



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

REFLECTIVE ANALYSIS ARTICLE

DEPENDENT CARE: POSTERIOR DEVELOPMENT OF THE THEORY OF SELF-CARE DEFICIT

CUIDADO DE DEPENDENTE: DESENVOLVIMENTO POSTERIOR DA TEORIA DO DÉFICIT DE AUTOCUIDADO

CUIDADO DE DEPENDIENTES: DESARROLLO DE LA TEORÍA DEL DÉFICIT DE AUTOCUIDADO

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ABSTRACT

Objective: to present a theoretical reflection on the Dependent Care Theory, its relations with Nursing Self-Care Deficit Theory and its implications for nursing research and practice. **Method:** a reflexive theoretical study, in which work was done on Nursing Self-Care Deficit Theory, Dependent Care Theory and well-known nursing theorists, as well as articles that applied the theory or some of its concepts. **Results:** the Nursing Self-Care Deficit Theory was expressed in three interrelated theories that, with the expansion of the concepts of dependent care, agent and dependency care agency, there was the construction of the fourth theory - Dependent Care Theory. **Conclusion:** this theory is described in situations where there is a state of dependence, that is, when people have limitations or are unable to perform self care, emerging the need for dependent care. **Descriptors:** Nursing Theory; Theory of Dependent-Care; Self-Care Deficit Nursing Theory; Self Care; Caregivers.

RESUMO

Objetivo: apresentar uma reflexão teórica acerca da Teoria do Cuidado de Dependente, suas relações com a Teoria do Déficit de Autocuidado de Enfermagem e suas implicações para a pesquisa e a prática de Enfermagem. **Método:** estudo teórico reflexivo, onde foram utilizados trabalhos referentes à Teoria do Déficit de Autocuidado de Enfermagem, Teoria do Cuidado de Dependente e de teóricos consagrados da Enfermagem, além de artigos que aplicaram a teoria ou alguns de seus conceitos. **Resultados:** a Teoria do Déficit de Autocuidado de Enfermagem era expressa em três teorias inter-relacionadas que, com a expansão dos conceitos de cuidado de dependente, agente e agência do cuidado de dependente, houve a construção da quarta teoria - Teoria do Cuidado de Dependente. **Conclusão:** esta Teoria é descrita nas situações em que existe um estado de dependência, ou seja, quando as pessoas apresentam limitações ou são incapazes para realizar o cuidado de si, emergindo a necessidade do cuidado de dependente. **Descritores:** Teoria de Enfermagem; Teoria do Cuidado de Dependente; Teoria do Déficit de Autocuidado de Enfermagem; Autocuidado; Cuidadores.

RESUMEN

Objetivo: presentar una reflexión teórica sobre la Teoría del Cuidado de Dependiente, sus relaciones con la teoría del Déficit de Autocuidado de Enfermería y sus implicaciones para la investigación y la práctica de Enfermería. **Método:** estudio teórico reflexivo, donde se utilizaron trabajos referentes a la Teoría del Déficit de Autocuidado de Enfermería, Teoría del Cuidado de Dependiente y de teóricos de Enfermería consagrados, además de artículos que han aplicado la teoría o algunos de sus conceptos. **Resultados:** la Teoría del Déficit de Autocuidado de Enfermería se expresa en tres teorías relacionadas entre sí que, con la expansión de los conceptos de cuidado de dependiente, agente y agencia de cuidado de dependiente, hubo la construcción de la cuarta teoría - Teoría del Cuidado de Dependiente. **Conclusión:** esta teoría se describe en situaciones donde hay un estado de dependencia, es decir, cuando la gente presenta limitaciones o no puede llevar a cabo el cuidado de sí mismo, surgiendo de la necesidad del cuidado de dependiente. **Descritores:** Teoría de Enfermería; Teoría del Cuidado de Dependientes; Teoría del Déficit de Autocuidado de Enfermería; Autocuidado; Cuidadores.

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INTRODUCTION

The recognition of Nursing as a professional scientific discipline occurred with the advent of Nursing theories, beginning in the 1950s, where several Nursing scholars committed themselves to the development of these, aiming to produce a body of knowledge that would support their practice.¹⁻³

Nursing theory refers to a set of logical, coherent and systematic statements related to substantial issues and communicated as a significant whole, trying to describe the phenomena, explain their relationships, predict consequences and prescribe Nursing Care. Derived from philosophical beliefs, deductive reasoning, scientific data and practical experience, theories provide structure and organization for Nursing knowledge, stating not only the focus of Nursing but the specific goals and outcomes.¹⁻³

Revision study ⁴ presented the current trends in the research of Nursing Theories, in which it was evidenced more emphasis in studies related to the development and refinement of concepts, production of medium-range theories and practices, construction of instruments to test and measure concepts of theories, in addition to the growth of studies that link theory with professional practice and research.

As Nursing research expands on conceptual models and theories, the body of knowledge of the profession structures itself and consolidates its scientificity. The later development of theories is also essential in the face of the new paths and challenges of Nursing and contemporary health, given the current international health landscape, with rapid changes, influenced by the demographic and epidemiological transition, technological development and health care improvement.

