

## The Nurse Theorists: 21st-Century Updates—Callista Roy

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*This edited transcript of an interview with Callista Roy presents Roy's recent thoughts about the current state of the discipline of nursing; the contributions of the Roy adaptation model; and Roy's other work on the advancement of the discipline of nursing, nursing research, and nursing education.*

Sister Callista Roy began to develop the Roy adaptation model during her graduate studies in 1964 when she was studying with Dorothy E. Johnson at the University of California, Los Angeles. Professor Johnson began the first seminar in advanced pediatric nursing by saying that nurses needed to clearly define nursing. Sister Callista fondly tells the story that she had recently read a short paragraph on adaptation, and boldly stated that she knew what nursing was—it was promoting patient adaptation. Professor Johnson responded with the question, “What do you mean by that?” Sister Callista now notes that she has spent nearly 40 years of her life explaining what she means by that. Later that year, in her literature search for a definition of adaptation, Sister Callista found a newly released book by Harry Helson (1964), who applied the concept of adaptation in fields as far reaching as physiological psychology, learning, and social psychology. She thought that Helson's description of adaptation would be useful in providing a definition for her developing conceptual model of nursing. Clearly, Callista Roy was greatly influenced by Dorothy Johnson's commitment to describe the goal of nursing as a way of moving the discipline forward, describing the nature of nursing, and explicating a body of distinctive nursing knowledge.

Roy first published the basic ideas that comprise her conceptual model in 1970 in an article titled “Adaptation: A Conceptual Framework for Nursing.” Roy has continued to refine the content of the model ever since. In addition, Roy identified and refined the scientific and philosophic assumptions on

which the model is based throughout the 1980s and the 1990s. The most recent refinements of the model and the assumptions were published in the second edition of the book, *The Roy Adaptation Model* (Roy & Andrews, 1999). The content of the book, according to Roy and Andrews (1999), “(1) maintains the essential concepts of the model while reflecting new developments and enhanced integration of the model elements; (2) focuses on contemporary issues of health care delivery with social and cultural sensitivity; (3) provides for clarity of basic content, while at the same time expanding the theoretical basis for the adaptive modes; and (4) incorporates applications to both individuals and groups” (p. xvii). In recent years, Roy has turned her attention to contemporary movements in nursing knowledge development and spirituality (Roy, 1997; Roy & Andrews).

I first interviewed Sister Callista Roy in May 1989 at Boston College in Chestnut Hill, Massachusetts. That interview is part of *The Nurse Theorists: Portraits of Excellence* series of videotapes and compact disks (Roy, 1989). This column presents the edited transcript of a telephone interview I conducted with Callista Roy on June 1, 2000. She contributed additional comments to the transcript during the final editing in June 2002.

JF: What do you think about the current state of the discipline of nursing?

CR: Contrary to a lot of opinions, I am to very excited about what going on in nursing. I see the crisis in delivery of healthcare as an incredible opportunity for our discipline, which has grown immensely in the last 15 years and now is ready to assume a primary role in advancing healthcare worldwide. The focus of the discipline on person-environment integration addresses what probably is the most important need of our society in the 21st century. Because nursing's focus is so crucial, the discipline is ready to move forward

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**Editor's Note:** Any comments about this dialogue should be addressed to the Editor for possible inclusion in Letters to the Editor. For other information, contact Jacqueline Fawcett, RN, PhD, FAAN, 3506 Atlantic Highway, P.O. Box 1156, Waldoboro, ME 04572; phone: (207) 832-7398; E-mail: jacqueline.fawcett@umb.edu

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in setting the agenda for development of strategies for healthcare delivery that address societal needs. In sum, I am optimistic—as a discipline, we have made incredible strides, and our social position is being solidified through people’s high trust of nurses.

JF: How has the Roy adaptation model contributed to the current state of the discipline of nursing?

CR: As with any conceptual model, the basis of the model—its aim, focus, purpose—is to improve practice, which includes the mandate for research and education. I think the model is one of the outstanding approaches that have, in fact, directed research and influenced education. The model also has influenced how we think about nursing—it is something that nurses take into account as they develop their own contributions to the discipline. The spinning off of so many contributions by so many nurses is one of this model’s biggest contributions. I think, too, that as we look at today’s focus on developing middle-range theories and situation-specific or practice theories, we can see that nurses who have been educated in the last 20 to 30 years understand that theory development comes out of strong perspectives, such as the Roy adaptation model.

Allegiance to the model has continued, I think, because it was strongly based in practice from the beginning and in fact, had a connection to what nurses already were doing. Moreover, I began developing the model when I was very young and have been able to use my strong background in, and continuously growing knowledge of, the liberal arts, philosophy, and science, including a postdoctoral fellowship in neuroscience, to move the elements of the model to the next level. I think that the model has not changed so much as it has continued to grow and evolve. The effect of the model on practice, research, and education has continued because of its initial solid roots in practice and its continuing growth and evolution.

JF: What predictions do you have about the contributions that the Roy adaptation model will make to the continued advancement of the discipline of nursing?

