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Mastering the Art of Theory Application in NURSING

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6 Dorothea E Orem's Self-care Deficit Theory



INTRODUCTION

Dorothea E Orem, a prominent nursing theorist, developed the Self-care Deficit Theory as a framework for understanding and addressing the self-care needs of individuals. According to Orem, self-care is an essential component of maintaining health and well-being, and individuals have the innate ability and responsibility to engage in self-care activities to promote their own health. When individuals are unable to meet their self-care needs independently, they experience a self-care deficit. Nurses play a crucial role in assessing self-care abilities, providing education and support, and intervening to help individuals meet their self-care deficits. Orem's theory guides nursing practice by promoting patient-centered care and empowering individuals to participate in their own health management. Orem's Self-care Deficit Theory is a grand nursing theory that provides a broad perspective on

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self-care, self-care deficits, and the role of nurses in assisting individuals with meeting their self-care needs.

Credentials of the Theorist

- **1934:** Nursing diploma from the Providence Hospital School of Nursing in Washington, DC.
- **1939:** Bachelor of Science in Nursing education at Catholic University of America, Washington, DC.
- **1945:** Master of Science in Nursing education at Catholic University of America.
- Received Doctor of Science from two universities (Georgetown University, Washington DC in 1976 and Incarnate Word College, San Antonio, Texas, in 1980); Doctor of Humane Letters (1988) and an honorary Doctor of Nursing from the University of Columbia in 1998.
- She worked as a staff nurse, private duty nurse, nurse educator, nurse administrator and nurse consultant.
- An assistant professor of nursing education at Catholic University of America (CUA).
- Director of the Providence Hospital School of Nursing in Detroit, Maryland.
- **Awards:** Catholic University of America's Alumni.
- Received the most prestigious nursing award from Sigma Theta Tau International in 1997.
- **Publication:** "Guidelines for Developing Curricula for the Education of Practical Nurses" 1959.
- In 1971, she first published her book titled, "Nursing: Concepts of Practice". The 2nd, 3rd, 4th, 5th, and 6th editions were published in 1980, 1985, 1991, 1995, and 2001 respectively.

ASSUMPTIONS OF THE THEORY

- To stay alive and remain functional, humans engage in constant communication and connect among themselves and their environment.
- The power to act deliberately is exercised to identify needs and to make needed judgments.
- Mature human beings experience privations (limitations in action) in the form of action in care of self and others involving making life-sustaining and function-regulating actions.
- Human agency is exercised in discovering, developing, and transmitting to other ways and means to identify needs for, and make inputs into, self and others.
- Groups of human beings with structured relationships cluster tasks and allocate responsibilities for providing care to group members.

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NURSING METAPARADIGMS

Person

A person has the capacity to reflect, symbolize and use symbols. Conceptualized as a total being with universal, developmental needs and capable of continuous self-care. A unity that can function biologically, symbolically and socially.

According to Orem's theory, person is:

- The recipient of nursing care
- A being who functions biologically, symbolically, socially
- Person has the potential for learning and development
- Person is the subject to the forces of nature
- Person has a capacity for self-knowledge
- A person can learn to meet self-care needs (requisites)

Environment

According to Orem theory environment as comprising various components, referred to as environmental factors and elements which include conditional and developmental influences.
She classified environmental features into two categories.

1. Physical, chemical, biological and social aspects.
2. Socioeconomic and cultural aspects.

Environmental features are essential to both an individual self-care capacity and nurses care giving role.

Health

State of wholeness or integrity of the individual human beings, his parts, and his modes of functioning. A healthy person is likely to have sufficient self-care abilities to meet his/her universal self-care needs. Health is a state that encompasses both the health of the individuals and of groups, and human health is the ability to reflect oneself, symbolize, experience and communicate with others. Orem recognizes that various aspects of health (physical, psychological, interpersonal, and social) cannot be separated within the individual.

Nursing

Actions deliberately selected and performed by nurses to help individuals or groups under their care to maintain or change conditions in themselves or their environments.

