



## Critique of Orem's Theory

Awad Hagan\* • Ekhlas Fakharany

Public Health, Boston University School of Public Health, Massachusetts, United States  
[Nahlamahmoud3@yahoo.com](mailto:Nahlamahmoud3@yahoo.com)

**Abstract:** The critique is an essential process in the synthesis of knowledge for use in practice or for the conduct of studies, yet this process is poorly understood by many nurses, here in this paper, authors will present how to critique theory?

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### 1. Introduction

Orem's theory provides a comprehensive base to nursing practice. It is functional in the different fields of nursing. Orem (2001) describes the Self-Care Deficit Nursing Theory (SCDNT) as a general theory of nursing. General theories of nursing are applicable across all practice situations in which persons need nursing care. It is made up of the three interrelated theories of self-care, self-care deficit, and nursing systems. A peripheral concept, basic conditioning factors, applies to all of the theories (George, 2010). This theory was conceived and developed during a time when Nursing lacked definition and identity within the medical community. This theory, not only, helped to move nursing from vocation to profession, it "is one of the most commonly used in practice" (Alligood, 2010, p 261). This paper presents a critique for the Self-Care Deficit Nursing Theory utilizing criteria proposed by Chinn and Kramer (1999). The utilized guidelines include evaluating the theory in terms of clarity, simplicity, generality, accessibility as well as importance of the theory for nursing discipline.

### 2. Overview of the Self-Care Deficit Nursing Theory

The Self-Care Deficit Nursing Theory (SCDNT) has "four structured cognitive operations: diagnostic, prescriptive, regulatory, and control" (Alligood, 2010, p 266). In the simplest terms this theory states that a nurse should establish the nurse-client relationship, determining what the client's self-care requisites are (Diagnostic Operations). Then determine, based on the client's personal characteristics which self-care deficits exist (Prescriptive Operations). With the self-care deficits established, both the client's, client's care takers, and nurse's roles can be established. Develop the plan for self-care. As the plan is executed, continuing

evaluation is required to make any changes so the client's self-care is at its optimum (Control Operations) (Alligood, 2010).

### 3. Components and Definitions of Major Concepts of the Self-Care Deficit Nursing Theory

#### 3.1 The Theory of self-care

The major concepts of self-care are self-care, self-care agency, self-care requisites (universal, developmental, and health deviation), and therapeutic self-care demand.

##### 3.1.1. Self-care

According to Orem (2001), self-care is the "practice of activities that individuals initiate and perform on their behalf in maintaining life, health and wellbeing" (p. 43). Self-care is described as a goal oriented activity that is learned. Self-care actions are directed toward meeting three different types of self-care requisites.

##### 3.1.2 Self-care requisites

a) Universal self-care requisites (associated maintenance of the integrity of human structure and function), b) developmental self-care requisites (associated with developmental processes and conditions that occur during various stages of the life cycles) and c) health deviation self-care requisites (i.e., human structural and functional deviations and their effects (Orem, 2001, p. 48). Orem (2001) refers to theory of self-care deficit as all the self-care activities that should be performed to meet the three types of self-care requisites.

Universal self-care requisites are integral to the daily living of individuals and include 1) maintenance of sufficient intake of air, water and food, 2) provision of care associated with elimination, 3) maintenance of a balance between activity and rest and between solitude and social

interaction 4) avoidance of hazards of life functioning and well-being and promotion of normalcy (Orem, 2001). Developmental requisites result from maturation or are associated with conditions or events such as adjusting to change in body image or to the loss of a spouse.

Health-Deviation Self-Care Requisites exist when people are “ill or injured or have specific forms of pathology including defects and disabilities, and who are under medical diagnosis and treatment” (Orem, 2001, p. 233). Health deviation self-care requisites include: 1) seeking and securing appropriate medical assistance, 2) being aware of and attending to effects and results of pathologic conditions and states, 3) effectively carrying out prescribed diagnostic, therapeutic and rehabilitative measures specific to the illness, 4) being aware of and regulating uncomfortable effects of medical care measures; 5) accepting one’s state of health and the need for specific health care and 6) learning to live with the effects of the illness and necessary care in a way that promotes continued personal development (Orem, 2001).

### 3.1.3. Self-Care Agency

Self-care agency (SCA) is viewed as the specialized capabilities in terms of knowledge and skills an individual needs in order to participate or engage in self-care (Orem, 2001). The individual’s ability to perform self-care activities. Consists of two agents:

Self-care Agent: person who provides the self-care

Dependent Care Agent: person other than the individual who provides the care (such as a parent).

