



Perspective

# Meleis's Transition Theory in Gerontogeriatric Nursing and the Future Need for Specialized Care

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**Abstract:** With an ageing global population, healthcare systems confront challenges unique to the elderly. Current care models primarily manage health–illness shifts but frequently miss developmental transitions, particularly for older adults. Meleis's transition theory offers an underutilized framework to rejuvenate our gerontogeriatric nursing approach. This article aims to articulate and advocate the value of Meleis's transition theory as a framework for gerontogeriatric nursing, focusing on developmental transitions, thereby seeking a transformative change in the quality of elderly care. The article delves into Meleis's transition theory's vital components—transition types, conditions, and nursing therapeutics. It explores how these can be a multifaceted guide for gauging and overseeing ageing's developmental shifts; adopting this theoretical perspective deepens our comprehension and bears tangible implications. Nurses versed in this theory could appreciate the benefits of a nuanced approach to the elderly, distinguishing it from the conventional biomedical stance. As the demands of an ageing populace grow, the integration of Meleis's transition theory into nursing practices is not merely beneficial but imperative, setting a new standard for comprehensive and specialized elderly care.

**Keywords:** gerontogeriatric; gerontologic care; aged; nurses; nursing theory



**Citation:** Coelho, A.; Lobão, C.; Parola, V.; Almeida, M.d.L.; Queirós, P.; Gonçalves, R.; Sousa, J.P.; Neves, H. Meleis's Transition Theory in Gerontogeriatric Nursing and the Future Need for Specialized Care. *J. Ageing Longev.* **2024**, *4*, 119–127. <https://doi.org/10.3390/jal4020008>

Academic Editor: Francisco Guillén-Grima

Received: 15 March 2024

Revised: 21 May 2024

Accepted: 25 May 2024

Published: 28 May 2024



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## 1. Introduction

The world is ageing at an unprecedented rate [1]. According to the World Health Organization, the number of people aged 60 or older will double by 2050 [2]. This dramatic demographic shift is not just a statistical curiosity; it is a pressing concern that places an increasing burden on healthcare systems worldwide [3]. Hence, these systems must adapt rapidly to meet an older population's unique and complex needs, which differ significantly from younger age groups [4].

As a complex process, ageing involves multiple developmental aspects that impact the life of the elderly [5] exposed to various transitions [6]. These transitions are not merely biological but encompass a range of psychosocial and environmental factors [7]. From body changes to new healthcare needs, from retirement to loss of loved ones, and from changes in physical capabilities to shifts in social roles, the elderly population faces a multitude of transitions that impact their well-being [8].

Over the years, multiple theories have been developed to understand these complex transitions [9]. These include theories like disengagement theory, activity theory, and continuity theory [10]. While these theories provide valuable insights into specific aspects of ageing, they are not inherently nursing theories and thus lack a focus on the complex care nursing brings to healthcare [11]. These theories often concentrate on isolated variables—social engagement, activity, or continuity—and do not provide a comprehensive framework suitable for the multifaceted practice of nursing [12].

In contrast, Meleis's transition theory, formulated initially within the nursing discipline, offers a comprehensive and nuanced framework that captures the full spectrum of transitions in ageing [13,14]. Its focus on types of transitions, transition conditions, processes, and response patterns provides healthcare professionals, particularly nurses, with a structured and unitary approach to understanding and managing these transitions [15,16]. The theory's inherent nursing perspective makes it especially suited to address the complex, multidimensional nature of ageing, thus filling a critical gap in both the theoretical and practical landscapes of gerontogeriatric care [17,18].

Meleis's transition theory has primarily been employed in the dynamic healthcare field to navigate the intricate terrains of health–illness transitions [19]. This usage spans various healthcare niches, from maternity care to chronic illness management and end-of-life care [19]. Within these contexts, the theory serves as a navigational compass, guiding healthcare professionals through the complexities of types of transitions, conditions affecting those transitions, and patterns of response [19]. Yet, its potential extends far beyond these well-trodden paths, particularly into the underexplored territory of developmental transitions in gerontogeriatric nursing [20].

Acknowledging that gerontological nursing can vary significantly across different geographic and cultural contexts is crucial. In the United States, as defined by the American Nurses Association, gerontological nurses are typically registered nurses with advanced practice licensure, focused on meeting older adults' physical, psychological, and spiritual needs across various healthcare settings, emphasizing a person-centered, evidence-based care model. In contrast, in other countries, although gerontological nursing may not be formally recognized as a separate specialty, nurses specializing in chronic care and family health possess significant expertise in life cycle perspective and developmental transitions. This difference in professional structuring underscores the need to adapt theories such as Meleis's transition theory to reflect and respond to local particularities, promoting a more contextualized and effective approach to elderly care.