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Goal of nursing—to render the patient or members of the family capable of meeting the patient's self-care needs.

- Nursing agencies are crucial for the benefit and wellbeing of others.
- The role of nurses in society is enable individuals to develop their self-care abilities to the extent that they can provide for themselves with the amount of self-care required.
- Nursing agency is power that the nurse has to engage in effective nursing practice which enables the nurse to compose and manage a system of nursing.

MAJOR CONCEPTS

The general theory of nursing can be easily understood by three related parts:

1. Theory of self-care
2. Theory of self-care deficit
3. Theory of nursing systems

Theory of Self-care

This theory describes why and how people care for themselves **(Fig. 6.1).**

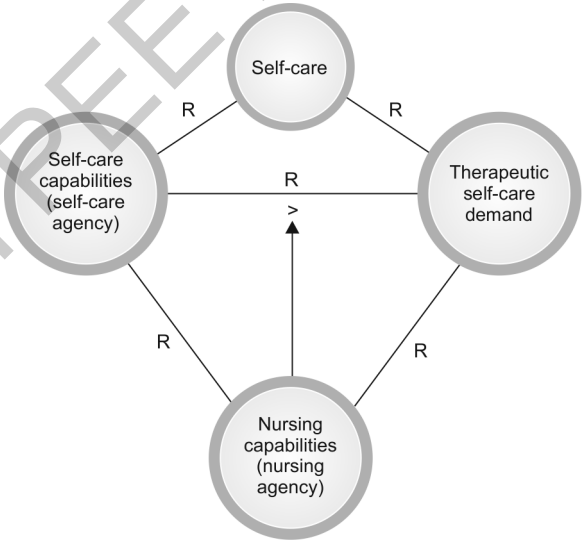

Fig. 6.1: Conceptual framework by Orem's theory.

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a. **Self-care:** Self-care is an adult's continuous contribution to his or her own continued existence, health, and well-being. Self-care is the practice of activities that individuals initiate and perform on their own behalf in maintaining life, health and wellbeing.
b. **Self-care agency:** Self-care agency is "the power of an individual to engage in estimative and production operations essential for self-care". There are three subsidiary terms.
   1. **Agent:** An agent is the "person taking action".
   2. **Self-care agent: "**A self-care agent is the provider of self-care".
   3. **Dependent-care agent:** A dependent care agent is "the provider of infant care, childcare, or dependent adult care".
c. **Therapeutic self-care demand:**
   - It is the totality of self-care actions need to be performed for some duration in order to meet self-care requisites by using valid methods and related sets of operations and actions.
   - It is modeled on deliberate action that is intentionally performed by some members.
d. **Self-care requisites:**
   - An additional concept that defines the reasons for which self-care activities occur **(Table 6.1)**. The self-care needs are categorized into three distinct requirements/requisites:
     1. Universal self-care requisites
     2. Developmental self-care requisites
     3. Health deviation self-care requisites

Table 6.1: Categories of self-care requisites.

Categories of self-care requisites	***Examples***
Universal self-care requisites	• Maintenance of sufficient intake of air, water and food • Provision of care associated with elimination and excrement processes • Balance between activity and rest, between solitude and social interaction • Prevention of hazards to human life, functioning, and wellbeing • Promotion of human functioning and development
Developmental self-care requisites	• Associated with developmental processes/derived from a condition, or associated with an event during the life-cycle changes such as adjusting to a new job, changes in body shape, functions, etc. • It includes life-cycle stages, i.e. intrauterine, birth, neonatal, infancy, childhood, adulthood, pregnancy, etc.

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Categories of self-care requisites	***Examples***
Health deviation self-care requisites	• Changes in human structure and functioning out of the range of normalcy • Seeking and securing appropriate medical assistance • Being aware of and attending to the effects and results of pathologic conditions • Effectively carrying out medically prescribed measures • Modifying self-concepts in accepting oneself as being in a particular state of health and in specific forms of health care • Learning to live with effects of pathologic conditions

Theory of Self-care Deficit

Self-care deficit is a relationship between the self-care agency and therapeutic self-care demand in which self-care agency is not adequate to meet the known therapeutic self-care demand. It determines when and why nursing is needed.