The process of further development of Nursing Theories is only possible through its use in practice, since it is through the application that theories are tested, reviewed and validated.^{1,3} This is clearly observed, regarding the use of the Deficit Theory Of Nursing Self-Care, the use of which has been explicit since the publication of the first edition of Dorothea E. Orem's book Nursing: Concepts of Practice.

Orem's General Theory, Self-Care Nursing Deficit Theory, was expressed in three theories: Self-Care Theory; Self-Care Deficit Theory and Nursing Systems Theory, which, over time, were applied in research, teaching and administration. During the process of test and validation of theory, there was the development of concepts that resulted in the

construction of a fourth theoretical conceptualization interrelated with the General Theory of Orem, called Dependent Care Theory.

Throughout the intensive studies on nursing theories, specifically the Theory of Nursing Self-Care Deficit, we are confronted with the Theory of Dependent Care, hitherto little researched in Brazil. From this, there arose anxieties that led us to know and understand this theory and its relation to the General Theory of Orem.

The purpose of this study is to:

- To present a theoretical reflection about Dependent Care Theory, its relations with Nursing Self-Care Deficit Theory and its implications for nursing research and practice.

METHOD

Reflective theoretical study, built during the Nursing Care discipline in the Human Development Process of the Nursing Graduate Program at the University of Brasília. To that end, we rely on the theoretical work on Dorothea E. Orem's Theory of Self-Care Nursing Deficit,⁶ in the texts on Dependent Care Theory,⁸⁻⁹ in the writings of recognized researchers in the field of nursing theories^{1-3, 5}, as well as articles that applied Dependent Care Theory or some of its concepts¹⁰⁻³⁰ found by searching the editions of the Self-Care, Dependent-Care & Nursing journal published by The International Orem Society and the databases PubMed / MEDLINE, CINAHL and LILACS, using the following search strategy: ("dependent-care") and ("orem" or "self-care" or "self-care deficit Nursing Theory").

The reflection process began with the analytical reading of the selected papers, followed by the comparative reading, which culminated with this theoretical reflective essay.

RESULTS

A dependência ocorre como parte do processo de desenvolvimento humano, e pode ser classificada como independência, interdependência e dependência. A Figura 01 ilustra os vários estágios do ciclo natural da vida relacionados com o tipo de dependência.⁸⁻⁹

- ◆ Dependent care theory
- ◆ Historical perspective

The Nursing Self-Care Deficit Theory (NSCDT) is one of the most used and widespread nursing theories in the international scene.^{4-5,7} Orem, between the decades of 50 and 60, inserted in the

Silva Neto MG da, Freire LBV, Costa JAS et al.

Dependent care: posterior development of the...

educational planning of Nursing, realized the need of theoretical bases of Nursing, that clearly defined the core of this professional discipline and, from this, began, its work of developing theory, at first working the concept of self-care.^{6,31}

Based on his experience as an attending nurse and teaching, Orem noted the need for specific terms to identify dependency situations, where dependent persons received assistance from others to satisfy their self-care requirements.^{6,31}

This need has become more evident with increasing population aging, increased numbers of chronic diseases, debilitating diseases, disabling conditions and complex health diversions, generating widespread demand for dependent care.⁶

The terms: dependent care, agency, and dependent care agent were introduced in Orem's work.⁶

In 1971, Orem published the first edition of his book "Nursing: Concepts of Practice", in which he described his theoretical conception of Nursing. The second, third, fourth, fifth and sixth editions of that book were published in 1980, 1985, 1991, 1995 and 2001, respectively.³¹

The review and development of concepts related to dependency situations continued in the work of Orem, and who in the 1980 edition, the term dependent care agency was used in relation to caregivers of infants, children and dependent adults who required their assistance.⁸

Subsequently, in its third edition, these concepts were integrated into the definition of family. In 1995, the concept of a dependent care agency was expanded, in which the duality of caregiver roles, was perceived as a caregiver of individuals who needed care and as an agent of their own self-care.^{6,8-9}

Collaborators⁸ in Orem's work on NSCDT, expanded the concepts of dependent care, agent, and dependent care agency into a corollary theory of Self-Care Theory.

The NSCDT of Orem is described through four interrelated theories:

1. The Self-Care Theory (SCT) is expressed in the individual's deliberate ability to learn and perform self-care actions to meet their essential needs. The individual is both the agent of action and the object of action.^{6,9}

2. The Self-Care Deficit Theory (SCDT) arises when the individual presents limitations in the provision of their own self-care, that is, when the therapeutic demand for self-care exceeds the capacities and activities

performed by the individual. SCDT is considered the center of NSCDT, since it makes it possible to identify the need for Nursing in practical situations.^{6,9}

3. The Theory of Nursing Systems (TNS) establishes the structure and content of Nursing practice. Part of the evaluation and judgment of the nurse, based on the individual's self-care needs and abilities. The Nursing action is analogous to the self-care action, since both aim to satisfy the therapeutic demands of self-care, and the Nursing action differs, since the role of the nurse is to help, stimulate, support, teach and manage the capacities of the Nursing agency. Self-care of individuals in meeting their self-care requirements. Nursing systems are produced according to the person's abilities for self-care; and can be totally compensatory, when the person is unable to perform self-care, partially compensatory, in cases in which the person is able to perform some activities and support-education, when the nurse provides information and support to the person capable of self-care. Nursing systems can be presented to individuals, caregivers (caregivers and care recipients) for groups where their members have similar self-care needs, for families or, for other multi-personal units.^{6,9}

4. Dependent Care Theory (DCT) arises when the self-care system is modified and directed to a socially dependent person, who, in order to satisfy his/her self-care requirements, needs the help of another person, who can be a caregiver, family member or friend. In the SCT, the individual has the capacity and the responsibility to take care of her/himself. Already in the DCT, in its simplest form, there are two people composing the unit of care of the dependent, being one in charge of providing the care and other one that receives the care.⁸⁻⁹

◆ Concepts

The main concepts that constitute DCT were presented by Taylor et al.⁸ and Taylor & Renpenning⁹. These are described below, with the presentation of a review of the concepts of dependency, agency and agent of dependent care and social dependence.

