

**10th World Congress Self-Care and Nursing - Reflecting the Past - Conquering the Future SPECIAL ISSUE**

**PART II**

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# **10<sup>th</sup> WORLD CONGRESS Self-Care and Nursing, Reflecting the Past – Conquering the Future**

## **ORGANIZING COMMITTEE REPORT**

The 10<sup>th</sup> World Congress Self-care and Nursing was held at the University of British Columbia (UBC) in Vancouver, Canada, June 26-29, 2008. There were 41 registrants representing eight countries including Armenia, Australia, Canada, Germany, Iran, South Africa, Thailand, and the United States. The UBC School of Nursing was our academic host, and the Conference and

Accommodations Centre at UBC were faultless in looking after the arrangements for us. The quality of the papers was outstanding. The camaraderie associated with the conference made up for the small numbers in attendance. The next conference is scheduled for Thailand in 2010. However, prior to that time we expect to hold a working institute in Cloppenburg, Germany in July 2009.

## Appointment of a Co-Editor for *SCDCN*

Please join the IOS in welcoming the incoming Co-Editor for the journal, Virginia Keatley. Ginny and I are excited about our plans to collaborate in publishing a quality journal. Her biography follows:

Virginia McMahon Keatley, PhD, RN grew up in New York City. She attended Villanova University, earning her BSN. After working as a staff nurse at Bellevue Hospital in New York and a head nurse at the Children's Hospital of the King's Daughters in Norfolk, Virginia, she moved to Chicago and began her teaching career at Cook County Hospital School of Nursing. Returning to school, she earned her MSN (clinical specialist, Maternal-Child Health nursing) at Loyola University Chicago.

She joined the faculty at Loyola, received tenure, and taught there for 17 years. Moving to Pennsylvania, she taught at Widener University and worked as a nurse consultant for United Cerebral Palsy of Chester County in a 0-3year old program for children with special needs. She returned to school at Widener, earning

her doctoral degree in 1999. She is currently a tenured, associate professor at the University of Tennessee at Chattanooga, where she has taught for 14 years. In 2001, she taught at Beth El College of Nursing, the University of Colorado at Colorado Springs, as a Visiting Assistant Professor. Recently, Ginny assumed the position of Member-at-Large on the IOS Board of Directors. Her photo is included in the World Congress Photo Album in this issue.

Ginny's doctoral dissertation was grounded in Orem's Theory of Self Care. She has conducted research using the Orem model and served as in-house consultant as the faculty at the University of Tennessee at Chattanooga School of Nursing planned and implemented an Orem based curriculum

Ginny is married to David Keatley. They have 2 adult children, David and Christine, and a 7 year old granddaughter, Carson.

Co-Editor, Vi Berbiglia

# Work Group for Dependent Care

(Report Authored by Connie M. Dennis, PhD, RN)

## Group Members:

Connie M. Dennis, PhD, RN (USA)  
Jean Burley Moore, PhD, RN (USA)  
Ingmar Flues, NDiagn, RN (Germany)  
Virginia McMahon Keatley, DNSc, RN (USA)

The group affirmed that the theory of dependent care is corollary to the theory of self-care. While many distinctions/differences have been identified, sufficient distinctions/differences still need to be identified and explicated. There have been fewer research studies/publications about dependent care than about self-care—so there is a rich field of opportunity!

In parent-child dependent care situations, studies, to date, have focused on systems involving preadolescents and adolescents; and most of these have focused on self-care practices (of child) and dependent care practices (of parent). Few studies of adult-adult dependent care systems exist, and there is little that addresses relationships between dependent care agent and dependent care recipient.

The following discussion represents thoughts of the work group generated over this brief meeting time:

- In parent-child dependent care systems, the interactive relationship between dependent care agent and dependent care recipient is developed over time and, at least in part, is “prescribed” by sociocultural beliefs and legal stipulations (i.e., laws pertaining to parent-child bonds and responsibilities). The ideal intent in these systems is that dependent care will give way to self-care as the child’s need for dependent care decreases over time. Dependent care systems involving children vary based on sociocultural expectations of family and parents.
- In adult-adult dependent care systems, the interactive relationship between dependent care agent and dependent care recipient varies from that of parent-child dependent care systems. Adult-adult dependent care situations vary because of socio-cultural expectations

regarding care expectations of adults in society. Adult-adult dependent care situations certainly develop over time, but frequently have little anticipatory preparation for the situation. For example, the daughter who suddenly must care for her ill father. In such cases with little anticipatory preparation. Few (if any) laws exist that demand she provide care, and she may need to seek legal “permission” to make care decisions.

- In adult-adult dependent care systems, the interactions between the dependent care agent and the dependent care recipient often represent new roles—often unexpected, often a role reversal. In some adult-adult dependent care systems, the intent may be to give way to self-care. However, many remain intact over extended time during which the need for dependent care increases. In these situations, there may be no intent for dependent care to give way to self-care.

The work group identified the following list of questions for the future:

1. How can we further explicate/clarify existing concepts related to the theory of dependent care?
2. Are there other concepts needed to fully address the breadth and depth of the theory of dependent care?
3. What are the relationships among the concepts of dependent care—how can we describe them and how can we validate them?
4. What is the relationship between self-care practices and dependent care practices? [The group identified that doing the same action for one’s self does differ, even if slightly, from performing the same action for another.]
5. What is the relationship between dependent care agency and self-care agency? How distinct are abilities for self-care (i.e., agency) from abilities for dependent care (i.e., agency)? Biehler (1997) talked about “shared agency”, is this valid?
6. What do we know about variations in dependent

care systems—e.g., parent-child dependent care systems versus adult-adult dependent care systems, dyadic dependent care systems versus dependent care systems involving multiple dependent care agents caring for multiple dependent care recipients? Are there types of dependent care systems, e.g., acute, one time, developmental, episodic with multiple exacerbations, chronic stable, chronic declining?

7. What are the perspectives of the dependent care agent regarding (a) necessity for and “burden” of providing dependent care, (b) social role/expectations of dependent care agent, (c) assessments of the dependent care recipient’s abilities for self-care, and (d) other?
8. What are the perspectives of the dependent care recipient regarding (a) the necessity for dependent care, (b) the abilities of his/her dependent care agent’s abilities for meeting his/her needs for care, and (c) other?
9. What do we know of situations in which persons cannot develop dependent care agency

and fulfill the social obligation of dependent care?

10. What do we know about the relationship of nursing to the dependent care system? What interventions will be helpful in augmenting the dependent care agent’s success in providing dependent care?

To address these questions, we need research (qualitative [perhaps beginning with case analysis] as well as quantitative). We need tools/instruments for assessing the concepts in dependent care systems (e.g., dependent care agency, identifying dependent care practices/attitudes, etc.) What members of this group would like to see is development and delineation of nursing interventions/assistive actions that are theoretically sound and consistent. These interventions need to augment the quality and scope of dependent care provided as well as support the dependent care agent and dependent care recipient as they play out their respective roles.

# Report from the SCDNT in Nursing Education Workgroup

(Report Authored by Sharie Metcalfe, PhD, RN)

## Group members:

Sharie Metcalfe, PhD, RN (USA)  
Violeta Berbiglia, MSN, EdD, RN (USA)  
Vickie Folse, PhD, RN (USA)  
Sheila Jeseke-Hale, PhD, RN (USA)  
Barbara Norwood, MSN, EdD; RN (USA)  
Jane Ransom, PhD, CNS, RN (USA)

The Workgroup agreed, as educators, our primary limitation is resource access and availability. Materials for new faculty orientation and student instruction are critical.

For example, two books essential for new faculty, *Nursing Concepts of Practice* (Orem, 2001) is out of print, and *Self-Care Theory in Nursing: Selected Papers of Dorothea Orem* (Renpenning & Taylor, 2003) is difficult to locate. The Workgroup suggested several approaches that would facilitate identifying and sharing teaching resources. Some of the ideas included:

- Updating the list of nursing schools using SCDNT as a curricular framework with

attention to international schools would assist educators in sharing resources. Hartweg and Taylor did the last survey in 2002.

- Identifying speakers or consultants that could be resources for curriculum development.
- Sharing teaching/learning materials among schools using the SCDNT for a curricular framework. This would include curricular specific materials such as evaluation tools or modules.

A more distant vision would involve collaborating on a major publication that included the evolution of the theory since Orem's last book. Our expectation is that this publication would be inclusive of seminal works of well-know Orem scholars, the most current research, and recent explication of the theory.

We look to the IOS Board of Directors support for expert review of teaching materials and scholarly work and broadening our international contacts.



# Photo Album

Violeta Berbiglia



**Anna Biggs (USA)**



**Anna Biggs (USA), welcomes participants from Germany**



**Anna Biggs, Susan Taylor and Elizabeth Geden (USA)**





**Connie Dennis, Patricia Gatlin (hidden), Sharie Metcalfe, Victoria Folse (USA)**

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**Gerd Bekel, Olaf Scupin and Gabriele Baumhard (Germany)**

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**Ingmar Flues (Germany)**



**Jean Moore and Lauren Fleck (USA)**

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**Kathie Renpenning (Canada), Sharie Metcalfe and Sheila Jeseck-Hale (USA)**

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**Larisa Hambursumian (Armenia) and Vi Berbiglia (USA)**





