



Transition Theory Applications -- “Wishes”

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Abstract: The aim of exploring transition theory is outlined in its concepts and application uses in nursing practice. Literature review methods applied precepts to demonstrate the theory’s usefulness in care management. Results validate transition knowledge identifies wishes of patients and families as a method of joint communicating and decisions on choices for healthcare. The process of making decisions for transition post discharge requires knowledge of the theory. In conclusion, identifying patient/family needs and clarifying what is required to resume self-care after treatments incorporates either immediate or long-term identified needs. Nursing and medical scholars have added transitions to processes within acute care hospitals to address the needs of patients and families.

Keywords: Transition Theory, Concepts, Nursing, Client/Patient

1. Introduction

Transition is defined as: “As a passage or movement from one state, condition or place to another and has universal properties and conditions which help to explain person-environment, in terms of developmental, situation, health illness, organizational processes, and outcomes. [1, 2] Social science opens the plethora of information on this topic, with Meleis over the past decade our expert. [3] When someone is sick, experience a mishap, or accident, the immediate oversight to wellness requires help by experts, family, and friends. Nurses are on the first line in the care and planning. Identifying desires for care and clarifying what is required to resume self and incorporate either immediate or long-term needs or care. Nursing and medical scholars have added transitions to processes within acute care hospitals to address the needs of patients and families. Models vary as, research on transitions have occurred over the past four decades.

Beginning in 1980’s with research in obstetrics, transitions have advanced multiple practice roles, in hospitals, managed care, insurance entities, and outpatient case management. [4] The theorist Meleis, systematically created a tapestry for illustrating the meaning of transitions within the human experience by illustrating using timing, scope, or duration of the experiences. [1, 2, 5] The model extrapolates much from other nursing theorists’ concepts while establishing

congruence for nurses as a way to conceptualize the term “transition” into practice. [1, 2] Depending on the transition event, a response is based on the dimension of health-illness within the patient’s life. [1, 2, 3]

The theory of transition is central to the study of effects of communication on the perceptions of patients’ experiences on the continuum of health events. Recently, noted to be measured by readmission rates, as well as, patients reflections on meaning of the hospital stay, and choices for post-hospital care. Furthering knowledge on transition begins with an analysis of transition theory. Therefore this paper provides information on transition theory, applications, and the contribution of transition theories in the larger realm of nursing theory, concluding how it has now become its own practice within acute care hospital in health care departments such as case management nursing (CMN).

2. Methods

Review of the literature evaluates the theory’s characteristics and the phenomenon of transitions, defined as categories to frame the transition in terms of time span, process, and perceptions. [1] The foundation is outlined with characteristics such as “perceptions, events, patterns of response, and dimensions of transitions,” each of which was grouped with subsets to establish context. [1] The theory

became a way to profile a patient's ability to move through the human experiences that arise during the transition event. [3, 5] The model's characteristics become descriptors to assist patients' and nurses' understandings of the extent of a transition. Nursing and medical scholars have added a communication strategy known as message framing to the transition phenomena, and this framing can be a significant factor in determining the outcomes of care. [6, 7, 8, 9] Inadequate or poor management of the transition from hospital to home results in a greater incidence of readmissions to the hospital and increased hospital costs. [6, 10, 11] Other adverse effects for hospitals include loss of government funds, and most important of all, the cost to the health of the patient and subsequent impact on family, friends, and other caregivers. [12] Politicians and policy makers understand the critical role transition from hospital to home exerts upon patients and significant others, and demand that readmissions be avoided. [13, 14]

Those who oppose transitional care models (TCM) and construct of the theory reinforce hospital to home as costly utilization of resources argues that TCMs, as they currently exist, do not significantly reduce readmission rates. [15, 16, 17] The Health Research and Educational Trust (HRET) suggests that multiple strategies noted as "foundational actions" in hospital interventions can prevent readmission. One such strategy is supporting mutual decisions. [18] Mutual decision-making between patients/families and primary providers includes establishing communication with "patients, families, primary providers" and "interdisciplinary teams" [18] Recently, researcher explored use of templates to promote smooth transitions from skilled nursing facilities (SNF) to home, the tools used electronic medical records (EMR) assist in transition planning. [19] The innovations considered personal needs to further the theory applications with positive findings.