CR: The goal of the model continues to be improving the healthcare of people by way of developing knowledge for practice, which is tested in research and taught in educational programs. The past and current contributions of the model to nursing have occurred through the usual channels of information dissemination, including publications, presentations at conferences, and consultation. In the future, the model will continue to contribute to the advancement of the discipline through the contributions of the many people worldwide who are using or want to use the model. Their contributions will be facilitated by the Boston-Based Adaptation Research in Nursing Society (BBARNS, which was renamed the Roy Adaptation Association (RAA) in 2001), which sponsors research, practice, and education forums that allow members of the organization to communicate with one another through the internet and other electronic channels. Each RAA forum is led by

nurses who have expertise in the use of the model and can guide others to recognize when their ideas represent modifications in the current version of the model. (It is important to point out here that people should feel free to modify the model to fit their needs, but that it is equally important to indicate that modifications have been made.) The use of such technology as electronic communication has enormous potential for increasing the contributions of the model through increasing the number of nurses who have access to information about the model and its uses in research, education, and practice.

The RAA publishes a newsletter, the *Roy Adaptation Association Review*, each spring and fall. The newsletter features activities of the interest forums and other organization initiatives. The annual conferences have been held in the Northeast at lovely settings on Cape Cod in Massachusetts, and in Kennebunkport, Maine. The conferences are a wonderful opportunity to bring together more experienced scholars with new scholars in productive dialogue about the developments of the Roy adaptation model. Two award-winning papers are selected for presentation at each conference from submitted abstracts; each author receives honorary membership in the RAA, along with a cash award.

The RAA actually began when Susan Pollack organized a symposium for presentation at the 1991 meeting of the American Nurses Association Council of Nurse Researchers in Los Angeles. The integration of studies by five researchers was so well received that the researchers began to meet to prepare manuscripts reporting their studies. Later, they began the major project of reviewing 25 years of Roy adaptation model-based research, which resulted in the publication of the book, *Roy Adaptation Model-Based Research: 25 Years of Contributions to Nursing Science* (BBARNS, 1999).

JF: Based on the results of the review by the BBARNS (1999), do you think that the model has been used appropriately in most studies?

CR: Yes, most of the studies met the criteria set by BBARNS. (The criteria include linkages between the model concepts and research variables, between the model and the empirical measures, and between the findings and the model; each study was rated on each criterion as explicit, implied, or absent.) Actually, 116 of the 163 studies met the criteria for empirical adequacy and were evaluated as having adequate linkages to the model. Those criteria are inclusive and permit such studies as secondary analyses that use the Roy adaptation model as the basis for analysis of data not originally collected within the explicit context of the model. The model certainly helps researchers to conceptualize their questions, but it also can help researchers to organize the data. In turn, the researchers have definitely contributed to the model. For example, the studies also were examined to determine which Roy adaptation model propositions were tested, even if a researcher did not expli-

cate the relevant propositions. This type of analysis of studies helps researchers to better understand and report the conceptual underpinnings of their studies and also helps them to begin to develop programs of Roy adaptation model-based research.

JF: Do you think that there are any particular research methods that are better than others to study phenomena within the domain of the Roy adaptation model?

CR: There may be particular strategies that may be better for certain phases of the work but I would not exclude anything because the relevant questions are at all levels. I would not exclude any particular method and certainly do *not* think that Roy adaptation model-based research should employ only quantitative methods. There are, for example, questions related to philosophical issues, questions related to discrete phenomena and specific concepts, and so on. I think more than anything, we need to identify new and emerging research methods that will facilitate development of the knowledge.

JF: Given the knowledge needed to use the Roy adaptation model, what is the appropriate entry level for professional nursing?

CR: I think that *the* most knowledgeable person possible should be with people to assist them with their incredible needs. Given the needs of society, however, we have to keep nursing a large discipline but at the same time raise the educational level for nursing. We are way past having the baccalaureate degree as the minimum for practice. Cohorts of doctorally prepared nurses who remain in clinical positions can transform healthcare organizations.

I think faculty have been distracted by the demands of nurse practitioner education and the emphasis on skills. I would like to see many more master's-prepared nurses with strong nursing perspective commitments. I think that we will gradually move to the master's level for entry into nursing because of the needs of the discipline and the leadership demands on us.

JF: Do you think that associate degree education is a viable entry level for nursing?

CR: I think it depends on the decisions we make about the structure of healthcare delivery. There probably will have to be some mix of levels of entry level preparation but I am not certain where associate degree prepared nurses should practice. We have to be clear to ourselves about what the discipline is and what each level of education contributes, so that we can be clear to the public.

JF: The Roy adaptation model is used to guide curriculum development in associate degree, baccalaureate, master's, and doctoral educational programs. That implies, at least

to me, that the content of the model and the knowledge needed to base practice on the model can be leveled for each type of program. Do you agree?

CR: Yes, that has been done a lot.

JF: What else would you like to tell me about your work and the progress of the Roy adaptation model?

CR: One of the exciting things for me is that when I have a chance to work very closely with doctoral students and postdoctoral fellows, I realize how much more can be done. For example, I have been working with a doctoral student who is developing a tool to measure veritativity. It is such a privilege to teach doctoral students and to advise them on their dissertation research. That adds immensely to my own work.

My interdisciplinary work, including serving as a board member for the New England Center for Faith and Science Exchange of the Boston Theological Institute, has given me an exciting opportunity to talk and work with scientists from many fields of study and faith denominations. I also am a volunteer at a women's prison and on the Catholic Chaplain's Advisory Board of the Framingham Women's Prison, which has given me an opportunity to study issues of crime corrections and justice with people from diverse fields. In addition, I have had opportunities to work with nurse scholars from many countries, most recently Japan, Korea, and El Salvador. My stimulation for continued growth will be important for the future growth of the model and that comes partly from doctoral students and partly from a lot of other contacts. So, my world gets big and hard to handle sometimes but I think that is good—good for my thinking and eventually, good for nursing.

JF: I would like to thank you very much for talking with me.

CR: You are welcome.

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