

# NURSING

## Concepts of Practice

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**Dorothea E. Orem**

# **NURSING**

## **Concepts of Practice**

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## Preface

This fifth edition of *Nursing: Concepts of Practice* is refined and developed to serve as a comprehensive nursing textbook and source book for students of nursing at all stages of their education and development. As indicated in prior editions, the reason why people need and can be helped through nursing defines the universe or domain of nursing as a socially institutionalized human service. The elements of nursing's domain are conceptualized and expressed as the self-care deficit theory of nursing. Developed concepts of the theory point to the concrete features of nursing practice situations. Organized in relation to the societal and interpersonal features of nursing, they set forth nursing's professional-technological content.

The form or structure of nursing practice derives from the nature of nursing as a human service with demands for social encounter and interaction as well as from the helping and taking care of features of nursing. Structure also derives from nursing's nature as a deliberately performed action process moving in practice situations from isolation and investigation of features of nursing practice situations, to judgments about needs for regulation, to selection of regulatory means, to creative design for and the production of regulation. The form or structure of nursing is analogous in its general dimensions to other helping services in society. It is the content elements of nursing practice that are unique to nursing.

Nursing is represented as a practical science with theoretically practical components and practically practical components. Theoretically practical components of nursing science are descriptive of patient, nurse, and environmental features of nursing practice situations and explanatory of the relations between and among them. Practically practical components of nursing science are concerned with the details of nursing cases and with the rules and technologies of nursing practice specific to types of nursing cases. *Nursing: Concepts of Practice* presents and applies the theoretically practical elements of nursing science. It also provides the base for a description of nursing cases, an investigation of the natural history of the development of cases, and the formulation and validation of nursing diagnostic and regulatory technologies. What is presently known and validated about the details of nursing cases awaits the organizing efforts of nursing scholars.

## ORGANIZATION

The organization of this fifth edition should facilitate learning and the development of insights about what nursing is and what it should be. Nurses are recognized as the essential, indispensable designers and producers of nursing. Nurses and their powers to nurse, as well as persons nursed with those powers for care of self and dependents, are conceptualized as integral elements of self-care deficit nursing theory. In some “theories of nursing” there is no explicit recognition of the nurse (or even patients) as elements of nursing. The organization of this revision in two parts should facilitate learning and understanding. Part One presents content specific to the foundations for nursing in societies. Content in Part Two is specific to nursing science and nursing practice. Articulations of Part One content elements with Part Two content elements are referenced. In both parts the cognitional work that must be done by nurses is emphasized.

## PART ONE

The nursing student or nursing scholar is introduced in Chapter 1 to nursing as a unique field of knowledge and practice with its own object or reason for existence in society. A descriptive explanation of what nursing is and should be is offered in the form of the self-care deficit theory of nursing, a general theory of nursing. The helping, the taking care of, and the caring dimensions of nursing are developed, and the broad work of operations of clinical nursing practice are presented. The four traditional views of nursing as a kind of care, a kind of knowledge, an art, and a field of work are identified as necessary views to be maintained and developed by nurses in their practice of nursing throughout their nursing careers.

Chapters 2 through 5 present essential content foundational to nursing practice but, in and of itself, not productive of professional-technological nursing results. Developed features include societal and contractual features, interpersonal features, the human regulatory function of self-care, the human capability for deliberate action, and health state and related health care features of persons who can benefit from nursing. These features of nursing are located within the structural framework of nursing practice. Their development within the text is accomplished by selection and application of knowledge from already developed sciences and fields of knowledge, for example, sociology, psychology, and psychophysiology and from structured common sense knowledge.

## PART TWO

Chapter 6 presents an overview of practical sciences. The stages of development of practical sciences are presented and described. The parts of self-care deficit nursing

theory are presented as the articulated theories of self-care, self-care deficit, and nursing systems. Chapters 7 through 11 present the developed conceptual constructs of the three theories in their relationships to the process features of nursing practice for individuals and groups, including articulations with interpersonal processes. How these theoretical constructs are put to use (applied) in nursing practice is a distinguishing feature of these chapters. Part Two is concluded with a chapter on nurses, their education, and their occupational roles. The contribution of nursing administration to the provision of nursing to populations is developed. What nursing becomes is recognized as a function of the beliefs, the scientific advancement, and the actions of nurses in various segments of society.

