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INTEGRATIVE REVIEW

Contributions of the concept of vulnerability to professional nursing practice: integrated review

Contribuições do conceito de vulnerabilidade para a prática profissional da enfermagem: revisão integrativa

Contribuciones del concepto de vulnerabilidad para la práctica profesional de la enfermería: revisión integradora

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ABSTRACT

Objective: To identify contributions of the concept of vulnerability for professional nursing practice. **Method:** This is an integrative literature review conducted in the LILACS, MEDLINE and SCIELO databases, by using the descriptors Vulnerability, Vulnerability Analysis, Vulnerability Study, Social Vulnerability, Health Vulnerability, Vulnerable Communities, Vulnerable Population And Vulnerable Populations; being that they are all surveyed in combination with the descriptor Nursing. **Results:** Qualitative analysis generated the thematic categories as follows: Ongoing Nursing Education and Retraining of the professional nursing practice. The results point out that the concept of vulnerability mostly refers to determining factors of the individuals and communities illness beyond the individual dimension. **Conclusion:** There is a need of ongoing education strategies as well as the incorporation of contextual and socio-cultural elements in professional nursing practice in order to increment their diagnosis and intervention skills. **Descriptors:** Nursing research, Vulnerability, Nursing, Professional practice.

RESUMO

Objetivo: Identificar as contribuições do conceito de vulnerabilidade para a prática profissional de Enfermagem. **Método:** Trata-se de uma revisão integrativa da literatura realizada nos bancos LILACS, MEDLINE e SCIELO, utilizando os descritores Vulnerabilidade, Análise de Vulnerabilidade, Estudo sobre Vulnerabilidade, Vulnerabilidade Social, Vulnerabilidade em Saúde, Comunidades Vulneráveis, População Vulnerável e Populações Vulneráveis; sendo todos pesquisados em combinação com o descritor, Enfermagem. **Resultados:** A análise qualitativa gerou as categorias temáticas: Educação permanente para a Enfermagem e Reorientação da prática profissional da Enfermagem. Os resultados apontam que o conceito de vulnerabilidade se refere, na maioria deles, a condicionantes do adoecimento de indivíduos e comunidades para além da dimensão individual. **Conclusão:** Existe a necessidade de estratégias de educação permanente e incorporação de elementos contextuais e socioculturais na prática profissional do enfermeiro a fim de incrementar sua capacidade de diagnóstico e intervenção. **Descritores:** Pesquisa em enfermagem, Vulnerabilidade, Enfermagem, Prática profissional.

RESUMEN

Objetivo: Identificar las contribuciones del concepto de vulnerabilidad para la práctica profesional de Enfermería. **Método:** Se trata de una revisión integradora de la literatura realizada en las bases de datos LILACS, MEDLINE y SCIELO; utilizando los descriptores Vulnerabilidad, Análisis de Vulnerabilidad, Estudio de Vulnerabilidad Social, Vulnerabilidad en Salud, Comunidades Vulnerables, Población Vulnerable Y Poblaciones Vulnerables; todos los descriptores han sido buscados en combinación con el descriptor enfermería. **Resultados:** El análisis cuantitativo generó las siguientes categorías temáticas: Educación permanente para la Enfermería y Reorientación de la práctica profesional de la Enfermería. Los resultados apuntan que el concepto de vulnerabilidad se refiere, la mayoría de ellos, a condicionantes del adoecimiento de individuos y comunidades para más allá de la dimensión individual. **Conclusión:** Hay una necesidad de estrategias de educación permanente e incorporación de elementos contextuales y socioculturales en la práctica profesional del enfermero con el objetivo de aumentar su capacidad de diagnóstico e intervención. **Descritores:** Investigación en enfermería, Vulnerabilidad, Enfermería, Práctica profesional.

