

# The Roy Adaptation Model as Theoretical Underpinning for DNP Education

Ellen B. Buckner PhD, RN, CNE, AE-C, FNAP

Samford University

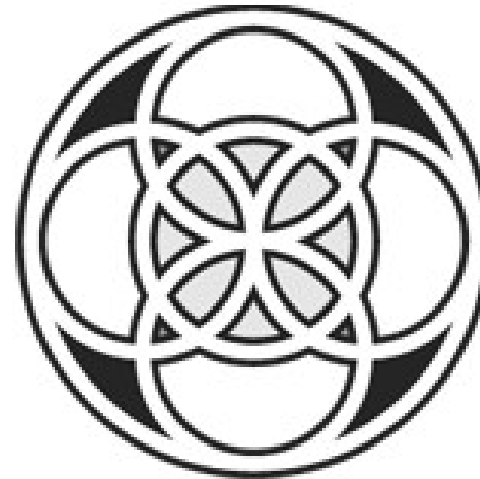
# Background

Younas & Quennell (2019) recent review on usefulness of nursing theory-guided practice:

- The interrelationship between Nursing Theory-Guided Practice and research is crucial for knowledge development.
- Nursing theory-guided practice improves quality of care because it allows nurses to articulate what they do and why they do it.
- In a 2019 integrative review of studies from worldwide literature (Canada, India, Iran, Oman, Pakistan, Portugal, Spain, Sweden, Turkey, UAE, and USA), authors found that nursing theory-guided interventions improved outcomes (multiple & single) in 34/35 studies.
- Theories used were those of Orem, Roy, Peplau, and others, finding these as “useful” for problems of quality of life, self-efficacy, self-care, and stress of patients with acute and chronic conditions and psychological illness.

# Purpose

- Purpose: To describe how the Roy Adaptation Model (RAM) provides a theory-to-practice bridge through development of middle range theory for DNP projects in a practice doctorate, supporting DNP education.



ROY ADAPTATION ASSOCIATION

# Objectives

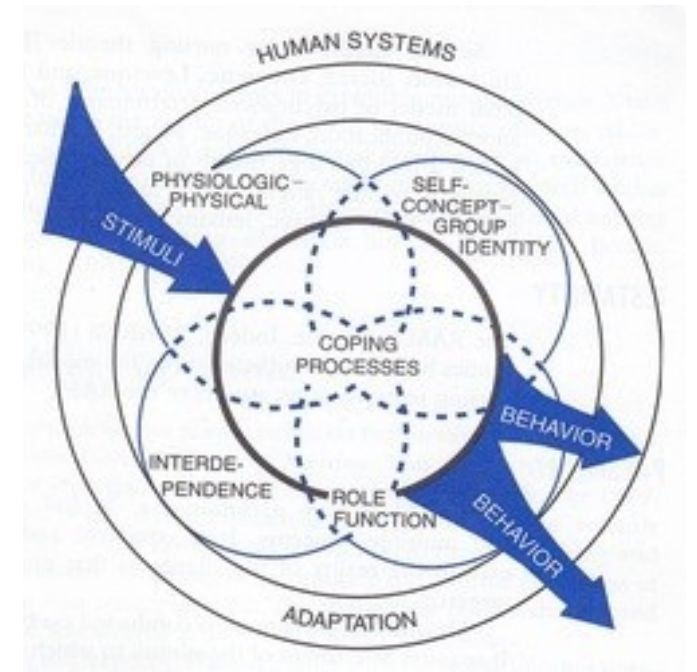
## The participant will:

- Relate the RAM to DNP Essentials (AACN, 2006)
- Use middle range theory in designing curriculum for the practice-focused doctorate
- Describe examples of RAM scholarship in DNP projects



# DNP: The Practice-Focused Doctorate

- DNP is a Practice-focused Doctorate with significant growth since established.
- Carry out a practice application-oriented “final DNP project,” which is an integral part of the integrative practice experience.
- Benefits:
  - development of needed advanced competencies for increasingly complex practice, faculty, and leadership roles;
  - enhanced knowledge to improve nursing practice and patient outcomes;
  - enhanced leadership skills to strengthen practice and health care delivery;



