

Compare and contrast of orem's self care



Nursing theories guide the way for nursing practice; it often redirects communal understandings grounded upon nursing paradigms or meta-paradigms. Meta-paradigm are defined by Fawcett (2005) “ as the global concepts that identify the phenomenon of central interest to a discipline, the global propositions that describe the concepts, and the global propositions that state the relations between or among the concepts” (p. 4). Different nursing theories offer prospects for various methods and approaches to care, thus permitting nurses to be innovative and creative in their practice approaches. Theories provide meaning to nursing practice in everyday life through health promotion. McCarthy and Aquino-Russell (2009) explain that “ Nursing is a unique, evolving, ever changing profession for which theory can be used as a guide for practice” (p. 34). The purpose of this paper is to give brief introduction and assumptions of Dorothea Orem’s self-care model (1971) and Callista Roy’s adaptation theory (1970), along with compare and contrast of both the theories in relationship of the four concepts of the nursing meta-paradigms which consist of person, health, environment, and nursing. In addition, these two theories will be compared through their application to a clinical practice.

Essential concept of Orem’s Theory

Dorothea Orem is considered as a pioneer in the development of distinct nursing knowledge (Fawcett, 2005). Orem’s theory is constructed on the basis that person has the inborn ability, right, and responsibility to care for oneself. Therefore in Orem’s theory a concept of human development is reflected that maturation and development is escorted by self-reliance, a desire to be self-directing, and to encourage others to be so (Clark, 1986).

Her theory focuses on each individual's ability to perform self-care. Orem explains, Self-care is a learned behaviour that a person performs for self (when able) that contribute to maintain health, life, and well-being (George, 2002). The basic conditioning factors that affects individual ability to engage in self-care explained by George (2002) are age, gender, developmental stage, health state, socio-cultural factors, health care system factors, family system factors, activities of living, environmental factors and resource adequacy and availability. She views care from the patient's perspective where patients provide self-care with varying degree of assistance from the nurse. The fundamental basis of her theory is that every individual can take responsibility for their health and health of others. This means every person has the capability to take care of themselves and their dependents. Three theories evolve from the self-care model which includes theory of self-care, theory of self-care deficit and theory of nursing systems. Self-care demands are therapeutic actions to meet the self-care requisites through appropriate action and self-care requisites are the needs that are universal or related with development or deviation from health. Besides, she explains that nursing intervention may be aimed at maintaining health, preventing illness, or restoring health.

Essential concept of Roy's Model

Roy's model is a conceptual framework that guides nursing practice, directs research and influences education. Callista Roy's model focuses on individuals' ability to adapt with the environment. According to Phillips (2010) Roy's adaptation model presents person as a holistic adaptive system who is in continuous interaction with the internal and external environment.

The key task of the human system according to Roy is to keep integrity to environmental stimuli. The original basis and assumptions of Roy's adaptation model is Bertalanffy's (1968) general system theory and Helson's (1964) adaptation theory. In Roy's model, Adaptation refers to " the process and outcome whereby thinking and feeling persons as individuals or in groups, use conscious and choice to create human and environmental integration" (Roy & Andrews, 1999, p. 54). The philosophical underpinnings of Roy adaptation model are grounded on two main beliefs: Humanism and Veritivity (Roy, 1988). Adaptation proceeds to optimum health and wellbeing, to quality of life, and to death with dignity (Andrew & Roy, 1991). Moreover, Roy's model is based on philosophical assumptions, scientific assumption, and cultural assumptions. Andrews and Roy (1986) stated that nurses should manipulate the environment rather than the patient. It is nurse's responsibility to improves " the interaction of the person with their environment, thereby promoting adaptation" (p. 51).