## **ACKNOWLEDGEMENTS**

I thank Susan G. Taylor and Kathie McLaughlin Renpenning for their development of Chapter 11, "The Practice of Nursing in Multiperson Situations, Family and Community." I continue to thank my nurse colleagues as well as nurses in countries throughout the world for their help and for their recognition and use of my work. I also thank Walene E. Shields for her continued support and her work in the preparation of this fifth edition of *Nursing: Concepts of Practice*.

On this thirtieth anniversary of the formation in 1965 of the Nursing Model Committee of the School of Nursing, The Catholic University of America, I acknowledge the special contribution of Mary M. Redmond, Dean, to formation of the Committee and to furthering my own work and that of the Committee. Through her efforts opportunities were made available to us to develop insights about the nature of sciences in practice fields, the stages of development of sciences and arts, the logic of nursing, and a beginning view of research in practice fields. These opportunities as well as critical reviews of our work were made available through the teaching and consultative endeavors of Eammon F. O'Doherty and William A. Wallace. The untimely death of Mary Redmond brought change, including the reorganization of the Committee on the Nursing Model as the independent Nursing Development Conference Group. The detailed minutes of these two work groups attest to their productivity. My insights about nursing were enhanced by opportunities to be with and work with these two groups of nursing scholars.

**Dorothea E. Orem**

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# **PART ONE**

## **Personal, Interpersonal, and Social Features of Nursing**



# CHAPTER 1

## Understanding nursing

### OUTLINE

The World of the Nurse  
Nursing, What it is  
Understanding Nursing as a Helping Service  
Insights About Nursing as a Form of Care  
Insights About Caring in Nursing  
Views of Nursing  
Points of View in Nursing Practice  
The Nurse as Agent  
Summary

### KEY TERMS

Agent  
Basic arts  
Care agents  
Care situations  
Community  
Dependent-care  
Helping methods  
Human love  
Nursing  
Nursing agency  
Proper object  
Self-care  
Self-care deficit theory

The focus of this chapter and the text as a whole is on properties and powers of persons who are nurses and of persons who require nursing and on the operations (action processes) through which nursing care is provided. Nursing students and nurses come to know and grow in a knowledge of themselves as persons who are nurses. They recognize the properties of persons that are associated with requirements for the form of care and service that is named nursing. They come to know how to design and produce nursing for persons as individuals or as members of groups with some range of types of requirements for nursing.

Foundational to the foregoing are more general ideas about helping and taking care of persons when they are unable to act for themselves. This basic knowledge is essential to persons as they care for others in the family, in crisis situations, or as trained care givers.

To assist nursing students and nurses in the beginning development or in formalizing ideas about nurses and nursing, this chapter presents the following:

1. An introduction to the world of the nurse.
2. A descriptive explanation of what nursing is, expressed in terms of when and

why people require this human health service and the essential operations required in the production of nursing.

3. A detailed description of the nature of helping, i.e., the provision of human assistance including methods of helping.
4. A detailed description of what is required in order for one person to take care of another person based on the essential human qualities of each person.
5. Development of the theoretical position that care, caring, and concern expressive of the responsiveness of persons to one another together constitute an element of mature love that unites individuals in true community.
6. A summary expression of four different ways of viewing nursing. Individual nurses must become able to view nursing as a form of care; as a kind of knowledge; as an art, that is, as an intellectual quality of nurses; and as a field of work or occupation.
7. A summary statement about nurses and nursing.

The ideas expressed in this chapter are foundational for the development of insights about nursing as a field of knowledge and a field of practice. They are invaluable for nurses as they search out the human features and the nursing features of each concrete nursing practice situation. The instructional and learning position is that of moving from the simple (broad features) to the complex (dynamic, detailed features of nursing practice situations).