# DNP Essentials 2006-> present

- ***Essential I: Scientific Underpinnings for Practice***
- *Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking*
- *Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice*
- *Essential V: Health Care Policy for Advocacy in Health Care*



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# Adaptation as Underpinning for DNP Practice

Essential I: The discipline of nursing is focused on:

- The principles and laws that govern the life-process, well-being, and optimal function of human beings, sick or well;
  - **Adaptation as a process**
- The patterning of human behavior in interaction with the environment in normal life events and critical life situations;
  - **Adaptation as a pattern of human-environmental interaction**
- The nursing actions or processes by which positive changes in health status are affected;
  - **Nursing care facilitates adaptive mechanisms (cognator, regulator, stabilizer, innovator)**
- The wholeness or health of human beings recognizing that they are in continuous interaction with their environments
  - **Outcomes in multiple adaptive domains (physical/physiologic, self-concept/group identity, role function, interdependence)**

# Adaptation as Integral to the DNP's Organizational Leadership for Improving Practice

## Essential II:

- Develop and evaluate care delivery approaches that meet current and future needs of patient populations
  - **Adaptation is integrated into the care context**
- Ensure accountability for quality of health care and patient safety
  - **Adaptation as a measurable process and outcome**
- Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems.
  - **Adaptation as transforming the culture of practice**



# Adaptation as Clinical Scholarship for Improving Practice

## Essential III:

- The integration of knowledge from diverse sources and across disciplines
  - **Adaptation is recognized as integral to stress and coping across disciplines and interprofessional practice settings**
- The application of knowledge to solve practice problems and improve health outcomes
  - **Adaptation provides a framework for measurable outcomes, systems change, and sustainability**

# Adaptation as a Benchmark for Policy & Advocacy

## Essential V: Health Care Policy for Advocacy in Health Care:

- Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums.
  - **Advocate for policies that support adaptation**
- Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.
  - **Utilize adaptation as the framework for policy transformation**

# Steps in DNP Project [EBP Process]

- **Step 0** Cultivate a Spirit of Inquiry
- **Step 1** Ask the Burning Question in PICOT Format
- **Step 2** Search for and Collect the most Relevant Best Evidence
- **Step 3** Critically Appraise the Evidence
- **Step 4** Integrate the Best Evidence with Clinical Expertise and Patient Preferences/Values to Make a Practice Decision or Change
- **Step 5** Evaluate Outcomes of the Practice Decision or Change based on Evidence
- **Step 6** Disseminate Outcomes of the Evidence-Based Practice Decision or Change

(Melnik & Fineout-Overholt, 2011)

