The Roy Adaptation Model (RAM): A Conceptual Framework

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Of the hundreds of nursing theories in existence today, the Roy Adaptation Model is one of the widest-used conceptual frameworks used in nursing practice (Meleis, 2012). Its author, Sister Callista Roy, published her nursing model in 1970 which drew largely on the works of her graduate instructor, Dorothy Johnson and on the theory of psychologist Harry Helson (Fawcett, 2002). While Johnson’s Behavioral Systems Model sees the individual as a behavioral system responding to its surroundings in an anticipated way, Helson’s Adaptation-Level Theory in psychology asserts that the individual’s response level to a stimulus is dependent on how he adapts to the environment (Fawcett, 2002). These influences, along with observations as a pediatric nurse of children’s adaptive mechanisms (12), are the foundational basis of the Roy Adaptation Model (RAM), which centers on the concept of human beings as holistic, adaptive systems that are in constant interaction with the environment (Roy and Andrews, 1999) Roy developed this model when her graduate class was asked by Johnson to formulate their own brand of nursing theory. Since then, the model has served in guiding nursing practice in the care of the individual and has been continually refined by the author to reflect the changing needs and scope of nursing (Fawcett, 2002). Its scientific and philosophic assumptions were added during the 1970s and 1980s, and by 1999, the concept of group was included within the concept of individual. Other changes reflect new developments in the model elements and health care delivery, clarification of basic concepts and further explanation of the adaptive modes (Fawcett, 2002). Roy’s Adaptation Model is classified as a grand theory based on interactive process by McEwen and Wills (2007) and also as a systems model by Tourville & Ingalls (2003). RAM is a complex conceptual model with several major concepts and sub-concepts concerning the dynamic interaction between human systems and the environment, and the ways that these
systems adapt to changes in the environment (McEwen and Wills, 2007). As a conceptual framework, the RAM’s major concepts include the four metaparadigms of nursing (person, health, environment, and nursing), stimuli, coping mechanisms, and modes of adaptation (Roy & Andrews, 1999). The person metaparadigm is defined by Roy as the “human adaptive system” (individual or group) comprised of “parts that function as a unity for a purpose” (Roy & Andrews, 1999, p.31). While health is the state of being or becoming a cohesive whole, environment is the source of internal and external stimuli that affects the system’s adaptive behavior. Integration of these three concepts leads to the fourth paradigm: that the goal of nursing is to promote adaptation through the four adaptive modes (Roy & Andrews, 1999; Fawcett, 2002). For wellbeing to be achieved, it is necessary that individuals and groups adapt accordingly to changes brought about by stimuli from the environment. These stimuli may be focal, contextual and residual. Focal stimuli are factors that directly affect the system, contextual are surrounding stimuli that may or may not affect the system, and residual factors are immeasurable stimuli that may affect the situation or behavior of the system. When faced with these stimuli, the individual or group needs to have the coping mechanisms required to adapt through. If the coping mechanisms are adequate, adaptive responses are produced which promote adaptation, otherwise ineffective responses result which have no value for adaptation. At this point, assessment is needed to determine adaptive measures. The first level is assessment of behavior using the four adaptive modes which are physiologic-physical, self-concept, role function, and interdependence. The second level of assessment is valuation of stimuli that influence behavior. Through these assessment levels, appropriate nursing intervention is identified to bring about adaptive responses and bring back balance (Roy & Andrews, 1999). As a conceptual model, the Roy Adaptation Model does provide a systematic framework for
psychiatric nursing practice, education and research through its congruence with nursing beliefs and values, logical sequence of concepts, and useful applications in extending the science of nursing. The RAM’s conceptual framework is consistent with current beliefs and values in psychiatric nursing. The summation of its concepts, sub-concepts and relational declarations is to direct nursing in promoting health or well-being of the individual or group (McEwen and Wills, 2007). This can be accomplished according to the author, by striving for adaptation through the four adaptive modes (Roy & Andrews, 1999). Physiologic-physical mode refers to the physico-chemical functions and activities of the human body, and is also called physiological integrity. Self-concept or self-identity (or group-identity) mode refers to psychological and spiritual integrity which affect how an individual or group sees his value and place in the universe. Role function mode corresponds to the need for social integrity which defines how one sees his role with respect to the roles of others. Interdependence mode refers to the need for security and relational integrity which contribute to the potential for the individual to grow, develop and adapt to change. This aspect of the RAM is particularly helpful in the assessment of clients with mental health issues because the model provides a guideline for observing and categorizing phenomena, as well as a classification of indicators for adaptive processes (Ellis, 2009) which will facilitate diagnosis, intervention and adaptation to changes in the client’s living conditions. The author’s worldview of veritivity (purposefulness of human existence) is the model’s over-all philosophical assumption and is the guiding principle on how the individual or group is treated. This is embodied in the implicit assumptions of the model that entitles and respects the patient to his own values and opinions (Roy & Andrews, 1999). The RAM’s view that the individual is a holistic being is also congruent with the nursing ideal of looking at the mentally ill as a person and not just an illness. The nature of maladaptation inherent in mental illness can be integrated
into the assessment process to identify suitable adaptive responses for the client. These key points and assumptions are consistent with nursing views on adaptation to change, human beings, and nursing goals (Meleis, 2012). Roy’s Adaptation Model is a grand theory with a logical sequence that is widely applicable for use in different situations including mental health nursing. Like medical nursing, it also follows the nursing process in formulating care plans. The RAM has two levels of assessment relating to behavior and stimuli (Roy & Andrews, 1999). Behavior assessment is performed through the four adaptive modes (physiologic-physical, self-concept, role function and interdependence) to gather data and define the current state of adaptation of the client. Assessment may take the form of interviews, group discussions, observations or through self-assessment questionnaires. Information of import are physical, mental, emotional and spiritual status (Cunningham, 2002). Second level assessment involves the analysis of stimuli (focal, contextual, and residual) and how these stimuli are affecting the coping mechanisms of the client. Coping mechanisms (Roy & Andrews, 1999) are either regulator (physiologic or innate subsystem) or cognator (cognitive-emotive coping subsystem). Through all these complex concepts, sub-concepts and subsystems, the unifying thread is the cognator coping mechanism which is used in all the four adaptive modes while the regulator subsystem is mainly connected to the physiologic mode. The two subsystems are connection to each other through perception (Meleis, 2012). The assessment stage is the opportunity for psychiatric nurses to lay down the groundwork for therapeutic relationships (Hulme, 2013) which are inherent to mental health nursing. Next to assessment is analysis which consist of three parts: diagnosis, goal setting and intervention. Diagnosis is the interpretation of data collected from behaviors and stimuli and translated to statements using diagnostic categorization systems. Goal setting comes after formulation of diagnoses to focus on the ineffective responses and targets specific nursing
care steps to affect positive adaptation (Roy & Andrews, 1999). At this point, the client is asked to engage in the process to be aware of the goals and expectations of adaptive behavior. The next step is nursing intervention which focuses on changing the stimuli by eliminating, increasing, decreasing, modifying or maintaining focal, contextual or residual stimuli (Roy & Andrews, 1999). Interventions are tailored to the specific characteristic of the stimuli and are communicated to the client for mutual understanding. In patients with severe cognitive impairment, this part may be discussed with significant, relational others. The Last step in the nursing process is evaluation, where both nurse and client collaborates with each other to check if the interventions used are effective. Interventions are deemed effective and terminated when the ineffective response to stimuli changes to adaptive and adaptive response remain adaptive (Roy & Andrews, 1999).

