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NURS 501 Theoretical Foundations of Advanced Nursing

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Critical Issue

Social determinants of health include transportation, housing, health education, race, ethnicity, insurance, food access, and income. According to the CDC (2021) “social determinants of health are linked to a lack of opportunity and to a lack of resources to protect, improve, and maintain health, and taken together, these factors are mostly responsible for health inequities the unfair and avoidable differences in health status seen within and between populations”. When a patient has been diagnosed with cancer, they may be told that they are going to have to start chemotherapy treatment or radiation treatment. It is not uncommon for patients to be in shock after being diagnosed with a possible terminal illness and worried about how they are going to financially afford to proceed with treatment. Due to treatment, some patients will no longer be able to work or drive. Some patients will have to choose between bills, groceries, and medications.

Patients can have one or multiple social determinants of health. I can relate this topic to multiple patients I have met and cared for during my nursing career. One of many examples is a patient who we will call Sky. Sky is a 37-year-old single mother of three children who was diagnosed with cancer. Sky is Native American and lives on a reservation with her three young children. Because of her illness and need for multiple doctors visits Sky and her children must relocate to Albuquerque which is closer to healthcare because of her need for daily doctor visits. Sky is the only one who financially supports her family. Her disease has progressed, and it is recommended that Sky have her leg amputated because of her illness. Sky refused to have her leg amputated and her disease got worse which caused her leg to grow three times in size requiring her to be wheelchair-bound. This is an example of concept body image disturbance. This concept is a very common concept among oncology patients. Body image disturbance is

common for patients who have had mastectomies, urostomies, colostomies, and even in patients who lose their hair due to treatment. In my experience no matter how prepared a patient is to lose their hair it is never easy on them.

During her treatments, Sky's oldest daughter had become pregnant and she was now helping raise her grandchild as well. According to Sky, this gave her additional stress. When Sky would come in, she would mention that she was no longer able to work due to her illness and inability to mobilize easily. She would also come in late or miss appointments due to lack of transportation and would need to rely on other family members to bring her or medical transportation as she was no longer able to drive on her own.

Around holidays Sky would talk about how bad she felt that she could not provide the meals or food for her family like other families could because she could not afford it. She mentioned for Thanksgiving instead of eating the "gourmet turkey dinner" she would eat whatever they had on hand. Sky mentioned that they ate a lot of frozen meals as it was the cheapest to buy and easiest to make. Sky was unable to stand and very weak therefore she was not able to cook, and her children were too young to or did not know-how. Sky mentioned they did not eat a lot of fresh fruits and vegetables. Sky stated she did not have much of an appetite so she would skip meals. The concept health-promoting lifestyle is not being met due to this social determinant. According to McEwen and Wills (2019), "health-promoting lifestyle are activities that encourage or improve overall general health" (p. 53).

Sky would talk about her depression and mention that she could not die because her babies were still so little and unable to care for themselves. Sky and her family were very involved in their culture and beliefs and would also seek alternative medicine rituals for healing. Because of her culture and beliefs Sky chose not to have her leg amputated and turned to her

culture's healing. The concept associated with this example is culture-centered nursing care. According to Lor et al. (2016), "cultural knowledge meant gaining an understanding and appreciation for culturally specific beliefs and health care practices as well as factors contributing to cultural values" (p.358).

As healthcare workers, it is important to respect the decision of patients and respect their cultural beliefs. Sky had a lapse in her healthcare and assistance multiple times because she did not understand what was required for renewal and that she needed to apply for renewal. Sky did not show an understanding of health literacy. According to McEwen and Wills (2019), "health literacy is the degree in which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions" (p. 53). Unfortunately, this example is not an isolated situation. We see these social determinants of health frequently in a lot of patients we care for.

Dorothea Orem: The Self-Care Deficit Nursing Theory

Dorothea Orem was a master's degree nurse who served as a private duty nurse, hospital staff nurse, and educator. She was an acting dean at Catholic University. According to McEwen and Wills (2019), "Orem's interest in nursing theory was piqued when she and a group of colleagues were charged with producing a curriculum for practical nursing for the Department of Health Education, and Welfare in Washington, DC. Her first book was published in 1971 on her theory. Even after her book was published, she continued to work on her concept of nursing and self-care.

