

Transition: a literature review

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Transition: a literature review

Aim. This paper reports a comprehensive literature review exploring how the term ‘transition’ has been used in the health literature.

Background. The meaning of transition has varied with the context in which the term has been used. The last 3 decades have seen altered understandings in the concept of transition in the social science and health disciplines, with nurses contributing to more recent understandings of the transition process as it relates to life and health.

Method. The CINAHL, Medline, Sociofile and Psychlit databases were accessed and papers published between 1994 and 2004 were retrieved to answer the questions ‘How is the word transition used?’ and ‘What is the concept of transition informing?’ Transition theoretical frameworks were also explored.

Findings. Widespread use of the word ‘transition’ suggests that it is an important concept. Transitional definitions alter according to the disciplinary focus, but most agree that transition involves people’s responses during a passage of change. Transition occurs over time and entails change and adaptation, for example developmental, personal, relational, situational, societal or environmental change, but not all change engages transition. Reconstruction of a valued self-identity is essential to transition. Time is an essential element in transition and therefore longitudinal studies are required to explore the initial phase, midcourse experience and outcome of the transition experience.

Conclusion. Transition is the way people respond to change over time. People undergo transition when they need to adapt to new situations or circumstances in order to incorporate the change event into their lives. Transition is a concept that is important to nursing; however, to further develop understandings, research must extend beyond single events or single responses. Longitudinal comparative and longitudinal cross-sectional inquiries are required to further develop the concept.

Keywords: chronic illness, literature review, nursing, self-identity, transition

Introduction

Facilitating transition has been identified as being a central concept for nursing (Schumacher & Meleis 1994). It was

considered important to review the relevant literature to guide theoretical development of our research programme, in which the aim has been to describe transition and identify the role of nurses in facilitating transition (Koch & Kralik 2001,

Kralik 2002). Our research focus has been to develop and consolidate our understanding of what transition means by revising and validating emerging knowledge grounded in the stories of research participants. We have developed a working definition of transition that has evolved from findings of several of our research inquiries. We define it as a process of convoluted passage during which people redefine their sense of self and redevelop self-agency in response to disruptive life events (van Loon & Kralik 2005).

Theoretical development is ongoing within our research programme, however, and so a review of current literature and theoretical frameworks was undertaken to guide our theoretical deliberations and to develop our position in the debates and issues surrounding transition. We had observed in the literature that the precise meaning of transition has varied with the context in which the term has been used. We were aware that, during the last 3 decades, the concept has evolved in the social sciences and health disciplines, with nurses contributing to more recent understandings of the transition process as it relates to life and health (Chick & Meleis 1986, Cantanzaro 1990, Loveys 1990, Meleis & Trangenstein 1994, Schumacher & Meleis 1994, Meleis *et al.* 2000, van Loon 2001, Kralik 2002). While we recognized the complexity of finding a universally acceptable and applicable definition of transition, it was felt that a clearer understanding of the term could be achieved by critically reviewing the health literature. We were also interested in determining the contexts or settings in which the term transition had been used.

Background

This review builds on a previous review of the nursing literature on transition published by Schumacher and Meleis (1994). The questions asked by these authors were: What were the types of transitions addressed in the nursing literature? and What conditions influence transitions?

The types of transitions discussed in the earlier nursing literature were developmental, situational, health-illness and organizational (Schumacher & Meleis 1994). Developmental transitions were those related to the responses of individuals when they experience the changes that occur during the life cycle, such as becoming a parent. Situational transitions were concerned with various educational and professional roles, such as the transitions of graduate nurses. Health-illness transitions explored the responses of individuals and families in illness contexts. A prominent concern was cost effectiveness during the transition of people between types of healthcare services, such as hospital to outpatient care. Organizational transitions represent those that occur in the

environment and are precipitated by changes in the social, political or economic context. Changes in leadership have been described as creating transitional periods within an organization (Schumacher & Meleis 1994).

The conditions that influence transitions were found to vary widely among individuals, families and organizations. Schumacher and Meleis (1994) concluded that the meanings of change that people have, expectations of events, level of knowledge and skill, availability of new knowledge about a change event, resources available in the environment, capacity to plan for change, and emotional and physical well-being all have an impact on transitions. A successful transition is one where feelings of distress are replaced with a sense of well-being and mastery of a change event (Schumacher & Meleis 1994). The transitions framework provided by Schumacher and Meleis (1994) has been very useful for our research; however, we considered it important to update the literature review to explore new understandings.

Aim

The aim of the review was to explore how the term 'transition' had been used in the health literature. The research questions guiding analysis of the literature were: 'How is the word transition used in the literature?' and 'What is the concept of transition informing?'

