


THEORETICAL ARTICLE/ESSAY

Orem's general self-care theory according to Meleis' model for theory analysis

Teoria geral do autocuidado segundo o modelo de análise de teorias de Meleis
Teoría general del autocuidado según el modelo de análisis de teorías de Meleis

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Abstract

Background: Nursing theories contribute to the development of the identity of the nursing profession and promote its expansion as a science and a discipline, pointing to the relevance of conducting theoretical studies in nursing.

Objectives: To analyze the utility of Orem's general self-care theory and describe its structural components based on Meleis' model for theory analysis.

Main topics under analysis: A descriptive-reflective study was conducted using the criteria for analyzing utility and describing the structural components of the self-care deficit nursing theory. The description of the structural components involved the analysis of concepts (abstract-concrete dimension, degree of generality, and variable/non-variable dimension), assumptions (explicit or implicit), and propositions (existence, explanation/relational, reversible, deterministic, stochastic, sequential, coexisting, sufficient, conditional/contingent, necessary, or substitutable). In the analysis of the utility of a theory for practice, this study sought to answer the questions posed by Meleis.

Conclusion: The application of Meleis' model for theory analysis confirmed the utility of Orem's self-care deficit nursing theory in nursing practice.

Keywords: nursing; nursing models; nursing theory; self-care

Resumo

Enquadramento: As teorias de enfermagem são capazes de sustentar a construção da identidade da profissão e favorecer a expansão enquanto ciência e disciplina, o que sinaliza para a relevância do aprofundamento de pesquisas teóricas na enfermagem.

Objetivos: Analisar a utilidade da teoria geral do autocuidado de Orem e descrever os elementos estruturais da mesma a partir do modelo de análise de teorias de Meleis.

Principais tópicos em análise: Estudo descritivo reflexivo, desenvolvido utilizando os critérios de análise da utilidade e de descrição dos componentes estruturais da teoria geral do autocuidado. Na descrição dos componentes estruturais foram analisados os conceitos (dimensão abstrato-concreto, grau de generalidade e dimensão variável/não-variável), os pressupostos (explícitos ou implícitos) e as proposições (existentes, explicação/relacionais, reversíveis, deterministas, estocásticas, sequenciais, coexistentes, suficientes, condicionais/contingentes, necessárias ou substituíveis). Na análise da utilidade da teoria na prática, procurou-se responder a questionamentos propostos por Meleis.

Conclusão: A aplicação do modelo de análise de teoria de Meleis permitiu a confirmação da utilidade da teoria geral do autocuidado de Orem na prática de enfermagem.

Palavras-chave: enfermagem; modelos de enfermagem; teoria de enfermagem; autocuidado

Resumen

Marco contextual: Las teorías de enfermería son capaces de apoyar la construcción de la identidad de la profesión y favorecer su expansión como ciencia y disciplina, lo que señala la pertinencia de seguir investigando teóricamente en enfermería.

Objetivos: Analizar la utilidad de la teoría general del autocuidado de Orem y describir sus elementos estructurales basándose en el modelo de análisis teórico de Meleis.

Principales temas en análisis: Este estudio descriptivo-reflexivo se desarrolló utilizando los criterios de análisis de utilidad y descripción de los componentes estructurales de la teoría general del autocuidado. En la descripción de los componentes estructurales se analizaron los conceptos (dimensión abstracta-concreta, grado de generalidad y dimensión variable/no variable), los supuestos (explícitos o implícitos) y las proposiciones (existentes, explicativas/relacionales, reversibles, deterministas, estocásticas, secuenciales, coexistentes, suficientes, condicionales/contingentes, necesarias o sustituibles). En el análisis de la utilidad de la teoría en la práctica, se buscó responder a las preguntas propuestas por Meleis.

Conclusión: La aplicación del modelo de análisis teórico de Meleis permitió confirmar la utilidad de la teoría general del autocuidado de Orem en la práctica enfermera.

Palabras clave: enfermería; modelos de enfermería; teoría de enfermería; autocuidado

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Received: 13.03.21

Accepted: 26.01.22



How to cite this article: Santos, M. C., Bittencourt, G. K., Beserra, P. J., & Nóbrega, M. M. (2022). Orem's general self-care theory according to Meleis' model for theory analysis. *Revista de Enfermagem Referência*, 6(1), e21047. <https://doi.org/10.12707/RV21047>



Introduction

Nursing theories are the principal means of advancing the body of knowledge in nursing (Meleis, 2012). They allow building the profession's identity to promote the knowledge about the nature of nursing, developing the scientific specificities of this area (Braga & Silva, 2011), and symbolically representing the reality to describe, explain, predict, or prescribe phenomena and their relationships (Meleis, 2012).

