Nursing theory critique is an essential exercise that helps nursing students identify nursing theories, their structural components and applicability as well as in making conclusive recommendations about the theory. This paper shall highlight the theory of transition as put forth by Afaf Ibrahim Meleis and Karen, L. Schumacher in their work titled: “Transitions: A central concept in nursing.” Meleis is greatly credited for the development of the transition theory whose conception begun in the 1960’s when she was working on her PhD (Schumacher & K. H. 2000).

This paper shall highlight the major structural components of the theory as well as its purpose, concepts, concept relationship and assumptions. After the assessment of theory’s components, the papers focus on the applicability of theory, and in this section the theory shall be analyzed with respect to how, where and to whom the theory is applicable in the field of nursing. Applicability shall also focus on the components as a way of determining how a theory can be applicable in the field of nursing.

Finally, the paper shall review the portions of theory that are acceptable with or without changes as well as those that are not acceptable with or without changes. This final conclusive review shall offer recommendations where possible with regard to how the theory may be changed if there shall be an identifiable aspect that requires changes in order to improve its components for better or wider applicability in the nursing profession. Applicability of the theory and the ease of application of the theory shall also be reviewed with regard to elements of complexity, generality, clarity and structure.
Theory Components Assessment

Theory components assessment evaluates the theory’s major components such as concepts, their relation and integration into the applications of the theory in clinical practice education and research.

Purpose of the Theory

The main purpose of the theory of transition and this work is to identify transition as being a central factor in nursing, and as such portray its role in influencing various nursing activities, processes and outcomes. The theory also serves also serves other sub-purposes such as the identification of various types of transitions that people may undergo in their life as well as draw connections that exist between transitions and their influence upon life (Meleis & Schumacher, 1994).

Identification of conditions that affect transitions and indicators of healthy and non-healthy transitions is also part of the theory’s purpose. Generally, the theory serves the purpose of identifying the centrality of change to the nursing profession as well as the identification of different transitions, their inclusive nature, properties, influencing conditions and types of outcomes with relation to health. The theory also seeks to link the nursing practice to other aspects of real life that influence clinical matters and outcomes of treatment programs offered under the nursing practice as well as influence actual life.

Theory Concepts

Meleis and Schumacher’s theory has one central and major concept which is transition. The definition of the major concept of transition defines transition as a periodic process through which change is facilitated into the environment or life of an individual. The definition also states that there have to be some commonalities in the periodic processes that are characteristic of a transition, such as the production of a permanent change on the environment or the individual (Meleis & Schumacher, 1994). The theory’s concept can be studied via a framework that identifies changes that occur in the life of an individual under various circumstances over time to
produce an evident change in an individual’s life.

The identified commonalities that define transition include disconnection from prior support and life, lack of a familiar point of reference in terms of people or objects, the emergence of an inability to sustain earlier normal life or new needs and incongruence in the sets of internal and environmental factors that existed prior to the start of the transition compared to those experienced during the transition. Other sub-concepts developed by the theorists include the concepts of transitions’ typology, the non-exclusivity of transitional processes, typifying characteristics of transitions, transitional conditions of influence and indications of healthy and non-healthy transitions (Meleis & Schumacher, 1994).

The typology concept identifies various types of transitions such as situational, developmental, and organizational and health illness transitions. The typology concept defines transitions by classifying transitions in relation to their causes or circumstances that lead to the transitions. The non-exclusivity concept identifies the probable nature of concepts to occupy the same time-frame of influence or occurrence—the concept could be exemplified by aging as a developmental transition that is mainly characterized by health illness transitions. The typifying characteristics concept is defined as a concept which is used to identify various processes as being either transitional or non-transitional.

According to the concept, certain processes need to have certain characteristics which will determine whether they can be regarded as transitions or not. The condition of influence concept was defined as the recognition and identification of conditional factors that determine how a transition may proceed and what results it may finally yield. The concept of healthy and un-healthy transitions is a definition that seeks to identify the results that are yielded by a transition in relation to health. It is a classifying concept that identifies negative and positive outcomes of a transitional process.

Theory Concept Relationship

The concept of transition is related to the theory’s proposition of its centrality in nursing because transition greatly affects most outcomes of the nursing activities that mostly involve people transitioning from one stage to another. Nursing deals with people at least experiencing some problem, and as such nursing activities and processes are aimed at successfully transitioning people from one stage to another. Whilst, aiding the transitional process the nurses need to be cognizant of the fact that the outcomes of the process are at the mercy of the transitional process in which they can mediate and bring about positive change.