Search methods

The search

Databases (Medline, CINAHL, Sociofile, Psychlit) were searched using the keyword 'transition' and a large volume of work from diverse professional fields was retrieved. The limits set were:

- articles dated between 1994 and 2004;
- transition as a central concept; and
- health or social focus.

The searches were refined with the query string of 'social', 'life events', 'illness', 'crisis', 'identity' and 'self'. These terms were taken from keywords identified in relevant papers. The focus of transition in many articles in Medline was molecular or biological in nature and hence these articles were excluded. There was overlap with the papers extracted from the CINAHL search but further articles were located particularly with the illness combination. Sociofile and Psychlit retrieved a number of articles that had a social focus. The reference lists of reviewed articles were also searched for relevant citations.

We were interested in exploring how the word transition was used in the wider health literature. Other disciplines may

use different terms to describe transition; hence, it was this understanding that prompted the use of search terms such as disruption, continuity and self identity. These search terms when combined with transition highlighted a new body of work from psychiatry, social work and the social sciences. Full papers ($n = 45$) were located. We independently reviewed each paper and answered the following questions:

- How is the word transition used?
- What is the concept of transition informing?
- What are the assumptions about transition?
- What were the before and after? (movement to and from)
- What research method was used?

Informed by the findings of our own research, our focus was the disruptions that required the person to reshape their sense of self (Kralik 2002). We were interested in how transition occurred after forced change, for example in chronic illness, where one's reality and one's sense of self were threatened or disrupted. Consensus on relevance was reached by team debate, focusing on papers where transition was central to the change event/issue, or where the discussions informed our understanding of the transition process. A total of 23 primary studies were appraised and analysed, in addition to identifying and discussing the major theories of transition.

Twenty-three research primary studies included in the review, and these all used qualitative methodologies. Qualitative methods employ processes that involve the description and interpretation of human experience so that a holistic picture of social and human issues can be explored (Powers & Knapp 1990, Creswell 1998). Transition is human experience; therefore, it seems appropriate that qualitative methods have been used to understand the concept of transition.

Criteria for exclusion

Twenty-two ($n = 22$) papers were excluded from the final review. Non-research-based were excluded but informed the discussion on theoretical frameworks. Papers that did not describe the transition experience or have transition as a central concept were also excluded. Four ($n = 4$) focused on life stages or developmental stages such as the role of mothering or fathering, and these were excluded (Mann *et al.* 1999, Sawyer 1999, Draper 2003, Nelson 2003) because we considered that such life stage transitions are normative and anticipated. Many quantitative research studies ($n = 18$) that used the term transition as indicating a passage of movement failed to define the concept (Montenko & Greenberg 1995, White 1995, Brudenell 1996, Gwilliam & Bailey 2001, Brouwer-Dudokdewit *et al.* 2002, Vaartio & Kiviniemi 2003,

White 2003, Forss *et al.* 2004). Transition was not defined in these papers, although the term had been listed as a key word or included in the title or abstract. Discussions were limited to descriptions of movement or change from one point to another, rather than a transitional process of inner re-orientation (White 1995, Gwilliam & Bailey 2001, Vaartio & Kiviniemi 2003, White 2003).

Findings

Transition is derived from the Latin word transition, meaning going across, passage over time, stage, subject, or place to another; that is to change (Lexico 2005: <http://dictionary.reference.com/search?q=transition>). The term 'transition' has been used in diverse ways in the literature of disciplines as varied as musicology, history, metallurgy, geography, anthropology, science and health, with discussions ranging from change at the molecular level, to personal and developmental changes, to countries in transition. The literature frequently uses the word transition to describe a process of change in life's developmental stages, or alterations in health and social circumstances rather than people's responses to change. Transition is not just another word for change (Bridges 2004), but rather connotes the psychological processes involved in adapting to the change event or disruption.

The broader research literature on transition employs a variety of methodologies and theoretical frameworks. All studies included in this review, however, used qualitative methodologies and usually generated data from relatively small, selective, non-random sample of participants. Data collection periods were usually of a short timeframe and focused on a specified event, with only one inquiry adopting a longitudinal approach (Kralik 2002). Ethnic and cultural differences were rarely identified in this body of literature.

Theoretical frameworks

Transition theory has a long history within other disciplines, particularly anthropology. The work of Van Gennep (1960) early in the 20th century was further developed by Turner (1969) and then Sheehy (1977), highlighting the way that 'rites of passage' throughout the stages of human life are marked by socio-cultural rituals. Martin-McDonald and Biernoff (2002, p. 347) state 'that rites of passage occur when there is a transition in cultural expectations, social roles, and status and/or condition or position, interpersonal relations, and developmental or situational changes to being in the world'. Thus, social transition can be viewed as movement through life. Van Gennep's theory describes the

way people move through life's stages in three distinct phases. Firstly, pre-liminal rites (rites of separation) are characterized by removal of the individual from their 'normal' social life, which may occur through the use of customs and taboos. Liminal rites (rites of transition) refer to customs and rituals of the individual when they are in a liminal state, perhaps feeling confused and alienated, in a state of 'limbo' or, as (Draper 2003, p. 63) prefers, 'in no man's land'. Lastly, postliminal rites (rites of incorporation) occur where the individual is brought back into society and takes up their new status (re-incorporation). Van Gennep's (1960) three-phase approach to transition continues to influence current transition thinking in the social and health literature.