### 3.1.4 Therapeutic self-care demand

Therapeutic self-care demand represents the totality of action required to meet a set of self-care requirements using a set of technologies (George, 2010).

### 3.2. The Theory of Self Care Deficit

The Theory of Self Care Deficit Specifies when nursing is needed. Nursing is required when an adult (or in the case of a dependent, the parent) is incapable or limited in the provision of continuous effective self-care. A self-care deficit exists when the therapeutic self-care demand exceeds self-care agency (George, 2010). Orem identifies five methods of helping:

1. Acting for and doing for others.
2. Guiding others.
3. Supporting another.
4. Providing an environment promoting personal development in relation to meet future demands.
5. Teaching another.

### 3.3. The Theory of nursing system

Three nursing systems help people meet their health care deficits (Orem, 2001). They are 1) wholly compensatory nursing systems that are needed when individuals are unable to care for themselves; 2) partly compensatory nursing systems are needed whereby individuals can perform some but not all self-care actions and 3) supportive-educative systems where individuals can perform all self-care actions while engaged in self-care agency development (Orem, 2001).

### 4. Basic Conditioning Factors

Both the ability to engage in self-care and self-care agency are influenced by internal and external factors to the individual known as basic conditioning factors (BCFs) (Orem, 2001). According to Orem (2001), “BCFs refer to those personal conditions or environmental circumstances that may affect the operability or adequacy of peoples capabilities to care for themselves” (Orem, 2001, p. 514). BCFs are specific to the individual and vary with each individual and situation. According to Orem (2001), BCFs can affect a persons’ therapeutic self-care demand and their self-care capabilities. Orem (2001) identifies 10 BCFs: “age, gender, developmental state, health state, pattern of living, health care system factors, family system factors, sociocultural factors, availability of resources and external environmental factors such as physical or biologic factors of the person’s environment” (Orem, 2001, p. 167).

### 5. Assumptions of the Self-Care Deficit Nursing Theory

The Self-Care Deficit Nursing Theory is based on the following assumptions. (George, 2011; Tomey & Allgood, 2006):

1. Human beings require continuous, deliberate inputs to themselves and their environments to remain alive and function according to their capacity.
2. Human agency is exercised in the form of care for self and others in identifying and meeting needs.
3. Mature human beings experience privations in the form of limitations for action and care for self and others involving life-sustaining and function regulating inputs.
4. Human agency is exercised in discovering, developing, and transmitting ways and means to identify needs and make inputs to self and others.
5. Groups of human beings with structured relationships of clustered tasks and allocate responsibilities for providing care to group members who experience privations for making required deliberate input to self and others.

## 6. Definition of Nursing Metaparadigms in the Self-Care Deficit Nursing Theory

**Person:** is an integrated whole composed of an internal physical, psychological, and social nature with varying degrees of self-care ability (1971 def.)” (Chinn & Kramer, 2004)

**Environment:** prevailing internal and external conditions in some time and place frame of reference (Orem, 2001).

Encompassed by two dimensions:

1. Environmental: physical, chemical and biologic features atmosphere, pollutants, weather conditions, infectious organisms, etc.
2. Developmental: socioeconomic features family & community gender and age roles, cultural roles, and cultural prescriptions of authority.

**Nursing:** an art through which the practitioner of nursing gives specialized assistance to persons with disabilities of such a character that greater than ordinary assistance is necessary to meet daily needs for self-care and to intelligently participate in the medical care they are receiving from the physician” (Orem,2001).

**Health:** Orem (2001) support the world health organization definition of health as “a state of physical, mental, and social well-being, and not merely the absence of disease or infirmity”

## 7. Critique of the Self-Care Deficit Nursing Theory

### 7.1. Purpose of the model

The purpose of the Self-Care Deficit Nursing Theory is to Provides nursing practice with a comprehensive base. Specifies when nursing care is needed .Focuses not only on individual self-care, but also to multi person units

### 7.2. Clarity

Definitions of the concepts are clear and well defined. The terms are not borrowed and are specific to nursing and to self-care. There is no excessive verbiage, narrative, or interchanging of words. Concepts are used consistently throughout the theory. Relationships among concepts of self-care are clear and organized and the connections are apparent and identifiable. No gaps noted, the concepts are interconnected and the structure of the theory is reasonable. (Tommy & Alligood, 2006).The model is easily understood and the key concepts are clear. The definitions of the concepts are in a straightforward language and are understood by novice and expert nurses (George, 2010). Orem’s theory offers unique ways of looking at the phenomenon of nursing, However there have been references to the difficulty of Orem’s language. According to Mendoza (2004) most of the students who are studying Orem’s work

are confused on the different terminologies with similar meanings , this confusion resolved after the reader become familiar with the different concept (Tomey & Alligood, 2006)

