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GENERAL ARTICLE

# Application of Dorothea Orem's Theory into Nursing Practice

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**ABSTRACT**

The self-care deficit nursing theory by Dorothea Orem is a grand nursing theory that was created in between 1959 and 2001. The theory is also called the Orem's Model of Nursing. It is especially utilized as a part of recovery and essential care settings, where the patient is urged to be as free as could reasonably be expected. The purpose of this paper is to apply the theory of self-care deficit according to its principles into clinical practice, to give a holistic nursing care to a fully dependent patient.

**Keywords:** Nursing Theory Application; Theory Practice Gap; Clinical Practice; Holistic Nursing Care.

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## INTRODUCTION

The theory of self-care deficit is a grand theory[1] and a combination of theory of self-care, theory of self-care deficit and the theory of nursing systems.[2] As the theory is revised many times, to make it appropriate for the change in time and context, the nested concepts were developed which are more organized but somehow complex. According to the assumptions[1] of the theorist, individuals should be independent and responsible for their own care and their family members should help them if they need help. People are unique individuals and nursing is a form of interaction between people. Successful meeting of the universal and developmental requisites are important aspects of preventive and promotive care. A person should know about potential health problems as obligatory for the promotion of self-care attitudes. Self-care and dependent care are the behaviors learned by society and culture. According to the metaparadigm of this theory,[1] man is a reasonable organism with rational powers, environment includes the components external to man but she reflected that man and environment are the combination of a system related to self-care; goal of nursing is to make the client or his family member capable of meeting self-care needs, and health, in her view, is the responsibility of the whole society.

The general concepts of the Orem's theory consist of self-care, self-care agency, therapeutic self-care demand and self-care requisites.[3] Self-care is explained as the activities carried out by oneself.[1] The self-care agency is one's innate ability to do self-care and it will be affected by some factors e.g. age, gender, health care system and social system, etc.[4] The therapeutic self-care demand is the holistic self-care measures needed. Self-care is performed to satisfy the self-care requisites.

There are three main types of self-care requisites according to the Orem's theory:[5]

1. Universal self-care requisites
2. Developmental self-care requisites
3. Health deviant self-care requisites

Whenever there is insufficiency in any of these three requisites, the individual will have a deficit in care. The deficit is described as the comprehensive examination of a client. Once the need is identified, the nurse has to find out whether the client needs supportive or educative care and to evaluate whether the mutually planned goals are met or not. So, the theory would be successfully applied to nursing practice.[3]

### Background of the theorist

Dorothea E. Orem (1914-2007), one of the prime US theorists born in Baltimore, got her basic diploma in nursing at School of Nursing Washington, BSN (1939) and MSN in 1945 from Catholic University of America, and Doctorate degrees (honorary Doctorates awarded from different Universities). She published her theory in 1959 for the first time and revised in 1971, 1983, 1987, and 2001. Her contributions enabled her to achieve Excellency from prominent societies like Sigma Theta Tau International Society, the National League for Nursing, and the American Academy of Nursing.

### Philosophical underpinnings

Orem theory is derived from the work of philosophers like Aristotle, Aquinas, Harre Helson (1970), Wallace (1983), Parson's structure of social action, and von Bertalanfy's system theory, which directed her work along with her personal life experiences, practices during work, and her education level.[5,6]

**Importance of the self-care deficit nursing theory**

According to Orem, she made this theory on the basis of what nursing is? When nursing is needed? In which state should we provide nursing care? These were the factors that motivated her to formulate a grand nursing theory.[1] The focal logic of self-care deficit nursing theory is that all persons need to care for themselves and they can recover rapidly and completely by self-care as much as they can do by their own-self. This theory is specially utilized as a part of restoration in different settings in which patients were needed to be independent.[4]

One of the benefits of the Orem's theory of self-care deficit is that it can be applied to many nursing situations of clients. The comprehensive statement of its standards and ideas makes it effectively versatile to various settings; nurses and clients can cooperate to guarantee that the clients get the most ideal care, but on the other hand clients watch over themselves.[7] On account of Dorothea Orem's commitment to nursing, and additionally her diligent work in the field, nurses can utilize her theory today to patients and influence their change from the hospital and care for themselves at their homes as well.[7-10]

**Application of theory of self-care deficit on a hypothetical case that is wholly compensatory**

Mr. Shoaib is a 62 years old male patient admitted to a medical ward. He has right ischemic Cerebro-Vascular Accident (CVA) and a resultant left sided body paralysis. He has no sensations or movement in the left side of the body. He has lost his gag reflux and is unable to swallow food. A nasogastric (N/G) tube is placed for providing him nutrition.

Mr. Shoaib is not able to change his position and is dependent on care givers for changing his position. He is also not able to carry out his routine daily life activities.

His family is worried whether he would be able to regain control of his life or not. They are also worried whether they would be able to provide him the care he needs when he is discharged from hospital.

Mr. Shoaib's case is analyzed and the Dorothea Orem theory of Self Care Deficit is applied according to its principles, depicted in Tables 1-3 below.

