

SHORT COMMUNICATION

## Orem's Theory in Rehabilitation Nursing: Fundamentals, Applicability and Challenges

### Teoría de Orem en Enfermería de Rehabilitación: Fundamentos, aplicabilidad y retos

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#### ABSTRACT

The growing complexity of care characterized by increased longevity, greater risk of chronic illness and dependency, with consequent impairment of the capacity for self-care, highlights the need for the expansion of specialized care in Rehabilitation Nursing that allows an adequate response to needs. In this context, Dorothea Orem's theoretical model provides the basis for the Specialist Nurse's practice, underpinning decision-making and reinforcing professional identity. Its application encourages person-centered care, promoting autonomy, independence, well-being and quality of life. Despite its relevance, Orem's theory must be adapted to meet the challenges of rehabilitation nursing care, in a complementary relationship with other theoretical frameworks.

**Keywords:** Nursing Theory; Self-Care; Rehabilitation Nursing.

#### RESUMEN

La creciente complejidad de los cuidados, caracterizada por el aumento de la longevidad, el mayor riesgo de enfermedades crónicas y la dependencia, con el consecuente compromiso de la capacidad de autocuidado, evidencia la necesidad de expandir los cuidados especializados en Enfermería de Rehabilitación para garantizar una respuesta adecuada a las necesidades. En este contexto, el modelo teórico de Dorothea Orem proporciona las bases para la práctica del Enfermero Especialista, fundamentando la toma de decisiones y reforzando la identidad profesional. Su aplicación favorece un cuidado centrado en la persona, promoviendo la autonomía, la independencia, el bienestar y la calidad de vida. A pesar de su relevancia, la teoría de Orem debe ser adaptada para responder a los desafíos de los cuidados de Enfermería de Rehabilitación, en una relación complementaria con otros referentes teóricos.

**Palabras clave:** Teoría de Enfermería; Autocuidado; Enfermería en Rehabilitación.

#### INTRODUCTION

The complexity inherent in the challenges of transforming healthcare, the change in the paradigm of care, as well as the constantly developing technical-scientific context, require nursing and its professionals to constantly seek differentiated skills, so that they are able to respond to healthcare needs.<sup>(1)</sup>

Increased life expectancy is representative of a greater risk of developing chronic diseases, physical,

emotional and cognitive limitations and restricted social participation, leading to higher levels of dependence in the performance of activities of daily living.<sup>(2)</sup> In this current socio-demographic context, with the increase in dependency, the need for specialized care in Rehabilitation Nursing has been demonstrated, and it is the right of the person and their family to have full access to it.<sup>(3)</sup>

The development of scientific knowledge in nursing must keep pace with the challenges and growing complexity of care, in order to guarantee a grounded praxis centered on the core of the discipline, using conceptual models that guide practice, support decision-making and reinforce the profession's unique identity.<sup>(4)</sup>

The use of Dorothea Orem's theoretical model is explicit in the guidelines for the practice of the Rehabilitation Nurse Specialist (RNS) and is structural in improving the quality of specialized care.<sup>(5)</sup> Therefore, emphasizing the importance of theories in supporting professional practice, it was considered pertinent to reflect on the contribution and relevance of this theoretical framework within the scope of the RNS's intervention.

## DEVELOPMENT

Since the genesis of nursing theories, it has been emphasized that the main objective of nurses' professional practice is to promote independence in self-care.<sup>(6)</sup> Since self-care is one of the central concepts of nursing, and particularly of Rehabilitation Nursing (RN), the relevant contribution of Orem's theoretical framework, on which it is based, to the construction of specialized practice is undoubted.

After World War II, a change emerged in thinking about the organization of health care, with a vision of the person as a whole, which contrasted with the focus on the person's illness, limitations and disabilities, brought about by the paradigm of categorization.<sup>(7)</sup>

Integrating the paradigm of integration into a vision of the person as a holistic being, Orem formulated the Self-Care Deficit Theory in the 1950s, which, strictly speaking, is a general theory made up of three interconnected ones. The Self-Care Theory, which describes the mechanisms underlying the development of self-care practices by the person, the Self-Care Deficit Theory, the core of the theory and explanatory of nursing intervention in the face of limitations, and the Nursing Systems Theory, which describes the different responses to self-care needs.<sup>(8,9)</sup>

The author defined self-care as "an action deliberately carried out by people to regulate their own functioning and development, or that of their dependents" (p.45).<sup>(10)</sup> It is understood as a human function regulating the performance of activities that people are expected to select and perfect in order to maintain life, health, development and personal well-being.<sup>(11)</sup> A similar definition comes from the World Health Organization, which defines self-care as a person's ability to promote and maintain health and well-being, and to prevent and cope with illness, with or without the intervention of health professionals.<sup>(12)</sup>

Self-care, as defined by Orem, can also be understood as a series of activities that promote the development of each person, initiated and continued within specific time frames, with the aim of preserving life and well-being.<sup>(10,13)</sup> It emphasizes that everyone has the potential to self-care, as they have skills, knowledge and experience acquired throughout life, which is influenced by physical, cognitive, emotional and psychosocial factors, as well as by the ability to perform self-care behaviors.<sup>(14)</sup>