Nursing theories/models provide structure and organization to nursing knowledge (McEwen & Wills, 2009) and allow distinguishing between nurses and other nursing categories. They provide visibility to the work process and the autonomy in care delivery, in which the intellectual elaboration of the work process gains larger room and reflections given the need for nursing to achieve the status of science (Braga & Silva, 2011; Schaurich & Crossetti, 2010).

The evaluation/analysis of a theory and its components is essential for developing nursing practice, helping to decide the frameworks for research, teaching, administration, and consultation, effecting changes in clinical practice, and turning the researcher into a critical consumer of theories and evidence-based practice (Meleis, 2012). The application of theories in clinical practice promotes the use of nursing knowledge as a guide of the profession's actions (Brandão et al., 2017).

A theory consists of several components such as concepts, assumptions, and propositions. Concepts are the internal structure of the theory. They can be *primitive* or *derived* and are described based on their clarity, conceptual definition, observable properties, and boundaries. Assumptions are statements/suppositions to determine the viewpoint of a theorist. They are not subject to testing by the same theory; rather they lead to a set of propositions that are to be tested. On the other hand, propositions are descriptive statements of the properties and dimensions of a concept or a statement that links two concepts together. They provide the theory with the ability to describe, explain, or predict (Meleis, 2012).

Dorothea Orem's self-care deficit nursing theory is considered a grand theory because its broad structure encompasses the various areas of interest for nursing (Tomey & Alligood, 2002). Orem published the self-care deficit nursing theory in 1971 with a philosophical view of moderate realism (Taylor, 2002). Her interest in this theory arose 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. Orem published her first book in 1971 named *Nursing: Concepts of Practice* (Orem, 1971), with subsequent editions in 1980, 1985, 1991, 1995, 2001, and 2006. Although the theorist does not acknowledge the direct influence of another theory on the self-care deficit nursing theory, she mentions the contributions of Abdellah, Nightingale, Rogers, Roy, and others to nursing (Taylor, 2002).

The self-care deficit nursing theory consists of concepts and assumptions that direct nursing action towards the

promotion of self-care or assistance if the individual cannot perform self-care (Fawcett, 2005). Three theoretical constructs complement each other in the self-care deficit nursing theory, including aspects related to the individual and the nurse: the theory of self-care, the theory of self-care deficit, and the theory of nursing systems (George, 2000).

For Orem, self-care consists of deliberate actions to supply or ensure the supply of materials needed for continued life, growth, and development and maintenance of human integrity (McEwen & Wills, 2009).

A theory can be selected based on a subjective process, where there are concerns with congruent assumptions and the author's level of experience, or an objective process, using the following well-defined criteria: personal, mentor, theorist, literature support, sociopolitical congruency, and utility (Meleis, 2012). Orem's self-care deficit nursing theory was chosen through an objective process using the criteria of literature support (based on the availability of extensive literature on the theory, assuring its level of significance) and utility (based on the ease by which a theory is understood and applied).

Considering that a theory can strengthen nursing as a science and a discipline, and given the need to conduct further theoretical studies in nursing, this study aimed to analyze the utility of Orem's self-care deficit nursing theory and describe its structural components based on Afaf Ibrahim Meleis' model for theory analysis.

Development

This descriptive-reflective study was developed during a doctoral program in nursing. The criteria of Meleis' model for theory analysis were used to analyze the utility and describe the structural components of Orem's self-care deficit nursing theory.

The study was conducted from August to November 2018. Concerning its methodology, the first step consisted of reading the following works: *Nursing: Concepts of Practice* (Orem, 1980, 1991, 1995) and *Theoretical Nursing: Development and Progress* (Meleis, 2012), where Meleis proposes a model for evaluation of theories based on specific criteria: description, analysis, critique, testing, and support.

The objective evaluation and critique of theories is as complex as the subjective evaluation, and therefore it is necessary to simplify the evaluation process by breaking it down into components (Meleis, 2012). Thus, in the first step, the "Structural components" of the "Description" criterion were analyzed using interpretive analysis to identify and analyze assumptions, concepts, and propositions of Orem's self-care deficit nursing theory.

