Sister Callista Roy and the Adaptation Model

Laura Kraszewski

NURS 324

Ferris State University
Sister Callista Roy’s Adaptation Model is broken down to describe its effect on the four global concepts: human being, environment, health, and nursing. Sister Callista Roy’s education is assessed, as well as the beginning of development of her Model. This article further discusses each global aspect in detail, how the Adaptation Model defines them, and how each of the global aspects is related to the next. Nursing application of the Adaptation Model is examined. Lastly, an evaluation of the nursing model is given.
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This written project is to emphasize the importance of theory in nursing practice, and in particular the Roy Adaptation Model [RAM]. The authors of this paper are all practicing nurses who utilized evidence based practice and nursing theories to guide assessment, interventions, evaluation, and implementation of nursing care. It is the intent of this paper to focus on a particular nurse theorist. In this case, it is Sister Callista Roy, PhD, RN, FAAN, who is best known for developing the Roy Adaptation Model of Nursing.

Origins of RAM

Sister Callista Roy received a BSN in 1963, an MSN in 1966 and then a master’s degree in sociology on 1973. She then went on to pursue her doctorate in sociology and completed it in 1977 from the University of California. It was during her time at the University of California that Roy developed the basic concepts of the Adaptation Model when she was challenged to create a nursing model as a class assignment (Alligood & Tomey, 2010, p.335). This began Roy’s 45 year expedition to accumulate knowledge to define her concept and theory (Clark, Barone, Hanna & Senesac, 2011).

At the time of inception, it appears that the Adaptation Model was unique in its implications to nursing, though not to other disciplines. It would appear that pure observation of clinical situations and responses of patients influenced Roy’s work and her model. It was Roy’s observation of the ability of children to adapt to situations that formed the bases for her research and later, her model. She also cited Harry Helson’s research in psychophysics, which helped build her definitions of stimuli (Alligood, 2010, p.336). Roy borrowed from and cited numerous other theorists when creating the Adaptation Model. “…More than 1500 faculty and students contributed to the theoretical development of the adaptation model” (Alligood, 2010, p.337).
Roy gives a broad definition of nursing, in general, as “a health care profession that focuses on human life processes and patterns and emphasizes promotion of health for individuals, families, groups, and society as a whole” (Alligood, 2010, p.341). She also gives a specific definition of nursing, according to her model, “…the science and practice that expands adaptive abilities and enhances person and environmental transformation” (Alligood, 2010, p.341-2). These definitions help create the content of the Adaptation Model.

**Content of Adaptation Model**

Roy’s Adaptation Model focuses on a patient as a human being, the environment surrounding them, their present health, and nursing application/nursing responsibilities for that patient. Each aspect plays an important part in understanding the Model as a whole. “It [RAM] is the theoretical framework that makes the combination of science-based activities a uniquely nursing activity, directing nursing care in a holistic direction” (Clarke et al., 2011)

**Human being**

"The content of the Roy adaptation model purposefully seeks knowledge that describes the coming together that is the opposite of adversity. It seeks the good of the individual and the social good” (Roy, 2008). Roy defines each person as humans that are holistic, adaptive systems (Alligood, 2010, p.342). In Roy’s model, human systems include everything from society as a whole, to people as individuals, with everything in between. Roy states that each human being is “…the main focus of nursing care, a living, complex, adaptive system with internal processes…acting to maintain adaptation in the four adaptive modes…” (Alligood, 2010, p.342).

**Health**

“Health is a state and a process of being and becoming integrated and a whole person. It is a reflection of adaptation, that is, the interaction of the person and the environment” (Alligood,
2010, p.342). Earlier in her career, Roy viewed health as flowing along a continuum from wellness to death. With RAM, one can deduce that if a person has health, they will inevitably have illness. In 1999, Roy was quoted as saying that, “health is not freedom from the inevitability of death, disease, unhappiness, and stress, but the ability to cope with them in a competent way” (Alligood, 2010, p.342).

The major concept of RAM is the ability to adapt. “Within the concept of adaptation is the hope that a person who is faced with some challenge will find a way to adapt, to cope with that challenge” (Clarke et al., 2011). If a person cannot adapt or cope, then illness will ensue. "The philosophical assumptions of the model define cosmic unity as a philosophic view of reality, which stresses the principle that persons and the earth have common patterns and integral relationships. Veritivity refers to the principle of human nature that affirms a common purposefulness of human existence. Adaptation is viewed as 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” (Roy, 2008). A human’s ability to adapt is related to the environment of their surroundings.

**Environment**

Roy states that the environment is “all the conditions, circumstances, and influences surrounding and affecting the development and behavior of persons or groups, with particular consideration of the mutuality of person and earth resources that includes focal, contextual and residual stimuli” (Alligood, 2010, p.342-3). The three main parts to the environment Roy describes are the focal, contextual, and residual stimulus.

The focal stimulus is described as the main stimulus that is affecting the person. This can be internal or external (Alligood, 2010, p.338). The contextual stimulus “…’are all the
environmental factors that present to the person from within or without but which are at the center of the person’s attention and/or energy’…” (Alligood, 2010, p.338). All other stimulus to the individual is considered the residual stimuli. Roy states that “It is the changing environment that stimulates the person to make adaptive responses” (Alligood, 2010, p.338). If one cannot adapt to the environmental stimuli as needed, then there can be problems with their health.

**Nursing application**

When giving nursing care, it is not only important to have a knowledge base of the scientific type, but also the nursing theory type. “Roy’s adaptation model has significantly influenced nursing science by adding to scientific knowledge applied to practice, continued utilization in practice as RAM-guided nursing care and the integration of model guided research-based outcomes” (Clark et al., 2010). RAM is a clear way to combine evidence based practice with theory based practice.

**Evaluation of the Nursing Model**

RAM functions as a conceptual model of nursing. Conceptual models of nursing are known to “provide explicit orientations not only for nurses but also for the general public. They identify the purpose and scope of nursing and provide frameworks for objective records of the effects of nursing assessments and interventions” (Kearney-Nunnery, 2008, p.53). RAM is an excellent conceptual model in that it integrates all four global concepts: human being, environment, health, and nursing.

The RAM model is primarily utopian in nature. While this model may not be useful in an acute care, emergency, trauma, or surgical setting, it would thrive in patient populations such as: obstetrics, oncology, cardiology, geriatrics and hematology. “The core concepts of the RAM are
practical for nurses because they fit with the way nurses think and with the many ways they must act on behalf of patients to fulfill the role of a professional nurse” (Clark et al., 2010).

One downfall to this model is that the description of all of the concepts: each stimuli, process, mechanism, response. Each concept integrates to the next, but there are so many different aspects to understand that it can be overwhelming. However, once the definitions of the model are learned, RAM is easily applied to everyday nursing care.

Sister Callista Roy’s RAM is used to direct nursing care to this day. RAM brings hope to nurses internationally. Roy’s philosophy of nursing can easily be summed up with her quote from 2000: “God is intimately revealed in the diversity of creation and is the common destiny of creation; persons use human creative abilities of awareness, enlightenment, and faith; and persons are accountable for the process of deriving, sustaining, and transforming the universe” (Alligood, 2010, p.335).
References