Three phases of transition are also proposed by Bridges (2004, p. 17), composed of an 'ending, then a beginning, and an important empty or fallow time in between'. What these models have in common is an almost linear trajectory to transition that involves distinct start and finish points. Kralik (2002), however, proposes that transition does not follow a chronological trajectory. Likewise Paterson (2001), who performed a metasynthesis of 292 qualitative research studies, describes a 'shifting perspectives' model of chronic illness that also challenges the notion of a linear trajectory in transition. Kralik (2002) and Patterson (2001) both propose that learning to live with chronic illness is an ongoing process involving movement in many directions.

Defining transition

Five varying senses or meanings to the word transition were retrieved from the online lexical reference system *Wordnet* (developed by Princeton University):

- Sense 1: Passage (act of passing from one state to another).
Changing something into something. Something performed (as opposed to something said).
- Sense 2: Conversion, transformation, alteration, shift.
- Sense 3: Happening, occurrence, change.
- Sense 4: Modulation (change in tone).
- Sense 5: Connects to what follows, extracting common features.

Transitional definitions alter according to the disciplinary focus, but most agree that transition involves a passage of change. A common definition of transition cited in health disciplines is:

A passage from one life phase, condition, or status to another...transition refers to both the process and the outcome of complex person-environment interactions. It may involve more than one person and is embedded in the context and the situation. Defining characteristics of

transition include process, disconnectedness perception and patterns and response. (Chick & Meleis 1986, pp. 239–240)

Transition is not an event, but rather the 'inner reorientation and self-redefinition' that people go through in order to incorporate change into their life (Bridges 2004; p. xii). A concept analysis was presented by Meleis *et al.* (2000) that provided both a perspective and a framework for creating meaning of the concept of transition such as developmental, health, socio-cultural, situational, relational, critical events and organizational changes. It was proposed that people may undergo more than one transition at any given time; hence, it is important for the person to be aware of the changes taking place and to engage with them (Meleis *et al.* 2000). Indicators that transition is occurring include the individual feeling connected to, and interacting with, their situation and other people. The person feels located or situated so they can reflect and interact, and develop increasing confidence in coping with change and mastering new skills and new ways of living, while developing a more flexible sense of identity in the midst of these changes (Meleis *et al.* 2000).

Transition occurs when a person's current reality is disrupted, causing a forced or chosen change that results in the need to construct a new reality (Selder 1989). It can only occur if the person is aware of the changes that are taking place (Chick & Meleis 1986). This awareness is followed by engagement, where the person is immersed in the transition process and undertakes activities such as seeking information or support, identifying new ways of living and being, modifying former activities, and making sense of the circumstances. Therefore, level of awareness will influence level of engagement. Lack of awareness signifies that an individual may not be ready for transition (Meleis *et al.* 2000). Bridges (2004) and Selder (1989) highlight the importance of a person's need to acknowledge that a prior way of living/being has ended, or a current reality is under threat, and that change needs to occur before the transition process can begin. When this acknowledgment has occurred, it is possible to make sense of what is happening and reorganise a new way to live, respond and be in the world. The process of surfacing awareness involves noticing what has changed and how things are different (Meleis *et al.* 2000, Kralik 2002). Dimensions of difference that can be explored include the nature of the changes, how long it may take for changes to occur, what trajectory they may follow, the perceived impact of changes, and the personal, familial and societal influences having an impact on the changes (Meleis *et al.* 2000). Kralik (2002) notes that people with chronic illness in transition feel different, may be perceived by others

as different, and view their world in a changed way as a result of the movement that occurs during transition.

How has transition been used in the literature?

Most authors describe transition as not only a passage or movement but also a time of inner re-orientation and/or transformation. Fifteen ($n = 15$) articles have a health-illness focus. Some reports discuss the transition from health to illness (Powell-Cope 1995, Shaul 1997, Neil & Barrell 1998, Fraser 1999, Glacken *et al.* 2001, Elmberger *et al.* 2002, Hilton 2002, Kralik 2002, Arman & Rehnsfeldt 2003, Skarsater *et al.* 2003), while others focus on a change within the course of illness, such as commencing dialysis (Martin-McDonald & Biernoff 2002, Kralik *et al.* 2003). The transition experience within an institution is explored by three authors (Froggatt 1997, Bertero 1998, Walker 2001). Others focus on life transitions such as motherhood (Bailey 1999, Miller 2000), retirement (Luborsky 1994), relocation (Rossen 1998) and midlife (Banister 1999).