According to the methodological framework, concepts can be evaluated along the abstract-concrete dimension, the degree of generality, and the variable/non-variable dimension. Assumptions can be explicit or implicit. Explicit assumptions are identified by the authors of the theories while implicit assumptions are early writings, are embedded in the theorist's ideology, and should not

be ignored. There are different types of propositions: existence propositions describe and assert the existence of a phenomenon; propositions with the power of explanation/relational propositions link concepts and explain relationships (describe, direct, condition, or predict); reversible propositions have a “and vice versa” meaning and require two testings; deterministic propositions show that a specific factor always leads to the same outcome; stochastic propositions incorporate a probability condition; sequential propositions engage in theorizing about interventions and their consequences; coexisting propositions describe existing relationships between concepts; sufficient propositions, when a causal factor will lead to the same consequence irrespective of interferences; conditional/contingent propositions, when a causal factor will lead to the same consequence but only due to a conditioning factor; necessary propositions, when an outcome depends on a specific cause; or substitutable propositions, when the same outcome can be achieved by two different means (Meleis, 2012). Then, the “Usefulness in practice” component of the “Critique of The-

ory” criterion was analyzed by answering the questions posed in Meleis’ method in relation to Orem’s self-care deficit nursing theory: Does the theory provide enough direction to affect practice? Does it have a framework for prescription? Does the theory include abstract notions that are not applicable to practice? Does the level of abstraction or understandability render it applicable or inapplicable? Does the theory cover all areas of nursing? Should it? Does the theory currently apply to practice? Is it cost effective? Is it a timely nursing practice theory? Does it have relevance for the way nursing is practiced today? Where does the theory fit in terms of nursing process? Is the theory understandable to the practitioner? (Meleis, 2012).

The “Theory Description” criterion of Meleis’ model comprises structural and functional components. The structural components - the focus of this study - are the concepts, assumptions, and propositions.

Table 1 shows the metaparadigm concepts, the major concepts, and the theoretical terms with their respective analyses.

Table 1

Analysis of the metaparadigm concepts, the major concepts, and the theoretical terms of Orem’s self-care deficit nursing theory according to Meleis

Metaparadigm concepts	Definition	Analysis
Person	Human being, a complex unity with integrated physical, psychological, and intellectual characteristics, whose development takes place in a progressive manner. Mature and maturing individuals acquire the ability to satisfy their own self-care needs.	Derived Concrete General Non-variable
Environment	Physical, chemical, biological, socioeconomic, cultural, and community environment in which the person lives. Environmental conditions can positively or negatively affect life, health, well-being, and, consequently, self-care.	Derived Abstract General Variable
Health	State of well-being or integrity of human structure and functioning, considering physical, psychological, interpersonal, and social aspects. It also includes health promotion and health maintenance, preventive care, treatment of diseases, and prevention of complications.	Derived Abstract General Variable
Nursing	Art through which the practitioner of nursing gives specialized assistance to persons with disabilities of such a character.	Derived Abstract General Non-variable

Major concepts	Definition	Analysis
Self-care ability	Development, operability, and adequacy related to the types of actions that individuals can perform, the types of actions they perform deliberately, and the relationship between the actions they can perform and those required.	Primitive Concrete Variable
Self-care actions	Actions learned and performed. They also reflect the decision to carry out activities.	Primitive Concrete Invariable
Therapeutic self-care demand	Set of actions necessary to meet self-care requisites.	Primitive Abstract General Variable
Self-care deficit	Negative outcome of the relationship between the demand for actions and the individual's ability to perform therapeutic self-care.	Primitive Abstract Variable
Nursing training	Nurses are trained to develop specialized skills to help overcome limitations for self-care.	Derived Abstract General Variable
Theoretical terms	Definition	Analysis
Self-care/ Dependent-care	Action of mature or maturing individuals who have acquired the skills to care for themselves in their environmental situations.	Primitive Abstract Variable
Self-care agency/ Dependent-care agency	The human powers necessary for people to continuously care for themselves or the people who are socially dependent on them.	Primitive Concrete Variable
Self-care requisites	Insights about actions that are known to be necessary in the regulation of aspects of human functioning and development (goal/objective of care). Universal: associated with the maintenance of human functioning; Developmental: associated with conditions and events that occur at different life cycle stages; Health deviation: options in the event of a problem.	Primitive Abstract Very general Variable
Therapeutic self-care demand	Actions that can and should be implemented to achieve self-care requisites.	Primitive Abstract Variable
Deliberate action	Action performed by an individual for a particular purpose.	Derived Concrete Variable
Product of nursing	It can be an intellectual product, namely a design of how nurses can help others through nursing, or a system of care.	Derived Abstract General Variable
Nursing system	Methods of helping and assisting developed by nurses to meet the self-care demands (George, 2000).	Primitive Abstract Variable