## THE WORLD OF THE NURSE

The world of the nurse is manifested to each nurse as a system of “qualitatively differentiable and separately locatable”<sup>1</sup> persons and things. It is a world of experiences with people, of information seeking, of making judgments and decisions, and acting to achieve foreseen results that fulfill existent or projected requirements of people for nursing. It is also a world of knowledge seeking and knowledge building. Nursing students initially show concern about what they will be expected to do when confronted with persons or groups of persons in need of nursing. They have concerns about whether or not they will have requisite knowledge and skill. To reassure themselves they at times seek to learn the details of how to do this or that, things that nurses traditionally do.

The reality that is the world of the nurse must be accepted as a world mediated by meaning. The notion of meaning embraces a great variety of things. In nursing, however, meaning must be attached to persons, things, events, conditions, and circumstances in terms of how they affect the actions nurses perform in designing and producing nursing care.

Young children attach meaning to actors and objects introduced into the play situations they create. They set protocols for action and specify relations between and among players and objects, thereby establishing order. Children draw on their own

experiences, on stories they have heard or read, and on their imaginations in creating play situations. Children (as well as men and women) when confronted with concrete life situations of types that are disliked or not before encountered may turn away or may elect to enter into them as actors or as participant observers motivated by a desire to know, to experience, or to make events occur.

Concrete situations of human living are complex and are more often lived than understood. There are constituent elements or parts, persons or objects, or environmental conditions. Persons and objects have attributes or properties. Environmental conditions are of various types, physical, social, or biologic; and each type can vary over a range of values. The connections among elements and their properties determine the existent and changing order among situational elements. Since situations of human living are dynamic, changes in elements or relations among them are possible or are predictable. Persons acquire experiential knowledge from concrete life situations and can draw on this knowledge to attach meaning to similar, recurring situations.

Some life situations are outside the usual day-to-day experiences of persons who live together in community. These are situations where specialized knowledge and abilities are required for observing, for attaching meaning and value to judgments about what is, and for developing insights about what can be changed and what should be changed. Nursing situations as described and explained in *Nursing: Concepts of Practice* require specialized knowledge and skills on the part of persons who elect to become able to take action in them, that is, to be nurses with developed capabilities (**nursing agency**) to provide nursing to persons who require it.

When nurses approach and enter into concrete situations of nursing practice, they are confronted with needs to ask and answer certain questions: What does this situation that involves me with others in this time-place localization mean to me, not just as a person but as a person who is nurse? Why am I here? As nurse what must I know? What do I inquire about? What questions do I need to ask? What meaning do I attach to the information obtained, to the judgments I make? What conclusions are valid? Do I have a language to express what I know so what I know is communicated meaningfully to persons I nurse, to other nurses, and to other health workers? Do I have knowledge of what can be changed through deliberately designed action and what cannot be changed? These questions identify the kinds of specialized, theoretical knowledge that nurses should have as they investigate the nursing-relevant details of concrete nursing practice situations. Without such structured nursing knowledge, nurses rely on their common sense knowledge that is uninformed by nursing science.

Nurses function in community with other nurses, other health workers, and with persons and families who require and can benefit from nursing. The sector of reality that is the world of the nurse must become known to nursing students and nurses if they are to function as effective practitioners of the health service nursing. The world of the nurse includes elements in common with the worlds of other health workers, for

example, the persons and families served; but the world of the nurse has a defined domain within boundaries. The domain and boundaries of nursing practice are defined by what nurses are concerned with as nurses within their world and by the way in which they are concerned. Nurses' productive efforts to identify, understand, conceptualize, and express what nurses are concerned with in their world and the ways in which they are concerned lead to the beginning formalization of the content and structure of nursing as systematized and validated knowledge (i.e., as nursing science).

