# *ADAPTATION NURSING- Roy Guidelines*

#  *Use to fill out your Nursing History and Assessment*

ADAPTATION: The process of coping with changes in one’s internal and external environment. The process of responding positively to environmental stimuli to maintain integrity.

BEHAVIORS: May be subjective or objective.

 *Subjective:* arising out of or identified by means of one's perception of one's own states and processes and not observable by another (e.g. statements by patients, descriptions of internal senses).

*Objective:* phenomenon or symptoms that can be observed or assessed by another without patient input (e.g. vital signs, breath sounds, palpable mass, etc.).

FOUR MODES OF THE ROY ADAPTATION MODEL:

Identify the area of behavior within each Mode

1. **PHYSIOLOGICAL MODE – Identify something related to their psychiatric condition**

Needs Areas are:

* Oxygenation Needs (Ex: hyperventilation due to pain or anxiety)
* Nutritional Needs (Ex: appetite changes due to medications or psychiatric conditions)
* Need for Exercise and Rest (Ex: sleep changes due to medications or psychiatric conditions)
* Need for Fluid and Electrolyte Balance (Ex: dehydration or fluid overload related to a psychiatric condition)
* Elimination Needs (Ex: constipation related to medications or hospitalization)
* Protection (Ex: Inability to maintain physical safety due to mental status changes)
* Neurosensory Needs (Senses) – (Ex: Pain, anxiety due to dysregulation in the neurosensory system)
1. **SELF-CONCEPT MODE**

Self-concept is formed early in life. What may change from time to time is one’s self-esteem. Self-esteem is the total appraisal of the components of the self-concept; total self-evaluation: an individual’s perception of his/her worth.

1. Physical Self: The perception of one’s physical appearance, how one feels about the physical self, bodily functions, size, or wholeness. Example: “How my body feels or looks to me.” Threats to the physical self may result in feelings of LOSS (e.g. depression following a mastectomy).
	1. Somatic Self: How one feels about his/her body and physical self (e.g. complaints of pain, statements of feeling things crawling on the skin, etc.).
	2. Body Image: How one perceives the appearance/wholeness/acceptability of the physical body (e.g. fat/thin/pretty/ugly/scarred/disabled).
2. Personal Self: The perception of what and who I am, expresses one’s personality, what do I want to become, what should I be?
	1. Self-Consistency: The part of the self that strives to maintain uniformity and organization in daily life for adaptation.

Threats to the self-consistency result in ANXIETY with feelings of HELPLESSNESS, INSECURITY, ISOLATION (e.g. the patient in pain may express worry about inability to control behavior).

* 1. Self-Ideal: The part of self that is concerned with what one can be or expects to be and do.

Threats to the self-ideal result in feelings of POWERLESSNESS AND HOPELESSNESS (e.g. adolescent in cast unable to try out for the varsity team).

* 1. Moral-Ethical Self: The part of the self concerned with the formation of conscience, the knowledge of right and wrong, the setting of standards, religious feelings and evaluating the degree to which “I am who and what I say I am.” Threats to the moral-ethical self result in feelings of GUILT and SHAME (e.g. a child with a broken arm blames the injury on disobeying his mother).
1. **ROLE FUNCTION MODE**

Role function affects satisfaction in life and is where one experiences self-actualization.

Role may be:

1. Ascribed: patterns of behavior that are present from birth onward and are not related to one’s abilities or differences
2. Achieved: patterns of behavior that are attained through special effort, experiences or other personal qualifications.

 For each role assessed (e.g. ‘patient role’, ‘mother’, ‘head of household’, ‘student’, etc.) consider:

1. Instrumental behaviors – task related, goal oriented, have achievement or action outcome, do not have immediate gratification.
2. Expressive behaviors – related to emotional satisfaction, feeling responses, have

 An emotional or gratifying outcome, immediate gratification

 Types of Roles:

1. Primary Role: Based on the developmental stages of life, essentially one’s age and sex (e.g. adolescent, generative adult). Consider instrumental and expressive behaviors.

Example: Mother – Instrumental – washes clothes

 Expressive – hugs her child

1. Secondary Role: Relatively permanent roles that are assumed to carry out the tasks associated with a developmental stage of life (e.g. teacher, doctor, etc.).
2. Tertiary Role: Temporary roles, freely chosen or short term, that have little influence, or a temporary influence on other roles (e.g. patient, shopper, etc.).

Under Primary, Secondary or Tertiary roles, may have disturbances, for example diagnoses such as:

1. Role Failure: perceived inability to perform behaviors related to role (e.g. amputee, former truck driver, concerned about ability to support family).
2. Role Conflict: perceived expectations of others regarding role behaviors differ from own expectations (e.g. wife with threatened abortion whose husband expects sexual relations).
3. Role Confusion: unclear perception of role boundaries and expectations (e.g. cardiac patient does not understand activity restrictions).
4. Role Distance: perceived limited ability to perform behaviors related to role (e.g. new employee who requires repeated explanations related to procedures although performs correctly when supervised).
5. Role Mastery: Role performance meets expectations of self and others.
6. **INTERDEPENDENCE MODE:**

Affiliative/aggressive needs. Deals with relationships one enters into; must always involve two or more people; interactions. Underlying need is for affectional integrity and nurturance.

* 1. Dependence Needs: behavior indicating feelings of love, of being nurtured or cared for that is derived from other people.
1. Help-seeking: acting to obtain assistance from another
2. Attention-seeking: acting to gain notice and/or response from another
3. Affection-seeking: acting to obtain approval, praise, affection, or emotional satisfaction from another.
	1. Independence Needs: behavior indicating feelings of self-reliance and satisfaction from achievements.

a. Initiative-taking: beginning and working on a task by oneself

b. Obstacle-mastery: completing tasks or overcoming barriers to achieve a goal by oneself.

 May have the following diagnoses:

1. Dysfunctional Independence: insists on autonomous behavior to the detriment of own well-being.
2. Functional Independence: autonomous behavior enhances one’s well-being and adaptation.
3. Dysfunctional Dependence: fails to initiate autonomous behavior when it is feasible for well-being and adaptation.
4. Functional Dependence: seeks assistance, affection, or attention appropriately when needed to facilitate adaptation.
5. Dysfunctional Interdependence: inability to maintain a balance between dependence and independence so maladaptation occurs.
6. Functional interdependence: ability to maintain a comfortable balance between independence and dependence so individual adapts to internal and external environmental stressors.

Relate the steps of the Nursing Process as follows:

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| 1st level Assessment BehaviorsSubjectiveObjective | 2nd level Assessment StimuliMultifactorial in psych (make a list – do not use arrows) | Nursing Diagnosis  r/t: (2nd level stimuli – always multifactorial in psych) AEB: (1st level behaviors) | Outcomes:Behaviors and critical time(Positive restatement of the Nsg. Diagnosis then look at level 1 behaviors for changes that can be measured) | Interventions:These should relate to manipulating the level 2 stimuli  | Evaluation: of behaviors stated in the outcomes, follow-up plans, revisions |