The analysis of Orem's self-care deficit nursing theory found both explicit and implicit assumptions. Although this theory has explicit assumptions for each of the three theories that constitute the theoretical construct, the following assumptions were identified as implicit: an individual may be temporarily unable to engage in self-care; self-care is an activity that can be performed

by another person other than the individual; a supportive-educative system can train an individual to perform self-care (Orem, 1995).

Tables 2, 3, and 4 show the analysis of the propositions of the theories that constitute Orem's self-care deficit nursing theory (theory of self-care, theory of self-care deficit, and theory of nursing systems).

Table 2*Analysis of the propositions in Orem's theory of self-care*

Theory of self-care	
Propositions	Analysis
Materials continuously provided or sustained through self-care or dependent-care are essential for life, namely air, water, and food.	Deterministic
Conditions that are provided or maintained through self-care or dependent-care are concerned with safe engagement in human excretory functions; sanitary disposal of human excrements; personal hygienic care; maintenance of normal body temperature; protection from environmental and self-imposed hazards; and what is needed for unhampered physical, cognitional, emotional, interpersonal, and social development and functioning.	Existence
The quality and quantity of materials and the conditions provided or sustained through self-care or dependent-care must be within a range that is known to be compatible with what is biologically required for human life and the integrity of human development, structure, and functioning.	Deterministic and contingent
Self-care or dependent-care performed by persons with the intention of doing good for self or others may fall short of the focal conditions and goals sought because of their lack of knowledge and skills or other action limitations.	Relational and stochastic
Engagement in self-care or dependent-care involves the performance of operations to estimate or establish what can and should be done, to decide what will be done and the operations to produce care.	Relational
Self-care or dependent care is work that requires time, expenditure of energy, financial resources, and continued willingness of persons to engage in the operations of self-care or dependent-care.	Conditional
Self-care or dependent-care performed over time can be understood (intellectualized) as an action system (self-care system, dependent-care system) whenever there is valid and reliable information about care measures performed and the connecting links among them.	Conditional
Care measures selected and performed in self-care and dependent-care are specified by the technologies or methods selected for use to meet known or estimated requirements for regulation of functioning or development (self-care requisites).	Deterministic

Table 3*Analysis of the propositions in Orem's theory of self-care deficit*

Theory of self-care deficit	
Propositions	Analysis
Persons who perform self-care have specialized capabilities for action.	Coexisting
The individuals' ability to engage in self-care is conditioned by age, developmental state, sociocultural orientation, and available resources.	Conditional and sequential
Relationships of individual abilities for self-care can be determined when their values are known.	Necessary
The relationship between self-care abilities and self-care demand can be defined in terms of <i>equal to</i> , <i>less than</i> , <i>more than</i> .	Existence and deterministic
Nursing is a legitimate service when care abilities are less than those required for meeting a self-care demand (deficit relationship) or when self-care abilities exceed or are equal to those required for meeting the self-care demand because a future deficit relationship can occur (expected deficit).	Reversible
Persons with existing or projected care deficits are or will be in states of social dependency that legitimate a nursing relationship.	Relational, contingent, or conditional
A self-care deficit may be permanent or temporary.	Existence
A self-care deficit may be wholly or partially eliminated or overcome when persons with deficits have the necessary human capabilities, dispositions, and willingness.	Stochastic
Self-care deficits, when reflecting an individual's limitation to engage in self-care operations, guide the selection of helping methods and the understanding of the patient's roles in self-care.	Substitutable