# Middle Range Theory: RAM Components

**Middle Range Theory** positioned between empirical and abstract  
Roy Adaptation Model (RAM)

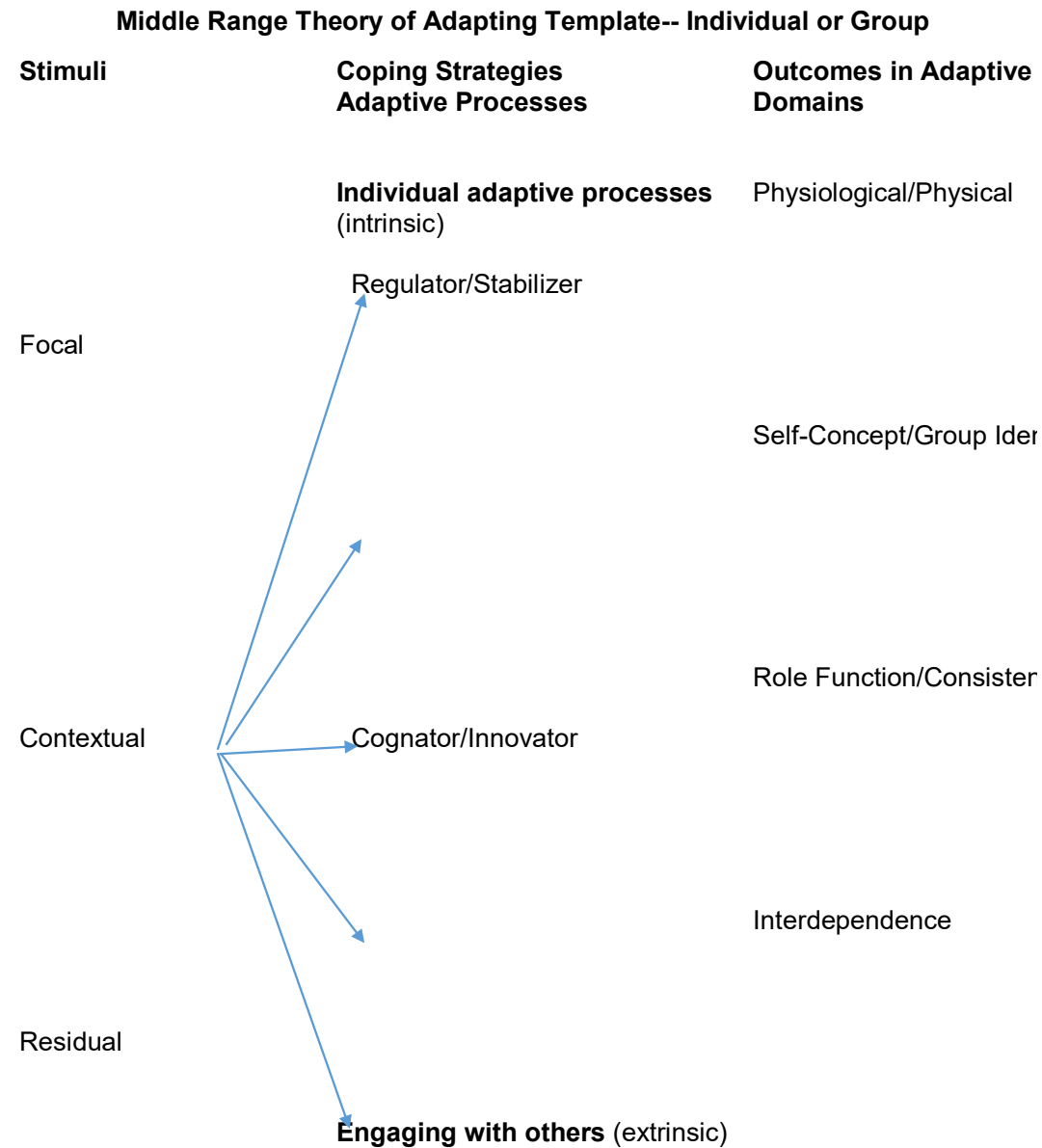
- Stimuli: Focal, Contextual, Residual
- Processes: Cognator/Regulator (Individual) and Stabilizer/Innovator (Group or Community)
- Outcomes: Adaptive Modes
  - Physical/Physiological
  - Self-Concept/ Group Identity
  - Role Function/Role consistency
  - Interdependence

# Middle Range Theory Synthesis from RAM Research

- Middle Range Theory of Coping
- Middle Range Theory of Adapting to Life Events
- Middle Range Theory of Adapting to Loss
- Middle Range Theory of Adapting to Chronic Health Conditions
- Middle Range Theory of the Adapting Family

Sr. Callista Roy (2014)

# A Holistic View: The Roy Adaptation Model



# RAM Assumptions in the DNP perspective

## Roy Adaptation Model-Selected Assumptions

### *Philosophical assumptions*

- Persons are accountable for entering the process of deriving, sustaining, and transforming the universe

