**Concept Analysis: Orem’s Self-Care Concept**

**Introduction**

This is a concept analysis on Orem’s concept of self-care.  It will first define the concept and discuss its related elements and contributory qualities.  An application of its related qualities and outcomes will also be indicated below, mostly in relation to the range of compliance of the patient and the extent by which health professionals fulfill their tasks to assist in securing self-care.  The aims of self-care including its uses, attributes, as well as its applications are presented below.

**Main Body**

In general, Orem’s self-care concept seeks to provide requisites for individuals who have been injured or are ill, “have specific forms of pathology, including defects and disabilities, and who are under medical diagnosis and treatment” (Orem, 2001, p. 233).  Orem’s concept therefore relates to regaining self-care or independence for patients, mostly with guidance and support from the health professionals.

**Uses**

Polit and Henderson point out that all people can do self-care, and are considered responsible for their health and that of their family. Self-care refers to the practice of initiating and carrying out in one’s behalf activities which maintain life and wellness.  Orem (1959, p. 3) also discusses that the focus of nursing is on “man’s need for self-action and the provision and management of it on a continuous basis in order to sustain life and health, recover from disease or injury, and cope with their effects”.  In short, the goal of nursing based on Orem’s model is on how to one’s limitations can be overcome.  The self-deficit theory by Orem also discusses that the need for self-care is present where family members of the patient cannot provide supportive care for him and therefore the need to ensure self-care for the patient is imperative on the part of the nurse. Sitzman and Eichelberger (2004) point out that Orem’s self-care concept relates to a structure in which the nurse can help the client where it is needed, in order to ensure sufficient self-care. The extent of nursing care and intervention is very much based on the degree by which the client can or is unable to fulfill his self-care needs.

**Defining attributes**

Orem’s theory is based on the theory of self-care, of self-care deficit, and the theory of nursing systems (Current Nursing, 2012).  These theories focus not so much on individuals, but on individuals in relation to other individuals (Current Nursing, 2012; Edney, Jaime & Young, n.d).  These theories focus on specific dimensions of a person, with the theory of self-care mostly focusing on the self (the “I”), the self-care deficit highlights the “you and me,” and the theory of the nursing system relates more to the community (the “we”) (Orem, 1990, p. 49; Current Nursing, 2012; Edney, Jaime & Young, n.d).  The foundational qualities of this model are personal capacities related to sensation, memory, perception, as well as orientation with issues on such capacities impacting on a person’s intended actions (Orem, 1990; Current Nursing, 2012; Edney, Jaime & Young, n.d).  Enabling traits cover the self-care agency power aspects which include particular personal capacities to take part in self-care, as in knowledge, health value, energy, motivation, persistence, and interpersonal skills (Orem, 1990; Current Nursing, 2012; Edney, Jaime & Young, n.d).  For operational traits, these include personal qualities which help recognize personal as well as environmental elements relevant to self-care actions, and the actual conduct of self-care actions (Orem, 1990; Current Nursing, 2012; Edney, Jaime & Young, n.d).

Self-care agency is a major element in Orem’s self-care theory and it is acquired within the life span (Sousa, 2002).  Orem (1990) highlighted how personal, including environmental basic conditioning elements affect self-care agency and self-care needs. He presented numerous conditioning factors such as age, gender, developmental level, sociocultural orientation, family system, heath state, patterns of living, health care system, availability of resources, and environmental factors however these factors are considered broad (Orem, 1990; Sousa, 2002).  The personal, environmental, and health-related concerns may affect the developmental applications of self-care agency (Sousa, 2002).  Orem (1990), in conceptualizing self-care agency expresses that individuals may not act in the way they are expected to not because they are not aware of how they are expected to act, but likely because self-care agency is different from an individual’s physical and psychosocial growth.

**Application of self-care theory/concept**

This concept has generally been used in nursing in order to establish the link between self-care-agency and other self-care concepts in different populations and settings (Sousa, 2002).  Numerous studies have evaluated the best predictors of self-care, including goal-oriented results in various populations and related fields (Ailinger & Dear, 1993; Folden, 1993). Self-care power, capabilities, and ability are terms similar to self-agency and self-efficacy is considered to be a related concept to self-agency, with self-efficacy referring more to specific behaviors (Sousa, 2002).  Self-efficacy focuses more on an individual’s beliefs or his capability to carry out specific actions to reach an objective (Sousa, 2002). Self-care relates to an individual and his power to actually identify his needs, to assess his resources, and to choose specific actions alongside appropriate behaviors which can reach a favorable outcome (Sousa, 2002).

