

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.

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.

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;

The University of Missouri, Columbia; and the University of Florida, Gainesville, for example, all have curricula based on Orem's SCDNT (Taylor, 2006, 2011). Hospitals in several areas of the country have based nursing care on Orem's theory, and it has been applied to an ambulatory care setting. Such medical conditions as arthritis or gastrointestinal and renal diseases, and such areas of practice as community nursing, critical care, cultural concepts, maternal–child nursing, medical-surgical nursing, pediatric nursing, perioperative nursing, and renal dialysis, among other specialties have used Orem's theory to structure care (Taylor, 2006, 2011). Orem's SCDNT has received international interest and has been used in many countries including Great Britain, Germany, Japan, the Netherlands, Norway, Sweden, and New Zealand. Moreover, numerous publications define methods for using Orem's SCDNT in practice, research, and education.

Orem was a prolific author and her writings spanned five decades. In addition to her detailed description of her theory (Orem, 1971, 1985a, 1991, 1995, 2001), she authored an analysis of hospital nursing service (Orem, 1956) and illustrations for self-care for the rehabilitation client (Orem, 1985b). Further evidence of the usefulness of Orem's work is the International Orem Society, which celebrates the work of Dr. Orem. Their journal, *Self-Care, Dependent-Care & Nursing*, indicates the value to nurses across the globe (Biggs, 2008).

Testability

Many nursing research studies have used Orem's theory as a conceptual framework or as a source of testable hypotheses. Further, over the years,

many research studies have tested elements of the theory. The researchers have studied people with diminished self-care agency across age and social groups, in numerous situations, and in many countries. Most research into the SCDNT is descriptive, and the theory has not been subject to testing in its entirety (Taylor, 2006; Taylor & Renpenning, 2011). [Box 7-4](#) lists some of the recent research studies using the SCDNT.

Parsimony

Orem's (2001) SCDNT is complex. It consists of three nested theories, many presuppositions, and propositions in each of the individual theories. Revisions of the theory from the original (1971) have improved the organization; however, its complexity has increased in response to societal needs throughout the several editions.

Value in Extending Nursing Science

The SCDNT has been the basis for many college and university nursing curricula (Orem, 1995, 2001). It has been used in practice situations and extensively in research projects, theses, and dissertations (Taylor, 2011). The practical applicability of the theory is attractive to graduate students because it is perceived as a realistic reflection of nursing practice.