2.1. Analysis

In review of the literature, analysis demonstrated the transition theory has evolved and matured over the past four decades. Nursing pathfinders, including Norma Chick, Dorothy Brooten, Alfa Meleis, Dorothy Schumacher, and others laid its foundations in the 1980's. [3, 5] Each pursued effort to explain transitions in health care by observations in practice, asking questions and developing concepts while practicing nursing. Meleis took the theory to its full fruition by explaining and publishing the theory in its entirety. [5] *Paradigmatic origins* consider the thinking and rationale for establishing transitions theory and its importance to nursing practice. [3, 5] From the nursing perspective, transitions are an aspect of nursing care from a premise that clients require assistance through the health or illness experiences. This movement across and through changes is the essence of nurses using their expert knowledge in human science to benefit the client/patient experience. The paradigm of transitions is built on several aspects of humans/clients' reactions to their own scenario within health and illness. It considers the physiological, psychological, socio-

environment and cultural aspects and therefore is part of the nursing domain. Additionally, it draws from combinations of sociology models as well as multidiscipline and systems models. [3, 5] To remedy the questions on transition evaluation, researchers began by examining healthy transitions. [3]

2.2. Concepts

First, the phenomenon of transitions was evaluated and inclusive of characteristics identified in concepts. [1] The ensued concepts were defined by grouping them in categories, to frame the model and thus define and test the model. The model outlines perceptions, events, patterns of response, dimensions of transitions each of which were categories with subsets to establish context. [1] Through this method nurses could profile clients, which is an ability to apply the transition to human situations. Further these groupings and their characteristics become descriptors to assist clients and nurses understanding of the depth of a transition. Meleis and colleagues systematically creates a tangible fabric for illustrating the meaning of transitions within the human experience by its timing, scope or duration of the experience. [1, 3] Depending on the event, a response is based on the dimension of health-illness within one's life. The initial model extrapolates much from other nursing theorist establishing congruence for nurses, to conceptualize the term "transition" into practice. Three main concepts are framed within the model and include "transitions, transitions conditions, and indicators (outcomes)" [3, 5]

The main concept of the transition theory is the process or phases, such as sequences over a time span. [1, 3, 5] One example of the concept of 'health' is in context of maternal-child episodes. Childbirth was one of the early dimensions evaluated, because it allows for the theory explanations of perceptions, anticipatory, expected durations as some aspects within the framework of dimensions. The concept described is related to *health*. A birth often is viewed as a healthy event and pleasant; that is if the baby is healthy and the mother does not have problems. However, the nurse's knowledge of the concept prepares him/her to manage or assist a client through the event whatever the presentation or outcome. And thus discuss nursing therapeutics and the nursing clients.

Nursing therapeutics was an initial interest of nursing researchers [1, 3, 5] Understanding how a nurse evaluates the clients meaning of the event. This part of the nursing process offers a frame for a nurse's insights and ability to interact effectively with the client. The theorist addressed the movement toward the outcomes such as maintenance, or health promotion. Timing is an element that later is a concept that can be tested in practice. For example, if the pregnancy results in a healthy birth the nurse provides education to support wellness. Health promotion is key in nursing process and a characteristic of the therapeutic exchange between the nurses and client; described in the model as a nursing therapeutic. Today, CMN assist nurses in the transition of moms and babies to promote health and community wellness.

Nursing Clients as concepts is central to the domain of

nursing. [1, 3, 5] Defined by Meleis, a client is "patient and a consumer of care;" and the 'who' that has needs and interacts with the environment to adapt, but due to illness is at risk and vulnerable and may be at risk for disequilibrium. [3, 5] The nurse evaluates the human experience and meaning of the transition event. The freedom of client to perceive their unique situation is essential in the nursing process. For example: the case manager nurse (CMN) can facilitate the client's expression of the event in terms of their perceptions, meaning, expectation or knowledge.