If we use the five senses of transition developed by Princeton University, we note that the last two senses have not been included in the papers reviewed. Sense 4 refers to modulation (change in tone), which we interpreted as related to a need for people to have control and balance, much like a musician playing an instrument. Sense 5 refers to transition being a way to connect to what follows and we interpreted this as a process of sense-making.

The focus of papers was that transition involves a movement or passage between two points. Secondly, a transitional process involves transformation or alteration, whether it is incorporation, integration or adaptation. Thirdly, transition involves a process of inner-reorientation as the person learns to adapt and incorporate the new circumstances into their life. We suggest that transition needs to be viewed on all these levels if nurses are to take a holistic approach to client care.

Themes involving loss of self or shifts in self-identity as a result of the uncertainty and turmoil that follow a crisis event or disruption emerged from several inquiries (Neil & Barrell 1998, Glacken *et al.* 2001, Elmberger *et al.* 2002, Hilton 2002, Kralik 2002, Martin-McDonald & Biernoff 2002). Participants sought to regain control following the disruptive event, and reconstruction of self-identity was observed through themes of mastery. The experience of transition was a process that involved disruptions in close relationships and daily living (Powell-Cope 1995, Arman & Rehnsfeldt 2003). Helping people to make a transition towards a sense of mastery involves the acquisition of information (Fraser 1999, Hilton 2002) and social support

systems (Rossen 1998). This was a point that Powell-Cope (1995) also found in his study with homosexual couples living with HIV, and Martin-McDonald and Biernoff (2002) found in their study with people starting renal dialysis.

Assisting people to transition towards a sense of mastery involves the acquisition of information (Hilton 2002), social support systems (Glacken *et al.* 2002), maintaining or developing strong connections with others (Arman & Rehnsfeldt 2003) and learning ways to adapt to change through a heightened awareness of self (Shaul 1997, Fraser 1999, Hilton 2002, Kralik 2002, Martin-McDonald & Biernoff 2002, Kralik *et al.* 2003). It is evident in these papers that transition is not simply change, but rather the process that people go through to incorporate the change or disruption into their lives.

What does the concept of transition inform?

The literature review identified a number of areas in which the concept of transition informs practice. The most striking finding is the challenge to self-identity that occurs during the transition process. Self-identity and transition appear to be concepts that are closely linked. The importance of relationships and connections were identified in the literature, as these were seen to be an integral part of successful transition. Furthermore, authors agree that it is important for healthcare professionals to have an understanding of the transition process in order to assist people to move through it.

Transition can be viewed as a process during which suffering may be reduced or alleviated. The suffering invoked by the forced change may be the central driving force for transformation and transition. For example, older women who have survived a stroke may experience a process of transition/transformation that results in reconstruction of the sense of self (Hilton 1998). They seek new roles, identify ways of coping and reconcile with the limitations that the stroke imposes. Arman and Rehnsfeldt (2003) add that the illness experiences change one's notion of self, which Elmberger *et al.* (2002) claims may be 'processed' to 'master' the changing sense of identity and family relations imposed by the illness trajectory. Our research reveals that disruption can lead to suffering when it is difficult to become reconciled with the altered sense of self, but this may be ameliorated during the reclaiming process that occurs during transition (Kralik 2002, van Loon *et al.* 2004).

The idea that the suffering experienced during transition may be viewed positively is challenged by Arman and Rehnsfeldt (2003). They use examples of studies where

women are classified as 'stuck' in the transformation process because they are not able to adapt and integrate cancer into their lives. Other authors assume that all people transition successfully through the illness period because they provide little or no discussion around people who have not readily transitioned (Hilton 2002, Skarsater *et al.* 2003).

Healthy transitions are often linked to the development of relationships and connections with others. Rossen (1998) notes that the level of support gained from personal relationships may influence transition, and that women with strong family and friend connections transitioned more readily than those who did not have support. The influence of relationships on transition is supported by Kralik *et al.* (2003) when researching shifts in sexual self-identity in women with multiple sclerosis: women in supportive relationships found it easier to adapt to the consequences of intrusive illness.

In some studies, the participants themselves identify transition as an important part of the healing or recovery process (Glacken *et al.* 2001, Kralik 2002). They describe the process of reconstructing and incorporating change as essential to transition, whether it be in the context of their relationships, their roles, or new strategies for coping (Hilton 2002, Skarsater *et al.* 2003). Further to this, Glacken *et al.* (2001) suggests that the concept of transition is one way in which to conceptualise human responses to change. However, we have found transition to involve a complex interplay of adaptive activities to manage situational alterations, as well as a deeper psychological and spiritual incorporation of changes that aid reorientation of the sense of self (van Loon & Kralik 2005).

