**Journal Educational of Nursing (JEN)**
Vol. 8 No. 2 July – December 2025; page 52 - 58
p-ISSN : 2655-2418; e-ISSN : 2655-7630
journal homepage: https://ejournal.akperrspadjakarta.ac.id
DOI: https://doi.org/10.37430/jen.v8i2.300

Article history:
Received: November 26th 2025
Revised: November 27th 2025
Accepted: December 08th 2025

# THEORY CONCEPT OF DOROTHEA ELIZABETH OREM'S NURSING MODEL: SELF-CARE IN NURSING CARE FOR MR. S WITH NON-HEMORRHAGIC STROKE AT MAYAPADA HOSPITAL

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**Abstract**

This study aims to implement nursing care in a non-hemorrhagic stroke case in an inpatient setting, using Dorothea Orem's nursing model theory. The focus of this case study is to provide comprehensive nursing care to Mr. S based on Orem's conceptual framework. The research method used is a case study with a nursing care approach based on Orem's theory. Data were collected through interviews, observations, physical examinations, and using an assessment format adapted to Orem's nursing theory.The initial assessment of Mr. S revealed a blood pressure of 180/100 mmHg, a pulse rate of 80 beats/min, SpO2 of 95% with 3 lpm of oxygen, and a respiratory rate of 26 breaths/min. From this data, two primary nursing problems were identified: the risk of decreased cerebral tissue perfusion and an ineffective breathing pattern. Nursing interventions aligned with the Indonesian Nursing Outcome Standards (SLKI). After three days of nursing care for Mr. S, it was concluded that both nursing interventions had partially resolved the problem. This study recommends that nurses consistently implement and improve the quality of nursing care using Dorothea Orem's self-care theory.

**Keywords:** Orem Concept Model, Nursing Care, Self-Care

## Introduction

Several common degenerative diseases found in society include coronary heart disease, hypertension, diabetes, stroke, and cancer. Stroke, in particular, is no longer exclusive to the elderly population, as cases are now also being found in younger age groups (Indrawati, 2021). Stroke issues in Indonesia, both hemorrhagic and non-hemorrhagic types, have become an urgent health concern. At the national level, stroke is the third leading cause of death after heart disease and cancer, with the mortality rate attributed to stroke reaching 15.4%. (Hidayat, A. A., & Uliyah, M. (2020) According to the Basic Health Research (RISKESDAS, 2023), the prevalence of stroke in Indonesia reaches 8.3 per 1,000 population. Stroke is also one of the catastrophic diseases with the third-highest costs after heart disease and cancer, reaching IDR 5.2 trillion in 2023.

Risk factors for stroke are not limited to diet. Various other factors, such as stress (both psychological and work-related), can increase the risk of stroke by up to 10-fold. The estimated number of stroke sufferers in Indonesia diagnosed by healthcare professionals in 2020 reached approximately 1,236,825. Regionally, in that year, the highest prevalence was recorded in East Kalimantan (14.7%), followed by Central Java in second place (14.6%), and North Sulawesi in third place (14.2%). Stroke Percentage / Prevalence According to SKI (Indonesia Health Survey)

According to the 2023 Indonesia Health Survey (SKI), the prevalence of stroke in Indonesia is 8.3 per 1,000 population. An analysis of SKI 2023 data for individuals aged ≥ 15 years reports that the prevalence of stroke is 0.8%. Based on national health statistics from the Ministry of Health (MoH), stroke contributes to 11.2% of total disability conditions, and 18.5% of total deaths in Indonesia .

Dorothea Elizabeth Orem July 15, 1914 – June 22, 2007 was among our most illustrious nursing theorists. She devised Self-Care Deficit Theory of Nursing, still referred to as the Orem Nursing Model. Dorothea Orem developed The theory of nursing care or Orem Nursing Model. (Orem, DE 2024). This is considered to be a grand nursing theory because it broadly encompasses multiple concepts that are applied across all nursing contexts. Dorothy Orem's theory of self-care management and supply theory descriptions always remain at optimum level capabability for any human activity providing the nutrition, safety, warmth or security which is needed to continue normal living. Nursing zeroes in on the individual's ability to take care of himself or herself. The individual is not an inert object, but is a subject, manner of life of some kind. (Butts, J. B., & Rich, K. L. 2019).