Orem proposes three categories of requirements for self-care, which refer to the actions a person performs to maintain health and well-being: universal requirements (eating, elimination, rest, social interaction), developmental requirements (different stages of the life cycle) and self-care requirements in health deviation (when there is illness or injury).<sup>(11,13)</sup> If the demand for self-care exceeds the person's ability to carry it out independently, support will be needed, either from people with social responsibilities, such as the family, or from health professionals. This concept of self-care deficit is a guiding one, as it allows us to adapt methods of assistance and understand the role of people in restoring or compensating for it.<sup>(14)</sup> When the person is unable to be an agent of their own self-care, they need it to be provided by formal or informal caregivers.<sup>(8)</sup>

When providing care, depending on the degree of dependency, nurses can act or do for the person in order to remedy deficits in self-care, they can guide and direct, provide physical and psychological support, provide a supportive environment for personal development and teach.<sup>(11)</sup> Nursing care is required when there is a self-care deficit between what the person can do - self-care action - and what needs to be done to maintain the desired state - self-care need.<sup>(14)</sup> When intervention by others contributes to overcoming the deficit, through directed, professionalized and intentional actions, it is referred to as therapeutic self-care.<sup>(8)</sup>

According to Orem's Systems Theory in Nursing, the RNS's intervention can be based on a fully compensatory system, a partially compensatory system or a support-education system. Depending on the person's needs and their remaining capacities to perform self-care activities, the purpose of the RNS's care will be to enable the person to carry out as many activities as possible in their different domains.<sup>(14)</sup> Thus, the empowerment process is planned as a systematic process, and interventions can be compensatory, fully carried out by nurses, partially compensatory, carried out with the participation of the person or educational, instruction, teaching and training, which encompasses empowerment for self-care.<sup>(15)</sup>

One or more of the three types of systems can be used in a single person as they acquire the skills to carry

out self-care actions. It is imperative that the person is able to adjust and adapt to the limitations imposed by their new health condition, looking for alternatives to carry out their daily activities within their current capabilities.<sup>(14)</sup>

Nursing care is currently based on scientific knowledge and methodology, focusing on the person as a holistic being, the family and the community. After several evolutions in the way we care, we have moved from a paradigm centered on the disease to one that cares for the person, increasingly open to the world.<sup>(7)</sup> In the paradigm of transformation, in which the EHEA moves, the emphasis is on the ability of the person being cared for to be an agent and partner in care.<sup>(8)</sup> Despite being situated in the integration paradigm, the applicability of this theory is maintained in the current context. In fact, the author highlights the nurse's intervention to meet self-care needs but also reflects the person's empowerment to actively participate in care. Orem's conceptualizations remain relevant and are congruent with internationally accepted models of intervention, person-centered care, which emphasizes the empowerment and autonomy of the person in the realization of their health project, in a partnership of care.<sup>(16)</sup>

As a result of their advanced and specialized training, the RNS intentionally establish care planning in this area of care, acting on the premises of promoting self-care, autonomy and well-being.<sup>(13)</sup> The importance of this reference therefore assumes disciplinary centrality, due to its ability to clarify some of the goals for RE - promoting or restoring the capacity for self-care, autonomy and self-determination.<sup>(8)</sup>

The use of this theoretical framework is justified as the RNS provides care for people with great self-care needs, but with great potential for rebuilding autonomy and independence, and its aim is to progress towards a system that guarantees the person's effective empowerment.<sup>(13)</sup> Thus, although Orem's theory is valuable in RN, especially when considering the promotion of self-care, it needs to be adapted to consider the complexity of the rehabilitation process, where this process can be lengthy and limited by severe functional deficits.

This theoretical framework is based on the person's ability to take care of themselves, based on the concept of self-care deficit, and on adequate support for them to regain their autonomy and independence. However, when transitioning to the community setting, the person's needs go beyond self-care, including family support, community resources and continuity of care, and understanding these needs is essential to ensure a safe transition.<sup>(16)</sup>

Combining Orem's theory with other theoretical frameworks is essential in order to cover all the dimensions of RNS's care, requiring a person-centered, comprehensive and interdisciplinary approach. The use of these theories, in accordance with the care environment, allows the RNS to promote the holistic recovery of the person, involving their family and significant others, and their reintegration into the social environment with greater autonomy, independence and quality of life.<sup>(17)</sup>

## CONCLUSIONS

The relevance of Dorothea Orem's framework in the context of RN lies in its potential to guide practice, emphasizing the promotion of self-care and the empowerment of the person to regain autonomy and independence. This theory emphasizes the centrality of the person, considering them capable of learning new ways of carrying out self-care actions, even in the face of potential limitations. The use of this conceptual model favors the implementation of individualized care, with the person as an integral being, in a partnership of care, involving them in the construction of their health project, in accordance with the aims of RN. By combining this theory with other conceptual models, it is possible to support the RNS's intervention in a more comprehensive way, given the complexity of care.

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## CONFLICT OF INTEREST

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