In all of the studies reviewed, researchers concluded that it is through understanding the transition process that healthcare professionals will be better equipped to aid clients through processes of adaptation. Glacken *et al.* (2001) highlights the factors that hinder and facilitate transition, and suggests that healthcare professionals can address these factors as part of their care. It has been argued that the planning and implementation of nursing activities could be informed by the concept of transition (Shaul 1997). Glacken *et al.* (2001) suggests that a tool be developed which assists healthcare professionals to assess where the person is within the transition process, thus ensuring that appropriate strategies are implemented at the right times. We have begun preliminary work on development of such a therapeutic intervention tool with women survivors of child sexual abuse (van Loon & Kralik 2005). The aim of this tool will be to build capacity by planning strategies that assist sense-making, which can be employed during the various stages of the transition process (van Loon & Kralik 2005).

Transition as a process

The literature review highlights a lack of consensus among researchers as to whether the dynamic transition process has a definite beginning and end, is linear or cyclical, and how we can help people to 'move on'. Papers framed by van Genneep's rites of passage theory (Luborsky 1994, Froggatt 1997, Martin-McDonald & Biernoff 2002) tend to assume that transition is linear and uni-directional, even suggesting that the three phases are somehow distinct and readily separated for examination. Many authors propose that transition has a beginning and an end (Fraser 1999, Elmberger *et al.* 2002, Bridges 2004). For example, Elmberger *et al.* (2002) describes how men with cancer start the health-illness transition at diagnosis and how it lasts for several years following a spiral movement. Our research challenges these notions, suggesting that transition is a more intricate and convoluted process with forward and backward movement (Kralik 2002, van Loon & Kralik 2005).

There was reference by Arman and Rehnfeldt (2003) to the course of change associated with breast cancer as a type of 'transition', 'transformation' or 'transcendence' encompassing a search for 'meaning' as the person travelled a path that aimed to regain 'integrity', 'balance' and 'wholeness'. The authors suggest that women could be in different phases of that transition process and move between them simultaneously while they incorporate various aspects of transition.

Glacken *et al.* (2001) proposes that living with Hepatitis C is an ongoing transitional process that is neither linear or time-bound. In their study some of the participants were restructuring their lives, while others remained in the early stages of incorporation. Powell-Cope (1995; p. 54) stated that the transition process is 'not linear but recurring, so that at any given time new losses require ongoing readjustments and thus transition continues throughout life'. It has also been proposed that, while life transitions may have a distinct beginning and end, transition for people with chronic illness may not be complete, as their health and wellbeing status fluctuates (Shaul 1997).

Time is an essential element in transition and therefore longitudinal studies are required to explore experiences during the initial phase, the liminal period or midcourse, and the re-incorporating period that results in new ways of living and being as the outcome of the transition experience (the ending; Powell-Cope 1995, Shaul 1997, Rossen 1998, Fraser 1999, Hilton 2002, Kralik 2002, Martin-McDonald & Biernoff 2002, Kralik *et al.* 2003). Fraser (1999) conducted multiple interviews over time to describe trans-

ition and, given that transition occurs over time, we suggest that researchers consider carrying out longitudinal studies. Kralik (2002) used correspondence as a longitudinal data generation strategy in a study with women with chronic illness to reveal that women move through a phase of 'extraordinariness' in which they are in turmoil and distress. They may then move back into a sense of ordinariness, where life becomes familiar. However, this is never a series of steps; rather, it is movement that is non-linear, perhaps even cyclical and recurring in nature (Kralik 2002). Similarly, women recovering from addiction who move from supported accommodation to independent housing find that transition in their recovery involves many movements forward and sometimes slipping back as new issues loom to threaten their progress and on-going changes need to be incorporated into new ways of living and being without alcohol and drugs (van Loon *et al.* 2004).

Other terms used to describe the transition process

Transition is clearly linked to the notion of self and identity and how it is affected by disruption (Boeijea *et al.* 2002, Kralik 2002, Young *et al.* 2002). Self-identity is threatened during disruption and there is a need for reconstruction of identity based on new roles and responsibilities (Luborsky 1994, Boeijea *et al.* 2002, Young *et al.* 2002). Other authors exploring life transitions also focus on the process of shifts in identity and redefining of self (Bailey 1999, Banister 1999, Miller 2000). Whilst all of these papers have limited discussion about transition, their value lies in the understanding they bring about the forces that influence and shape transition. An exhaustive analysis of this body of work is not within the scope of this review, but we highly recommend that such a review be carried out to better inform our understanding transition.

