




**Perceptions of risk and vulnerability in health services**

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## Background - research team

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## Background - the Institute

*The Australian Institute of Health Innovation's **Mission***

*Our mission is to enhance local, institutional and international health system decision-making through evidence; and use systems sciences and translational approaches to provide innovative, evidence-based solutions to specified health care delivery problems.*

<http://www.med.unsw.edu.au/medweb.nsf/page/ClinGov>About>





## Background - the Centre

*The Centre for Clinical Governance Research undertakes strategic research, evaluations and research-based projects of national and international standing with a core interest to investigate health sector issues of policy, culture, systems, governance and leadership.*




<http://www.med.unsw.edu.au/medweb.nsf/page/ClinGov>About>





## Objective




The objective of this study was to examine clinicians' perceptions of the social dimensions of personal and patient risk and vulnerability to harm within healthcare systems.

## Background - definition

Vulnerability in healthcare has been called the 'elephant in the room' of healthcare.<sup>1</sup>

Unlike the concept of risk, which has undergone sustained examination over a decade,<sup>2</sup> vulnerability has proven difficult to define and is under-researched.<sup>1</sup>

## Method

- Data from a larger study into clinician perspectives of patient safety are presented.
- A total of 30 focus groups with 195 Australian health professionals was conducted.
- Participants included medical practitioners, nurses, allied health workers, managers and policy makers. Focus groups were conducted in 2004 (n = 25) and 2007 (n = 5).



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## Method

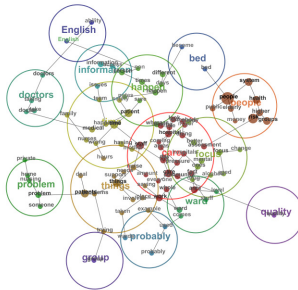
- Participants were asked to reflect on various aspects of patient safety.
- Participants' responses to a key question within the context of patient safety, that is: "who is at greatest risk in the health system?" were analysed using traditional content analysis, and data-mining software.



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## Results: data mining



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## Results

- Participants' responses were allocated to four categories of high risk groups:
  - Clinicians;
  - Individuals with bio-medical conditions;
  - Patients with liminal status; and
  - Socially vulnerable groups.



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## Results

From the data a definition of vulnerability emerged: *an openness or susceptibility to risk from an external agent or agents.*



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## Results: clinicians' vulnerability

Clinicians who identified themselves and their colleagues as being vulnerable to internal threats such as:

- Systems pressures;
- Workloads;
- Inexperienced junior staff;
- Competing workplace demands;
- Employment in small or rural services;
- Certain times and locations;
- Lack of trust in, and support from, managers



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*There is not a good system of communication. It is very much ad hoc sometimes. We have many patients. One person says one thing and another person says something else. Doctors will often walk in and suggest sending someone home. The patient is from the country somewhere, so there is a lack of planning and lack of forethought in the communication. In addition, how far do you push things? You do get to the point after so many years, of being tired of it all – the ethical side of it and the legal side of things. You sometimes feel that you are not doing as much as you can, but you know that the doctor does not want to do that sort of thing, so you back off ....*

(Mixed Focus Group, 2004)



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## Results: clinicians' vulnerability

For clinicians, their external vulnerability was associated with:

- Political interference;
- Media sensationalism; and
- Aggressive patients and their families.



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*There would be a media frenzy were they to focus on it – like in my unit, I think, 'My God, if they got wind of this' .... People are more aware, like relatives [of the] the slashing of costs, like on A Current Affair, so relatives tend to question a lot more than they used to do. They don't just take an antibiotic. They push for results ...*

(Nursing Focus Group, 2004)



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## Results: bio-medical vulnerability

- Vulnerability in patients was linked to bio-medical conditions, quality of care or social factors.
- The elderly were as a group at highest risk across the categories.
- Vulnerability in the elderly was linked to physical frailty, co-morbidity, and inadequate service provision.



