Afaf I. Meleis

Transitions Theory

Middle Range and Situation Specific Theories in Nursing Research and Practice

SPRINGER PUBLISHING COMPANY

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Middle-Range and Situation-Specific Theories in Nursing Research and Practice

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Dr. Meleis's research scholarship is focused on the structure and organization of nursing knowledge, transitions and health, and international nursing, as well as global health, immigrant and women's health, and the theoretical development of the nursing discipline. She has mentored hundreds of students, clinicians, and researchers from Thailand, Brazil, Egypt, Jordan, Israel, Columbia, Korea, and Japan. She is the author of more than 150 articles in social sciences, nursing, and medical journals; and has written 40 book chapters, 6 books, and numerous monographs and proceedings.

Dr. Meleis is the recipient of numerous honors and awards, as well as honorary doctorates and distinguished and honorary professorships around the world. In 1990, Egyptian President Hosni Mubarak presented her the Medal of Excellence for professional and scholarly achievements; in 2000 she received the Chancellor's Medal from the University of Massachusetts, Amherst. In 2007, she received three distinguished awards: an Honorary Doctorate of Medicine from the Linköping University, Sweden; the Global Citizenship Award from the United Nations Association of Greater Philadelphia; the Sage Award from the University of Minnesota; and The Dr. Gloria Twine Chisum Award for Distinguished Faculty at University of Pennsylvania, which is awarded for community leadership and commitment to promoting diversity. She is the first Dean at the University of Pennsylvania to receive this award. Dr. Meleis also received the 2008 Commission on Graduates of Foreign Nursing Schools (CGFNS) International Distinguished Leadership Award based on her outstanding work in the global health care community; she recently received the Take the Lead 2009 Award from the Girl Scouts of Eastern Pennsylvania.

Dr. Meleis graduated Magna Cum Laude from the University of Alexandria (1961), earned an MS in nursing (1964), an MA in sociology (1966), and a PhD in medical and social psychology (1968) from the University of California, Los Angeles.

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To Amani Paulina, Karim Salvatore,
and Samir Alexander Meleis,
for coaching me in my transition to grandparenthood.

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FOREWORD

Some have remarked with truth-laden humor that it is not change that is so difficult but the transition. This volume illustrates that truth. The stress experienced and the new coping required when one is in transition are amply documented in this stunning research- and theory-based volume. This book brings together and integrates other middle-range theories about transitions in self-understanding and in one's situation and situated possibilities. The theorizing begins within role theory but soon expands to focus on the process of transition with all of its demands for new concerns, habits, skills, practices, and new coping capacities across many aspects of one's lifeworld and human development.

Transitions Theory: Middle-Range and Situation-Specific Theories in Nursing Research and Practice provides a remarkable intellectual history of the evolution of the concept of transitions in the lifeworld of persons and the universal human experience of transitions that evoke personal and community change. A transition may begin with enchantment and excitement or fear and grieving. Transition occupies a space between what went before and what is evolving. The place most bereft of equanimity is that period of protest and holding on to a no-longer-tenable past. Transitions can be empowering and growth producing, or they may end in self- and world diminishment. This is what makes transitions such a pivotal time for coaching and supporting growth and resilience.

Transitions Theory will be a classic and must-read for anyone doing research on transitions in relation to developmental and situational health and illness, organizational, and therapeutic transitions. The work of nurses in coaching and supporting persons through major life transitions is comprehensively articulated and examined theoretically. Dr. Meleis provides the scaffolding and anchoring of this work in her own scholarly career as a faculty member, nursing leader, and researcher. Many of the readings come out of her work with doctoral and postdoctoral students and her faculty colleagues. This book exemplifies the work of a scholarly community.

Transitions Theory addresses a core problem in nursing, psychology, and social sciences in which the person is unwittingly decontextualized and rendered ahistorical in many research methods, theories, and human science studies. Technical rationality typically focuses on frozen moments in time and yields an unplanned presentism while ignoring changes *in* the situation and *over time.* This theory and research offers a corrective focus that can enrich our understanding of development, formation, as well as stressful responses to both predictable and unpredictable change in human life. Nursing is concerned with growth and development, health promotion, coping with the demands of the human experience of illness and recovery. Transition theory introduces a broader view of rationality that includes relationships, change over time, and the person *in* particular situations and contexts. Giving birth; becoming parents; growing up; coping with chronic illnesses; recovering from injury or acute illness; changes in jobs and family structures, communities, or cultures all demand studying persons in their social relationships, context, and their experience of transitioning into new self-understandings and new lifeworlds.