Biographical disruption is used by some authors to describe the changes to self-identity that require redefinition in the face of adversity (Gravelle 1997, Boeijea *et al.* 2002, Young *et al.* 2002). Interestingly, these papers have striking similarity to those describing transition. Whilst Young *et al.* (2002) makes reference to transition, Boeijea *et al.* (2002) focuses solely on the notion of biographical disruption; this concept arose from the work of Bury (1982), which centres on the importance of restructuring meaning during illness. This literature informed our work facilitating transition for women with a history of child sexual abuse and addiction and our research with men and women with chronic illness, because people who have experienced profound disruption often have a diminished sense of identity. Thus re-storying their biography has been integral to healing during the

transition process (Kralik *et al.* 2000; Kralik *et al.* 2006, van Loon & Kralik 2005).

Illness trajectory is another term that may be used to describe transition. For example, Gravelle (1997) describes the trajectory that parents caring for a child with a progressive illness travel, raising similar issues to the transition literature, namely adversity, acceptance, living with loss, gaining strength and normalization.

Review limitations

The primary studies included in this review used diverse qualitative methods. Data were collected from people in diverse situations, circumstances and environments, using diverse analytical approaches and theoretical perspectives. Clearly, a tension exists between the analytical and systematic approach required to conduct a literature review, where the intention is to undertake a secondary synthesis of knowledge, and the diversity of method and human circumstance and experience that is indicative of qualitative research. In addition, the studies reviewed used small, selective, non-random sample of participants; therefore, we decided to broaden the discussion by incorporating theoretical frameworks of transition.

Implications for nursing

Nurses in diverse practice settings assist people to navigate transitions (LeVasseur 2002) as illness and change disrupts their lives. Meleis and Trangenstein (1994) suggest that the central focus of nursing is to facilitate clients, families and communities through life transitions, because nursing 'is concerned with the process and the experiences of human beings undergoing transitions where health and perceived well-being is the outcome' (Meleis & Trangenstein 1994, p. 257).

Transition is the movement and adaptation to change, rather than a return to a pre-existing state. Bridges (2004, p. 11) states 'every transition begins with an ending', meaning that people have to let go of familiar ways of being in the world that defines who they are. This is particularly important for nurses, who often support people through forced disruptions such as illness (Kralik 2002). Transitional processes require time as people gradually disengage from old behaviours and ways of defining self. Nurses working alongside people can help them identify changes forced by illness and seek new possibilities from disruptive experiences. Understanding transition enables nurses to move towards a more holistic approach to the provision of care (Kralik *et al.* 1997, Kralik 2002).

What is already known about this topic

- Transition is a concept that is widely used in the health literature.
- The precise meaning of transition has varied with the context in which the term has been used.
- A central focus of nursing is to assist people through transitional processes.

What this paper adds

- Transition is a central concept to nursing and further longitudinal research is required to inform practice.
- Transition occurs over time and entails personal, developmental, relational, situational, societal or environmental change, but not all change involves transition.
- Reconstruction of a valued sense of self-identity is essential to transition.

Implications for nursing research

Transition is a concept central to nursing (Meleis *et al.* 2000) that is in need of further research; however, we believe that consideration must be given to methodologies that extend beyond a single event or inquire about a single response. Transition is recognized as a process that occurs over time; hence, to understand transition experiences, longitudinal comparative and longitudinal cross-sectional inquiries are required. Gaps in the transition literature that need to be addressed to firm up the link with nursing are: Why is it that some people experience transition and others do not? What are the structures and processes of transition? What are the gendered experiences of transition? What are the cultural experiences of transition? Is transition experienced differently by people who have experienced disruption at different points across the lifespan? Does age influence the transition experience? How do intrapersonal factors such as personality characteristics, attitudes, beliefs, values, marital expectations and degree of idealization affect experiences of transition?

Conclusion

Merging understandings from the literature reviewed and the theoretical frameworks reveal that transition processes occur when life's circumstances or relationships change. Transition entails change and adaptation, in areas such as developmental (for example, child to adolescent, adolescent to adult, etc), personal, relationships, situations, socio cultural or environ-

mental changes, but not all change results in transition. Life crises and loss experiences may force change and adaptation. Common to these experiences, is the dislocation, disorientation and disruption caused to the person's life and the need for them to locate new ways of living and being in the world that incorporate the changes. We hope that this literature review is a useful beginning point to facilitate communication and discussion that will stimulate further research into transition.

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Author contributions

DK, AvL were responsible for the study conception and design and drafting of the manuscript. KV, DK, AvL performed the data collection and data analysis. DK obtained funding and provided administrative support. DK, AvL made critical revisions to the paper. DK supervised the study.