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*I think the other people who are at risk are the frail aged. I wouldn't necessarily say the really young because usually the really young have other adults around them to look after them. But the frail aged often have no one and sometimes they are overwhelmed by the fact that they're in hospital and their medications have all changed and they don't know what's supposed to be happening because their routine is totally thrown.*

(Allied Health Focus Group, 2004)



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## Results: liminal status

- Rapidly deteriorating patients;
  - Patients in transit;
  - Patients discharged early;
  - Patients in emergency departments and Intensive Care Units;
  - Prisoners; and
  - Certain locations and times
- were all considered vulnerable because of their liminal status.



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*Our patient group is clearly not a popular patient group, and sometimes it's very hard to actually get services in a timely way. Even today, as we speak, we're trying to sort out where people are left for long periods of time because people don't want to see them. Of course they've got cuffs and when they're released from court they're back into the other population so they're someone else's problem. So because people don't like the particular patient group, and sometimes it's people who aren't in custody, there are other reasons why people don't like them, then they get bounced around. When you've got an unremitting mental illness or drug and alcohol problem it's high risk in terms of what happens to those young people.*

(Managers Focus Group, 2007)



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## Results: socially vulnerable

The socially vulnerable included:

- Indigenous communities;
- Immigrants;
- People with disabilities;
- Children and youth;
- Patients with literacy and communication problems;
- Geographically isolated individuals;
- Socially isolated individuals; and
- The homeless.



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*I think people in rural or outer-metropolitan areas are definitely at risk, due to the centralisation of medical care - one centre, the Centre of Excellence, or whatever they call it these days - it's sort of like a vortex, bringing resources to the centre and making the resources outside sparse. That's when patient's lives are at risk, because if you happen to get sick out there, the chances of you surviving or getting the best care is a lot less than if you were in the centre of Sydney having a heart attack or anything like that. That's a serious problem I feel.*

(Senior Nursing Focus Group, 2004)



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## Results: socially vulnerable

Vulnerability in these groups was located in their 'less desirable' status both in healthcare services and society in general.

Despite this narrative, none of the individuals reflected on the impact of factors such as discrimination, prejudice or racism on vulnerability to error.



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*The worst thing is if you work on a floor that's really busy and your regular staff are tired, the casual walking on will get the busiest or heaviest or yuckiest patients. So they don't even know the floor and they get the worst patients and the busiest workloads to try and give the regulars a break - I don't know. I think that must factor into it, the more settled, cohesive, the more education you can bring in, the more incident reporting, the more feedback, the more settled stable team ...*

(Nursing Focus Group, 2004)



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## Results: socially vulnerable

As a result, they were considered to be at higher risk of errors of commission and omission.

A primary determinant of vulnerability was lack of advocacy.



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*My comment was going to be around those people who have reduced capacity or understanding and don't have an advocate there for them. We certainly see a lot of issues arise when there were things that were clearly there or communication has broken down, and it is that lack of adequate understanding. Sometimes it's a language or cultural barrier, but often it's just that failure to have someone there who can actually step back and take a view and do some advocacy.*

(Patient Safety Managers Focus Group, 2007)



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## Conclusion

Risk is a well understood and explored concept in patient safety research.

Less attention has been paid to vulnerability, and in particular, the influences of social characteristics which may make patients and staff more susceptible to errors.



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## Conclusion

The findings show that clinicians are able to identify specific types and forms of risk which underpin their own sense of vulnerability and that of their patients.

How to address these remains an unaddressed question...



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## Selected references

1. Hurst SA. Vulnerability in research and health care; describing the elephant in the room? *Bioethics* 2008;22(4):191-202.
2. Beck U. *Risk Society: Towards a New Modernity*. London: Sage, 1992.
3. Braithwaite J, Travaglia J. *Giving a voice to patient safety*. Sydney: Centre for Clinical Governance Research, 2008.



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