CHAPTER ONE

The meaning of nursing

INTRODUCTION

Dorothea Orem's model of nursing has found increasing popularity worldwide as a means of organising the knowledge, the skills and the motivation of nurses that are needed to deliver care to patients. As with other nursing models, the practical application and conceptual underpinning of Orem's work has generally not been fully discussed in the United Kingdom – in fact, the model has tended to be viewed as synonymous with the concept of self-care, which actually constitutes only one part of the model, and not necessarily the most important one. This chapter discusses a wide range of issues emerging from Orem's work, and culminates with practical ways of using the model to assess, plan, deliver and evaluate patient care.

The language of the model

There has been much discussion in the literature complaining that many models originating in the United States are complicated, unworkable and unintelligible. A principal aspect criticised has been the language used. This is unfortunate because the task of describing nursing roles and functions does sometimes require specifically defined terms that are clear and unambiguous; constructing these terms has been difficult. The failure of many American theorists is not in their use of specialised terms (so-called jargon) but in their failure to communicate what they mean in a way that is understandable. This chapter introduces some of the key terms in Orem's language in a way that aims to ensure that the model does make sense. You may contest Orem's perspectives – that is all part of the analytical and critical nature of education – but you must have a
clear basis for your opinions. Understanding the language of the model is the first step in making well-reasoned judgements.

The origins of the model

Dorothea Orem's quest for a greater understanding of the nature of nursing formally began in the late 1950s, and focused on three questions:

1 What do nurses do, and what should nurses do, as practitioners of nursing?
2 Why do nurses do what they do?
3 What are the results of nursing interventions?

(adapted from Orem and Taylor 1986, p.37)

The desire to address these issues emerged from substantial practical experience, including work as a staff nurse in medicine, surgery and paediatrics, and as a casualty and theatre sister. During time spent teaching biological sciences and nursing, as well as being a director of a hospital school of nursing, Orem dedicated much energy to understanding the meaning of nursing. The current formulation of her work, Nursing: Concepts of Practice (1991), has undergone substantial revision since earlier work appeared in 1971, 1980 and 1985. Such revisions have been based upon comments and discussion raised at nursing theory conferences but also on the reactions of the people using the model. Orem does not claim that her model is by any means the complete answer to her questions or a panacea for practice. She simply provides a framework in which to view nursing practice, education and management. It is for each individual practitioner to use this model for its intended purpose: to improve nursing care.

THE NATURE OF SELF-CARE

At its simplest, self-care could be considered to be the ability of an individual to manage all the activities needed to live and survive. Orem views 'self' as the totality of an individual, including not only his physical but also his psychological and spiritual needs, and 'care' as the totality of activities that an individual initiates to maintain life and to develop in a way that is normal for himself. Self-care is the practice of activities that individuals initiate and perform on their own behalf in maintaining life, health and well-being (Orem 1991,