This work is to be commended for the development of strategies to help people come to terms with new situations, demands, resources, and relationships in their lives. A cutting edge of this work involves studying migration and immigrant health. Role supplementation programs examined new sets of skills and capacities that would be required for becoming a parent or moving into new work roles. Coming to terms with the transformed situated possibilities of evolving heart disease and other chronic illness is also a cutting edge in this work. There are many commonalities in transitions that are identified here. Discovering what aspects of these commonalities matter most and are the most challenging for particular individuals

and groups are rich areas for creating new support programs and services for persons in transition. Social support, whether it is informational, emotional, or tangible, matters in different ways, in different transitions, to different people. So although much has been accomplished in articulating the particular challenges and opportunities of social transitions, this is still a field with large potential and vast horizons in this era of globalization and increasing cultural exchanges.

Finally, this book is exemplary in tracing the intellectual history of theory and research in social transitions and for identifying new directions and gaps in the field. It demonstrates a coherent and evolving body of research and thinking that will be informative for any graduate student and faculty member embarking on a career of research and scholarship. I recommend it as essential reading for all graduate students learning to do literature reviews, interpretation, and synthesis and for inspiring them in developing coherent and integrated programs of research. I also recommend it for clinicians who work on facilitating transitions toward well-being and policy developers who want to reform the health care systems.

Patricia Benner, PhD, FAAN

PREFACE

Ever since I became interested in understanding the theoretical underpinnings of our discipline of nursing, learning that nursing practice is a rich resource for theory development, and finding out that advancing nursing science is the key to providing quality nursing care, I became convinced that "transitions" were central to the mission of nursing. Developing transitions as a theoretical construct, which then led to the development of theories, models, and research, is an example of the microcosm of how we can bring coherence to other central thoughts, concepts, and propositions in nursing. Theoretical coherence leads to sound nursing science, which in turn leads to evidence-based practice.

To the readers of this volume, I present to you what I have been thinking and writing about for 40 years. The articles and writings selected for inclusion in this book also represent the thinking and writing of many prominent colleagues. The collection of writings reflects the depth and breadth of what nurse scientists produced to advance theory and research related to "transitions." What we know about transitions is the result of answers to many significant questions: the hows and whys of experiencing and responding to events that trigger a transitional process; it is these questions and answers that make up the substance of this volume.

Many scientists in many disciplines have addressed life transitions of individuals and families and they developed theories to describe the experiences that occur during transitions, as well as the different strategies proposed to cope with the events that caused the changes in the lives of people. The divorce transition is one example of an event that has attracted much discussion and many scientific and popular books read by scientists and the lay public. Organizational transitions as well as the transition to adolescence have also commanded the attention of many different scientists.

Similarly, nurses have always cared for individuals, families, and communities experiencing changes that trigger new roles, losses of networks and support systems; these periods of disequilibrium are marked by turning points and a short or a long transitional process. These changes required the attention and the caring of nurses with or without the theory and the research to back their caring interventions.

Therefore, it is with pride in the progress nurses have made in advancing knowledge about caring for people in transition that I put together writings that bring theoretical coherence to an area in nursing that is giving more centrality to anticipating, experiencing, responding to, coping with, and providing nursing care to people who are in "transition." People in transition may be individuals, groups, families, partners, organizations, students, nurses, faculty members, or administrators. What makes their transition a nursing concern is the potential risk that the transitional experience may place on them. Preventing these risks, enhancing well-being, maximizing functioning, and mastering self-care activities are outcomes that nurses strive for in their interventions.

There are several goals attempted in producing this book of readings. First, because of the increasing interest in transitions as a scientific area of inquiry, there are global requests for writings for those who are interested in using transitions as a framework in their practice or research. Many of these requests are for the early publications about transitions. For that reason I have republished these hard-to-locate writings in this volume. Second, with the establishment of the New Courtland Center for Transitions and Health Research at the University of Pennsylvania, we anticipate an increasing interest in the transitional care model, which is based on much researched evidence and is cost-effective in enhancing the well-being for elders and those with heart failure. Third, by bringing to the discipline of nursing more theoretical and research coherence, this volume could be an example for those who may wish to bring together other theory, research, practice, education, and policy writings related to other central concepts.