Each of these characteristics enhances the encounter between the case manager nurse and client; and is aimed for the case manager nurses to therapeutically support the client from a starting point of the event. This is where the client's pivotal point begins, and it is followed by the CMN who can measure indicators/ outcomes based on interventions and the client's mastery. However, through clients subjective views multidisciplinary teams and nurses may themselves react with their own biases on the situation experienced by the patient a type of stereotype or transference. Nurses, as do case managers, require intrinsic self-directed insight to remain within the context of the client's perceptions and meaning of events rather than their own. Upholding CMN's role is to facilitate the client's movement based patients' own interpretation to guide the transitions without the bias of the nurse. This is important insight that translates the value of center care on the client for their well-being during the transition. The adjustment is in allowing new knowledge to contribute to nursing because each event identifies variations in client responses.

3. Results

Transition concepts are broad yet narrow in scope by the subsets/characteristics that personalize the Meleis model framework which diagrams the event and factors influence on the client's response within the situations. [3, 5] In early rendition of the theory's development of dimensions were used as structures. Ranking degrees of the transitions into phases experienced by the clients and in sequences. [1, 3, 5] Such as durations, the length of the transition, and/or the degree of the transition have an effect on the magnitude of client life situations. It becomes a personal, clearly understood method to measure types and degrees as clients adjust to the transition within a health illness experience. When faced with the news of an illness a client that is informed can process information and respond based on the dimension for example if it is a temporary or permanent condition, a pleasant or unpleasant experience. [3, 5]

The theory has a high utility in nursing and as it contributes to the core interest of nursing, and hospital case managers which is care of the client. It was developed to accentuate nursing process, therapeutics, and to facilitate the client's movement in a transition. [5] Meaning is a characteristic within transitional conditions, the result of clients' interpretation and response to an event. [3, 5] The consequences of one's response to the transition event are

unique to each client because the client attaches an assigned meaning that is individualized for their situation. A result can be relief, distress, or be neutral response by the client. The intricacies of the responses may reflect a conglomeration of many theories within nursing as most theories attribute illness with the patterns of responses. [3]

When expressed during the nursing evaluation the nurse can assess the client's responses the meaning, expectations or level of knowledge in relation to the event and the environment in which nurses carry out their practice. Each concept within transition theory: have unique contributions to the structure of the transition theory; however each must be considered in totality with each other. Theorist expects further study of the concepts in application of transitions events. [2, 3, 5]

4. Discussion

The structure and function of the transition theory is sound if used more in the terms than in its purity. Each hospital transition event result requires an understanding and integration of the case managers, nurse, and multidisciplinary teams-based assessments. Many researchers have morphed the transition model while focusing on specific pieces of the transition. The time of the transition and type has been easier to break into pieces and study. Yet its conditions, such as planning and response to experiences remain steadfast elements within application. The transition theory identifies its use both as a measurable independent and with dependent variables. [9, 10] In the initial studies on the transition theory the independent variable mentioned is the health-illness condition and transitions is the dependent variable. [1] Encouraged as a design it is a model that provides structure for furthering multidisciplinary case management and nursing study to ensure knowledge advancement.

4.1. Scope and Parsimony

Transition scope is broad and able to be applied to life span events within clients' experiences. Its sensitivity to the environment relationship enhances its usability. Ones' health and illness most always occurs with the universal properties in play. The changes in a client's role or abilities secondary to the event of a transition make the theory comprehensive application in various nursing practice environments. Nursing care is inclusive of all aspects of health or illness, includes participation of nurse in industries, psychology, health policy, sociological aspects of care and more. [3, 5]