Orem identifies five methods of helping:

1. Acting for and doing for another
2. Guiding and directing
3. Providing physical and psychological support
4. Providing an environment promoting personal development in relation to meeting future demands
5. Teaching

Theory of Nursing Systems

The nursing system, designed by the nurse, is based on the assessment of the individual's self-care needs and on assessment of the abilities of the patient to perform self-care activities.

Describes how the patient's self-care needs will be met by the nurse, the patient, or both. Identifies three classifications of nursing system to meet the self-care requisites of the patient:

1. Wholly compensatory systems
2. Partly compensatory systems
3. Supportive-educative systems

Wholly Compensatory Nursing Systems

Wholly compensatory nursing system are needed when "nurse should be compensating for (or prescriptions against) a patient's total

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inability for engaging self-care activities that requires ambulation and manipulation movements". Subtypes of the wholly compensatory system are nursing system for those who cannot perform any kind of deliberate action, for those who are aware and can make decisions, but either cannot or should not physically active, and for those who can be physically active but who must have supervision due to their inability to make rational decisions. Examples of people in the first subtype could include those in a coma or under anesthesia, the second subtype could include those with C3-C4 vertebral fractures, and the third subtype could include people who are severely mentally impaired **(Fig. 6.2)**.

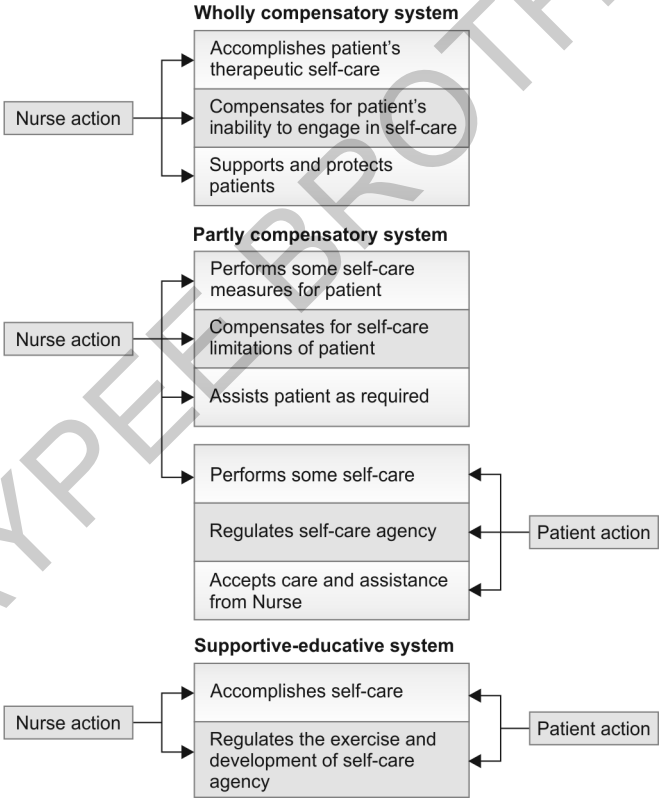

Fig. 6.2: Wholly compensatory basic nursing system.

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Partially Compensatory System

It is represented by a situation in which the patient and nurse are both physically active in meeting the patient's self-care needs and either may perform the majority of the actions needed.

An example of a person needing nursing care in the partly compensatory system would be an individual who has had recent abdominal surgery. This patient might be able to wash his/her face and brush his teeth but needs the nurse to change the surgical dressing or for help to ambulate or bath.

Supportive-educative System

It is represented by the capability of a person to perform self-care activities independently or needs to learn how to meet therapeutic self-care demands by himself. In either case, the person needs some manner of assistance.

In this system the patient is doing all of the self-care and requires help only in the areas of making decisions, controlling behavior, and gaining knowledge and skills. An example of a person in this system would be 20 years old who is requesting birth control information.

