

Adaptation model theory analysis



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The theorist I selected is named Lorraine Callista Roy who was born on October 14, 1939, in Los Angeles, California. She was brought up to be raised in a family with solid Catholic bonds. Roy's father was a truck driver, and her mother was a licensed vocational nurse. Her mother educated her on the significance of caring for people and swayed her choice of career; the one she has chosen permanently. When Roy was fourteen, she started working in the kitchen at a hospital nearby and then came to be a nursing assistant.

Description of Roy's background starts with receiving a Bachelor of Arts in Nursing (BAN) from Mount St. Mary's College in Los Angeles, California. Roy then worked as a bedside nurse at St. Mary's Hospital in Tucson, Arizona. She then soon began her education to obtain her master's degree at University of California, Los Angeles (UCLA) in pediatric nursing in 1966. After she earned her degree, she soon returned to Mount St. Mary's Hospital as an associate of the faculty, teaching both pediatric and maternity nursing. Roy developed encephalomyelitis and was forced to have to stay in bed soon after she became a part of the faculty at Mount St. Mary's Hospital. Since she was bedridden, she was required to take a leave of absence. Once things were better, she returned to work in 1968 unaware that years in the future, she would then have an acoustic neuroma taken out. During those early years at Mount St. Mary's, Roy began to develop the adaptive theory in which her sickness was crucial because that was the start of her model thinking. With the theory in mind, she organized her course work to involve the persons and families as adaptive systems and developed an integrated nursing curriculum.

When Roy was developing her adaptive theory, she used deductive logic. Roy credits the work of Von Bertalanffy's general system theory and Helson's adaptation theory when developing the original root of the scientific assumptions underlying the adaptive model (Parker & Smith, 2010). Helson's principles about adaptation helped Roy develop the principle for her theory of the person as an adaptive system and her adaptation model (Parker & Smith, 2010).

St. Mary's College implemented her model as part of the teaching curriculum in 1970. Soon after that, she was chosen as chair of the nursing department in 1971 and stayed in that position until 1982. During her time there, she was continuing to earn a second master's degree from UCLA in sociology and in 1977, a Ph. D. in sociology, also from UCLA. She took postdoctoral studies in neuroscience nursing at the University of California, San Francisco (UCSF). Her interest in this field was provoked by her own involvements with neurological diseases, and she sought to increase her knowledge of the holistic person as an adaptive system. By the time 1981 came around, the adaptive model of nursing practice was known to many. Dr. Roy and her associates turned to thirty other schools in order to show them how to use the model in their associate to doctoral level nursing program. Dr. Roy has also helped to develop a master's of science program in nursing at the University of Portland in Oregon. At Boston College, she was then asked to help develop a Ph. D. program in nursing in 1987. The latest research she is doing focuses on nursing interventions for those who have suffered mild head injuries with the adaptive model.

Roy studied with Dr. Dorothy Johnson while at UCLA. Dr. Johnson had developed the Behavior System Model of Nursing. She insisted Sister Roy to develop her concept of adaptation and refine what she has into a theory to define the goal of nursing. *Introduction to Nursing: An Adaptation Model*, was published in 1976 and has been updated many times during the course of the years.

Theory Description

Adaptation model addresses the focus of nursing care, the target of nursing care, and the need for nursing care. Dr. Roy's perspective of the patient is holistic. According to Parker & Smith (2010), Dr. Roy states, " patients are constantly adapting, and the goal of nursing is to promote that adaptation in both sickness and health." The four key perceptions and assumptions of the adaptive model in humans are adaptive systems in both individuals and groups, in the environment, health, and also in the goal of nursing. Roy defines the four concepts of the paradigm of nursing as follows:

1. Nursing – The science and practice that expands adaptive abilities and enhances person and environmental transformation.
2. Environment – all conditions, circumstances, and influences that surround and affect the development and behavior of humans as adaptive systems, with particular consideration of person and earth resources.
3. Person – the main focus of nursing, the recipient of nursing care, a living, complex, adaptive system with internal processes acting to maintain

adaptation in the four adaptive modes which are physiological, self-concept, role function, and interdependence.