## A. Division of Self-Care in Orem's Model Theory.

Orem developed the Self-Care Deficit theory, which includes three related theories, namely:

Self-Care, Self-Care Deficit, and Nursing System. These three theories are connected by six central concepts, namely: self-care, self-care agency, therapeutic self-care demand, self-care deficit, nursing agency, and nursing system, as well as one peripheral concept, basic conditioning factors. The postulate of the self-care theory states that self-care depends on learned behaviors, with individuals taking initiative and shaping their own actions to maintain their life, health, and well-being. Therefore, the author is interested in providing nursing care using Orem's Theory approach for non-hemorrhagic stroke cases (Cucu & Irna, 2024).

1. Self-care theory: describes the activities of individuals engaging in actions to meet their needs in taking care of themselves with the aim of maintaining life, preserving health, and promoting well-being. In short, self-care makes oneself a concrete behavior. Self-care is generally carried out by adults, whereas when sick/unable, it can be assisted by others (Cucu & Irna, 2024).
2. Deficit self-care theory: Self-care deficit arises when the relationship between self-care effects and therapeutic requirements/needs is inadequate, imbalanced, and the patient's needs are unmet. It depicts the state of an individual needing assistance from others in performing self-care (Cucu & Irna,2024).
3. Nursing system theory: describes and explains the interpersonal relationships that a nurse must establish and maintain in order to effectively carry out tasks. Health Systems are identified into 3 types:

a. Full assistance system, needed for individuals who cannot control and monitor their environment and information processes.
b. Partial assistance system, designed for individuals whos are not adaptive in performing some self-care activities.
c. Supportive educational systems, designed for individuals who require self-care and need assisteance in carrying it out. (Taylor, 2020).

## B. Application of Theory in the Nursing

The explanation about applying orem's self-care deficit theory in the nursing process (Sugianti, C., & Nursanti, I. 2024).

1. Assessment

   The nurse gathers data about:

   a. Self-care requisites:
      1) Universal: eating and drinking, elimination, rest, hygiene, activity, safety.
      2) Developmental: needs related to age, developmental stage, psychosocial conditions.
      3) Health deviation: needs

related to illness or medical therapy.

b. Self-care agency (ability to perform self-care):
   1) Factors: physical strength, cognition, motivation, family support, environment. Identifying self-care deficits
      a. Comparing the self-care needs with the patient's ability.

2. Nursing Diagnosis
   Diagnosis is based on the type of deficit:
   a. Self-care deficit: bathing, dressing, feeding, toileting.
   b. Activity intolerance
   c. Knowledge deficit
   d. Risk for injury
   e. Ineffective health management
3. Planning
   Determine the appropriate Orem nursing system (Surani, S., & Nursanti, I. 2024).
   a. Wholly Compensatory System
      The nurse performs all self-care activities for the patient. Suitable for unconscious patients, paralysis, major postoperative conditions.
   b. Partly Compensatory System
      The nurse assists partially; the patient performs some tasks. Suitable for mild stroke, postoperative patients, weak elderly.
4. Supportive–Educative System
   The nurse provides guidance/education; the patient can perform self-care independently. Suitable for diabetes, hypertension, pregnancy, chronic illnesses. The nurse also sets goals:
   a. Short-term: patient will brush their teeth with minimal assistance in 3 days.
   b. Long-term: patient will be independent in self-care within 1 week.
5. Implementation
   Actions based on the nursing system:
   a. Wholly Compensatory: bathing the patient, feeding, maintaining hygiene.
   b. Partly Compensatory: assisting with assistive devices, supervised bathing.
   c. Supportive–Educative: teaching insulin injection, diet education, ROM exercises, motivation.
6. Evaluation
   The nurse evaluates:
   a. Has the patient become more independent?
   b. Are self-care needs met?
   c. Is the selected nursing system still appropriate? (Alligood, M. R. 2022).