Who should be using this book? Here are examples of potential readers of this book: undergraduate and graduate students who are studying the philosophical and epistemological underpinnings of the nursing discipline as well as advanced graduate students who are interested in theory development. This book will be useful to clinicians who use theory, who translate theory, and who plan to use the evidence to support their practice of clients in transition. One of the central goals for this book is to inspire researchers to ask new research questions, to continue to advance nursing theory and science related to transitions, and to translate and evaluate models of care in practice. This book could also be used by policymakers who want to develop and implement transitional care models in practice. Finally, faculty members who want to develop syllabi related to theory, research, and practice will find this book very useful.

Readers of this book can study the different sections and chapters sequentially, starting with the comprehensive introduction in Part I, proceeding to the theoretical development of transitions and then reviewing each category of transitions: developmental transitions, situational transitions, health–illness, and organizational transitions, followed by the three models of nursing therapeutics outlined in Part IV. Or, they may select a particular category of transition to focus on. In Part V, I conclude the book with the most frequently asked questions about transitions. These questions are a microcosm of the many questions that we have received over the years. The answers to these questions, as incomplete as they may be, are offered to challenge the readers to ask other questions and to offer their own answers.

The selection of the articles included in this volume is only a fraction of all that is written about transitions. I hope readers will be inspired to find other pertinent examples, to develop their own research programs, and to revise and extend the theories and models reviewed in this book.

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There are many people to acknowledge in the writing of this book. First and foremost, I thank my theoretical guru who inspired my interest in role theory in particular, and in theoretical development of disciplines in general, Dr. Ralph Turner. I continue to owe him so much debt. My second sense of debt is to my mentees, who became collaborators, then became scientists who are making many contributions to our discipline—Drs. Karen Schumacher, Eun-Ok Im, DeAnne Messias, Marianne Hattar-Pollara, Siriorn Sindhu, Ameporn Ratinthorn, Linda Sawyer, Norma Chick, and Leslee Swendsen. I am most grateful for their collaboration and for their contributions. I am also grateful to many mentees, colleagues, and strangers who have used transitions as a framework all over the world. It is their letters, e-mails, questions, and requests that have prompted me to complete this book.

Dr. Mary Naylor, who is the Director of the Center of The New Courtland Center for Transitions and Health, is leading the future of the transitional care model, which is the intervention of choice for many populations in transitions as well as the elders and the chronically ill. I also acknowledge my friend and colleague, Dr. Patricia Benner, who wrote the foreword to this book. In teaching theory together as well as spending time in Golden Gate Park during the cherry blossom season, we enjoyed many theoretical dialogues that affirmed our mutual intellectual fascination and commitment to advancing our nursing discipline.

In addition to the inspiring mentors, mentees, and colleagues, completing a book is a project that requires daily attention to details, managing correspondence, identifying materials, and meeting deadlines. Without Caroline Glickman and her organizational expertise and superb project oversight, I would not have been able to complete this book. Chenjuan Ma, my research assistant, has been eager to learn as well as to contribute her expertise in library research, bringing her newly acquired library research skills to this project. In the process she absorbed a great deal about theoretical nursing and working on a book project.

Finally, I am so pleased to be working with my editor from past projects, Margaret Zuccarini. She continues to inspire me with her vision and technical skills.

Afaf Ibrahim Meleis, PhD, DrPS (hon), FAAN

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I

Transitions From Practice to Evidence-Based Models of Care

In a world that is in constant change as a result of economic upheavals, political shifts, geographical relocations, environmental challenges, resurgence of microbes, bird and H1N1 influenzas, and new medical discoveries, human beings are experiencing periods of transition that may or may not lead to an ability to cope with these changes. How, when, why, and in what ways people experience and respond to these changes are questions for which some answers are found in this book. The human experiences, the responses, the consequences to transitions on the well-being of people are an area of scholarship that has become even more central to the discipline of nursing. Equally as important are the strategies that nurses may use to care for and support people to achieve healthy transition processes as well as outcomes.

There are several reasons why transition is the business of nursing. *First,* nurses spend a great deal of their clinical time caring for individuals who are experiencing one or more changes in their lives that affect their health. Examples of transitions requiring nurses' attention are the hospital admission transition, the discharge transition, the postpartum transition, the rehabilitation transition, and the transition toward recovery, among many others.

Second, when the nursing literature of 1986 to 1992 was reviewed, we found 310 citations that identified "transitions" as the framework for the discussion demonstrating nurse authors' interest in transitions. *Third*, because of the increased use of technology, insurance-driven policies related to hospitalization and discharge, and increasing costs of hospitalization worldwide, patients tend to leave hospitals earlier and continue their recovery and rehabilitation transition at home. The transition to recovery is somewhat more protracted, and patients need expert and competent care until they complete their recovery transition. When patients and their families are not cared for during these transitions they experience many complications and possible readmissions.

