

SHORT COMMUNICATION

Transitions theory as a theoretical framework to support Rehabilitation Nursing in an orthotrauma context

La teoría de las transiciones como referencia teórica de apoyo a la Enfermería de Rehabilitación en el contexto ortotraumatológico

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ABSTRACT

Increased life expectancy has brought new challenges to health systems, especially with regard to the rising incidence of orthotraumatic disorders, which compromise the ability to self-care. In this context, the work of the Rehabilitation Nurse Specialist is essential, and the importance of theoretical references to support their practice is highlighted. Afaf Meleis' theory of transitions offers a conceptual framework for understanding and intervening in the processes of change experienced by people with orthotraumatic disorders. By recognizing the properties of transitions and the factors that influence them, the specialist nurse can develop, together with the person, strategies to help the person and their family adapt to their new living conditions, promoting their autonomy, independence and quality of life.

Keywords: Nursing Theory; Transitional Care; Rehabilitation Nursing.

RESUMEN

El aumento de la esperanza de vida ha traído nuevos desafíos a los sistemas de salud, especialmente en lo que respecta al aumento de la incidencia de los trastornos ortotraumatológicos, que comprometen la capacidad de autocuidado. En este contexto, la actuación del Enfermero Especialista en Enfermería de Rehabilitación es esencial, destacándose la importancia de referentes teóricos para fundamentar su práctica. La teoría de las transiciones de Afaf Meleis ofrece un marco conceptual que permite comprender e intervenir en los procesos de cambio vividos por la persona con trastornos ortotraumatológicos. El enfermero especialista, al reconocer las propiedades de las transiciones y los factores que las influyen, puede desarrollar, junto con la persona, estrategias que favorezcan la adaptación de la persona y su familia a la nueva condición de vida, promoviendo su autonomía, independencia y calidad de vida.

Palabras clave: Teoría de Enfermería; Cuidado de Transición; Enfermería en Rehabilitación.

INTRODUCTION

The growing complexity of care, characterized by profound demographic, epidemiological and political changes, coupled with constant scientific and technological evolution, has led to greater longevity for people with chronic illnesses and, consequently, an increase in the number of years spent dependent on self-care.⁽¹⁾

Musculoskeletal disorders and falls have emerged as the main causes of morbidity and years of healthy life lost due to disability, increasing the need for interventions to preserve or restore independence and quality of life.

⁽²⁾ Given this sociodemographic perspective, it is clear that the need for specialized care is clearly expanding, which is seen as a challenge and opportunity for the intervention of the Rehabilitation Nurse Specialist (RNS).⁽¹⁾

There is growing consensus that praxis guided by theoretical frameworks is the future of Rehabilitation Nursing, since they enable knowledge to be structured, the situation of the person being cared for to be viewed and, at the same time, care to be planned, implemented and evaluated systematically, with the intentionality that is required.⁽³⁾ Theoretical thinking in nursing has been consolidated along a path of great conceptual richness. Afaf Meleis' theoretical framework introduces the concept of "transition" as a central aspect of care, enabling professionals to support human responses to changes, whether they are the result of developmental processes, illness or other significant events for the person.⁽⁴⁾ In the transition process, the nurse/person interaction stands out, focusing on the individual experience, the totality of being, the whole person and interdisciplinary care.⁽¹⁾

The aim of this paper is to reflect on the importance of using Afaf Meleis' theory of transitions to support the RNS's professional practice with people suffering from orthotraumatic disorders.

DEVELOPMENT

The theoretical framework developed by Afaf Meleis came about as a result of observing how human beings face and deal with situations of change in their life processes.⁽⁴⁾ The development of this theory, clearly influenced by the transformation paradigm, explains the changes a person experiences, especially in response to significant changes and life challenges, placing the emphasis on the person.⁽⁵⁾

The transition process is defined as a sequence comprising the passage from one state of stability to another equally stable state, triggered by a change in the state of stability.⁽⁴⁾ It is a multiple and comprehensive concept that integrates elements of process, time and perception, being the intermediate period between two phases of stability.⁽⁶⁾

Meleis classifies transitions into four types, each with different implications for RNS practice. These can be classified into health-disease transitions, related to changes in health status; developmental transitions, associated with the different stages of life; situational transitions, related to specific events; and organizational transitions, which involve changes in care systems or structures.⁽⁴⁾ The person can also experience different transitions at the same time, and must recognize them in order to be able to decide, as an agent and partner in care, using their full autonomy.⁽⁷⁾

In the context of hospitalization, the person experiences various transition processes, such as hospital admission and discharge and the transition to rehabilitation care, with the temporary or permanent limitations imposed by the condition. It is therefore understood that transition phenomena are multiple and diverse and begin as soon as the event or change is anticipated.⁽⁴⁾

The complex transition process has specific, interrelated properties: awareness, involvement, transition time, change, critical points and events.^(6,8) Awareness of the changes that have taken place is a defining characteristic of the transition process, without which it does not begin.⁽⁷⁾ In the orthotrauma context, this occurs when the person is faced with self-care activities that they are unable to perform, and the focus of the RNS is on how the person and their family become aware of the situation.⁽¹⁾

