Dorothea Orem- Self-Care Theory

Dorothea Orem is described as a pioneer in the development of distinctive nursing knowledge. Orem contends that the term "care" describes nursing in the most general way, but does not describe nursing in a way that distinguishes it from other forms of care (Orem, 1985).

Between 1959 and 2001, Dorothea Orem developed the Self-Care Deficit Theory to better the quality of nursing in general hospitals in her state. It's considered a noble nursing theory, containing a broad range and general concepts applicable to all cases of nursing.

Dorothea Orem's Self-Care Deficit Theory describes nursing as the act of helping others within the provision and management of self-care to take care of or improve human working at the house level of effectiveness.

It focuses on each person's ability to perform self-care. Orem defines self-care as the execution of activities that people trigger and act on in maintaining life, health, and well-being.

The circumstances that authenticate the existence of a requirement for nursing in adults is the absence of the power to take care of that quantity and quality of self-care continuously.

This care is therapeutic in sustaining health and life, recuperating from illness or injury, or dealing with their outcomes. With children, the condition is that the parent cannot take care of and provide therapeutic care in the same quantity and quality.

Assumptions of Orem's Self-Care Theory

The assumptions in the Self-Care Deficit Theory include:

- To stay healthy and remain useful…..people must engage in constant communication to connect among themselves and with the environment.
- The power to act willingly is exercised to determine needs and to make appropriate judgments.
- Adults experience hardship in the form of action in taking care of self and others when making life-sustaining and activity-regulating actions.
- Human agency is utilized to identify, develop, and transfer different ways to determine needs for and assist self and others.
- Groups of people…with organized team activities and allocate responsibilities for giving care to its members.

Major Concepts of the Self-Care Deficit Theory

The major concepts of the Self-Care Deficit Theory include:

Nursing

Nursing is the art through which a nurse gives specialized assistance to a patient for self-care. The goal…is to provide a better quality of life while helping the patient become more responsible and active in managing their health care at home.

It's about nourishing, encouraging, protecting, compensating, and promoting recovery from illness and injury. The nurse also intelligently participates in the patient's care.

Humans

Humans refer to men, women, and children being given care either as single or social units. They are nurses' "material object" and the subject of the environment that nurses will act upon by providing direct care. It's through their actions that inputs are given to them, and they receive output.

Environment

The environment refers to the physical, social, cultural, economic, political, and historical surroundings in which nursing activities are implemented.

It's where human agencies give nurses opportunities to influence or be influenced by what is happening there. The environment also includes the family, community, and culture.

Health

Health is the ability to perform optimally as a human being. It's defined as the absence of disease and infirmity, total physical and mental well-being, and functioning optimally in an environment.

Health also includes the well-being of an individual and a group and encompasses the ability to reflect on oneself, symbolize one's experience, and communicate with others.

Self-Care

Self-care is an ability possessed by humans to meet the physical and psychosocial demands that sustain life. According to Orem, self-care is the practice of activities people initiate and partake in on their own to maintain their life, health, and well-being.

Self-Care Agency

Self-care agency is the power to act deliberately in meeting one's own needs. The inherent trait in humans makes them able to make choices and make judgments on their behalf. Self-care agency is influenced by essential conditioning factors.

Basic Conditioning Factors

Basic conditioning factors are those that affect self-care agency from birth to adulthood. These include the state of health, environmental conditions, health care systems, social interactions, mental ability, and maturity.

They also include resource adequacy and availability and biological factors such as body strength, senses, coordination skills, agility, and pain threshold.

Therapeutic Self-Care Demand

Therapeutic self-care demand is the need to participate actively in meeting one's health care needs. It's the totality of self-care actions and activities needed to maintain and promote optimum health and well-being.

It's determined by assessing one's entire situation. This demand is affected by social, cultural, political, psychological, and biological factors.

Self-Care Deficit

Self-care deficit is the lack of self-care activities or the manner in which self-care actions are performed. It delineates the need for nursing.

Nursing is only required when the parent, guardian, or dependent isn't capable of or is limited in providing continuous effective self-care.

Nursing Agency

The nursing agency is the attributes of nurses that enable them to act, know, and feel in a manner that helps them meet the self-care needs of their patients by exercising and developing their self-care agency.

Nursing System

The nursing system is the network of all the relations between the people involved; legitimate nurse and legitimate client. It's activated when the client's therapeutic self-care demand cannot be met or is limited, leading to nursing.

Self-Care Deficit Theories

Dorothea Orem's Self-Care Theory is composed of three intertwined theories.

- The theory of self-care
- The self-care deficit theory
- The theory of nursing systems

Theory of Self-Care

This theory focuses on the patient's individuality and self-care abilities. The theory states that individuals can meet their own needs, but only under certain conditions.

These include the state of health, environmental conditions, health care services, social interactions, economic resources, the environment or community setting in which one lives or functions, and biological factors.

The theory of self-care includes three self-care requisites:

- Universal self-care requisites
- Developmental self-care requisites
- Health deviation self-care requisites

Universal Self-Care Requisites

Universal self-care specifications are associated with life cases and the maintenance of the human structure and its functional integrity. They include:

- The maintenance of enough air intake
- The maintenance of proper intake of water
- The maintenance of ample intake of food
- The provision of care linked with the eradication process and excretions
- The maintenance of a balance between a task and rest
- The maintenance of an equilibrium between solitude and social interaction
- The prevention of threats to human life, functioning, and well-being
- The advancement of human functioning and development in social groups under human potential and desire to be normal.