Table 4*Analysis of the propositions in Orem's theory of nursing systems*

Theory of nursing systems	
Propositions	Analysis
The recipients of nursing care are the people whose self-care is partially or wholly inadequate to meet their self-care requisites.	Relational Contingent
In the design of the nursing system, the nurse seeks information necessary for judgments of the therapeutic self-care demand.	Deterministic
The compensatory nature of the nursing systems is specified by the patients' immediate need to satisfy their therapeutic self-care demand due to their inability to perform self-care actions.	Deterministic
The limitations in self-care actions may be overcome through nursing systems.	Substitutable
The structure of the nursing system varies according to the patients' capacity for knowledge and satisfaction of their therapeutic self-care demand to overcome their limitations.	Contingent
The structure, content, and outcomes of nursing systems vary according to the power of nursing action and the nurse's willingness to exercise this power, depending on internal or external factors that facilitate or impede this exercise.	Substitutable
The integration of nursing systems varies according to the patient's ability to interact and communicate with the nurse and the nurse's ability to interact and communicate with the patient.	Relational Contingent

The "Critique of Theory" stage of Meleis' model is subdivided into clarity, consistency, simplicity/complexity, tautology/teleology, diagram, circle of contagiousness, usefulness, and external components. Concerning usefulness, a cut-off was made to critically analyze the usefulness of the theory for practice.

Even though it is a grand theory, which is widely recognized as having a broader scope and encompassing more general areas within nursing as a discipline (McEwen & Wills, 2009; Queirós et al., 2014), it has been applied in several contexts of nursing practice from maternal and child care settings (Alencar et al., 2016) to elderly nursing care settings (Tomey & Aligood, 2002; Santos et al., 2018). It has also been used in contexts of diabetes mellitus, renal failure, hemodialysis, kidney transplantation, oncology, psychiatric illness, pain management, caregiver stress, intensive care, occupational health (Taylor, 2002), people with bowel elimination ostomy (Carvalho et al., 2017), and teaching and research curricula of universities and nursing schools (McEwen & Wills, 2009).

The theory is currently applied to nursing practice, administration, and research. Based on the understanding expressed in the theory, there is a current valorization of the stimulus through educational actions and/or respect for the individual as an empowered and independent agent to make decisions and develop behaviors directed at their health, which positions the professional as a facilitator of critical reflection about self-care (Barroso et al., 2010). The decision to engage in self-care or the inability to engage in self-care due to a determining factor (pathological conditions, lack of resources, environmental factors, among others) demonstrate the relevance of the

theory for current nursing practice. This, it can be concluded that this theory is currently applicable to practice. The structure of this nursing theory covers the meta-paradigm concepts of nursing, which include four major concepts: person, health, environment, and nursing (Fawcett, 2005). The theorist adapted these concepts and defined them in the self-care deficit nursing theory from a specific viewpoint (Orem, 1995). Complementarily, this theory also includes the following major concepts: self-care agency, self-care actions, therapeutic self-care demand, self-care deficit, and nursing agency. Four of these concepts are directed to those who need nursing care and only one is directed to nurses (Braga & Silva, 2011). Some authors have also identified the following theoretical terms in this theory: self-care/dependent-care, self-care agency/dependent-care agency, self-care requisites (universal, development, health-deviation), therapeutic self-care demand, deliberate action, product of nursing, and nursing system (McEwen & Wills, 2009; Tomey & Aligood, 2002; Orem, 1995). These concepts were analyzed based on the level of derivation, abstraction, generality, and variation.

Orem identified philosophical claims to support her work in the form of hypotheses and assumptions about human beings, nursing, and self-care, as well as assumptions in the theories of self-care, self-care deficit, and nursing systems. Among Orem's philosophical claims, some propositions stand out, such as the one that values the individuals' ability to care for themselves and others, requiring the intervention of health professionals only when actual or potential self-care deficits arise (Fawcett, 2005). According to Meleis, this is a relational proposition

because it explains a relationship based on a condition for the nurse's actions, and it can also be a contingent or conditional proposition (Meleis, 2012). Furthermore, people are expected to be responsible for themselves and seek help whenever they cannot maintain therapeutic self-care or dependent-care (Fawcett, 2005). This is a substitutable proposition because people must seek nursing help through support systems if they are unable to perform self-care but also if they are unable to care for a dependent person (Meleis, 2012).

With regard to the criterion of comprehensiveness of the theory in the various areas of nursing, the theory should be perceived beyond preventive and health promotion contexts and valued in the context of self-care actions of patients (Taylor, 2002) and individuals in coping contexts, such as HIV/AIDS infection (Santos et al., 2018; Trettene et al., 2017).