4. Health – a state and a process of being and becoming an integrated and whole human being.

According to Parker & Smith (2010), assumptions of the theory are as follows:

Explicit Assumptions:

- People are holistic beings.
- People are continually interacting with their altering environment.
- People cope with changes by using inborn and learned coping skills that are biological, psychological, and social.
- Health and illness are a part of everyone's life.
- To adapt, people must have positive responses to changes in their environment.
- Adaptation depends on a person's adaptation levels and the stimuli to which they are exposed.
- Adaptation levels refer to the amount of stimulation that lead to positive responses.
- The four forms of adaptation are biologic, concept of self, role development, and interaction with others.
- Nursing values other people's opinions and points of view. Interaction with others is an essential part of nursing.
- The ultimate goal of existence is to reach dignity and wholeness.

Implied Assumptions:

- People can be separated into parts for care and study.
- Nursing is based on cause and effect.
- Nursing needs to consider and respect a person's opinions and values.
- When a person adapts, he or she is free to respond to additional stimuli.

Nursing Process:

- Assessment of a patient's behavior
- Assessment of a patient's stimuli
- Nursing diagnosis
- Goal setting
- Nursing interventions to meet goals
- Evaluation

Some early critiques point out to the fact that Roy's theory was only fixated on the holistic aspects of the person and ignored other aspects (Parker & Smith, 2010). Dr. Roy reviewed her theory and revised it for the 21st century in the late 1990's. She depicted her knowledge of philosophy, spirituality, and scientific on the research that she had done. She was seeing individuals as defined by their physical and social environments. She cited nursing scholars who developed a discipline that served to enhance the well-being of people and the earth. Dr. Roy used the phrase "cosmic unity" to show that people and the earth have common characteristics. Dr. Roy's nursing theory is continuously progressing with the findings she has added to the broad base of nursing knowledge and outcomes of nursing practice.

Evaluation

Roy's adaption model does a pronounced job in clarifying the role of adaptation in illness and nursing. Dr. Roy included the different types of stimuli, different modes of coping and adapting, and nursing's role in assisting a patient to adapt (Parker & Smith, 2010). The Adaptation model is commonly known by the nursing community. In fact, "it is one of the most frequently used models to guide nursing research, education, and practice," claims (Alligood & Tomey 2010, p. 354). This model is still being taught in several universities in the United States and abroad.

Adaption model authenticates considerably in many different nursing disciplines. The model has stimulated the advancement of many middle-range nursing theories. It contains a lot of many major concepts, sub-concepts, and relational statements, which makes the model to be considered as a complex model. The complexity of the adaption model supports the growth of its empirical precision. The adaption model is extensive in the scope and can be used to shape or experiment with nursing theories. This helps to make the model generalizable to all approaches existed in nursing practice. Adaption model is a model that can be researched various ways and can be useful on as a conceptual framework in countless nursing research field ideas. It is beneficial, valid, and essential for nursing practice, nursing education, and development. It is responsible for respected information about individuals' adaptation to different environmental stimuli (1).

The metaparadigm concepts implanted contained by the adaption model include person, environment, nursing, and health. This is a continuous collaboration on many levels, permitting individuals and groups including

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families, communities, etc. flexibility and change for better health decisions. Developing the nursing process, nurses can assess to see if there is any maladaptive behaviors and would be able to develop care plans with appropriate interventions that enhance adaptation positively for enhanced conclusions (Kenney, 2013, p. 368).

An example and evaluation of the adaption model applied is as follows.

Mianna, who is a 21 year old female, is seen in the emergency room for a problem of extremely severe lower abdominal pain that also goes along with fever, nausea, and vomiting. Mianna is first escorted by her father, who left as soon as she was taken back to her room. She has a high WBC count and nothing on the ultrasound. The x-ray was negative. Intravenous antibiotics are ordered as treatment for likely pelvic inflammatory disease. Medication for pain helped Mianna to be more at ease regardless of the fever and nausea.

