Self-Care Deficit Theory Case Study

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Introduction

Dorothea Orem's Self-Care Deficit Nursing Theory provides a structured way to plan care when a person can perform some health activities independently but requires nursing assistance with others. In Mr. Juan Duran's case, impaired vision may affect medication management, mobility, food preparation, reading labels, transportation, and use of health information, but visual impairment does not automatically make him dependent. Orem's framework begins with self-care agency, therapeutic self-care demand, and the gap between what the person needs to do and what the person can safely accomplish (Orem, 2001). Jenny's nursing assessment should therefore focus on capability, preference, environment, and available support rather than on a generalized deficit label. The goal is supported autonomy: assistance should compensate only where needed while preserving the tasks Mr. Duran can perform himself. This approach also prevents age, disability, or sensory impairment from being confused with incapacity. Nursing becomes most effective when it removes barriers, teaches adaptable methods, and strengthens the patient's control over everyday health decisions.

Assessing Self-Care Agency

Assessment should define Mr. Duran's self-care agency task by task. Jenny needs to know the cause and stability of the visual problem, whether corrective lenses or treatment are available, how vision changes under different lighting, and whether there are urgent symptoms requiring medical evaluation. Functional questions are more useful than diagnosis alone: Can he identify medicines, prepare food, navigate stairs, read appointment information, use a phone, manage money, and recognize environmental hazards? Cognition, hearing, strength, dexterity, motivation, health literacy, mood, language, income, transportation, and family support can alter performance even when the degree of visual loss is unchanged. Existing adaptations should be documented before new interventions are introduced. A patient who cannot read standard print may already use memory, magnification, audio, tactile markers, or assistance selectively. For related theoretical context, Self Care Deficit and Peaceful End of Life Nursing Theories. compares Orem with another nursing framework, while Orem's Self-Care Theory explains the broader theoretical foundation.

Self-Care Requisites and Clinical Meaning

Orem’s universal, developmental, and health-deviation requisites help organize the assessment without turning them into a generic checklist. Universal requisites include nutrition, hydration, elimination, activity and rest, social interaction, and hazard prevention. For Mr. Duran, the nurse should determine whether poor vision actually interferes with shopping, cooking, walking, medication use, sleep, or social participation before assigning a problem. Developmental requisites concern adaptation to life changes, so Jenny should explore how visual change affects identity, employment, family roles, confidence, and future plans rather than assigning an Eriksonian stage without knowing his age. Health-deviation requisites arise from illness and treatment and include seeking appropriate care, understanding the condition, monitoring symptoms, and adapting to required therapies. Sudden vision loss, severe eye pain, flashes, or neurologic symptoms require prompt evaluation rather than nursing-theory interpretation alone. The clinical value of Orem’s categories lies in translating broad needs into observable tasks that can be supported, taught, adapted, or referred appropriately.

Selecting the Nursing System

Once Jenny has identified the actual self-care deficit, she can select among Orem’s wholly compensatory, partly compensatory, and supportive-educative nursing systems. Wholly compensatory care is justified when the patient cannot perform an essential action safely and another person must act. Partly compensatory care divides tasks between patient and nurse, whereas supportive-educative care helps a person who can learn or perform but needs teaching, guidance, confidence, or environmental adaptation. Mr. Duran’s visual impairment alone does not justify complete compensation. Nursing methods may include doing for him temporarily, guiding decisions, supporting effort, teaching accessible techniques, and modifying the environment so that independent action becomes possible. A medication task illustrates the progression: Jenny might initially prepare a dose, then introduce large-print or talking labels, tactile markers, blister packaging, or alarms, use teach-back, and observe Mr. Duran completing the process safely. Improvement is demonstrated when the necessary self-care demand can be met with less professional substitution and more reliable patient participation.

Practical Safety and Accessibility Interventions

Practical interventions should concentrate on the risks that visual impairment creates for this individual. Medication reconciliation can identify duplicate products, confusing schedules, or packaging that cannot be distinguished safely. Mobility assessment should examine lighting, loose rugs, contrast, stairs, furniture placement, balance, footwear, dizziness, and the need for rehabilitation or assistive devices. Written instructions can be offered in large print, audio, electronic formats compatible with screen readers, or Braille if Mr. Duran uses it. Nutrition support may involve

organized storage, contrasting work surfaces, safer appliances, or occupational-therapy training rather than automatically replacing cooking. Communication also matters: Jenny should speak directly to Mr. Duran, identify herself, explain before touching or moving objects, and avoid directing conversation only to a companion. Evidence on chronic-disease self-care similarly shows that patients' ability to manage health is shaped by education, support, and practical barriers rather than knowledge alone (D'Souza et al., 2017; Moura et al., 2015).

Goals, Resources, and Ethical Nursing

Patient-centered goals should describe safe performance rather than vague independence. Mr. Duran might demonstrate his medication schedule using an accessible system, identify symptoms that require urgent evaluation, navigate a familiar route safely, or choose a support service he is willing to use. Goals should be negotiated because an intervention that is technically sound but unacceptable to the patient is unlikely to strengthen self-care. Orem's theory also requires attention to basic conditioning factors such as housing, finances, transportation, insurance, family support, and access to devices. Recommending expensive technology is not a meaningful plan if it cannot be obtained. Ethical care further requires distinguishing sensory impairment from decision-making capacity and respecting informed refusal, privacy, culture, and reasonable risk tolerance. Independence should not become the only valued outcome, because interdependence is normal in human life. Roy's Adaptation Model offers a useful comparison by focusing more explicitly on adaptation across physiological function, self-concept, role function, and interdependence, while Orem more directly defines the relationship between required self-care and nursing assistance (Shah et al., 2015).

Conclusion

Orem's Self-Care Deficit Nursing Theory offers Jenny a practical way to care for Mr. Duran without defining him by poor vision. The nursing process begins by identifying his actual universal, developmental, and health-deviation requisites, measuring task-specific self-care agency, and determining where therapeutic demand exceeds what he can currently accomplish. Assistance can then range from temporary compensation to supportive education, with accessible communication, medication safety, mobility, nutrition, emotional support, low-vision rehabilitation, and community resources integrated according to need. The central clinical standard is not whether the nurse can complete every task more quickly, but whether Mr. Duran can participate safely and meaningfully in the care that matters to him. Orem's theory is strongest when it expands control, adapts the environment, and transfers capability back to the patient whenever possible. Evaluation should therefore examine real performance after teaching, changes in confidence or safety, and whether the plan remains usable in the home rather than judging success only by completed documentation or classroom understanding.

References

D’Souza, M. S., Karkada, S. N., Venkatesaperumal, R., & Natarajan, J. (2017). Self-care behaviours and glycemic control among adults with type 2 diabetes. *GSTF Journal of Nursing and Health Care, 2*(1).

Moura, P. C. D., et al. (2015). Diagnoses and nursing interventions in hypertensive and diabetic individuals according to Orem’s Theory. *Revista da Rede de Enfermagem do Nordeste, 15*(6).

Orem, D. E. (2001). *Nursing: Concepts of practice* (6th ed.). Mosby.

Shah, M., Abdullah, A., & Khan, H. (2015). Comparison of Orem’s Self-Care Deficit Theory and Roy’s Adaptation Model. *International Journal of Nursing, 5*(1).