**Vi Berbiglia and Barbara Banfield (USA)**



**Vinee Kongsuwan and Sangarun Isaramalai (Thailand)**



**Virginia McMahon Keatley and Janet Secrest (USA)**

<b>Name:</b>	Anna J. Biggs Saint Louis University School of Nursing
<b>Email:</b>	biggsaj@slu.edu
<b>Type of abstract:</b>	Case Study
<b>Title</b>	Complex Care of 83 year-old Woman with Alzheimer's, Diabetes, and Osteoarthritis: A Case Analysis using Orem's SCDNT
<b>Description of the Population</b>	83 year-old woman with 30 + year history of osteoarthritis of knees, hips and spine, 10 year history of senile dementia of the Alzheimer's type and recent onset type II diabetes (9 months). Her family caregivers included a daughter and son-in-law and a granddaughter; other care-givers/supports included Adult Day Care services (until the last nine months of her life), private-pay in-home caregivers, and home health care nurses and physical therapists for a short time after a hospitalization 9 months prior to her death. The family (the woman's son and three daughters) had decided to care for this woman in the home of one of the daughters, rather than have her institutionalized in a nursing home.
<b>Self-Care Limitations or Self-Care Deficits</b>	The 83 year-old woman had severe cognitive limitations (for knowing, judging/deciding and doing self-care) with a Mini-Mental Status Exam score ranging between 1 and 7 of a maximum of 30, indicating severe dementia. The woman was unable to feed herself, needed nectar-consistency thickened water and liquids for prevention of aspiration, was incontinent of urine (but generally continent of bowels), was unable to stand independently and required assisted transfers to a wheelchair, bedside commode, car "lift-seat" for trips to physicians offices and church services and other outings with the family, and into a hospital bed at night; was generally non-verbal but included in family conversations and able to speak a few things even up to the days before her death; was at risk for falls and assisted by family's use of a Hoyer lift if she did fall or slide to the floor; and was treated as a "normal" member of the family throughout her final few months of life. The family caregivers, primarily the daughter, had to assume dependent care agency and provide all care for this woman, either by the daughter herself or with the assistance of home health care aides. Developmental self-care requisites were adapted for "end-of-life care" and health deviation self-care requisites became the responsibility of the daughter who had durable power of attorney for health care decisions. Basic Conditioning Factors for the woman and her caregivers are discussed in a handout that will be provided to the audience, including how the daughter herself had health-related self-care deficits and continued to care for and "supervise" the care of her mother.
<b>Type of Nursing System</b>	The nursing system is discussed in relation to the "wholly compensatory" care system needed by the woman and the provision of a supportive-educative system of care for the care-giving daughter, as well as occasions of a partially compensatory nursing system when the daughter needed the assistance of others to provide the daily care ("activities of daily living") her mother needed.
<b>Technological Dimension</b>	The supportive-educative and partially compensatory aspects of the nursing system with regard to support of the care-giving daughter included assistance with obtaining additional (technological) equipment such as a fully electric hospital bed, washable adult incontinence underwear and adult flannel "diapers" and washable incontinence pads, a "hoyer" lift for falls or transfers to a recliner-rocker (prior to the use of the Barton chair), a "lift-vest" for wheelchair to commode transfers, an inflatable in-bed bath/shower tub, and a "Barton Medical Chair" for transfers from bed to

this special chair by a single care-giver when the mother was unable to stand for transfers with caregivers other than her daughter. Photos and samples of the equipment used supplement the presentation.

## **Conclusion**

This case study clearly demonstrates that with a supportive-educative and partially compensatory nursing system it is possible for family members, in their own homes, to care for older adults with severe dementia, osteoarthritis and diabetes and their complex care needs, even until the end of their dependent family members' lives. The analysis using Orem's SCDNT provides a hopeful aspect in contrast to the usual view of "caregiver burden" in maintaining a caring family environment and can have great impact on the quality of care and quality of life of older adults, as well as diminishing the cost of health care as compared with nursing home placement or hospitalization near the time of death.

<b>Name:</b>	Anna J. Biggs St. Louis University School of Nursing
<b>Email:</b>	biggsaj@slu.edu
<b>Type of abstract:</b>	Practice Model
<b>Title</b>	Putting a Practice Model into Practice: Orem's SCDNT
<b>Focus of the Model</b>	A pictorial model of the elements of Dorothea Orem's SCDNT is used to maintain focus on those elements as assessment of Basic Conditioning Factors and Self-Care Agency is conducted to arrive at a Therapeutic Self-Care Demand (Nursing Diagnostic Statement) and plan and design a Nursing System. Additional forms for assessment of BCF's and Power Components of Self-Care Agency and design of the nursing system will be provided as handouts, with examples of their use.
<b>Method of Designing</b>	Much thanks is given to the work of Dr. Susan Taylor and others who had the original ideas for the adaptation, growth and development of this model. The Self-Care Requisites (SCR's) are individualized by the Basic Conditioning Factors (BCFs) to determine the person's Therapeutic Self-Care Demand, which, when compared with the person's Self-Care Agency, identifies or determines the Self-Care Deficit/s. The Self-Care Deficit/s (SCDs) are based on the situation of personal health of the individual and legitimize the need for nursing and a Nursing System (wholly or partially compensatory or supportive-educative) is designed and implemented with the Methods of Assisting (MOAs) and specific nursing actions are prescribed. The individual's response/outcomes (TSCD, SCA and SCDs) are evaluated and the Nursing System is re-designed as needed based on this evaluation of the management of nursing care.
<b>Results of Development Process</b>	This model has been used in my nursing practice and I have used it for over a decade in teaching undergraduate and graduate nursing students how to apply Orem's SCDNT in their nursing practice.
<b>Discussion</b>	The model includes the Self-Care Requisites (Universal, Developmental, and Health-Deviation/Health-Related), the Basic Conditioning Factors, Self-Care Agency, Therapeutic Self-Care Demand, Determination of Self-Care Deficits, Nursing System (wholly compensatory, partially compensatory and supportive-educative), the Methods of Assisting and Evaluation, Reassessment and Re-design of the Nursing System.
<b>Conclusion</b>	Years of experience using this Model have shown it to be of significant value in relationship to the nursing process of assessing, diagnosing, planning and prescribing, implementing and evaluating nursing care and patient outcomes.



<b>Name:</b>	Anna J. Biggs St. Louis University School of Nursing
<b>Email:</b>	biggsaj@slu.edu
<b>Type of abstract:</b>	Research paper
<b>Title</b>	State of the Art and Science of Dorothea Orem's SCDNT: An update from 2000-2007
<b>Problem statement</b>	What is the state of the art and science in use of Dorothea Orem's SCDNT in this new millennium?
<b>Method</b>	An extensive review of the published literature, using multiple databases and reference sources, was used to identify articles in English and English-abstracts of non-English articles concerning the use of Orem's SCDNT in research and practice. Subject heading and key terms relevant to SCDNT were used to identify the body of literature to evaluate. Articles are categorized and analyzed as research or practice-oriented to capture the state of the science and art of using SCDNT.
<b>Results</b>	This is currently in process and results will be reported at the SCDNT World Congress.
<b>Discussion</b>	This is a follow-up to the work done by Taylor, Geden, Isaramalai & Wongvatuny and reported in <i>Nursing Science Quarterly</i> (April, 2000). It expands on their use of research only in order to capture the research and the practice application and use of Orem's SCDNT to give a more full view of the state of the science and art of using Orem's theory.
<b>Conclusion</b>	Since this is in-process, I cannot give an "absolute" conclusion at this point, but I am very excited about the amount and quality of work found to date.

<b>Name:</b>	Connie M. Dennis Illinois Wesleyan University School of Nursing
<b>Email:</b>	cdennis@iwu.edu
<b>Type of abstract:</b>	Educational Utilization or Teaching Model
<b>Title</b>	Dependent Care: A Concept under Development
<b>Area of Educational Interest</b>	Development of a model for dependent care and discussion of the relationship of dependent care to the self-care system of the dependent care agent.
<b>Main Focus of the Model</b>	Main level of focus includes those care providers and researches that examine the relationship of family care providers to the care recipient, i.e., dependent care providers to dependent care recipients.
<b>Description of Utilization Process or Model Development</b>	In six editions of her book, Orem most often included the concept "dependent care" in a parenthetical reference following "self-care." This leads readers to view dependent care as a theoretic concept parallel to that of self-care. This interpreted parallelism can be supported by the identified similarities between the two concepts. But, what of the differences? There are many! The 2001 <i>Nursing: Concepts of Practice</i> (Orem) evidenced minimal change in the presentation of dependent care from that of prior editions. In fact, Orem, in 2001, stated that dependent care and dependent care agency is in the process of formalization. A group of self-care deficit nursing theory scholars, working with Dorothea Orem, concluded four years of discussion and work aimed at explicating a theory of dependent care. The findings of that work group were published in 2001 in an article of <i>Nursing Science Quarterly</i> by Taylor, Renpenning, Geden, Neuman, & Hart. This article, perhaps, represents the most detailed, in-print account of the theory of dependent care to date. From this, one begins to see the unique features of dependent care as a concept with clear differences from the concept of self-care.
<b>Discussion</b>	My purpose here is to examine the concepts of dependent care systems primarily in relation to situations involving children and parents. Exploring conceptual development beyond that of 2001, I present a model for dependent care that will take into account relevant concepts derived from dependent care systems as well as relationships among those concepts. From this analysis, I pose some questions to stimulate further theoretic dialogue and concept development and pose potential areas for research.
<b>Conclusion</b>	From the model presented and the discussion of the concepts relevant to dependent care, clarity is offered for ways in which dependent care is not just a parallel concept to self-care. Rather, dependent care is a complex system involving the interaction of multiple persons and multiple concepts.

<b>Name:</b>	Constance Brooks and Jane Armer University of Missouri Columbia School of Nursing
<b>Email:</b>	brookscw@missouri.edu
<b>Type of abstract:</b>	Research paper
<b>Title</b>	Assessment of power components related to self-care action of modified manual lymph drainage (MMLD) in post breast cancer patients
<b>Problem statement</b>	The American Cancer Society reports that over 200,000 women in the US develop breast cancer annually. Of the 2 million breast cancer survivors in the US, all are at a lifetime risk of developing lymph edema (LE). At least one in four is likely to develop this chronic condition which often results in serious psychosocial and physical problems that directly influence the survivor's quality of life. There are no proven preventive data-based interventions to absolutely prevent LE. This Lance Armstrong Foundation-funded pilot study examines the feasibility of an intervention using standard lymphedema education plus modified manual lymph drainage (MMLD; a non-invasive self-care intervention designed to gently stimulate the lymphatic system in persons at risk for LE) for the affected limb (on the side of the body treated for breast cancer). Selected interviews with breast cancer survivors reveal that exercising self-care agency in performing self-care actions related to health care deviations is often limited due to a variety of factors, such as fatigue, low energy, and lack of motivation. A preliminary component of this pilot study involves interviewing post breast cancer surgery patients who were participants in the 18-month study to assess the power components (as described by Orem, 2001) that impact their self-care agency. This information is critical to enable the nurse to provide an effective supportive-educative approach in working with the participants in the pilot study. This presentation will describe this preliminary component of the over-all pilot study.
<b>Method</b>	The method for this component of the study included developing interview questions to explore the current status of power components (related to self-care agency for performing actions related health care deviation requisites) in breast cancer survivors. This interview tool was developed by a team of nurses and educators familiar with self-care deficit nursing theory and reviewed by the research team. The interview tool is currently undergoing pilot testing with breast cancer survivors who are participants in the 18-month breast cancer lymph edema risk-reduction research study (n=30). These survivors will be contacted for face-to-face or telephone interviews by a research nurse and a graduate research assistant trained in interviewing patients using the interview guide. Data will be analyzed and categorized as related to the power components described by Orem (2001) using Crabtree and Miller's (1999) template analysis guidelines.
<b>Results</b>	This preliminary study component is currently in process and results will be available at the time of the presentation at the SCDNT World Congress.
<b>Discussion</b>	Orem (2001) describes ten power components as essential for self-care agency. These power components are necessary for having the capabilities to engage in self-care operations. Assessing and analyzing information about the patient's current status of the patient's power components helps the nurse to make judgments about how the patient can be helped to perform self-care actions to know and meet her therapeutic self-care demands. Nurses often neglect this component of assessment when providing supportive educative interventions with patients in performing new self-care actions that are related to health care deviation requisites.
<b>Conclusion</b>	The research team for this study recognized the importance of this assessment as a critical element of the supportive-educative nursing

intervention of teaching and supporting patients in implementing the self-care action of performing MMLD. The results of the interviews with breast cancer survivor study participants will be reported in this presentation.

