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**The application of a Middle Range Nursing Theory: Roy's Adaptation Model, to the Caregivers of
Mental Illness Sufferers**

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NURS 501: Theoretical Foundations of Advanced Nursing

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Abstract

Caregivers of mental illness sufferers need supportive measures from health care providers due to the significant emotional, psychological, and physical burdens of this role. I consider the application of the Roy's Adaptation Model, a middle-range nursing theory, by the nurse practitioner as a framework for assisting this population. Health care providers can apply these guided interventions to encourage, educate, and achieve the caregiver's optimal wellbeing and quality of life.

Keywords: caregiver burden, mental illness, nursing theory, Roy's Adaptation Model, nurse practitioner

**The application of a Middle Range Nursing Theory: Roy's Adaptation Model, to the Caregivers of
Mental Illness Sufferers**

Mental illness undeniably and significantly impacts others. It impacts husbands, wives, children, mothers, fathers, neighbors, friends and even strangers. As a child, my life was heavily influenced by my mothers' diagnosis of schizophrenia. I admit over the years as a practicing nurse, I have recognized an internal insensitive bias within myself; a resistance; even an avoidance to patients with this unfortunate disease. Despite my insecurities and personal difficulties caring for persons with mental illness, I do not allow this personal resistance to affect patient care. I have deep empathy for people directly involved in caregiving of a loved one living with severe mental illness.

One morning, early in my nursing career, I finished my initial head-to-toe assessments on both of my intensive care patients. After overlooking the daily tasks needed and analyzing the stability of my patients, I anticipated a relatively uneventful day during this quiet rainy morning. While spending time with one of my patients, wondering if he was tired and not feeling well, I attempted to make friendly conversation. This patient was a young man in his 20's, who maintained a stoic and limited conversational manner. The patients mother called me that morning asking how things were going and sheepishly asked to speak to the doctors in private when she arrived later that afternoon. I reassured her that the doctors would oblige. Later that afternoon, the mother approached me in the hall, far away from the patients' room, with a sealed envelope in her hand. Her worrisome and anxious demeanor caught me off guard and I listened carefully to her request: to only allow the providers to open and read the contents. I did as she requested and incidentally, the mother was asking for help. This woman was experiencing the burdensome effects of mental illness that her son lived with. The mother lived in fear of her son's retaliation and refusal of treatment of the mental illness. Emotional torment that the mother was experiencing was visible, as this is her son that she loves, her son that she desperately needed help with as she willingly sacrificed her own wellbeing to care for him. I understood her quiet cry

for help without explanation and advocated for this woman and her son in hopes of holistic health and wellbeing for both.

New Mexico statutes state, "... that the person, as a result of a mental disorder, presents a likelihood of serious harm to himself or herself or to others and that immediate detention is necessary to prevent such harm." (NMSA Chapter 43-1-10, 1953/2013). Although subject to law interpretation, I believe this statute fails to recognize chronic emotional or psychological trauma as a serious harm to others involved with persons manifesting severe mental illness. This emotional and psychological trauma due to living with a person with a mental illness, perhaps could be closely compared to domestic violence. There is an unfortunate gap in maintaining one's own wellbeing and assuring holistic care of oneself, if a person with a family member suffers from a mental illness—who within his or her rights—refuses treatment. Individuals, by choice or perhaps happenstance, receiving the repercussions of long-term exposure to a person manifesting mental illness, can experience frustrating, exhausting, and seemingly unsolvable dilemmas. As a nurse practitioner, I would like to serve my patients in the most helpful and supportive way possible.

Nursing Theory

Caregivers of patients suffering from mental illness and the patients themselves equally deserve proper validation and care from health care providers. A patient suffering from mental illness could benefit from applying nursing concepts from ethical principles, specifically justice. Contextual ethical principles of justice, describe terms of fairness, obligating healthcare professionals to provide treatment for all members of society including vulnerable populations like mental disability (McEwen & Wills, 2019). Patients should be justified in their ability to make healthcare decisions, promoting their own well-being in a manner that is satisfactory in honoring their own choices in collaboration with others. Healthcare providers, especially nurses, assist in advocacy of this patient right by fair and just treatment of other human beings. Justice and fairness involve discovering who the stakeholders are and

have an interest in clinical decisions; clinicians and family members both can be identified as stakeholders in collaborative efforts with the patient (McEwen & Wills, 2019).

Caregivers invested as stakeholders in caretaking of patients, suffering from mental illness like schizophrenia, have reported reduced quality of life (Li et al., 2007). Caregiver burdens of this illness exist in problems within family life, household routine, relationships, leisure time, emotional feelings, mental health status, stress, guilt, feelings of loss, and anxiety; the person suffering from mental illness, causes caretaker awareness of medication compliance, psychosocial functioning, suicidal ideation, and more (Li et al., 2007). However, caregiver quality of life was found to be positively influenced by knowledge about their loved one's chronic illness, good physical health, reduced financial burden, and social support; all factors that may help reduce the sense of burden (Li et al., 2007).

