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Dorothea Orem's Self-Care Deficit Nursing Theory Application of Orem Self-Care Theory Dorothea Orem was born in 1914 in Baltimore, Maryland, and from an early age showed a keen interest in caring for others, which would later form the basis of her career in nursing. Orem received her diploma in nursing at the Providence Hospital School of Nursing in Washington, D.C., in the 1930s. She went on to complete a Bachelor of Science in Nursing Education at the Catholic University of America in 1939, followed by a Master of Science in Nursing Education in 1945 at the same university. She is most renowned for developing the Self-Care Deficit Nursing Theory, which is also known as the Orem Model of Nursing. This theory is premised on the belief that nurses have a responsibility to help clients and their family members meet their own self-care needs. The central philosophy is that individuals can recover more quickly and holistically if they are empowered to take an active role in their care. Her theory had three intertwined theories: self-care, self-care deficit, and nursing systems. According to Orem, self-care is a learned behavior that is influenced by factors such as age, cultural perspectives, experiences, and family. When an individual is unable to perform self-care activities due to injury, illness, or lack of knowledge, a self-care deficit occurs. In these situations, nurses would step into various roles to assist henceforth nursing systems comprising wholly compensatory systems, partially compensatory systems, and supportive-educative systems. This revolutionary approach emphasized the patients active role and nurses customizable care plan according to the patients capacity to take care of themselves. This philosophy not only highlighted the importance of patients autonomy but also empowered them which had a profound impact on how nurses approach patient care around the world. It recognized patients as individuals with unique needs and capabilities. This change fostered a collaborative environment between patients and nurses and led to improved healthcare outcomes. Orem's theory has significantly impacted nursing practice by providing a clear framework for nurses to assess self-care deficits and determine what type of assistance or intervention is required. Her work emphasizes patient empowerment and self-management, which aligns closely with contemporary trends toward patient-centered care and has influenced not only direct patient care but also the development of nursing curricula worldwide. Dorothea Orem's Self-Care Deficit Nursing Theory is a foundational theory in nursing practice that is focused on the individuals capacity to perform self-care, which is a vital part of recovering from illness or injury. Orem's theory articulates when nursing is needed, positing that nursing becomes substantial whenever an individual is unable to meet their own self-care needs due to a variety of reasons, including health deviation self-care requisites. Orem identified three interconnected theories: theory of self-care theory of self-care deficit theory on nursing systems The theory of self-care outlines the ability to perform self-care activities to maintain life, health, and well-being. It emphasizes universal self-care requisites as associated with human functioning as well as developmental self-care requisites that evolve in response to life processes or events. The theory of self-care deficit is pivotal within the global self-care movement; it details when and why nursing is required. This occurs when there is an inability to engage in self-care or meet therapeutic self-care demand, which encompasses both the amount and quality of self-care necessary to sustain optimal health. Orem's Self-Care Deficit Nursing Theory elaborates on how nursing knowledge can assess a patients or clients therapeutic self-care demand and provide the appropriate nursing interventions. These interventions aim to support clients in rendering effective self-care by compensating for their limitations through education based on Orem's nursing theory, enhancing both people-centered care and population health. Orem's work serves as a profound instructional model for providing continuous effective self-care education geared towards developing both personal proficiency in the practice of activities related to health maintenance and professional aptitude within healthcare system roles. Nursing education plays a critical role in imparting essential skill sets for recognizing when patients have unmet self-care needs. By utilizing Orem's framework for nursing, practitioners are better equipped with specialized expressions of universal self-care requisite knowledge that guide patients or families in self-care matters and contribute significantly to the development of nursing. Orem's comprehensive basis for nursing practice provides a robust model that responds appropriately to different levels of need for the provision and management of self-care. This aligns with Orem's definition of health within her grand nursing theorythe ability not just to sustain life but also to engage in actions vital for its flourishing. The effect of Orem's work on the quality of nursing in general hospitals or community settings can be measured by examining how effectively these facilities collaborate with individuals seeking to meet their own therapeutic needs through appropriate patient education and recommend theoretical refinement where necessary. The Theory of Self-Care articulates that self-care is a learned, goal-oriented activity directed toward the self that adults perform to maintain life, health, and well-being. Real-world examples include activities such as bathing, eating, and dressing, which are essential to maintaining ones health. Theory of Self-Care Deficit specifies when nursing is needed. It occurs when the persons ability to perform self-care is less than their need for self-care. For example, after surgery, an individual might lack the strength