

Transitions Theory

Patients, families and health systems encounter and face many changes that prompt processes and strategies for coping with these changes and their aftermath. There are many questions that formal and informal caregivers and health systems should carefully consider, and for which the answers to these questions must include specific processes and systems. Some of these questions are:

- What are the various roles that they can and/or must play to facilitate change for people and communities before, during and at the completion of transition?
- In what ways should they contribute to promote wellbeing throughout transition?

The transition experience starts before an event and has an ending point that varies based on numerous variables. Understanding the nature of and responses to change, facilitating the experience and responding to its different phases, and promoting health and wellbeing prior to, during and at the end of the change event, is what prompts the utilization of Transitions Theory. It provides a framework that generates research questions and guides effective care prior to, during and after the transition. Transition Theory evolved from clinical practice, supported by research evidence and provides a framework for application in practice, research and theory building.

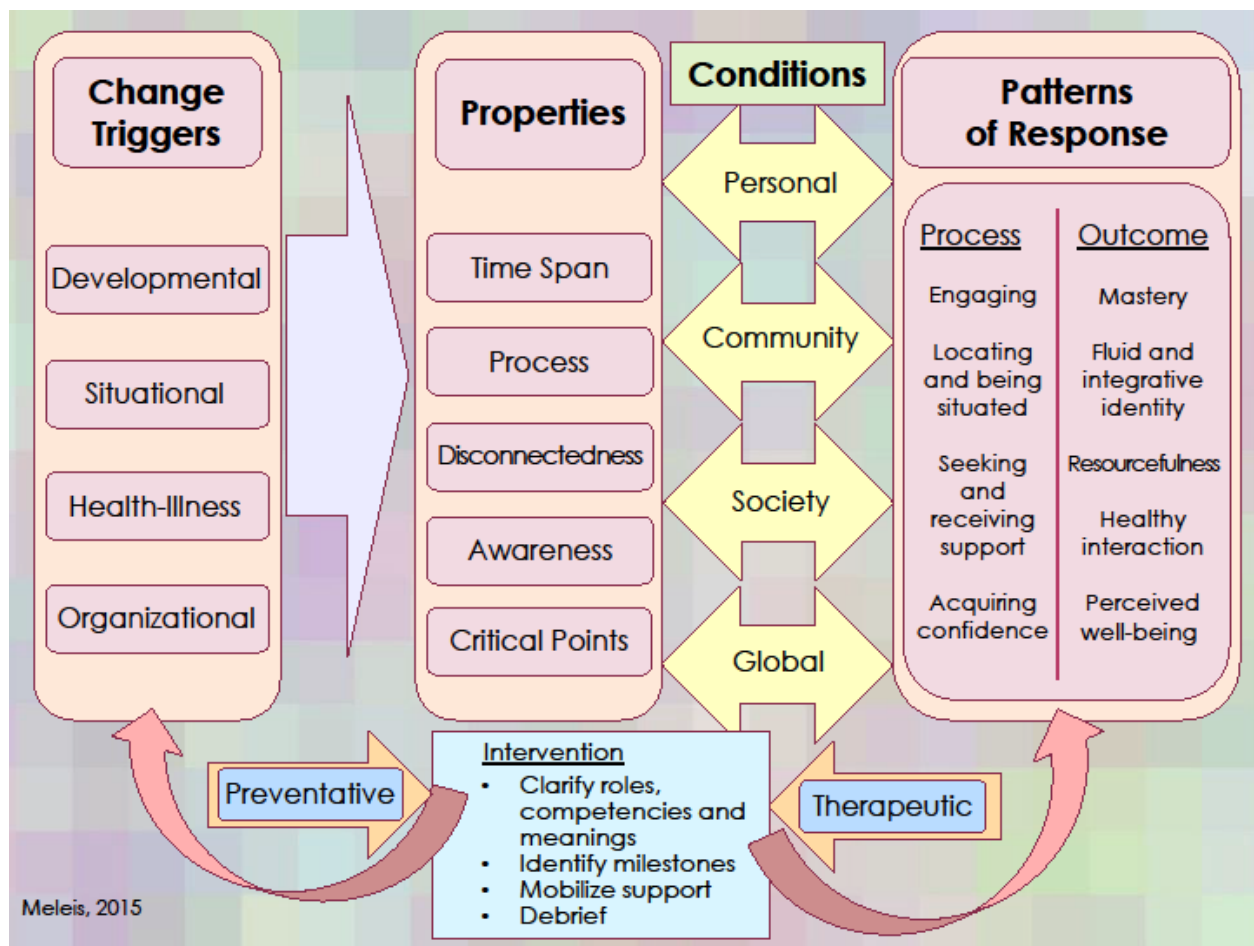
There are two parts in the Transitions Theory. The first is an intervention made to facilitate transition and promote well-being and mastery of change consequences. This includes conceptually supporting systems through significant others as well as a care team of advanced practice nurses. The goals are to clarify what the person (or groups) is experiencing at the moment as well as what the person (or groups) may experience subsequently by providing knowledge, skills, strategies and tangible and psychosocial competencies to deal with the transition experience and responses.

The second and most important part is an understanding of the transition experience itself, for patients and significant others, which is defined as the experience during a passage from one state to another state. But those experiences and responses are defined by whether the transition triggers are developmental (becoming an adolescent, becoming a new parent), health and illness (from healthy to acute, from healthy to chronic), situational (natural disasters, divorce) or organizational (changes in leadership or staffing patterns, new policies or technology). It is also mediated by whether the person is going through single or multiple transitions, the meaning they impute on the transition and what else may be going on in the life of the person. There are many conditions (personal, community, society, global) that exacerbate or ameliorate responses to transitions.