THEORETICAL ASSERTIONS

The model shows that when an individual's self-care capabilities are less than the therapeutic self-care demand, the nurse compensates for the self-care or dependent care deficits.

Self-care

Self-care and care of dependent family members are learned behaviors that purposely regulate human structural integrity, functioning, and human development. The theory of self-care denotes the relationship between the deliberate self-care actions of mature and maturing members of social groups and their own development and functioning as well as the relationship of the continuing care of dependent members to their functioning and development.

Self-care Deficit

Individuals experience a self-care deficit when they are unable to care for themselves. People can benefit from nursing because they are subject to health-related or health-derived limitations that render them incapable of continuous self-care or dependent care or that result in ineffective or incomplete care.

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Nursing Systems

Nursing systems are formed when nurses use their abilities to prescribe, design, and provide nursing for legitimate patients (as individuals or groups) by performing discrete actions and systems of action. These actions or systems regulate the value of or the exercise of individuals' capabilities to engage in self-care and meet the self-care requisites of the individual therapeutically.

APPLICATION IN NURSING PRACTICE

Case Scenario: Mr X is a 60-year-old male patient admitted to a neuro ward. He has left ischemic cerebrovascular accident (CVA) and right sided paralysis.

Assessment	
Subjective data	***Objective data***
Patient expressed he has weakness in right side of the body and unable to swallow food and fluids	Patient had right sided paralysis and dysphagia due to poor gag reflux

Mr X has left ischemic cerebrovascular accident (CVA) and a resultant right sided paralysis. He is not able to change his position and is dependent on care givers for changing his position and not able to carry out his routine daily life activities. He had dysphagia due to poor gag reflux, and he is on NG tube feeding. According to this theory, patients are in wholly compensatory system. Patients need assistance to do all their self-care activities. **Figure 6.3** depicts conceptual framework of stroke patient based on Orem's self-care deficit theory.

Table 6.2 depicts the universal self care requisites.

Table 6.3 depicts the developmental self-care requisites.

Table 6.4 depicts the health deviant self-care requisites.

APPLICATION OF THEORY IN NURSING RESEARCH

Title: Self-efficacy of patients with stoma.

Abstract

Persons with stoma (ostomates) have to contend with substantial changes in bowel functions, dietary habits and body image. Adjusting to these changes could be challenging. Effective management of stoma can help this process. A quantitative study was conducted to assess

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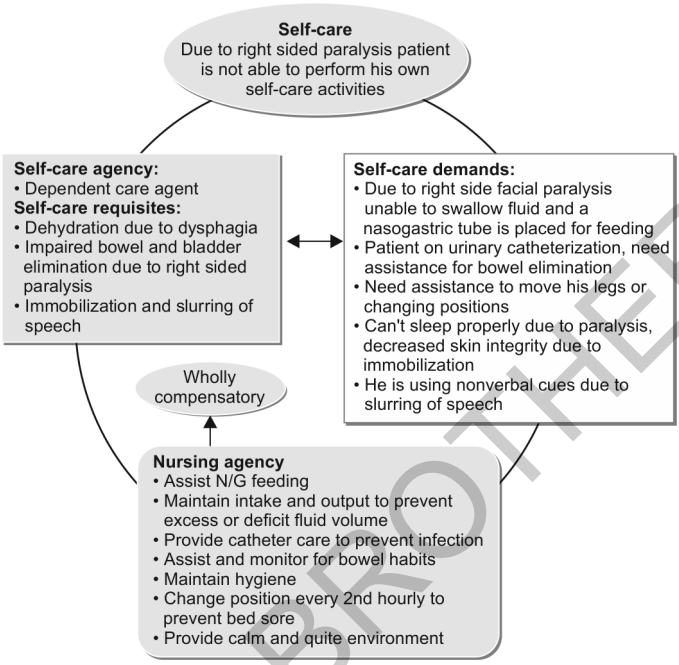

Fig. 6.3: Conceptual framework of stroke patient based on Orem's self-care deficit theory.