Developmental Self-Care Requisites

Developmental self-care requisites become apparent when the adult's social interactions are judged. They can either be specialized expressions of universal self-care necessities detailed for developmental processes…..or new needs drawn from a condition or connected with an event.

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They include:

- Adjusting to a new job
- Adjusting to body changes
- Adjusting to a new social group
- Adjusting to a new environment

Health Deviation Self-Care Requisites

Health deviations are conditions that affect health status and require more than usual self-care efforts. They are needed in situations of disease, illness, or injury.

They can also result from medical measures necessary for diagnosing and correcting the situation. They include:

- Seeking and securing suitable medical care
- Being conscious of and tending to the effects and results of therapeutic conditions and circumstances
- Effectively carrying out medically prescribed diagnostic, curative, and recovery actions
- Recognizing and attending to or controlling the discomforting or detrimental effects of

prescribed medical measures
- Adjusting the self-concept in accepting oneself as being in a certain state of health and in need of particular health care forms
- Learning to live with the effects of pathologic conditions and the impact of medical diagnostic and treatment measures in a lifestyle that promotes continued personal development

The Self-Care Deficit Theory

The self-care deficit is based on the premise that clients and patients cannot meet their own essential needs; thus, they require nursing intervention.

The cause of this deficit in meeting self-care is related to limitations or barriers that prevent individuals from meeting their requirements for health, well-being, growth, and development. Orem identified five methods of helping:

- Acting for and doing for others
- Guiding others
- Supporting another
- Providing an environment that promotes personal development and meets future demands
- Teaching another

Theory of Nursing System

This theory is about providing for individuals who are unable to provide for themselves. It is based on the belief that an individual will not meet basic needs.

The focus of this theory lies in assessment, planning, implementation, and evaluation so that adequate self-care can be attained. It's divided into three:

- Wholly Compensatory Nursing System
- Partial Compensatory Nursing System
- Supportive-Educative System

Wholly Compensatory Nursing System

This system is employed when there are physical barriers to self-care. It focuses on providing for needs that the client cannot meet.

Persons with these needs are socially dependent on others since they cannot meet their own requirements, for example, newborns, after-surgery patients, etc.

The focus is on providing physical care that includes:

- Protection techniques and protection devices
- Positioning devices and positioning techniques
- Equipment for activities of daily living such as feeding, bathing, toileting, transferring, dressing, and grooming
- Assistance with instrumental activities of daily living such as using transportation, preparing

meals, shopping for food

Partial Compensatory Nursing System

This system is employed when barriers affect the individual's ability to perform some self-care activities. They can meet their own essential needs but with assistance.

The focus of this system is on meeting physical care needs that include:

- Management of body functions
- Maintenance of equipment
- Dressing techniques that are appropriate to the condition or disabilities present
- Postoperative client in ambulating

Supportive-Educative System

This system is used when individuals can meet their own needs but cannot understand, learn, or perform them due to environmental barriers.

Application of Orem's Self-Care Theory

Orem's theory applies to the practice of nursing and has shaped how nurses view their roles. The role of the nurse in Orem's theory is to meet self-care deficits.

The goal is to provide client participation in meeting self-care requirements. For example, an individual's ability or inability to adequately take care of themselves may determine whether a nurse needs to assist them with their needs like bathing, feeding, etc.

If someone needs assistance with these activities because they lack the capacity or skills, then an assessor like a nurse or social worker may help that individual find the services they need to stay in their home.

Let's take the case of inadequate air intake…it poses a potential risk for impaired respiratory status. Orem's Self-Care Deficit theoretical framework directs the nurse to assess the individual's ability to care for themselves regarding their air intake.

Based on the assessment, the nurse guides and directs the patient accordingly. If they need help, the nurse helps them with it.

If they don't, the nurse might suggest some exercises that they can do independently to avoid becoming a problem later on. In this way, the nurse's intervention is supportive instead of compensatory.

Strengths of Orem's Self-Care Theory

- Orem's self-care deficit theory allows the nurse to take a more active role in meeting the patient's needs.
- This is beneficial as it helps build trust and rapport between the nurse and patient, making it easier to work together. Its strengths include:

- Orem’s theory involves a vast scope of processes and can be used by beginners and experienced health practitioners.
- It outlines a comprehensive basis for nursing practice. It’s practical in the fields of nursing education, nursing practice, and nursing administration.
- The concepts of Orem’s theory are easy to learn, even for beginners, and can be examined in-depth as they learn more and gain experience.
- Orem clearly specifies when nursing is needed. It’s required when the patient can’t have the amount and quality of self-care necessary to sustain health and life continuously.
- The self-care approach is simultaneous with the concepts of health promotion and maintenance.
- Orem’s theory is a deficit approach that works well with the disease-centered traditional system.

Limitations of Orem’s Self-Care Theory

Orem’s self-care deficit theory has been criticized in regards to its limitations. Some of these include:

- Health is usually considered dynamic and ever-changing.
- Theory is criticized as being mechanistic, whereby it doesn’t allow for enough flexibility to adapt to a patient’s unique needs.
- The theory is simple and complex. It uses terms such as self-care deficit, self-care requisites, self-care agency, universal self-care, and self-care demand. These can easily confuse the reader.
- Nursing interventions are described as being corrective and supportive, whereas preventive and promotive nursing concepts are not incorporated into Orem’s theory.
- Orem’s definition of health is rigid as she refers to health as a concrete nursing system confined to three static conditions.
- The theory lacks substantial acknowledgment of an individual’s emotional needs and neglects the humanistic perspective.