**C. Orem's Self-Care Theory Based On The Nursing Paradigm**

The four main elements of Orem's theory are humans, environment, health, and nursing. These four elements influence each other because they form a system (Sumijatun,2020):

1. Humans a unit viewed in terms of biological, symbolic, and social functions and facilitating and shaping self-care activities. Self-care activities are related to air, water, food, elimination, activity and rest, solitude and social interaction, prevention of life hazards and well-being, and enhancing human function.
2. Environment The environment is connected to the individual, forming an integrated and interactive system.
3. Health Orem states that health meets the criteria of human developmental needs, which include: psychological, physical, interpersonal, and happiness aspects, spiritual experiences, fulfillment of ideal self, and personalization.
4. Nursing
   According to Orem, the goal of nursing is to provide assistance to individuals who have total or partial dependence, such as infants, children, and adults who are unable to care for them selves. (Sumijantun, 2020).

## Research Methodology

This research method uses a case study approach that focuses on the nursing care process based on Dorothea Orem's

theoretical framework. The single sample in this study was Mr. S.

## Results and Discussion

**A. The nursing process approach applied in this study includes the following five main stages:**

1. Assessment
   In this stage, the researcher collects relevant data and information from the patient, both directly and through patient status sheets, using an assessment framework based on Dorothea Orem's nursing theory.
2. Nursing Diagnosis
   The researcher analyzes all data obtained during the assessment to formulate an accurate nursing diagnosis. This analysis process aims to identify the patient's actual or potential health problems and serves as the basis for determining appropriate intervention guidelines.
3. Nursing Intervention
   This stage involves developing a specific nursing action plan to resolve the identified nursing problems. This action plan is designed by integrating the principles of Dorothea Orem's theory, with the aim of providing holistic and effective care.
4. Nursing Implementation
   The researcher implements and applies all previously developed nursing action plans into actual patient care practices.
5. Nursing Evaluation
   This final stage is an assessment of the effectiveness of the nursing actions taken in addressing the problem or achieving the expected outcomes for thepatient. (Abdu, Z. A., & Ali, H. S. 2021).

**B. Will describe the research findings based on the stages of the nursing process.**

1. Assessment

   Mr. S, 50 years old, has been hospitalized for the past 7 days. His wife and children are taking turns caring for him. The doctor diagnosed him with a non-hemorrhagic stroke. Mr. S appeared weak. A physical examination revealed weakness in the left upper and lower extremities. His blood pressure was 180/100 mmHg, The pulse rate is 80 beats per minute, the body temperature is 37 degrees Celsius, and the respiratory rate is 26 breaths per minute, nasal cannula at 3 lpm, SpO2 96%, body weight 85 kg, and height 158 cm. The patient's urine output per day was 400 cc/24 hours, with a daily fluid intake of 200 cc/day. A chest X-ray revealed normal pulmonary function, and lab results showed a hemoglobin count of 15.1, a white blood cell count of 22.8, and a hematocrit of 47.

   It was learned from his family that Mr. S had been suffering from hypertension for the past two years. His diet was reportedly unhealthy. He preferred eating at food stalls, which are high in carbohydrates and cholesterol, and he disliked vegetables. Another habit of Mr. S's was smoking, typically smoking two packs a day. Mr. S never exercised and rarely participated in social activities. He spent most of his time in the fields and at home. Based on this data, the client required nursing assistance to partially meet his needs (partially compensatory system).

2. Nursing Interventions
   The nursing interventions created by the researcher are based on the 2019 Indonesian Nursing Outcome Standards (SLKI) and the 2019 Indonesian Nursing Intervention Standards (SIKI). The Action Plan includes two primary diagnoses:

A. Self-care deficit due to impaired physical and neurological function Outcome (SLKI); After nursing interventions for 3x24 hours, self-care deficit was assessed with the following criteria :

1) Bathing ability increased to scale 5
2) Dressing ability increased to scale 5
3) Eating ability increased to scale 5
4) Toilet use ability for defecation and urination increased to scale 5

Interventions (SIKI) – Support for self-care in bathing Actions: Identify the type of assistance needed

Monitor body hygiene Therapeutic:

1) Provide bathing equipment
2) Ensure a safe and comfortable environment
3) Maintain personal hygiene habits Education:
   a. Explain the benefits of bathing and the health impacts of not bathing
   b. Teach the family how to bathe Collaboration: collaborate in administering antiepileptic drugs (if needed).