Dependence: It is expressed by the relationship between two people, in which one of them requires (care recipient) something from the other (caregiver), for lack or loss of physical, psychic or intellectual autonomy, resulting or aggravated by chronic diseases, severe acute illnesses or disabling conditions, mental illness, side effects associated with health deviations, disabilities

Silva Neto MG da, Freire LBV, Costa JAS et al.

Dependent care: posterior development of the...

and absence or shortage of family or other support.

Dependent care agency: These are the skills acquired or learned by adolescents, young adults, adults or the elderly in knowing the self-care requirements of the self-care agency of the incapacitated people - socially dependent care.

Dependent care agent: They are adolescents, young adults, adults or elderly people who, due to their legal or social position, accept and fulfill the responsibility of knowing and satisfying the therapeutic demands of self-care of socially dependent people.

Dependent care demand: It is the sum of necessary care measures, assessed on time or planned for a given time, to meet the dependent's therapeutic demand for self-care when his or her self-care agency is not appropriate or functional.

Dependent care deficit: It is the relationship between the demand - from dependent care (DC) and the DC agent's abilities and skills (DC agency) to meet this demand for care. Dependent care deficit occurs when CD demand exceeds CD agency.

Dependent care system: An action system created according to the DC demands, which are being or have been performed by DC agents, with the support of the socially dependent person. This system is intentional, and can be influenced by the characteristics of dependence. It has social, interpersonal and technological dimensions. The specific actions that make up the DC system are a function of the therapeutic demand for self-care and self-care agency of the dependent; the therapeutic demand for self-care, self-care agency and caregiver DC agency and the interpersonal dimensions involved in care.

Dependent care unit: Unit composed of the socially dependent person and the DC agent/agents. You can also include, people responsible for providing aspects of care that are not considered DC agents by definition.

Family: It is a group of people interacting, relating through marriage, birth or other strong socio-affective bonds, which assume a bond of future responsibilities for the purpose of providing the creation, maintenance and promotion of social, mental, physical and emotional development of each individual in this group.

Social dependence: It is said of the situation where some people need help from other members of the society in which they live. That it may be caused by the lack or loss of physical, psychic or intellectual autonomy resulting from or aggravated by chronic diseases, severe or disabling acute illnesses, mental illnesses, side effects associated with health deviations, disabilities and absence or shortage of family support or other nature. Being the provision of assistance, as well as their nature dependent on the general culture and cultural norms of a specific social group.

Assumptions

Related to people: ⁸⁻⁹ People can only be satisfactorily defined in relation to others and the natural world. Human relations are essential for physical and psychological development, and ongoing relationships are essential for the ongoing development of the social self.

Related to the system of interpersonal action: ⁸⁻⁹ The need for human interaction is always present and continuous. Its nature is dynamic. Systems of action between two or more people have a purpose and require information exchange to achieve their ends. In family life situations, there may be several subsystems of action, including parenting and DC. The socialization of family members as agents of self-care and DC is a function of the family.

Related to social dependency: ⁸⁻⁹ Dependency situations where a person needs some form of assistance from another person, are expected and accepted by the social group. The DC exists within a context or frame of reference of social dependence.

Relation of the concepts of the theory of dependent care

When people are unable or have limitations to take care of themselves, a state of dependence exists, emerging the need for DC.

Dependency occurs as part of the human development process, and can be classified as independence, interdependence, and dependency. Figure 01 illustrates the various stages of the natural life cycle related to the type of dependency.