**Model Case**

A model case for this paper can be that of Patient J, a 40 year old male diagnosed with type 2 diabetes mellitus.  When he was diagnosed, he declared that he would do his best to self-manage his healthcare.  Mr. J signed up to attend a diabetes education program being conducted by the health education unit of his local hospital.  Through the program, he was able to learn more about his disease, its possible causes, complications, his prognosis, risks, treatment regimen, his self-care, diet, the lifestyle changes he needs to consider, and other things he needs to do to control his glucose levels.  In an effort to comply with his self-care and self-management, he availed of a glucometer and was instructed on how to use it.  He was also instructed on what he needs to do to help maintain his glucose levels.  He was instructed to consider a lifestyle change, to change his diet and to exercise more in order to facilitate weight loss.  Currently, he is obese and this is a risk factor to his diabetes which can lead to future complications in his health.  He was also taught what symptoms he may feel which may imply hyperglycemia or hypoglycemia and what he needs to do when he feels any of the symptoms.  He was instructed that he needs regular diagnostic checks, depending on the frequency indicated by his doctor.  These regular checks would help establish any changes in his blood glucose levels, his creatinine levels, his cholesterol levels, and his blood pressure.  Changes in these indicators may imply the presence of complications of diabetes which need to be addressed or managed (Shrivastava, 2013).  Other regular checks which the patient was informed about is regular foot care and foot checks and annual eye exams to establish the presence of diabetic foot ulcers or diabetic retinopathy (Shrivastava, 2013).  Diabetes is a syndrome and can affect multiple systems and organs (Shrivastava, 2013).  However, with regular checks and early management, complications of the disease can be managed or prevented (Shrivastava, 2013).  In the 6 months since Mr. J was first diagnosed with diabetes, he was able to maintain his blood glucose levels within acceptable levels, he was able to lose 10 kilos by changing his diet and by walking at least 30 minutes a day.  His latest laboratory examinations showed normal levels, except for elevated blood pressure (150/100 mmHg) and elevated cholesterol levels.  He says he is experiencing difficulty changing his diet, but is slowly making changes mostly in terms of increasing the fiber content of his food and reducing his intake of red meat.

Mr. J exemplifies all the specific qualities of self-care (Wong, Ip, Choi & Lam, 2015).  He was able to gain knowledge and information, including the skills needed to ensure effective self-care.  He recognizes his needs and he can assess the physical as well as personal resources he can use to facilitate his self-care (Wong, et al., 2015).  He also shows that he is very much interested in having good control of his diabetes, and in preventing the related complications of his disease (Wong, et al., 2015).

**Related Case**

Mrs. X is a 60 year old elderly white female who lives alone.  She was recently widowed when her husband of 40 years passed away following a massive stroke.  They have one child who lives in another state.  She slipped on wet linoleum floor two weeks ago while getting out of the shower and fractured her left upper arm.  She underwent surgery to set her fractured arm and was later discharged four days following her surgery.  Before she was discharged, she received information about what happened to her, what they did to set her arm, what she needs to do to recover, what she cannot do, her risks, and her self-care.  She expressed that she would do her very best to manage her self-care.  Her left hand was in a cast.  She was right handed so she was confident she would be able to manage.  She did her best to carry out her self-care, including her exercises, her daily activities, but there were areas where she struggled mostly in her bathing, cooking, and putting on clothes. Eventually, she had to hire a private nurse to help her.

Mrs. X was confident in her belief that she would be able to fulfill her self-care goals, however, she did not sufficiently assess her physical status and the activities she had to do on her own (Jaarsma, Riegel & Stromberg, 2017).  She realized that some tasks required both her hands to accomplish and that she needed help in completing her tasks or risk getting hurt again.  Mrs. X possessed a belief or self-efficacy, but lacked self-care capability (Jaarsma, Riegel, & Stromborg, 2017)

**Borderline Case**

Miss Smith is a 38 year old Asian female who was diagnosed with end-stage renal disease a year ago.  After her diagnosis, she received information from her nephrologist about her disease, the causes of her disease, the risk factors, her need for dialysis, and the precautions she needs to take to ensure efficient self-care.  She was taught that she had to undergo dialysis at least two times a week and that she needed to control her diet to less fatty foods and less potassium-rich fruits and vegetables.  She was also informed that she needed to undergo regular checks with her creatinine, her cholesterol levels, blood glucose, as well as her calcium and potassium levels.  She was also informed that she needed to limit her water intake to at least one liter per day.  The nephrologist informed her that she also needed regular echocardiogram to monitor any enlargement in her heart.  She refused to consider her brother as a possible kidney donor and so far no matches were found for her in the database.

