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NURSING PROCESS BASED ON ROY'S THEORY FOCUSING ON WOMEN'S HEALTH PROMOTION: CASE STUDY

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Abstract: The objective was to carry out a case study aimed at women's health, based on the implementation of the nursing process based on Callista Roy's theory of adaptation. For data collection, a specific instrument was used and a physical examination of the participant was performed. In addition, questions were asked about her current health needs. With the data obtained, diagnoses, results and nursing interventions were established to compose the care plan. The results were based on the adaptive modes and the EP proposed by the study's framework. Where the following diagnoses were performed: Impaired sleep pattern; Sedentary lifestyle; Low situational self-esteem; Anxiety, Stress overload; Disturbance in body image; Impaired social interaction; Improved readiness for motherhood; sexual dysfunction; and Interrupted family processes. From the elaboration of the study, the importance of the use of nursing theories was evidenced, linking knowledge to the clinical practice of the nurse.
Keywords: Nursing care. Nursing theory. Case study.

INTRODUCTION

The changes in women's behavioral patterns that occurred throughout the 20th century, such as their greater insertion in the labor market, brought about changes in the way they organize their lives in the family, profession and study dimensions. The complexity of the female situation is aggravated, nowadays, with the growing demand for greater qualification, requiring women to fulfill three working days [1].

Nursing care aimed at women's health must also accompany these changes that have occurred in society and in the lifestyle of this population, thus, nurses need to be prepared to take advantage of the occasions when women attend health services to carry out a holistic approach, focused on all care needs,

providing guidance for health care, acting to prevent illness and promote health, through the nursing process.

The Nursing Process is a method that systematically directs and organizes the work of nurses. This emerged as a result of the search for a body of nursing knowledge that would add a scientific standard to our actions, being extremely important in our clinical practice.

It is believed that the Nursing Process (NP) associated with the elements inherent to the professional practice of nurses - nursing diagnoses from the *North American Nursing Diagnosis Association - International* (NANDA-I); nursing outcomes from the *Nursing Outcomes Classification* (NOC); and nursing interventions from the *Nursing Intervention Classification* (NIC) - it is fundamental to identify and understand the needs of the individual, family or community, in view of the life cycle or real or potential health problems, and to determine which aspects of these needs require a nursing intervention[2].

It is necessary for the nurse to support the NP in a nursing theory, as it organizes knowledge and care through its body of knowledge. Theories subsidize actions and give meaning to nursing knowledge, aiming at and contributing to quality care. Therefore, nursing theories work by improving clinical nursing practice and should be used, encompassing, in addition to scientific knowledge, other knowledge standards (empirical, aesthetic, personal and ethical) in association with the Nursing Process for our care actions (clinical care)[3].

Nurses need to be able to help women and, at the same time, encourage them to seek attitudes that benefit their quality of life and well-being. Thus, from the above, the following questions emerged: What are the care needs of women today; and how can Callista Roy's Adaptation model contribute to carrying out the nursing process aimed at women's health?

The objective was to carry out a case study based on the elaborated questions, basing the nursing process aimed at women's health on Roy's Adaptation Model.

The study is justified by contributing to the strengthening of the application of the NP for professional nursing practice based on specific theories, in addition to providing a scientific basis for promoting women's health from an updated perspective of their health needs.

THEORETICAL REFERENCE

To support the investigative process, Callista Roy's Adaptation Model was adopted as a theoretical framework. This model has five essential elements: the person receiving nursing care; the goal of nursing; the concept of health; the concept of environment; and the direction of nursing activities. Roy conceptualizes the person from a holistic perspective, where the individual aspects of the parts act together to form a unified being. Furthermore, people, as living systems, are in constant interaction with their environments[4].

The constant interaction of people with their environments is characterized by internal and external changes and, in this context of changes, people need to maintain their own integrity, that is, each person adapts continuously. Hence, the person is understood as an adaptive, holistic system. The adaptive system has inputs (stimuli) coming from the external environment and from within the person. Each individual has a level of adaptation to which their adaptive system can react, this level is a constantly changing aspect and is influenced by that individual's coping mechanisms[4].

The *outputs* correspond to the behavior of that person. Roy categorized exit behaviors from the system as adaptive responses or inefficient responses, with adaptive responses being those that promote the person's

integrity, that is, when that person is able to achieve goals, and inefficient responses not supporting those goals. [4].

