Application of Orem's Nursing Theory to a Stroke Patient: A Case Study

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INTRODUCTION

Dorothea Orem, one of the foremost prominent nursing theorists is considered very influential and groundbreaking to fill the long lacuna after Nightingale, Henderson and Abdellah. Among the pioneers in the profession and a prolific writer she first published her theory in 1959 and revised several times in the years 1971, 1983, 1987, and 2001. She sets the cornerstone and foundational philosophy of the nursing by her work. Her views on what nursing is? When are the conditions of its application? Why and how people need nursing services? and to what extent? What is the relationship among people needs systems and nursing? These were the motivational factors behind formulation of a grand theory. Orem's work envisions the paradigm that all persons or patients require independent care, in which nurses' role is to encourage being self-carer. In this instance, Orem's self-care nursing theory could be used in any setting where the aim is patient's independence.[1] Orem's grand theory is so diverse and complex that it consists of four nested middle range theories.

PHILOSOPHICAL UNDERPINNINGS:

Orem acknowledged the work of the previous Philosophers like Aristotle, Aquinas, Harre (1970), Wallace (1983), Parson's structure of social action and von Bertalanfy's system theory, which inspired and directed her work along with her personal life experiences, practices during work and her educational career.[2]Alligood and Tomey considered the work of Orem as a conceptual model.[3]Meleis see her as a needs theorist and drew her theory on Maslow's hierarchy of needs,[4] it is a grand theory,[5] and Meleis further asserts it a descriptive theory.[6] Orem's theory reflects clearly the thinking of an empirical scholar.[4] In Parse's paradigm categorization it comes under the totality paradigm and in Newman's particulate-deterministic paradigm,[7] and finally, it is inductively driven and the reducible view enables it testable.

ASSUMPTIONS AND CONCEPTS:

Principle is the crux of the theory, essential statement or explanation. Her theory principal is the self-care which might be intact, decreased, substituted, or resumed.[8] She was an operational thinker, as she revised her theory many times, to enable it to fit for the changes in time and context. Furthermore, the nested concepts were developed which were more organized but somehow complex. The original theory still largely remains intact which encompasses four constituent theories, that is; theory of self-care, theory of dependent care, theory of self-care deficit and theory of nursing systems are all those nested theories which contain central ideas with concepts and propositions. The theory of nursing systems is the outer encompassing shell which contains the theory of self-care deficit and it underlies the self-care components. The four Classical metaparadigms of the profession include health, person/patient, environment, and nursing defined by Orem are[2, 9]:

Person (client/patient): a unique human being capable of self-reliance, self-determination and assist nursing care only in the time of inability to achieve or acquire basic and developmental needs and life processes and functions.

Environment: contains physical, biological, chemical, and social contexts within which human being exists; environmental components include environmental factors, environmental elements, environmental conditions, and developmental environment.

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Health is the state characterized by wholeness of developed human structure and of bodily and mental functioning.

Nursing is therapeutic deliberate actions depend upon the client-nurse relationship and interactions to promote person's self-care strategies and specifically attaining self-care requisites. Nursing actions fall in her three systems or categories of whole compensatory care, partial compensatory care, and educative-supportive system.

The assumptions she made about human beings are[2]:

All human beings have equally the potential to develop intellectual and practical skills and to maintain the motivation essential for self-care and care for dependent family members. This additionally places the responsibility on the individuals, wherever possible, to manage their own care needs by developing the necessary information and skills, or by getting assistance from nurses.

While meeting self-care requisites, cultural elements and variety with individuals must be considered, defined when help is needed and with larger social groups the specific actions used to meet their needs, will vary according to the societal or cultural group to which the individual belongs. This suggests that there is no 'one way' to meet the demands of self-care; instead, different approaches can be used to meet similar needs.

Self-care abilities requires deliberate, calculated action which is influenced by an individual's knowledge and skills repertoire, and which is based upon the premise that individuals know when they are in need of assistance and are aware of the specific actions they therefore need to take.