## NURSING, WHAT IT IS

Nurses must be knowledgeable, insightful, and skilled enough to know what events, conditions, and circumstances characterizing persons in health care situations are within the domain of clinical nursing practice. A first step in the process of reaching understanding of nursing can be one of identifying the connotations of the word **nursing**. Connotation signifies the things to which a word can be correctly applied. Identification can proceed from analysis of dictionary *definitions of nursing* to analysis of definitions formulated by nursing scholars. A second step can begin with inquiry about what is recognized as the *proper object of nursing*, nursing's objective focus in society. This step should then proceed to analysis of expressed theoretical positions about nursing. The second step when taken is an introduction to the beginnings of nursing science.

### The word nursing

Nursing is an English language word. It is used as a noun, as an adjective, and as a verbal auxiliary derived from the verb to nurse. Used as a noun and an adjective nursing signifies the kind of care or service that nurses provide. It is the work that persons who are nurses do. The word nursing as used in the statement *I am nursing* is a verbal auxiliary, a participle. To nurse literally means (1) to attend to and serve and (2) to provide close care of a person, an infant or a sick or disabled person, unable to care for self with the goal of helping the person become sound in health and "self-sufficient."<sup>o</sup> This nominal (lexicographic) definition of nursing identifies that engagement in nursing signifies that persons are:

- Attending to and serving others
- Providing close care of other persons unable to care for themselves
- Helping such persons become sound in health and self-sufficient.

This definition describes nursing in that it signifies the proper use of the word in its broadest sense, but it is not an adequate definition of the *specialized health service nursing*. It does not differentiate persons who require the specialized health service

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<sup>o</sup> From Webster's dictionary of synonyms, ed 1, Springfield, Mass, 1951, G & C Merriam Co, p. 577.

### **Broad work operations of nurses in clinical nursing practice\***

Entering into and maintaining interactive relationships with persons seeking nursing for themselves or their dependents as individuals or as members of social units such as families or households in their time-place localizations.

Establishing the kind and amount of the immediate and continuing care (care demand) required to regulate these persons' functioning and development at this time and in subsequent time periods; determining the action capabilities and limitations of these persons to know and to meet the care demand.

Designing, planning for, instituting, and managing systems of nursing care with identified nurse and patient roles valid during specific time periods to ensure that: the established care demand is met, persons' exercise or development of powers to care for self or dependents is regulated, and that these powers are protected. Controlling the quality of systems of nursing care in terms of results sought and achieved.

Responding to these persons' requests for help and to their overt or covert needs for nurse contact and assistance.

Coordinating the nursing provided to these persons by different nurses within and over time periods.

Coordinating components of the systems of care produced by nurses with persons in other services who provide help and care for these persons, including, for example, medical care or social services.

Discharging these persons from the care of nurses when they demonstrate ability to follow and meet a prescribed care demand, and to make needed adjustments in it, doing this alone or with help from family members or others and with or without continuing consultation from nurses.

\*From: Validated lists of work operations of nurses in seven areas of endeavor in nursing. Dear M and Orem D, Washington, DC, 1976, Georgetown University School of Nursing. Revised by Orem D, 1982 and 1994.

nursing from persons who require nursing in other forms, such as the close care required by and provided for infants.

Orem's 1956 definition of nursing<sup>2</sup> is a more precise identification of what properly can be referred to as nursing.

Nursing is an art through which the nurse, the practitioner of nursing, gives specialized assistance to persons with disabilities of such a character that more than ordinary assistance is necessary to meet daily needs for self-care and to intelligently participate in the medical care they are receiving from the physician. The art of nursing is practiced by "doing for" the person with the disability, by "helping him to do for himself" and/or by "helping him to learn how to do for himself." Nursing is also practiced by helping a capable person from the patient's family or a friend of the patient to learn how "to do for" the patient. Nursing the patient is thus a practical and a didactic art.