The internal processes of the person as an adaptive system are defined in effector systems or adaptive modes – physiological function, self-concept, role function and interdependence. From the analysis of these adaptive modes, the discussion of the results of this study will be carried out. The physiological mode corresponds to physical responses to environmental stimuli, such as oxygenation, nutrition, elimination, activity, rest and protection; the self-concept mode identifies patterns of values, beliefs and emotions, attention is given to the sphere of the physical self, personal self and ethical-moral self; the role function mode identifies the person's patterns of social interaction with others, reflected by primary, secondary, and tertiary roles; interdependence mode identifies patterns of human worth, affection, love, and affirmation[4].

Roy defines that the goal of nursing is to promote adaptive responses in relation to the four adaptive modes, with adaptive responses being those that positively affect health. In this model, the person is respected as creative and active in the use of their coping processes and as an active participant in their care.

Roy's model guides nurses towards the development of the nursing process. The NP proposed by Roy includes the following steps: behavior assessment, stimulus assessment, nursing diagnosis, goal setting, intervention and assessment.

The first and second stages concern, respectively, the evaluation of the behavior - in which it is conceptualized as adaptive or ineffective - and the identification of the internal and external stimuli that are influencing the behaviors. The third stage of the process corresponds to the identification of the nursing diagnoses, which reflects the nurse's judgment about the person's level of adaptation. The fourth step seeks to establish goals, when the nurse lists the behaviors resulting from nursing care. The fifth is intended for the planning of interventions that must be selected according to previously established goals, with a view to promoting adaptation by changing the stimulus. And finally, the last stage, the evolution, in which the effectiveness of the nursing intervention is judged in relation to the human behavior of adaptation[5,6].

In the presented model, if we consider the first and second stages as the data collection or nursing history phase, the NP proposed by Roy is equivalent to the traditional NP, composed of five interrelated, interdependent and recurrent steps.

METHODOLOGY

This is a qualitative research, in which the use of case studies was chosen. According to Minayo7, the case study uses qualitative research strategies to map, describe and analyze the context, relationships and perceptions regarding the studied situation, being useful to generate knowledge about significant characteristics of experienced events.

The case study consists of the deep and exhaustive study of one or a few objects, in a way that allows its wide and detailed knowledge, a practically impossible task with other designs. It does not have the objective of providing precise knowledge of the characteristics of a population, but rather to provide a global view of the problem or to identify possible factors that influence it or are influenced by it[8,9].

> Methodologically, the case studies show causal links between interventions and real-life situations; the context in which an action or intervention took place or takes place; the course of an ongoing process and ways of interpreting it; the meaning and relevance

> of some key situations in the results of an interpretation (MINAYO, 2010, p. 164).

Data collection was carried out in November and December 2014 with an employee of the State University of Ceará (UECE). The first consultation with the patient took place at the Maria Liduína Aguiar Freire Mental and Collective Health outpatient clinic, on the UECE/Itapery campus, located in the city of Fortaleza-CE, where the participant's physical examination and initial data collection were performed. Proceeding with the investigation, throughout the collection period, the researcher held another face-to-face meeting and maintained weekly telephone contact with the participant to evaluate the implemented NP.

For data collection, a data collection instrument was used, containing questions regarding personal and socio-occupational data, personal and family health history, nursing anamnesis and physical examination. In addition, questions were asked about the participant's current health needs. The research used the NANDA International (NANDA-I) classifications for diagnoses; *Nursing Outcomes Classification* (NOC), for the results; and *Nursing Intervention Classification* (NIC), for the interventions[10-13].

After synthesizing and analyzing the data, the nursing diagnoses were identified according to the adaptive modes that need to be worked on in order to acquire adaptive responses in relation to them. Then, the expected results were established so that the participant can adapt to the situations faced and, for that, interventions were planned according to the identified problems, focusing attention on the integrality of the assistance.

To carry out the NP, the incorporation of clinical reasoning and critical thinking stands out. Clinical reasoning is composed of the various skills necessary for decision-making by health professionals in the face of care actions, which includes critical thinking. Critical thinking is not a method, but a process, an orientation of the mind, which incorporates the affective and cognitive domains and which helps in achieving the goals and expected results[14].

