

Compare and Contrast of Grand Theories: Orem's Self-Care Deficit Theory and Roy's Adaptation Model

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Abstract: Nursing theories are developed to provide a connecting frame work which focus on nursing practice. Dorothy Orem's Self-Care Deficit Theory and Sister Callista Roy's Adaptation Model are grand theories; both developed these to enhance nursing practice and education. Orem Model emphasizes on the individuals demands of self care which the nurse can accomplish through certain actions to promote health and well being. However, the adaptation model gives an effective frame work for addressing the adaptive needs of individuals, families and groups. Orem's theory is applicable in certain settings such as acute care units, ambulatory clinics, community, senior citizen homes, hospice, and rehabilitation centre. Whereas, Roy's model is practical in many areas of nursing practice to enhance practical nursing for individuals of all ages in health and illness, it is also more relevant to assessment and intervention during the changes which occur with aging. In conclusion, both the models are well defined to promote better patient care, to enhance the image of nursing profession, and to improve communication among nurses.

INTRODUCTION:

Nursing theories and models are developed to provide a connecting frame work which focus on nursing practice. According to Parker (2001) "The primary purpose for nursing theory is to advance the discipline and professional practice of nursing" (p. 16), that is the reason nursing theories are a part of nursing curriculum in advance studies. Different theories have different perspectives and meaning; however in nursing practice these play a vital role in explaining the key notions and philosophy in easy way. Dorothy Orem's Self-Care Deficit Theory and Sister Callista Roy's Adaptation Model are grand theories; both developed these to enhance nursing practice and education. Orem's Self-Care Model focuses on person's ability to perform self care to maintain life, health and wellbeing. Nursing gives care through performing, leading, supporting, teaching, and environmental manipulation enhancing individual development (Orem, 2001). The fundamental principle of the model is that individuals can take responsibility for their health and the health of others. In Roy's Adaptation Model, humans are viewed as holistic adaptive system who copes with environmental changes to maintain adaptation, to promote individual and environmental transformation (Parker, 2001). The basic notion of the model is to develop coping mechanism to certain environmental changes, either external or internal. Orem and Roy have different perspectives towards principle concepts. Orem focuses on self care, while Roy emphasizes on adaptation. The purpose of this paper is to highlight the similarities and differences in the notions of these models through different perspectives, concepts implication in nursing practice and analyze these critically.

OVER VIEW:

The Self Care Deficit Theory is one of the common nursing theories used in nursing clinical practice. Orem's aim was to define nursing's concern and nursing's goal (Berbiglia, 2010). In nursing's concern she discussed individual needs for self care action, that the nurse should provide care in order to sustain life and health, recovery from disease. Nursing's goal is to overcome human limitations. Orem defined; self care is practices perform by individuals to maintain life, health and well being. According to her, self care is a human regulatory function that takes the shape of intentional action, like other actions self care has the purpose to meet self care requirements (Orem, 2001, cited in Magnan, 2004). Hence Orem Model emphasizes on the individuals demands of self care which the nurse can accomplish through certain actions to promote health and well being. Moreover in her theory person is identified into two categories, one who needs care and the other care provider. However Roy's Model provides frame work for nursing care for individuals in health and in acute, chronic, or terminal illness. Human beings are constantly interacting with internal and external environmental stimuli which either enhance or threaten the individuals' abilities to cope. The adaptation model gives an effective frame work for addressing the adaptive needs of individuals, families and groups (Phillips, 2010). Adaptation will lead individuals to best possible health, well being and quality of life. Roy's model focuses on improving basic life processes of individuals and group.

As both theories have different approaches towards nursing and care but the aim is to enhance health, wellbeing and to sustain life. The Orem's and Roy's models can be applicable to individuals who are ill or healthy in terms of self care and adaptation. The concepts of both models are clearly defined and consistency internally, even though models are complex with several major concepts, however the models are logical and one can understand these easily.