Orem six edition is much more readable than the previous edition however, some of her terminology still difficult an example for that when Orem’s states “speculatively practical with practically practical content elements”(Gearge,2010). Abdul (2002) stated that Orem’s theory is redundant in some way. However Biggs (2008) clarify without Orem’s multiple terminologies and highly detailed theories, applying it will be more difficult

### 7.3 Simplicity

The relationships between the concepts are complex but practical. There are many different relationships between and among the numerous concepts. The reader has first to sort out what the concepts define and then relate those concepts to each other (George, 2010). Relationship among entities can be presented in a simple diagram (Tommy & Alligood, 2006). Orem's theory can be consider as simple theory in term of limited numbers of concepts, and complex theory in term of composition of three theories(Abdul, 2002). According to Al-shamsi (1995) Orem’s work is like a simple wall clock. From the outside, it seems as clear as it can be but once you look inside it, you will be surprised to see the difficulty of its work. Mendoza (2004) also noted that students find Orem’s work “easy to explain but difficult to define”. The term self-care, nursing system, and self-care deficit are easily understood by the beginning nursing student and can be explored in greater depth as the nurse gain more knowledge and experience (Georg, 2010).

### 7.4 Generality

Orem’s theory is considered a general theory with broad concepts and can be applied in many different situations, rehabilitation, emergency department, intensive care unit, medical-surgical, etc. where self-care requisites are the driving force for individuals and nurses. It is extremely contagious, used by nurses at all level from novice to expert in all area of practice (George, 2010). It is applicable to all of those who need nursing care and also applicable to All of situations in which individuals (including children) cannot meet their entire self-care request. (George, 2010, Biggs, 2008). Mustafa (1999) noted that Orem’s theory is lacking some concepts which are vital to nursing care. He greatly stressed the lack mental health on this theory and the possible problems that may happen once Orem’s theory is applied in a healthcare setting. However Orem’s in her last modification of her theory, she discuss and

emphasize the importance of positive mental health (George, 2010)

### 7.5 Accessibility

Empiric indicators can be identified for each concept, as the concepts are clearly defined. And, "increasing the complexity of a theory often increases its empiric accessibility" (Chinn & Kramer, 2011, p. 203). Orem's theory is one of the most readily applied theories. Theoretical entities of Orem's theory are well defined and lend themselves to measurement, several instrument have been developed and validated to measure aspect of Orem's theory. (George, 2010). Research studies can operationalize concepts so they can be empirically tested. For example Biehler (2005) develop the Community Care Deficit Nursing Model for use with multiperson units in a community care setting.

### 7.6 Importance

Orem's general theory of nursing has a significant impact on clinical practice. Patient care situations can usually be viewed within the context of theoretical framework. The theory essentially defines the need for nursing care. This need occurs whenever a person experiences some limitation or deficit which interferes with their ability to maintain self-care. Further, the theory delineates the various interactions which should occur between a nurse and a patient. . The basic premise of Orem's model is that individuals can take responsibility for their health and the health of others, and in a general sense, individuals have the capacity to care for themselves and their dependents. Theory is closely tied to nursing goals, clinical practice, and research. Theory is nursing-based and driven to understand the nurse's relationship with the patient's self-care needs. There are ample research articles that use Orem's theory as a theoretical framework and hypotheses are derived from the concepts (George, 2010). It is used to guide research programs to identify self-care requisites and self-care behaviors of specific clinical populations (Parker, 2006) A major limitation to Orem's theory it appears that the theory is illness oriented rather its use in wellness settings. Orem's theory neglects to consider the dynamic nature of health care. Another major limitation Visual presentation of the nursing system implies three static conditions of health rather than dynamic (Meleis, 2007; Tomey, 2006).

## 8. Reflection in the context of selected article

Britz, J. A. & Dunn, K. S. (2010). Self-care and quality of life among patients with heart failure. *Journal of the American Academy of Nurse Practitioners*, 22, 480-487

The purpose of study was to determine if there are any statistically significant relationships between heart failure self-care deficits and quality of life indicators among recently hospitalized heart failure patients. Factors of age, gender, and level of education were evaluated for statistical significance (Britz & Dunn, 2010, p.482).