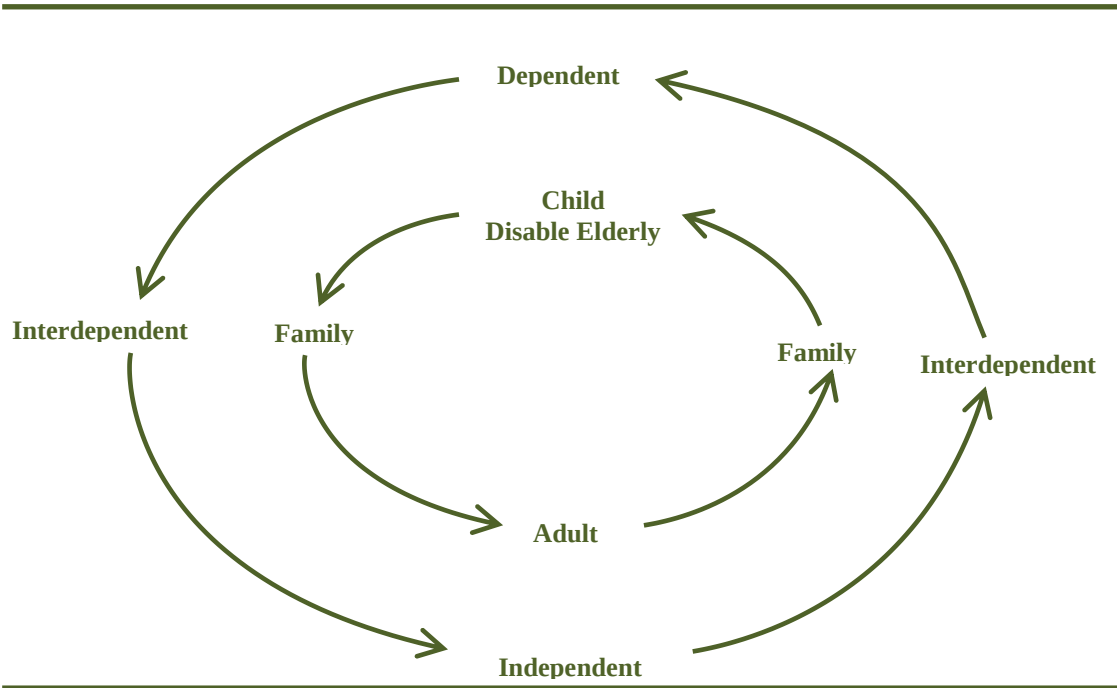


Figure 1. Cycle dependência.⁸⁻⁹ Jataí (GO), Brazil, 2015.

Depending on the cultural context, the DC's responsibility may be borne by adolescents, young adults, adults or the elderly. The person responsible for the DC is called a DC agent, whose job is to satisfy the self-care requirements of the dependents, i.e. to promote the development of the self-care agency, to provide the necessary living allowances, to maintain or establish positive relationships, and to support the individual

during the period of dependency. The self-care needs of the dependent are called demand DC.⁸⁻⁹

The DC drive, in its simplest form, is composed of two people: the dependent and the DC agent. The DC system (Figure 02), is composed of actions performed in function of the therapeutic demand and self-care agency of the dependent in conjunction with the agency DC.⁸⁻⁹

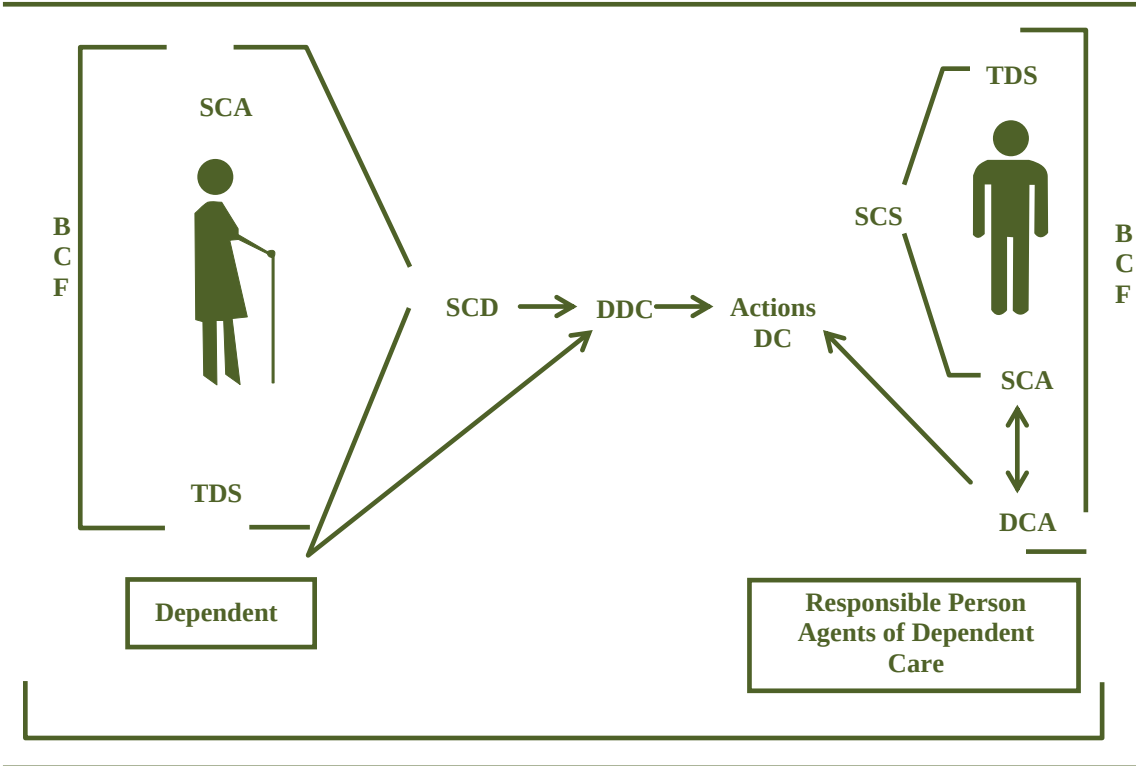


Figure 2. Dependent Care System. Jataí (GO), Brazil, 2015.