The concept of typology relates to the theory in terms of defining the various classes that transitions may fall into. The whole theory is cognizant of the centrality of transition to nursing
operations and as such transitions seem to affect every aspect of nursing activities; which the concept of non-exclusivity seems to recognize as having the capability to occur in tandem within an individual's life. The concept on typifying characteristics shows that not all processes that occur can be termed as transitions and as such it helps make the theory more specific with regard to what can be termed as transitions.

This concept serves the purpose of enhancing the theory's specificity. The conditional influence concept states that various transitions and their progress as well as outcomes are greatly determined by conditions that influence how a transition may progress. The concept is central to therapeutic intervention decisions that look into means and ways to influence the progress of a transition towards a positive end with outcomes that leave an individual better as s/he comes through the transition (Meleis & Schumacher, 1994). This concept is related to the final concept of healthy and un-healthy outcomes of transitions. In this final concept nurses are required to be cognizant of healthy and unhealthy transitional outcomes, and try to understand them in a bid to learn interventional means of working with people under transitions.

Major Theory Assumptions

In reference to Meleis earlier works and those by Schumacher and Meleis on the transitional framework (1994), the following assumptions were inferred from the transitional theory-that transitional processes are multidimensional and complex and they display patterns of complexity and multiplicity. Another basic assumption also used as an identification characteristic is the assumption that most transitions have a movement and flow that occurs over time. Transitions are also assumed to be responsible for changes in abilities, roles, relationships, identities and behavioral patterns.

Another generalizing assumption is that transitions involve processes of change and movement that occurs in basic life patterns and of which are manifested in every living person. The theory on transitions also assumes that transition is not synonymous with difference and change and neither are they interchangeable. Perhaps the most basic of assumptions is that transitional processes are both a product of change and change it self.

Meleis and Schumacher also assume that the lives of patients’ are constantly and dynamically shaped by interactions, environmental surroundings, pre-conceived meanings and the actual transitional processes. The two theorists also assume that vulnerability of the patients to transitions is subject to interactions, experiences, and surrounding conditions which expose patients to extended periods of recovery and unhealthy coping (Schumacher & K. H. 2000).
The applicability of this theory of transition is determined through the assessment of the theory’s structure, clarity, complexity, generality, weakness and strength. These factors determine how easy it is to apply the theory to practical terms in the practice of nursing.

Theory structure

The theory’s concept relationship includes all the concepts and sub-concepts and these are integrated in a linear progression that first develops the major concept and later connects the major concept to the minor concepts in a linear progression format. The transition concept is linked to all other concepts that are basically developed from the major concept. The conceptualization covers typology, characteristics, influencing factors and outcomes of transitions.

Theory clarity

The transition theory and its concepts are clear and simple and therefore, easier to understand. Conceptual definitions of the theory offer a very comprehensive way of comprehending the linear connection of concepts to the theory and main concept. The concepts are linked in a very logical manner and the relation among concepts is obvious with regard to theoretical assertions. The relationships among the main concepts are displayed in a visually simple way through a diagram. The variables display independence, but the interactive effect is simply depicted (Schumacher & K. H. 2000).

Theory complexity
The transition theory is simple and non-complex as displayed by the diagrammatic illustration that depicts the interrelationship between the concepts. The linear progression adapted for the elaboration of the concepts gives a clear display how the theory relates to nursing and how the sub-concepts define its influence. The theory has no complex associated statistical or mathematical analysis requirements to implement, test or prove and thus is a simple in nature.

**Theory generality**

The transition theory is middle range in nature and scope. As such, the theory has less abstraction and limited scope which is a common characteristic of most middle range theories in comparison to grand theories. Like most middle range theories the theory addresses specific concepts and phenomena which make it easy to apply the theory in the practice of nursing. However, because of its limited scope the theory tends only to generalized for people undergoing transitions. The consideration of diverse theories of transition shows that all populations can be under transitions depending on whichever transitions they may be undergoing.