### 8.1 Significance of the study

There have been over 1,084,000 hospitalizations annually due to heart failure with about 34.8 billion dollars in healthcare costs. Successful treatment and management are significant to decrease mortality rates and healthcare expenditures. Patients with decreased self-care abilities in activities (medication compliance, daily weights, etc.) have frequent hospitalizations and decreased quality of life. Increased self-care abilities a can enable patients to have better control of their lives. Patients who follow their treatment regimen and take better care of themselves are expected to have improved functional capacity in order to improve their quality of life (Britz & Dunn, 2010, p.480-481).

### 8.2 Study variables

All concepts were included in the study: Self-care, Self-care agency, Self-care deficit, Self-care requisites, Therapeutic self-care demands, nursing agency. The theoretical definition was congruent with Orem's theory. For the operational definition the researchers used, the Self-Care of Heart Failure Index scale to assess the patients' self-care abilities.

### 8.3 Theoretical Framework

Self-care deficit theory by Dorothea Orem was used in this study because concepts and relational statements are consistent with the variables and hypotheses. This theory guided the study to identify self-care deficits that contribute to a decreased quality of life. Identification of heart-failure self-deficits that are related to decreases in quality of life outcomes will define the self-requisites that will need to be addressed by Nurses to develop self-care agency among patients with heart failure (Britz & Dunn, 2010, p. 481)

### 8.4 Design

This quantitative, cross-sectional research design consisted of 30 subjects with heart failure admitted to a Midwestern hospital.

### 8.5. Measures

Patient self-care abilities were measured with the Self-Care of Heart Failure Index (SCHFI) scale. This scale measures self-care maintenance, self-care



management, and self-care .Quality of life was measured using the Minnesota Living with Heart Failure (MLHF) questionnaire (Rector, Kubo, & Cohn, 1987)

#### 8.6. Analysis

Correlations were computed to assess relationships between self-care maintenance, self-care management, self-care confidence, total self-care scores physical quality of life, emotional quality of life, and total of quality of life scores.

#### 8.7. Results

Statistically significant outcomes were found between total self-care and gender suggesting that female participants overall were more confident that they could maintain and manage their heart failure symptoms than the male participants. Another significant finding was participants who felt very confident in their abilities to maintain and manage their heart failure symptoms reported better physical and emotional well-being, and overall better quality of life than those that were less confident

### 9. Orem's theory Critique through study application

#### 9.1. Clarity

Study variables were clear in all over the study. The relationships between variables were easily understandable, Operational definitions of study variables were clearly stated, and were identical to the proposed theoretical definition. Orem's theory Helped researcher realizes the need to develop a study to help nurses recognize self-care deficits in patients with heart failure in order to provide discharge instructions to improve their overall quality of life. There is a clear correlation between theory and article as shown in use of similar ideas regarding self-care measurement in managing heart failure.

#### 9.2. Simplicity

The study used most concepts of Orem's theory .The definition of these concepts were simple; Relationships between concepts were defined clearly. Self-care confidence and perceived better health were positively correlated with improved quality of life. Concepts of self-care, self-care requisites, nursing agency, therapeutic self-care demands, and self-care agency were defined by the authors based on Orem's theory and utilized in the study. Concepts were consistently used and applied throughout the study as it relates to heart failure and quality of life.

#### 9.3.Generality

The study is based on the general principles of Orem's theory; Research was used to determine how

accurate Orem's theory in clarifying certain phenomena. The researchers were able to support Orem's theory. Although the sample sizes were small, the result of the study can be generalized to similar environment.

#### 9.4. Empirical precision

Using the concept of this study, we were able to successfully identify self-care abilities and self-care deficits among this sample of hospitalized patients with heart failure. Findings from this study provided valuable information that could be used to develop an educational Plan that address individualized needs of each patient. In addition to that results of the current study provided an evidence of it is usefulness in generating hypotheses to add to the body of knowledge of nursing profession.

#### 9.5. Derivable consequences

Results of the current study provided evidence that Orem's theory is highly useful, applicable and essential to guide nursing practice.

### 10. My Reflection on the theory (Summery)

I think that Orem's theory is very practical and is very much applicable not only in the hospital setting but also at home. This theory, not only, helped to move nursing from occupation to profession, it is one of the most commonly used in practice. It helps nurses to develop their own style to develop efficient high quality nursing care .furthermore The role of the nurse is not only limited to covering up the deficit but it also extends to educating the individual about the disease process. After having gone through all the theories stated in this course, I came to conclude that the best out of existing nursing theories is the Orem's Theoretical Model of self-care deficit.

#### Corresponding Author:

Awad Hagan

Public Health, Boston University School of Public Health, Massachusetts, United States

E-mail: [Nahlamahmoud3@yahoo.com](mailto:Nahlamahmoud3@yahoo.com)

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