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INTRODUCTION

Initially, the concept of vulnerability has been proposed to the United Nations Program for the Acquired Immunodeficiency Syndrome (SIDA/AIDS), called UNAIDS, as an attempt to respond to the gaps in the epidemic. This was justified by the fact that the current health practices at the time could not adequately respond to the advance of this disease, especially among people of lower social classes, women, blacks, residents of the large city suburbs, as well as those living in poorer nations.¹

The concept of vulnerability can be taken as an opportunity for individuals or communities become more susceptible to diseases or disabilities, such as the result of a series of individual and contextual aspects and related to the effectiveness of policies, programs and services on their health situation.² This concept has been used in researches directed to health with the potential for intervention in the lives of individuals and communities³, by the fact that recognition of vulnerabilities and health needs by health professionals make more appropriate actions possible.⁴

Consequently, the operationalization of this concept can promote the renewal of care practices, awarding greater integrity and equity to health actions.⁵ In addition, the recognition of elements of vulnerability of a given community and their connections between the different socio-economic, political, institutional and cultural contexts, allow the strengthening of healthy environments of life and the potential of health of the population for their quality of life.³ Thus, allows the seizure of the social determinants of diseases and stimulates changes in health practices, such as social, historical and intersectoral practices.⁶

Considering the above, this article aims to identify the contributions of the concept of vulnerability for the professional Nursing practice.

METHOD

This is an integrative review, a method that allows the synthesizing of published studies in order to obtain new conclusions from a topic of interest. This review was operationalized through the following methodological steps: selection of topic and keywords; definition of databases to search; establishment of criteria for sampling; identification overview of the search results; adapting the instrument to data recording; analysis; interpretation and presentation of results.⁷ *A priori* formulated the guiding question for the study was: What are the contributions of the concept of vulnerability for professional nursing practice?

The step of bibliographic research included research in the databases: Latin American and Caribbean Literature in Health Sciences (LILACS) and International Literature in Health Sciences (MEDLINE); and the data repository Scientific Electronic Library Online (SciELO). The descriptors used were vulnerability, vulnerability analysis, study on vulnerability, social vulnerability, vulnerability in health, vulnerable communities, vulnerable population and vulnerable populations; all being researched in combination with the descriptor Nursing.

The sample was selected from the following criteria: national scientific paper, published in the period 2006-2010, available online for consultation indexed in the databases Medline and Lilacs and SciELO journals, having as the keywords Nursing descriptor associated with at least one of the other descriptors of the study, and contemplate the concept of vulnerability in their textual bodies.

It is justified the choice of the period of publication from 2006 to 2010 by the fact that this period present greater frequency of work with the selected descriptors.

The data collection was conducted in August and September 2011, through a record guide, with information, such as title, author, year of publication, periodical published, methodological approach of the study, the concept of vulnerability, a region in which the study occurred, objective, and contribution to professional nursing practice.

The collected data were gathered in a summary table in which the elements of the contribution for the professional nursing practice were grouped and presented by thematic categories.

RESULTS AND DISCUSSION

In the bibliographic survey step there were 55 articles identified with the nursing descriptor associated to at least one of the remaining descriptors relating to the study theme, as shown in Table 1:

Table 1 - Absolute frequency of published articles with keywords relating to vulnerability in combination with the descriptor Nursing identified in LILACS, Medline and repository Scielo, 2006-2010. Curitiba-PR.

Descriptors DECS BVS	2006	2007	2008	2009	2010	Total
Vulnerability	4	8	9	10	20	51
Vulnerability Analysis	1	1	6	4	7	19
Study on vulnerability	1	2	3	1	2	9
Social Vulnerability	1	2	3	2	6	14
Vulnerability in health	3	6	7	3	11	30
Vulnerable Communities	0	1	0	0	0	1
Vulnerable Population	0	2	1	2	1	6
Vulnerable Populations	0	2	1	1	2	6
Total occurrence by descriptors	10	24	30	23	49	136
Total of identified articles	5	9	9	12	20	55

Source: The authors.

From the exploratory reading of the full text of 55 articles, 16 were selected which met all of the study's criteria.