or movement to bathe or dress independently. This is when a nurses intervention is crucial to assist with these activities. Theory of Nursing Systems which describes how the patients self-care needs will be met by the nurse or by themselves (wholly compensatory, partly compensatory or supportive-educative system). Real-world examples include scenarios in which nurses; completely provide care for patients who cannot engage in self-care due to severe illness or disability (wholly compensatory), teach and help them to regain independence (supportive-educative), or assist with things they cannot do yet they can do other care activities independently (partly compensatory). Dorothea Orem's theory of self-care is a significant concept within the nursing field, emphasizing the importance of individual practices that people initiate and perform on their own behalf to maintain health and well-being. According to Orem, self-care involves various activities that individuals undertake independently to maintain life, health, and personal well-being. Orem delineates self-care into three categories: universal self-care requisites, which are common to all individuals; developmental self-care requisites, which relate to development across the lifespan; and health deviation self-care requisites, which arise during illness or injury. These requisites are actions or care measures required to provide adequate self-care. Underpinning these requisites is Orem's Self-Care Deficit Theory of Nursing, which posits that when individuals are unable to carry out proper self-care because of a deficit in knowledge, ability, or motivation, there arises a need for nursing. In this model, Orem views nurses as key facilitators in educating and aiding patients to perform self-care actions necessary for their recovery and health maintenance. The four pillars of self-care are: self-care requisites, self-care agency, self-care actions, and therapeutic self-care demands. Self-care requisites refer to the necessary conditions that must be in place for a person to be able to care for themselves, such as having access to resources and support. Self-care agency refers to a persons ability to make decisions about their own health and take action to maintain it. Self-care actions refer to the specific behaviors a person engages in to care for themselves, such as eating a balanced diet and getting regular exercise. Therapeutic self-care demands refer to the treatments and interventions required for a person to recover from illness or injury. Dorothea Orem's Self-Care Deficit Nursing Theory Orem Self-Care The five types of self-care are normal or routine, developmental, situational, health deviation, and therapeutic. Normal self-care involves everyday actions a person takes to maintain their health and well-being, such as brushing their teeth and taking a shower. Developmental self-care refers to the changes that occur as a person grows and matures, such as taking on more responsibility for their health. Situational self-care involves actions a person takes in response to specific circumstances, such as stress management techniques. Health deviation self-care refers to a persons measures to manage illness or injury. Therapeutic self-care involves medical treatments or interventions prescribed by a healthcare provider. The three components of self-care are knowledge and skills, motivation, and opportunities for self-care. Knowledge and skills refer to a persons understanding of their health and actions to maintain it. Motivation refers to a persons drive to engage in self-care behaviors, such as seeking information and taking action to improve their health. Opportunities for self-care refer to the resources and support a person has access to, such as healthcare providers and community resources. By focusing on these three components, the self-care theory aims to empower individuals to take an active role in their health and well-being. Self-care is an essential aspect of nursing practice and can significantly impact a persons overall health and well-being. The five benefits of self-care are: Improved physical health: Regular self-care practices such as exercise, healthy eating, and adequate sleep can help to maintain physical health and prevent illness. Enhanced mental health: Engaging in self-care activities such as mindfulness and stress-management techniques can help to improve mental health and reduce symptoms of anxiety and depression. Increased energy levels: Engaging in self-care activities can boost energy levels and help to reduce feelings of fatigue and burnout. Improved relationships: Practicing self-care can enhance relationships by reducing stress, improving communication, and fostering a sense of connection. Increased overall happiness and satisfaction: Self-care can increase feelings of happiness, joy, and satisfaction with life. Self-care can be divided into six main categories: physical, emotional, mental, spiritual, professional, and environmental. Physical self-care involves activities that promote physical health, such as exercise, healthy eating, and adequate sleep. Emotional self-care involves activities that promote emotional well-being, such as mindfulness, stress management, and therapy. Mental self-care involves activities that stimulate and engage the mind, such as reading, learning a new skill, and problem-solving. Spiritual self-care involves activities that promote spiritual growth, such as meditation, prayer, and connecting with nature. Professional self-care involves activities that promote professional growth and well-being, such as continuing education and networking. Environmental self-care involves activities that promote a healthy and safe environment, such as decluttering, reducing exposure to toxins, and eco-friendly practices. Self-care is a crucial concept in Dorothea Orem's Self-Care Deficit Nursing Theory, which posits that individuals should be responsible for their care to maintain optimal health and wellness. According to Orem's theory, there are three