Initial calculation of the application of the adaption model will address Mianna's behavior in four key parts. The physiological state of her adaptation level has been compromised by her health position that includes lower abdominal pain and nausea with fever. Mianna has been having to manage these symptoms of infection, which unfortunately were caused by partaking in unprotected sex. The self-concept group identity in adaption model can determine that the patient has made the decision to come to the hospital for treatment. This is indicating good judgment on behalf of Mianna. Since she reached out to health care when sickness has bestowed upon her indicates that Mianna has some meaning or connection to the world.

Recognizing role, meaning Mianna is a twenty one year old who has been in a sexual relationship with multiple partners. She has approximately some relationship with her father, taking in consideration that he is the one that brought her to the hospital. When bearing in mind interdependence mode, we can see that Mianna is a twenty one year old in which her father came with her to the hospital, but he then left, which now leaves Mianna alone looking for treatment of the illness that is compromising her life. The adaption model is pertinent to Mianna and her family, since it shows that her father does know something is wrong with Mianna but does not stay to find out what.

Next, the assessment requires collecting further information and linking it to internal and external factors recognized as focal, contextual, and residual that manage adaptive behaviors in persons. Concepts will look at the links between the person and their environment and see how the environment affects adaptive behaviors and level of functioning (Roy's adaptation model, 2012). The adaptation model supports the nursing process and nursing practice related to holistic and human adaptation (Lee, Tsand, Wong, & Lee 2011). Merging the evidence from the two assessments, the nurse can create a care plan founded on the impression that the individual has two coping factors to deal with eventful situations (McEwen & Wills, 2011, p. 171-172). Nursing care would be focused on helping patients make modifications to their behavior as a way to cope when illness arises. Preferred patient care conclusions for Mianna's case study can be based on the same ideologies. Identifying Mianna's internal and external factors can help start to comprehend how Mianna copes with stress. The interventions that can be

utilized would be to educate Mianna on the illness that has affected her and to explain about health promotion and preventing behaviors that can cause this illness. Mianna can validate that she comprehends the instructions by reeducating the nurse on the topic at hand. Referring Mianna to the college clinic or a community based health program will help to make available additional knowledge and management. Mianna, if wanted, can benefit from these referrals. “ In terms of dealing with a chronic illness or disease or even acute conditions, Roy concludes that the goal of nursing care is to provide ways for patient to adapt to their environment.” (need a site)

Application

I feel the adaption model characterizes the concept of care in my hospital setting. It helps by showing the mind and body are connected and are treated holistically. Working in the emergency room as a nurse who sees death and dying on a daily basis makes it easier to deal with when knowing that the spirituality or the metaphysical certainly come into play when one is dying. When I have patients that are actively dying, they will sometimes request a chaplain, even if he or she was not formerly religious. This makes me believe even more in the adaption model. These individuals are looking for a purposeful and gracious death, which is relating to the self-concept mode, concentrating on the sense of unity, meaning, purposefulness in the universe (McEwen & Willis, 2011). Nurses are to maintain our patients' quality of life and warrant that they have a dignified and peaceful passing, even if it is in the emergency room. Again, Roy's goal of nursing is promoting adaptation to contribute to a person's health, quality of life, and dying with dignity (McEwen & Ellis, 2011). That is why I feel that this model fits perfectly

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in the hospital that I work at. I am anticipating that I can enhance to better serve my patients, having a better awareness of the adaptation processes and thus a better understanding of the interventions I deliver.

In closing, this adaptation model has been established as a guide for nursing practice in a world with developing needs that change daily. When the model is applied, the model delivers a plan for knowledge improvement for the patients. Roy's theory adds great value to, not only the discipline of nursing practice, but also nursing science, education, research, and administration. This is why I have decided to indulge in Dr. Roy's adaption model.

References

Parker, M. E., & Smith, M. C. (2010). *Nursing Theories and Nursing Practice* (3 ed.). Philadelphia, PA: F. A. Davis. Retrieved from <http://www.ebrary.com>