Clarity and Consistency

This middle range nursing transition theory provides a framework for nursing process as part of its structure. Research studies in nursing require a theoretical foundation and the transition theory offers a clear streamlined model. Its types of transitions (developmental, situational, health-illness, and organizational) area a (developmental, situational, health-illness, and organizational) signal to apply it to a client's situation. The universal properties that includes process, direction and the transition conditions (meaning,

expectations, level of knowledge and its indicators permit the transcending. This permits the model's application to various transition types within the continuum of health-illness. It can then be used in various nursing specialties. Meleis provides an example of a situation specific study that chooses transition theory in situation-specific research related to menopausal transition. [3, 5]

Simplicity and Complexity

Transitions as a concept are simple to understand as everyone goes through challenges or situations in our lives. Some are expected while others are new and unexpected. Its complexity is in relationship to the nursing therapeutic application to the environment with the client health-illness movement. The complexity is the many responses that may occur within the scope of the event, the loss of support or treading on unfamiliar grounds. Losses ensue and the experience can be fraught with time and duration dimensions. In early rendition of the theory development of dimensions were used as structures. Ranking is degrees of the transitions into phases experienced by the clients and in sequences. [1, 3, 5] Such as durations, the length of the transition, and/or the degree of the transition on the magnitude of client life situation. It becomes a personal, clearly understood method to measure types and degrees as clients adjust to the transition within a health illness experience. When faced with the news of an illness a client that is informed can process information and respond based on the dimension for example if it is a temporary or permanent condition, a pleasant or unpleasant experience. [3, 5]

Tautology/Teleology, Logical Coherent

The transition theory is logical, and as a tautology is true in every possible interpretation. A formula is set in the framework by key types of conditions. Proposition and the concept of transitions to extract further meaning are suitable in nursing studies. [3, 5]

4.2. Application

Evidence of current situated-specific studies has confirmed transitions coherency as a theory is applicable to practice. The 'business of nursing' is caring for clients during various types of transitions, demonstrating the strength and teleology of transition theory and its contributions to training nurses. [3, 4, 5] Transitions are passages in health as in the challenges of illness.

5. Conclusion

Without proper transitions clients are subjected to an inability to adjust to the health illness experience. Nurses, case manager nurses (CMNs), and other designated industry agents participate in the transitions of clients daily. [3, 5, 20] It is essential that all providers determining with patients/families' transition goals use a comprehensive review of the physical, social, and psychological aspects must consider the unique concerns while reaching consensus on goals. An embedded process is needed from all vantage points to be effective in assisting in the transition. Transition theory is a middle range

theory because it can be applied in practice. Yet it still has broad concepts and offers an opportunity for further research in its scope in various client situations in health – illness experiences. Testing has occurred of various concepts and it is a phenomenon well thought of due to its level of applicability to reality in a life span.

Any transition, as when moving from one home to another by choice is unsettling. The transition theory offers guidepost for understanding the phenomenon and offers structures for adaptation in multi-discipline practices. An example, are case managers and nurses, whom implement nursing process which is essential to the facilitation and management for those individuals/patient/families who have transition experiences in many settings, such as hospital or skilled nursing center. The nurse's consciousness of the Meleis transition model may find it useful in best practice applications and client outcomes in multiple settings. Patient engagement continues to be relative to outcomes. [3, 5, 21] From the perspective of nursing, and case management it is necessary to validate all variables of transition, with its many characteristics. The interactions of the patient vary in unique transitions and predictions are not always visible. Success of the theory is in testing and studying its utility in practice to develop new knowledge about transition events in clients.

Finally, transition theory is of interest to organizations, because admissions to a hospital require interdisciplinary communication to affect the patient's responses to their care management. The conditions in the theory's model, demonstrates the importance of what illness directly means to the patients' perceptions of the illnesses impact on their wellbeing and life. Thus, relating to their response to the illness. Together with the health care team, nurses and case managers, the transition theory is an important theory in practice. Transition plans can affect client and change behaviors or health seeking that reduces patients' possibility of readmission and aims to improve health behaviors. Finally, understanding the elements of transition theory assist in applying therapeutic interventions, and prevent risk while promoting wellness.

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