Dorothea Orem (1914-2007) was born and raised in Baltimore, Maryland. Orem then earned a Bachelor of Science in Nursing Education in 1939 and in 1945 her Masters in Nursing Education, both from the Catholic University of America. Throughout her career she worked in numerous nursing positions such as the operating room, private duty nursing, nursing instructor and running departments within various hospitals throughout the country. “Orem was dedicated to explaining the theoretical basis for nursing and establishing nursing as a discipline with its own body of knowledge” (Berbiglia, 2011, p.138) and her curriculum framework has been adapted by several U.S. colleges.

**Theory**

As a general theory of nursing, the Self-Care Deficit Nursing Theory (SCDNT) was first published in 1971. SCDNT was published with the purpose of “laying out the structure of nursing knowledge and explicating the domains of nursing knowledge” (Taylor, 2011).

The concepts used to define the theory; self-care, self-care deficit, and nursing systems. These terms are nursing specific (Kozier, 2008, p. 44).

Theory definitions from Alligood and Tomey (2010):

- **Self-care**: “why and how people care for themselves.”
- **Self-care agency**: “ability of mature and maturing persons to know and meet their continuing requirements for deliberate, purposive action to regulate their own human functioning and development.”
- **Self-care deficit**: “describes and explains why people can be helped through nursing.”
- **Nursing systems**: “describes and explains relationships that must be brought about and maintained for nursing to be produced” (p. 269-271). (See figure 1)

SCDNT is a theory that expresses the dominate features of any one and all situations that are nursing practice situations” (Orem & Taylor, 2011, p. 38).

**Concepts**

Orem’s conceptual model focuses on the global concepts of human beings, the environment, patient health, and nursing care. The conceptual model begins with human beings as the focal point of healthcare and the purpose of its existence. Human beings are placed in the hospital with abnormal health issues and Orem’s theory places the patient as the first priority to optimize health and return to normalcy. Health success is dependent on the nursing care provided so the hospital environment directly relates to a patient’s welfare.

According to Orem’s SCNDT, nurses assist patients with performance of daily living activities, self-care. Nurses must recognize techniques to ensure Orem’s self-care agency is a complex acquired ability of mature people to know and meet the fluctuating requirements for purposeful action to regulate their own human functioning and development (Berbigila and Banfield, 2003). Orem’s theory encourages nurses to be available for the patient and family in order to provide current detailed information and proper communication.
Orem’s Basic Nursing Systems

**Wholly compensatory system**
- Accomplishes patient’s therapeutic self-care
- Compensates for patient’s inability to engage in self-care
- Supports and protects patient

**Partially compensatory system**
- Performs self-care measures for patient
- Compensates for self-care limitations of patient
- Assists patient as required
- Regulates self-care agency
- Accepts care and assistance from nurse
- Performs some self-care measures

**Supportive-educative system**
- Accomplishes self-care
- Regulates the exercise and development of self-care agency

**Nurse Action**
- Perform some self-care measures

**Patient Action**
- Accepts care and assistance from nurse
- Performs some self-care measures

**Orem’s Model and Nursing Process**

**Assessment**
Is there a deficit between the client’s self-care abilities and the demands of self-care? Is the deficit due to: lack of knowledge; lack of skill; lack of motivation; or limited range of available behavior?

**Planning**
Set goals to achieve or maintain self-care. Plan interventions to be:
1. Wholly compensatory
2. Partially compensatory
3. Supportive-educative

**Implementation**
Interventions may be:
1. Doing for or acting for another
2. Guiding or directing
3. Providing physical support
4. Providing psychological support
5. Providing an environment that supports development
6. Teaching another

**Evaluation**
Formative-Has the client been able to reestablish self-care?

SCDNT in Practice

Since this theory encompasses many smaller concepts, SCDNT is relevant to all areas of nursing practice. The Universal Self-Care Requisites are a vital aspect of the SCNDT. These involve all aspects of life. Some of these include:
- Maintenance of a sufficient intake of air
- Maintenance of a sufficient intake of food
- Maintenance of a sufficient intake of water
- Provision of care associated with elimination processes and excrements
- Maintenance of balance between activity and rest
(Berbiglia & Banfield, 2010, p. 269-270).

As a Registered Nurse how often are you evaluating these critical factors in our patients’ health? What is my patient O2 saturation? What are my patient’s I/O’s? Is my patient fluid overloaded? Has my patient been out of bed since he/she has been here? These are essential factors to patient safety and an overall positive outcome with our patients.
References


