

Orem self care deficit theory



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Nursing has developed throughout the decades with remarkable search to create a range of conceptualization that can characterize and define nursing science from wide perspectives. In this regard, the theorists have played a vital role in establishment of foundation and guidelines for practice and research in nursing. They have provided empirical knowledge and solid concepts on their philosophical basis to describe and help understand the phenomena of nursing care provision in different situations. The purpose of writing this paper is to give an overview of Roy Adaptation Model and Orem Self-Care Deficit Theory, identify the similarities and differences between the two philosophical works, and construct arguments on the basis of analysis.

Roy Adaption Model

The Roy Adaptation Model considers that nursing knowledge is based on understanding of people adjusting within their given life situations. This model states that the main objective of nursing is to focus on promoting health of a person or group by promoting adaptation in each of four adaptive modes or provide death with dignity. These modes are labeled by Roy as physiological, self-concept, role function, and interdependence (Andrews & Roy, 1999, as cited in Tiedeman, 2005). There are four metaparadigms of this model i. e. nursing, person, environment, and health. Roy presents a person (individual/family/group) as a holistic adaptive system in constant interaction with external or internal environment and the main task of this system is to maintain integrity in response to the environmental stimuli (Philips, 2010). This adds that, in the Roy Adaptation Model, health is defined as reflection of human interaction within changing environment, and the aim of nursing is to promote adaptation in each of the four adaptive modes.

Environment always acts like a source of stimulus which is categorized into three classes. Focal stimulus, is the stimulus immediately faced by person; contextual, which involves stimuli present in the situation that add to the effect of focal stimulus; and the residual, which is the environmental factor that may or may not be present in human systems, and the effects of this stimulus on current situation are vague (Lopez, Pagliuca & Araujo, 2006).

Adaptation is the ability of a person to respond to a stimulus in a situation. Person doesn't respond passively to environmental stimuli; person's adaptation is controlled by his coping mechanism and the control processes (Phillips, 2010). Roy categorizes coping mechanism into two subsystems i. e. regulator and cognator coping mechanism. The regulator subsystem includes automatic responses of body systems through neural, chemical and endocrine adaptation channels. The cognator subsystem responds in a way that is related to cognition and emotional aspect of a person like perceptions, information processing, learning, decision making and feelings. Though, it is not possible to observe these two subsystems directly, so behavioral responses for regulator and cognator coping mechanism must be viewed in any of four adaptive modes i. e. physiological, self-concept, role function, and interdependence. These four adaptive modes are interrelated and problems in one can affect the other (Phillips, 2010). Physiologic mode comprises of basic needs of a person to adapt in regard to fluid and electrolytes, exercise and rest, nutrition, elimination, circulation and oxygenation, and senses and regulation of body system. Self-concept mode describes the psychological and spiritual traits of a person. This mode indicates personal beliefs and feelings about physical self (self-image) and

personal self (self-ideal). The next adaptive mode is role performance that specifies various duties of a person based on given positions in a society. The fourth adaptive mode is interdependence, which identifies a person's relationship with his significant others and his support system (Lopez, Pagliuca & Araujo, 2006).

Apart from coping mechanism, another modulator for adaptation is control process. Roy categorized control process into stabilizer subsystem, which is associated with maintenance and involvement of structures, values, and daily activities that individuals carry out for self and others; and innovator subsystem, which is related to cognitive and emotional strategies that allow person to attain higher level of potential (Alligood, 2010). Roy described adaptation at three levels: the integrated, the compensatory, and the compromised level; first two levels are considered as positive or good adaptation and the latter is considered as adaptation problem (Lopez, Pagliuca & Araujo, 2006).

Orem theory

Dorothea Orem, an interesting theorist, laid the foundation of self-care and self-care deficit. Orem's Self-Care Deficit Theory of Nursing is a grand theory and it comprises of three related theories i. e. theory of self-care, the self-care deficit theory, and the theory of nursing systems. Assimilated within the three theories, there are six core concepts and one marginal concept. In order to have complete understanding of the core concepts of self-care, self-care agency, therapeutic self-care demand, self-care deficit, nursing agency, and nursing system, as well as the marginal concept of basic conditioning factors, it is essential to understand Orem general theory (Alligood, 2010).

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The Meta paradigms of Orem theory are exactly the same four concepts as those of Roy Adaptation Model, but are explained differently by both the theorists. Orem believed that people have the natural ability to involve in self-care, and she called this as Self-care agency. Dependent care agency is the ability of individual to identify the therapeutic self-care needs of persons who are socially dependent or to regulate their ability; and dependent care deficit describes the relationship between self-care deficit dependent and the capabilities of care provider. Nursing agency refers to the capabilities of nurses to meet the self-care demands of self-care deficit individuals; and nursing systems describe the sequence of nursing actions carried out in coordination with actions of their patients (Renpenning & Taylor, 2011). The capabilities of a person to be engaged in self-care is affected by basic conditioning factors i. e. age, gender, developmental state, health state, socio-cultural orientation, family system factors, and resource adequacy and availability (Alligood & Tomey, 2010).

