Dorothea Elizabeth Orem (1914–2007) was a prominent nursing theorist born in Baltimore, Maryland, who developed the **Self-Care Deficit Nursing Theory (SCDNT)** 1-3. Her extensive career included roles in operating rooms, private duty nursing, pediatric and adult medical-surgical units, and nursing education 2. She served as the director of the nursing school and Department of Nursing at Providence Hospital in Detroit from 1940 to 1949 and continued refining her theory well into her retirement in 1984 3, 4.

Overview of the Self-Care Deficit Nursing Theory

The SCDNT is a caring approach that utilizes specialized knowledge (**Science**) to design and produce nursing care (**Art**) 5. It is comprised of **four interrelated theories**:

1. **Theory of Self-Care**: Focuses on activities individuals initiate and perform on their own behalf to maintain life, health, and well-being 6, 7.
2. **Theory of Dependent-Care**: Pertains to the assistance provided to socially dependent individuals who cannot perform self-care 6, 8.
3. **Theory of Self-Care Deficit**: Explains why and when nursing is required, occurring when an individual's self-care agency is inadequate to meet their therapeutic self-care demands 6, 9.
4. **Theory of Nursing Systems**: Describes how the patient's self-care needs will be met by the nurse, the patient, or both 6, 10.

Key Concepts and Definitions

- **Self-Care Agency**: The acquired ability of an individual to regulate their own human functioning 7.
- **Therapeutic Self-Care Demand**: The total summation of care measures necessary at specific times to meet an individual's self-care requisites 11.
- **Basic Conditioning Factors**: Ten factors that affect the value of the self-care demand or agency, including **age, gender, health state, developmental state, family system factors, sociocultural factors, and availability of resources** 11.
- **Nursing Agency**: The specialized capabilities of educated nurses to help individuals meet their demands and regulate their self-care or dependent-care agency 9.

Self-Care Requisites

Orem identified three categories of self-care requisites that represent actions necessary for human functioning 12:

- **Universal Self-Care Requisites**: Goals common to all humans, such as maintaining the intake of air, food, and water; balance between activity and rest; and prevention of hazards to life 13.
- **Developmental Self-Care Requisites**: Focused on promoting development and preventing adverse effects on human growth 14.
- **Health Deviation Self-Care Requisites**: Needed by individuals with illnesses, injuries, or disabilities, including seeking medical assistance and learning to live with the effects of pathological conditions 15.

The Nursing Systems

The nurse determines which nursing system is appropriate based on the patient's ability to engage in self-care 10:

- **Wholly Compensatory System**: The patient is entirely dependent, and the nurse must accomplish all therapeutic self-care 16.
- **Partially Compensatory System**: Both the nurse and the patient engage in meeting self-care needs, as the patient can meet some but not all requirements 16.
- **Supportive-Educative System**: The patient can meet self-care requisites but requires assistance with decision-making, knowledge, or skill development 17.

Helping Methods

Nurses utilize sequential actions to overcome health-associated limitations, including **acting for and doing for others, guiding and directing, providing support/maintaining a supportive environment, and teaching** 18.

Major Assumptions

- **Man**: Humans are defined as individuals or groups who are the focal point for nurses and require continuous, intentional interactions with themselves and the environment to function 19.
- **Health**: A state of being structurally and functionally whole, which is intertwined with the capacity for self-reflection and communication 20.
- **Nursing**: An art where practitioners provide specialized assistance to individuals with disabilities, contributing intelligently to the overall healthcare process 21.
- **Environment**: Encompasses physical, chemical, and biological features, as well as social and cultural aspects like family and community 22.

Clinical Application and Practice

In practice, the nurse follows a structured process:

1. **Assessment**: Collecting data in six areas, including the individual's health status, their own perspective on health, and their capacity for self-care 23.
2. **Nursing Diagnosis & Care Plans**: Formulating a nursing system (wholly, partially, or supportive-educative) and selecting assisting methods 24.
3. **Implementation & Evaluation**: Active involvement of the nurse in aiding the patient or family to achieve health-related outcomes 25.

Orem’s theory provides a framework for nursing as a practical science, offering a distinctive focus for nursing education and a basis for building nursing knowledge rather than just theory-testing 26, 27.