

Nursing

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Nursing Theory Comparisons

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Introduction

Nursing theories have been classified into various broad categories based on their similarity and applicability. Grand nursing theories are among the widely used theories in nursing which include a broad perspective of understanding the nursing profession. Middle-range theories are theories that have a narrow focus on the aspects of nursing as a profession and tend to explain various issues or problems from a specific concept. ¹² The Self-Care Deficit Theory is among the grand nursing theories which explain the aspect of care and individual responsibility in promoting healthy growth and development. ² The theory of Cultural Care Diversity and Universality is an example of a middle-range theory that focuses on cultural implications to provisions of nursing care and understanding health outcomes in different communities. Both of the theories have been empirically tested through research and applied differently in the nursing profession and curricula.

¹⁴ Self-Care Nursing Theory

Background

The self-care deficit theory relates to assisting other people in maintaining and providing self-care as a way of promoting or improving human functioning to a desirable effectiveness level. It focuses on the self-care performance abilities of each individual including the numerous activities that individuals can start and carry on as a way of maintaining their health, well-being as well as a good life. ⁴ the Theory was originally developed by Dorothea Orem as part of the practical nursing theories which has received much recognition in the field of nursing. ⁶ The theory is categorized as a grand nursing theory with a broad scope of concepts applicable in the field of nursing. ⁶

Philosophical Underpinnings

The theory was developed by Dorothea Orem after identifying that there were no specific theories aimed at explaining the basis for self-care. She borrowed some ideas and concepts expressed by other theories such as the structure of social action by Parsons or the system theory developed by von Bertalanffy. The Self-care Deficit Nursing theory is considered to relate to the ontology of moderate realism where an individual is an agent which formalizes the nursing theoretical systems (Taylor, *et al.* 2000).

Concepts and major assumptions of the theory

Dorothea Orem developed the theory on a nursing paradigm borrowing from, the concepts of self-care, nursing systems as well as self-care deficit. The theory consists of three nested theories with the concept of self-care deficit being the encompassing theory as a concept of self-deficit. Orem defined nursing as an art of practice in which individual practitioners provided assistance to individuals with needs like disabilities which requires more than the ordinary care provision in meeting the needs of each individual (Taylor, *et al.* 2000). individuals with various challenges like disabilities may find it difficult in meeting the needs of self-care. The nurse plays a very significant role in providing care to patients because of their intellectual participation in care provision to a patient by a physician.

One of the main concepts in the Self-care Deficit Theory is the concept of self-care. The concept of self-care relates to a regulatory function in human beings that drives them to deliberately take actions that ensures to ensure a constant supply of all necessary materials required in promoting continuity of life, growth of an individual, or their development. The theory also encompasses the concepts of self-care requisites which include action expressions

that different people perform to control the factors in their environment which may affect their functionality (Dennis, 1997). They can include universal self-care requisites which are the same to every individual as well as ³ developmental self-care requisites which are required in the growth and development of individuals. the requisites also include the Health deviation requisites which relate to various deficits related to the health of an individual (Taylor, *et al.* 2000).

⁹ Dorothea Orem's theory of self-care deficit also encompasses various assumptions. One of the major assumptions of the theories is that every individual should be self-reliant and has the responsibility to provide care to self as well as other individuals who need care from them like members of the family (Dennis, 1997). The theory also assumes that every individual is distinct in the idea that they have a uniqueness in their care needs and their abilities to take care of their needs. Dorothea Orem when developing the theory also suggested that nursing is an art of action in which interactions between different individuals take place (McEwen, & Wills, 2017).

The self-care requisites developed by Dorothea Orem were also assumed to be crucial components in the provision of preventive care as well and avoiding ill health. These include the universal care requisites, health deviation care requisites as well as developmental care requisites (Younas, 2017). Meeting those requisites is considered a principal requirement in maintaining the health of an individual. The theory also assumes that the knowledge of an individual on the possible health issues is likely to influence their behaviors related to self-care (Younas, 2017). People are likely to be more interacted in taking action when they know about the possible health issues which may arise in each situation. The theory also assumes that people learn the concept of self-care and depend on care by interactions with others in a social and cultural context.

The main concept of self-care promoted through the theory relates to the actions started and performed by an individual on their own behalf as a way of maintaining their life as well as

well-being. The theory also includes the assumption that the ability of every individual to engage in activities of self-care can be influenced by their age, their experiences in life, state of development as well as orientations in the socio-cultural context (Dennis, 1997). The theory also promotes the concept of therapeutic demand for self-care which includes all the actions which an individual performs over a certain period through various ¹ methods and actions to meet the requisites of self-care.

The requisites identified as common to all human beings are considered as processes in the everyday life of an individual required in maintaining their functionality as human beings. These can include the intake of food water and air as well as providing care to themselves through the elimination of actions that threaten individual health. Dorothea Orem also included the concept of balancing individual activities and resting as a way of promoting self-care. People are also constantly involved in actions of preventing hazards in their lives and their well-being. People can also develop or promote growth in their lives through the developmental care self-care requisites which individuals take to improve their states as human beings (Taylor, *et al.* 2000).

Relationships

One of the major premises in the Self-care Deficit Nursing theory is that human beings are always involved in continuous actions of communicating and interchanging between one another as well as their environments as a way of promoting their functionality and staying alive. People always exercise their power and ability to take deliberate action in identifying their needs and establishing proper judgments for every need (McEwen, & Wills, 2017). Mature human beings also take self-care actions through privatizations as a way of ensuring their actions sustain and regulate the functions in their life. People always exercise human agency to discover,

develop as well as transmit to others the various methods of identifying personal needs as well as taking care of them (Dennis, 1997).