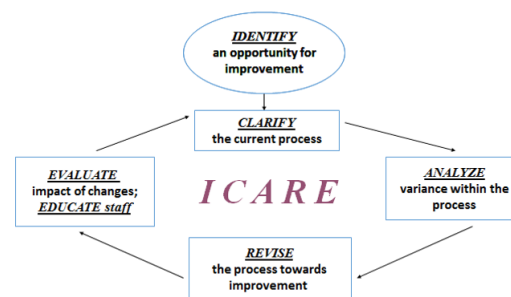
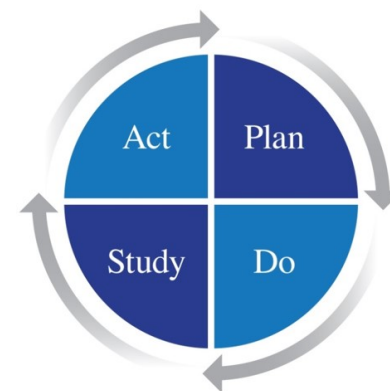
### *Scientific assumptions*

- System relationships include acceptance, protection, and fostering interdependence

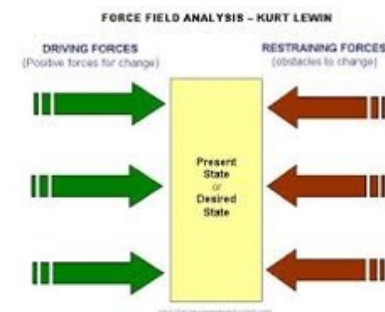
### *Cultural assumptions*

- As RAM elements evolve within a cultural perspective, implications for education and research may differ from experience in the original culture

# Systems Change Models



## TQM in Action





# Exemplar: Reducing Opioid Overdose Risk in Female Inmates Pre- Release: The HOPE Project

## **A DNP Journey**

- Students' initial interest was in providing Naloxone (Narcan) to inmates at release-simple, narrowly defined goal, validated risk, practice change in prison environment that did very little to prepare inmates for release.
- Was that enough?

# Building The Team

- **Self-concept Adaptive Mode** - need to see themselves as a person of worth - *Lifeline Support Services*
- **Physiologic Adaptive Mode** - need to understand the underlying physiologic processes of addiction, tolerance, and overdose risk – *TN Sav-A-Life Representatives*
- **Role Function Adaptive Mode** - need to recover roles as competent adult, employee, student/graduate, and woman/mother – *CCJ Female Chaplain*
- **Interdependence Adaptive Mode** - need for resources in community such as rehabilitation, medical care, counseling, legal aid, and a positive support network – *TN Department of Health*



# Inmate Pre Implementation Survey Results

## Qualitative Themes and Exemplary Quotes | Pre-Implementation Survey | Cohort One

Multi-Substance Use	<i>"Iv [sic] smoke weed since I was 12 years old started shoting [sic] morfine [sic] 7 years ago and meth for 6 years"</i>
Early Age of Initiation	<i>"the devil. it has been my biggest downfall ever since I was [sic] I started when I was 11. Its has taken away and destroyed every good thing I have ever had in my whole life"</i>
SUD viewed as a moral failure	<i>"The Devil throws addiction you [sic] way its [sic] all in the mind"</i>
Limited effective STD and pregnancy prevention methods	<i>"Dont have sex" "astinence [sic], condom"</i>
Support/resources mainly familial and non specific	<i>"my mom my house"</i>
Minimal skills and resources identified	<i>"My mom helps me stay clean as long as I lisen [sic]. No resources really. Or skills"</i>

## Adaptive Domain

Physiologic-Physical

Self Concept

Self Concept

Interdependence

Role-Function

Interdependence



# Inmate Post Implementation Survey Results

## Qualitative Themes and Exemplary Quotes | Post-Implementation Survey | Cohort One

<b>SUD identified as a physiological disease</b>	<i>"Some who cant [sic] stop using even though the negative effects it's causing in their life."</i>
<b>Identified more specific and diverse resources and skills</b>	<i>"communication skills, Life Choices program, Health dept, library for computer skills"</i>
<b>Identified effective and specific STD and pregnancy prevention methods</b>	<i>"Condoms, pills, depo provera, female condoms, IUD, speracides [sic]"</i>
<b>Provided new resources to support a new beginning</b>	<i>"Y'all made me feel like I had the power to take control of my life and gave me the resources to feel like I had somewhere to start."</i>
<b>Provided positive and supportive environment</b>	<i>"Thank y'all for making it fun and making in a safe/comfortable environment. I hope this continues"</i>