<b>Name:</b>	Jean Burley Moore Co-author: Lisa Pawloski  George Mason University School of Nursing
<b>Email:</b>	jmoore@gmu.edu
<b>Type of abstract:</b>	Research paper
<b>Title</b>	Childhood obesity: The effect of a nutrition education program <i>Color My Pyramid</i> on nutrition knowledge, self-care practices, physical activity and nutrition status
<b>Problem statement</b>	<p>Childhood obesity contributes to many long-term problems such as hypertension, sleep apnea, and Type 2 diabetes (APHA, 2004). The Institute of Medicine (2004) recommends that schools should promote healthy eating behaviors and support physical activity. The USDA (2007) has designed a Food Guide Pyramid for Kids and a website both of which present nutrition recommendations for children and promote self-assessment of their dietary intake.</p> <p><b>Purpose.</b> The purpose of this project was to determine the effect of a nutrition education program on the self-care agency and practices of fourth and fifth graders in Washington, DC schools.</p> <p><b>Research questions.</b> The study addressed three research questions:</p> <ol style="list-style-type: none"> <li>1. Does children's nutrition knowledge improve after participation in a nutrition intervention program?</li> <li>2. Do children's nutritional self-care practices increase after participation in a nutrition intervention program?</li> <li>3. Do children's activity levels increase after participation in a nutrition intervention program?</li> </ol> <p><b>Theory.</b> Self-care deficit nursing theory was used to develop the interventions, measurement approaches, and self-assessment experiences in this study (Cox &amp; Taylor, 2005; Dennis, 1997; Orem, 2001; Renpenning, Bekel, Denyes, Orem, Taylor, 2004). Specifically, classes were designed to increase children's self-care agency to improve their estimative, transitional, and productive nutrition-related operations.</p>
<b>Method</b>	<p><b>Design.</b> The study design was quasi-experimental. Children's nutrition knowledge, self-care practices, and physical activity were measured before and after the <i>Color My Pyramid</i> intervention.</p> <p><b>Sample.</b> All children in the fourth and fifth grades, attending the two schools in this study, were invited to participate. A total of 126 children participated. Of these, 46 (36.5%) were male and 80 (63.5%) were female. About half of the children attended School 1 and half School 2. Slightly more than one third of the children were in fourth grade and slightly less than two thirds were fifth graders. Over 93% of the children were African American. Only students who signed an assent form and whose parents signed informed consent forms participated in the study.</p> <p><b>Measurement</b></p> <p><b>Demographic form.</b> A questionnaire was developed by the researchers to document children's demographic characteristics.</p> <p><b>Nutrition knowledge.</b> Children's knowledge about nutrition and physical activity were tested using a questionnaire developed by the researchers.</p> <p><b>Nutrition practices.</b> Children's nutritional self-care practices were measured using a 50-item instrument, The Adolescent Nutrition Self-Care</p>

Questionnaire, developed by the researchers for children (Moore, Pawloski, et al, 2005). The questionnaire measures frequency of behaviors in a 5-choice Likert-type scale. Items are designed to measure estimative, transitional, and productive operations.

*Physical activity.* Children's physical activity was determined using a questionnaire item in which children recorded their minutes of physical activity.

The *Color My Pyramid* nutrition education intervention involved teaching classes to children designed to increase their self-care practices. The study intervention was designed to improve children's self-care agency and operations regarding making healthy food choices as well as evaluating those choices. There were exercise classes and classes with content about healthy diets, portion sizes, how to use pedometers and how to use the USDA Food Guide Pyramid and the online component, [www.MyPyramid.gov](http://www.MyPyramid.gov) to assist in their assessment of their own daily intake and physical activity. This food guide plan assists in identifying and evaluating healthy food choices and physical activity.

*Procedure.* The procedure involved:

- (a) Pretesting to measure nutrition knowledge, self-care practices, and physical activity before the intervention.
- (b) Implementing a series of classes related to nutrition and activity.
- (c). Posttesting to measure nutrition knowledge, self-care practices, and physical activity after the intervention.

## Results

**Research questions.** The study addressed three research questions:

1. Does children's nutrition knowledge improve after participation in a nutrition intervention program?

Statistical analysis showed no significant improvement between the pretest and posttest scores for nutrition knowledge when data from both schools were combined ( $t = .92$ ,  $p = .360$ ).

Using ANOVA, there was a significant difference between School 1 and School 2 in change scores (as measured by the posttest minus the pretest), with School 1 making the most improvement ( $F = 4.916$ ,  $p = .029$ ).

2. Do children's nutritional self-care practices increase after participation in a nutrition intervention program?

Statistical analysis showed a significant improvement between the pretest and posttest scores for nutritional self-care practices with data for both schools together ( $t = 1.981$ ,  $p = .05$ ).

There was no significant difference in change scores between School 1 and School 2 ( $F = 1.1852$ ,  $p = .279$ ).

3. Do children's activity levels increase after participation in a nutrition intervention program?

Statistical analysis showed a significant increase in activity time between the period before the nutrition program and after the nutrition program ( $t = 3.779$ ,  $p < .001$ ).

There were no significant differences on any of the nutritional status variables between the two schools.

Regarding demographic variables, there were no significant differences in scores of pretest knowledge, posttest knowledge, pretest behavior,



posttest behavior by either gender, grade, or school breakfast program (an indication of socioeconomic status).

## **Discussion**

The improvement between pretest and posttest scores on nutrition knowledge was not statistically significant for both schools together, although children in School 1 significantly improved their nutrition knowledge scores when compared to the children in School 2. Children's nutrition self-care practices were significantly improved. Students in both schools improved their self-care activity significantly and made significant improvements in increased physical activity level.

## **Conclusion**

*Recommendations.* The following are recommendations for future nursing practice and research related to children's nutrition education:

A longer intervention period

More classes

More active learning projects for the intervention

More time to detect a difference

More time for children to use the USDA website

Implementing an assignment of a written self-assessment of daily diet for a week

Improved formatting of measurement instruments

Self-care deficit nursing theory (Orem, 2001) was valuable in planning, implementing, measuring children's self-care practices, and evaluating the study.

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<b>Type of abstract:</b>	Practice Model
<b>Title</b>	Advanced Case Management through Self-Care Deficit Nursing Theory SCDNT: Nurses Contribution to an Interdisciplinary System of Care
<b>Focus of the Model</b>	The focus of this model is Case Management (CM) strategies and procedures based on concepts related to Self-Care Systems and Dependent-Care Systems. The SCDNT is used as the major structure for interdisciplinary collaboration in Case Management.
<b>Method of Designing</b>	<p>Nurses working in a CM environment often feel the need for information related to patients' self-care systems. Each profession designs its own data structure, which gives specific information related to the professional focus of the discipline.</p> <p>An extensive review of the literature, using multiple databases and reference sources, was used to identify literature related to cost-effectiveness, process effectiveness and value of care transition procedures in CM concepts. Key problems were categorized, and a documentation of relevant issues for effective CM was developed. Three primary factors for an interdisciplinary focus in CM were identified: health state (HS), self-care system (SCS) and central requisite (CR) for CM. SCDNT was applied to explicate each factor.</p>
<b>Results of Development Process</b>	<p>Based on the results, an instrument for interdisciplinary collaboration was developed. The instrument contains 13 components that are relevant to understanding the need for CM.</p> <p>Through this process of development, we were able to design CM as an interdisciplinary method for people-changing (self-care and/or dependent-care behavior) and people-processing (identification of support systems for the development and/or support of self-care and dependent-care systems).</p>
<b>Discussion</b>	CM is a well know concept for organizing and structuring care situations. Each profession has its own definition of CM. Since an overall philosophy of CM does not exist, each profession claims to have the responsibility to lead care situations. Patients' anticipation in the CM procedure is necessary to ascertain that, not only the viewpoint of professionals will be addressed, but that patients' understanding of what needs to be done is assured. The main focus in CM concepts is often directed to the institutional or professional interests in order to assure patient safety, avoidance of life-threatening medical errors or compensation for the lack of communication. Nurses who want to lead CM teams should use a nursing theory-based approach to identify the central focus for patient care.
<b>Conclusion</b>	The complexity of patient care situations requires an interdisciplinary view. The SCDNT provides a structure of concepts relevant to all participating professions in a case Situation. The structure and the concepts help to delineate and define the central focus for CM and provide direction for the design of action systems.