Individuals will inquire the ways to develop and meet known self-care demands. When they overcome with realities, their self-care capabilities become different like their individual nature, their potential, response and aptitude to overcome those problems arises. When ways to meet known needs are identified, they will develop self-care habits.

Application into Practice:

Mr. Shoaib (pseudonym due to confidentiality) was a 62 years old male patient and was a teacher by profession. He was admitted with Cerebrovascular Accident (CVA). He had infarct area on right side of the brain on CT scan and as a result left sided body paralysis. He had no sensations or movement in the left side of the body. He had lost his gag reflux and was unable to swallow food. A nasogastric tube was placed for providing him nutrition. He was helpless to change his position and was dependent on care givers for the activities of daily life. He was incapable to carry out routine daily life activities. His family was worried whether they would be able to provide him the care he needed when he will be discharged from hospital.

As a nurse, considering the scenario, assessing the client condition, taking care and providing holistic care by utilizing the elements or components of Orem's self-care deficit theory accordingly was intended. The whole nursing care plan of Mr. Shoaib's care embedded in the Orem's instruction to nurses to meet self-care needs of patients are[1, 10]:

Doing or acting for another (for Mr. Shoaib in that case)

Directing and guiding

Render physiological and psychosocial adherence

Furnish environmental maintenance and endorsement of personal development.

Teaching/education

Universal self-care requisites	Self-care abilities	Self-care limitations
Maintenance of sufficient intake of air	Breath spontaneously Can cough and deep breath	Decreased mobility can potentiate respiratory tract infections
Maintenance of sufficient intake of water	Use of right arm/hand in care coordination	left sided facial weakness Difficulty in swallowing Cannot obtain own fluids and is on nasogastric tube feeding
Maintenance of sufficient intake of food	Can use right hand for taking food however cant swallow	Diminished gag reflux (dysphagia) Poor appetite Cannot obtain own food Potential for malnutrition
The provision of care associated with elimination processes and excrement	No such abilities	Cant control voiding Cant control bowel function Cant maintain personal hygiene of perineal areas and are prone to infection
Maintenance of a balance between activity and rest	Patient can rest and sleep for short periods only Use right side and can sleep supine to obtain a comfortable position	Sleeping difficulties can lead to more fatigue and exhaustion Due to inability to change position from side to side is a potential threat to develop pressure sores Cant walk without enough assistance Cant move himself freely from bed to commode
Maintenance of a balance between solitude and social interaction	Able to indicate needs and wants Recognizes family members, friends/nurses most of the time Understands conversation with family members and nursing staff Can understand family members and nursing staff to assist in care	Aphasia (expressive) Anger and frustration with communication difficulties Apart, shows some distance from friends, family members and staff at times
The prevention of hazards to life, human functioning, and human well-being	Pain sensation is present and is intact throughout the body but is diminished only in the left side Vibration/touch sensation is intact Acute sense of hearing is present	Movement coordination is poor Occasional disorientation to time, place, person and situation Hemianopia on left side Communication difficulties Diminished sensation in left side
Normalcy	Limited communication skills Able to use the right hand in gesturing	Both verbal and nonverbal communication skills are reduced Mobility is reduced Limited perception of environment due to visual difficulties Altered body image and self-concept Altered self-esteem

Table 4. 2. Self - care action and nursing action components of Mr. Shoaibs care:

Universal self-care requisites	Self-care agency/actions	Nursing agency/actions
Maintenance of sufficient intake of air	Cough and deep-breath expectorate	Encourage coughing, deep breathing, active and passive exercise Thorough respiratory system assessment for the risk of infections
Maintenance of sufficient intake of water	Use of right arm/hand in drinking when he is able to drink and swallow without N/G tube	Proper N/G feeding techniques and assessment for the regaining of the ability of spontaneous swallowing Assist in daily fluid intake with proper documentation Observe for signs of dehydration or fluid overload
Maintenance of sufficient intake of food	Use of right hand in food intake when swallowing ability resumes	Proper food management and nasogastric administration with consultation of nutritionist/ dietician Encourage and help to regain the swallowing ability with the help of swallowing therapist Food consumption timing, requirement and assessment Modification of diet to prevent constipation
The provision of care associated with elimination processes and excrement		Bladder and bowel care with urine output and bowel movement record Maintain hygiene of the perineal area
Maintenance of a balance between activity and rest	Assist with mobility and exercises Assist with ambulation	Provide environment suitable for rest, nap and quiet times Encourage to express anger positively, reduce fatigue Prevent deformities by ensuring exercises Engage and motivate to cooperate with other health care team members like physiotherapists, swallowing and speech therapists
Maintenance of a balance between being alone and in social gathering	Maintain ways and patterns of communication Allow visits from relatives and friends	Provide conducive environment for social interaction Provide aids for communication and means for orientation Ensure flexible routine and consistent nursing care Tactics to explain events carefully, encourage motivate and appreciate for the drive of positive outcomes. Encourage to face situations and meet challenges
The prevention of hazards to life, human functioning, and human well-being	Make him understand and provide assistance before movements	Check vital signs frequently and assessment of physical and psychological condition Provide environmental safety and conduciveness
Normalcy	Maintain communication skills with family members, friends and health providers Appropriate interaction with others	Help to provide environment where Mr. Shoaib can develop and maintain: o Self-esteem o Improved body image o Established trust o Minimum anxiety and sense of loss o Insight of his condition

EVALUATION

The explicit guidelines are lacking by putting the patient in Orem's nursing systems, however a person having cerebrovascular accident (expressive aphasia and loss of many bodily functions) can be categorized in the wholly compensatory nursing system.[11] The nurse's role in this system is compensation for self-care inabilities of the patient and to support and protect the patient while providing an environment, suitable for cultivating the existing self-care skills and fostering the development of new ones.[11]

However, these nursing systems of Orem's are not mutually exclusive and a patient may exhibit the characteristics of more than one system. The aim of the system is also that to make possible transitions from the wholly compensatory to partly compensatory and then so on to supportive/educative compensatory.

The evaluations concluded with the thought of nursing prescription, regulation, control, direction, and monitoring of the overall Orem's nursing process in the patient care. It also ensures the reflective and dynamic aspect of nursing care.

CONCLUSION

Orem's model serves as a foundational base to identify the human's strength and capabilities to effectively manage self-care, assistance in the self-care deficits and nursing systems utilization to meet individual's needs and components of requisites. The interventions in Mr. Shoaib's case clearly not achieved all the goals successfully for him but within his own premise and condition enabled him to a position of self-care motivation and rehabilitation. Physical and psychological responses of individuals varies and sometimes it seems failure to achieve marked improvement but according to the underlying dogma of disease process, certain states could be label normal and inevitable conditions for various patients. The goal remains to gradually develop the ability to maintain the fundamental body functions, to continue to grow, to develop new skills, and to halt further injuries and deformities. In the post script follow-up visits, client showed remarkable improvement such as, he was able to swallow again without nasogastric tube; movements were more coordinated and was able to walk on wheel chair without someone help. He was much better in management of anger and frustration, but the verbal communication problems were still there. Some areas of care still remained a challenge, like his incompetence to make sound judgments, take decisions and actions related to his own care. The most challenging issue for nurses was to assess the impact of the disease on his self-concept, body image and self-esteem. However, his feelings and opinions were important for his future progress and adaptation. Pamela G. Reed felt the need of redefining the nursing profession, as currently it lacks its own laws, she stressed on the work of Orem's logical existence in the concepts of therapeutic approach and self-care which could possibly achieve such status for nursing profession.[12]

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