Sister Callista Roy

- Born in Los Angeles in 1939
- Mother was a nurse
- Working at age 14
- Sisters of Saint Joseph of Carondelet
Roy’s Education History

- BACHELOR’S DEGREE
- MASTER’S DEGREE
- PhD
Roy’s Career History

- Idaho and Arizona hospitals
- Mount St. Mary’s College
- Clinical researcher
- Boston College
- Author
- Sisters of St. Joseph
In the Beginning

- DOROTHY JOHNSON
- MOUNT ST. MARY’S COLLEGE
- ADAPTATION MODEL
- MODES OF ADAPTATION
- STIMULI
Roy’s Adaptation Model

- This model asserts that human beings and groups are holistic, adaptive systems that are continually changing in sync with a continually changing environment (Fawcett, 2005).

- Coping processes are necessary for adaptation. Two subsystems of coping are the regulator and cognator subsystems (Fawcett, 2005).

- The regulator and cognator subsystems work together to respond to changing internal and external stimuli to maintain the integrity of the individual (Cunningham, 2002).
There are three types of stimuli that provoke a response: focal, contextual, and residual stimuli (Fawcett, 2005).

The classification of a particular stimulus may change as rapidly as the situation changes (Fawcett, 2005).

When individuals are confronted with stimuli, their coping processes, by way of the regulator and cognator subsystems, are activated and manifested within one or more of Roy’s four adaptive modes (Cunningham, 2002).
Roy’s Four Adaptive Modes

- Physiological/Physical Mode
- Self-Concept/Group Identity Mode
- Role Function Mode
- Interdependent Mode
Roy’s Adaptation Model

“Adaptation is a process of promoting integrity.”

An individual’s behavioral response to stimuli in the environment can either be adaptive or ineffective.
Adaptation Model Continued

- Health defined
- Nursing goal: health promotion
- Desired result: adaptive response
- The nursing processes and adaptation
- Incorporation of the nursing process in the Model
Philosophical Underpinnings

- **SCIENCE**: One of the inspirations for Roy’s Adaptation Model came from the work on adaptation by Harry Helson.
  - Multiple scientific assumptions are delineated within Roy’s Adaptation Model.

- **PHILOSOPHY**: Roy’s Adaptation Model is based upon multiple philosophical claims and assumptions.
  - Philosophy
  - Religion
Roy’s Adaptation Model involves many concepts derived from the reciprocal interaction world view.

Adaptation is continuous
Adaptation is vital.

Nurses must support patients in the adaptive process.
“This is a critical time for the world. We [all nurses] are responsible for creating a better world.”

Sister Callista Roy - September 23, 2009
Focus on the Client

“No age of situation is particularly outside the scope of the model” (Fawcett p.415)

“Client” is described by Roy as the recipient of nursing care as a “holistic adaptive system.”
The Roy Adaptation model can be used when caring for:

- Individuals
- Families
- Groups
- Communities
- Society
Roy Adaptive Model useful in:

Nursing Practice

Nursing Administration

Nursing Education

Nursing Research
  Experimental Studies
  Descriptive Studies
  Correlation Studies
A.P., a 52-year-old menopausal female, comes to the office today with complaints of increased weight gain over the last 8 months. She states that the "size of tummy" bothers her, as she has always been thin until last year or so.

Changes in sleep pattern noticed over that time. Awakening with night sweats, need to void, and hot flashes.

Pt states attempting to eat healthy foods and watch intake. However, family’s food likes make it challenging to find foods that meet both healthy and likability aspect of meal preparation.

Walks 3 times a week for 20-30 minutes; however, commitments with family and work make this inconsistent. Other physical findings are negative.
Why the Roy Model?

Provides a holistic perspective

Processes to two sub-systems
  - Regulator
  - Cognator

Reviews and assesses the patient’s ability to adapt to an ever changing environment.

Cunningham (2002)
Araich, M. (2001)
First level assessment

Data Collection

Physiologic Data:
- weight gain
- hot flashes
- night sweats
- stress incontinence
- time constraints on exercise
- limited healthy food choices.

Self-concept:
- Client states during visit “I do not like my stomach now.”

Role function:
- Woman
- Mother
- Employee

Interdependence
- Family obligations and tasks limit level of activity.
- Food preferences dictated by the family as a whole.
Second level assessment

Assessment of stimuli that influence behavior.

**Focal:** Hormonal changes related to menopause.

**Contextual:**
- Age
  - Lack of understand physical changes secondary to menopause.
  - Lack of family understanding of psychologic & physiologic changes.
  - Stressors related to changes that occur with the aging process.
  - Multiple roles within the family.

**Residual:**
- No current religious affiliation.
- Limited number of close personal friends.

Cunningham (2002)
Diagnosis, Plan, & Interventions

**Diagnosis:**
Disturbance in body image R/t menopausal changes

**Goal:** client will verbalize positive aspect of her body image with in 3 months.

**Evaluation:**
at one week
and continually throughout process.

**Interventions:**
- Identify specific areas of body image client struggles with.
- Journal food and activity for one week.
- Provide nutritionist or weight management program to assist client with food intake & weight.
- Assist client in examining all hindrance to walking and look for areas that would enable client to walk.
- Have client identify aspects of body image that are positive.
“My theory will never be completed, never finished. Knowledge needs to keep developing.”

- Sister Callista Roy, September 23, 2009
References