In the development of this work, clinical reasoning permeated all the actions to be developed – during the investigation; the diagnosis; in the planning of interventions; in the implementation of interventions and in the evaluation of results – therefore, clinical reasoning is associated with the nursing process.

It is also noteworthy that the ethical and legal aspects related to research with human beings were respected, in accordance with Resolution 466/2012 of the National Health Council (CNS) and that, prior to data collection, the research was presented to the participant, being asked to sign the Free and Informed Consent Term, emphasizing the freedom to accept or not the invitation to participate in the same[15].

CASE PRESENTATION

Patient, female, 22 years old, single, from Maracanaú-CE. She works as a secretary, has incomplete higher education. She lives in her own house with her mother, her partner (who recently moved) and her son (infant, 3 months old). She is currently on maternity leave. She declares an average family income of R$ 2500.00. She claims to be Catholic. She is not a smoker, prior to pregnancy, she consumed alcohol socially, but, after discovering the pregnancy, she suspended its use. She does not perform any type of physical exercise at the moment due to caring for her son, however, she reports that she always liked to practice activities such as *Kung fu* (martial arts) and *Le Parkour*. He has no family history of chronic illness. During pregnancy, she did not present any complications or clinical changes in

her health. On physical examination - Vital signs: BP = 100x60 mmHg; Pulse = bpm; FR = rpm; Casual blood glucose = 127mg/dL; Anthropometric measurements: Height = 1.56m; Weight: 52.2kg; BMI = 21.4; Abdominal circumference = 86cm. Upon examination of the breasts, there was no engorgement, with the infant latching on correctly. Regarding the complaints, there are reports of food and sleep/rest being impaired due to the care given to the baby and changes in the dynamics of the home after the partner moves to the same residence.

In later meetings, changes were observed in the behavior patterns of the patient who, before always extroverted, started to show anxiety, complaining about experienced situations, with reports of dissatisfaction with the marital situation in which she found herself, which reflected in her psychic and emotional balance. As for satisfaction with her physical appearance, she complained about body changes and excessive hair loss concentrated in specific regions of the scalp, which was confirmed by the nurse in a later examination.

RESULTS

The results of the study will be presented based on the adaptive modes and the EP proposed by the Roy Adaptation Model framework. First, the first and second stages of the NP were carried out, based on the behavior assessment, where the adaptive and ineffective behaviors were identified, and the internal and external stimuli that are influencing these behaviors[4].

Proceeding with the implementation of the NP, the third stage of the process was carried out, which corresponds to the nurse's judgment about the individual's level of adaptation[4]. Thus, from the collected data, the Nursing Diagnoses were established regarding the ineffective behaviors presented by the patient for each adaptive mode. They are presented below (Table 1).

Adaptive Mode	Nursing Diagnosis from NANDA
Physiological Mode: it is associated with the sense of the person's responses when the body is stimulated by the environment. Nine needs were identified, namely: oxygenation, nutrition, elimination, activity and rest, skin integrity, senses, fluids and electrolytes, neurological function and endocrine function.	Impaired Sleep Pattern; Sedentary Lifestyle.
Self-Concept Mode: defined as a composite mode of belief and feelings that the person holds about himself. It has two components: physical self, which includes sensations and body image; and personal self comprised of consistency self, ideal self and ethical-moral-spiritual self.	Low Situational Self-Esteem; Anxiety; Stress Overload; Disturbance in Body Image.
Role Function Mode: identifies the person's patterns of social interaction in relation to others.	Impaired Social Interaction.
Mode of Interdependence: involves interaction with other people, focusing on intimate relationships implied in roles or position in society.	Readiness for Improved Motherhood; Sexual Dysfunction; Interrupted Family Processes.

Table 1- Roy's adaptive modes and nursing diagnoses for the case under study. Fortress, 2014.

In possession of the main diagnoses, the researcher established the goals or expected nursing results as adaptive responses or mechanisms for coping with the situations in question (fourth stage of the NP). In order to achieve the proposed results, the nursing interventions were planned with a view to promoting the patient's adaptation responses (fifth stage of the NP). The sixth and last stage of the NP refers to evolution, when the effectiveness of interventions established in relation to human adaptation behavior is judged4. The fourth, fifth and sixth stages corresponding to the NP proposed by Roy are shown in Table 2.

