Application of Orem’s Theory

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Dorothea Orem’s Theory of Self-Care Deficit is a widely used nursing theory. The purpose of Orem’s theory is to identify deficits in a person’s self-care and improve or eliminate the deficit. Bringing the person back to their own baseline or above the original baseline. The theory is divided into different sub-categories. Self-care, Self-care Deficit, and the Nursing System are all sub-theories that create the main theory. Each sub-theory contributes to the well-being of the patient.

The self-care theory is simple, it’s how patient can care for themselves. There are self-care requisites that come together as a whole to make a compensatory person. Universal requisites are what all people need to survive. Food, water, elimination, rest, and interaction just to name a few. A universal deficit has to potential to be a critical health issue. Developmental requisites vary by each person. Age, maturity, education, and gender are all factors. Developmental deficits are important to recognize for educational purposes. Health deviation requisites are a defect that is a part of the person’s normal baseline. A health deviation could be considered an amputation or mental retardation. These factors are all necessary for a person to provide adequate self-care.

A self-care deficit can occur in any of the factors of the self-care theory. A self-care deficit is a phenomenon that creates an imbalance of a person’s well-being. These deficits can be acute or long term. Any incident that decreases a person’s baseline and impedes their ability to care for themselves has experienced a self-care deficit. For example, a person who has had a leg amputation is now experiencing a deficit. Being able to participate in everyday life is no longer easy. Providing care for this patient would bring the patient back to a functional baseline, but never a physical baseline. So having a deficit may be an ongoing occurrence.
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The Nursing System is the most important part of this theory. Promoting self-care is a distinct part of being a nurse. Nurses must identify deficits, plan, educate, and implement interventions to help patient’s return to their highest level of functioning. There are different categories of nursing care in this theory; Wholly compensatory, Partly Compensatory, and Supportive development. Wholly compensatory means the nurse is responsible for all patient care. This can be acute or long-term. Examples of wholly compensatory people would be post-operative or intubated patients. Partially compensatory means that the person is able to complete some self-care activities themselves and other’s with the help of the nurse. Supportive development means that the person has encountered an event were the nurse must educate them. An example of this would a patient who needs to take enoxaparin shots at home. The patient may not have a self-care deficit, but has encountered a change in which there is an added routine.

This theory is beneficial to every kind of nursing care. The simplicity of it makes it easy to apply in practice as a nurse. The theory’s sole purpose is to benefit the patient. Nurses learn early on in their career that self-care is necessary for a patient to function properly outside of health care. There are no limitation in this theory. There may be some cases where the patient cannot fully obtain independence in care back. For example, a patient who has had a severe Cerebrovascular accident may never be able to regain full language function back, leading to social and emotional deficits. The nurse would then reevaluate and intervene with activities to improve the patient’s speech or a way to increase communication. Then the theory would be applicable again to the patient. Orem’s theory works like a cycle, people will fall in and out of need for it throughout life.

Articles of Application
Using the Teach-Back and Orem’s Self-Care Deficit Nursing theory to Increase Childhood Immunization Communication among Low-Income Mothers is a study that, directly uses Orem’s theory. This study tested the correlation between literacy and a mother’s ability to comprehend vaccination information. Writing, reading, and verbal understanding are key points of self-care. Mothers must have the ability to care for themselves and their children. Maternal literacy provides proper judgment and decision making about health care for their children. Vaccinations are viewed as “protection from hazard”. National immunization rates are 75%, compared to 60% in the low-income urban areas. (Baker, Legwand, Nordstrom, and Wilson, 2008) These low-income urban areas are where maternal literacy rates are lowest. All patients are provided with information on vaccinations but it is never clear if the patients understand it or not.

This study uses the Qualitative-Quantitative research design. They choose their sample from a walk-in child immunization clinic. 30 women were chosen, 15 having one child and 15 having more than one child. The age range was 18-47 and 60% had a high school education. 80% of these women were on Medicaid benefits and 20% were without health coverage. (Baker et al., 2008) Demographic and REALM (literacy test) data was collected from each participant. Information on the polio and pneumonia vaccinations were given to each participant following the CDC guidelines. The name, benefits, risk factors, and safety issues were discussed with each mother. The participants were then asked to name at least three items from each topic. Being scored by a points system, correct 1, partially correct 0.5, and incorrect 0. The results displayed that literacy was the main factor to understanding vaccine information.