Fourth, there are many world events that trigger a transition period which affect the well-being of people. Examples of such events are the movement of people between countries and within countries through immigration and migration. These movements put people at risk of illness, render them more vulnerable to stress, and may profoundly influence health care and outcome of populations as they cope with and adjust to the new environments.

Fifth, the increase in the graying populations in the world brings with it a different set of health care challenges that require different patterns of long-term caring by nurses. Nurses are expected to help individuals and families to live and cope with the multiplicity of changes the elders face, whether these are physical, geographical, spatial, emotional, and/or mental.

Sixth, people are living longer with chronic illness, and premature babies are being saved with modern science even when born before their organs are fully developed. Living with chronic illness and maintaining well-being initiate a series of transitions that requires nursing interventions at different stages and at critical points. *Finally*, there have been many natural disasters (earthquakes and floods) and human-made disasters (wars, nuclear plant explosions, and bombings) that not only require the immediate involvement of nurses, but also require nurses' long-term attention while people are learning to cope with the aftermath of these situations and to cope with their healing and recovery processes (Taylor & Frazer, 1982). The earthquakes

in Kobe City, Japan, in 1994, in San Francisco (Loma Prieta) in 1989, and in Italy in 2009 prompt reflections about ways in which nurses may support and care for individuals, families, and communities that have experienced such devastating events. The questions that these events raise for nurses are, who are the target populations for their care and support, how do they respond to these events at different times, who gets neglected, who gets marginalized, and what processes do people go through as they begin to heal from the effects of these experiences? Other questions include what strategies do nurses use to create a healing environment and to enhance people's well-being in the process toward healing? And what are the milestones and critical periods in the long recovery process that nurses need to be aware of? Similar questions could be asked about many other transitional situations that, I believe, require nurses' thoughtful analyses, understanding, and actions.

My interest in transitions dates back to the mid-1960s when many support groups were formed to help people deal with a variety of developmental experiences or with health problems through teaching and/or support. These support groups were initiated by nurses or by lay members of communities to help individuals and families deal with the demands of such events as new parenting responsibilities, losing a family member, receiving a devastating diagnosis, undergoing such surgeries as a mastectomy or a colostomy, as well as with other events or experiences in a person's life that were deemed out of the ordinary. As a new graduate from a doctoral program, I found myself practicing what I had learned in theory and research courses. I asked questions about these support groups' similarities and differences, omissions and commissions, processes and outcomes, as well as what if the groups were not formed or were formed differently? With my colleagues, I looked for common and uncommon themes, experiences, responses, group agendas, and strategies nurses used in these support groups. We became aware of the need to consider that there were some universal features in creating and conducting these support and educational group meetings and in considering the nature of outcomes to be gained from the group work.

This awareness of the common threads woven throughout the groups was part of the quest to uncover some order in what appeared to be seemingly unrelated sets of events, experiences, and responses. This quest to uncover order was also driven by the growing interest in theory and theorizing about nursing that was the hallmark of the 1960s in the United States. This awareness was also nurtured by my interest in the phenomena surrounding planning pregnancies, the processes involved in becoming a new parent, and in mastering the parenting roles. I had studied the process of decision making in family planning and discovered the significance of spousal communication and interaction in effective or ineffective planning of the number of children in families (Meleis, 1971). Thus, family and support groups became a primary focus in any investigation or theoretical development. Then I asked similar questions about the processes involved in becoming parents. Although there were minimal data and interest at the time in processes and responses to transitions, I assumed that the knowledge area to be advanced was not about transitions but rather that it was about how nurses can make a difference in helping people achieve healthy outcomes after their transitions (Meleis & Swendsen, 1978).

My next set of research questions concerned what happens to people who do not make healthy transitions, how do nurses care for these people, and what nursing interventions do nurses use in facilitating clients' progress to achieve healthy transitions? This was where my clinical observations of parenting and chronically ill groups came in. So, first I defined unhealthy transitions or ineffective transitions as leading to role insufficiency and defined role insufficiency as any difficulty in the cognizance and/or performance of a role or of the sentiments and goals associated with the role behavior as perceived by the self or by significant others. Role insufficiency is characterized by behaviors and sentiments affiliated with the perception of disparity in fulfilling role obligations or expectations (Meleis, 1975). Role insufficiency may be manifested in assuming any new roles that range from an at-risk role, recovery role, parenting role, and/