An applicable nursing theory for the caregiver role to strategize positive influences for improvements in holistic health and the quality of life is Roy's Adaptation Model (RAM). As Roy & Andrew state, "health is not freedom from the inevitability of death, disease, unhappiness, and stress, but the ability to cope with them in a competent way" (Roy & Andrews, 1999). Caregivers have the ability to cope and adapt to the exposure of persons suffering from mental illness and the carried burdens. This theory provides the framework as a tool, guiding the healthcare provider to encourage and educate for optimal physiological and psychological adaptation.

A comprehensive understanding of Roy's Adaptation Model of Nursing is vital for application. The following explains that:

The key concepts of Roy's Adaptation Model are made up of four components: person, health, environment and nursing ... The environment has three components: focal, which is internal or external and immediately confronts the person; contextual, which is all stimuli present in the situation that all contribute to the effect of focal stimulus; and residual, whose effects in the current situation are unclear ... The Adaptive Model makes ten explicit assumptions: The person

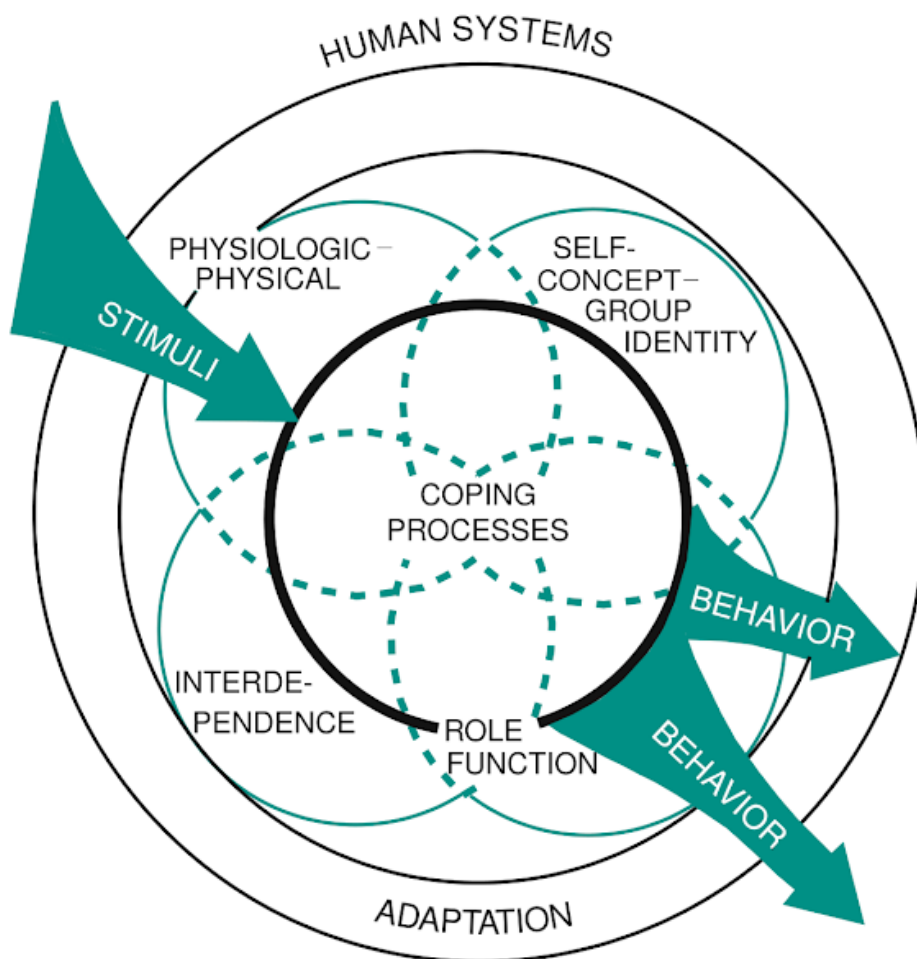
is a bio-psycho-social being. The person is in constant interaction with a changing environment. To cope with a changing world, a person uses coping mechanisms, both innate and acquired, which are biological, psychological and social in origin. Health and illness are inevitable dimensions of a person's life. In order to respond positively to environmental changes, a person must adapt. A person's adaptation is a function of the stimulus he is exposed to and his adaptation level. The person's adaptation level is such that it comprises a zone indicating the range of stimulation that will lead to a positive response. The person has four modes of adaptation: physiologic needs, self-concept, role function, and interdependence. Nursing accepts the humanistic approach of valuing others' opinions and perspectives. Interpersonal relations are an integral part of nursing. There is a dynamic objective for existence with the ultimate goal of achieving dignity and integrity. There are also four Implicit assumptions which state: a person can be reduced to parts for study and care. Nursing is based on causality. A patient's values and opinions should be considered and respected. A state of adaptation frees a persons' energy to respond to other stimuli. (Roy's Adaptation Model of Nursing, n.d., para. 4, 7 & 9)