According to Orem's theory, individual whose ability to engage in self-care is insufficient to fulfill the actual needs for quality self-care is said to be in a self-care deficit (Isenberg, 2006). Nursing services are necessary for those who are in self-care deficit or at risk for it, in order to assist them in becoming independent for the management of their disease processes. Orem's theory describes three types of self-care demands; the universal, which are common to all age groups, the developmental, which are related to certain age groups, and health deviation that addresses particular health problems (Renpenning & Taylor, 2011). This theory guides nursing practice

in different situations to involve patients throughout their life span in different stages of the health and illness (Isenberg, 2006).

Compare and contrast analysis of major concepts of the two theories

Roy and Orem's nursing theories are based on same metaparadigms but descriptions of both the theorists markedly differ from each other, and further concepts are extracted and formulated in different ways from these metaparadigms. Roy views person as holistic adaptive system who is in constant interaction with his environment; being the adaptive system persons not only have the capacity to adjust effectively to the environmental changes but can also affect the environment for adaptation (Tiedeman, 2005). On the other hand Orem refers person to be the recipient of care and giver of care; and she describes the conditions of self-care and self-care deficit. Secondly, health is defined by Roy as reflection of human interaction with the environment. She has provided a health illness continuum on which adaptation is viewed. In contrast, Orem says that health is the structural and functional integrity of a person which means soundness of physical, psychological, interpersonal and social aspects of health (Montgomery, 2005). The third metaparadigm according to Roy is environment, which act like stimulus for a person and is either focal, contextual or residual; these stimuli results responses in integrated, compensatory, or compromised adaptive behaviors (Tiedeman, 2005). Unlike Roy, the metaparadigm of environment is not well explained by Orem. Although, Orem says that person cannot be isolated from environment and it has impact on person's health but the concept of different stimuli is not explicitly provided by her. Finally,

nursing, which according to Roy is a discipline of practice and its primary goal is to promote adaptation of a person towards health on health illness continuum. According to Orem's explanation of nursing, it is referred to the capabilities of care providers to meet self-care needs through series of nursing actions (Montgomery, 2005). In both of these theories, nursing is aimed to alleviate suffering of a person.

Roy has explained different concepts of her model very well and has given interrelation among the core concepts; yet there are some notions that need more explanation. She states that environment and person has impact on each other. Although, the effects of environment on adaptive system are clearly described in terms of adaptive modes responses, but she has not given explanation about how the person can affect his environment (Tiedeman, 2005). Similarly, the person's spiritual aspect is embedded in self-concept adaptive mode; this should stand alone like the other four adaptive modes. Moreover, in this model the concept of culture is neither discussed in environment nor in the adaptive modes. While providing nursing care or assessing the care needs of a person, it is very important to consider culture for effective performance. Correspondingly, if we analyze the concepts of Orem theories like nursing system, self-care, and self-care deficit, certain notions are mingled with others and it looks like she talks about a single theory rather than three separate theories. In addition, her theories also lack spiritual and cultural aspects of care in both the assessment and intervention phases. For achieving the outcomes of care, it is worthwhile to assess the needs of a person in these two significant aspects and intervene accordingly.

Applicability of the two theories

Roy Adaptation Model is a flexible and effective model in terms of application into practice, and can be used in different care settings to guide nursing discipline in interventions. It can be applied to help patients to adapt positively in various acute and chronic conditions like osteoporosis, postpartum mothers, post trauma patients, palliative care, patients on ventilator, and in rehabilitation phases. In addition it also focuses on compensatory and integrated adaptation of gerontology and community nursing; also it guides nurses how to facilitate mental health patients like those having schizophrenia (Alligood & Tomey, 2002). The four adaptive modes that are described by Roy can be used as one of the best tools for assessment and evaluation of person. Moreover, its different concepts can be used in multiple aspects of education and nursing research. Researchers can use the conceptual framework of Roy as a guide to their studies especially in studies related to consequences of medical cure (Shosha & Al Kaladeh, 2012). Roy has addressed group and family rather than individual only. Besides Roy model, self-care deficit theory of Orem is one of the significant theories most commonly used in practice arena. The application of Orem's theory takes many forms within nursing practice and may be widely used in variety of settings to clients of all ages and circumstances. The primary aim of Orem's theory is individual patient that how he should take care of himself and in case of inability to perform self-care then who should assist him in self-care, and how should he be cared. Orem's theory can be applied in educating postoperative patients by giving instruction of self-care after surgery. In the same way, discharge protocols can be given for patient self-care and dependent care that have chronic and complex wounds

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like diabetic foot. This theory is also helpful in ambulatory care setting like cancer patients who receive chemotherapy or radiation to alleviate the side effects of the treatment by educating those (Alligood & Tomey, 2002).

Unlike, Roy model, Orem's theory is applicable in hospice where all the patients are almost self-care deficit, so concept of primary care and self-care nursing is implemented to meet the needs of hospice patients. Both of these nursing models have its own areas of interests for practice and one cannot be replaced completely by the other theory.

Conclusion

To conclude, nursing theories are very useful and applicable to various situations of practice and research arena, but it seems very difficult to utilize any of the theories in practice unless it is properly understood. Roy and Orem nursing theories are the two most common theories found extensively applicable in practice. Roy adaptation model seems to be more applicable in community setting; and it can better guide research studies because of its various concepts and explanation. To my understanding, Orem theory is better suited to clinical setup, because most of the people who come to hospital are more or less in self-care deficit; they are in requisite for nursing agency to meet their needs for optimal functioning.