## Adaptive Domain

Physiologic-Physical

Role Function

Interdependence

Self Concept

Interdependence

# Systems Outcomes

- Self-concept Adaptive Mode –
- Physiologic Adaptive Mode –
- Role Function Adaptive Mode –
- Interdependence Adaptive Mode –

- *Sustainability--*

*State-wide Model—*

*TN DPH*

*Correctional Services*

*State SUD Task Force*

*Changing the Culture--*



# RAM Exemplars from DNP Literature

## Relationship of Stroke Caregiver Mutuality and Preparedness For Caregiving to Role Strain (Kass, 2018) [USA]

- In this DNP Project, Dr. Beverly Kass applied a cross-sectional correlational design to investigate the relationship between stroke caregiver mutuality and preparedness for caregiving to role strain.
- Through an **online support group**, the practice doctorate project revealed significant correlations among relevant variable affecting **role function adaptation**.
- Implication for **practice change in adaptive processes** through the Roy Adaptation Model, can be instrumental in reducing role strain in caregivers of stroke patients.



# RAM Exemplars from DNP Literature

## Rachel Steil (2018) A New Normal: Employing the Roy Adaptation Model to Guide Prostate Survivorship Care Plan Intervention

- It was through her work as a nurse in radiation oncology that she realized we can do more for our prostate cancer patients as they transition to prostate cancer survivor.
- Contrast between medical model of diagnosis and treatment and the nursing RAM model of adaptation through **all four adaptive modes**: Symptom management (physical), empowerment (self-concept), treatment impacts roles (role function) and relationships (interdependence).
- **Survivorship care planning (SCP) emphasizing coping processes both regulator and cognator** in areas of Survivor Knowledge, Self-Efficacy, Survivor Satisfaction, Psychological Distress, and Quality of Life

# Preliminary Middle Range Theories

- Middle Range Theory of Adapting to Transforming Identity
- Middle Range Theory of Adapting through Role Preparedness
- Middle Range Theory of Adapting to A New Normal
- Middle Range Theory of Adapting as Nascent Regulator
- Middle Range Theory of Adapting to Healing of Conscience
- Middle Range Theory of Transforming Practice Culture



# Transforming the Practice Culture

- Adaptation is a core concept for nursing practice and interprofessional collaboration.
- An adaptation framework is appropriate as the underpinning of the Doctor of Nursing Practice (DNP) degree and its DNP project.
- The DNP project is often viewed as a systems change project and the final stage of analysis is **transformation of the culture or practice system**.
- Adaptation in the setting can be spread to additional settings and **serve as a model** for other systems, creating adaptive change in healthcare broadly (e.g. practice generalizability)

# Advocacy for Theories in DNP Essentials

In a letter to John McFadden, PhD, CRNA, DNP Essentials Revision Workgroup Chair, the Nursing Theory Collective advocated for continued inclusion of nursing theory as explicit in the DNP Essentials expressing the following concerns and recommendations:

- A. **Theory and competencies** anchor us to our past, present, and future knowledge of nursing.
- B. **Disciplinary perspective reflects** our unique focus on protecting, promoting and restoring health and well-being, the prevention of illness and injury and the alleviation of suffering, humanizing the human health experience.
- C. **Nursing-centered frameworks** are necessary to overcome the biomedical models that minimize the 100 years of nursing theory work and impedes future progress in nursing science.
- D. **Nursing identity** must be defined so we can fully contribute in interprofessional collaboration.
- E. **Healthcare trends** that emphasize for-profit, technological, and biomedical generic models shift away from caring, holistic, scientific and relationship-based nursing.

***Nursing Essentials must reflect the Nursing perspective.***

# Comments and Questions?

