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Coaching through transition: A challenge for critical care nurses

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According to Meleis and colleagues, the core of nursing practice is to coach patients through transition(s) (1-3). Transitions are passages from one life phase, physical condition, or social role to another, resulting in a temporarily disconnectedness of the normal way of living, which demands an adjustment of the patient and the environment (1,4). As the primary caregivers for patients and their families, nurses need to support, educate and counsel patients, resulting in a successful transition experience for the patient. Furthermore, nurses have to facilitate the development of new skills, knowledge and behaviours in patients to achieve favourable transition outcomes.

Three indicators for successful transition have been described: (i) a subjective sense of well-being perceived by the patient; (ii) mastery of new roles and behaviours necessary to cope with the new situation; and (iii) well-being in relationships that might be disrupted during the period of transition (2). Nurses are assumed to perform specific interventions aiming at preventing unhealthy behaviours, promoting well-being, increasing continuity of care and supporting the patient in achieving a new level of stability and self-esteem (2-4).

Meleis and colleagues have identified four types of transition. First, *health/illness transitions* refer to changes in health status of patients and range from adapting to a chronic illness, returning home from hospitalization, or recovering from surgery (2). Second, *developmental transitions* occur due to standard changes in the developmental stages of life such as adolescence, parenthood or aging. Third, *situational transitions* pertain to environmental, contextual and social changes, such as changing educational or professional roles or altered family situations. Fourth, *organizational transitions* reflect changes in leadership, policies or organizational structures, affecting both personnel and clients of an organization (1,2). Since transitions are complex and multidimensional, patients might experience different transitions simultaneously.

Within the context of an intensive care unit (ICU), several transition processes can be observed. The majority of patients are admitted to an ICU because of an urgent medical situation, needing high-level medical support of vital functions to keep the patient alive. Therefore, patients on ICU will primarily experience a *health/illness transition*, characterized by an acute life-threatening change in health status. Examples of health/illness transitions in patients on ICU are: diagnosis of a disorder that will have a long-term impact on patient's life (e.g. chronic diseases); adaptations to physical limitations that occurred due to an acute illness (e.g. spinal cord injury); or discharge from ICU to step-down units. The term health/illness transition is also used when referring to the transfer of patients across different health care settings, e.g. the transition from hospital to rehabilitation or outpatient treatment (2); or the transition from paediatric to adult-focused care. Indeed, when adolescents are growing older, the paediatric setting may be no longer suitable to provide the appropriate care. Therefore, transfer from paediatric care to an adult-focused health care setting is recommended (6).

This latter form of transition is partly linked to the second form of transition: *developmental transition*. Increasing attention is given to the transition in youngsters with chronic diseases. Adolescence is a developmental stage of life in which adolescents experience a lot of changes. As they move to adulthood, new developmental tasks emerge, such as acquiring a greater independence; and taking up the responsibility for matters of health, health care, and lifestyle choices (5). The developmental transition, in this respect, can be defined as “the process by which adolescents and young adults with chronic childhood illnesses are prepared to take charge of their lives and their health in adulthood. It is an educational process that ideally begins before children reach adolescence and continues until they are capable of taking full responsibility of their care” (7). To facilitate this transition, the development and implementation of transition programmes, in which the patients achieve new skills and behaviours, is advocated (6,8,9). Although there is consensus on the importance of

transfer and transition, the empirical evidence to support a wide implementation is limited (10). Whereas this form of transition is predominantly investigated in chronic diseases, this issue is yet to be studied in the area of critical care.

Third, *situational transition* is also relevant in the context of ICU. However, it is primarily linked to nurses' professional development and to a lesser extent to patients. An example of situational transition is the transition from registered nurse to Advanced Practice Nurse through education and experience (3,4).

Fourth, also *organizational transitions* occur on ICU. Examples are the development of new policies, procedures and practices which might affect nursing care for patients. Also changes in reimbursement of treatments can be considered to be an organizational transition.

In conclusion, coaching of patients through transition is a central concept of nursing (3). Nurses are challenged to consider all significant transitions in patients, and not merely health/illness transition, which is most dominant. This challenge is even bigger for intensive care nurses, because transitions are an understudied area in critical care nursing.

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