

Dorothea orem's theory of self-care deficit

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The importance and relevance of nursing theories are scrutinized when their practical applicability is questioned. Without practical applicability, many theories remain idealistic works and are seldom utilized in every day life. However, this is not the case for Dorothea Orem's theory of self-care deficit. The concepts of this theory can be applied to almost every nursing practice. This paper will demonstrate the application of this theory to the following clinical scenario.

Consider a client, Mr. Simpson, a thirty-six-year-old male who was involved in a motor vehicle accident two months ago. His car collided with a truck on the freeway and immediately caught on fire. Mr. Simpson was rescued from the wreckage, but his wife died at the scene. He suffered second degree burns to the left side of his face and chest, and his left arm. He also has spinal cord injury, resulting in paraplegia and bowel and bladder incontinence. He presents to the outpatient rehabilitation clinic for his first follow-up visit since being discharged from the hospital. Macy is his nurse and in her initial assessment Mr. Simpson reveals that he is angry, depressed, grieving for his wife and frustrated because he unable to use his legs. He tells Macy that he wishes he had died in the accident instead of his wife because now he is a burden to his family. He also states that he cannot bear to look at his reflection because the scars on his face are a constant reminder of the accident and its tragic consequences. Mr. Simpson asks Macy how he can move on with his life given the hopelessness of his situation.

Dorothea Orem's theory of self-care deficit is a grand theory, comprised of four constituent theories, which together function to establish and define the relationship between caregiver and care recipient. The first constituent

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theory is the self-care theory which encompasses activities that an individual must initiate and perform for themselves to achieve and maintain good health and well-being as well as optimum functioning. These self-care acts include sufficient intake of food and water, maintenance of healthy elimination processes, adequate and appropriate socialization, avoidance of hazards, seeking and obtaining medical care, and learning to live with pathologies. An individual must be able to make decisions to perform self-care as well as possess the capabilities to perform these acts. In the clinical scenario, Mr. Simpson is unable to perform some of these self-care acts because of his limited mobility and his current state of grief and depression. However, Orem states that self-care can be learned and therefore taught.

The second theory is the theory of dependent care and it involves performing self-care for an individual when they can no longer do so for themselves. In this instance Orem states that nursing may be needed as a form of dependent care. Dependent care may involve doing for others, guiding others, supporting another, and providing education.

The third constituent theory is the theory of self-care deficit. This addresses the question of why nursing care may be needed. It highlights that nursing care is necessary when an individual's self-care needs exceed their own capabilities. In this way, a self-care deficit occurs, and nursing care is one measure of compensating for this deficit. In Mr. Simpson's scenario, a deficit exists where he is unable to meet his own self-care needs both physically and emotionally.

The theory of nursing systems is the fourth constituent theory of Orem's self-care deficit theory and it describes how self-care needs are met by the patient, the nurse, or both. This theory focuses on how the nurse assists with patient care based on assessments of individual patient needs. It explains how deficits in self-care needs are met by the nurse, depending on the specific self-care limitations of the patient. According to Orem, nursing care can be wholly compensatory, partially compensatory, or supportive-educative. It is evident that self-care deficits exist in Mr. Simpson's life and he is turning to his nurse Macy for support and guidance. The theory of self-care deficit can be applied to Mr. Simpson's case as well as to an extensive array of nursing situations. For example, a study by Wilson and Gramling (2013) demonstrates the use of the self-care deficit theory in burn nursing and found that large burns, that is, involving greater than twenty-five percent of total body surface area, requires total nursing care, such that the patient with extensive burns would require wholly compensatory nursing care.

Dorothea Orem's theory of self-care deficit encompasses and forms the basic framework that guides nursing practice. In this context, the nurse performs as an agent of care, utilizing the nursing process to compensate for self-care deficits in patients. The nurse first assesses the patient, gathering relevant data about self-care needs and deciding if those needs are being met. Next, a nursing diagnosis is made as well as a plan for the delivery of care. The plan may be wholly or partly compensatory or supportive-educative. The plan is then implemented to meet patient care needs by utilizing the nursing system. Evaluation of patient outcomes is done often to assess if and how

self-care needs are being fulfilled and to make changes to the plan as necessary. These steps are cohesive with the common goal of satisfying self-care needs and compensating for self-care deficits.

The theory of self-care deficits may be utilized in any nursing care setting. A study by Felipe et al. (2014) examined the nursing process according to the model of self-care in a cardiac bedridden patient and concluded that Orem's self-care deficit theory is " applicable, of simple understanding, and therefore viable to daily nursing care of a bedridden patient." Further, in a study by Aline et al. (2007), a detailed investigation of nursing care for an ostomy patient was conducted, following the progress of the patient as care is delivered according to Dorothea Orem's self-care deficit theory.

Researchers found that " by means of nursing interventions based on the supportive-educative system, we contributed to the development of the patient's self-care capacity." In the case of Mr. Simpson, nurse Macy in her initial assessment realized that several self-care deficits existed. Mr. Simpson was not fully mobile due to his paraplegia, and his left arm not completely healed from the burn wounds he sustained. This coupled with the fact that he lacked technical knowledge about how to maximize the use of his wheelchair, further limited his mobility. Macy formulated the first nursing diagnosis as impaired physical mobility related to spinal cord injury. The next nursing diagnosis she made was based on her assessment of Mr. Simpson's bowel and bladder incontinence combined with his immobility. She determined that he was at risk for impaired skin integrity.

In her assessment, Macy also determines that Mr. Simpson feels hopeless and depressed. He is also grieving the loss of his wife. The nursing diagnoses of risk for self-harm related to hopelessness secondary to being paraplegic, and ineffective coping related to the death of his spouse were made. Mr. Simpson also has difficulty looking at his reflection because of the scars on his face, so Macy made the nursing diagnosis of disturbed body image related to burn scars. He is also unaware of resources that are available to help him function and cope, and he lacks knowledge about the functional features of his wheelchair. Based on this, another nursing diagnosis is deficient knowledge related to unfamiliarity with physical and informational resources.

Throughout this scenario, it is demonstrated that thorough assessment, self-care deficits are identified, and various nursing diagnoses are made. Familiarity with the theory of self-care deficit enabled Macy to identify these self-care deficits and formulate interventions that are specific to Mr. Simpson. These include encouraging him to verbalize his emotions, discussing his concerns, educating him about modified methods of performing self-care with impaired mobility, teaching him various coping mechanisms, as well as discussing the meaning of loss and changes. Macy can now refer Mr. Simpson to the appropriate resources for assistance, in addition to providing accurate information and discussing concerns honestly regarding his prognosis and treatment.

Dorothea Orem's theory of self-care deficit has proven to be a grand theory with vast applicability and simplicity of use. This theory can be applied to all

types of nursing practice where the focus is on establishing a therapeutic relationship between caregiver and care recipient. Knowledge of the concepts of this theory is sure to benefit all those who practice its principles.