In this definition the definitive structure of nursing begins to emerge. In any field of inquiry *structure* refers to relatively fixed relationships between elements or parts

with characterizing features. The beginning emergence of the definitive structure of nursing results from addition of detail about persons who attend to and serve others and persons who are attended to and served. Details include:

- Naming the attending person as nurse.
- Identification of what the nurse does as art, practical art including didactic (instructional) features.
- Identification of persons provided with care as having disabilities of such a character that specialized assistance is required. This is in distinction to assistance from untrained persons.
- Identification of the reasons why assistance is required, i.e., to meet daily needs for self-care and needs for intelligent participation in medical care received.
- Naming the methods of helping that nurses use, methods that relate nurses and patients according to the roles of each in the provision of care.

This definition adds detail to the lexicographic definition of nursing but it falls short of being an adequate descriptive explanation of nursing.

### **Formalization of nursing's proper object**

Scholars and theorists in various fields have found that the most productive beginning approach to explain descriptively their specialized fields of knowledge or practice is to identify the **proper object** of the field. *Object* means that toward which or because of which action is taken. *Proper* means that which belongs to the field. Object is used in the philosophic or scientific sense as that which is studied or observed, that to which action is directed to obtain information about it or to bring about some new condition. Object is not used in the sense of something tangible.

The whole reality of human beings—men, women, and children—cared for either singly or as social units, constitute (in the philosophic sense) “the material object” of the activities of nurses, physicians, clinical psychologists, social workers, and others who provide direct care for persons in need. Each of the named human services has its own proper object, which identifies why men, women, or children require each specific service and can be helped through its provision.

A 1958<sup>3</sup> expression of the proper object of nursing answered the following question: What condition exists in a person when judgments are made that a nurse(s) should be brought into the situation (i.e., that persons should be under nursing care)? The answer was expressed in this fashion: The condition is the inability of persons to provide continuously for themselves the amount and quality of required self-care because of situations of personal health. With children it is the inability of parents or guardians to provide the amount and quality of care required by their child because of their child's health situation. **Self-care** is the personal care that individuals require each day to regulate their own functioning and development. Requirements of persons for this day-to-day regulatory care will be affected by, among other factors, age, developmental stage, health state, environmental conditions, and effects of



## EXERCISE

**Exercise to assist in the development of a concept of self-care**

1. Select an individual (a relative, friend, or associate or an inpatient or outpatient at a hospital) who has a chronic disease, has sustained an injury, has experienced an acute illness, or is pregnant for the first time.
2. In accordance with the individual's ability, interest, and willingness to comply with your request for information, ask the following questions (rephrase if desired) and record the answers.
  - a. Since the occurrence of (name the conditioning factor, disease, injury, etc.), do you have to care for yourself differently than you did before its occurrence?
  - b. What are some of your new activities or tasks? How did you learn about the need to engage in them?
  - c. How do you fit the new tasks into the schedule of your daily activities?
  - d. Can you do all of these new tasks by yourself? If not, who helps you?
  - e. Did you know how to do these new tasks before the occurrence of (same as in *a*, above)?
  - f. How did you feel about learning to do the new tasks? How do you feel about doing them now?
  - g. Of all the things that you know you should do, are there some things that you tend to forget or deliberately decide not to do? If so, why?

medical care. **Dependent-care** is the continuing health-related personal regulatory and developmental care provided by responsible adults for infants and children or persons with disabling conditions.

This specification of the proper object of nursing makes it possible to conceptualize and express characterizing features of the *specialized health service nursing*. Persons identified in the nominal definition of nursing as "unable to care for self" are now limited to persons who are in this state of inability because of the activity-limiting effects of their states of health or because of the nature and complexity of their day-to-day care requirements that contribute to regulation of their functioning and development. The specialized health service nursing is differentiated not only from other specialized human services, such as medicine, but also from the care of infants and young children and the continuing care of children or adults with illnesses or disabilities by family members. The expressed proper object of the specialized health service nursing is identified as a *subclass* of the *class of persons who are unable to care for themselves*.

Experienced nurses recognize life situations where persons require the specialized health service nursing. Experienced, efficient nurses know when their work of nursing others, caring for others, or helping them care for themselves, produces beneficial results. However, as previously stated, it is essential for nurses to know and be able to express and thereby communicate what they do, why they do it, and the results of what they do. Conceptualizing nursing is a first step.