

Dorothea E. Orem: The Self-Care Deficit Nursing Theory

Dorothea Orem was born in Baltimore, Maryland. She received her diploma in nursing from Providence Hospital School of Nursing in Washington, DC, and her baccalaureate degree in nursing from Catholic University in 1939. In 1945, she also earned her master's degree from Catholic University (Taylor, 2006).

Background of the Theorist

Orem held a number of positions as private duty nurse, hospital staff nurse, and educator. She was the director of both the School of Nursing and Nursing Service at Detroit's Providence Hospital until 1949, moving from there to Indiana where she served on the Board of Health until 1957. She assumed a role as a faculty member of Catholic University in 1959, later becoming acting dean (Taylor, 2006).

Orem's interest in nursing theory was piqued when she and a group of colleagues were charged with producing a curriculum for practical nursing for the Department of Health, Education, and Welfare in Washington, DC. After publishing the first book on her theory in 1971, she continued working on her concept of nursing and self-care. She had numerous honorary doctorates and other awards as members of the nursing profession have recognized the value of the self-care deficit theory (Taylor, 2006). Dr. Orem died in 2007 after a period of failing health. Nurses will remember her as one of the pioneers of nursing theory (Bekel, 2007).

Philosophical Underpinnings of the Theory

Orem (1995) denied that any particular theorist provided the basis for the Self-Care Deficit Nursing Theory (SCDNT). She expressed interest in several theories, although she references only Parsons' structure of social action and von Bertalanfy's system theory (Orem, 1995). Taylor, Geden, Isaramalai, and Wongvatunyu (2000), however, stated that the ontology of Orem's SCDNT is the school of moderate realism, and its focus is on the person as agent; the SCDNT is a highly developed formalized theoretical system of nursing. Currently, the theory is referred to as self-care science and nursing theory (Taylor & Renpenning, 2011). Taylor and Renpenning make a case for the scientific basis of the life work that was Orem's magnum opus and quote

from her works extensively.

Major Assumptions, Concepts, and Relationships

Orem's theory changed to fit the times most notably in the concept of the individual and of the nursing system. The original theory, however, remains largely intact.

Orem (2001) delineates three nested theories: theories of self-care, self-care deficit, and nursing systems (Figure 7-1). The theory of nursing systems is the outer or encompassing theory, which contains the theory of self-care deficit. The theory of self-care is a component of the theory of self-care deficit.