Elaborated on the basis of Taylor et al.⁸ and Taylor & Renpenning.⁹

Legend: BCF = basic conditioning factors; SCA = self-care agency; TDSC = therapeutic demand for self-care; SCD = self-care deficit; DDC = demand for dependent care; DC = dependent care; SCS = self-care system; DCA = dependent care agency.

Silva Neto MG da, Freire LBV, Costa JAS et al.

Dependent care: posterior development of the...

The DC agency consists of the DC agent's abilities and skills to evaluate, plan and carry out actions to satisfy the dependent's therapeutic demand for self-care.^{6,9}

"When the DC demand exceeds the capacity of the dependent and the DC agent, there is a DC deficit. The existence of a DC deficit may be an indication of the need for Nursing and this is the criterion for the Nursing to be involved. " ^{9: 266}

The units and the DC system are influenced by the basic conditioning factors, which include duration of dependency, number of people involved, reason for unit existence, allocation of roles and responsibilities, prior care systems, resources, quality of unit relationships, beyond nature and the reason for social dependence.⁸⁻⁹

As for the number of people who make up the DC unit, this can range from a unit consisting of only one DC agent and one care receiver to multi-person units. However, there are also those persons providing care or

one-off care who, by definition, are not DC agents.⁸⁻⁹

Regarding the characteristics of the DC units, they differ according to the stage of development of the components (infants, children, adults and elderly), as to the degree of dependence of the dependent. As to the duration of dependence, the DC unit may be of temporary, continuous, punctual or intermittent character.⁸⁻⁹

◆ The theory of dependent care and Nursing Systems

Nursing acts on the DC system when there is an imbalance in the DC drive. In this sense, both the DC agent, and the receptor are of interest for the Nursing action.⁸⁻⁹

The nursing system is composed of deliberate and intentional actions together with the members of the DC unit (Figure 03), to satisfy the requirements of self-care, and to regulate the development of agencies, both self-care and DC of the patients involved.

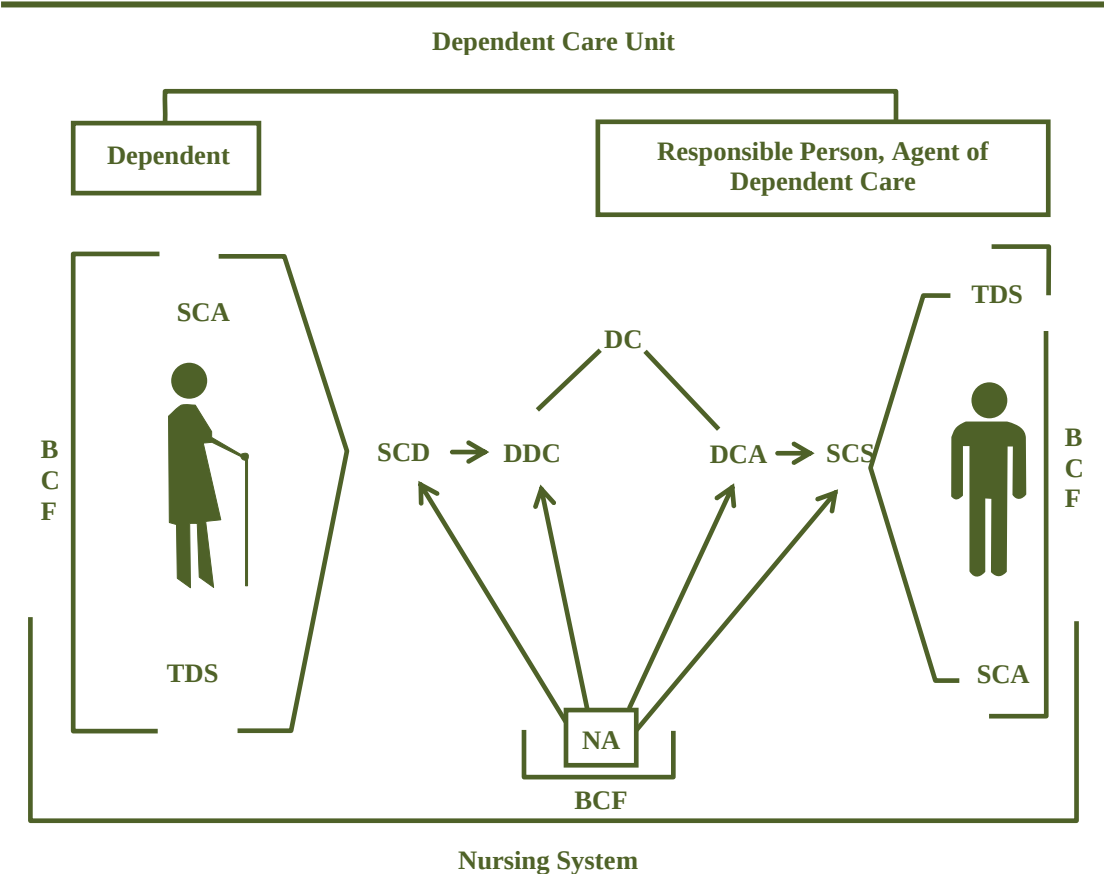


Figure 3.

Nursing System and Dependent Care Unit. Jataí (GO), Brazil, 2015.