The derivation of transition theory research results from a wide participatory background consisting of various ethnicities, gender groups and a sample of people from different locales makes the theory easily generalizable and applicable to a diverse spectrum of patients, places, and organizations (Schumacher & K. H. 2000). The fact that the theory is unlike many other theories derived from research confined within a specific group makes it more applicable to a greater variety of backgrounds. The concepts are wide and may need situational narrowing down with regard to handling different nursing situations.

**Theory strengths and weaknesses**

The major strength of the theory is that it currently enjoys great support from empirical research with regard to transitions, and perhaps this also poses as part of its weakness because it has not yet acquired scientifically researched support that has been documented. Additionally, most of the interventions used in transitions are theory-based and as such they lack the solid scientific prove of effectiveness and efficiency, which if proven through scientific research would
make the theory more powerful in defining transitional nursing practices.

The theory's major strength in practice is the fact that it can allow early therapeutic intervention that can change the course and results of a transition. For example the application of the theory's principles and interventional methods to a group of widows recovering from the lose of their spouse may result in lesser levels of stress and difficulties compared to a group that does not benefit from the analyses based on the theory and theoretical interventional methods derived from the theory's concepts.

Conclusion

The transition theory has various concepts that define the state, process and dynamics of any form of transition in the health set up. These concepts include types of transition, features of typifying properties of transitional experiences, conditions that affect transitions, indicators that portray the presence of a transition, the nature of outcomes and the nursing therapeutics.

The theory is important in defining the various transitions that go no in the field of nursing, and it also helps in understanding the effects of transitions on health and the nursing practice in general. The theory has found widespread usage in the nursing practice, education and research. However, it is still based on empirical observational studies and theory-based therapeutic interventions, and needs to be furthered to more powerful heights of command in the nursing field through more scientific research.

Recommendation for theory application

The transition theory may find greater use in the nursing practice, by applying it creating a comprehensive picture on the transitional experiences that people undergo during a transition. As a result of its applicability, comprehensiveness, generality and affinity for health relations the theory may be applied to various human phenomena observed in the medical field. The theory may actually help and find applicability on various issues concerning death, loss, recovery, immigration, birth and illness.

The theory may find application offering explanations to illness transitions including hospital discharge, homecare effects, recovery, chronic disease diagnosis and behavioral
transformations. Through studies it has been found out that the theory can find application in nursing practice with various groups such as psychiatric people, family caregivers, geriatric populations, maternal populations, chronically ill individuals, immigrant populations, adolescents and psychiatric populations-just to mention but a few. The theory can help in developing a direction for the practice of nursing in various transitional cases by providing an understandable perspective on the kind of transitions people undergo, their influences and conditions, as well as the development of therapeutic interventional methods.

The theory may also prove to be very useful in the development of interventional nursing therapeutic which is congruent with the specific experiences of the patients and their family member undergoing transition. This can help develop and promote responses that healthy as response to transitional cases. Academically, the theory finds great application in graduate and undergraduate studies all over the globe and there is a growth in interest for integrating the theory into the curricula of nursing. The University of Connecticut for example introduced an elective course that covered health and transitions, which was taught by Meleis.

This was as a response to the increase in learning needs for graduate students (Schumacher & K. H. 2000). In 2007 other institutions such as the University of Pennsylvania responded by establishing a center named “Transitions and Health.” This is perhaps the first center set up with the specific purpose to focus on transitional studies and as such it may be the source of learning and further development of the theory. The theory has also been applied in research by various researchers. The theory has served as a theoretical basis on most of their researches.

Recommendations for theory change

The theory of transition has greatly developed out literature reviews and as such it does not have much support from research, but rather empirical observations. In this emerging framework the theory requires development, testing and refining. According to Meleis philosophical stand theory development is dynamic, ever evolving and cyclic, and therefore, she expresses that there may be a need for further research that is needed for the theory-a position that I strongly support. The theory is undergoing testing and more refining to offer explanations for the main relationships and concepts that it holds.

This research and further refining requires the theory to be researched in relation with other diverse populations so as to enhance its ability top describe the nursing field’s transition phenomena. This will increase the theory’s power to define phenomena in the nursing field related to transition. Currently there is sufficient empirical support for the theory, and now it is time future research on the phenomena requires to design and carry out tests on interventions used in transitional cases which are derived theoretically. Offering such theories a scientific
base of proof will go along way towards making the transition theory to gain greater power in the nursing practice. There is also a need to develop situation specific theories that can make theory more refined.

References