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<b>Type of abstract:</b>	Educational Utilization or Teaching Model
<b>Title</b>	Retaining SCDNT as a curricular framework for the next generation of nurses
<b>Area of Educational Interest</b>	A major curricular revision process necessitated a reexamination of whether an Orem's Self-Care Deficit Nursing Theory (SCDNT) based program could be adapted to support the changing needs of baccalaureate nursing education. The need to incorporate revisions consistent with standards for reaccreditation advanced by Commission on Collegiate Nursing Education (CCNE), fundamental curricular needs proposed by American Association of Colleges of Nursing (American Association of Colleges of Nursing [AACN], 1998), and nationally proposed changes in the education of all healthcare professions identified by the Institute of Medicine (Institute of Medicine [IOM], 2003) into an Orem based curriculum stimulates challenges on multiple levels. Moreover, each revised draft of <i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i> (AACN, 2007) has stimulated discussion regarding the future needs of the graduate within a dynamic healthcare environment. Curricular revision required the identification of fundamental conceptual framework organizers within a curriculum that has used Orem's Self-Care Deficit Nursing Theory (SCDNT) as a conceptual framework for 25 years.
<b>Main Focus of the Model</b>	A need exists to move forward with curricular revision and strengthen the focus of CCNE, IOM, and AACN while retaining an Orem based curriculum. The purpose of this paper is to describe the process of curricular revision in a baccalaureate program that uses (and will continue to use) Orem's Self-Care Deficit Nursing Theory (SCDNT) as an organizing framework.
<b>Description of Utilization Process or Model Development</b>	During curricular revision, fundamental tenets of SCDNT were identified as necessary to support an Orem based program. An exhaustive examination of the literature on baccalaureate education guided countless hours of discussion and debate.
<b>Discussion</b>	Fields of nursing knowledge (modified to include nursing research and nursing informatics and eliminate history), nursing agency, and nursing process (Orem, 2001) were retained as organizers (horizontal threads) of the new curriculum. Nursing populations remained a vertical strand, reducing the competing priorities of specialty areas. Identified program goals reflected the three SCDNT organizers and included priorities identified by AACN, CCNE, and IOM.
<b>Conclusion</b>	The curricular revision strengthened the focus on CCNE, IOM, and AACN while retaining an Orem based curriculum. The need to promote critical reasoning and innovative thinking through the integration of theoretical concepts and analytical methods is supported through fields of nursing knowledge. The development of nurse agency supports the practice of inter-professional communication, the incorporation of informatics and patient care technologies, and the premise of multidisciplinary leadership. The nursing process advances provision of care to vulnerable populations, reduction of health disparities and advocating through active citizenship in a global community.
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Orem, D. (2001). *Nursing: Concepts of Practice* (6<sup>th</sup> ed.). St. Louis: Mosby.

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<b>Type of abstract:</b>	Educational Utilization or Teaching Model
<b>Title</b>	An Orem-based educational program for teaching nursing practice
<b>Area of Educational Interest</b>	Use of Orem's Self-Care Deficit Nursing Theory (SCDNT) to provide a distinctive purpose and scope for the discipline of nursing and a basis for teaching nursing practice.
<b>Main Focus of the Model</b>	<p>The student-centered, action-oriented educational program to teach nursing practice was derived from the content of Orem's SCDNT and Holzkamp's perspective of learning. Cohn's Theme-Centered Interaction, which focuses attention on the balance among "IT", "I", and "WE", provides the organizational structure for the educational program</p> <p>The "IT" component draws from Orem's theory for identification of the proper object of nursing, the curriculum content, and the focus of the clinical practicum experiences.</p> <p>The "I" component emphasizes Holzkamp's learning perspective and provides an answer to the question, "What is learning?" Use of Holzkamp's learning perspective and Orem's concept of nursing agency facilitate student mastery in nursing practice situations.</p> <p>Teaching-learning strategies emphasize the "WE" component through action-oriented educational processes. Teaching is action-oriented if students can learn with head, hands, feet, heart and every sense organ. Teaching a nursing practice situation comprises three phases: "start up", "acquisition", and "evaluating".</p> <p>Taking the triangular balance of "IT", "I", and "WE" into account leads to an educational practice that is self-regulated, and thus more effective.</p>
<b>Description of Utilization Process or Model Development</b>	The educational program for nursing practice evolved from a creative integration of knowledge from the disciplines of nursing and education. The educational program represents the author's formalized view of Orem-based nursing education.
<b>Discussion</b>	Advantages of the educational program for teaching nursing practice include student-centered, structured and organized teaching and learning, availability of technical language, and articulation of nursing agency.
<b>Conclusion</b>	The educational program for teaching nursing practice can be used to teach various types of nursing students, including vocational students, vocational-technical students, baccalaureate degree students, and master's degree graduate students.

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<b>Type of abstract:</b>	Research paper
<b>Title</b>	Successful self-management of prenatal care as perceived by women attending a community prenatal clinic
<b>Problem statement</b>	Guided by Orem's SCDNT, the purpose of this study was to identify factors that promote or hinder self-care/prenatal care practices of women pre-conceptually and during pregnancy.
<b>Method</b>	<p>A descriptive, exploratory design based on the principles of naturalistic inquiry (Lincoln and Guba, 1985) guided the study. Data were subjected to inductive analysis to construct a description of how childbearing women manage their health prior to and during pregnancy.</p> <p>Purposive sampling methods were used to recruit participants from a prenatal clinic. Twenty-seven women between 15 and 29 years of age who were in various stages of their pregnancy participated. Using constructs from SCDNT, two instruments, an interview guide and demographic information form, were developed and used to collect data. Transcripts of audio-recorded interviews were reviewed and examined line by line, applying coding labels according to the information contained within the words of each transcript.</p>
<b>Results</b>	Those reporting disorganization in their daily living and routines had difficulty eating well, taking their vitamins and folic acid, avoiding environment hazards, and exercising.
<b>Discussion</b>	This study focused on self-management of the health care of childbearing women. None of the participants were engaged in pre-conceptual care as none of the pregnancies were planned. Even women who had had previous high-risk pregnancies did not engage in preventative practices. Lack of order in their daily lives led to inconsistent taking of prenatal vitamins, continued exposure to hazards in the environment, lack of exercise, and development of problems during the pregnancy. Participants, whose lives were organized, described how they integrated health practices into their daily lives.
<b>Conclusion</b>	Knowledge of daily living and routines could help target which women would need more assistance in developing strategies for successful self-management prior to and during pregnancy.



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<b>Type of abstract:</b>	Teaching Model
<b>Title</b>	Explication of an Orem Based Nursing Curriculum through the Use of Faculty Developed Pictorial Models
<b>Area of Educational Interest</b>	Undergraduate Nursing Students. Nursing Theory Based Curricula
<b>Main Focus of the Model</b>	To present an Orem based nursing curriculum using visual models.
<b>Description of Utilization Process or Model Development</b>	This presentation describes the development and implementation of a 5 level nursing curriculum grounded in Orem's SCDNT. Nursing courses are taught in 3 categories: Nurse Agency courses (those addressing the social, interpersonal, and technologic characteristics of nurse agency), Nursing Systems courses (those traditionally thought of as clinical theory courses that offer the knowledge needed to identify and activate appropriate nursing systems in various clinical settings), and Clinical Practica (where students learn to operationalize practice in both traditional and non-traditional clinical settings). A course in each of the categories is offered at each semester level. Initially, curriculum and course syllabi reflected a linear presentation of the curriculum. Realizing the difficulty students faced transitioning from a traditional medical model approach to a nursing framework, faculty developed conceptual, pictorial models for the overall curriculum, each of the 5 levels in the nursing major, and for each course. This presentation will include both the more traditional linear overview of a theory based curriculum and selected conceptualized models that we believe enhance the students' abilities to see nursing courses within the broad framework of Orem's model. The models presented will depict the entire curriculum, one semester level, and one course.
<b>Discussion</b>	This faculty observed the difficulty students had seeing the curriculum as a whole. The students tended to view each course as a discrete entity. It was particularly hard for beginning students (and new faculty) to grasp the interdependence of nurse agency, therapeutic self-care agency, and the 3 nursing systems. Linear course and level outlines failed to help students appreciate the whole amidst the parts. Offering an overview conceptual diagram of the whole curriculum and then breaking it down into interrelated component parts has helped us to explain our theory based curriculum to students, new faculty, our local nursing community, and to our accreditation agency.
<b>Conclusion</b>	The use of conceptual pictorial models has helped our students to grasp the true worth of our nursing framework. The successful implementation of this curriculum furthers the development of the SCDNT.

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<b>Type of abstract:</b>	Research paper
<b>Title</b>	Perspectives of Adolescents, Parents, and Teachers on Youth Violence: A Study in a Southern Province of Thailand
<b>Problem statement</b>	Youth violence has become a worldwide concern and there is great need for culturally appropriate prevention programs. There is a need for understanding the nature of adolescent violent behavior across cultures, as well as to learn more about adolescent, parent, and teacher perceptions of adolescent violence in school settings. The purpose of this pilot study was to explore the perceptions, needs, concerns, and issues surrounding youth violence.
<b>Method</b>	A semi-structured interview was conducted with 23 participants—8 adolescent students, 4 teachers, 7 peers, and 4 parents to assess their attitudes and behaviors. Thematic analysis was conducted in three phases to code transcribed interview data and identify violence themes.
<b>Results</b>	Three major themes were discovered: (1) the nature of adolescent violence, including its relation to self-care deficits, (2) the basic conditioning factors concerning violence prevention and (3) adolescents' self-care operations for preventing aggressive responses to social and environmental hazards or precipitants.
<b>Discussion</b>	Findings were examined in the context of Orem's self care theory. Particular adolescent self-care deficits were identified. The essence of self care deficits found in the data were related to the self care concepts of problem solving, coping with emotion and stress, interpersonal relationships, and social responsibility. Violence management strategies for addressing these self-care deficits were suggested. School and family collaboration was particularly recommended for early identification, management and prevention of aggressive behaviors via a school violent prevention program.
<b>Conclusion</b>	Violent behaviors may be conceptualized as adolescent responses to self-care deficits. Violence prevention efforts should be directed at teaching adolescents potential alternatives to cope with stressful situations, promoting social support at home and school, and collaborating with teachers and parents to reduce environmental conditions that promote violence.

