

The Nursing Process and

The Roy Adaptation
Model

The Roy Adaptation Model

- Nursing model – a model is an idea that explains by using symbolic and or physical visualization. Can be verbal, schematic, or quantitative (math symbol)
- Basis from which nursing curriculum is developed
- Basis for making nursing judgments regarding clinical experiences
- Framework on which a nurse makes decisions regarding patient care

The RAM was developed by Sister Callista Roy

- The recipient of nursing care is a biopsychosocial (spiritual) being or group in constant interaction with the environment. Open system
- Goal - the promotion of adaptation for individuals and groups in each of the four adaptive modes, thus contributing to health, quality of life, and dying with dignity.
- Nurse's activity - uses the nursing process to promote adaptation in each of the adaptive modes.

Adaptation

- the process and outcome whereby thinking and feeling persons, as individuals or in groups, use conscious awareness and choice to create human and environmental integration

Adaptive mechanisms: individual

Are mechanisms that help a person cope mentally, physically, socially, spiritually and emotionally

- Regulator subsystem: responds automatically – neural, chemical and endocrine, stimuli come from the senses
- Cognator subsystem: respond through four cognitive-emotional channels

Perceptual and information processing

learning

judgment

emotion

Adaptive mechanisms: Group

- Innovator subsystem: Structures and processes for change and growth. Focuses on change.
Think about families
- Stabilizer subsystem: Establishes structures, values and daily activities. Family roles/rules – who does what? Example – mom is on strike, is the family stabilized?
Focus is on system maintenance

Adaptation level

- a changing point influenced by the situation and the internal resources of the person, family or group. The three levels of adaptation are:
 - Integrated life process
 - Compensatory process
 - Compromised process

Integrated life process

- level at which the structures and functions of a life process are working as a whole to meet human needs.



Compensatory process

- level at which coping mechanisms (cognator and regulator) have been activated by a challenge to the person or group



Compromised process

- level resulting from inadequate integrated and compensatory life processes; an adaptation problem



Four adaptive modes

- Three psychosocial and one physiologic mode. All impact each other like marbles.
- Based on basic needs
- Need - a requirement within an individual or group which stimulates a response to maintain integrity

Individual Self-concept

Psychic and spiritual integrity: the need to know who one is

- Physical self

 - Body sensations

 - Body image: loss

- Personal self

 - Self-consistency: anxiety

 - Self-ideal: powerlessness

 - Moral-ethical-spiritual self: guilt

All Contribute to our self esteem

Group self-concept

Identity integrity/group identity

- Interpersonal relationships
- Group self-image
- Social milieu
- Culture

Individual Role function

Need is social integrity – the need to know who one is in relation to others so that one can act.

- Role set: All of the roles a person holds at one time.
- Instrumental behaviors: goal orientated behavior, role activities, student – studying, mother – rocking a crying baby
- Expressive behaviors – feelings and attitudes held by the person about performing the role
- Requirements and other stimuli – consumer, reward, access to facilities and circumstances, cooperation and collaboration

Group Role Function

- Role clarity; the need to understand and commit to fulfill expected tasks, so that the group can achieve common goals.
 - Aggregate role set – all roles within a group. Complement of roles within a group.
 - Developmental stage – add new roles as we develop or mature

Interdependence - Individual

- Relational integrity: feeling of security in nurturing relationships.
- Mode focuses on interactions related to the giving and receiving of love, respect and value
 - Significant others
 - Support systems

Group Interdependence

Social context in which the group operates

- Context
- Infrastructure
- Participants

Individual physiologic mode: Needs/Complex Processes

- Oxygenation - need
- Nutrition - need
- Elimination - need
- Activity and rest - need
- Protection - need
- Senses – complex process (CP)
- Fluid, electrolyte, and acid-base balance - (CP)
- Neurologic function - (CP)
- Endocrine function - (CP)

Adaptation problems

- occur in each adaptive mode when satisfaction of needs is not possible

Responses

- Adaptive response - behavior that promote integrity in terms of the goals of human systems. Example: You run up the stairs to get your jacket, your pulse and respiratory rate increase to meet bodies needs
- Ineffective response - behavior that does not contribute to the integrity of the individual or group. Example: denial or a rapid irregular pulse at rest

Nursing Actions/Nursing Process

- Nursing process is ADPIE
- Roy separates Assessment into two distinct phases:
 - First level assessment of behavior
 - Second level assessment of stimuli

First level assessment

- Identify behaviors in each of the adaptive modes. Internal or external actions and reactions under specified circumstances.
 - Physiologic-physical
 - Self-concept-group identity
 - Role function
 - Interdependence

Behaviors

- Identified through nursing history and physical (see pages 5-9) and ongoing assessments. We cluster them together in the 4 modes.
- Identify and label if they are:
 - Subjective behaviors (s): symptoms. Ex. Aching pain in left knee
 - Objective behaviors (o): signs Ex. Temperature 101.4
- Identify if they are:
 - Adaptive (A), that is promote integrity
 - Ineffective (I), do not promote integrity or integrity will be compromised.

