

APPLICABILITY OF CALLISTA ROY'S THEORY IN NURSING CARE FOR OSTOMIZED**APLICABILIDADE DA TEORIA DE CALLISTA ROY NO CUIDADO DE ENFERMAGEM AO ESTOMIZADO****APLICABILIDAD DE LA TEORÍA DE CALLISTA ROY EN EL CUIDADO DE ENFERMEIRA A OSTOMIZADO**

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ABSTRACT

Objective: To reflect on the applicability of Callista Roy Adaptation Model in nursing care to the colostomy. **Method:** Theoretical and reflective study carried out in January and February 2016 that allowed reflecting on the nursing care of the ostomy and applicability of Roy's theory in this care. **Results and Discussion:** ostomy patients to undergo change in their physical integrity resulting from surgery need to adapt to new stimuli. Nursing care planning assists in the adaptation process to develop strategies that allow the return of individuals to their activities of daily living and social reintegration. **Conclusion:** The applicability of Roy's theory is believed in the ostomy nursing care, as this allows recognizing people by stimuli, being possible to trigger responses, positive or negative ones, being the nurse's role to contribute to coping mechanisms.

Descriptors: Surgical Stomas. Nursing Care. Nursing Theory.

RESUMO

Objetivo: refletir sobre a aplicabilidade da teoria da adaptação de Callista Roy no cuidado de enfermagem ao estomizado. **Método:** estudo teórico-reflexivo realizado nos meses de janeiro e fevereiro de 2016 que permitiu refletir sobre os cuidados de enfermagem ao estomizado e aplicabilidade da teoria de Roy neste cuidado. **Resultados e Discussão:** o estomizado ao passar por alteração na sua integridade física decorrente do ato cirúrgico precisa adaptar-se a novos estímulos. O planejamento do cuidado de enfermagem auxilia no processo de adaptação ao elaborar estratégias que possibilitem o retorno dos indivíduos às suas atividades de vida diária e reinserção social. **Conclusão:** Acredita-se na aplicabilidade da teoria de Roy no cuidado de enfermagem ao estomizado, pois esta possibilita reconhecer que as pessoas, mediante estímulos, podem desencadear respostas, ora positivas ora negativas, e que cabe ao enfermeiro contribuir com os mecanismos de enfrentamento.

Descritores: Estomas Cirúrgicos. Cuidados de Enfermagem. Teoria de Enfermagem.

RESUMEN

Objetivo: reflexionar sobre la aplicabilidad de Callista Roy Modelo de Adaptación de los cuidados de enfermería a la colostomía. **Método:** Estudio teórico y reflexivo lleva a cabo en enero y febrero de 2016 permitió a reflexionar sobre los cuidados de enfermería de la ostomía y la aplicabilidad de la teoría de Roy en este cuidado. **Resultados y Discusión:** Los pacientes

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de ostomía que experimentan un cambio en su integridad física como resultado de la cirugía deberán adaptarse a los nuevos estímulos. La planificación de los cuidados de enfermería, ayuda en el proceso de adaptación para desarrollar estrategias que permitan el regreso de los individuos a sus actividades de la vida diaria y la reintegración social. Conclusión: Se cree que la aplicabilidad de la teoría de Roy en el cuidado de enfermería de ostomía, ya que esto permite reconocer a las personas por estímulos pueden desencadenar respuestas, a veces positivas y negativas en otros, y que es la enfermera contribuir a los mecanismos de supervivencia.

Descriptor: Estomas Quirúrgicos. Atención de Enfermería. Teoría de Enfermería.

INTRODUCTION

Application of nursing theories in assistance promotes the construction of a more solid knowledge, critical and reflective, provides the scientific profession, enhances the theoretical and practical skills and contributes to improve the care.

The efficiency of care depends substantially on the use of nursing theories that represent the theoretical basis of knowledge of the profession and the different strands of thinking about the complexity of the phenomena present in nursing practice.

Among the various nursing theories, there is the theory of Callista Roy to understand the person as adaptive and holistic system and include the notion of stimuli that interact with people and trigger responses.