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<b>Type of abstract:</b>	Research paper
<b>Title</b>	The effect of a supportive-educative nursing intervention on weight loss and perceived self-care in overweight women with metabolic syndrome
<b>Problem statement</b>	<p>Metabolic syndrome is a cluster of three or more metabolic risk factors. The relationship of metabolic syndrome to other chronic diseases is the focus of many studies. While certain risk factors are considered to be non-controllable, overweight and obesity is generally considered to be modifiable and therefore is the focus of interventions to reduce the development of related diseases, such as type 2 diabetes and cardiovascular disease.</p> <p>More recently, emphasis on diagnosing pre-diabetes has resulted in further interest in metabolic syndrome and the need for weight reduction.</p> <p>Advanced practice nurses care for women with overweight and obesity in the primary care setting; however there is a lack of evidence to support the effectiveness of nursing interventions to assist women with metabolic syndrome lose weight.</p>
<b>Method</b>	<p>Based on Orem's Self-Care Nursing Deficit Theory (SCDNT), this study investigated the use of a specific supportive-educative nursing intervention to assist individuals make healthy lifestyle choices to reduce body weight. A pre-test post-test, two group experimental design was used. It was hypothesized that women given individualized support, education and guidance about lifestyle modification, which included carbohydrate counting, would lose more weight and have greater self-care ability than women given general support and education.</p> <p>The sample included 51 pre-menopausal women between the ages 19-55 who had been diagnosed with metabolic syndrome. Body weight and perceived self-care, using the Self-as-Carer Inventory, were measured at the onset of the study and again three months later.</p>
<b>Results</b>	A repeated measures analysis of variance for weight loss and perception of self-care was calculated. The results indicated that there was no significant difference in weight loss ( $p=.13$ ) or perception of self-care ( $p=.85$ ) between the two groups.
<b>Discussion</b>	<p>Clinical significance cannot be overlooked. The experimental group participants lost significantly more weight (<math>p=.02</math>).</p> <p>Experimental group(8.73 pounds)</p> <p>Alternate group (4.16 pounds)</p> <p>The use of supportive-educative individualized nursing intervention enhanced participant awareness of healthy lifestyle choices.</p>
<b>Conclusion</b>	Further research is needed to determine the effectiveness of the nursing intervention with a larger, more ethnically diverse sample and with participants diagnosed with other disorders.

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<b>Type of abstract:</b>	Research paper
<b>Title</b>	How to Preserve Pregnancy
<b>Problem statement</b>	The birth of a baby is a great and happy event in the life of each mother. Feeling of becoming a mother is at the same time both joyful and very anxious. It fills the life of a woman with new meaning and new responsibilities. Those responsibilities do not start from the moment of birth of the baby, but much earlier. They start from the first months of pregnancy. That is why the level of anxiety becomes higher among pregnant women. This phenomenon helps them to mobilize their power and to concentrate on the upcoming childbirth. Nevertheless, if the level of anxiety is too high, it does not bring any positive results and may become even dangerous.
<b>Method</b>	This study measured and evaluated the level of anxiety among pregnant women. Sixty (60) healthy women participated in the studies. Electroencephalogram (EEG) was used to prognosticate possible effects of high levels of anxiety during pregnancy.
<b>Results</b>	The level of anxiety in 36 of the participating women was higher than their norms. It turned out that the higher the level of anxiety, the higher was the danger of miscarriage
<b>Discussion</b>	The danger of miscarriage among women with high level of anxiety was twice that of less anxious pregnant women. The feeling of anxiety raises the level of adrenaline in the blood. As a result the tone of uterus muscles becomes higher. As a result we have a greater danger of miscarriage. Women with low levels or absence of anxiety seldom have high muscular tone of uterus, and thus, have less danger of miscarriage. Taking into consideration these facts, we plan to explain to women how important it is to pay attention to their health during pregnancy and even before. Particularized self-care actions for the universal self-care requisites will be explained.
<b>Conclusion</b>	Being aware of all the above-mentioned factors will help pregnant women to organize their own self-care correctly. Development of the pregnancy and the childbirth is conditioned by the self-care behavior of the pregnant women.

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<b>Type of abstract:</b>	Practice Model
<b>Title</b>	Incorporating Nurse Agency Characteristics into Professional Practice: Reflections Shared by Students As They Transition to Professional Nursing Practitioners
<b>Focus of the Model</b>	The focus is on the characteristics of Nurse Agency. The presentation features reflections of graduating senior students as they integrate the characteristics of nurse agency into their professional practices.
<b>Method of Designing</b>	<p>New nurses entering clinical practice care for patients with complex care demands. In part, due to pressure by their employing institution, these neophytes often focus on technical skills. However, what determines professional nursing goes far beyond this. The transition from student to professional nurse requires the ability to view each patient in the context the environment and an appreciation of the nursing profession itself. The curriculum at our university uses the SCDNT as its conceptual foundation. Our courses are organized into Nurse Agency, Nursing System, and Clinical Practicum courses. A culminating practicum is offered to graduating seniors to help them transition from the role of student to that of professional nurse. This 120 hour clinical course offers students the opportunity to practice in the clinical area of their choice. Preceptors who guide them as they apply nurse agency in selecting, planning, and providing appropriate nursing systems are carefully selected by faculty. As part of the course requirement, students keep a daily, reflective journal. In their journaling, the students are asked to identify one characteristic of nurse agency they focused upon during each day they practiced in the clinical area. This presentation shares the journey as students incorporated nurse agency characteristics into their transition from student to graduate professional nurse. Through these shared reflections, one can see the power of the nurse agency characteristics. Students relate these characteristics to specific patient situations, clearly seeing the effect of their use within the context of that patient's experiences. These student reflections come from their practice across the traditional hospital units and reflect a true grasp of the professionalism nurse agency demonstrates.</p> <p>Students share their belief that these characteristics clearly delineate professional practice. As the journaling progresses from day to day, students share both surprise and enthusiasm as they see that they are incorporating these characteristics into their practice and how important to them that is.</p>
<b>Results of Development Process</b>	Students clearly evaluated not only their use of the characteristics of nurse agency in daily professional practice, but the use or lack of use of these characteristics by professional colleagues. The journal exercise helped them to clarify the interdependence of the nurse agency characteristics with clinical skills and helped them to differentiate between examples of technical and professional care.
<b>Discussion</b>	The use of reflective journaling provides nurses with a window into their perceptions of nursing care. As these students began their transitional journey to professional nursing, they perceived many nurse agency characteristics as being active in their practice. Their reflections showed insight as they integrated the characteristics into their philosophy of professional nursing practice.

## **Conclusion**

The complexity of the health care system requires truly professional nursing care. The characteristics of nurse agency, help delineate and define professional nursing. The SCDNT, in particular the characteristics of nurse agency, provide a model for students as they grow into their professional roles. In addition, the identification of these characteristics by future practitioners furthers the influence of the SCDNT



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<b>Type of abstract:</b>	Research paper
<b>Title</b>	An examination of the nutritional status of 4th and 5th graders from two Washington DC schools: The impact of a nutrition education program on self-care practices.
<b>Problem statement</b>	<p>Over nutrition in terms of overweight and obesity has now become a global concern, particularly in the United States, where recent statistics suggest that one in every three individuals is obese. Obesity during childhood and adolescence is of grave concern because of the greater risk of developing obesity related chronic illnesses such as diabetes type 2 and hypertension. Efforts to reduce obesity among children are typically aimed at nutrition education programs that include an activity component. While these interventions have shown some success in terms of weight loss, many of the programs lack efforts to improve nutrition self-care practices, and thus fail in terms of weight maintenance among children.</p> <p><b>Purpose.</b> The purpose of this project was to determine the impact of a nutrition education program incorporating nutrition self-care practice on the nutritional status of 4th and 5th graders from two Washington DC schools.</p> <p><b>Research questions.</b></p> <ol style="list-style-type: none"> <li>1. Does children's nutrition status improve after participation in a nutrition intervention program?</li> <li>2. Does children's blood pressure improve after participation in a nutrition intervention program?</li> </ol> <p><i>Theory.</i> For the nutrition intervention program, self-care deficit nursing theory was used to develop the interventions, measurement approaches, and self-assessment experiences in this study (Cox &amp; Taylor, 2005; Dennis, 1997; Orem, 2001; Renpenning, Bekel, Denyes, Orem, Taylor, 2004). Specifically, classes were designed to increase children's self-care agency to improve their estimative, transitional, and productive nutrition-related operations.</p>
<b>Method</b>	<p><i>Design.</i> The study design was quasi-experimental. Children's nutrition status was examined cross-sectionally and was measured before and after the <i>Color My Pyramid</i> intervention.</p> <p><i>Sample.</i> All children in the fourth and fifth grades, attending the two schools in this study, were invited to participate. A total of 126 children participated. Of these, 46 (36.5%) were male and 80 (63.5%) were female. About half of the children attended School 1 and half School 2. Slightly more than one third of the children were in fourth grade and slightly less than two thirds were fifth graders. Over 93% of the children were African American. Only students who signed an assent form and whose parents signed informed consent forms participated in the study.</p> <p><i>Measurement</i></p> <p><i>Demographic form.</i> A questionnaire was developed by the researchers to document children's demographic characteristics including date of birth.</p> <p><i>Nutritional status.</i> Anthropometric data can give information concerning poor growth and development, an indicator of poor nutritional status, but</p>

anthropometric data can also be used to give information concerning overweight and obesity. Weight was collected using a digital body fat scale (Tanita). Height measurements were done using a field portable anthropometer (GPM Seritex Brand). All of the measurements were taken by the researcher in a clinical setting and followed the methods described by Lohman, Roche, and Martorell (1988).

Anthropometric data were collected and compared with CDC reference data to calculate body mass index-for-age (BMI-for-age) and weight-for-age percentiles in order to determine the prevalence of overweight and obese adolescents from this sample.

*Blood pressure.* Blood pressure was taken using an electronic non-invasive blood pressure monitoring device.

The *Color My Pyramid* nutrition education intervention involved teaching classes to children designed to increase their self-care practices. The study intervention was designed to improve children's self-care agency and operations regarding making healthy food choices as well as evaluating those choices. There were exercise classes and classes with content about healthy diets, portion sizes, how to use pedometers and how to use the USDA Food Guide Pyramid and the online component, [www.MyPyramid.gov](http://www.MyPyramid.gov) to assist in their assessment of their own daily intake and physical activity. This food guide plan assists in identifying and evaluating healthy food choices and physical activity.

*Procedure.* The procedure involved:

- (a) Pretesting to measure nutrition status and blood pressure.
- (b) Implementing a series of classes related to nutrition and activity.
- (c) Posttesting to measure nutrition status and blood pressure.

## Results

The descriptive data reveal that a significant number of these children are overweight or obese, such that 57.3% of the population is categorized as overweight or obese according to CDC guidelines. Concerning the nutrition education program, while the mean BMI-for-age percentile is lower after the intervention, this difference is not statistically significant ( $p > .05$ ). Further, weight-for-age percentiles were not statistically significantly different after the nutrition intervention ( $p > .05$ ).