categories of self-care requisites: universal, developmental, and health deviation self-care requisites. Below are descriptions and examples of each. These are the needs that all people have. They include the maintenance of sufficient intake of air, water, and food the provision of care associated with elimination processes a balance between activity and rest a balance between solitude and social interaction prevention of hazards to human life and well-being the promotion of human functioning. Universal Self-Care Requisites Example: Drinking at least eight glasses of water daily to stay hydrated reflects the universal requisite concerning fluid intake. Maintaining personal hygiene by regular handwashing can be seen as preventing hazards to health. Developmental self-care requisites are either maturational or situational demands that evolve from a condition or are associated with an event. Maturational requisites guide individuals through normal developmental stages Situational requisites address life changes such as adjusting to a new job or coping with grief. Example of Developmental Self-Care Requisites A teenager learning to cultivate strong friendships and social networks is an instance of addressing maturational developmental requisites. An adult taking classes for personal growth after a career change addresses situational developmental requisites. These pertain to needs that arise from illness or injury that require medical attention or care strategies to manage health deviation. Example of Health Deviation Self-Care Requisites Following a prescribed medication regimen for diabetes management is part of this requisite category as it relates to ones special health needs due to an illness. modifying the self-concept to accept changes in health status learning to live with the effects of chronic illness carrying out medical prescriptions or adapting lifestyles to accommodate health challenges. The self-care deficit theory focuses on scenarios when nursing becomes essential in situations where an individual, due to limitations either temporary or permanent, cannot carry out the necessary self-care actions to maintain health and well-being. The need for nursing intervention arises when adults are either wholly or partially unable to provide the requisite care for themselves. In instances concerning dependents, such as children or disabled individuals, it is the inability of the caregiverparent or guardianto adequately perform these self-care duties which dictates the necessity for professional nursing assistance. To address this need, Orem identified five principal methods of helping that form the basis of the nursing interventions: Acting for and doing for others: This entails the nurse performing care tasks on behalf of individuals incapable of doing so themselves, thereby ensuring their safety and facilitating their recovery or maintenance of health. Guiding others: The nurse serves as an educator or counselor, directing individuals in managing their health and making informed decisions about their health. Supporting another: Emotional and psychological assistance is provided by the nurse, offering encouragement and bolstering the individuals capacity to face their health challenges with greater resilience. Providing an environment promoting personal development to meet future demands: This method involves creating a supportive setting that not only nurtures recovery but also advances personal growth. The aim is to equip individuals with the tools and knowledge that will enable them to handle future health-related demands more effectively. Teaching another: The focus here is on imparting knowledge and skills related to health maintenance or improvement. This educational aspect empowers individuals to take active roles in their own self-care and disease prevention. Read more on Dorothea Orem's Self-care deficit theory Orem's Theory of Nursing Systems provides a comprehensive framework for understanding the different aspects of nursing and the role that nurses play in patient care. The Theory of Nursing Systems is a comprehensive framework that defines the roles and responsibilities of nurses in patient care. It provides a clear understanding of the nursing process and how it is influenced by different factors, including the patients needs, their physical and mental health, and their environment. This theory categorizes nursing systems according to the level of assistance required by the patient: wholly compensatory, partly compensatory, and supportive-educative. In a wholly compensatory system, the nurse entirely provides care for a patient who is unable to perform self-care activities due to limitations such as illness or injury. This level involves direct intervention where the nurse acts for the patient. In a partly compensatory system, both the nurse and the patient engage in care. Here, although patients can perform some self-care activities on their own, they still require assistance for complex or challenging tasks that they cannot complete independently. In a supportive-educative system, nurses play a facilitative role. They are involved in teaching and guiding rather than doing for the patient. Patients can perform their self-care but may need education on how to maintain their health or cope with new or existing health challenges. These systems work collaboratively with patients at various levels of self-care deficit to empower them towards a goal of autonomy in their care wherever possible. The Nursing Process is a systematic approach to delivering nursing care which aligns well with Orem's theory. It involves five critical steps: assessment, diagnosis, planning, implementation, and evaluation. We can use the nursing process to determine self-care deficits and define the roles of persons or nurses to meet the self-care demands. Heres how: During the Assessment, Conduct a thorough assessment by engaging with the patient and collecting data from various sources to identify potential self-care deficits. According to Orem's theory, this step