Origin of the Theory

Name

University

Date

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Nursing theories provide conceptual foundations for nursing practice, and specific ideas usually function as a framework for particular nursing institutions. Some healthcare organizations will embrace a nursing theory for the nursing workforce, and in such a scenario each nursing decision is made via the perspective of the specific theory. These theories apply a coherent structure of concepts, hypotheses, and postulations that can be used in different circumstances. These theoretical frameworks can function as a foundation for nursing research, patient care, organizational decision-making, professional development, nursing practice, and education (Carlson, 2012). This paper intends to describe Dorothea Orem's self-care deficit nursing theory by depicting a comprehensive account of the way she cultivated her theory and her application of the nursing terminologies and concepts that she outlined and modified within her theory. My approach will be to assume Orem's standpoint in composing this paper to familiarize with her views and judgments on nursing theory and comprehend the procedure she applied in developing her theory of self-care deficit.

Theory Development

First Stage

The four nursing conceptions that direct the nursing practice incorporate health, humans, nursing, and environment. Aligning with my particular nursing philosophy and experiences, I delineated these four nursing concepts that I applied in cultivating my theory. Health is being complete both functionally and structurally and is a condition that incorporates the health of the individual and the group. This includes the capacity to have personal reflections, embody experience, and to connect with others. Humans are described as men, women, and children that receive care as social units or singly. They are the material object of practitioners and others that

offer direct care. Nursing is the skill through which the nursing practitioner provides expert help to individuals with frailties which is more than usual aid vital to satisfy the requirements of self-care (Wayne, 2014). Again, the nurse is perceptively involved in the assistance that the person receives from the physician. Environment is composed of biological, physical and chemical characteristics. It incorporates community, family, and culture.

By applying these four concepts, I devised a nursing theory where the condition that corroborates the presence of a necessity for nursing in an adult is the lack of the capacity to consistently preserve that quality and level of self-care. This includes healing is nourishing health and life, recuperating from injury or disease, or handling their effects (Wayne, 2014). When considering children, the condition is the incapacity of the caregiver to continually sustain for the child the quality and level of care that is restorative. I developed my theory basing on these four concepts.

Second Stage

Initially, my approach incorporated the idea that a nurse is “another self.” I changed the approach to the nursing concept of “self-care” and then chose to refer to it as the “self-care deficit nursing theory” in 1959 (Current Nursing, 2012). Self-care suggests that when they are capable, people care for themselves. The moment an individual lacks the ability to care for themselves, the nurse steps in to offer the help required (Current Nursing, 2012). When considering children, nursing care is required when caregivers do not have the capacity to deliver the quality and level of care needed.

Three terms that I cultivated in my theory include the nursing system, self-care deficit, and nursing agency. The nursing system is the result of a sequence of relationships between the individuals: legal patient and licensed nurse. This system is initiated when the patient’s

therapeutic self-care demand is above accessible self-care urgency, resulting in the need for nursing (Current Nursing, 2012). Self-care deficit describes when nursing is necessary. Nursing is needed when an adult (or considering the situation of a dependent, the guardian or parent) lacks the capacity or is restricted in providing consistent, efficient self-care. Nursing agency is an elaborate characteristic of people instructed and guided as nurses that allow them to act, to understand, and assist others in satisfying their therapeutic requirements by practicing or nurturing their self-care urgency (Current Nursing, 2012).

Third Stage

My self-care theory has been used extensively in the fields of education and research. Some studies have shown that the use of my method allowed testing for an eye self-assessment instruction guide in HIV/AIDS patients, which can be incorporated in the syllabuses of nursing. The research's findings were scrutinized via my theory; generalizations are problematic, however, because of the limited number of subjects and restricted statistics, complicating the analysis. Still, qualitative results offered enough data to identify HIV/AIDS patients' capability for eye self-exam practice (Moura Barroso, 2010). Additionally, the designing of curriculums has turned into a very complicated procedure over the last ten years. There has been an emergence of theories, and they have transformed into the foundations for different syllabus models.

A model that is appropriate to nursing education, research, and practice is my theory of self-care. Instructors in nursing are consistently overwhelmed with information concerning different nursing theories. Every nurse instructor will gain by ensuring some familiarity with the models that are efficient (HRF, 2017). My theory is the foundation for several curricula in the United States. Because the design and redesign of the curricula give teaching staff the chance to

seek alternative methods to the current scheme of their academic program, information should be concisely portrayed which gives an individual an outline of my theory.

Fourth Stage

My theory is applied in the management of elderly rehabilitation. It offers a standard language in self-care resulting in the enhancement of communication and improvement in consistency in care delivery and collaborative problem-solving. Also, my self-care theory is utilized in ensuring that nurses are in vital positions to enable the attainment of self-care that needs sophisticated communication skills, expert knowledge, teaching skills, and a comprehension of the different factors impacting nurse-patient relations in providing care (HRF, 2017).

Additionally, my theory focuses on the field of nursing practice and is applied in the perception that people understand what they have to do to take care of themselves. Therefore, anytime there is a deficit in an individual's self-care capacity, nursing care is readily accessible. To accomplish the objective of my theory, helping a patient to perform the activity and rest are important. The knowledge that the nurse has about deviation and balance from health is necessary. Lastly, my theory is used in the nurse's identification of the health condition that can impact rest patterns and the implications of rest and activity to each patient.

Conclusion

The experiences that I had in nursing practiced served as a foundation for the development of my nursing theories. My self-care deficit theory ensures that the patient realizes his/her ability to care for themselves while at the same time having the awareness that there are nurses to help in case he/she is incapable. This theory can be applied in furthering research in the nursing profession, education, and evidence-based practice.

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