APPLICABILITY:

According to Erci (2008) Orem's describes actions for providing nursing care is professionally technological, which are diagnostic, prescriptive, treatment or regulatory and case management. In nursing practice, Orem's theory is applicable in certain settings such as acute care units, ambulatory clinics, community, senior citizen homes, hospice, and rehabilitation centre. This theory is also applicable to specific diseases or conditions, such as adult with chronic illness, head and neck injuries, arthritis, and cardiac conditions as well. In addition, individual with selected age group, like aged, children, pregnant women and mothers with new born, this theory is applied. Data is collected in term of self care requisites of the client and interventions are made with the nursing process. Whereas, Roy used problem solving approach for collecting data, identifying the abilities and needs of the individual adaptive system, implementing nursing care to achieve outcome (Erci, 2008). Assessment of behavior and stimuli are the principle components of data collection which are consistent with nursing process of assessment, diagnosis, planning, implementation and evaluation. However, some time it is difficult to assess the behavior or stimuli, for example a patient with post operative pain or numbness disorder. In such cases health problems are so complex that it is impossible to develop interventions, then adaptive mode would be refer to the crucial and complex biological process to sustain life. Although Roy's model is practical in many areas of nursing practice to enhance practical nursing for individuals of all ages in health and illness, it is also more relevant to assessment and intervention during the changes which occur with aging. In Roy's model, there are four adaptive modes, which are: physiological-physical mode, self-concept-group identity mode, role function mode, and interdependence mode (Erci, 2008). However, the first two modes can be identified immediately but the remaining two modes are time consuming. Therefore, this model is not appropriate for acute care setting.

METAPARADIGM:

Metaparadigm is the concepts which define the nursing practice. Person, health, nursing, and environment are considered as the metaparadigm of nursing theories by many nursing theorists. These four core concepts are identified in both Orem's and Roy's models.

PERSON:

Orem views a person as a physical, social, and psychological character with inconsistent degrees of self care abilities. Person is the recipient of care needed, and has potentials for learning and development, and also has the abilities to learn how to meet self care needs. Perform effective actions by engaging in deliberate actions and interpret experiences (Montgomery, 2005). In addition, according to her view human beings are different from other creatures by their capability to reflect upon themselves and the surroundings. They use creative ideas and words in thinking, communicating, and making efforts to make things better which are beneficial for them or for others. In

contrast, according to Roy a person is an adaptive system that responds to internal and external stimuli in their environment. Humans are holistic, adaptive system, as a whole that function as unity for some reason (Tiedeman, 2005). In human system, she included all the components of population as individuals, families, community, and society as a whole. Person is the recipient of care and major focus of nursing. She further added that person is an adaptive system acting to maintain adaptation in four modes.

Thorne *et al.* (1998) argue that nursing theories are mainly distinct by many ways in which they conceptualize the client of nursing. Incongruity between the theorists lies in diverse asserts about the way in which nursing have to understand the individual person for the purposes of its professional direction. The metaparadigm concept of person must be multicentre and integrate a developing population-level agency; the person would also hold that the nurse is an institutional person within the nursing metaparadigm concept (Schim, Benkert, Bell, Walker, & Danford, 2006).

HEALTH:

Health is the major metaparadigm, which Orem views as physical, mental, and social well being. It is the integrity of human structure and the crucial goal of Orem's theory. Her theory discusses the limitations concerned in meeting the requirements for self care and the effects on health. The basic principle of the theory is to create such plan to enhance and maintain the health of the patient. In contrast, Roy defines health as a state and process of being which reflects person and environment mutuality. Her views towards the concept of health are simplistic and unrealistic because it does not contain the coexistence of both illness and wellness, and exclude individuals with chronic or terminal illness due to their condition. Although in her conceptualization, health is considered as a reflection of adaptation.

Health is the basic phenomenon of nursing practice since its existence. Nowadays, the focus of nurses is to discover the concept of quality of life as a crucial patient goal. However, neither health nor quality of life has been conceptualized within nursing theories in understandable and convinced terms (Thorne *et al.*, 1998). The concept of health within nursing theories evolved from multiple paradigms. Through conceptualization of the concept of health by nursing theorists would lead to unwilling situation that nurses are in position to do all the things to all people.

ENVIRONMENT:

Environment is the major concept in both models. Orem's describe it as a stat that a person exists in an environment. Orem asserted that person and environment are separate entities in our minds which required sophistication to conceptualize them as a single unit (Orem, 1991). Orem presented a number of environmental features and classified them in four types: physical, chemical, biological, and social. The concept of environment in a theory is broad related factors which affect the abilities of individual for self care and the need for self care. However, Roy views environment as all conditions, situations, and manipulations that enclose and affect the development and behavior of

human adaptive system (Roy & Andrew, 1999). Environment is described as internal and external stimuli that affect on human adaptive system. Roy categorizes the environmental factors as focal, contextual, and residual.