Compare and Contrast: based on nursing meta-paradigms with literature support

Person

Orem's theory defines person as a recipient of nursing care; she states that a person is made of a physical, psychological, and social character with variable degrees of self-care ability (Current Nursing, 2012, Dorothea Orem's Self-care Theory, para. 3). Orem views person as a self-care agent who has a therapeutic self-care demand made up of universal, developmental, and health deviation self-care requisites (Fawcett, 2005). However, unable to meet self-care demands leads to self-care deficit and this requires nursing

action to fill the gap between patient's need and his ability to perform care for himself. She further explains that the person has the ability for learning and development and capacity of building self-knowledge in order to perform self-care. This means that a person can learn to meet self-care demands and can engage in deliberate actions, interpret experiences and perform beneficial actions. Orem (2001) states that human beings are distinguished from other living beings by their ability to reflect upon themselves and their environment; they are also able to symbolize their experiences. She further defines persons as unitary beings who act consciously to accomplish goals (as cited in Fawcett 2005).

In contrast, Roy views a person as " an adaptive system that responds to internal and external stimuli in their environments" (Alligood & Tomey, 2006). She defines person as a " bio-psycho-social being" who is in constant interaction with a changing environment and in order to survive; the person must therefore constantly adapt to the environmental changes (Current Nursing, 2012, Roy's Adaptation Model, para. 2). To cope with the environmental changes the person uses biological, psychological, and social mechanisms that are innate and acquired. Roy (2009) says that person is " an adaptive system with cognator and regulator subsystem acting to maintain adaptation in the four adaptive modes" (p. 12). The four modes of adaptation are physiological needs, self-concept, role function, and interdependence.

In both the theories the similarity is that person are the recipients of nursing care and struggles for survival. However, in Orem's theory person is not affected by the constant stimulus. The difference is that Orem views person

as a distinctive individual whereas Roy view person as individuals or in groups-families, organizations, communities, and society as a whole. As both health and illness are unavoidable, the person must adapt if he wants to react and respond positively to the changing environment.

Environment

Orem and Roy are of view point that an individual exists in an environment.

Orem says that an environment can positively or negatively impact on a person's ability to provide self-care. George (2002) says that in order to maintain human integrity and promote human functioning; a person should have their basic need like air, ventilation, and prevention of hazards. Roy believes that an individual interact constantly with the environmental changes. She views the environment in two dimensions which influence the self-care requirements of the individual this consist of the physical, chemical, biological features and socioeconomic features. On the other hand, Roy (2009) defines environment as " All conditions, circumstances, and influences surrounding and affecting the development and behaviour of persons and groups, with particular consideration of mutuality of person and earth resources" (Roy, 2009, p. 12). Roy states three classes of stimuli from environment consisting of focal, contextual, and residual stimuli. But, the adaptation level is only achieved when the person is able to interact with the environment and respond to the stimuli.

Both theories determine that environment is a key factor in human development and survival. However contextual difference exists between two theories. While Orem consider environment as means for the provision

of basic human requirements for survival, Roy considers environment as a source of stimuli and the person's ability to face and adapt the stimuli.

Health

Comparison of the health notion among Orem's and Roy's theories varies significantly. Orem defines health as " physical, mental and social well-being" (Current Nursing, 2012, Dorothea Orem's Self-care Theory). She noticeably acknowledges that an individual's health is dependent to a large degree upon receiving all of the care necessary to achieve and maintain health. She focuses on the self-care activities which are needed to achieve health whether they are accomplished by the individual or by the nurse. In contrast, Roy (2009) defines health as " a state and process of being and becoming an integrated and whole that reflects person and environment mutuality" (p. 12). Roy is mostly concerned in identifying where the patient is on health-illness continuum so that nurse can arrange interventions that empower person to increasingly become more unified and more whole (Current Nursing, 2012, Roy's Adaptation Model, para. 3).

In comparison Orem and Roy both supports health promotion and health maintenance. Whereas Orem supports the grounds of holistic health in which nurse and patient altogether promotes the individual's accountability for self-care, Roy emphasises to obtain the utmost possible health by effective adaptation of stimuli regardless of the presence or absence of disease.

Nursing

Orem and Roy have the different approaches towards the opinion of nursing. Orem views nursing as an intervention to assist individuals in meeting their

self-care needs. She defines nursing as the “ 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” (Current Nursing, 2012, Dorothea Orem’s Self-care Theory, para. 3). In her point of view nursing is mostly concerned with the individual’s need for self-care action; whereas Roy believes nursing as a promoter of one’s ability to adapt and to develop coping mechanism and positive outcomes from the constant stimuli exposures. Roy’s defines nursing as “ health care profession that focuses on human life processes and patterns of people with a commitment to promote health and full life-potential for individuals, families, groups, and the global society” (Roy, 2009, p. 3).

