A Middle-Range Theory of Psychological Adaptation in Death and Dying

Marjorie C. Dobratz, RN, DNSc.
Professor Nursing Program
University of Washington Tacoma
The University of Washington, Tacoma offers undergraduate and graduate programs, and shares CCNE accreditation with the UW School of Nursing in Seattle.
Middle-Range Theories (MRT’s) Importance to Nursing

- Predicted to be the “illusive practice theory” (Fawcett & Alligood, 2005, p. 229).
- Provide “direction for nursing research” (Lasiuk & Ferguson, 2005, p. 130).
- Can be applied “across several client populations and practice settings” (Lasiuk & Ferguson, 2005, p. 130).
- “Contribute to understanding the human condition” (Graham, 2006, p. 276).
- “Deal with limited sources of social phenomena” (Merton, 1968, p. 40).
Middle-Range Theories (MRT’s)

Construction always “involves abstraction” (Merton, 1968, p. 39).

These abstractions form a “limited set of assumptions from which hypotheses can be derived and confirmed by empirical investigation” (Merton, p. 68).

MRT’s are empirically based and can fit with a conceptual model’s (CM) conceptual-theoretical structure (CTS).

A MRT is more specific than a conceptual model, as it describes, explains or predicts a CM phenomenon, and also limits the number of derived assumptions.
Purpose

To present a MRT of psychological adaptation in death and dying that was abstracted from a series of quantitative and qualitative research studies. The findings were synthesized into limited number of assumptions, testable hypotheses were derived, and the constructed MRT was linked to the conceptual-theoretical structure of the Roy Adaptation Model.
Roy Adaptation Model (RAM) Middle-Range Theories

- **Adaptation to Diabetes Mellitus:** Whittemore and Roy (2002) synthesized empirical evidence related to adaptation to this chronic disease.
- **Caregiver Stress:** Tsai (2003) developed assumptions related to caregiver experience and linked them to the RAM’s conceptual framework.
- **Chronic Pain:** Dunn (2004) reviewed the theoretical/empirical literature and developed six hypotheses that could be empirically tested.
- **Caregivers Psychological Distress:** Five completed studies were linked to the RAM’s self concept model (Levesque et al., 1998).
Abstracting a MRT of Psychological Adaptation in Death and Dying

A quantitative, causal model study structured person-environment variables within the RAM framework: Dependent (psychological adaptation and well-being), independent variables were focal (physical function), contextual (pain, social support), and age, sex, length of illness were residual stimuli (Dobratz, 1993).
The causal model study found that the **contextual stimuli** of social support ($p < .001$) and pain ($p < .05$) and the **residual stimulus** of age ($p < .01$) influenced the outcome of psychological adaptation. Physical function (**focal stimulus**) just missed significance at ($p < .07$).
A second quantitative study compared the same person-environment variables in subjects who expressed spirituality (n = 44) and 53 participants who did not express spirituality (Dobratz, 2005). Only three components of the McGill-Melzack Pain Questionnaire: **affective dimension**, **pain rating index**, and **number of words chosen** were significantly higher for the non-expressed spirituality group.
Continuing to Build a MRT

A third study quantitative study involved statistical triangulation that compared numerical data from the causal model study and textual data from a concurrent grounded theory study in three patterns of the self-transacting dying: becoming, anguishing/agonizing, and avoiding (Dobratz, 2006).

A one-way analysis of variance confirmed that social support, physical function and religious preference impacted end-of-life patterns.
A qualitative study further described those 44 dying individuals who expressed spirituality (Dobratz, 2004). Life-closing spirituality was shaped by a core theme of believing, which was linked to comforting, releasing, connecting, giving, reframing, and requesting. The findings of this study also supported humanism and veritity as defined in RAM theory.
Continuing to Build the MRT

Although the grounded theory study that was conducted in conjunction with the causal model study emerged seven patterns of the self-transacting death and dying (Dobratz, 2002-03), the becoming pattern was selected for further analysis and abstracted to build the MRT.
The Importance of the Qualitative Research in Developing MRT

More in-depth description of the Becoming-Self determined that the 15 dying persons in this pattern were self-integrated, created personal meanings, used inner cognition, and connected to others and a Higher Being (Dobratz, 2002).