References

- Arman M. & Rehnsfeldt A. (2003) The hidden suffering among breast cancer patients: a qualitative metasynthesis. *Qualitative Health Research* 13(4), 510–527.
- Bailey L. (1999) Refracted selves? A study of changes in self-identity in the transition to motherhood. *Sociology* 33(2), 335–352.
- Banister E. (1999) Women's midlife experience of their changing bodies. *Qualitative Health Research* 9(4), 520–537.
- Bertero C. (1998) Transition to becoming a leukaemia patient: or putting up barriers which increase patient isolation. *European Journal of Cancer Care* 7(1), 40–46.
- Boeijea H., Duijnsteeb M., Gryndonckb M. & Pool A. (2002) Encountering the downward phase: biographical work in people with multiple sclerosis living at home. *Social Science and Medicine* 55(6), 881–893.
- Bridges W. (2004) *Transitions: Making Sense of Life's Changes*. Da Capo Press, Cambridge, MA.
- Brouwer-Dudokdewit A., Savenije A., Zoetewij M., Maat-Kievit A. & Tibben A. (2002) A hereditary disorder in the family and the family life cycle: huntington disease as a paradigm. *Family Process* 41(4), 677–692.
- Brudenell I. (1996) A grounded theory of balancing alcohol recovery and pregnancy. *Western Journal of Nursing Research* 18(4), 429–440.
- Bury M. (1982) Chronic illness as biographical disruption. *Sociology of Health and Illness* 4, 167–182.

- Cantanzaro M. (1990) Transitions in midlife adults with long-term illness. *Holistic Nurse Practitioner* 4(3), 65–73.
- Chick N. & Meleis A. (1986) Transitions: a nursing concern. In *Nursing Research Methodology: Issues and Implementation*, Chapter 18 (Chinn P.L., ed.), Aspen, Rockville, MD, pp. 237–257.
- Creswell J. (1998) *Qualitative Inquiry and Research Design: Choosing among the Five Traditions*. Sage publications, London.
- Draper J. (2003) Men's passage to fatherhood: an analysis of the contemporary relevance of transition theory. *Nursing Inquiry* 10(1), 66–77.
- Elmberger E., Bolund C. & Lutzen K. (2002) Men with cancer: changes in attempts to master the self-image as a man and as a parent. *Cancer Nursing* 25(6), 477–485.
- Forss A., Tishelman C., Widmark C. & Sachs L. (2004) Women's experiences of cervical cellular changes: an unintentional transition from health to liminality. *Sociology of Health and Illness* 26(3), 306–325.
- Fraser C. (1999) The experience of transition for a daughter caregiver of a stroke survivor. *Journal of Neuroscience Nursing* 31(1), 9–16.
- Froggatt K. (1997) Signposts on the journey: the place of ritual in spiritual care. *International Journal of Palliative Nursing* 3(1), 42–46.
- Glacken M., Kernohan G. & Coates V. (2001) Diagnosed with Hepatitis C: a descriptive exploratory study. *International Journal of Nursing Studies* 38(1), 107–116.
- Glacken M., Bolund C. & Lutzen K. (2002) Men with Hepatitis C: a man and as a parent. *Cancer Nursing* 25(6), 477–485.
- Gravelle A. (1997) Caring for a child with a progressive illness during the complex phase: parents' experience of facing adversity. *Journal of Advanced Nursing* 25(4), 738–745.
- Gwilliam B. & Bailey C. (2001) The nature of terminal malignant bowel obstruction and its impact on patients with advanced cancer. *International Journal of Palliative Nursing* 7(10), 474–476.
- Hilton E. (1998) The meaning of stroke in elderly women: a phenomenological investigation. *Journal of Gerontological Nursing* 28(7), 19–26.
- Hilton E. (2002) The meaning of stroke in elderly women: a phenomenological investigation. *Journal of Gerontological Nursing* 28(7), 19–26.
- Koch T. & Kralik D. (2001) Chronic illness: reflections on a community-based action research programme. *Journal of Advanced Nursing* 36(1), 23–31.
- Kralik D. (2002) The quest for ordinariness: transition experienced by midlife women living with chronic illness. *Journal of Advanced Nursing* 39(2), 146–154.
- Kralik D., Koch T. & Wotton K. (1997) Engagement and detachment: understanding patients' experiences with nursing. *Journal of Advanced Nursing* 26(2), 399–407.
- Kralik D., Koch T. & Brady B. (2000) Pen pals: correspondence as a method for data generation in qualitative research. *Journal of Advanced Nursing* 31(4), 909–917.
- Kralik D., Koch T. & Eastwood S. (2003) The salience of the body: transition in sexual self-identity for women living with multiple sclerosis. *Journal of Advanced Nursing* 42(1), 11–20.
- Kralik D., van Loon A. & Visentin K. (2006) Resilience in the chronic illness experience. *Educational Action Research* 14(2), 187–201.
- LeVasseur J. (2002) A phenomenological study of the art of nursing: experiencing the turn. *Advances in Nursing Science* 24(4), 14–26.
- van Loon A. (2001) Assessing the spiritual needs of older persons. In *Assessing Older People – A Work Book* (Koch S. & Garrett S., eds), MacLennan & Petty, Melbourne, pp. 51–73.
- van Loon A. & Kralik D. (2005) *A Self-help Companion for the Healing Journey of Survivors of Child Sexual Abuse*. Royal District Nursing Service Foundation Research Unit, Catherine House Inc, Centacare, Adelaide (in press).
- van Loon A., Koch T. & Kralik D. (2004) Care for female survivors of child sexual abuse in emergency departments. *Accident and Emergency Nursing Journal* 12(2), 208–214.
- Loveys B. (1990) Transitions in chronic illness: the at-risk role. *Holistic Nursing Practice* 4, 45–64.
- Luborsky M. (1994) The retirement process: making the Person and Cultural Meanings Malleable. *Medical Anthropology Quarterly* 8(4), 411–429.
- Mann R., Abercrombie P., DeJoseph J., Norbeck J. & Smith R. (1999) The personal experience of pregnancy for African-American women. *Journal of Transcultural Nursing* 10(4), 297–305.
- Martin-McDonald K. & Biernoff D. (2002) Initiation into a dialysis-dependent life: an examination of rites of passage...including commentary by Frauman AC with author response. *Nephrology Nursing Journal* 29(4), 347–353.
- Meleis A. & Trangenstein P. (1994) Facilitating transitions: redefinition of the nursing mission. *Nursing Outlook* 42(6), 255–259.
- Meleis A., Sawyer L., Im E.-O., Hilfinger Messias D. & Schumacher K. (2000) Experiencing transitions: an emerging middle-range theory. *Advances in Nursing Science* 23(1), 12–28.
- Miller T. (2000) Losing the plot: narrative construction and longitudinal childbirth research. *Qualitative Health Research* 10(3), 309–323.
- Montenko A. & Greenberg S. (1995) Reframing dependence in old age: a positive transition for families. *Social Work* 40(3), 382–390.
- Neil J. & Barrell L. (1998) Transition theory and its relevance to patients with chronic wounds. *Rehabilitation Nursing* 23(6), 295–299.
- Nelson A. (2003) Transition to motherhood. *JOGNN – Journal of Obstetric, Gynecologic and Neonatal Nursing* 32(4), 465–477.
- Paterson B. (2001) The shifting perspectives model of chronic illness. *Journal of Nursing Scholarship* 33(1), 21–26.
- Powell-Cope G. (1995) The experiences of gay couples affected by HIV infection. *Qualitative Health Research* 5(1), 36–62.
- Powers B. & Knapp T. (1990) *A Dictionary of Nursing Theory and Research*. Sage Publications, London.
- Rossen E. (1998) Older Women in Relocation Transition. PhD Thesis. University of Illinois at Chicago, Health Sciences Center, Chicago, Illinois.
- Sawyer L. (1999) Engaged mothering: the transition to motherhood for a group of African American women. *Journal of Transcultural Nursing* 10(1), 14–21.
- Schumacher K. & Meleis A. (1994) Transitions: a central concept in nursing. *IMAGE: Journal of Nursing Scholarship* 26(2), 119–127.
- Selder F. (1989) Life transition theory: the resolution of uncertainty. *Nursing and Health Care* 10(8), 437–451.