Nursing Diagnoses (NANDA-I)	Nursing Outcomes (NOC)	Nursing Interventions (NIC)	Nursing Activities
Impaired sleep pattern, characterized by reporting periods of rest during the day and being awake at night. Related Factors: care responsibility; partner's sleep	Sleep.	Improved sleep; Control of the environment; Anxiety reduction.	- Avoid naps during the day; - Provide a peaceful and welcoming environment; - Guiding better positions for sleep and rest; - Teach relaxation and massage techniques for both the patient and the baby (bath, massage); - Performing physical exercise helps to have a peaceful sleep.
Sedentary Lifestyle, characterized by changes in lifestyle after the birth of the baby.	Motivation.	Exercise promotion; Improved self-esteem; Improved self-perception.	- Encourage the resumption of activities carried out previously; - Guidance on the benefits of performing daily physical activity.
Low situational self-esteem, characterized by self-assessment as unable to handle situations; negative verbalizations.	Personal resilience; Self esteem.	Promotion of resilience capacity; Improved self-esteem; Improved coping; Improved self-perception; Emotional support; Support for decision-making.	- Encourage the search for pleasurable activities; - Counseling; - Promotion of resilience capacity; - Active listening;
Anxiety, characterized by reports of concern about returning to work after maternity leave and dissatisfaction with the current emotional situation with the (ex) partner.	Anxiety Self-Control.	Improved coping; Relaxation therapy; Environment control.	- Clarify expectations and changes in daily routine; - Perform physical activity.
Stress overload, characterized by reports of increased feelings of impatience; Report of increased feelings of anger.	Confrontation	Anxiety reduction; Improved coping; Emotional support; Support for decision-making; Promotion of resilience capacity.	- Use relaxation techniques; - Control contact with stressors; - Seek support systems.
Disturbance in body image, characterized by self-monitoring behavior; report of feelings that reflect an altered view of one's own body; Focus on the appearance of the past.	Body image; Self esteem.	Improved body image Improved self-esteem; Improved coping; Emotional support.	- Listen actively; - Reserve daily moments for the development of self-care activities;
impaired social interaction, defined by altered social interaction behaviors.	Social involvement.	Improved socialization; Improved self-esteem.	- Advise on the importance of moments of relaxation; - Resume friendship cycles; - Seek support systems.
Disposition for improved maternity, defined by: evidence of linkage.	Knowledge: baby care; Child rearing: performance.	Control of the environment; Nutritional advice; Promotion of maternity/ paternity.	- Guidelines on breastfeeding; - Praise and encourage the mother-baby bond; - Advise on the importance of the father's presence for the baby's development.
Sexual dysfunction, characterized by perceived deficiency of sexual desire. Related factors: altered body structure and altered body function due to pregnancy and postpartum.	Knowledge: sexual functioning during pregnancy and postpartum;	Sexual counseling; Family planning: conception.	- Guiding regarding organic changes in the postpartum period; - Listen actively; - Guidance regarding the search for pleasurable techniques during sex.
Interrupted family processes, defined by changes in satisfaction with family; changes in intimacy; changes in mutual support.	Family resilience; Family well-being.	Promotion of resilience capacity; Counseling; Coping improvement; Emotional support; Spiritual support.	- Active listening; - Mediate conflicts; - Minimize stressors; -Search for coping mechanisms; - Advise on decision-making.

Table 2- Identified diagnoses, outcomes and nursing interventions. Fortaleza/CE, 2014.

DISCUSSION

As for the analysis of the 'physiological mode', the study participant had vital signs with normal parameters, no history of comorbidities in the family, and also had no intercurrences during pregnancy. She was able to return to her pre-gestational weight, but she was unable to introduce healthy habits into her daily life (food, physical activity), also complaining about her sleep pattern due to changes in schedules caused by the care and physiological pattern of the baby, and also by the night work schedule of the (former) partner. Thus, for this mode, the diagnoses of Impaired Sleep Pattern and Sedentary Lifestyle were performed.

The evaluation of the results for the Impaired Sleep Pattern Diagnosis was positive, since, according to the participant's report, she is trying to resume her usual hours of sleep at night based on the proposed nursing activities. As for the sedentary lifestyle, she has not yet started any type of physical activity, therefore, the researcher resumed the guidelines, also focusing on adherence to a balanced diet.

