due to the existence of multiple conditioning factors. In other words, vulnerability is not specific to some people or social groups; in fact, it is related to specific conditions and circumstances that affect society and, by identifying them, it is possible to minimize their consequences and even reverse them[3,6].

In this context, there was a need to transition from a traditional technical-scientific model, where the situational diagnosis was carried out to order policies focused on the problem, for a more conceptual format. The latter takes into account the vulnerability and realizes that the policies developed and the assistance services are part of the context of the problem, and can produce positive responses, but also become obstacles if they are not rethought and reconstructed[9].

The study of the concept of vulnerability must be inserted in the nursing knowledge set, as well as in its professional practices. In the context of nursing care, treating this theme is not only restricted to how susceptible a population or person is to the risk of contamination by some pathogen, but to understand the dimension of the numerous factors that place individuals in a risk situation, their integrity being threatened in many ways[10].

The vulnerable person will not necessarily suffer harms, just as it is not a natural condition of certain human groups. However, this is at a higher level of the condition of vulnerability that can be associated with situations and contexts isolated or together from different dimensions: individual, social and, above all, programmatic[2].

However, nurses have still used concepts of vulnerability that focus on the individual dimension, supported by a concept in which vulnerability in its individual dimension can contribute to changing health and living conditions, not associating to the groups some of the determinants that promote significant results in the epidemiological profiles that are associated with the other dimensions[11].

In order to understand this relationship in which the individual needs to be understood in all the dimensions, it is observed that, by advocating the territorialization of health care, the National Primary Care Policy allowed for and favored the expansion of health coverage, especially for the population in the most vulnerable social situation. Thus, it is worth mentioning the Family Health Strategy Program, which initially had actions directed at the part of the vulnerable population considering the health conditioning factors and determinants to adopt strategies aimed at meeting health needs, reducing inequalities in coverage, and improving the quality of care for the human groups, thus guaranteeing equity[12]. In this context, Nursing, being part of this routine of primary care, has been dissociating care and promoting actions that value the vulnerable beings respecting their conditions and dimensions, understanding that not only the individual should be evaluated, but also the social and programmatic so that strategic actions can actually help in the process of understanding the vulnerability[13].

Nursing care in the vulnerability context

Care is a structuring concept of Nursing that consists of employing transpersonal efforts from one human being to another in order to protect and preserve humanity. In this conception, nursing care is based on values such as empathy, solidarity and collaboration. This implies a political-cultural commitment of Nursing with a view to preventing disruptions in society[1].

When considering Nursing as a social practice, that is, as an activity that aims to meet people's needs and understand them as social beings, it is understood that it can go beyond the technical-operative dimensions that result

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from the direct application of biotechnological, ontological, and epistemological knowledge. Nursing is seen as an integral part of the health production process, keeping a correlation with the social purpose of work, institutions and social groups and that involves the construction of knowledge that can help in the development of care strategy for vulnerable groups intervening in the process of health disease in order to mitigate its effects[11].

Nursing is a dynamic profession, subjected to constant changes and to the incorporation of reflections and actions on new themes and problems, but always guided by the ethical principle of maintaining or restoring dignity in all areas of life, through humanization. For this, nurses develop a comprehensive and interactive view of social and health issues, in line with the complexity of the areas and the pluralities added to today's society[14].

In this process, nurses have associated vulnerability and its dimensions in nursing care to human groups, noting that the understanding of care is being expanded in the search to understand the needs of each group, visualizing their dimensions and integrating their concepts in the search of a reflection that can subsidize discussion so that the care being provided equally to the groups is strengthened[15]. Thus, as a health profession, Nursing historically brings its disciplined knowledge in human care, focused on the performance of actions that can be considered strategic to minimize vulnerability among human groups[11].

Upon reflecting on nursing care for human groups and vulnerability, it may be possible to understand that attitudes need to be constantly evaluated because, despite having care as the basis for the health-disease process, nurses are still faced with attitudes and practices that make them less humanitarian and supportive, dissociating the dimensions without understanding them in a way that can help in the construction of successful processes within the context related to the vulnerability of human groups[14]. When directing the care, nurses provide appropriate intervention to these people under vulnerability conditions, moving away from the traditional models of assistance to seek to reduce vulnerabilities using new forms of care, not limited to just their knowledge, but creating spaces for there to be an interaction with the individual, listening more to them more and valuing this knowledge so that technical-scientific knowledge can be built up together for producing practical knowledge and from there interaction can arise that produces practical wisdom, making it possible to make the most appropriate intervention for the involved people[6].

Final Considerations

This study allowed us to reflect on the dimensions of vulnerability and nursing care for human groups, understanding that vulnerability involves the combination of elements that reflect on the individual, social and programmatic, associated with the experiences of ease and difficulties imposed by the health-disease process related the way of life for each group.

However, in order to achieve satisfactory care for the human groups, it is necessary for the nursing care to understand the social determinants that make such a subject vulnerable, considering all the dimensions that contribute to promoting actions that meet and respect the needs from the collective and individual perspective through the incorporation of contextual and sociocultural factors of the population.