Regarding blood pressure values, there was a statistically significant decrease in systolic blood pressure after the implementation of the nutrition intervention program ( $t=5.85$ ,  $p < .001$ ). While diastolic blood pressure measures decreased, this was not statistically significant ( $t=1.40$ ,  $p > .05$ ).

## Discussion

The improvement between pretest and posttest scores on nutrition status was not statistically significant for both schools together. If the intervention occurred for a longer period of time, significance may have been noted, primarily because the data did reveal a trend of improving nutritional status, such that the mean BMI-for-age percentiles were lower after the intervention. However, significant improvement did occur concerning blood pressure. Most likely this was due to improvement in activity, noted in the co-author's presentation. Also noted in the second presentation, was that children's nutrition self-care practices were significantly improved. We believe that the additional component aimed at improving nutrition self-care practices is significant to not only preventing obesity but providing children with sustainable tools to develop healthy eating behaviors. This pilot study, thus suggests that with additional time spent on the intervention, significant changes in nutrition status would be detected.

## Conclusion

### *Significance and Recommendations for nursing practice;*

This study is significant within the discipline of nutrition because it of its innovative use of the self-care deficit nursing theory (Orem, 2001), which was valuable in planning, implementing, measuring children's self-care practices, and evaluating the study. Such multidisciplinary efforts are critical to the prevention of obesity.

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<b>Type of abstract:</b>	Practice Model
<b>Title</b>	Development of Occupational Health Care System to Promote Health and Quality of Work Life among Rural Home Workers in Southern Thailand
<b>Focus of the Model</b>	Building partnership among all stakeholders of the health care system is recognized as the key successful factor in promoting health and quality of life of all populations, especially in the rural areas. Care demands for controlling health risks among home workers were proposed. Stages of care operations based on the Self Care Deficit Nursing Theory ( SCDNT): estimative, transitive, and productive) were used to design helping methods for developing the self-care capability of all workers. The information management system was developed to help the local health officers to provide effective primary care and serve the local policy makers to develop strategic plans for promoting health and quality of work life among their target population.
<b>Method of Designing</b>	Using participatory action research, the study was able to gain partnerships from all parties in the rural industrial system, i.e., local public policy makers and primary care providers, business owners and administrators, and home workers participated in the developing processes of their occupational health care system. A healthy workplace and an effective occupational health care service among the rural workers were designed. Seven districts comprised of local groups of policy makers, primary care providers, and home workers were selected. The risks of occupational diseases, work-related health problems and injury were identified and managed.
<b>Results of Development Process</b>	After a 2-year program of the system development, the target home workers' self-care capability and the competency of their primary care providers were significantly improved. The yearly action plans for promoting health and quality of work life were proposed to the local health and policymaking authorities. The experiences and insights gained were shared with the local community networks.
<b>Discussion</b>	Integrating community participation and an information management system into the implementation of SCDNT in providing care for the specific population contributes to the sustainable development of the primary care system that aims to promote health and quality of work life among the population.
<b>Conclusion</b>	Further study is needed to obtain additional evidence of cost-effectiveness of the program and the productivity of the home workers.

<b>Name:</b>	Forough Rafii Iran University of Medical Sciences School of Nursing and Midwifery
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<b>Type of abstract:</b>	Research paper
<b>Title</b>	The Reality of learning self-care needs during hospitalization: patients' and nurses' perspective
<b>Problem statement</b>	Patient education promotes compliance with treatment regimen and patient self-care ability. However, shorter hospital length of stay, anxiety, illness or sleep disorders can interfere with learning. The aim of this study was to determine the perceived reality of learning self-care needs by heart failure (HF) patients, from the perspective of patients and nurses.
<b>Method</b>	This was a descriptive- comparative study. Two hundred fifty one HF patients were recruited by convenience sampling. One hundred eighty-one nurses were selected by numerations in Tehran Cardiac Hospital of Shahid Rajaei. Data were collected by the reality part of CHFPLNI and were analyzed using SPSS- 11.
<b>Results</b>	Patients and nurses rated the subscale of Other Information as the most realistic self-care need to learn during hospitalization and agreed upon the subscale of Medication. There was no agreement on the reality of subscales of Diet Information and Risk Factors. Patients and nurses perceived the subscales of Activity, Psychological and Anatomy& Physiology as the least realistic self-care needs to learn. Patients rated Medication, Diet Information and Other Information as more realistic than nurses rated the same information areas. Learning of HF self-care needs was perceived more realistic by female nurses and nurses with advanced preparation than others.
<b>Discussion</b>	The findings suggest that perhaps nurses do a disservice to patients by postponing educational content based on the assumption that it is not realistic for patients to learn their self-care needs.
<b>Conclusion</b>	Although learning barriers are present during hospitalization, this study supports the notion that hospitalization may be a motivator and opportunity for obtaining necessary information regarding one's disease. This study revealed the self-care needs of heart failure patients that are the most realistic to be learned during hospitalization.

<b>Name:</b>	Jane E. Ransom University of Toledo College of Nursing
<b>Email:</b>	Jane.Ransom@utoledo.edu
<b>Type of abstract:</b>	Teaching Model
<b>Title</b>	Facilitating Emerging Nursing Agency in Undergraduate Nursing Students
<b>Area of Educational Interest</b>	Adult health with undergraduate nursing students Graduate nursing theories & discipline of nursing UG nursing research
<b>Main Focus of the Model</b>	Theoretical thread for introducing Orem's SCDNT to nursing students and reframing focus on patient-centered care, rather than disease-centered care.
<b>Description of Utilization Process or Model Development</b>	The teaching model has evolved over the course of more than 25 years both from involvement with the introduction and integration of Orem's SCDNT in adult health nursing and from discussions with graduate students about the discipline of nursing and its essence expressed through nursing theory. This included writing a "translational" series of modules for novices to the theory, primarily UG students, as well as a series of educational activities.
<b>Discussion</b>	<p>The challenge of facilitating the development of nursing agency within Orem's self-care deficit nursing theory (SCDNT) requires overcoming barriers in the current health care system focused on a dependent, medical model orientation. Faculties who are inexperienced with nursing theory and Orem's SCDNT struggle to reframe customary care toward a perspective more consistent with nursing's values of holistic approaches to care. This paper describes the design of educational experiences designed to empower faculty and students to create nursing systems and avoid an overlay of theoretical labels for a medical model framework of care.</p> <p>The presenter challenges faculty to introduce Orem's SCDNT with the underlying philosophical perspective and values, along with the unique perspective for components of nursing agency. This author suggests that the self-care operations from Orem's theory provide a unique theoretical orientation that helps students focus on ways to support patients in their efforts toward self-care. Typically, problem identification ignores seeking information that engages the richness of nursing focused on individualized care in partnership with patients. The paper includes: 1) development of Introduction to Nursing and Orem's Self-Care Deficit Nursing Theory, 2) selection of and presentation of current theoretical literature with students and faculty, 3) learning activities that focus learners toward uncovering theoretical meaning in patient experiences, and 4) identification of self-care deficits as essential for uncovering theoretical meaning and providing holistic self-care.</p>
<b>Conclusion</b>	It is essential that nursing students learn to think nursing from the beginning of their entry into the major. Using Orem's SCDNT offers a rich theoretical grounding in a way of thinking that can enrich students' nursing identity and preserve nursing's unique value for patients and health care.



<b>Name:</b>	Janet Secrest University of Tennessee at Chattanooga School of Nursing
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<b>Type of abstract:</b>	Educational Utilization or Teaching Model
<b>Title</b>	Implementation of an Orem-based Nursing Curriculum: The Role of Tool Development
<b>Area of Educational Interest</b>	Curriculum
<b>Main Focus of the Model</b>	Theory of Self Care; Theory of Nursing Systems
<b>Description of Utilization Process or Model Development</b>	Using a theory-based curriculum provides cohesion for all areas of instruction. In our Orem-based curriculum, we have developed tools that reflect its theoretical base. This presentation offers an overview of tools which guide students in developing nurse agency. A "map" provides a pictorial/word one page short-hand of the whole model including terms. The health history is designed around the self care requisites assessing abilities and demands, such that it is easily adapted for each semester and each population. The cultural assessment is approached through Basic Conditioning Factors. The Nursing Care Plan is based upon Orem's Nursing Process, using her terminology (Diagnosis and Prescription; Regulation, etc). The student's clinical evaluation is derived from the power components for nursing agency, as well as the art and prudence of nursing. Each of these tools is used in each of the five semesters.
<b>Discussion</b>	As the curriculum has been implemented, we have used feedback from the students as well as faculty to improve the validity and reliability of these tools. These discussions have generated deeper understanding of Orem's model and its application in education and practice.
<b>Conclusion</b>	Using a theory based curriculum provides cohesion in students' learning as well as for faculty in teaching. The process of tool development actively engages students in both practical activity and intellectual endeavors with faculty.

<b>Name:</b>	Cha-Nam Shin St. Louis University School of Nursing
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<b>Type of abstract:</b>	Research paper
<b>Title</b>	Linking Specific Self-Care Deficit Nursing Theory Concepts with the Literature on Family Dinner
<b>Problem statement</b>	The importance and benefits of family dinner from the perspective of children's health behaviors are well demonstrated in research. However, no study linked Orem's Self-Care Deficit Nursing Theory (SCDNT) with the dynamic of family dinner.
<b>Method</b>	This paper reviewed literature related to family dinner and explored the potential for viewing the family dinner dynamic from the perspective of specific SCDNT concepts.
<b>Results</b>	The most frequently occurring SCDNT concepts in the literature related to family dinner included: Universal Self-Care Requisites (#2, 3, 7, and 8); Developmental Self-Care Requisites; Dependent Care Agency; and the Power Components. Family dinner can be utilized as a means of identifying self-care/dependent-care needs, minimizing self-care/dependent-care deficits, and enhancing ability to engage in self-care/dependent-care actions necessary for both mental and physical health.
<b>Discussion</b>	Considering the important role of family dinner, not only in providing balanced and healthy food but also in establishing healthy behaviors among children and adolescents, parents and other adult family members should serve as role models through family dinner. Pediatric and school nurses may develop appropriate intervention programs in smoking and substance use prevention and nutrition education among adolescents by incorporating the component of assisting families see the value of family dinner. Nurses can teach parents the importance of family dinner to meet the Self-Care Requisites of maintaining a balance of social interaction and solitude. Nurses also can teach families to plan a good meal and have consistent family dinner time.
<b>Conclusion</b>	It is evident that family dinner can be conceptualized by using the SCDNT. To have regular family dinner, every family member should try their best to reserve the time. Especially, parents need to make time for their own children in order to nurture and strengthen the family relationship and to foster appreciation for one another. The dynamic of family dinner would benefit from further investigation from the perspective of the SCDNT.