**Table 1: Universal self-care requisites**

| Universal Self-care requisites | Self-care agency / actions | Nursing agency / actions |
|---|---|---|
| Air | Breathing spontaneous, no cyanosis, congestion of chest because of unable to expel sputum. | Encourage deep breathing exercise. Provide expiratory flow meter for deep breathing that will enable to cough out sputum and remove chest congestions. |
| Water | Can use right hand to take fluids but due to left side facial paralysis can't swallow fluid and a nasogastric tube is placed for feeding. | Assist N/G feeding and assess to regain swallow reflex to enable swallowing. |
| Food | Food intake is not adequate due to difficulty in swallowing but can use right hand to hold pan. | Assist and take help of nutritionist for a diet plan and give N/G feed on proper timing to prevent dehydration and excess fluid volume. To assess for improving gag reflux to take diet and nutrition by mouth. |
| Elimination | Needs assistance while voiding and eliminating. | Maintain intake and output record to prevent excess or deficit fluid volume. Assist and monitor for bowel habits. Maintain hygiene. |
| Activity / rest | Cannot move on his own; needs assistance in moving or changing sides, potential for impaired skin integrity. Cannot sleep properly because he can use only right side for sleep. | Encourage and assist to change sides and Maintain skin integrity. Provide calm environment and assist to change position two hourly. |
| Social interaction | Unable to interact with society. | Take help of speech therapist to help him in regaining his verbal ability. Allow friends and family members to visit him. |
| Prevention of hazards | Unaware of fall and injury. | Provide understanding about call bell system. Instruct to take assistance before changing position to protect from fall or injury. |
| Promotion of normalcy | Unable to communicate with family members but can use nonverbal cues. | Give paper and pen to convey his complete message because he can use his right hand and is educated as well. Minimize anxiety. Develop mutual trust and friendly environment. Collaborate with concerned team members of his care. |

| Table 2: Developmental self-care requisites | | |
|---|---|---|
| Health deviant self- care requisites | Self-care agency/actions | Nursing agency/actions |
| Adherence to medical regimen | Believes that drugs may improve his condition. | Educate him that only medicine could not treat his problem. |
| Awareness of potential problem associated with the regimen | Not aware about his actual condition. Not aware about the side effects of the medications. | Provide knowledge about his condition and prognosis. Educate about medicines side effects. |
| Modification of self-image to incorporates changes in health status | Has adapted to limit activity and mobility. Perceives that in such type of condition only rest is beneficial. | Encourage activity and exercise to promote his health and regain his activities of daily living. |
| Adjustment of lifestyle to accommodate changes in the health status and medical regimen. | Unable to cope with the situation. | Counsel him that he will soon regain his abilities if he will follow all above instructions. |

| Table 3: Health deviant self- care requisites | | |
|---|---|---|
| Developmental self-care requisites | Self-care agency / actions | Nursing agency / actions |
| Maintenance of developmental environment | Difficult to perform the dressing, toileting etc. | Encourage and assist him to perform his dressing and to void and eliminate. |
| Prevention/ management of the conditions threatening the normal development | Feels that he may not be able to regain his abilities and may not able to move with the society. | Encourage him to move out in wheel chair and with the use of crutches with or without assistance.<br>Encourage social interaction by meeting friends. |

**Evaluation:** Theory of self-care deficit specifies nursing is needed when an individual is dependent and is unable to take care for himself.[6-17] Orem identifies the five methods of assisting a dependent individual:

1. Doing or acting for another
2. Supervising others
3. Supporting others
4. Offering an environment that promotes personal development in relation to meeting future needs
5. Educating others

But the application of these five methods was not fulfilling the needs of Mr. Shoaib because he was also a dependent client so he needs wholly compensatory nursing system. Theory of Nursing Systems identifies how the patient's self-care requisites will be met by the nurse, the patient, or both.[11] However, the theory components are interrelated and can make a patient from wholly compensatory to partly compensation and at last to support and education. The whole process will lead to a holistic care.[12-14]

Mr. Shoaib was on wholly compensatory nursing system and after the application of Self Care Deficit (SCDNT) he met the desired goals of nursing care, though he was much improved from his impaired condition, like he could walk on crutches without assistance but needed help when shifting to his bed, he could swallow food without N/G tube, he could interact with family and friends but his communication was not much clear, so he got frustrated and could not manage his anger some of time but it was understandable that he was passed through a very serious condition and it is natural phenomena of disease that it affects a person's body and mind as well but he will regain some of his abilities with the passage of time. However, his feelings and thoughts will be important for his future progress and adaptation.

## CONCLUSION

The fundamental philosophy of Orem's theory is that all clients want care by themselves, and they are able to improve more quickly and completely by performing their own care as much as possible.[15] Orem's theory is exceedingly easy, and generalizable to use to an extensive variety of patients. It explains the phrases self-care, self-care deficit and nursing systems, which are very essential to students who plan to begin their career in nursing.[16] Although this theory significantly impacts each patient's independence, the definition of self-care cannot be immediately carried out to people who desire entire care or assistance with self-care activities inclusive of the babies and the aged.[18]

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