involves evaluating the patients self-care agencytheir ability to care for themselves. In this initial phase, gather comprehensive information about the patients overall health status, lifestyle, and current ability to perform self-care activities. You can use interviews, observations, physical examinations, and relevant medical records to collect data. Identify factors that might contribute to self-care deficits such as mobility issues, cognitive impairments, emotional challenges, or lack of knowledge. Diagnosis: Use assessment data to identify and prioritize nursing diagnoses that indicate the patients self-care needs. Based on your assessment, identify the patients self-care deficits. Orem identifies three categories: universal, developmental, and health deviation self-care requisites. These become the focus of nursing care. Nursing diagnoses related to self-care might include impaired mobility, deficient knowledge, or ineffective health maintenance. Its crucial to prioritize which deficits need immediate attention based on their impact on the patients health and well-being. Planning: Formulate a detailed care plan with clear objectives and strategies for addressing each identified self-care deficit. Develop a nursing care plan that outlines the interventions necessary to address the identified self-care deficits. Orem's theory suggests that nurses should act as guides, supporters, and providers of personal health care to compensate for patients limitations. Set realistic and measurable goals with the patient for enhancing their ability to perform self-care tasks. Develop a plan of action that includes interventions tailored to each deficit. Determine what resources or supports are needed and involve other healthcare professionals as necessary. Implementation: Execute the care plan with active participation from both the patient and the nurse. Engage the patient in the process, encouraging their involvement in decisions and guiding them towards achieving their goals. Evaluation: Assess progress towards goals regularly and modify the care plan as needed based on ongoing evaluation results. Continuously evaluate the effectiveness of the care plan based on outcomes and feedback from the patient. Adjustments should be made if there are changes in the patients condition or if certain strategies are not yielding expected results. Dorothea Orem's self-care model is a practical application of her theory of nursing systems. The model focuses on the individuals ability to care for themselves and highlights the importance of self-care in the nursing profession. The model is based on the concept that every individual can perform self-care activities and that this capacity is influenced by personal and environmental factors. Dorothea Orem's Theory of Nursing Systems has been a foundational element in the education and practice of nursing professionals for many decades. Her work, particularly the self-care deficit theory, offers a structured way for nurses to assess patient needs and to determine the necessary level of care. Orem's theory outlines three related parts: the theory of self-care, which describes why and how individuals take care of themselves; the self-care deficit theory, which defines when nursing is needed; and the theory of nursing systems, which delineates how nursing practice can be organized to meet patients self-care needs (Orem, 1991). Alligood (2002) exemplified the importance of using conceptual models like Orem's for nursing research and education by demonstrating through various case studies how these theories can guide practice. Similarly, Roy and Andrews (1999) have also promoted the utilization of nursing theories like Orem's framework to aid effective therapeutic interventions within diverse practice settingswhich underscores its versatility across different patient populations. Moreover, examining sources such as Walker & Avants Self-Care Deficit Nursing Theory, also known as the Orem Self-care theory, is a conceptual framework that emphasizes the importance of individuals meeting their own self-care needs to maintain optimal health. The theory focuses on the relationship between self-care and nursing care, highlighting the role of the individual in managing their health. The theory presupposes that all patients are rational actors who will engage in behaviors beneficial for their health when informed about their deficits (Meleis, 2007). However, patient behavior can be influenced by many factors other than knowledge alone. 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medication regimen for diabetes management is part of this requisite care due to ones special health needs due to an illness. Self-care deficit theory focuses on scenarios where nursing becomes essential in situations where an individual, due to limitations either temporary or permanent, cannot carry out the necessary self-care actions to maintain health and well-being. The need for nursing intervention arises when adults are either wholly or partially unable to provide the requisite care for themselves. In instances concerning dependents, such as children or disabled individuals, it is the inability of the caregiver/parent or guardian to adequately perform these self-care duties which dictates the necessity for professional nursing assistance. To address this need, Orem identified five principal methods of helping that form the core of nursing interventions: Acting for and doing for others: This entails the nurse performing care tasks on behalf of individuals incapable of doing so themselves, thereby ensuring their safety and facilitating their recovery or maintenance of health. Guiding others: Here, the nurse serves as an educator or counselor, directing individuals in managing their self-care and making informed decisions about their health. Supporting another: Emotional and psychological assistance is provided by the nurse, offering encouragement and bolstering the individuals capacity to face their health challenges with greater resilience. Providing an