

Case Report

Application of Orem Self Care Deficit Theory on Psychiatric Patient

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Keywords

• Nursing system; Nursing agency; Self-care demand; Self-care agency

Abstract

Theoretical framework always guides nursing practice and nurses follow the concepts from theoretical framework unconsciously. This paper highlights the applicability of Dorothea Orem's theory in a psychiatric patient. Dorothea Orem has identified the role of a nurse and an individual who need nursing care that she called as Self-Care Deficit Nursing theory. Orem has defined different concepts and each aspect is explained in detail. She tried to explain the role of nurse by mentioning terms such as nursing system (wholly compensatory, partly compensatory, supportive and educative system) and nursing agency (abilities). She defined sick patient as self-care deficit who have fewer agencies (abilities) and more demands (universal, developmental, health related and therapeutic). The paper will describe the usability of theory into practice that resulted in drastic change in practice and patient's early recovery.

ABBREVIATIONS

SCDNT: Self-Care Deficit Nursing Theory; OPD: Out Patient Department

INTRODUCTION

There is a point in an individual's life where he is not able to cope up with the stressors and confine oneself in a box from which it is a difficult challenge for a person to come out of the trap. In such circumstances a person lacks interest in taking care of own self. This makes the person wholly or totally dependent on the care giver. Here, a nurse plays a major role to take care of that patient by providing basic to supportive care [1]. A similar scenario happened in clinical setting in which Orem's theory is fully incorporated into practice that resulted in positive changes on an individual's health which helped the patient to accept the reality and to become responsible for his own health and related concerns. The importance of this theory is to take care of the patient at correct time with appropriate decision so patient can recovery rapidly with decrease hospital stay.

CASE PRESENTATION

A 36 year old male patient was referred from OPD to psychiatric ward. He lives in a nuclear family. He has 3 siblings and he is the elder one, he is divorced, belonging to middle socioeconomic status. He is educated till masters. His comorbid personality was social and cooperative. He is not addicted to any drugs. He was having psychiatric problem since 4 years and he was diagnosed as schizoid Personality Disorder. He had complained of low

mood anhedonia, hopelessness and suspiciousness. Presently he was complaining about restlessness, irritability, irrelevant talk, urinary and fecal incontinence and poor oral intake. According to the verbatim "At night I tried to kill myself. I sit alone in my room".

The patient had four suicidal attempts in past. The first time was in 2015 when he opened gas chamber in his room and laid down on his bed for 6 hours. But nothing happened so he tried again for the second time in September 2016 when he went to a residential area and asked the security guard to shoot him by telling him that he was an agent. Third time he jumped in lake but all of the attempts was failed. Fourth time he planned to attempt again in January 2018 by cutting the vein on his wrist but he was still alive so then he drank Hydrogen peroxide (H₂O₂) which resulted in severe abdominal pain and then he was admitted to hospital for stomach watch. The patient reported that after his suicidal attempt he felt relaxed and satisfied. He had drastic events in his life which he mentioned later on the interview. He reported that he is homosexual and he had a relationship with one of his friends to whom he shared hugs and kisses but no other sexual intercourse. In an event in which he reported that one of his friend to whom he has sexual relationship betrayed him by making a sexual video that was rowed on social media in 2013 that laid him into tears and he was shattered.

DISCUSSION

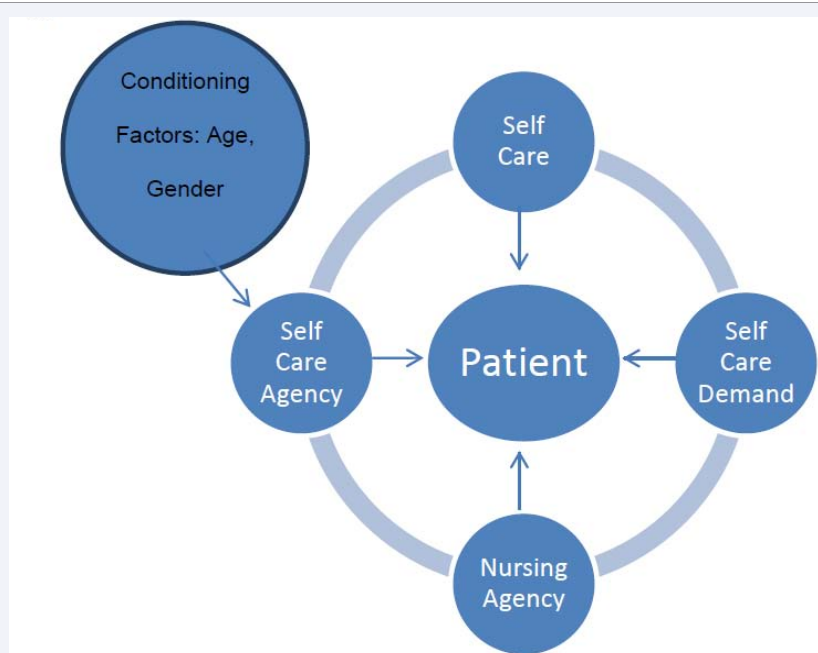
Humans strive to remain alive and to function smoothly by engaging in continuous communication and interchanging