According to Nursing Theory (2019) "The self-care requisites identified by Dorothea Orem fall into one of three categories.

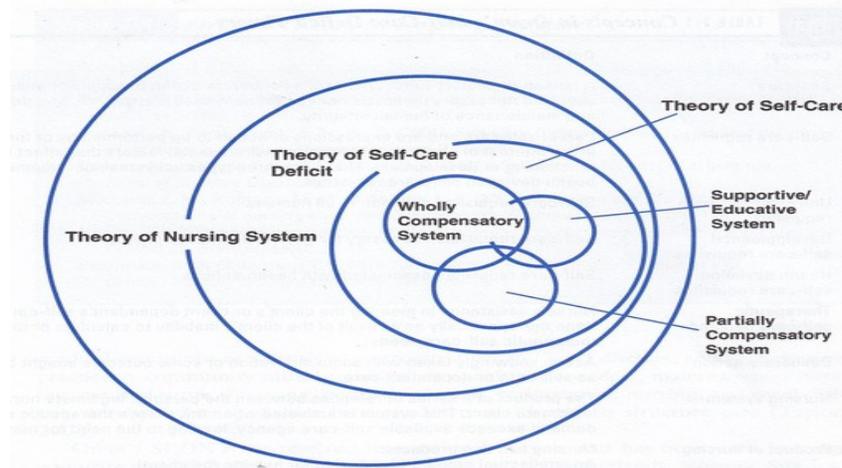
1. Universal self-care requisites – “which are needs that all people have. These include things like air, water, food, activity and rest, and hazard prevention”.
2. Developmental self-care requisites, which has two sub-categories:
 - Maturational – “which progress the patient to a higher level of maturation”.
 - Situational – “which prevent against harmful effects in development”.
3. Health deviation requisites – “which are needs that come up based on the patient’s condition. If a patient is unable to meet their self-care requisites, a “self-care deficit” occurs. In this case, the patient’s nurse steps in with a support modality which can be total compensation, partial compensation, or education and support”.

Concepts in Self Care Deficit Theory are self-care, nursing systems, environment, health.

Self-care is activities that an individual initiates and performs on their own such as ADLs.

Nursing systems are how the patient’s self-care needs will be met by the nurse, patient, or both.

There are three subcategories of nursing systems: wholly compensatory system (performing complete care to the patient), partially compensatory system (both patient and nurse perform patient care), and supportive-educative system (can perform care but requires guidance and education). The environment has physical, chemical, and biological features. Family, culture, and community are included in the environment. According to Gonzalo (2021), “health is being structurally and functionally whole or sound. Health is a state that encompasses both the health of individuals and groups, and human health is the ability to reflect on oneself, symbolize experience, and communicate with others”.



Self-Care Deficit Nursing Theory

(Source: McEwen, M., & Wills, E. M. (2019). *Theoretical basis for nursing* (5th ed.). Wolters Kluwer.)

The Self-Care Deficit Nursing Theory promotes helping patients to provide care for themselves. The theory promotes nurses to guide patients to be independent and provide resources to patients so that they can be successful in their independence. In oncology nursing patients feel a loss of control and providing care to themselves and their families is what gives them hope and the feeling of control. When patients feel they have lost their independence that is when they lose their fight. The nurse and patient need to work together to ensure that the patients receive the best care possible but are also able to care for themselves and voice their needs to get them to meet their goals.

As a healthcare worker, I never want to have to see or hear patients talk about how they must choose to either get their prescription filled or put food on the table or have electricity. Unfortunately, this is not uncommon. The nurse can be that bridge for the patient in helping them make sure their needs are met by advocating for the patient and setting them up with clinic resources such as nutritionists to help them make healthier and affordable food choices (health-promoting lifestyle), social workers to help them complete insurance and assistance paperwork

for things such as financial grants (health literacy), patient navigators who can assist in providing gas cards, transportation scheduling, and food gift cards(health-promoting lifestyle). Nurses can also help patients find support groups such as Look Good Feel Good (body image disturbance). It is also very important for nurses to be culturally aware and avoid any prejudices due to medical health decisions made by patients honoring their beliefs (culture-centered nursing care).