Because of the need to answer coping mechanisms to trigger them which are processed through two subsystems defined as regulator and knowing. The first

can be chemical, neural and endocrine, already knowing subsystem is related to higher brain functions of perception, emotion or judgment processing of information.¹⁻³

Resulting behaviors of these subsystems are observed from four adaptive modes, namely: physiological mode, self-concept mode, function mode / role performance and interdependence mode.¹⁻³

The bodily changes resulting from the making of a stoma pervade the physiological field and reach the emotional field, psychological, social and spiritual and require the individual front adapt to new stimuli caused by the surgical process. According to the model Callista Roy, one is a holistic and adaptable system, wherein the input by means of stimuli activate regulatory mechanisms and cognitive goals of maintaining adaptation; and the outputs of the people, as systems are their answers, that is, their behaviors, which in turn become feedback for the person and

environment, being categorized as adaptive responses.⁴

There are three types of stomas: breathing, supply and disposal. The first is the tracheostomy; the second, jejunostomy and gastrostomy; and the third is the intestinal ostomy (colostomy and ileostomy) and urine (urostomy).⁵

According to the Brazilian Association of Ostomy (abrasion), it is estimated that in Brazil there are more than 33,000 ostomy registered with the Care Program to ostomy patients (PAE), excluding the numbers of Tocantins, Amapá and Roraima in the absence of locais.⁶ associations According to the Ostomy Association of the State of Piauí (AOSEPI) in Piauí are more than 800 people, with 50% residing in the state capital.⁷

Thus, the interest was to reflect on the theory of Roy and nursing care to people with stoma, especially with regard to the potential of this theory contribute to the adaptation of stomized people, as this condition requires the same adaptive response to new health conditions.

In this perspective, the present study aimed to reflect on the applicability of Callista Roy Adaptation Model in nursing care to the colostomy.

METHODS

Theoretical and reflective study conducted in January and February 2016 mediated by reading and research of interpretations available in the literature about nursing care to people with stoma and the Roy adaptation. First, it was done a random search of scientific articles and books, and after reading the texts a critical-reflexive analysis was carried out, which allowed reflecting on two aspects: the nursing care of a colostomy and the applicability of Callista Roy's theory in the ostomized care.

RESULTS AND DISCUSSION

Nursing care to the ostomized patient

The biopsychosocial and physical changes experienced by an ostomized patient are factors that may hinder their recovery and rehabilitation. Thus, it requires preparation of the nursing professional to play a key role in education, management and emotional support of patients and families.

The practice of nursing care transcends the vision of being only an operational tool of work, it covers the existential significance of the individual and therefore the various modes and ways of care require understanding and meaning. There is no specific way to take care of, but the foundation of theoretical and philosophical ideas that guide.⁸

Nursing care must be provided with sensitivity, with respect to the uniqueness of each individual. It should be understood that it is a unique being with stories, weaknesses, feelings, experiences, able to face challenges and overcome limitations⁹; therefore, take into consideration the life of another is rethinking how it must be proposed the practice of care.

The nurse is the professional who best knows the patient, due to the proximity generated during the provision of care. Good quality at a systematically planned care contributes to the adaptation of the stoma person who is undergoing a process of changing resulting from the construction of the stoma.

Empathy between the nurse and the colostomy promotes host, sharing concerns, doubts and anxieties that permeated by subjective aspects and goals of the nursing consultation assist in recovery and social reintegration of the individual. Therefore, the professional must be trained and be prepared to guide and provide expert and good quality care.

It is important that the ostomy patient participate in the nursing consultations, because it can be made the guidelines for self-care and preventing complications that help in the adaptation and improvement of ostomy patients' quality of life. The development of educational activities in meetings with ostomy patients with the use

of interactive dynamics enables greater attendance of them to these consultations.¹⁰

Nursing care is effective in promoting health and self-care to ostomy carrier. The nursing consultation combined with group activity strengthens effective care, assist the family and helps ostomy patients to reframe life, rebuild self-image and regain self-esteem.¹¹

In educational activities in the outpatient setting must be created spaces for the participation of the individual with them about their knowledge and practices seen that the dialogic nursing practice contributes to the user exercises the subject condition and independent *autônomo*.¹¹ In providing the care, client and nurse share information and together decide on the relevance of a particular practice and the strategies used for the effectiveness of care should come mainly from patient care experiences.¹²

In the hospital environment, nursing should act in care planning from the preoperative period until discharge of the ostomy patient and such a perspective requires professional theoretical knowledge as a basis for care, moreover, become indispensable the host, listening to the complaints, guidelines for self-care and integration between the nursing staff, patient and family.

However, the nursing professionals feel unprepared to care for patients with

ostomy. The causes of the difficulties and rejection of care are justified by the poor academic background, little receptive and contributory conduct meetings, events and associations. To reverse this scenario, should promote the search for knowledge not only to watch the patient as well as encouraging the teaching and research.¹³

Callista Roy's Theory in nursing care to ostomy patients

The stoma person goes through a process of change in their physical integrity resulting from the surgical procedure of externalizing part of an organ and the consequent making the stoma. As a result, the individual must adapt to new stimuli and their ostomy condition, either temporarily or permanently.