Thus, as a contribution to Nursing, this study can expand the reflection on the theme, awakening to the recognition of the structuring values of nursing care as a social practice. This implies the political-cultural-social engagement, in order to subsidize health care for the vulnerable human groups and the adoption of attitudes and behaviors that provide interventions to build up and strengthen health care and maintenance actions, considering all the dimensions.

REFERENCES

1. Maffacciolli R, Oliveira DLLC, Oliveira DC. Challenges and perspectives of nursing care to vulnerable populations**.** Rev. Gaúcha Enferm. [Internet], 2018 [cited 2018 Sep 19]; 39:e20170189. DOI: https://doi.org/10.1590/1983-1447.2018.20170189
2. Carmo M, Guizardi FL. The concept of vulnerability and its meanings for public policies in health and social welfare. Cad. Saúde Pública [Internet], 2018 [cited 2018 Sep 19]; 34(3):e00101417. DOI: https://dx.doi.org/10.1590/0102-311x00101417
3. Monteiro SRRP. O marco conceitual da vulnerabilidade social. Sociedade em Debate, Pelotas [Internet], 2011 [cited 2020 Jun 21]; 17(2):29-40. Available from: http://revistas.ucpel.edu.br/index.php/rsd/article/view/695
4. Janczura R. Social vulnerability or risk? Texto&Contexto (Porto Alegre) [Internet], 2012 [cited 2020 Jun 21]; 11(2):301-308. Available from: http://revistaseletronicas.pucrs.br/ojs/index.php/fass/article/view/12173/8639
5. Santos EI, Gomes AMT, Oliveira DC, Marques SC, Bernardes MMR, Felipe ICV. Social representations about their own vulnerability developed by nurses caring for people living with HIV. Rev. enferm. UERJ [Internet], 2014 [cited 2018 Sep 19]; 22(3):303-8. Available from: https://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/13676/10468
6. Ayres JR, Castellanos MEP, Baptista TWF. Interview with José Ricardo Ayres. Saude soc. [Internet]. 2018 Jan [cited 2020 June 23]; 27(1): 51-60. DOI: https://doi.org/10.1590/s0104-12902018000002

DOI: http://dx.doi.org/10.12957/reuerj.2020.39222

7. Ayres JR, Paiva V, França Junior IF. Conceitos e práticas de prevenção: da história natural da doença ao quadro da Vulnerabilidade e Direitos Humanos. In: Paiva V, Ayres JR, Buchalla CM, organizadores. Vulnerabilidade e direitos humanos: prevenção e promoção da saúde: da doença à cidadania. Curitiba: Juruá; 2012. p. 71-94.
8. Oviedo RAM, Czeresnia D. The concept of vulnerability and its biosocial nature. Interface [Internet], 2015 [cited 2020 Jun 21]; 19(53):237-49. DOI: https://doi.org/10.1590/1807-57622014.0436
9. Zoboli ELCP, Schveitzer MC. Nursing values as social practice: a qualitative meta-synthesis. Rev Latino-Am. Enfermagem [Internet], 2013 [cited 2018 Ago 18]; 21(3):695-703. DOI: https://doi.org/10.1590/S0104-11692013000300007
10. Morosini MVGC, Fonseca AF, Lima LD. National Policy of Primary Healtcare 2017: setbacks and risks to the Unified Health System. Saúde Debate [Internet], 2018 [cited 2018 Ago 15]; 42(116):11-24. DOI: https://dx.doi.org/10.1590/0103-1104201811601
11. Fernandes NM, Hennington EA, Bernardes JS, Grinsztejn BG. Vulnerability to HIV infection in serodiscordant couples in Rio de Janeiro, Brazil. Cad Saúde Pública [Internet], 2017 [cited 2018 Ago 03]; 33(4): e00053415. DOI: https://doi.org/10.1590/0102-311x00053415
12. Malagón-Oviedo RA, Czeresnia D. The concept of vulnerability and its biosocial nature. Interface [Internet], 2015 [cited 2018 Ago 15]; 19(53):237-50. DOI: https://doi.org/10.1590/1807-57622014.0436
13. Sevalho G. The concept of vulnerability and health education based on the teory laid out by Paulo Freire. Interface (Botucatu). 2018; 22(64):177-88. DOI: https://doi.org/10.1590/1807-57622016.0822
14. Gomes SA, De Souza MCF, Vilar TNBM, Avelino VBCD, Tolstenko Nogueira L. The nursing care analyzed according the essence of the care of Martin Heidegger. Rev. Cubana Enferm. [Internet], 2017 [cited 24 Mar 2020];33(3): Available from: http://www.revenfermeria.sld.cu/index.php/enf/article/view/1529
15. Carrapato P, Correia P, Garcia B. Health determinants in Brasil: searching for healt equity**.** Saude soc. [Internet], 2017 [cited Ago 15]; 26(3):676-89. DOI: https://doi.org/10.1590/s0104-12902017170304