

# Self-care in family caregivers of patients with chronic diseases in the community: Orem Theory

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## Abstract:

**Introduction:** social, cultural and health changes are taking place worldwide that have brought with them an increase in chronic diseases. Caring for a dependent family member at home is very rewarding but not without difficulties. This stage of caring for another person can have an impact on the caregiver's quality of life.

**Objective:** analyze the different skills to minimize or avoid the possible negative consequences of care in the caregiver of patients with chronic diseases in the community, taking into account Orem's theory of self-care.

**Development:** Orem points out that it is necessary for nursing staff to help the individual carry out and maintain self-care actions to preserve health and life. Self-care is the responsibility that each individual has for the promotion, conservation and care of their own health. It is necessary to provide the caregiver with the necessary ways to adapt self-care techniques that can help maintain a balance between mind, body and spirit. Caregivers require attention to prevent the risks that may arise from the caring role.

**Conclusions:** taking into account the Orem model, it is necessary to promote the satisfaction of the caregiver's self-care demands, so that they develop autonomously. Nursing staff must assist caregivers of patients with chronic diseases in the community so that they reach their maximum level of self-care.

**Keywords:** model; self-care; caregiver; nursing

## Introduction

Globally, social, cultural, and health changes are occurring, leading to an increase in chronic diseases. Many of these non-communicable chronic diseases (NCDs) result in complications causing varying levels of dependency. Consequently, the need for caregivers has also risen. Caregivers assume daily living tasks to mitigate the negative impact of dependency on the quality of life and well-being of those they care for.

Caring for a dependent family member at home is rewarding but fraught with difficulties, doubts, uncertainty, and diverse needs. Over half of these caregivers perform their duties without support.

Caregivers are the resource, instrument, and means through which specific—and often specialized—care is provided to chronic patients. They bear the commitment to preserve another's life. They may be health professionals, family members, friends, social workers, or members of religious organizations offering assistance at home, in hospitals, or other healthcare settings. [1]

This caregiving phase can affect the caregiver's quality of life, impacting not only physical and psychological spheres but also social and economic well-being. Anxiety and depression may develop, fostering habitual worry, mood

swings, and persistent fear that sustain tension and degrade the caregiver's quality of life. [2]

Given this context, caregivers must develop strategies to ensure their own well-being alongside patient care. Yet, this is often unachieved. Caregivers frequently prioritize others' needs, limiting self-care agency and risking health consequences.

The aforementioned negative affective states stem from chronic stress due to caring for individuals with chronic conditions. This constitutes a threat to the caregiver's mental health, potentially causing persistent self-care difficulties due to psychological and emotional problems, ultimately leading to caregiver burden or health deterioration. [3]

This aligns with Dorothea E. Orem's *Self-Care Deficit Theory*, [4] comprising three interrelated theories: the theory of self-care, the theory of self-care deficit, and the theory of nursing systems.

The theory defines self-care requisites: [5] universal self-care requisites, developmental self-care requisites, and health deviation self-care requisites. These form the basis for self-care actions undertaken by caregivers of chronically ill or disabled individuals. [4]

Recognizing caregivers' invaluable role necessitates equipping them with self-care tools. Despite daily displays of strength, moments of weakness—fatigue, anguish, sadness, or feeling overwhelmed—are undeniable. During these times, they most need recognition, listening, guidance, and care.

Care becomes a daily battle against illness. Monotonous, repetitive tasks create a loss of control over outcomes, depleting the caregiver's psychophysical reserves, causing burden and reducing quality of life. <sup>(6)</sup> This study aims to analyze strategies to minimize or prevent negative consequences for caregivers of community-dwelling chronic patients, guided by Orem's self-care theory.

### Development:

Dorothea E. Orem proposed her self-care model as a grand theory integrating three sub-theories. This model involves complementary actions with individuals, families, and communities to perform self-care when the balance between self-care abilities and needs is disrupted. [7]

Within this model, Orem emphasizes that nursing staff must help individuals perform and sustain self-care actions to maintain health and life, recover from illness, and cope with its consequences. She states nurses can use five helping methods: acting for or compensating, guiding, teaching, supporting, and providing a developmental environment. [8]

Health requires structural and functional integrity achieved through universal self-care actions. [9] Nursing's core focus is identifying the deficit between potential self-care ability and self-care demands—here, those of caregivers.

Self-care is an individual's responsibility to promote, maintain, and preserve their own health. Nurses coordinate this through individualized care plans based on knowledge and clinical judgment, organizing, coordinating, and implementing care via independent, dependent, or collaborative actions. This seeks improvement and intentional adaptation to situations, informed by environmental conditions and deliberate actions. [10]

Caregivers require tools to adapt self-care techniques that balance mind, body, and spirit. Self-care practices must be personalized, considering personal preferences and life experiences.

Family caregivers should be encouraged to create activity plans they enjoy. Incorporating physical exercise into daily routines—such as short walks, dancing, yoga, or stretching—is recommended. Physical activity reduces stress, alleviates pain, and maintains fitness.

Nursing staff should educate caregivers on balanced diets and implementation strategies. Consistent sleep-wake schedules and sleep environment assessments are advised, aiming for at least seven hours of nightly rest.

Psychologically, addressing negative thought patterns and reframing situations positively is essential. Maintaining socialization with family and friends improves emotional well-being.

Despite guidance on physical and emotional stability, burden often compromises caregivers' health and well-being, affecting care quality. Self-care practices prevent and/or reduce daily stress.

When burden escalates, manifestations may include: [11]

- **Physical problems:** Headache, malaise, anorexia, sweating, vertigo, abdominal pain, or altered bowel habits.
- **Psychological problems:** Emotional exhaustion, mood disturbances, despair, frustration, anxiety, depression, sleep disorders, chronic stress, or burnout syndrome.
- **Social problems:** Family conflicts, work and financial difficulties, reduced leisure time.

Caregivers require support to prevent risks associated with their role. Guidance on equitable task distribution, accompaniment, training, and reinforced self-care actions is crucial.

Caregivers must explore their caregiving experience, identify strengths and limitations, recognize personal gains, and empower themselves within their role. This requires guidance and training. Sharing experiences and challenges can be therapeutic. Recognizing themselves as caregivers and the care recipient, making assertive decisions, and finding meaning in caregiving are vital. <sup>[12]</sup>

Healthcare teams must acknowledge that first-time caregivers often lack experience. Systematic educational interventions to enhance skills are essential. Self-confidence is critical for caregivers managing a relative's chronic condition.

A primary goal is to help caregivers with competency difficulties prevent increased burden, which would affect all dimensions of their well-being.

In this systemic care process, strengthening family affective and emotional bonds is vital. Ideally, caregiving should be shared by at least two individuals forming a cohesive team. Enhancing the family system's capacity to efficiently adapt to challenges allows autonomous adversity management. [13]

Families with dependent members must maintain stability and establish new patterns to organize resources, enabling effective adaptation to changing realities. Healthcare teams should incorporate guidance on healthy lifestyles, self-discipline, shared responsibility, tolerance, and conflict management with flexibility, fostering coexistence, responsibility, and personal identity. [14]

The authors contend that self-care for community caregivers of NCD patients is fundamental in today's society, especially given population aging trends. Educational interventions to prepare future caregivers—often older adults—must be expanded proactively.

Ensuring caregivers' health is a guarantee for quality care. Strong healthcare team-family bonds are indispensable for guiding and supervising this increasingly common community process.

### Conclusions:

Applying Orem's model, promoting caregiver self-care requisites is essential for autonomous development. Nursing staff should use this model to assist community caregivers of chronic patients in achieving optimal self-care levels.

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