This study applied Orem’s theory correctly. Children rely on the competency of their parents for proper health care. This study evaluated how the literacy rate affected a mother’s
choice in vaccinating her child. Without proper understanding of the vaccine, the mother will choose against vaccinating her child. The issues with this study is the small sample size. The sample size makes reliable results limited. The place that the participants were chosen somewhat limits the results. Choosing women who only went to the immunization clinic only provides data from women who obviously want to vaccinate their children. Despite their ability to understand the data, the women were most likely going to vaccinate their child anyway.

Challenging RN-BSN Students to Apply Orem’s Theory to Practice is an article about applying Orem’s theory in the education system. There is a great push for Bachelor degree educated nurses whether it be job related or a personal goal. A traditional BSN program provides education of nursing theory where as an Associates program does not. This school based its RN-BSN program on Orem’s theory. All nine classes included the theory but only one class, Nursing Issues, is reviewed in the article. Nursing issues allowed its students to apply the theory to their current practice.

The class enrolled 30-50 students per semester in a seven week semester. The class was presented online, with three online meetings. The class was composed of Discussion posts, department in-services, a formal paper, PowerPoint presentation, and group work. Each group was given a different topic that related to Orem’s theory. The groups are communication, transformative teaching, leadership, ethical practice, legal practice, cultural sensitivity, and professional behavior. The major assignment for the class is given a topic that is a current issues in nursing, the topic varied each semester. Past topics included Magnet Status, Nurse to Patient staff ratio, and use of CEUs. Each group related the topic to their assigned title and used Orem’s theory as the base to research. This helped the students gain a better understanding of using
nursing theory. One student stated, “I have a better perspective of what nursing is after learning to apply Orem’s theory to my practice.” (Davidson, 2012)

This article did not directly test Orem’s theory. Instead it showed how the theory can be a universal education tool. The theory is easily applied to everyday practice and makes sense to the practicing nurse. Which made it an appropriate basis for the RN-BSN program. The only flaw in the program is that the student’s should be introduced to many different nursing theories.

Clinical Practice Issues

Ambulatory surgery can directly relate to Orem’s theory. Patient’s come in either in good health or physical deficits and leave with improved health but a short-term self-care deficit. There are many issues that can occur in this setting. Education is a major part of surgical services. Discharges are done with patients or family who are typically stressed at the time of review. Discharges are fast and the recipient may not absorb all of the information given. Discharge information also varies upon specialties and among surgeons. For example, one surgeon allows his knee arthroscopy’s to shower and the other doesn’t. Also, the way the incision is cleaned and dressed varies among all three orthopedic surgeons. This sometimes leads to some confusion when filling out discharge papers because there is no “standard”. The follow-up phone calls we place cover pain, nausea, vomiting, and how they thought their care was. We discharge several different kinds of patients each day with self-care impairment and never ask the question “How are you caring for yourself?” These are practice issues that are seen in the Ambulatory care unit.

Orem’s theory works well in a surgical department. The theory can be used at the time of discharge by providing the patient with better education of their do’s and don’ts. Providing the patient with the physician’s and the unit’s phone numbers can increase the likelihood that the
patient will call when they have questions. Prescreening patients so you know they have others to help them would be helpful before discharge. The follow up calls can have added detail such as, how are caring for yourself, do you have someone to help you, and how is the healing process going. Orem’s theory has many ways that it can be applied to the Surgical Unit.

**Personal Philosophy**

My personal philosophy of nursing incorporates a lot of education. Education is a key tool for nurses to provide the best for their patients. Orem’s theory is based on education and providing the patient with diligent care. Personally, seeing a patient grow and come back to their own baseline is the most rewarding part of being a nurse. Orem basis her theory on identifying what a patient lacks in self-care and providing the patient with interventions that return them to normalcy. I have enjoyed Orem’s theory and am able to apply it in my everyday practice.

**Learning**

This assignment contributed to my knowledge of Orem’s theory. Having to read in to the theory makes it more complicated to understand, yet I learned a lot about it. In general, I have learned that nursing theory is a basis to all of nursing practice. Everything we do today is based off of some sort of nursing theory. Nursing education is now even based off of theory. I am able to go to work now and see my patient as a whole. I am starting to put a bigger picture together than I could before. I am convinced that it is all because of the Bachelor program.

This theory applies to my practice in many ways. This is where I am seeing my educational experience improve my work experience. Self-care deficits are what health care is made of. Every sick person that walks into a hospital, urgent care, surgery center, or doctor’s office is experiencing some sort of self-care deficit. Orem’s theory is universal. If we were without health-care deficits, we would have no need for health care.
References