Characterization of the sampled scientific production

Regarding to the year of publication, the distribution of studies was represented as follows: one (7%) in 2006⁸, three (19%) in 2007⁹⁻¹¹, one (7%) in 2008¹², four (25%) in 2009^{4, 13-15} and seven (44%) in 2010.^{5, 16-20} About the regions where the studies were carried out, it is noteworthy that six (37%) were in Sao Paulo^{8, 10, 12, 14, 16-17}, five (31%) in Rio de Janeiro^{3-4, 9, 13, 15}, three (19%) in Rio Grande do Sul^{18/20}, one (7%) in Paraná¹¹ and one (7%) in Santa Catarina.⁵

Regarding the approach of studies, 12 (75%) were of a qualitative approach^{3, 8, 10-11, 13-20}, three (19%) revisions^{4-5, 12} and one (7%) experience report⁹. The themes addressed in articles were related to the areas of: STD/AIDS¹³⁻¹⁵, Child Health¹⁹⁻²⁰, Public Health^{4, 11}, Professional Nursing Practice^{5, 9, 8}, Family Health of the Elderly¹⁷, Control of Tuberculosis¹⁰, Nursing Research¹², Women's Health¹⁶ Violence¹⁸ and Chronic Diseases³.

Among the 16 articles analyzed, 11 (69%) brought the same concept of vulnerability^{3-5, 9-16, 18-20} and the others five (31%) brought concepts from different authors.^{8, 17-18} From the reading and summary of the content of conceptual contributions to professional practice in studies sampled, two thematic categories were constructed: *Permanent Education for Nursing*^{9-10, 17} and *Reorientation of the professional practice of Nursing*.^{3-5, 8, 11-16, 18-20}

With the purpose of facilitating the interpretation of the data, the emerged contributions of meta-synthesis of sampled items were grouped into two thematic categories: *Permanent Education for Nursing* and *Reorientation of the professional practice of Nursing*. It was understood as relevant, debating the concepts of vulnerability that were used in the sampled articles, analyzing its relation to nursing practices.

Concepts of vulnerability used by Nursing

In the area of Family Health, Nursing presents the vulnerability of the human being as “[...] feel threatened in their autonomy, under pressure of the disease, the family and the team”^{8:281}; and as a “[...] multidimensional construct understood as a process of being at risk that brings instability in health condition, resulting from economic, social, psychological, family resource or inadequate cognitive or physical condition”.^{17:116}

Under the anthropological vision, Nursing describes the vulnerability as “[...] set of aggressive factors, [...] the capacity of responsiveness of the individual and the perception that he has about the threatening environment and, therefore, about material and symbolic resources that mobilize to disable or circumvent a negative event”.^{18:152} This concept has been used more for nursing practice in the care of drug users and in the orientation of safe sex practices. The understanding of this concept by the nurse makes them value the participation of users in their care process, recognize their vulnerability and identify their potentialities to protect against illness and violence.¹⁸

Analyzing such approaches of the concept of vulnerability, it is inferred that the Nursing Staff has used concepts that focus on the individual dimension. It is emphasized that, by means of knowledge of vulnerabilities, the nurse could apply theoretical concepts in their clinical practice with families and deploy interventions that may subsidize them to face their difficulties.⁸ This could also, address social and structural issues, which produces a more critical perspective within their care process, going beyond the appearance of the social phenomena, discussing the essence of its production.¹²

This perspective can be observed in studies that deal with the concept of vulnerability as a set of conditions that make individuals and communities more susceptible to diseases or disabilities, due to aspects not only individual, but also social and programmatic.^{3-5, 9-16, 18-20}

This concept of vulnerability is shown relevant to the achievement of political, cultural, cognitive and technological changes that promote outcomes in epidemiological profiles, not denying the traditional biological model, but proposing ways and means to overcome it.⁶

Nursing can contribute, sustained by this broader concept of vulnerability, with the construction of instruments or indicators to guide evaluations of health and living conditions of individuals and groups, subsidizing interventions for the determinants of the state of their vulnerability. Because through this synthesis, there is the possibility of getting to know and understand the differences of each one, individually and in groups, to cope with the health-disease process.¹²

In the following, two categories identified in the study are discussed.

Contributions to the professional practice

The category *Permanent Education for Nursing*^{9-10, 17} points out the need for investment in permanent education for Nursing professionals, so that they are more prepared to offer a service capable of transforming realities and promote health to its users.