Applications and Testability of the Theory

The theory encompasses a broad scope of concepts in nursing. The ideas of the Self-Care Deficit Nursing Theory have been borrowed widely in various schools and colleges in curricular development. Various hospitals have also developed the provision of care based on the concepts promoted by Dorothea Orem in her theory as well as in the setting for ambulatory care. The theory is also played in understanding various medical conditions such as renal diseases as well as arthritis and also in concepts such as maternal-child nursing as well as critical care. The theory can be used in understanding the behaviors of individuals in promoting personal care as well as the daily actions aimed at promoting their functionality (Younas, 2017).

Many research studies in nursing have been applied in testing the validity of the theory. Many researchers have used the theory as a basis for developing a conceptual framework in their studies with the development of testable hypotheses. The various elements promoted in the theory have also been tested over time with studies on concepts such as self-care agency on different age and social groups in different conditions. Most of the research studies developed in the concept are descriptive with the broad scope of the theory leaving some concepts of the theory untested (Younas, 2017).

Cultural Care Diversity and Universality Theory

Background and Philosophical Underpinnings of the Theory

The theory of Cultural Care Diversity and Universality was developed by Madeleine Leininger to promote the significance of putting into consideration the cultural impact on the

health and healing of an individual. The development of the theory was significant in influencing a transcultural form of nursing. Leininger conceptualized the idea of transcultural nursing as a distinct area of practice in nursing while promoting the synonymy between the idea and caring. The philosophical perspectives of the theory encompass the congruency between culture and the provision of ensuring care through decisions and actions that are facilitative and supportive. The beneficial meaning derived from providing care according to the theory is greatly influenced by the cultural setting of each individual (Alligood, 2017).

Major assumptions and Concepts

There are various concepts developed by the theorist in expressing the main ideas of the theory. According to the theory, the concept of health is culturally defined and structured based on different cultures. The preservation of care and maintenance according to the theory relates to the activities of nursing care that help people from a particular culture in adapting or negating with others in healthcare as a way of attaining an optimal outcome in health as a common goal. The theory also promotes the concept of culture care universality which includes the similarity in meaning that different cultures hold towards care. There is also the idea of cultural diversity which includes the differences in values, meaning, or forms of care between different cultural groups. Care is greatly influenced by the different aspects of culture which influence how people think as well the decisions and actions they take (Alligood, 2017).

The theory provides a holistic and comprehensive approach to each individual based on their culture. The various aspects of culture are considered in the theory including language and communications, sexual orientations, occupations, age, abilities and disabilities, interpersonal relationships as well as socioeconomic status. The theory proposes that the actions, judgments, or decisions of healthcare providers and nurses are guided by three models of providing meaningful

care (McFarland, & Wehbe-Alamah, 2019). The models include care preservation, accommodation as well as care restructuring which influence the ability of nurses to provide care congruent to the culture of each individual.

One of the main assumptions promoted by the theory is ²that care is the main essence in nursing which provides a common focus in the practice. The theory also focuses on the essentiality of promoting the well-being of individuals and developing their health. Care is the basic concept in providing healing and curing to each individual. The theorist incorporated the assumption that culture care provides a broad means for understanding, explaining, interpreting as well as predicting phenomena in nursing care as well as guiding their practices in providing care. The theory also establishes that beliefs, values, and practices incorporated in culture care have differences and similarities across different cultures. The achievement of culturally congruent care in nursing according to the theory is only possible when there are known community values, patterns as well as expressions that are used in an appropriate and meaningful way (McFarland, & Wehbe-Alamah, 2019).

Relationships

The theory promotes the idea of culture as a basis for providing meaningful nursing. Culture relates to the different values, beliefs, and meanings attached to the care provided. The interactions between individuals in the community are essential in the promotion of the care and health of an individual. As the theory explains, care can be provided effectively through proper cultural assessment of an individual to ensure that the care provided is culturally congruent. Individuals through language and communication engage in useful interactions in a care setting to provide a comprehensive understanding of the patient's needs (Alligood, 2017).

Applications of the Theory

The tenets of the theory can be borrowed in public health promotion in different communities. It is applicable in understanding the various concepts and beliefs held by different communities which affect how their actions and healthcare behaviors (McEwen, & Wills, 2017). The theory suggests that different communities have held different meanings and values towards care which have to be considered in providing culturally congruent care. Research can also borrow from the tenets of the theory in understanding how the influence of similarities in meanings held by diverse communities in the provision of healthcare. The theory is significant in understanding the appropriate way for nurses to behave when providing care to an individual or group with a different cultural background from their own (McEwen, & Wills, 2017).

The theory has been tested through various studies dedicated to understanding cultural influences on the provision of meaningful care. The ¹theory has been used as a basis for research by various students, scholars, and researchers with different result articles available. Many other research studies have employed the tenets of the theory in researching the implications of cultural diversity on the state of public health in different communities. For instance, the theory has been used in understanding the cultural implications of the problem of heart disease experienced in the Middle East (Hassan, 2015).

Conclusions

The two theories can be compared based on the ideas and concepts they promote as well as their applicability in the nursing profession. The ¹³Self-Care Deficit Nursing theory is a grand theory that encompasses a broad scope of aspects in the field of nursing (Dennis, 1997). The

theory is widely applicable in understanding the actions and behaviors of each individual in promoting their health as well as maintaining health safety. The cultural care diversity and universality theory narrow down the concept of care by focusing on the cultural influence on the proper provision of care. The theory can be more applicable in nursing when working in diverse communities. It helps one as a nurse in understanding the meanings individuals attach to care as well as their possible when under different treatment plans. The theory can also provide a major basis for understanding the relationship between culture and problems in public health experienced in different communities.

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