Second Level Assessment

- Identify stimuli or influencing factors causing the behaviors assessed. Three types of stimuli:
 - Focal
 - Contextual
 - Residual

Focal Stimuli

- The internal or external stimulus most immediately confronting the person for that cluster of behaviors. They focus on it.
- Is not the medical diagnosis.
- It must be something nursing can do something about.
- When you look at a nursing diagnosis it is the related to phrase
 - Impaired physical mobility r/t abdominal incision pain
 - Anxiety r/t feelings of hopelessness and helplessness secondary to new breast cancer diagnosis

Contextual Stimuli

- All other stimuli present in the situation that contribute to the effect of the focal stimulus
- Can be internal or external
- Can have a positive or negative effect
- We must know or have confirmed their influence on the situation.
- Examples: past experiences, other health conditions, age, gender, culture, spirituality, level of physical function, family dynamics, economic status, knowledge base, values, support systems in place

Residual Stimuli

- Environmental factors in or out of the person, effects are not clear in the current situation.
- They are often a “hunch” based on our knowledge or past experiences with clients with similar problems.
- If we confirm that the stimuli is influencing we move it to either F or C stimuli
- Categories are similar to contextual

Active learning: label the behaviors

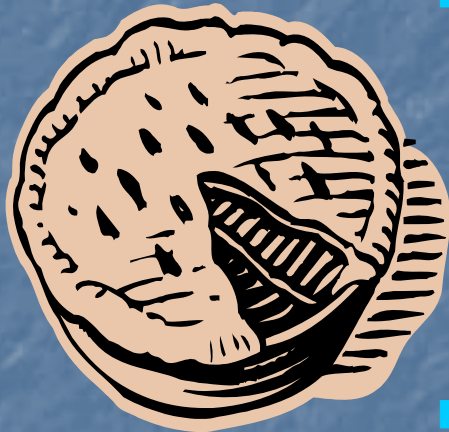
- "I feel really nauseous"
- Slightly decreased skin turgor over sternum
- Dry oral mucous membranes
- Temperature 98.2 (o)
- 3 liquid light brown stools in the last 2 hours
- No vomiting in the last hour
- Ate 2 bites of jello and 2 oz of broth at lunch
- 200 cc dark amber urine in last 8 hours
- I'm having really bad cramps
- "I just have no energy" "I'm so tired"
- "I don't have time for this, I have so much I have to get done"
- Abdomen slightly rounded, no tenderness with palpation
- Hyperactive bowel sounds in all four quadrants
- Skin pale, warm, slightly diaphoretic
- Serum Na 135, Serum K 3.8

Develop a nursing care plan

- A care plan is holistic and identifies actual and potential problems in each of the four modes. One care plan may have 20 problems or diagnoses identified.
- diagnosis
- goals/outcomes
- interventions with rationale
- evaluation

- Nurse will manipulate or manage stimuli, hopefully eliminate or modify the focal stimulus if the behavior is ineffective.
- If behavior is adaptive, the nurse will reinforce or support this behavior.

interrelatedness of the modes



- An individual or a group function as a whole that is more than a sum of its parts
- Each adaptive mode may act as a focal, contextual, or residual stimulus for another mode.



Nursing Process and RAM in a nutshell

- 1st level assessment: Assess Behaviors ie **the what**
- 2nd level assessment: Identify stimuli, ie **the why**
- Diagnosis: **What does it all mean?**
- Planning: **What do you want them to do?**
- Implementation: **What are you going to do about it?**
Nursing intervention number 1 is how you are going to help them meet goal number 1
- Evaluation: **How did it work out**, what do you need to keep or change?

Student Nurse versus Professional Nurse Care Plans

- When students do a “care plan” they are only addressing one problem. In contrast, a professional care plan is holistic ie has all identified actual and potential problems on it.
- Student care plans will have the entire nursing process on it with the addition of rationale. They have to tell us why you are doing specific nursing interventions, ie the scientific basis.
- A professional care plan document begins with the nursing diagnosis. Assessment data is in the nursing history and physical, assessment notes and narrative notes.

Student Nurse versus Professional Nurse Care Plans

- In the stimuli columns:
 - Focal stimuli: Students need to do a mini patho tree of the problem. Start with the secondary to piece and work towards the r/t piece.
 - Contextual stimuli: they can not just name it they have to briefly explain it.

Ex: do not just say religious beliefs, would say Follows Catholic doctrine – can not eat meat on Fridays during lent.

Ex: don't say pain tolerance. Quantify it, do they have a high, moderate or low pain tolerance.