Applying Self Care Deficit Theory to Social Determinants of Health

Concepts in Self Care Deficit Theory are self-care, nursing systems, environment, and health. Social determinants of health include physical & social environments, healthy behaviors, income & social status, education & literacy, social support & coping skills, and access to health services. The list of social determinants of health goes on. The first step to addressing the problems associated with social determinants of health is to provide education to healthcare workers to properly assess for it. According to Thornton and Persaud (2018), “the World Health Organization and others have defined and identified multiple social determinants of health (SDOH) that may negatively impact patient health and contribute to health inequity. Nurses, on the frontlines of healthcare, are uniquely positioned to assess social determinants of health and positively address health equity. The inequity that currently exists within the United States will not be relieved by one healthcare profession alone, yet nursing holds the greatest capacity to address this major challenge. With approximately 2.9 million nurses currently employed within the United States, the role of the nurse in addressing health equity and the social determinants of health [SDOH] must be strengthened”.

Once social determinants of health have been identified it is up to the nurse to collaborate with other members of the healthcare team to aid in helping the patient with these determinants. For example, a patient falls ill but does not seek medical treatment from a primary care provider

because they do not have insurance therefore, they wait until they are very ill to seek treatment from the emergency department. If the patient does not receive assistance in helping them obtain healthcare insurance, they will continue to not seek health treatment. According to Cesta (2020), “people who are uninsured or underinsured are less likely to receive preventive care and manage their care adequately. Patients often seek care after they are much sicker, adding to a higher cost of care when treating them”. This high out-of-pocket cost is a big factor as to why patients do not seek medical care or are non-compliant with medications. The nurse can identify these patients and guide the patients to seek out copay assistance programs to help with prescription out-of-pocket costs.

Social determinants of health can often be confused with noncompliance. This can be due to lack of transportation to medical visits, medication administration, language barriers, healthy behaviors, and financial status. If a patient is not coming to their appointments, we classify them as being noncompliant. When they just do not have a ride. By assessing the patient and asking them why did they not make their appointment, why are they not taking their medication, why have they gained or lost weight? Those are all questions we should be asking. A patient can be gaining weight because of all the processed foods they are eating because that is all they can afford. They also can be losing weight because they cannot afford a lot of food. A patient may show up to their appointment one hour late, and instead of canceling them ask why they are late to this appointment. They could have taken a two-hour bus ride just to get to this appointment and may need to be given appointment flexibility or transportation assistance. A patient may have missed taking doses of their medication and think they are taking it properly. The patient is exhibiting attempts to provide self-care but is not as successful and needs nurse guidance and additional education to be successful. According to Gonzalo (2021), “Orem

identified five methods of helping with self-care deficit, acting for and doing for others, guiding others, supporting others, providing an environment promoting personal development about meet future demands, teaching another”.



Source: sunshineclinic.org (2016)

Most of the concepts were theoretically and operationally defined. For example, health-promoting lifestyle is theoretically defined as “activities that encourage or improve overall general health”, and operationally defined as “help promotion behaviors were measured by the Health-Promoting Lifestyle Profile II” (McEwen and Wills, 2019, p. 53). Orem’s Self Care Theory is logically organized. The main theories and sub-theories are clear and easy to navigate when providing care to patients. Using Orem’s Theory reiterates the nursing process of assessment, diagnosis, and implementation.

I believe that the strengths of using Orem's Self Care Theory help nursing staff to ensure that they are properly assessing patients they are providing care for. As I have learned in my years of caring for patients in the oncology setting asking a broad question such as "how are you feeling today" may not provide you with all the information needed. Sometimes doing detailed assessments will give you more information on the status of the patient. As mentioned earlier when a patient shows up late or does not come in for their appointment asking why they were late or why they missed their appointment will provide us with information that the patient is having transportation issues. The goal of the theory is to ensure that patients can be independent in their care. Helping patients make independent decisions such as to pay for your food, medications, and transportation you need may need to choose a cheaper cable plan or cancel your cable. You may also have to make changes to your cell phone plan that is cheaper to ensure you are able to afford your monthly medications.