Elaborated on the basis of Taylor et al.⁸ and Taylor & Renpenning.⁹

Legend: BCF = basic conditioning factors; SCA = self-care agency; TDSC = therapeutic demand for self-care; SCD = self-care deficit; DDC = demand for dependent care; DC = dependent care; DCA = dependent care agency; NA = Nursing agency; SCS = self-care system.

The functional and structural integrity of the DC unit is a Nursing concern. The nurse can act together with the DC unit in three moments: at the beginning of the unit, when the unit already exists and at the moment

when there is some change in the roles of the people in the unit.⁸

In the presence of the DC deficit, the nurse starts with the evaluation of the self-care systems of both caregiver and care recipient, verifying their therapeutic demands for self-

Silva Neto MG da, Freire LBV, Costa JAS et al.

care, in order to, define the type of Nursing system required.

The definition of the type of Nursing system (totally and partially compensatory and support-education) in DC situations provides a basis for the planning of Nursing actions.

If there are frequent changes in DC agents, there is a need for periodic reassessment of the DC system by the nurse, sometimes the skills and abilities of the agents vary, as well as the basic conditioning factors that

Dependent care: posterior development of the...

influence the unit.⁸⁻⁹ The complexity of the Nursing system increases according to with the complexity of the DC system.

◆ **Dependent care theory and nursing self-care deficit theory**

DCT is one of the theories that make up the NSCDT (Figure 04). The TNS is the most external and involves all others¹, because Nursing acts in the deficits of self-care and DC. To identify the deficit, it is necessary to know the SCT and DCT, their systems, units and conditioning factors.

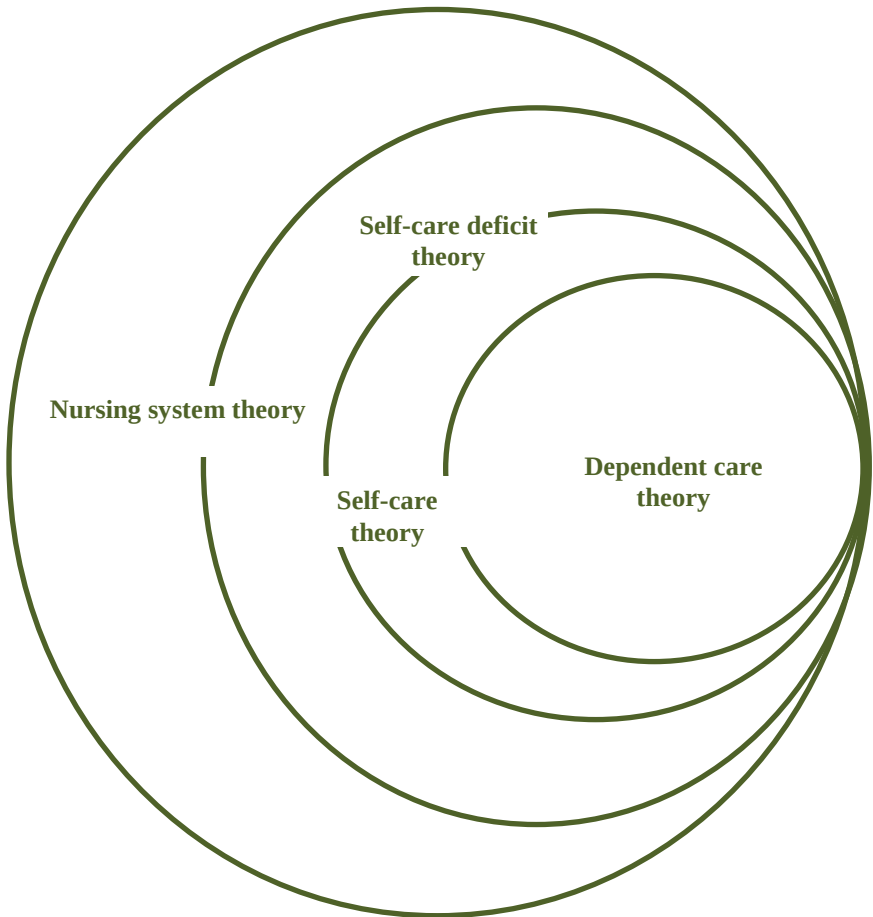


Figure 4. Theory of Nursing self-care deficit. Jataí (GO), Brazil, 2015.

◆ **Current and future prospects**

DCT is a contemporary theoretical construct that is parallel to the current changes in the international health scenario. Its importance and applicability is evident with increasing population aging, increasing numbers of people with chronic diseases and other complex health diversions, which generate a large demand for DC.

These factors generate increasing demands by nurses who work together with the DC unit, also influenced by governmental and socioeconomic policies that promote family care as an alternative to reduce hospitalization and institutionalization, as well as the increase and complexity of the technologies used by the people at home.

The use of the theory or some of its concepts occurred initially, especially in relation to the DC of parents and children^{10,18,20-21,28}, and in the relation of

parents and children with health deviations^{12,19,22-24}. As regards DC with other formats of units (parents and adolescents, adult and elderly, spouses, pregnant women, caregivers, family and community), the studies^{11,13-17,25,27,29-30} are incipient and require the scientific community for its development.

Biggs⁷ and Alligood⁵ reviewed the international scientific literature on the use of NSCDT, noting the narrow use of concepts related to DCT.