Table 6.2: Universal self-care requisites.

Universal self-care requisites	*Self-care agency/ actions*	*Nursing agency/actions*	*Nursing system*
Air	• Spontaneous breathing (RR:16 b/m) • Cough and purulent secretion is present	Encourage deep breathing exercise. Provide expiratory flow meter for deep breathing that will enable to cough out sputum	Supportive educative system
Hydration	Lack of fluid intake due to dysphagia	• Assist N/G feeding and assess to regain swallow reflex to enable swallowing • Give N/G feed on proper timing to prevent dehydration	Wholly compensatory system

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Universal self-care requisites	***Self-care agency/ actions***	***Nursing agency/actions***	***Nursing system***
Food	Decreased food intake due to right sided paralysis and dysphagia	• Assist and take help of nutritionist for a diet plan and provide N/G feeding • To assess for improving gag reflux to take diet and nutrition by mouth	Wholly compensatory system
Elimination	Patient is on urinary catheterization, need assistance for bowel elimination	• Maintain intake and output to prevent excess or deficit fluid volume • Provide catheter care to prevent infection • Assist and monitor for bowel habits • Maintain hygiene	Partially compensatory system
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 left side for sleep	• Encourage and assist to change sides and maintain skin integrity • Provide back care every two-hourly to prevent bedsores • Provide a calm and quiet environment	Wholly compensatory system
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	Supportive
Promotion of normalcy	Unable to communicate with family members but can use nonverbal cues	• Use nonverbal communication to the patient minimize anxiety • Develop mutual trust and a friendly environment. Collaborate with concerned team members of his care	Supportive educative system

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Table 6.3: Developmental self-care requisites.

Developmental self-care requisites	***Self-care agency/ actions***	***Nursing agency/ actions***	***Nursing systems***
Maintenance of developmental environment	Difficult to perform the daily activities, toileting, etc.	Encourage and assist him to perform his daily activities and to void and eliminate	Partially compensatory system
Prevention/ management of the conditions threatening the normal development	Feels that he may not be able to regain his abilities and may not be able to move with the society	• Encourage him to move out in wheelchair and with the use of crutches with or without assistance • Encourage social interaction by meeting friends	Partially compensatory system

Table 6.4: Health deviant self-care requisites.

Health deviant self-care requisites	***Self-care agency/ actions***	***Nursing agency/ actions***	***Nursing systems***
Adherence to medical regimen	Believes that drugs may improve his condition	Educate him that only medicine could not treat his problem	Supportive educative system
Awareness of potential problem associated with the regimen	Unaware of his actual condition and not aware about the side effects and uses of the medications	Explain knowledge about his disease condition and prognosis. Educate about medicines side effects and uses	Supportive educative system
Modification of self-image to incorporates changes in health status	• He 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	Supportive educative system
Adjustment of lifestyle to accommodate changes in the health status and medical regimen	Not able to cope with the situation	Counsel him that he will soon regain his abilities if he follows all above instructions	Supportive educative system

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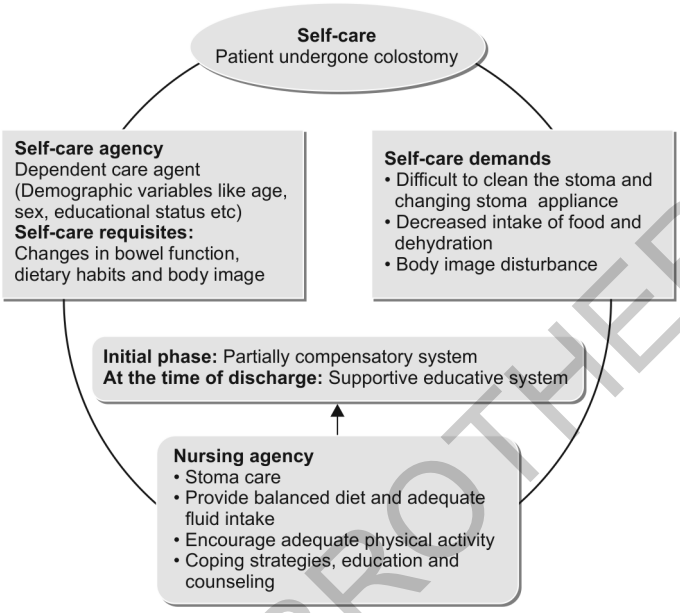