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<b>Type of abstract:</b>	Practice Model
<b>Title</b>	Development of a System of Care to Promote Health & Quality of Work Life in the Industrial System, Thailand
<b>Focus of the Model</b>	Participation of all stakeholders in the system of care is recognized as the key factor in promoting health and quality of life of the working population. Care demands designed to control health risks among workers were proposed. In addition, actions needed for promoting health and quality of work life were planned. The estimative, transitive, and productive stages of care operations from the Self Care Deficit Nursing Theory (SCDNT) were used to design particular helping methods for developing the workers' self-care capability. Quality management processes (planning, doing, checking and acting) were integrated in order to create a sustainable care system. Annual accreditation (input, process and output) was used to evaluate the system of care. The impact on health and well-being of the workers within the newly developed care system was measured by the Quality of Work Life Index (QWL-Index).
<b>Method of Designing</b>	Using participatory action research design, the study included all parties in the industrial system of southern Thailand, i.e., regional and provincial public policy makers, business owners and administrators and industrial workers participated in the processes of creating a healthy workplace for promoting quality of work life. Eight factories representing two common types of industrial situations in southern Thailand (frozen food and wood productions) were selected. Aspects of the factory workers' health risks and needs were identified and managed.
<b>Results of Development Process</b>	After a 2-year program of the system development, the quality of work life among workers of all factories was significantly improved. The yearly action plans for promoting health and quality of work life were proposed to the business owners and administrators. The experiences and the insights gained were shared with the southern industrial networks of Thailand.
<b>Discussion</b>	Integrating participation of all stakeholders and quality management processes into the utilization of the SCDNT for promoting health and quality of work life among the industrial workers makes the occupational care system effective and sustainable.
<b>Conclusion</b>	Further study is needed to support the cost-effectiveness of the program and workers' productivity.

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<b>Type of abstract:</b>	Research paper
<b>Title</b>	A qualitative study of participants' perceptions of the effect of mindfulness meditation practice on self-care and overall well-being
<b>Problem statement</b>	A number of published quantitative studies have shown Mindfulness-based Stress Reduction (MBSR) has beneficial effects on health, such as reducing stress, improving psychological and physical symptoms. MBSR has been shown to provide a positive effect on health behaviors and physiological function in the chronic illness setting across the continuum of care from diagnosis through treatment, follow-up care, and survival, as well as promoting well-being in healthy settings. At present, there is little actual understanding of the mechanisms of the processes by which changes occur. There are few published qualitative research studies that explore the experience of MBSR in a chronic illness setting. No published studies were found that develop a conceptual understanding of how participants' perceptions of practicing mindfulness meditation affect their ability to manage their therapeutic self-care demands. Thus, this pilot study aimed to increase understanding of healthy adults' perception of the effect of MBSR practice on self-care and overall well-being using Orem's Self Care Deficit Nursing Theory framework.
<b>Method</b>	Ten community-dwelling adult participants who had previously participated in an 8-week MBSR program and continued practicing MBSR were interviewed for this study. A semi-structured interview guide adapted by the first author from a tool previously used by the research team and an audiotape recorder were used for individual interviews. Qualitative data were collected and transcribed and initial themes derived by the first author using the editing style content analysis method of Crabtree and Miller (1999). Preliminary themes were then reviewed by two other members of the research team and revised, collapsing thematic categories from ten to five. Only data provided in response to self-care questions were analyzed for this presentation.
<b>Results</b>	Five themes emerged from the data related to participants' perception of the influence of practicing mindfulness meditation on their self care and overall well-being. These themes included: (1) promote sense of peace and relaxation, (2) promote health awareness and self-care concern, (3) promote self-management and responsibility, (4) promote sense of giving and sharing, and (5) basic need for health and well-being. These findings suggest that practicing mindfulness meditation is strongly related to personal self care and overall well-being. MBSR is a self care action chosen to maintain health and well-being and serves to meet existing self-care requisites in this group of community-dwelling adults.
<b>Discussion</b>	The results of this pilot study with a small purposeful sample indicate mindfulness meditation is a useful tool for helping people to increase their ability to manage their therapeutic self care demands. MBSR has the potential to help adults to develop cognitive changes that lead them to pay more attention to health and carrying out positive self-care behaviors. As a self care practice which can be done anywhere and anytime, mindfulness meditation can be addressed by nurses as dependent care agents in health setting across the continuum of care.
<b>Conclusion</b>	As health care providers, nurses should know more about the phenomena of mindfulness meditation and should better understand its potential

applications as a self care activity in holistic nursing practice. There is a need for further nursing research focused on the roles of mindfulness meditation in promoting self-care during health deviations resulting from illness or disease, injury, and its treatment, as well as all paradigms of health. This research might take the form of both descriptive research and other more rigorous qualitative work, and, eventually, intervention research.

# A Journey of Discovery

Cora S. Balmat, RN, MSN, PhD;  
Carol Appler, RN, BSN, MA;  
Adrianne Dill Linton, PhD, RN;  
Lola Smith, RN, BSN MSN, DNS, LFNP;  
Bettie Stuart Langenbach, RN, BSN, MSN;

It is a privilege and an honor to present the journeys of four of the seven graduates from the University of Southern Mississippi School of Nursing in 1969. They are members of the first class of Baccalaureate students to have the privilege to work with Dorothea Orem's manuscript being readied for publication. Ms. Orem was our Curriculum consultant at the School as we formulated and implemented a Nursing focused curriculum. I described the process in the tribute I wrote published in the December 2007 issue of the IOS Journal.

Of the seven graduates, one graduate died several years ago, one could not be located and a third is caring for a very ill husband. All seven earned Master degrees, two have Doctorates and are active in teaching at this time. One retired from the Army as a Lieutenant Colonel and a second as a Full Colonel from the Army Reserve. When I initially contacted them after Dr. Orem died, we explored the idea of a historical piece regarding their careers. They expressed pleasure at having the opportunity to tell their stories. Each sent me detailed Vitae that ranged from three to fourteen pages long. All included publications professional endeavors, memberships in organizations, workshops conducted and consultation activities. I believe you will find the Journey of each in her own words illuminating and enjoyable.

## ***Carol Appler, RN, BSN, MA***

My memories of the class of 1969 are all good. I think we all felt special to be pioneers. They were a great group of young women, and I enjoyed all of them. They hold a special place in my heart as do you. I think all of the faculty tried to mentor and encourage us more than most nursing students are lucky enough to experience. That was one of several benefits of being "first".

You hold a special place in my heart because of the care and concern you showed as you listened to my family worries, encouraged me and gave me good guidance.

I remember a few of those conversations as turning points in my life that helped me to make key decisions.

## ***Adrianne Dill Linton, PhD, RN***

My nursing journey began with a childhood decision to follow this path. That decision was confirmed when I faced a life-threatening illness as a teenager. As the recipient of nursing services, I learned first hand the power that a nurse had to comfort and to foster recovery. Despite my father's urging to seek a BSN, I applied to a diploma school of nursing. I was accepted but put on hold for a year because of my health issues. In my second year at a junior college (that's what they were called back then), I applied and was accepted to another diploma school. However, before the academic year started, I was notified that the school was closing and applicants were being referred to a new BSN program at the University of Southern Mississippi. My father has won after all! The head of that diploma school was Sister Remegius who later was known as Dean (Dr.) Elizabeth Harkens. With a first class of 13, we had three faculty: Cora Balmat, Elizabeth Benjamin, and Avis Rabin.

I was restless to learn "real nursing" and felt frustrated that we were required to explore philosophical, ethical, and other professional issues before tackling the intricacies of bedside nursing. One of the revelations in that year was that nursing was much more than holding hands and performing skills. I learned that nursing care should be grounded in theory and framed in an organized manner called the nursing process. The language of "the nursing process" was somewhat foreign in nursing circles at that time although it is now taken for granted. Our faculty brought in nursing leaders and visionaries. They provided opportunities for us not just to hear, but to mingle with these people. One time Cora Balmat hauled me to a meeting where I ended up seated next to Hildegard Peplau for lunch. At the time, I really did not appreciate who she was but I recall her as



a gracious lady! That was a one-time experience, but one I have never forgotten.

The relationship of Dorothea Orem with the School of Nursing and our nursing class began in the late 1960's. At intervals, we received mimeographed copies of the chapters of a book she was writing. As far as I know that would become the earliest published document on self care theory. The emphasis on determining the most appropriate level of care for each patient seemed so sensible. Of course, to do this required a thorough assessment. We learned to use all our senses as well as data sources to gain the best understanding of the patient that our novice brains could produce. We learned about nursing diagnoses (pre-NANDA), patient-centered goals, detailed interventions with rationale, and outcome evaluations. I confess that I grumbled about the seemingly endless writing that went into our "complete" care plans, but the experience shaped my approach to nursing practice. Periodically, Miss Orem came to visit and spent time with our class. She wanted to discuss how we translated her ideas into practice. She was a modest, soft-spoken person who was not the least bit intimidating. It never occurred to me that I was part of the early development of a theory that would become accepted all over the world. I have since earned a PhD in Curriculum and Instruction, and accumulated 37 years in nursing education. The curricula of the schools where I have taught have embraced various theorists. Because none specifically were based on Orem, I have not kept up with the evolution of her ideas over the years. However, the basics that I learned under Cora Balmat and Miss Orem herself have stayed with me through all my transitions. My specialty is gerontological nursing where the emphasis is on function and graded independence. It is so obvious that Orem's levels of care must be applied to this patient population so that we aim for the best possible function while providing just the right amount of support. I am grateful for my baccalaureate education which provided me a sound foundation for my nursing career. Thanks to those wonderful people who influenced and guided me as a nurse.

#### ***Lola Smith ,RN, BSN MSN, DNS, LFNP***

I would like to first reflect on my experience as a nursing student at the University of Southern Mississippi.