The development and continuous improvement of the theory is necessary. In this perspective, a DCT²⁶ working group indicates several points to be worked on for its refinement.

These points are related to the perspectives of the DC agent, regarding the obligation to provide care and the social and cultural expectations of their performance as caregiver. The caregiver's perspectives related

Silva Neto MG da, Freire LBV, Costa JAS et al.

Dependent care: posterior development of the...

to the caregiver's need and the caregiver's skills in meeting their needs. Regarding the role of Nursing in situations where people are not able to play the role of caregiver, the quality of care provided to dependents, the skills required for the DC agent, the Nursing relationship in the DC system, and the applicable and effective Nursing interventions in this area.

In order to do so, it is necessary to research with different approaches, which provide the deepening and visions of the totality of the phenomenon, the production of instruments that evaluate the concepts of DCT, besides studies that identify and test the Nursing interventions.

The development of this corollary to NSCDT attests to the versatility and timelessness of NSCDT by Dorothea E. Orem, now used in countless countries and varied scenarios.

REFERÊNCIAS

1. McEwen M, Wills EM. Theoretical Basis for Nursing. 3th ed. Philadelphia: Lippincott Williams & Wilkins; 2011.
2. Meleis AI. Theoretical nursing - Development and Progress. 5th ed. Philadelphia: Lippincott Williams & Wilkins; 2012.
3. Alligood MR. Nursing theorists and their work. 8th ed. Missouri: Elsevier; 2014.
4. Im EC, Chang SJ. Current Trends in Nursing Theories. J Nurs Scholarsh [Internet]. 2012 [cited 2015 Nov 12];44(2):156-64. Available from: <http://onlinelibrary.wiley.com/doi/10.1111/j.1547-5069.2012.01440.x/abstract;jsessionid=1F1BA462966FBD2A030766B0DDDB239D7.f04t04>
5. Alligood MR. Nursing theory: utilization & application. 5th ed. Missouri: Elsevier; 2014.
6. Orem DE. Nursing: Concepts of practice. 6th ed. Missouri: Mosby; 2001.
7. Biggs A. Orem's Self-Care Deficit Nursing Theory: Update on the State of the Art and Science. Nurs Sci Q [Internet]. 2008 [cited 2015 Nov 12];21(3):200-06. Available from: <http://nsq.sagepub.com/content/21/3/200.long>
8. Taylor SG, Repennning KE, Geden EA, Neuman BM, Hart MA. A theory of Dependent-care: A corollary theory to Orem's Theory of self-care. Nurs Sci Q [Internet]. 2001 [cited 2015 Nov 10];14:39-47. Available from: <http://nsq.sagepub.com/content/14/1/39.long>
9. Taylor SG, Repennning K. Self-care Science, Nursing Theory, and Evidence-Based Practice. New York: Springer Publishing Company; 2011.
10. Moore JB, Gaffney KF. Development of an instrument to measure mothers' performance of self-care activities for children. Adv Nurs Sci [Internet]. 1989 [cited 2015 Nov 10];12(1):76-84. Available from: http://journals.lww.com/advancesinnursingscience/Abstract/1989/10000/Development_of_an_instrument_to_measure_mothers_.10.aspx
11. Taylor SG. An interpretation of Family within Orem's General Theory of Nursing. Nurs Sci Q [Internet]. 1989 [cited 2015 Nov 10];2(3):131-37. Available from: <http://nsq.sagepub.com/content/2/3/131.full.pdf+html>
12. Davies LK. Comparison of dependent-care activities for well siblings of children with cystic fibrosis and well siblings in families without children with chronic illness. Issues Compr Pediatr Nurs [Internet]. 1993 [cited 2015 Nov 11];16(2):91-8. Available from: <http://www.tandfonline.com/doi/abs/10.3109/01460869309084024>
13. Schott-Baer D. Dependent care, caregiver burden, and self-care agency of spouse caregivers. Cancer Nurs [Internet]. 1993 Jun [cited 2015 Nov 11];16(3):230-6. Available from: http://journals.lww.com/cancernursingonline/Abstract/1993/06000/Dependent_care,_care_giver_burden,_and_self_care.9.aspx
14. Hart MA. Orem's self-care deficit theory: research with pregnant women. Nurs Sci Q [Internet]. 1995 [cited 2015 Nov 20];8(3):120-6. Available from: <http://nsq.sagepub.com/content/8/3/120.full.pdf+html>
15. Schott-Baer D, Fisher L, Gregory C. Dependent care, caregiver burden, hardiness, and self-care agency of caregivers. Cancer Nurs [Internet]. 1995 [cited 2015 Nov 09];18(4):299-305. Available from: http://journals.lww.com/cancernursingonline/Abstract/1995/08000/Dependent_care,_care_giver_burden,_hardiness,_and.7.aspx
16. Villarruel AM. Mexican-American cultural meanings, expressions, self-care and dependent-care actions associated with experiences of pain. Res Nurs Health [Internet]. 1995 [cited 2015 Nov 22];18:427-36. Available from: <http://onlinelibrary.wiley.com/doi/10.1002/nur.4770180508/full>
17. Fawdry MK, Berry ML, Rajacich D. The articulation of nursing systems with dependent care systems of intergenerational caregivers. Nurs Sci Q [Internet]. 1996 [cited 2015 Nov 17];9(1):22-6. Available from: <http://nsq.sagepub.com/content/9/1/22.full.pdf+html>

Silva Neto MG da, Freire LBV, Costa JAS et al.