Callista Roy in your model adaptation conceives that the nursing goal is to promote the adaptation of the person, group or community in the four adaptive modes which contributes to the health of individuals, especially the ostomy ones.

The way the stoma person responds to stimuli characterizes their behavior, which will reflect the use of coping mechanism. They can be inborn or acquired, to respond to changes in the environment.⁴ By observing the ostomy behavior in relation to adaptive modes can identify adaptive or maladaptive responses to the situations experienced and provide

nursing care to strengthen the adaptive responses and interfere with maladaptive.

Stimuli are understood as everything that triggers a response and therefore play an important role in human behavior, they can arise from internal or external environment of the individual and are classified as focal, contextual and residual. Focal stimulus is what most affects the individual and because it is immediately confronted by it. Those who contribute to behavior caused by focal stimuli contextual stimuli are called and can have negative or positive influence on the situation. Finally, residual stimuli are those that are present in the environment, but their impact on the person's behavior has yet to be explained.^{1, 3}

The effectiveness of stimuli on the person and effectiveness of the mechanisms used by individuals to cope with these stimuli can be seen on individual behavior from four adaptive modes. The behavior of the physiological way are the result of cell activity, tissues, organs and body systems and relate to the basic needs of physiological integrity (oxygenation, nutrition, elimination, activity and rest, and protection) and four complex processes (sensory, fluid and electrolytes, neurological function and endocrine function). In self mode behaviors are the result of individual beliefs, feelings and perceptions and is

formed by the self-physical subgroup covering physical features, appearance, the perception of sexuality and health and disease and self-staff is formed by the components of self-awareness, self-ideal, and moral-ethical-spiritual.^{1,3}

The function mode / role performance focuses on social aspects related to primary, secondary or tertiary roles that one occupies in society and their performance. Finally, the interdependence mode is related to affective adequacy and supports systems, receptive behavior and contribution of behaviors developed from the close relations between people.^{1,3}

The four adaptive modes interact with each other and any changes in one of the modes can affect others, especially when dealing with chronic diseases in which it is evident that a change in the physiological way affects the process of adapting forms of self-concept, function paper and interdependence.¹⁴⁻¹⁶

When considering that the same stimulus causes different behaviors in individuals due to be related to intrinsic factors of coping, Roy's theory allows to recognize that people who undergo some disease or injury by stimuli can trigger responses, either adaptive or not. In stomized people is up to the nurse contribute to the adaptation process to develop strategies for nursing care that include actions from the preoperative

period to return individuals to their activities of daily living and social integration with guidelines aimed at empowering the colostomy to create mechanisms coping that can reduce the non-adaptive responses. As the level of adaptation is changing the perception of the nurse is required to identify those answers.

The adaptation of the stoma person depends on several factors that underlie the physiological way and reach the subjective aspects of change of body image, loss of self-esteem, change in sexuality, fears, anxieties, frustrations, stigma and social isolation.

So the nurse to provide nursing care to this clientele must take into account the multiplicity of these factors and be based on theoretical models that focus on the systematization of care from the perspective of adaptation, as the model of Roy, to assist in coping non-adaptive responses and the maintenance and acquisition of adaptive responses from the ostomy.

Thus, when delineating the nursing care of ostomy subsidized by Roy's theory is essential, given the complexity of care, the development by the nursing knowledge and skills that go beyond the technique and allow understanding the biological needs, psychosocial, psycho-spiritual, family and environmental associated with ostomy

condition in order to promote adaptation of these individuals.

CONCLUSION

The stoma presence causes physical, psychosocial and spiritual changes that make the ostomy need to adapt to overcome. Insert family and professional support in a theory that ground good quality care and to reintegrate the patient to this new condition does reflect on nursing as a science and art of caring.

Moreover, the teaching of nursing in the stoma area is generalist way graduation. Due to the complexity of care to the colostomy, it requires the nurse updating and training on an ongoing basis which combined the experience of these professionals with stomized people, the systematization of nursing care and involvement with the family are essential in rehabilitation, adaptation and autonomy patient.

In view of the above, it is believed the applicability of Roy's theory for the provision of nursing care to people with stoma, as this theory makes it possible to recognize people by stimuli can trigger responses, sometimes positive and negative in others, in several situations and it is for the nurse to act as a mediator to develop care strategies that contribute to the coping mechanisms and can reduce maladaptive responses.

Added to this, the need to understand and foster the true role that it plays in the theoretical and practical advances in the production of knowledge and, especially in approximation of reality and consequent adjustment of the stoma person.

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