The four modes of RAM, as identified by McEwen & Wills (2019), have been integrated into a visual design (see Figure 1): Beginning with the physiologic-physical mode, which represents physiologic integrity, is the pathway for adaptation to shifting physiological needs. The self-concept-group identity mode, is principally based on one's psychological and spiritual identification within the universe, including concepts of unity, significance, and reason for existence. The role function mode refers to one's self-identity and individual role within society. The interdependence mode represents one's relational and adaptive stance of social integrity among others, as an individual and within groups. At the center of RAM, an inner circle overlapping all four modes contains two subsystems: the cognator subsystem and the regulator subsystem. These subsystems involve coping and adaptive processes via

cognitive, emotional, and physiological channels. In response to a stressor, influential integration of all four modes of RAM, and both the cognator and regulator coping subsystems process the stressor, then output as a behavior. The RAM concentrates on the four adaptive modes and two subsystems, together, constitute the framework of interaction to an environment and the process to adaptation.

Figure 1

Roy's Adaptation Model



Note: From The Roy adaptation model, 2nd ed., by Roy, C., & Andrews, H. A., 1999, Stamford: Appleton & Lange.

The two inner RAM coping subsystems allow the caregiver to adapt and make changes when stressed: "The regulator is the physiologic coping subsystem, and the cognator is the cognitive-emotive coping subsystem (Roy, 2009)" (McEwen & Wills, 2019, pp. 175-176). When caregiving elicits a perceived stress by the caregiver, a response may affect all four modes, thus a complete picture of a caregiver's responses to perceived stress can be seen together in the four modes—depression has been identified as a potential direct outcome of caregiver stress and can mediate effects on all four adaptive modes (Tsai, 2003). All four modes and the inner coping subsystems are not independent of each other, but are a resultant from stimuli, affecting one another, and manifest into behaviors.

Theory Application

As a nurse practitioner, application of the RAM can be operationalized with intention of assisting a caregiver's well-being and promoting holistic care. A basic process of Roy's Adaptation Model (n.d.) would follow suit by assessing the patient, in this case the caregiver, behaviors and stimuli, followed by diagnosis, establishing goals, completing intervention, and eventually evaluation. Understandings of potential caregiver burdens and stressors can direct each mode of RAM by completion of comprehensive assessments, evaluation of coping, and implementation of goals for adaptation of the caregiver, while simultaneously aligning with justice for a mental illness sufferer.

Assessment of the focal stimuli, Tsai (2003) explains, would be identified as the caregiver's objective burden; contextual stimuli would be identified as the stressful life events, social support and social roles; the residual stimuli would be identified as race, age, gender, and type of relationship. These stimuli can place a caregiver at risk for more stress and adverse health outcomes. Comprehension of these stimuli would establish understanding of duties associated with and specific responsibilities unique to each caregiver. This understanding will allow prompting by the nurse practitioner for available medical, community, and supportive resources.

Physiologic-physical mode assessment included in the RAM, explained by Tsai (2003), is oxygenation, nutrition, elimination, activity and rest, protection, the senses, fluid and electrolytes, neurological, and endocrine functions. Outcomes of caregiver physicality due to caretaking burdens have been inconsistent, however, the nurse practitioner on exam can assess physical wellness and concerns, intervening appropriately.

Self-concept-group identity mode assessment should include personal perceptions on self-esteem and caretaking mastery. Ineffective adaptive responses are related to low self-esteem and self-perceptions of negative caretaking abilities; whereas adaptive responses are manifested by high self-esteem and self-perception of mastery in ability to handle or control things in life (Tsai, 2003).

Role-function mode reflects the enjoyment of the caregiver role and is affected by the perceived burden of mental illness caregiving (Tsai, 2003). The nurse practitioner can assess the acceptance of the caregiver role, understanding that a sign of coping with their role as caregivers includes identifying with the responsibility of taking care of a person suffering from mental illness as a part of their life and not a burden (Azman et al., 2015).