- Shaul M. (1997) Transitions in chronic illness: rheumatoid arthritis in women. *Rehabilitation Nursing* 22(4), 199–205.
- Sheehy G. (1977) *Passages Predictable: Crisis of Adult Life*. Bantam Books, Toronto.
- Skarsater I., Dencker K., Bergbom I., Haggstrom L. & Fridlund B. (2003) Women's conceptions of coping with major depression in daily life: a qualitative, salutogenic approach. *Issues in Mental Health Nursing* 24, 419–439.
- Turner V. (1969) *The Ritual Process: Structure and Anti-structure*. Penguin, Middlesex.
- Vaartio H. & Kiviniemi K. (2003) Men's experiences and their resources from cancer diagnosis to recovery. *European Journal of Oncology Nursing* 7(3), 182–190.
- Van Gennep A. (1960) *The Rites of Passage*. Routledge and Kegan Paul, London.
- Walker A. (2001) Trajectory, transition and vulnerability in adult medical-surgical patients: a framework for understanding in-hospital convalescence. *Contemporary Nurse* 11(2/3), 206–216.
- White K. (1995) The transition from victim to victor: application of the theory of mastery. *Journal of Psychosocial Nursing and Mental Health Services* 33(8), 41–44.
- White A. (2003) Interactions between nurses and men admitted with chest pain. *European Journal of Cardiovascular Nursing* 2(1), 47–55.
- Young B., Dixon-Woods M., Findlay M. & Heney D. (2002) Parenting in a crisis: conceptualising mothers of children with cancer. *Social Science and Medicine* 55(10), 1835–1847.