**Orem’s Self-Care Model**

**Introduction**

The practice profession of nursing entails the application of knowledge acquired from a variety of sources and applied to specific clinical situations. Assessment safeguards nursing practices in the process of planning and provision of both patient and family-centered care. Patients tend to perform activities on their own behalf in an attempt to maintain their life and well-being as a means of practizing Orem’s model ofself-care (Zarandi, Raiesifar, & Ebadi, 2016). The vitality of Orem's self-care model is applied in supporting a person-centered assessment and meeting identified registered nurses (RN) competency standard. The Orem’s self-care nursing framework covers a broad scope of nursing with general concepts that are useful in their application all nursing instances. This paper aims at exploring Orem's model of self-care by analyzing its strengths and limitations with reference to evidence-based literature, the application of the framework in supporting person-centered framework and the relative application of therapeutic communication skills in maintaining patient safety.

The nursing framework of Orem’s model of self-care was developed by Dorothea Orem (Zarand et al., 2016). Orem defined self-care as the practice involving individualizing patients into performing the practices of maintaining their life, well-being, and health by their own in an attempt to increase individual functionality and maintain responsibility in patients (Zarand et al., 2016). Additionally, the self-care deficit model was developed in the event where Orem was focused on working to accomplish her goal directed at improving nursing quality within her home state general hospitals (Wong et al., 2015). According to Zarand et al., every individual is equipped with the capacity to perform self-care on themselves and should be responsible for their own health (2016). As such, this nursing framework is, therefore vital as it is applicable to a wide variety of patients and nurses can take part in guiding patients into improving practice in self-care. However, the Orem’s self-care theory needs to be consistent with other laws, principles and validated theories in its function (Zarand et al., 2016). Orem’s model is therefore vital in nursing practices as it entails the human ability to engage in self-care.

The self-care framework analyses a structure that the nurses use in assisting the patients where needed to maintain a convinient level of self-care (Wong et al., 2015). The model conceptualizes on the therapeutic self-care demands, self-care agency, self-care and the self-care requisites (Wong et al., 2015). As its main feature, the self-care system describes the activities an individual initiates on their behalf to maintain their well-being. On the other hand, the self-care agency entails the possibility of engaging in self-care by an individual initiated by theirrespective age, health status, gender differences, the immediate developmental stage and available resources. Additionally, the therapeutic self-care condition stipulates all self-care actions required at various instances in one’s life to meet all self-care requisites- group of needs or action for self-care- of an individual. Orem’s self-care model depicts its strength in ensuring health and well-being of all patients and also nurses take part in purposefully performing nursing as a helping service to others. The theory is also beneficial as it encourages individuals to be responsible for their own life. However, the model is limited to culture-bound use that is dominant to the western culture (Wong et al., 2015). Despite its numerous benefits, Orem’s self-care theory is also faced with some limitations.

The delivery of high-quality care to patients can adequately be met by the use of nursing frameworks such as Orem’s self-care model. A person-centered assessment is a term used in health and social care nursing that describes a standard of care delivery which ensures that the client of a patient is at the center of care delivery (Gabrielsson, Sävenstedt & Zingmark, 2015). The person-centered approach is built on the concept of the person, the nurses, the environment and health (Gabrielsson et al., 2015). On the other hand, a just as in a person-centered approach, the Orem's self-care models aims at ensuring nurses to foreseeing the practice of self-caring in patients by guarding and training the patient on how to administer self-care in maintaining life. The model is also vital for application in the person-centered assessment as it provides favorable grounds and the environment in which an individual is taught on the ways forward to maintaining their health and well-being. Just as in the person-centered assessment where the main concern is improving the health of a patient, Orem’s model is aimed at putting the health of the patients first in improving their well-being and life in general.

The performance of registered nurses is often assessed using core competency standards that determine whether or not a nurse will maintain their registration as registered nurses (McManus, 2017). Competency standards are used to weigh on nurses in order to communicate with patients and clients on the standards that they can expect from the nurses. On entry to practice, a registered nurse is required to safeguard self-care patient approach. By so doing, the Orem’s model of self-care is put to use as it focuses on provision of care to aid a patient’s well-being which is the main concern in Orem’s model. A registered nurse should also be competent by using a relevant evidence-based assessment framework in the collection of data about the mental health and the physical socio-cultural state of a patient (Gabrielsson et al., 2015). For instance, data collected through the use of a quasi-experimental research design at an emergency unit for burn patients aided in finding the significant statistical improvement related personal maintenance knowledge relative to burn management following the implementiion of Orem’s self-care model (McManus, 2017). Orem’s self-care model, therefore, provides sufficient grounds that aim at providing conducive and favorable environment for patient care and well-being which is the core principle for registered nurses.

Nurses often use open-ended questions and statements in an attempt to drive patients to work through problems on their own in therapeutic communication (Dougherty, & Lister, 2015). Additionally, nurses employ the use of repeated information or silence in prompting and steering patients to work through problems on themselves. By using of quasi-experimental designs in patients with burns, nurses were able to achieve a level of significant improvement of self-esteem among the patients. It is therefore vital that a nurse applies accurate and therapeutic communication skills to perform the act of nursing as nursing cannot exist in the absence of therapeutic communication (Dougherty, & Lister, 2015). Therapeutic communication equips a nurse with skills in understanding their patients better and accept them for who they are. Since therapeutic communication equips a nurse with better understanding and knowledge of their patients, it will be sufficient and vital to apply the communication skills to gain the trust of one's patients and foster relationships with them that will encourage patient safety.

The self-care theory is the basis necessity in providing nursing treatments to patients as it fosters and helps in promoting therapeutic communication which entails the promotion of patients in tackling their own care needs (Dougherty, & Lister, 2015). In addition, a nurse is able to initiate and maintain the nurse-patient relationship by the aid of therapeutic communication that is fostered by Orem’s self-care model in. As such, a patient is able to develop trust with their nurse and hence a sense of responsibility that assures them of the help of their nurses in times of need. The use of the quasi-experimental design contributed to a statistically significant improvement of the quality of life  and self-esteem among burn patients in post-intervention than it did in the pre-intervention of the self-care model (MacLean et al., 2017). As a result, the general findings revealed the implementation of the model of self-care nursing intervention as an effective framework in the provision of care to patients. (MacLean et al., 2017). Therapeutic communication is thus efficient in assessing both the verbal and nonverbal patient communication needs and facilitates the nurse’s process of communicating with patients using cognitive techniques and role-playing aspects. The role played by therapeutic communication in meeting the needs of patients and maintaining relationships whilst encouraging and promoting self-care among patients provides a basis for patients to feel secure and safe in the hands of their nurses.

**Conclusion**

Orem’s self-care model is thus depicted to be a convenient model in nursing as it reflects on encouraging self-care on a patient in being responsible for their own well-being and good health. A patient who is able to counter their own problems becomes more equipped with their condition and could help themselves in times of emergency when the nurses are not nearby thus countering the risks of fatal sudden attacks. On the other hand, the model is useful in supporting person-centered assessment as it stipulates guidelines on encouraging self-care and also meets the registered nurse competency standard in providing quality care and fostering relationships with patients. Additionally, therapeutic communication skills, in aid of Orem’s self-care model, helps nurses in supporting patient safety by encouraging patient self-dependency in the context that a patient is able to solve their problems and ensure safety for their life and well-being.

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