The difference between the Orem and Roy concept of nursing is that Orem’s nursing concept determines that nursing support is only required when there is self-care deficit in order to maximize the self-care abilities. In contrast Roy’s nursing concept is “ to promote adaptation for individuals and groups in the four adaptive modes, thus contributing to health, quality of life, and dying with dignity by assessing behaviours and factors that influence adaptive abilities and to enhance environmental factors” (Roy, 2009, p. 12). Moreover, Orem focuses on physiological needs whereas Roy focuses on physiological as well as psychological needs. In resemblance, Orem and Roy theories play a role of a facilitator in improving health where in Orem’s theory nursing care is required whenever there is a self-care deficit and Roy promotes adaption with environment in order to achieve optimal level of health. In essence, nursing meets the needs of an individual through teaching, and supporting individuals in adapting environmental ups and

downs that encourage patient's capability to resume self-care again and to overcome their limitations.

Applicability of Orem and Roy Models in Clinical Practice

Orem's Self-Care Deficit Theory and Roy's Adaptation Model both has attained a greater level of acceptance by nursing community and is applicable in nursing practice, education and research (Fawcett, 2005). Both theories determines the worth and individuality of the art and science of nursing; how nursing is ever-changing and developing as both a discipline and as a practice profession.

By comparing the perspective of both theories through a practice application, the distinctiveness is carried to the forefront, as both Orem and Roy envisioned the attainment of an Individual's health through very different angles and signifies different priorities. Orem's theory is occupied with the action that promotes health; in contrast Roy's theory is more focused with where the patient stands in the health-illness continuum and how to bring wholeness to its greater extent. Moreover, Orem's model is more suggested in acute care setting where patients require short term treatment; whereas, Roy's adaptation model is not best suited for acute care setting as the out of four adaptive modes, the assessment of role function mode and interdependence mode is very time consuming therefore, it is best suited for community settings (Tomey, 1994). In addition to this, while Orem put emphasis on identifying the self-care deficit of an individual in order to deliver necessary care to promote wellbeing; Roy is more concerned with the environmental stimuli that forces adaptation so as to attain optimal health.

Orem's has explicitly defined her ideas in a logical form which helps novice nurses to use self-care model in clinical practice with ease. On the other hand, Roy's arrangement of concepts is logical, but the clarity of some terms and concepts is inadequate to reflect nursing disciplines (Shosha, kalaldehy, & Mahmoud Al, 2012). This makes it difficult to use in any specialized area of clinical practice. Additionally to compare the generalizability of both the models, George (2002) explains that Orem's mostly focused on the physical requirements and lacks emotional needs of an individual, whereas according to Shosha, kalaldehy, and Mahmoud Al (2012) Roy caters all the approaches existed in nursing practice which make it more generalizable and can be used in clinical practice. Roy also takes in to account the spiritual aspect of an individual which is an important aspect of nursing assessment.

In my judgment, I feel that Orem's model is best suited for clinical practice as it has universal implications as a framework from health promotion practice to critical care units. It is not restricted by age, illness, health, or location of nursing practice (Tomey, 1994). Moreover, Orem believes that as cited in Tomey (1994) " her self-care theory applies to other groups in addition to nurses" (p. 189). Tomey also states that concepts in Orem's theory are relevant for nursing practice and assumptions are logically sound and accepted by the nursing community. Orem's in her model also addressed the educational and research inferences for nurses to be able to practice effectively.

Conclusion

Nursing theories supports improved patient care, upgrades the position of nursing vocation, and enhances communication amongst nurses. According

to Field & Winslow (1985) " The application and evaluation of nursing theories enhances our image, assists in the continuous evaluation of nursing knowledge and furthers acceptance by other professions that this practice is science based" (p. 1101). Therefore, Nurses should feel worth of and practice nursing models if patients are to get the optimum health care and if nursing is to succeed autonomy and control of nursing practice (Clark, 1980).