environment promoting personal development to meet future demands: This method involves creating a supportive setting that not only nurtures recovery but also advances personal growth. The aim is to equip individuals with the tools and knowledge that will enable them to handle future health-related demands more effectively. Teaching another: The focus here is on imparting knowledge and skills related to health maintenance or improvement. This educational aspect empowers individuals to take active roles in their own self-care and disease prevention. Read more on Dorothea Orem's Self-care deficit theory Orem's Theory of Nursing Systems provides a comprehensive framework for understanding the different aspects of nursing and the role that nurses play in patient care. The Theory of Nursing Systems is a comprehensive framework that defines the roles and responsibilities of nurses in patient care. It provides a clear understanding of the nursing process and how it is influenced by different factors, including the patients needs, their physical and mental health, and their environment. This theory categorizes nursing systems according to the level of assistance required by the patient: wholly compensatory, partly compensatory, and supportive-educative. In a wholly compensatory system, the nurse entirely provides care for a patient who is unable to perform self-care activities due to limitations such as illness or injury. This level involves direct intervention where the nurse acts for the patient. In a partly compensatory system, both the nurse and the patient engage in care. Here, although patients can perform some self-care activities on their own, they still require assistance for complex or challenging tasks that they cannot complete independently. In a supportive-educative system, nurses play a facilitative role. They are involved in teaching and guiding rather than doing for the patient. Patients can perform their self-care but may need education on how to maintain their health or cope with new or existing health challenges. These systems work collaboratively with patients at various levels of self-care deficit to empower them towards a goal of autonomy in their care wherever possible. The Nursing Process is a systematic approach to delivering nursing care which aligns well with Orem's theory. It involves five critical steps: assessment, diagnosis, planning, implementation, and evaluation. We can use the nursing process to determine self-care deficits and define the roles of persons or nurses to meet the self-care demands. Here's how: During the Assessment, Conduct a thorough assessment by engaging with the patient and collecting data from various sources to identify potential self-care deficits. According to Orem's theory, this step involves evaluating the patients self-care agency/their ability to care for themselves. In this initial phase, gather comprehensive information about the patients overall health status, lifestyle, and current ability to perform self-care activities. You can use interviews, observations, physical examinations, and relevant medical records to collect data. Identify factors that might contribute to self-care deficits such as mobility issues, cognitive impairments, emotional challenges, or lack of knowledge. Diagnosis: Use assessment data to identify and prioritize nursing diagnoses that indicate the patients self-care needs. Based on your assessment, identify the patients self-care deficits. Orem identifies three categories: universal, developmental, and health deviation self-care requisites. These become the focus of nursing care. Nursing diagnoses related to self-care might include impaired mobility, deficient knowledge, or ineffective health maintenance. Its crucial to prioritize which deficits need immediate attention based on their impact on the patients health and well-being. Planning: Formulate a detailed care plan with clear objectives and strategies for addressing each identified self-care deficit. Develop a nursing care plan that outlines the interventions necessary to address the identified self-care deficits. Orem's theory suggests that nurses should act as guides, supporters, and providers of personal health care to compensate for patients limitations. Set realistic and measurable goals with the patient for enhancing their ability to perform self-care tasks. Develop a plan of action that includes interventions tailored to each deficit. Determine what resources or supports are needed and involve other healthcare professionals as necessary. Implementation: Execute the care plan with active participation from both nurse and patient, ensuring that appropriate interventions are undertaken. Carry out the established care plan while encouraging the patients involvement in their care as much as possible. Provide education, support, and guidance to help them develop the skills necessary for effective self-care. Execute the nursing interventions designed to help patients meet their self-care needs. According to Orem, this could range from doing tasks for the person to teaching them how to conduct their self-care activities. 5. Evaluation: Assess progress towards goals regularly and modify the care plan as needed based on ongoing evaluation results. Continuously evaluate the effectiveness of the care plan based on outcomes and feedback from the patient. Adjustments should be made if there are changes in the patients condition or if certain strategies are not yielding expected results. Dorothea Orem's self-care model is a practical application of her theory of nursing systems. The model focuses on the individuals ability to care for themselves and highlights the importance of self-care in the nursing profession. The model is based on the concept that every individual can perform self-care activities and that this capacity is influenced by personal and environmental factors. Dorothea Orem's Theory of Nursing Systems has been a foundational element in the education and practice of nursing professionals for many decades. Her