All transitions have several properties in common including:

- Time span
- Involve a process
- Disruptions
- Discontinuity
- Disconnectedness
- Different levels of awareness
- Critical points/milestones
- Require new skills
- Loss of familiarity
- Loss of support
- Gain new network and support
- Questions about skills and capacities

The goal of intervention is to facilitate a healthy transition process as well as healthy outcome responses. Interventions can involve providing expertise, identifying milestones, modeling the role of others, providing resources and rehearsal opportunities and debriefing.



Frequently Asked Questions

1. What is the purpose of the theory?

Two of nurses' major goals are to prepare individuals and families for developmental, situational and health illness transitions, and to care for them during the transition and to enhance their wellbeing and the quality of their lives. The goals are to ensure they are able to cope with the changes they experience in their health and encounter in their environment and to emerge being able to function up to their full capacities. In the 1960's Dr. Meleis became interested in nurses' actions on developing interventions and defining outcomes, and her subsequent research focused on what happens to people who do not make healthy transitions and what interventions could facilitate people's healthy transitions.

2. What are the origins of the theory?

Dr. Meleis was first inspired by her Master thesis research finding that the health of informal care givers of chronically ill patients and their spouses was enhanced by their dialogue and clarity of interaction. Subsequently clinical experiences in caring for new parents highlighted the need for nurses to work with couples who are anticipating a first baby or whose lives have been changed because of the birthing of first babies or other major life transitions. She realized that patients who were experiencing changes such as becoming new mothers, discharge from hospitals, recovering from intrusive procedures, new traumatic diagnosis, etc., all have similar experiences and required similar intervention.

3. What are the main theoretical propositions?

A focus on transitions provides a framework that acknowledges universal aspects of nursing, enhances nurses' potential in supporting emerging identities and life patterns, supports nurses' concerns about changing systems and societies, and challenges nurses' to develop therapeutics supportive of positive experiences and healthy outcomes.

4. What are the assumptions?

There are universal features in supporting people undergoing transitions and also in the nature of outcomes of transition experiences. Identifying "transitions" as a central concern for nursing and developing coherent frameworks to describe transition experiences and predict responses, provides the impetus for uncovering the mechanisms used by diverse populations to experience different changes in their lives that lead to health-illness consequences (some are healthy and some are not), and to advance knowledge about nursing therapeutics that facilitate the transition experience and enhance healthy coping and healing.

5. What is the contribution of transitions theory to nursing science?

Transitions Theory has stimulated theoretical thinking, coherent intervention models and many research programs. It inspired clinicians who are experts but found in it the framework to describe what they do well. It challenged

researchers to ask more coherent and systematic questions about practice and it motivated students to pursue developing theories. It grew out of practice and it was translated to practice. It provides a reservoir that puts together findings from different research questions into a coherent framework to guide more research and practice models.

6. How would Dr. Meleis like to see Transitions Theory develop and grow in the future?

Dr. Meleis hopes her work is used as a framework to recognize that there is a process that is triggered by an illness, an event, or a situation during which individuals and families need care. It is not only during the event (surgery, birthing, accident, etc.) that care should be rendered. It is during a period of anticipation of an event (waiting for diagnosis or for chemotherapy) as well as after an event (accident, disaster or discharge to another institution or home). Nursing care is needed throughout the transition process and not only at the onset of an event.

Also, during this transition, there are critical points, and milestones for which appropriately congruent care is required. When do these milestones occur? This is a great area of investigation. We need research to identify the most urgent caring moments (or teaching moments). Milestones need to be identified, defined models of care that are congruent with different transition phases need to be developed and actions that make a difference for such outcomes as quality of life, sense of well-being, integration of roles and healing need to be cultivated and tested.

Dr. Meleis also hopes that the theory and the research evidence will lead to developing health care policies that mandate the development of transition teams that insure healthy transition processes and outcomes.

Publications and Media about Dr. Meleis

- 2014 Fagin Award Presentation by Afaf Meleis, Revisiting a Career in Scholarship: On Uncovering and Empowering Voices: <https://tinyurl.com/ycltzcx3>
- 2015 Living Legends Video: <https://tinyurl.com/y8gp9fmx>
- Global Health and WHO Collaborating Center in Nursing and Midwifery Leadership Video, The Power of Nurses: <http://videos.nursing.upenn.edu/index.php/videos/whocc/>
- Im, E.O. (2013). Chapter 20, Afaf Ibrahim Meleis: Transition Theory. In Alligood, M. R. Nursing Theorists and Their Work. Elsevier Health Sciences.
- Nurse Theorists: Portraits of Excellence – Volume 2, Dr. Afaf Meleis – Transitions: https://www.fitne.net/nurse_theorists2.jsp
- Strong Women's Club Podcast, Episode 034, Strong Women in Science: Afaf Meleis: <http://www.thestrongwomensclub.com/034-strong-women-in-science-dr-afaf-meleis/>
- University of Alberta Presentation, Reflecting on the Past and Envisioning the Future: <https://tinyurl.com/gln56rp>
- Upfront Spring 2014 Issue: https://issuu.com/pennnursing/docs/upfront_spring_2014
- What other people have written about Dr. Meleis: <https://tinyurl.com/y96v3jk7>

Curriculum Based on Transitions Theory

- Clayton University: <http://www.clayton.edu/nursing/nursing-theory>

Meleis Transitions' Publications

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