The pattern of the Becoming-Self also supported humanism and verititity as defined within the philosophical assumptions of the RAM.
Conceptual Definition of Spirituality

Four themes that define spirituality:
1. Spirituality as religious systems or beliefs, 2. Spirituality as life meaning, purpose and connection to others, 3. Spirituality as non-religious systems of beliefs or values, 4. Spirituality as metaphysical or transcendental phenomena (Sessanna, Finnell, & Zezewski, 2007, p. 252). With this broader definition, spirituality rather than religion is the concept used in this MRT abstraction.
Theoretical Assumptions from Abstracted Findings

Psychological adaptation in death and dying is influenced by pain and physical function.

Psychological adaptation in death and dying is promoted by connecting to supportive others.

Psychological adaptation in death and dying is impacted by spirituality.

With age a residual stimulus in death and dying, no assumption can be made regarding this influence.
Derived Hypotheses

- Pain has a negative effect on psychological adaptation.
- Pain has a negative effect on expressed spirituality.
- Social support has a positive effect on psychological adaptation.
- Physical function has a negative effect on psychological adaptation.
- As a residual stimuli, the impact of age warrants further testing.
Conceptual Definition of Psychological Adaptation in Death and Dying

Given the concepts abstracted from the quantitative and qualitative studies, “Psychological adaptation in death and dying is using spiritual and social resources, and managing physical symptoms to maintain self-integration”.
Roy Adaptation Model

Coping Processes

Regulator

Cognator

Adaptive Modes

Physiologic - Physical

Pain, Physical Function

Symptom Management

Self Concept

Role Function

Interdependence

Spirituality

Social Support

Social Support

Psychological Adaptation in Death and Dying
Coping Processes

**Regulator Subsystem:** The dying process is impacted by neural and chemical systems associated with pain and physical function.

**Cognator Subsystem:** The dying process is linked to four cognitive-emotional channels that affect perceptual and information processing, learning, judgment, and emotional.
Physiological-Physical Mode: Pain and physical function include “the physical and chemical processes involved in the function and activities of living organisms” (Roy, 2009, p. 89).

The Self-Concept Mode: Spirituality is a part of the personal self that includes a moral-ethical-spiritual component (Roy, 2009, p. 96).
Links to the RAM Modes

**Role Mode:** Social support and connectedness to others relates to the social integrity component and the “need to know who one is in relation to others” (Roy, 2009, p. 98), even though life is ending.

**Interdependence Mode:** Social support and connectedness to others involves the willingness and ability to give and receive love and nurturing at the end of one’s life.
Conceptual Definition of Adaptation

Adaptation is defined as “the process and outcome whereby thinking and feeling people, as individuals or in groups use conscious awareness and choice to create human and environment integration” (Roy, 2009, p.29).
Links to Philosophic Assumptions

- Dying persons have a mutual relationship with others and a God-like figure.
- Dying persons find human meaning that is rooted in an omega point convergence of the universe.
- Dying persons use human creative abilities of awareness, enlightenment, and faith.
Links to Scientific Assumptions

- Dying persons use **consciousness and meaning** to maintain person self-integration.
- Dying persons utilize **processes of self-awareness** that are rooted in thinking and feeling.
- Dying persons **connect to others** in relationships that accept, protect, and foster independence.
- Dying persons **integrate human and environment meanings** that result in adaptation.
Nursing’s Goal in Life-Closure

To promote adaptation for dying individuals and their families, thus contributing to health within dying, enhanced quality of life, and dying with dignity by assessing behaviors and factors that influence adaptive abilities (promoting spirituality and assuring social support) and by intervening in the environment to control pain and manage symptoms.


References


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