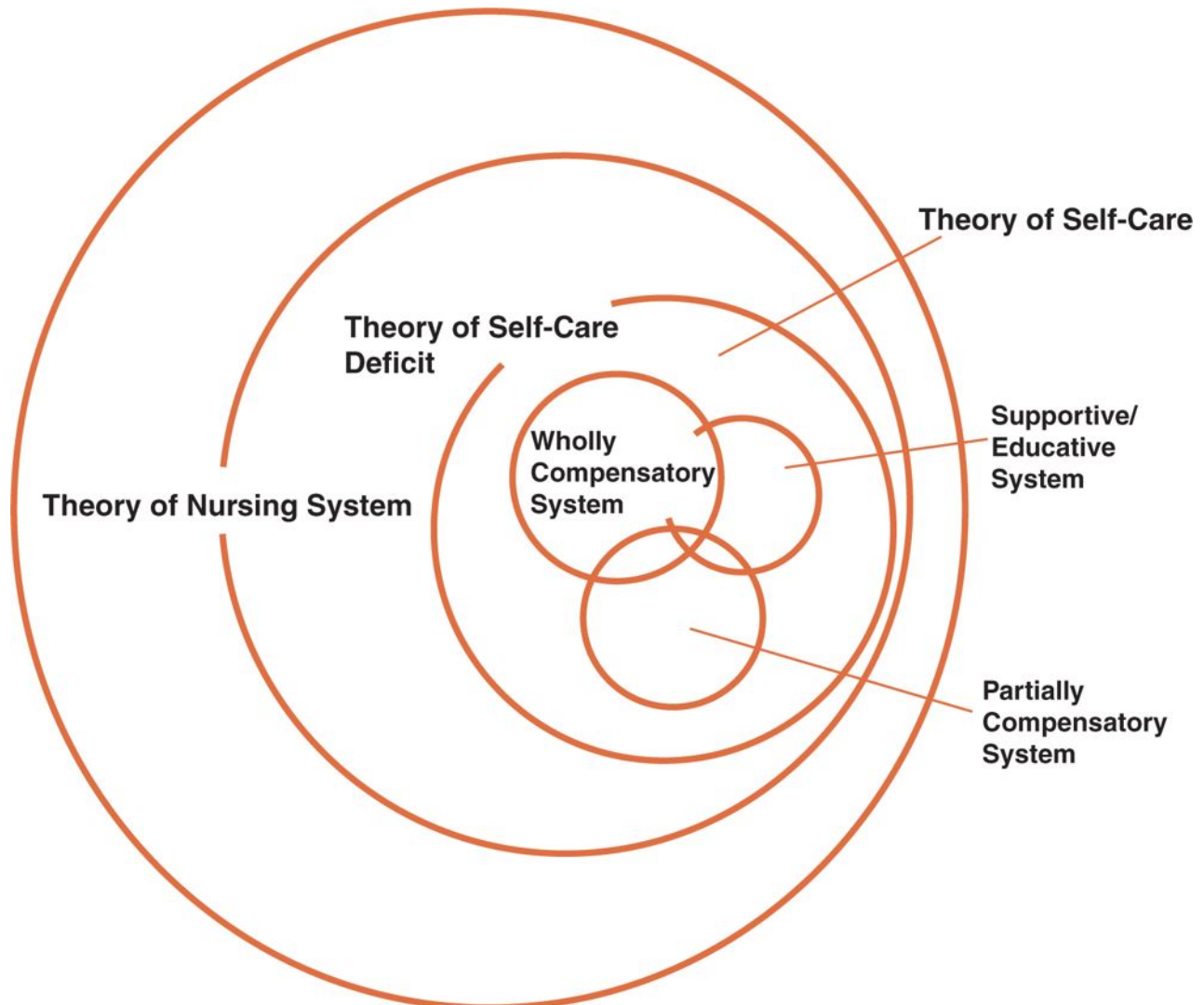


FIGURE 7-1: Self-care deficit nursing theory.
(Source: Orem, D. [2001]. *Nursing: Concepts of practice* [6th ed.]. St.

Louis: Mosby.)

Concepts

Orem (1995, 2001) defined the metaparadigm concepts as follows:

Nursing is seen as an art through which the practitioner of nursing gives specialized assistance to persons with disabilities which makes more than ordinary assistance necessary to meet needs for self-care. The nurse also intelligently participates in the medical care the individual receives from the physician.

Humans are defined as “men, women, and children cared for either singly or as social units,” and are the “material object” (p. 8) of nurses and others who provide direct care.

Environment has physical, chemical, and biological features. It includes the family culture and community.

Health is “being structurally and functionally whole or sound” (p. 96). Also, health is a state that encompasses both the health of individuals and of groups, and human health is the ability to reflect on one’s self, to symbolize experience, and to communicate with others.

Numerous additional concepts were formulated for Orem’s theory;

[Table 7-1](#) lists some of the more significant ones.

Table 7-1: Concepts in Orem’s Self-Care Deficit Theory

Concept	Definition
Self-care	A human regulatory function that is a deliberate action to supply or ensure materials needed for continued life, growth, and development and maintenance.
Self-care requisites	Part of self-care; expressions of action to be performed by or for individual controlling human or environmental factors that affect human functioning. There are three types: universal, developmental, and health deviation self-care requisites.
Universal self-care requisites	Self-care requisites common to all humans.
Developmental self-care requisites	Self-care requisites necessary for growth and development.

Health deviation self-care requisites	Self-care requisites associated with health deficits.
Therapeutic self-care demand	Nurse's assistance in meeting the client's or client dependent's self-care needs therapeutically as a result of the client's inability to calculate or to meet the demand
Deliberate action	Action knowingly taken with some motivation or some outcome sought by dependent care.
Nursing system	The product of a series of relations between the persons: legitimate nurse and client. This system is activated when the client's therapeutic self-care demand exceeds his/her agency, leading to the need for nursing.
Product of nursing	Nursing has two products: An intellectual product (the design for helping the client) A system of care of long or short duration for persons requiring nursing

Relationships

An underlying premise of Orem's theory is the belief that humans engage in continuous communication and interchange among themselves and their environments to remain alive and to function. In humans, the power to act deliberately is exercised to identify needs and to make needed judgments. Furthermore, mature human beings experience privations 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 others ways and means to identify needs for, and make inputs into, self and others. Finally, groups of human beings with structured relationships cluster tasks and allocate responsibilities for providing care to group members who experience privations for making required deliberate decisions about self and others (Orem, 1995).

Usefulness

Numerous colleges and schools of nursing base their curricula on the SCDNT. Georgetown University School of Nursing; Oakland University School of Nursing;