Dependent care: posterior development of the...

18. Gaffney KF, Moore JB. Testing Orem's theory of self-care deficit: dependent care agent performance for children. *Nurs Sci Q* [Internet]. 1996 [cited 2015 Nov 20];9(4):160-4. Available from: <http://nsq.sagepub.com/content/9/4/160.full.pdf+html>
19. Moore JB, Mosher RB. Adjustment responses of children and their mothers to câncer: self-care and anxiety. *Oncol Nurs Forum* [Internet]. 1997 [cited 2015 Nov 21];24(3):519-25. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/9127364>
20. Dennis CM, Jeseck-Hale S. Calculating therapeutic self-care demand for a nursing population of normal newborns. *Self Care Depend Care Nurs* [Internet]. 2003 [cited 2015 Nov 27];10(3):3-10. Available from: <http://oreminternationalsociety.org/journal/>
21. Arndt MJ, Horodyski MA. Theory of dependent-care in research with parents of toddlers: the NEAT project. *Nurs Sci Q* [Internet]. 2004 [cited 2015 Nov 05];17(4):345-50. Available from: <http://nsq.sagepub.com/content/17/4/345.full.pdf+html>
22. Baggott C, Beale IL, Dodd MJ, Kato PM. [A survey of self-care and dependent-care advice given by pediatric oncology nurses](#). *J Pediatr Oncol Nurs* [Internet]. 2004 [cited 2015 Nov 05];21(4):214-22. Available from: <http://jpo.sagepub.com/content/21/4/214.long>
23. Moore JB, Beckwitt AE. [Children with cancer and their parents: self-care and dependent-care practices](#). *Issues Compr Pediatr Nurs* [Internet]. 2004 [cited 2015 Nov 04];27(1):1-17. Available from: <http://www.tandfonline.com/doi/abs/10.1080/01460860490279518>
24. Moore JB, Beckwitt AE. [Self-care operations and nursing interventions for children with cancer and their parents](#). *Nurs Sci Q* [Internet]. 2006 apr [cited 2015 Nov 16];19(2):147-56. Available from: <http://nsq.sagepub.com/content/19/2/147.full.pdf+html>
25. Moore JB, Pawloski L, Rodriguez C, Baghi H, Lumbi L, Zamora L. The effect a nutrition education program on the nutrition self-care practices of Nicaraguan adolescent girls and the nutrition dependent-care practices of their mothers. *Self Care Depend Care Nurs* [Internet]. 2007 [cited 2015 Nov 19];15(1):6-11. Available from: <http://static1.squarespace.com/static/55f1d474e4b03fe7646a4d5d/t/55f35eabe4b0fb5d95ae389d/1442012843830/Vol15No01June2007.pdf>
26. Dennis CM. Work group for Dependent-care. *Self Care Depend Care Nurs* [Internet]. 2008 [cited 2015 Nov 19];16(2):5-6. Available from: <http://static1.squarespace.com/static/55f1d474e4b03fe7646a4d5d/t/55f35ec1e4b0fb5d95ae38f0/1442012865398/Vol16No1January2008.pdf>
27. Steiner V, Pierce L, Drahuschak S, Nofziger E, Buchman D, Szirony T. Emotional support, physical help, and health of caregivers of stroke survivors. *J Neurosci Nurs* [Internet]. 2008 [cited 2015 Nov 15];40(1):48-54. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2442227/pdf/nihms50482.pdf>
28. Stuttgart K, Holoch E. The Theory of Dependent-care - a conceptual framework for assessing, supporting, and promoting parental competencies. *Pflege* [Internet]. 2010 [cited 2015 Nov 9];23:25-36. Available from: http://econtent.hogrefe.com/doi/abs/10.1024/1012-5302/a000006?url_ver=Z39.88-2003&rft_id=ori%3Arid%3Acrossref.org&rft_dat=cr_pub%3Dpubmed&
29. Fex A, Flensner G, Ek AC, Söderhamn O. Living with an adult family member using advanced medical technology at home. *Nurs Inq* [Internet]. 2011 [cited 2015 Nov 17];18(4):336-47. Available from: <http://onlinelibrary.wiley.com/doi/10.1111/j.1440-1800.2011.00535.x/abstract>
30. Green R. Application of the Self Care Deficit Nursing Theory: The Community Context. *Self Care Depend Care Nurs* [Internet]. 2013 [cited 2015 Nov 27];20(1):5-15. Available from: <http://static1.squarespace.com/static/55f1d474e4b03fe7646a4d5d/t/55f35f45e4b0fb5d95ae3b0b/1442012997408/Vol20No01Spring13.pdf>
31. Berbiglia VA, Banfield B. Self-Care Deficit Theory of Nursing. In: Alligood MR, editor. *Nursing theorists and their work*. 8th ed. Missouri: Elsevier; 2014. p. 240-57.

Silva Neto MG da, Freire LBV, Costa JAS et al.

Dependent care: posterior development of the...

Submission: 2015/08/12
Accepted: 2016/11/16
Publishing: 2017/02/15

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