information between themselves and their environment. In humans, the power of spontaneous and deliberate action is used to identify their basic needs and to make appropriate judgments [2]. Furthermore, human beings care for own-self and others through function regulating actions in order to achieve optimum level of health. Human agency is responsible to discover, develop, and disseminate the ways to identify individual needs and make inputs into self and others to fulfill the identified needs. Groups of human beings with structured relationships, cluster tasks and duties are responsible to provide care to the members who are in need. Especially, the ones who have some needs which require deliberate decisions about self and others. General theory of nursing is correctly referred as self-care deficit nursing theory which includes four other theories. There are six primary concepts and peripheral concepts in the Self Care Deficit Nursing Theory (SCDNT) [3]. The concepts are self-care/dependent care, self-care deficit/dependent care deficit, self-care agency/dependent care agency, therapeutic self-care demand/dependent care demand, and two concepts related to nurse that are nursing systems and nursing agency. Self-care is the initiation of activities by an individual to maintain his own life, achieve optimum level of health and improve well-being. Self-care Agency is an individual's ability to involve in self-care and it is affected by the basic conditioning factors. The basic conditioning factor is peripheral concept that is related to both the self-care agent and also to the nurse. It includes age, gender, developmental and health state, health care and family system, patterns of living, environmental and sociocultural factors, and the availability and adequacy of the required resources. Therapeutic self-care demand is the total self-care actions performed for some time period aiming to meet known self-care requisites by using appropriate methods and associated sets of actions. Self-care

deficit is a state where nursing is required. Nursing is required when an adult (in the case of a dependent for example: child, parents or grandparents) incapable of or limited effective self-care by own-self. Nursing agency is a complex property of a person who is educated and well trained nurse who allows the patient to know, to identify and to help them meet their therapeutic self-care demands by developing their own self-care agency. Nursing system includes the relationship of a nurse and a patient having wholly compensatory system, partly compensatory system and supportive-educative system. This system is activated when the client's therapeutic self-care demand increases as compare to the available self-care agency which results in the need of nursing. In addition, Orem's self-care theory is the constituent of several requisites. Following are the requisites of Self-care: universal (air, water, food, rest, solitude and social interaction), developmental, health deviation and therapeutic [4]. A model provides a clear guidance for the concepts and their relationships given by Orem [5]. In the model, self-care agency and self-care demand are interrelated to each other. Conditioning factors (age and gender) impact on self-care agency (abilities). If self-care agency will be weak then self-care demand (need of an individual) will be more. Hence, there will be a need of nursing agency or nursing system to look after an individual. The conceptual model helps to conceptualize the association and relation between the components (Refer Appendix A).

INTERVENTION

By applying the Orem's theory in the aforementioned scenario the patient required wholly compensatory care as his abilities were less and he was unable to fulfill his activities of daily living on his own. Slowly and gradually he was able to care for himself with the supportive and educative system. In the light of orem's



Appendix A The self-care agency and self-care demands are important contributors to maintain well-being of an individual. Increase in self-care demands require nursing agency to work for the patient to help an individual to achieve self-care. Conditioning factors (age and gender) effect the functioning of self-care agency.

theory patient's needs were identified and then interventions were planned accordingly. Different strategies were performed like offering counseling and teaching sessions that motivated him to think differently. Moreover, vocational therapy was also arranged and the patient was engaged in group therapy in order to make him comfortable while socializing with others. Different interventions were implemented on the patients like counseling and teaching sessions were offered that motivated him to think differently. Moreover, the patient was also engaged in vocational and group therapy in order to make him comfortable while socialization. It helped to care for the patient in a way which resulted in positive outcomes in the patient. He was given cognitive behavioral therapy which helped him in problem solving. Patient in the beginning was isolated and wanted to be in the room alone. For that, frequent sessions were arranged to encourage the patient to verbalize his feelings. The interventions helped the patient to move from wholly compensatory to partially compensatory and he was able to do his activity of daily livings with minimal help. Furthermore, several activities like one to one session, group therapy, sharing of personal thoughts in a group, ludo and physiotherapy sessions were arranged which overall helped the patient to improve his condition.

CONCLUSION

Dorothea Orem's theory is highly applicable in the clinical setting and it helps nurses to improve patient's health by making them independent. A nurse can assist in the speedy recovery of the patient by incorporating theoretical concepts into the practice. There must be program for homophile for fulfilling their needs and desire as it is illegal in Pakistan.

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