In the 'self-concept mode', the diagnoses of Low Situational Self-Esteem, Anxiety, Stress Overload and Disturbance in Body Image were observed. These diagnoses were not evidenced from the first meeting with the participant, they were perceived throughout the contacts made by the nurse and are mainly due to the family changes that occurred.

According to Vieira, Salge, Bachion and Munari [16], in addition to the biological changes, in the postpartum period there are also changes and psychosocial adaptations that can generate anxiety, which was verified in 80% of the puerperal women investigated in their research. In this same study, the diagnosis of Low Self-Esteem was evidenced in 30% of the puerperal women, being related to the lack of recognition of the partner and disturbance in the image.

As the patient in question is no longer in the puerperal period, other causes were investigated that could be contributing to the prolongation and exacerbation of the signs that characterized the diagnoses found in the 'self-concept mode'.

Thus, the wear on the marital relationship was found to be the main aggravating factor. This fact made the defining characteristics of the established diagnoses more notorious, because even with the care of the child and the house, during the first meetings, the participant showed good self-esteem and satisfaction with her standard of living - showing satisfaction , mainly, with the fact that the partner went to live in the same house.

In view of the facts, the evaluation for the 'self-concept mode' is still far below expectations, therefore, the patient needs to remain in follow-up and the PE needs to be reassessed so that the appropriate changes are made, which seek to achieve the expected results. .

From the 'role function mode', it was observed that she goes through a moment in which her social functions are altered, having to prioritize the care of the child, which evidences the diagnosis of Impaired Social Interaction. However, the patient seems to be seeking support from friends to cope with the situation.

In the evaluation of the 'mode of interdependence', the following were diagnosed at first: Disposition for Improved Motherhood; Sexual Dysfunction. These diagnoses were evidenced, respectively, by the perceived bond between mother and baby during the meetings and by the report of dissatisfaction or change in the couple's sexual pattern after the child's birth. The alterations that occurred in the patient's family arrangement during the investigative process led her to complain about the commitment and presence of the partner in caring for

the child and in the marital involvement, culminating in the separation of the couple, thus defining the diagnosis of Interrupted Family Processes.

The diagnosis of Interrupted Family Processes was found in 40% of the families in a study carried out with women in the postpartum period16. This finding may be associated with the fact that women face situational crises, due to the transition represented by the period, or other issues that existed previously, not specifically linked to the puerperium.

The patient in question in the study still cannot accept the idea of separation, since, according to her reports, in this context there are several factors involved, such as the disrespect of the partner while they were still together. This fact started to contribute negatively to the evolution of the picture, because, according to her reports, episodes of fights and disagreements with (ex) partner became constant.

Therefore, it is necessary to continue monitoring the patient, being aware of her entire life context and possible changes that may occur, so that new interventions and goals are implemented, in a recurrent process of evaluation and feedback on her actions. In order to achieve the results, the search for help from other professionals is also being encouraged, so that the evaluation and health support are carried out in a more complete and efficient way.

FINAL CONSIDERATIONS

The use of case study type research allowed a deepening about the object of investigation. Where, in possession of the pertinent information and the necessary knowledge, it was possible to work using the NP, from the elaboration of the diagnoses, results and nursing interventions, elaborating a care plan specific to the needs of each individual.

The education and monitoring of women's health, in the various stages of their life cycle, enables nurses to encourage them to take responsibility for their health, with a consequent change in lifestyle and maintenance or achievement of quality of life. To this end, nurses need to work on skills and acquire knowledge to identify alterations present in the individual and, based on this, clarify and guide these people in order to control the factors that may affect their lifestyle.

From the elaboration of the study, the importance of the use of nursing theories was evidenced, linking knowledge to the clinical practice of the nurse. For this, it is necessary to constantly improve/update oneself scientifically and associate the various essential knowledge to their practice to base their actions based on clinical reasoning, which requires permanent education of these professionals, built from work relationships, problematizing reality.

Aiming for a truly systematized, organized and proper care, we must carry out, in our care activities, the correlation between nursing theories and NP, in a mutual relationship of knowing - nursing - and producing knowledge about and for it, contributing to its foundation and enhancement.

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