Another strength is helping patients feel like they are in control of their life because when your day is planned out for you full of doctor visits being able to go to the doctor independently when seeking any treatment was something you never did before. The limitations are that not all patients will overcome the social health determinant after they have been identified. Some patients will still not seek medical care, be able to eat healthily, pay for medications, or understand their treatment plan. Patients will not Another limitation is once the patient is out of your care, it can not be guaranteed they will continue their independence and self-care and not end up with more self-care deficits.

Summary

In conclusion, self-care is performing an activity that one does on their own to maintain life, health, and well-being. Self-care deficit is when one is no longer to continuously perform

these activities on their own and is in the need of assistance from the nurse. They either require complete assistance, partial assistance, or guidance. Orem's approach to the nursing process is identifying self-care deficits which is then an alert when nursing is needed. According to Orem, "nursing is required when an adult is incapable or limited in the provision of continuous, effective self-care. The theory identifies five methods of helping: acting for and doing for others; guiding others; supporting another; providing an environment promoting personal development in relation to meet future demands; and teaching another" (Nursing Theory, 2019).

Social health determinants can negatively impact one's health. Nurses who work with these patients daily can assess for social health determinants and address these issues that are impacting the patient's health. Self-care includes consuming enough water, food, medications, and is getting enough rest. Self-care also includes patients maintaining a balance between activity and rest. Self-care is having access to medical care at an affordable cost and do not have to pay high out-of-pocket. Self-care also includes being mentally sound. If this is not achievable during an assessment by the nurse, then the nurse can intervene to provide the patient with assistance such as directing them to the appropriate medical care. The nurse can assist patients understand treatment plans and diagnosis. Nurses can help patients to physically ambulate. The nurse can also work with other healthcare team members such as nutritionists, social workers, and navigators to assist patients with financial needs, insurance needs, transportation needs, and nutritional needs.

By nurses identifying these social determinants of health, they can make a difference in someone's life not only physically but psychologically as well. Unfortunately, this process of assessment, diagnosing, and implementing will not be successful for everyone but for the ones it can help may make a difference to their health status in the future. To decrease social determinants

of health healthcare providers should create programs where they go out into the community, putting on health fairs, and provide preventative healthcare. It would also be beneficial to have social workers, navigators, and educators go out into the community and into rural communities to assist those with social determinants of health get insurance, ensures their children have the option of being vaccinated, have enough to eat and drink, and have reliable transportation to and from medical visits. As a healthcare community, we must ensure our patients that we will respect their cultural and spiritual beliefs while assisting them with their healthcare needs.

References

- AHC MEDIA. (2020). Understanding Social Determinants of Health. *Hospital Case Management*, 28(10), 1-6
- Dorothea E. Orem. Nursing Theory. (2019, August 13).
<https://www.nursing-theory.org/nursing-theorists/Dorothea-E-Orem.php>.
- Gonzalo, A. (2021, March 5). *Dorothea Orem: Self Care Deficit Theory Study Guide*. Nurseslabs. <https://nurseslabs.com/dorothea-orems-self-care-theory/>.
- Lor, M., Crooks, N., & Tluczek, A. (2016). A proposed model of person-, family-, and culture-centered nursing care. *Nursing Outlook*, 64(4), 352–366.
<https://doi.org/10.1016/j.outlook.2016.02.006>
- McEwen, M., & Wills, E. M. (2019). *Theoretical basis for nursing* (5th ed.). Wolters Kluwer. *Social Determinants of Health*. Social Determinants of Health - Healthy People 2030.
<https://health.gov/healthypeople/objectives-and-data/social-determinants-health>.
- Thornton, M., Persaud, S., (September 30, 2018) "Preparing Today's Nurses: Social Determinants of Health and Nursing Education" *OJIN: The Online Journal of Issues in Nursing* Vol. 23, No. 3, Manuscript 5.