Fig. 6.4: Conceptual framework of colostomy patient in nursing research.

the self-efficacy of stoma care among patients with stoma. Within a descriptive research design, consecutive sampling was used to recruit ostamates for the study. Data were collected using modified stoma self-efficacy scale. Analysis revealed that 56% had moderate self-efficacy and 43.5% had high self-efficacy. Further studies are needed to generalize the findings. Nurses need to be aware that self-efficacy of stoma care among ostomates can influence their quality of life. **Figure 6.4** depicts the conceptual framework of colostomy patient in nursing research.

JUSTIFICATION

Orem's theory focuses on the deliberate actions of the nurses to meet the therapeutic self-care demands of the patients by implementing nursing system designed to assist individual who have limitations in their ability.

CONCLUSION

Orem's self-care deficit theory suggests patients are better able to recover when they maintain some independence over their own

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self-care. Orem describes nursing as a creative effort of one human being to help another human being. Moreover, this theory signifies that all patients want to care for themselves. They can recover more quickly and holistically by performing their own self-care as much as they are able. This theory is particularly used in rehabilitation and primary care or other settings where patients are encouraged to be independent.

SUGGESTED READING

1. Bieda U, Centopanti J, Callaghan N. Nursing grand theory [Internet]. [cited 2025 Sep 24]. Available from: https://grandtheoryroyandorem.weebly.com/theorist-backgrounds.html.
2. Gonzalo A. Dorothea Orem: Self-care deficit theory [Internet]. Nurse Labs; 2023 Jul 2 [cited 2025 Sep 24]. Available from: https://nurseslabs.com/dorothea-orems-self-care-theory.
3. Marriner A. Nursing theories and their work. St. Louis: CV Mosby Company; 1986.
4. Naz S. Application of Dorothea Orem's theory into nursing practice [unpublished manuscript]. Peshawar: Khyber Medical University; 2021.
5. Podder L, Tabti B. Effectiveness of a video assisted childbirth education program on knowledge, intrapartum behavior, maternal and foetal outcome among primigravida mothers. Int J Recent Sci Res. 2016;7(10): 13948-54.

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Salient Features

- Dive into the intricate realm of nursing theory with this essential guide, meticulously crafted to bridge the gap between theoretical knowledge and practical application.
- The highlights of this book are the case studies and research areas that provide hands-on examples to enable application of nursing theories in practice and research.
- This book is an invaluable resource for nursing students, educators, and practitioners aiming to elevate their practice and make a profound impact on patient's care.
- *Mastering the Art of Theory Application in Nursing* empowers you with the knowledge, skills, and confidence to seamlessly integrate theoretical concepts into your daily practice, resulting in improved patient's outcomes and enhanced professional growth.



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She is a recognized PhD supervisor under the Rajiv Gandhi University of Health Sciences and the Indian Nursing Council PhD Consortium, where she mentors doctoral scholars and supports the advancement of nursing research in India. She has extensive experience in teaching and guiding undergraduate, postgraduate, and doctoral nursing students and has contributed significantly to research mentorship and academic development.

Her scholarly interests include nursing theories and models, patient-centered care, nursing education strategies, and evidence-based nursing practice. She has several publications to her credit and regularly participates in academic and professional forums. She also contributes to the scholarly community as an Editorial Board Member of the Asian Journal of Nursing Research and a reviewer for the Indian Journal of Occupational and Environmental Medicine. She is an active member of various committees within and outside the institution.

Through her leadership, teaching, and research, she remains committed to advancing nursing knowledge and promoting the integration of theory, research, and clinical practice to enhance the quality of nursing education and patient care.

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