

Theoretical Application Article Critique

Abstract

Orem's Self-care theory has been applied in the nursing sector for years now and holds several assumptions that tend to guide the nursing practices. One of the assumptions of the theory is that individuals ought to be self-reliant as well as responsible for their own care along with that of their family members. In this case, it is also assumed that the individuals exist as distinct people. The theory also holds that nursing occurs as a form of action, which is a relationship between two or more individuals. Most importantly, the theory has it that successful accomplishment of universal as well as developmental self-care requirements is a vital undertaking towards ensuring primary care prevention.

Theoretical Application Article Critique

Orem's self-care deficit nursing theory is a grand theory formulated between the years 1959 and 2001. The theorem is also referred to as Orem model of nursing. The theorem is mostly used in rehabilitation and primary care setting. In each case the patient is advised and encouraged to be fully independent. The main aim of the paper is to assist in exploration of the nursing literature for an article related to the integration of a certain nursing theory or model into practice. The information is to be used to self-care of children with special health-care needs in schools.

The Orem's theory is made up of three related theories. They are; Theory of Self-care, theory of Self-care Deficit and the theory of Nursing Systems. According to Orem, the theory focuses on persons in relations. However, each of the three parts focuses on a given distinct field. For instance, the theory of self-care focuses on the self that is the I. Secondly, the theory of the self-care deficit generally focuses on the "you" and "me". The third, which is the theory of nursing system focuses on "we" (Green, 2012). That means the persons in the community. The inter-relationship between the three theories is quite clear and that is the reason as to why they make one main theory. To start with, the theory of self-care traces the demand of the self-care essentials needed by an individual to stay healthy. Being healthy in this case also means getting better from illness.

In this case, it is clear that failure to meet the essentials, nursing is needed. This may failure to attain the requisites may be due to self-care requisites exceeding the self-care capabilities. It is the responsibility of nurses to assist the patients to meet their self-care needs. They do so by utilizing the five methods in the Theory of Self-care Deficit (Green, 2012). This shows that there is a strong inter-relationship between the Theory of Self-care and the Theory of

Self-care Deficit. In trying to assist the patients attain their self-care needs, the nurses make some assessment. They should assess the level of the self-care the patient requires. This assessment facilitates the implementation of the Theory of Nursing System (Green, 2012). On achieving the three processes, the patient is able to perform self-care. Thus it is clarified that the bond between the three theories is actually strong. The strength makes them be integrated to one theory.

The nursing theories formulate some four concepts of the nursing theory. The concepts are also interrelated. In this case, the patient is the central focus of nursing. Orem has it that, it is the environment that mediates the person's health state. In this case a health person means they are capable of self-care. In case the person has an ill health state, he/she is not able to complete all the self-care essentials. In this care, nursing care is required to help the patient. At this point the personal ability of the patient is assessed. The patient's environmental context is also assessed in order to overcome limitations associated with health. Combining the three sub-theories and the major concepts generally creates the Self-Care Model. The model is an outline of the Orem's Nursing Processes. It is the process to determine the self-care deficits. It also defines the roles of the nurse and the patient in meeting self-care demands (Green, 2012). These nursing processes can be summarized to assessment, diagnosis and implementation. The assumptions of the model include assuming that the nurses perform their activities as a helping service to others (Green, 2012). Also the influence of people by culture and education is assumed to be universal.

Like any other theory, nursing theories have strengths and weaknesses. The two are trying to weigh each thus imposing some stability of the theories' implementation. First are the strengths of the model. To start with, the Orem's nursing theory is comprised of three sub-theories. The sub-theories are highly related. This close relationship between the three sub-

theories is strength of the nursing theory (Green, 2012). It simply means that the inter-relationship eases the implementation of the Orem's nursing theory. In addition to that, the theory provides a comprehensive base to the nursing process. It is applicable in various fields of nursing. The fields include but not limited to, education, research and administration. The theory is also applicable for nursing by the beginning practitioner as well as the advanced clinician. This by itself is strength of the theory. Moreover, the theory highly advocates for use of the Nursing Processes. This is because the theory specifically identifies the steps of the nursing process.

On the other hand, the Orem's theory has various limitations as well. For instance, the ambiguity of applying the theory to nursing practice strongly affects the theory's efficiency. This is because the theory does not support all the aspects of nursing care. The theory has an unclear definition of family, the nurse-society relationship and public education areas. Despite the family, community and the environment being considered in the action of self-care, the theory primarily focuses on the individual. In addition to these, health is defined as being dynamic. This directly contradicts the experience of some patients with varying need levels of care requirements (Green, 2012). Lastly, unlike other theories, the Orem's theory focuses on physical care giving less emphasis to psychological care. This also limits the efficiency of application of Orem's theory.

The Orem's theory is quite importance in nursing despite the limitations. To start with, the use Orem's theory in practice began 1973 following the work of the Nursing Development Conference Group. It is this group that initiated practices based on the theories. This was by integration of developing concepts of the nursing model into their clinical teaching of students. Later on the concepts were incorporated into the nursing care. In practice, the general purpose of the Orem's theory is to utilize nursing knowledge in restoration and maintenance of the normal

health of the patient. In addition to that, application of the theory of Self-Care Deficit Nursing Theory identifies the self-care requisites of the patient in various aspects. This promotes the efficiency of the theory in nursing. Also, applying this theory in managing patients reveals the importance of the method of nursing assistance and the nursing systems used. These are used to solve the identified problems of patients with self-care deficit. The theory portrays skilled observation of both the patient and the other nursing elements. In today's application, the Orem's theory assists in systematic data collection of the patient's data. This simplifies and clarifies the process. This clarity helps the concerned nurse provide the health-care as required.

Still on the Orem's theory in practice, the researchers have used the theory on basis for research instruments development. For instance, in 1965, a scientist named Moore developed and tested a self-care questionnaire measuring the self-care practices of children and adolescents (Green, 2012). The theory has also served as a conceptual framework in associating more degree programs in many nursing schools. Today, the theory is applied to the three levels of prevention. The levels are: primary, secondary and tertiary. In this case, primary level entails nursing care aimed at universal self-care while secondary and tertiary entails nursing care aimed at health-deviation self-care.

Therefore, the Orem's theory is quite comprehensive and thus worthy to be studied. This means that it is applicable over a wide range of areas in nursing. Studying the theory opens the learner's eyes on simplified processes that can be followed to solve some common health care problems. The theory also assists the learner to understand various nursing theories that are sub-theories in the Orem's theory. Despite this, some more needs to be learned about the theory. It is clear that ambiguity is a limitation of the theory. That means ways to deal with the ambiguity needs to be devised. In addition to that, the essence beyond some assumptions in the theory

needs to be learned. This will broaden the application of the theory as well as lead to success of its application. Lastly, the Orem's theory facilitates a healthy work environment (Green, 2012). This environment is achieved through various ways which include the autonomous nursing practice. The Orem's theory highly supports the nurse autonomy and control over nursing practice. This in turn leads to nurse satisfaction thus improving the quality and safety of patient outcomes.

In conclusion, it has been portrayed that the Orem's nursing theory consists of three sub-theories which are independent. The theory has some four closely related concepts this making the implementation easy. The theory has much strength that maintains its importance in nursing. However, the theory owes some limitations where the major one is the ambiguity of the theory. In practice, the Orem's theory is highly used where most of its results are admirable. Therefore the theory is exposing the learner to much helpful information thus worthy to be studied. In addition to that, the theory supports the autonomous nursing practice. This means that the theory indirectly creates a healthy work environment. This in turn improves the nurse satisfaction and patient's output quality.