B. ActivityIntolerance

Outcome (SLKI): After nursing interventions are carried out for 3x24 hours, the patient's activity is expected to improve, with outcome criteria of decreased complaints of fatigue, decreased dyspnea during activity, decreased dyspnea after activity, and improved pulse frequency. Interventions(SIKI):

EnergyManagement:

Observation: Monitor physical fatigue Monitor sleep patterns and hours Therapeutic: Perform passive and/or active range of motion exercises Education: Encourage gradual activity Collaboration: Collaborate with a nutritionist on ways to increase food intake

3. Nursing implementation is carried out according to the Action Plan that has been prepared for each identified nursing problem. The Action Plan has been specifically designed to address each nursing problem. Within 3x24 hours, interventions were resolved with a self-care deficit diagnosis improving by a scale of 5 according to outcome criteria, and activity intolerance improving by a scale of 5 according to the outcome criteria.
4. Nursing Evaluation

   This problem has been partially resolved as evidenced by the improvement in Mr. S's clinical condition, including: the patient's consciousness has started to improve, general condition is still weak, oxygen saturation is stable at 97%. In addition, hemodynamic results show improvement, with blood pressure decreasing to 140/80 mmHg and respiratory rate (RR) at 20 breaths/min. The problem of ineffective breathing patterns has also been partially addressed, as demonstrated by the patient's oxygen saturation reaching 99% even though 2 liters of oxygen were given intermittently.

   Mr. S is able to perform activities independently without assistance from others, dress himself, go to the bathroom, and carry out light activities.

**CONCLUSIONS**

Orem's theory is a conceptual framework in nursing that focuses on self-care. Orem argues that individuals have the ability to control their own conditions, both in health and illness. In its practical application, after providing nursing care for three days based on Orem's theory, it was found that two nursing problems experienced by the patient were partially resolved. These problems included the risk of decreased cerebral tissue perfusion and ineffective breathing patterns. During the research, Mr. S's nursing interventions were partially resolved, and he was able to perform activities independently. This issue was partially evidenced by improvements in Mr. S's clinical condition, including: the patient's consciousness began to improve, general condition was still weak, oxygen saturation was stable at 97%. In addition, hemodynamic results showed improvement, with blood pressure decreasing to 140/80 mmHg and a respiratory rate (RR) of 20 breaths/min. The problem of ineffective breathing patterns was also addressed to some extent, as evidenced by the patient's oxygen saturation reaching 99% even

though 2 liters of oxygen were administered intermittently.

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## ACKNOWLEDGEMENT


The author would like to express sincere thanks and utmost appreciation to various parties who have provided support in the preparation of this article:

1. he Ministry of Health of the Republic of Indonesia, particularly the Health Research and Development Agency, for providing official Riskesdas data and other supporting health data sources.
2. anagement of Mayapada Hospital, for granting permission, access to information, and the opportunity to conduct a case review of Mr. S in accordance with ethical standards and applicable procedures.
3. he healthcare team, nurses, and medical personnel in the care unit where Mr. S was treated, for

providing support, clinical data, and necessary collaboration during the preparation of this case study report.

4. unding parties or educational institution sponsors, particularly the Master's Program in Nursing at the Faculty of Nursing, Muhammadiyah University of Jakarta, for supporting academic and administrative facilities during this research process.

5. he family of Mr. S, who have given their consent, cooperation, and openness of information, allowing the assessment and analysis process to be carried out comprehensively.

6. he main supervising lecturer and all teaching staff, who have provided scientific guidance, corrections, and direction so that this article could be completed successfully.

7. ll other parties who cannot be mentioned individually but have contributed morally, technically, or academically to the research and writing of this article.

The author hopes that the contributions of all parties will become acts of goodness and provide benefits for the development of nursing science and the improvement of health service quality in Indonesia.