Dr. Cora Balmat was a great teacher and mentor and introduced the class of 1969 to a nursing theorist by the name of Dorothea Orem. As a young person then, it all seemed so difficult for me to think conceptually. As we progressed

through the curriculum, Orem's theory started to have meaning for me. It was obvious to me that even in our small class of seven that each of us cared for the other and used Orem's theory in our daily struggles.

About nursing school: Dr. Balmat you provided "psychological support" for each of us.

Adrianne, you did "teach" me so much and I strived to be like you. I have wonderful memories of getting up in that old blue 1941 Ford and going to clinical. Carolyn, you did at times "guide and direct" me and I thank you for this. I have you to indirectly thank for my military career because you inspired me even back then to seek this career for myself. Rose, you were always so kind, with a beautiful smile, and with this you did help me to "maintain an environment that supported my own personal development". Betti, you always seemed more mature than me and would keep me on the right track in helping me do the best things to take care of myself "self-care." Pat, in your memory, you did "teach" me in the best ways to live life and were always an example to follow. Eva, you as well, provided all of us with emotional support and were a good example to follow. I would like to thank all of you in the first class(1969) from the University of Southern Mississippi School of Nursing for the memories.

In my younger nursing years I was a staff nurse and assisted both adults as well as children and their families when they were ill and needed help "in recovering from their disease or injury or with coping with the effects". It was during these years that I truly experienced the "nurse-patient relationship with individuals and families." I learned so much from my patients about life when I was responding to their "request, desires, and need for nurse contact and assistance".

Later in my nursing career I spent many years in academics and have so much enjoyed the experience of teaching. I have taught at many different levels of nursing and have enjoyed all levels. It was in the teaching role that I could help nursing students learn the value of nursing theorists and how to apply this knowledge in caring for their patients.

One theory that was used by the students was that of Dorothea Orem. One nursing diagnoses that the students always identified in attempting to meet the needs of their patients was that of "self-care deficit", and the plan would include what they (the nurse) could do to help the patients meet their needs. Orem's concept of "integrated human functioning which includes physical, psychological, interpersonal, and social aspects" was used by the students in developing their nursing care plans.

For several years now I have been a nurse practitioner and have been teaching at the Master's level. The NP students use Orem's concept of health based on the concept of "preventive health care." Nurse practitioner students learn to "promote and maintain health (primary prevention)" in their teaching of patients and assisting the patients to maintain the services that they need. The NP "treats disease or injury (secondary prevention)" and will do the best that he or she can to "prevent complications (tertiary prevention)." Orem's theory has been the conceptual framework used by many masters level students on their thesis. Orem's theory is the conceptual framework for the School of Nursing where I teach.

I would like to thank Dr. Balmat for the introduction to Orem's Theory and to you, Dr. Orem, in your memory, for your conceptualization of the answer to your question of: "What condition exists in a person when judgments are made that a nurse(s) should be brought into the situation". My last 40 years as a nurse has been a great journey.

#### **Bettie Stuart Langenbach, RN, BSN, MSN**

When I emerged from University of Southern Mississippi School of Nursing all of those years ago, I had a deep appreciation of the necessity of being a caring person and addressing clients as individuals operating within a complex family and community matrix. These basics were so deeply ingrained that I was destined to find many jobs unsatisfactory and untenable because they did not allow me to practice nursing in the way I believed I should. Here are a few highlights of my journey through nursing:

The relevance of Dr. Orem's work really becomes obvious when I stop and think how much better our health care system would be if more people had gotten on her wave length decades ago. I fear that we are experiencing even greater depersonalization and fragmentation of care now than in the 1960's, and 70's. Attempts are being made to streamline care from the community to the acute care setting and out again, but I see increasing signs of misuse of resources because the right hand does not know what the left hand has done or is doing. Every phase of care just seems to hand the baton off to the next "runner". Most care providers don't seem to have the time or energy to identify the actual self-care needs of the client and review the medical record to effect continuity of care. In many instances, the clients themselves don't seem to understand their own needs because of site-specific fragmented assessment with

little involvement of the family or individual. As a result of health care providers telling and doing rather than listening to the client/family even the individuals receiving care are increasingly abdicating responsibility for their own well being and depending on health care providers to figure things out and to meet their needs. Where has the responsibility for self care gone? Everyone has a chapter of the mystery but no one seems to have the whole book.

As the body of knowledge, technology, complexity, and expense of health care have increased exponentially, health care providers are often overwhelmed. Many are, unfortunately, task oriented in order to survive in the do-more-with-less (nurses), environment. As health care became more specialized, care providers seem to have increasingly focused on their little "piece of the pie". Clients are frustrated by answering the same set of questions over and over to meet the documentation requirements of health care providers. Sadly, many of these "health care providers", were educated in schools which failed to teach the importance of focusing on an individual client as a whole and the community in which he or she lives. Today with computerized medical records many professionals involved in client care only complete required fields and enter data so the client can be passed on to the next cog in the wheel. With automated medical records even less of the information about a client is shared because it is not visible on the particular *computer screen an individual is required to complete. So much for the information age and improved communication.*

Data is collected and compiled, expensive tests are completed, documentation, is placed in the medical record. Does anyone look at the total picture? Unfortunately continuity is lacking. No one reads the whole story. There is no closing chapter in which someone reviews the entire book (all of the findings and observations), discusses the implications for life style, and evaluates how or if the client can or will apply recommendations in his/her daily life.

Practicality and effectiveness of discharge teaching are limited due to failure to evaluate abilities and limitations of the client in his/her usual social context. How simple this sounds and really could be. Yet every day we see profound and dangerous consequences of this oversight. How simple it would be if health care actually became a client oriented **system** in which practicalities such as the client's real and perceived needs, success and failure of previous efforts to address these needs, and even the clients own goals, were the focus of diagnostics and treatment modalities. I fear that too many times clients wondering "what about me?" "what about me?"

One of my first jobs was a prime example of what nursing should not be. This hospital used a system in which one nurse gave medications, another made rounds with physicians, and yet another did treatments. The nurse aides performed vital signs and gave personal care. Needless to say, I resigned before my orientation was complete.

This job was totally unacceptable so I moved on to a critical care setting in which most clients were completely dependent in self-care and ADL. At that time people were allowed to remain in critical care long enough that health care providers gained insight into the client and their family and cared for both. Gradually health care allowed became more money driven and controlled by outside forces such as insurance companies, Medicare and Medicaid., increasingly practitioners must transfer clients out of critical care areas as soon as they can breathe and maintain hemodynamic stability. As the critical care environment changed I became increasing dissatisfied.

Next I transferred to a rehabilitation center for spinal cord injury, stroke, and severe head injury. In this environment Orem's theory of nursing was at it's best. Of necessity care was focused on abilities and limitations of the client, family and community. In this setting I was very happy and fulfilled after I got over personal issues related to what I would do if I had one of these devastating conditions. I remained in this job until declining health of my parents prompted me to return to the University of Southern Mississippi as an assistant professor of nursing.

Upon entry into the academic world I found that Orem's theories had been lost in the archives. The education of nurses focused upon acquisition of clinical skills and proficiency at passing various tests. With clinical hours so limited by the State College Board, the experiences available to students could not be very meaningful. It seemed like students got only a smattering of this and a smattering of that. After a few years of trying to cope with the new education process I returned to the clinical setting to start a Cardiac Rehabilitation Program at Forrest General Hospital. Once again Orem came to good use. The whole program was predicated on the basic principles I had learned so long ago. This program continues to fair well today. ■

# Guidelines for Authors

*Self-Care, Dependent-Care, & Nursing (SCDCN)* is the official journal of the International Orem Society for Nursing Science and Scholarship. The editor welcomes manuscripts that address the mission of the Journal.

## Mission:

To disseminate information related to the development of nursing science and its articulation with the science of self-care.

## Vision:

To be the venue of choice for interdisciplinary scholarship regarding self-care.

## Values:

We value scholarly debate, the exchange of ideas, knowledge utilization, and development of health policy that supports self-care and dependent-care.

## AUTHOR GUIDELINES

### MANUSCRIPT PREPARATION

Use Standard English. The cover page must include the author's full name, title, mailing address, telephone number, and eMail address. So that we may use masked peer review, *no identifying information is to be found on subsequent pages*. Include a brief abstract (purpose, methods, results, discussion) followed by MeSH key words to facilitate indexing. The use of metric and International Units is encouraged. Titles should be descriptive but short. Full-length articles should not exceed 15 double-spaced pages. Use of the *Publication Manual of the American Psychological Association (5th ed.)* is strongly encouraged but not mandatory. When required by national legal or ethical regulations, research-based manuscripts should contain a statement regarding protection of human subjects.

### REVIEW PROCESS

Manuscripts are reviewed anonymously. One author must be clearly identified as the lead, or contact author, who must have eMail access. The lead author will be notified by eMail of the editor's decision regarding publication.

### INTELLECTUAL PROPERTY

Authors submit manuscripts for consideration solely by SCDCN. Accepted manuscripts become the property of SCDCN, which retains exclusive rights to articles, their reproduction, and sale. It is the intention of the editor to facilitate the flow of

information and ideas. Authors are responsible for checking the accuracy of the final draft.

### SUBMISSION

Manuscripts are to be submitted in MS Word format as an eMail attachment to the editor, Dr. Violeta Berbiglia at [violetaberbiglia@hotmail.com](mailto:violetaberbiglia@hotmail.com). Submissions will be immediately acknowledged. It is assumed that a manuscript is sent for consideration solely by SCDCN until the editor sends a decision to the lead author.

## CALL FOR NEW SCHOLAR PAPERS

The purpose of the *New Scholar Papers* feature is to foster the advancement of nursing science and scholarship in the area of Orem's Self-Care Deficit Nursing Theory through the recognition of developing scholars.

### NEW SCHOLAR QUALIFICATIONS

- Member of the International Orem Society (Contact Dr. Anna Biggs at [biggsaj@slu.edu](mailto:biggsaj@slu.edu) to become a member)
- Enrollment in nursing graduate studies
- Scholarly productivity related to the advancement of nursing science and scholarship in the area of Orem's Self-Care Deficit Nursing Theory

### RECOGNITION OF NEW SCHOLARS

- Each *New Scholar* will be featured in an issue of the SCDCN. The IOS will award the scholar a complimentary membership.

### SUBMISSION OF PAPERS

Papers will be submitted using the *Guidelines for Authors*. ■