Nursing's concept of environment consists of physical, as well as the psychosocial environment. Interventions are made on individual bases and incorrectly based on a hypothesis of individual free option in altering the influence of the environment on health (Kneipp & Drevdahl, 2003). In both models environment views as the immediate surroundings or situation and concentrated on the adaptive capabilities of individual despite of the affective social, political, and economic forces.

NURSING:

Orem and Roy have distinct approaches towards the concept of nursing. Orem presented nursing as a unique field of knowledge and an action system, which is professional practice (Montgomery, 2005). According to her nursing is the intervention to meet the required need for self care and need for medical care of patients. Orem proposed nursing agency and nursing system to illustrate nursing. Nursing agency is the persons trained as nurses, that provide care, and nursing system is the relationship between nurse and patient, and consists of the actions in the interest of the patient to fulfill the required self care. Whereas, Roy defines nursing as a key concept that help the patient to develop coping mechanisms and positive outcome in respond to stimuli exposure. She views nursing as a scientific discipline with a practice orientation (Tiedeman, 2005). In Roy's model, nursing consists of both the goal of nursing and nursing activities. In addition, nursing is the science and practice of promoting adaptation for the reason of affecting health positively.

The theorists have discussed nursing as an educated humanistic art and science which reflects on personalized individual and group care, and a caring relationship (McEwen & Wills, 2007, cited in Schim *et al.*, 2006). However, the problems which affect on health required a complex resources, knowledge, and efforts, rather than only focus on individual.

ANALYSIS & CONSISTENCY:

In self care theory, Orem defined all concepts, and the definitions are used consistently throughout her theory. The concepts of self care agency, self care demand, and nursing system are thoroughly analyzed as compared to self care, self care deficit, and nursing agency. Smith (1987) argued that self care agency, self care, self care deficit, and self care demand concepts are so strictly attached to each other that at the point of elaboration, it views single concept (Smith, 1987, cited in Montgomery, 2005). In addition, logical problems that relate to the concepts in Orem's theory include the unclear boundaries among various concepts. On the other hand, Roy's explained the concepts of person, adaptation, health, environment, and nursing, and easily understandable. In the model, a person is defined as an adaptive system, made up of components that adapts to changes in the environment and also have affects on the environment (Roy & Andrew, 1999). The relationship

among the concepts is clear and is related to one another, and these are consistent with model's scientific assumptions. However, in philosophical assumptions the definition and relationship of the concepts are not clearly consistent.

Orem's and Roy's models are useful in relation to nursing research depends on their abilities to guide all phases of study. There are certain studies on both theories. Orem's theory has been used with other theoretical perspectives to develop new theoretical models. Orem model has a strong association with nursing education and is the part of many nursing curricula. Although, there are certain criticism on Orem's theory such as; its primary focus on illness, culturally biased, over emphasized on competence and independence in self care (Montgomery, 2005). However, it is a comprehensive model which addresses a variety of subjects, making the model applicable to both illness and wellness. Whereas, Roy's model has been used by many scholars as a frame work for research and demonstrated its efficacy in education. The clinical application of the model enhances nursing practice by integrated theory to the process of patient care and nursing roles in patient care, and development of goals for patient care (Tiedeman, 2005). In addition, the model has been found to assist detailed and holistic assessment by providing a comprehensive frame work.

CONCLUSION:

In conclusion, both the models are well defined to promote better patient care, to enhance the image of nursing profession, and to improve communication among nurses. Orem's views self care abilities of person to maintain life, wellness, and illness, whereas Roy's views person as holistic adaptive system to cope the environmental changes to sustain life, wellness, and illness. In nursing practice both theories are applicable but with different approaches. The metapardigm clearly defined by the theorists; however their focus is different while explaining the concepts of the models. The bases of theories are to develop knowledge for nursing education and clinical practice. However, there are certain limitations in terms of cultural constrains, time consuming, focus on individual, and applicability to specific cases and situation.

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