Orem's self-care deficit nursing theory guides nursing practice by defining the construct of self-care requisites that covers activities directed at meeting universal, developmental, and health-deviation self-care needs. These requisites refer to the actions necessary for self-care that can be developed by either the individual or the nurse (Orem, 1991). The moment in which nursing practice manifests itself to meet the individual's self-care needs is contemplated by the theory of self-care deficit (Orem, 1995).

In addition, the perspective of the self-care deficit nursing theory about the nursing prescription is visible in the theory of nursing systems, which supports nursing planning and is a tool for care delivery (Braga & Silva, 2011). This nursing practice aims at helping the individual to become independent in self-care and can be based on health education actions or 'doing for' the individual when he/she is not able to self-care.

The level of abstraction of the ideas in the theory allows identifying ways in which the concepts are applicable to practice. However, understanding the concepts of the self-care deficit nursing theory requires a contextual and individual appropriation of these concepts, so that their broad and interrelated meaning can be applied to practice. If the concepts are isolated without integrated understanding, their applicability may be limited by the superficiality of the understanding of the idea of self-care, keeping self-care linked only to the actions developed by the individual for personal benefit and limiting the entire universe of care delivered by nurses in this reality. Considering that, in all areas of nursing practice, it is necessary to encourage the individual's involvement in self-care, from preventive care to curative care, it can be inferred that the theory is comprehensive enough to extend to the several areas of nursing care. As for the area of nursing administration, it is known that the planning of care, including the time of nursing care, the number of professionals required in a given service, the technical safety index, and the organization of the service as a care setting are directly influenced by the capacity and availability for self-care of the individual and his/her family members (Gomes & Moya, 2015).

The core concepts of the self-care deficit nursing theory

refer to a context of prevention. By considering the self-care demands to determine the responsible for self-care requisites, the individual can be a subject of his/her preventive and coping actions where self-care is needed. Thus, according to this theory, nursing should only intervene whenever there is a deficit in the relationship between the self-care demand and the individual's capabilities for self-care (Orem, 1995). This prioritization of the individual's capacity for self-care, the recognition of the potential for nursing action through the supportive-educative and partially compensatory system, and the preventive nature of the theory itself reduce costs in its applicability, suggesting a guarantee of financial viability. In the relationship between the theory and its applicability to the nursing process, nursing diagnoses/outcomes are understood as indicators of self-care deficits that point to self-care demands, defining nursing intervention needs through the theory of partially compensatory, wholly compensatory, and supportive-educative nursing systems. Another study had already found the correlation between the theory's concepts and assumptions and the nursing process, identifying nursing diagnoses/outcomes as indicators of self-care deficits (Santos et al., 2018). This aspect corroborates the capacity of the self-care theory to inform and guide nursing systematized practice and prescription.

The theory uses a clear and comprehensible language for nurses so that its concepts and assumptions guide the nursing practice and are understood and implemented in different contexts.

The critical reflection on the utility of the theory for practice with older women with HIV/AIDS-related vulnerability emphasized the need for practice to be based on nursing theories to position the nurse as a professional with both technical-scientific and reflective-transformative skills.

Conclusion

Meleis' model for theory analysis effectively evaluated the self-care deficit nursing theory, showing that it has primitive, abstract, concrete, variable, derived, and general concepts, as well as explicit and implicit assumptions and deterministic, stochastic, existence, contingent, relational, conditional, coexisting, sequential, necessary, reversible, and substitutable propositions.

The process of theoretical analysis using Meleis' model confirmed the utility of Orem's self-care deficit nursing theory for nursing practice by identifying the items that validate the utility of a theory for practice.

Thus, this study concluded that theory gives direction to practice, presents a structure for nursing prescription through the theory of nursing systems and the integration of the nursing process into its core concepts, and covers several areas of nursing practice, research, and administration. It also found that the theory is currently relevant and applicable to clinical practice. Financial viability is suggested for Orem's self-care deficit nursing theory based on its preventive and partially compensatory context. It

was demonstrated that the theory can be effectively understood by deepening the concepts, assumptions, and propositions and moving away from the superficiality of looking only at the 'self-care' term.

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Funding

This study was carried out with the support of the Brazilian Coordination for Improvement of Higher Education Personnel (CAPES) - Funding Code 001.

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