The meanings attributed to the transition vary between people and communities and can therefore influence the outcome. This characteristic suggests that differences in the perception of transition events generate different responses to such events, making them less predictable.⁽⁶⁾ In formulating his theory, Meleis identified factors that facilitate and inhibit transition, these being personal (meanings, beliefs, socio-economic status, knowledge), community and social conditions.⁽⁸⁾ With the development of the different assumptions of care, nursing intervention is no longer focused solely on the disease as the triggering factor for transition, but on the whole process, encompassing the person's perception of the situation, their beliefs and attitudes, socio-economic factors and acquired knowledge.⁽⁹⁾

Meleis characterizes nursing as the discipline of caring, based on a relationship of care between professionals and the person, oriented towards health, with a view to well-being.⁽¹⁰⁾ Sousa and collaborators recognize the same,⁽⁷⁾ when they state that the science of nursing is intrinsically connected to human experiences of transition, with health and well-being being the expected results of this interaction. Nurses, particularly RNSs, are the professionals of choice for helping people through the transition process, due to the privileged position they assume in accompanying people throughout the life cycle.⁽⁴⁾

Each person is unique, with specific characteristics, and therefore transitions will not be experienced in the same way, even under the same circumstances.⁽⁶⁾ These differences in response to the transition, the patterns of response, can be monitored using process and result indicators. Process indicators make it possible to assess and characterize how the person responds to the transition and include feeling connected, interacting, being situated, developing confidence and coping.⁽¹⁾ Outcome indicators correspond to observable manifestations

that reflect the success of the transition process and assess whether the person has achieved a safe adaptation to the new condition. They measure the difference between what is expected and the actual situation, making it possible to assess the progress of skills development in line with the outlined objectives.⁽⁸⁾ Mastery and fluid integration of identity are indicators of results.⁽¹¹⁾ This is a healthy transition process when the person has mastered adapting to the new role, behaviors and feelings, and has acquired the appropriate skills to adapt to the new condition, such as the ability to select and use adaptive strategies for self-care.⁽¹⁾

All events that signify a change in living conditions, namely the transition from a situation of complete autonomy and independence to one of dependence, interfere directly with family dynamics, imposing a readjustment and restructuring of the roles previously played.⁽¹⁾ The RNS, who has the skills for a differentiated intervention, is a professional of excellence with the person with an orthotraumatic disorder, particularly when undergoing surgery, directing the intentionality of their intervention towards empowerment, minimizing barriers that condition their integration into society.⁽¹²⁾

In fact, knowledge empowers the people who develop it, the people who use it and those who benefit from it.⁽⁴⁾ Nursing therapies are the interventions implemented by nurses during the transition process, which should promote the person's knowledge and empowerment in order to trigger appropriate responses to the transition and provide safety and well-being.⁽⁸⁾ Understanding the specific characteristics and circumstances of the transition process will make it possible to create interventions aligned with the unique experiences of the person being cared for and their family, thus promoting healthy human responses to them.⁽¹¹⁾

The RNS's challenge involves recognizing the transition process the person is going through and developing therapeutic strategies to strengthen and empower them in the changes they are going through.⁽⁷⁾ As Reis and Bule point out, adapting to the transition will be more efficient the clearer, more objective and more understandable the situation is for the person, and as a result of the training, gains in independence and functionality will be achieved.⁽¹³⁾

Orthotraumatic disorders in themselves trigger health-disease transition processes. Their consequences, such as post-operative processes, imply significant changes in individual and family life, making it essential to acquire new knowledge and skills so that the person is able to respond safely to the transitions associated with this new condition. From Meleis' theoretical framework, it is possible to conclude that the RNS acts as a facilitator of the transition process, helping the person and family to cope with life changes, promoting a healthy and functional adaptation.

The care plan developed by the RNS with the person and family should consider all the characteristics inherent in the transition process, such as its nature, the facilitating and inhibiting conditions, as well as the response patterns obtained, with the aim of maximizing the person's potential, knowledge and abilities.⁽¹⁾

The RNS's intervention, aligned with the theory of transitions, is essential to transform periods of vulnerability into opportunities for growth and adaptation, acting as an agent of positive change, in the construction of a new normality that confers dignity, autonomy and independence on the person being cared for. The applicability of this theoretical framework has allowed care to be directed at the person, family and community, in accordance with their life projects, in order to overcome the entire transition process to obtain the best health gains.⁽¹⁾

CONCLUSIONS

The use of theoretical references in the practice of the RNS, supported by the instruments that regulate the profession, allow us to guide our practice and strengthen our professional identity, guaranteeing differentiated, well-founded and effective care.

The use of Afaf Meleis' theoretical framework in the orthotraumatology context offers a valuable approach to caring for people in the face of the different transitions they experience. Recognizing the properties of transitions allows the RNS to understand their nature and act as a facilitator in the period of change, planning targeted interventions with the person and family, so that they feel empowered to respond masterfully to new challenges.

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CONFLICT OF INTEREST

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