work, particularly the self-care deficit theory, offers a structured way for nurses to assess patient needs and to determine the necessary level of care. Orem's theory outlines three related parts: the theory of self-care, which describes why and how individuals take care of themselves; the self-care deficit theory, which defines when nursing is needed; and the theory of nursing systems, which delineates how nursing practice can be organized to meet patients self-care needs (Orem, 1991). Alligood (2002) exemplified the importance of using conceptual models like Orem's for nursing research and education by demonstrating through various case studies how such theories can guide practice. Similarly, Roy and Andrews (1999) have also promoted the utilization of nursing theories like Orem's framework to aid effective therapeutic interventions within diverse practice settings, which underscores its versatility across different patient populations. Moreover, examining sources such as Walker & Avants Strategies for Theory Construction in Nursing allows for a deeper understanding of how theories like Orem's can not only provide direct protocol for care but also serve as guiding principles that underpin empirical research aimed at advancing nursing practices (Walker & Avant, 2011). Dorothea Orem's Theory of Nursing Systems plays an invaluable role in guiding nurses decision-making processes regarding patient care strategies. It emphasizes the importance of assessing individual self-care capabilities and designing interventions accordingly, whether compensating fully for incapacity or offering support to bolster independent care skills. The literature confirms its continued relevance in current practice thus cementing its status as a cornerstone of modern nursing. Comprehensiveness: One of the principal strengths of Orem's theory is its comprehensive nature. It encompasses a wide range of concepts that provide a holistic approach to patient care (Alligood, 2002). The theory accounts for the various requirements for self-care that an individual may have across different stages of life and health states. This makes it a versatile framework for nursing practice. Empowerment of Patients: Orem's self-care deficit theory emphasizes the importance of patient autonomy and empowerment (Meleis, 2007). It encourages patients to take an active role in their own care by making decisions related to their health, thus fostering a sense of control. Clear Guidelines for Practice: The theory provides specific guidance on when and how nurses should intervene (McEwen & Wills, 2014). By identifying individuals self-care deficits, nurses can develop appropriate care plans that address those specific needs. Educational Utility: Orem's framework has proven valuable in nursing education (Walker & Avant, 2011). It provides foundational knowledge that helps nursing students understand the responsibilities inherent in the caregiver role and introduces them to the idea of tailoring care to meet individual needs. Research Framework: The theory serves as a solid foundation for nursing research (Johnstone, 2010). It provides measurable concepts such as self-care agency and therapeutic self-care demand which serve as variables that can be tested in various healthcare settings. Complexity and Abstraction: Critics argue that Orem's theory can be abstract and difficult to apply in practical situations due to its complex language (Roy & Andrews, 1999). Novice nurses especially may find it challenging to operationalize without adequate guidance. Cultural Sensitivity: Orem's model is primarily centered on individualism, which may not apply equally across diverse cultures that emphasize community and family-based caregiving practices (Johnstone, 2010). Assumption of Rationality: The theory presupposes that all patients are rational actors who will engage in behaviors beneficial for their health when informed about their deficits (Meleis, 2007). However, patient behavior can be influenced by many factors other than knowledge alone. Lack of Emphasis on Emotional Needs: While Orem's theory is thorough regarding physical aspects of self-care deficit, it does not fully address emotional or psychological needs which are integral components of holistic care (Alligood, 2002). Limited Scope Regarding Chronic Illnesses: There is an argument that Orem's model does not account sufficiently for patients with chronic illnesses where continuous dependency on caregivers may be necessary (Johnstone, 2010). 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Pearson. Dorothea Orem's Self-care Deficit Nursing Theory, also known as the Orem Self-care theory, is a conceptual framework that emphasizes the importance of individuals meeting their own self-care needs to maintain optimal health. The theory focuses on the relationship between self-care and nursing care, highlighting the role of the individual in managing their health. The key concepts in the Self-care Deficit Nursing Theory include self-care requisites, self-care agency, and self-care deficit. Self-care requisites refer to the actions required to meet ones needs, while self-care agency is the individuals ability to perform these actions. Self-care deficit occurs when individuals are unable to meet their self-care needs adequately. The Universal Self-care requisites theory is a component of Dorothea Orem's overarching theory of self-care. It defines the essential needs that all individuals have to maintain their well-being, such as air, water, food, and rest. Orem's theory expands on this concept by emphasizing the individuals role in meeting these requisites through self-care actions. The Self-care Deficit Nursing Theory is significant in nursing practice as it guides nurses in understanding the importance of promoting self-care in patients. By identifying self-care deficits and implementing interventions to support self-care agency, nurses can empower individuals to take control of their health and well-being.

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