Interdependence mode assessment, social support, should also be included. Tsai (2003) identifies social support as a moderator of the stress process, buffers effects of caregiving stress, and enhances the ability for individuals to cope or change cognitive appraisals of events. The nurse practitioner can encourage social roles outside the caregiver role. Despite added strain to seek these social roles, the socialization may provide to be instrumental or emotionally supportive by expression of emotional frustrations (Tsai, 2003). Azman et al. (2015) identified that support from family members, friends, neighbors, and other family members enabled caregivers to cope; particularly, caregivers were understood better by other mental illness caregivers compared to others who did not have the same experience.

As the caregiver role often experiences deterioration of physical and emotional well-being (Weimand et al., 2013), an in-depth assessment of regulator and cognator coping mechanisms can assist the nurse practitioner to finding relative needs. Higher perceived stressors within all four modes of RAM results in poor functioning in all modes and coping mechanisms (Tsai, 2003). This understanding directs the nurse practitioner to encompassing solutions for all four modes, plus promoting good coping habits together, leading to effective responses. Observations of a caregivers expressed behaviors can also provide insight.

Addressing the issues for caregiver burdens by RAM proves to be valuable. The RAM has been influential to promote adaptation of individuals or groups, promoting dignity, sustaining and transforming the universe—criteria for good (McEwen & Wills, 2019). Specifically, the RAM has historically proven its usefulness for adaptation to chronic health conditions (McEwen & Wills, 2019). During research for mental illness caregiver RAM theory application, the search demonstrated its studied uses for application to the sufferers of mental illness. A recent study applied to another illness observed that education guided by RAM was effective in terms of the approach of acquired social support within interdependence (Baksi & Dicle, 2017). The diversity and versatility of this theory allows flexible interpretation, supportive to major and minor applications.

The RAM is a well-defined theory but allows for misinterpretation due to multiple variations of the model by multiple sources. Multiple concepts of the theory can be difficult to incorporate altogether; easily compartmentalized or portions forgotten. Age of the theory is potentially limiting for modernized application, although the RAM evolves within a culture (McEwen & Wills, 2019). The RAM has been identified to be testable, though limitations primarily lie in the lack of testing for specific applications (Tsai, 2003). Acquiring recent articles applying the use of RAM for caregivers of mentally ill sufferers was limited. The broadness of the RAM could limit the frequency of use for specific topics.

Narrowing the scope of the middle range RAM by limiting the applicability to only research-based topics is a dilemma.

Summary

Evaluation of the applied theory would manifest in good adaptation and coping mechanisms by the caregiver; caregivers need their own support from health services for reliable solutions (Weimand et al., 2013). Coping strategies can help reduce the caregiver stressors and provide them the ability to manage routine responsibilities, which ultimately helps manage the stress in caring for a mentally ill family member (Azman et al., 2015). Caregivers need health care professionals to advocate for them, to understand their needs, and to feel supported. My patient is not only the illness sufferer but an extension toward the network that cares for the person who is ill.

It is important to advocate for realistic goals and outcomes for wellness. I appreciate the honesty held in the idea by Roy & Andrew (1999)—that health is not without disease and stress but the ability to cope with them. I think this idea grounds the practicality in finding ways to cope, that is not beyond anyone's reach, but rather it allows one to grasp ahold of the disease, move it out of the way and thrive. It does not crush hope, it maintains tangibility, it is a guide for practice. The RAM application overall is a historically proven theory in a variety of dynamics. The philosophical, scientific, and cultural assumptions provide the foundation for the concepts and relationships. The RAM conceptually simplified, is stimuli input to human systems, leading to adaptation and a behavioral outcome. For my purpose, it applies for the goal of coping and adaptation for the caregiver of a mentally ill sufferer. Practical implementation of the theory is reduced to realistic and attainable foci for the nurse practitioner.

The future work towards growth to implement a stronger foundation for application of RAM to caregivers of persons with a mental illness is needed. Qualitative research on the theory outlining the specific dimensions of this unique application could formally guide the practice guidelines for this

population. Lack of help from health care services causes caregivers to be overwhelmed with hopelessness when necessary support was not received (Weimand et al., 2013). Professional formal research will continue strengthening the voice of this issue.

Efforts towards holistic well-being is an ongoing pursuit for oneself and others. A caregiver, specifically a caregiver of a mental illness sufferer, is a form of personal sacrifice. As Weimand et al. (2013) describes, amongst the ethical dilemmas, worries, grief, shame, stigma, social isolation, difficulties with acquiring acute mental health care, deciding between caretaking of themselves or the mentally ill sufferer, there lies a sense of duty, compassion and love that encourages a person to persevere as a caretaker. As a nurse practitioner, a caretaker of many, there also lies a sense of duty for extending efforts towards this specific population; gathering evidences and knowledge grants the skills necessary, contributes to the holistic wellness of these individuals, and successfully provides competent care.

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