

Roy's adaptation model

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Roy's Adaptation Model is the method by which was developed by Sister Callista Roy in 1976 is an Adaptation of Nursing Theory that has found itself gaining prominence over the passing of the decades. Using interrelated biological, psychological and social systems, the idea behind the model is to help an individual maintain the delicate balance between all these health aspects. Even though there is no assurance of finding a perfect balance between the needs of the individual, this theoretical framework at least provides a guide towards achieving a delicate balance of the personal needs of the patient. This paper will delve deeper into the study of the framework of the theory as it is applied to the treatment of a group of Canadian menopausal women and how the framework may have helped or not helped them overcome their menopausal problems. The review is based upon the case study done by Denise Cunningham, RN, BscN of D'Youville College.

Roy's Adaptation Model The peer reviewed article pertaining to Roy's Adaptation Model that we were asked to review for this class was written by Denise A. Cunningham, RN, BscN. At the time that she wrote the article, she was employed at D'Youville College. She wrote the paper based upon the care of a group of women who had to deal with the effects of menopause. As everyone knows, menopause is a normally occurring part of the female life cycle. And yet most women who are advancing in age refuse to discuss or even consider the impact that menopause will have on their lives. Using Roy's Adaptation Model, she presented a case study that had one nurse in particular using the model in treating a group of her advanced age patients who were experiencing life changes due to the onset of menopause. The paper was designed to produce results of the Roy model based upon its on a

Canadian group of women. According to the study, Canadian women have a life expectancy rate of reaching at least the age of 81. Due to the increased longevity, menopause presented a problem to the women who still wanted to enjoy their lives. Based upon data gleaned from the North American Menopause Society guidebook in 1999, the author managed to provide the necessary overview concerning the physical and emotional changes that the women undergo and the variety of treatments that are available to help alleviate the menopausal suffering of the Canadian women. For this particular study, the nurse in charge used the Roy model to determine how each of the individual menopausal patients reacted to their various environmental stimulants. (Cunnigham, 2002) By using these focal, residual, and and contextual factors, the caregiver of the patient was able to properly assess and address the unique menopausal problems that presented itself with each patient. The patients were a group of 3 women who were of Jamaican - Canadian descent, middle aged, and considered to be of the menopausal age. Meeting for 6 session varying in time from 2 1/2 to 3 hours, the women members of the group were allowed to meet in a location that was easily accessible to the women, but maintained their privacy as suggested by the Roy Model using the group dynamic theory. The model was used to collect assessment behaviors of the patients based upon the 4 adaptive modes of Roy which were used to help determine their level of adaptation at the moment. By the end of the group sessions, the nurse was able to determine that the menopausal patients all suffered from the same symptoms that include "... (a) a disturbance in body image related to menopause (b) social isolation related to inability to discuss menopause with

immediate family and friends”. (Cunningham, 2002). The nursing intervention planned for the group focused on “ managing the stimuli and promoting adaptation” (Cunningham, 2002). The nurse in charge of the case study indicated that by the end of the sessions, all of the group objectives had been successfully achieved. The use of the Roy Model was successful because the model required the group to assess their individual needs and respond to the individualized programs developed for them in response to their needs. By allowing the patients to have a group to come to every week to discuss their menopausal problems, the women lost their fears and inhibitions about menopause and gained a sense of freedom and being able to actually deal with something that they originally perceived to be a stressful and embarrassing topic to discuss. Due to the success that accompanied this particular case study, I would like to suggest that further studies on the benefits of the Roy model in other medical settings be studied. Most specially in the field of oncology where the cancer patients undergoing treatment oftentimes find themselves typically socially isolated due to a various number of psychological and physical reasons. The Roy model may be able to help those patients come together and support each other during their time of need. Overall, the Roy Model is a highly effective and properly geared treatment approach that can benefit women suffering from various minor and physical ailments. It's use in the Canadian study of 3 Jamaican- Canadian women suffering from menopause proves that the model can actually be of a great benefit to women. Source Cunningham, D. (2002). Application of roy's adaptation model when caring for a group of women coping with menopause. *Journal of Community Health Nursing*, 19(1), 49-60.