Nursing understands that the convergence of the care with education can benefit from the collective construction of knowledge in health, the education of citizens, and developing of the capacity of self-care, by identifying the vulnerabilities of people.⁹

It cites, as an example, that in the context of the Family Health Strategy, there is no recommendation for the professionals to be empowered to identify the vulnerabilities of older people and their real needs. Therefore, could subsidize the specific training of caregivers to better cope with the situation of caring for the elderly with cognitive decline and know the available social support network.¹⁷

In turn, in the context of tuberculosis control, protection for investments, training and continuing education of health workers with guidance on its vulnerability for this disease and curability are proposed. The Nursing staff itself is a vulnerable population, and should recognize their vulnerabilities in healthcare practice due to their working conditions and the physical, mental and emotional exhaustion.¹⁰

Therefore, the Nursing staff should reflect on their demands for better working conditions, such as adequate infrastructure, human resources and required materials and compatible wages. The analysis of these items can facilitate recognition of the vulnerability

of such workers as they may relate to their disease process and the consequent absenteeism. How can these professionals promote health and perform prevention if many are subordinated to a system that negatively affects their health and well-being?

The category *Reorientation of the professional practice of Nursing*^{3-5, 8, 11-16, 18-20} alludes to the concept of vulnerability as a relevant tool to strengthen the professional practice of nurses by enabling increments to their capacity for diagnosis and intervention, concerning better results to their work.

The utilization of this concept points out to the potential in everyday professional practice of Nursing, by recognizing the vulnerabilities of its users, and the identification of opportunities and resources for their coping and overcoming.¹² And can characterize the care process as a time of opportunity for exchanging knowledge and establishing links from the mediation of life history of its users.¹³

The reorientation of practice should be encouraged by the systems / health services, they must offer equally access to goods and services to communities, allowing overcoming the condition of social vulnerability¹¹, as well as maintain the respect for the socio-cultural context in the formulation of health policies and care practices.¹⁵ However, due to the weaknesses of the systems/health services in relation to accessibility and organization in their care model, these must position themselves as part of the health-disease-care process, and not as bearers of the solution to the problems of its users.²

Authors of Nursing believe that the healthcare team must address in an integral way the dimensions of vulnerability, considering the context of the subject's life²², as well as reflect on the gender and biological identity constructed by individuals and society, because the vulnerability of women to sexually transmitted diseases is related to social, individual and cultural issues.¹³

Knowledge of the elements of vulnerability of a given population and the relationship between the various individual and social contexts can give space to the strengthening of healthy living environments and self-care for health.³ Therefore, the practices of education and health promotion need extrapolate the informational and hygienist components and incorporate the analysis of vulnerability in the planning of their actions for specific population groups.¹⁶

Thus, to support the professional practice with the concept of vulnerability, Nursing develops care actions, aimed to disease prevention, health promotion, permeated by the principle of completeness and fairness. Thereby, increasingly observed that the phenomena of health resulting from the crossing of behavior (s) and “[...] individual, subjective, social, political and cultural experiences”^{12:927}, by redirecting its practice, in a dialectical relationship.

CONCLUSION

The results of the review showed conceptual approaches to vulnerability identified in recent national articles in the Nursing area, and that in the majority of them, the vulnerability refers to the constraints of the illness of individuals and communities in

addition to the individual dimension. As well as, indicate that the use of the concept in their daily professional practice can contribute to increasing its capacity for diagnosis and intervention, with favorable implications to their results.

Training as a permanent education strategy, pointing out to the reorientation of the professional practice of nursing for with the situations of vulnerabilities of the Nursing team, are elements that can strengthen it with views to overcome their difficulties.

The nurse has defined their space in the health system to be recognized by the user as a professional who can propose interventions in their daily reality and help him to overcome his difficulties. In this interaction, can create spaces of shared knowledge, in the construction of healthy environments, and on the strengthening of the self-care of citizens, making them the protagonists of their health maintenance.

Finally, it is considered that the greatest contribution of this conceptual perspective of vulnerability to the praxis of Nursing is to refocus its professional practice, by means of overcoming the focus exclusively on the individual through the incorporation of contextual and socio-cultural elements. This success will allow the nurse identify opportunities and resources to be used also in overcoming inequities in health, recognized himself as part of the health-disease-care process of the users and build a historical and social care.

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