Since its inception, RAM has been used comprehensively as a guide to extend knowledge in nursing practice, research and education McEwen and Wills (2007). From 1974 to 1994, a total of 163 studies using the model as a basis for research has been reviewed (Conell School for Nursing, 2013). The number could be considerably more than this to date, proving that the RAM is not only useful but is also widely applicable and well-received. Roy’s model inspired several research projects after refining some of her earlier concepts and definitions, specifically the holistic nature of the individual, the inclusion of groups, and polished her propositions. Studies (as cited in Meleis, 2012) pertaining to adaptation emerged, such as by Gagliardi, Frederickson, and Shanley (2002), Dobratz (2008), and Frederickson (2000,) among a few. Nursing authors found the RAM framework useful in identifying gaps in knowledge such as Nayback (2009) on his study of PTSF in military veterans. The Ram was also used to assess interventions, to develop research tools, and to describe feedback on health or illness concepts. Baron, Roy, & Frederickson, 2008) state that 123 research instruments were utilized in 231
studies in over three decades (as cited in Meleis, 2012). Other works that have used the RAM framework involve descriptive and exploratory research, proposition testing, and in medical situations such as the use of ‘touch’ in premature babies, injured pregnant women, adults with multiple traumas (Meleis, 2012). The model has also been found useful in other settings such in intensive care, neonatal care, pediatric, gerontology and normal/caesarian deliveries, as well as in mental health issues such as depression, human aging, and on acute psychiatric patients. The RAM has also been used in educational settings as a conceptual framework for curricula.

Already developed in the medical setting, the far-reaching uses of the Roy Adaptation Model makes it a very valuable and accessible choice for extending knowledge in psychiatric nursing research and education (Meleis, 2012). In summary, the Roy Adaptation Model has emerged as a complex conceptual framework with great potential for use in psychiatric nursing. With its proven versatility and testability, it does provide an organized structure to guide mental health nursing practice, education and research through its congruence with current views in nursing values and beliefs, cohesive and logical arrangement of concepts and comprehensive applications in extending knowledge in nursing science.
References

http://www.bc.edu/content/bc/schools/son/faculty/featured/theorist/Roy_Adaptation_Model/FAQs.html