Even with the knowledge about her disease and despite her self-care skills, she has not adhered to her self-care requirements.  She has not been watching her diet and has persisted with her high fatty diet.  She has also missed some dialysis treatments as well as some maintenance medications.  She sometimes drinks more water than she should and eats more than her safe share of bananas.  She has also not regularly returned to her doctor for diagnostic tests and her latest diagnostic tests reveal elevated cholesterol as well as elevated creatinine levels.  Ever since she was diagnosed, Ms. Smith has been admitted to the hospital at least 10 times, and most times because she has had difficulty in breathing.  This led to an increase in the frequency of her dialysis to 3-4 times instead of twice a week.

Ms. Smith shows the qualities related to self-care.  She is capable of performing self-care, but she deliberately opts to not carry out some of these actions (Chen, et al., 2014).  She does not seem too much interested in gaining acceptable creatinine levels as can be seen in her latest blood chemistry results. Mrs. Smith seems to be physically, cognitively as well as psychosocially capable of making the proper decisions, but she has chosen not to perform her self-care actions (Chen, et al, 2014).

**Contrary Case**

Mr. B is a 40 year old Caucasian male who was diagnosed with dissecting abdominal aortic aneurysm secondary to arteriosclerosis.  He was recommended to undergo a Dacron graft to correct the aneurysm.  Following surgery, he was asked to attend an educational class about his disease, and the lifestyle changes he now needs to make in order to avoid future similar incidents.   The class was also supposed to instruct him on how his dressing would be changed and the monitoring which needs to be done to prevent any complications.  Mr. B however did not attend such class and when approached by the nurse and nutritionist for instructions on his diet and self-care, he refused to listen and instead asked them to talk to his mother.  He also asked his mother to attend the discharge classes he should have attended.  He also did not make an effort to help himself during the post-surgery period.  He did not try to mobilize on his own and always called for help to ambulate.  He also did not want to lose weight or watch his diet.  He preferred to sleep and eat what he wanted.  His mother and brothers, as well as the healthcare givers had to instruct him on what to do, and even then, he refused to do things on his own.  Due to his inability to self-care, he stayed in the hospital a week longer than customary for patients recovering from similar conditions.

Mr. B did not manifest any physical, social, psychological, or cognitive capabilities for decision-making or behavior performance.  He also did not show that he was capable of carrying out self-care actions to actually gain favorable outcomes (Abotalebidariasari, et al., 2017).  He did not have the knowledge and skills for self-care that he would have gained had he attended the aftercare classes or had he listened to the instructions of his caregivers (Abotalebidariasari, et al., 2017; Sousa, 2002).

**Antecedents**

Self-care calls for a need or desire to carry out related actions in order to gain desired outcomes (Chunyi, Ying & Juan, 2014).  Practicing self-care includes an individual’s capabilities in recognizing personal needs, including the self-evaluation of personal and environmental resources and the conduct of related self-care actions (Sousa, 2002; Chunyi, Ying & Juan, 2014).  In effect, antecedents in self-care are based on the patient’s cognitive, physical, psychosocial developmental levels as well; it is also based on the patient’s need to carry out the required self-care (Chunyi, Ying & Juan, 2014).  Antecedents in self-care are also founded on goal-oriented objectives.

The effects and outcomes of self-care include the sufficient conduct of self-care actions including the fulfillment of goal-oriented objectives (Shahdadi, et al., 2017).  Therefore, the effects of self-care include the conduct of self-care actions, and reaching the desired objectives.

**Empirical referents**

Since Orem’s theory was formulated, he set out to define and conceptualize self-care.  Also, different researchers have tried to implement and assess self-care in different populations (Evers, et al., 1993).  They have also set out to understand self-care in relation to specific diseases and health issues (Monsen, 1992; Lukkarinen & Hentinen, 1997).  Efforts were also made to establish the link which conditioning factors have with self-care (Lukkarinen & Hentinen, 1997).  Self-care is however very much complicated and involves different capabilities, resources, as well as capacities (Sousa, 2002).  Therefore, this research is important in order to establish new resources and to apply current tools on to different populations and environments.

**Conclusion**

An assessment of Orem’s self-care concept relates primarily to the independence of the patient, his/her ability and capacity to care for him/herself following hospital discharge.  Orem highlights the importance of patients gaining sufficient capacities and capabilities towards self-care, especially when they are diagnosed with chronic diseases or when they are living alone.  The function of the nurse and other health professionals is to ensure that the patient is equipped with the necessary tools, resources, and information to support self-care.  It is also the responsibility of the patient to attend the necessary discharge classes and other classes meant to educate or inform them about their disease and the corresponding self-care.  The situations illustrated above show how failures in some aspects of self-care can lead to negative outcomes for some patients, especially for those who refuse to cooperate with the healthcare givers or those who are not sufficiently equipped with the proper resources to guide their self-care.  All in all, it is important for patients and for health professionals to work with each other in order to secure self-care and generate desired outcomes.

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