As health–illness transitions often dominate the academic literature and clinical practice discourse, the equally significant but less explored area of developmental transitions has become overshadowed [21]. Thus, while health–illness transitions focus on the physiological changes and medical conditions that necessitate healthcare intervention, developmental transitions encompass the broader yet more complex changes associated with processual adjustments related to the vital cycle, namely ageing [22]. These can range from psychosocial adjustments such as retirement to shifts in identity and self-image [23].

This scholarly and practical focus on health–illness transitions has led to a compartmentalized rather than unitary view of ageing [24]. This fragmentation belies the interconnected and unique aspects of each individual's ageing experience, creating significant gaps in research and care practices [25]. Although critical, the emphasis on health–illness transitions leaves the comprehensive understanding of developmental transitions in ageing largely untouched [19]. This overview on the ageing process often entails changes in experiential circumstances, leading to authentic situational and sometimes organizational transitions, which should be considered in conjunction and articulation with developmental transitions and changes in health–disease status.

This unaddressed gap underlines the need for a specialized nursing field that adopts a unitary approach to focus on the developmental transitions intrinsic to the ageing process [19]. Meleis's transition theory, with its nuanced framework and inherent flexibility, emerges as a promising foundation for this specialization [20]. By adapting the theory to the specificities of developmental transitions in ageing, nursing practice can evolve to be more individualized and context-sensitive, ultimately transforming gerontogeriatric nursing care through the use of a more integrated and effective nursing discipline [17,18].

Within this context, the urgent need for specialized expertise in gerontogeriatric nursing becomes palpable [26]. The fragmented approach the literature presents, driven by a disproportionate emphasis on health–illness transitions, is not merely an academic shortcoming but a clinical liability. It is precisely this void that this perspective article aims

to address [11]. By centering our discussion around Meleis's transition theory, we seek to fill this critical gap in the literature and practice [15]. Our objective is an academic exploration and pragmatic undertaking [19]. We aim to elucidate how Meleis's transition theory framework towards developmental transitions can provide a more nuanced, individualized, and thus more effective approach to gerontogeriatric care [19].

As we stand on the cusp of a demographic shift towards an older global population, the imperative to evolve our theoretical frameworks and clinical practices in gerontogeriatric nursing is incontrovertible [1]. Meleis's transition theory, with its capacity to encapsulate the complexities of transitions, offers a fertile ground for this evolution [20]. This perspective article aims to catalyze this theoretical and practical shift by probing into the untapped potential of Meleis's transition theory in understanding developmental transitions in ageing. It is an invitation to rethink, reframe, and ultimately transform how we approach gerontogeriatric care.

The primary aim of this study was to explore the application of Meleis's transition theory within gerontogeriatric nursing and to examine its potential to catalyze a paradigm shift in how elderly care is conceptualized and delivered. This article reveals that while Meleis's transition theory is well established in the nursing literature, its application, specifically in gerontogeriatric nursing, particularly to address developmental transitions, remains underexplored. This gap highlights a critical opportunity for enhancing the care of older adults by integrating a more nuanced understanding of transitional care into nursing practice. By advocating for specialized roles in gerontogeriatric nursing, this research underscores the theory's relevance and adaptability to meet the complex needs of an ageing population. As we delve deeper into the discussion, it is essential to consider the practical challenges and systemic changes required to implement these theoretical insights into everyday clinical practice.

## 2. Reevaluating Gerontogeriatric Nursing: Insights and Gaps in the Current Literature

The burgeoning literature in gerontogeriatric studies unequivocally attests to the increasing attention devoted to the ageing population [1]. However, this proliferation of research often masks an alarming trend: the almost myopic focus on health–illness transitions. Despite the extensive body of work that has explored Meleis's transition theory within nursing contexts, much of the current gerontogeriatric research continues to prioritize healthcare protocols meticulously developed to manage prevalent medical conditions in older populations—diabetes, hypertension, and dementia, to name a few [18]. While such initiatives are undeniably indispensable, they inadvertently eclipse other facets of ageing that are of equal if not greater significance [27]. It is essential to recognize that Meleis's transition theory has been a significant study area and continues to be investigated, providing valuable insights into health–illness and developmental transitions, which deserve further attention in current gerontogeriatric practices.

This skewed focus engenders a lopsided healthcare approach wherein medical conditions are assiduously managed, but developmental transitions—equally critical components of an elderly individual's lived experience—are overlooked [28]. These transitions are not merely tangential issues. They involve profound shifts in an individual's life, ranging from the psychosocial complexities of retirement and the emotional toll of social isolation to the multifaceted challenges of assuming new roles, such as becoming a caregiver for a spouse or a grandparent responsible for childcare [27].

It is not merely that these developmental transitions are under-represented in academic literature; their marginalization permeates the entire healthcare ecosystem [29]. Healthcare practitioners, governed by protocols that prioritize medical over developmental issues, often find themselves ill equipped to address the latter [28]. This results in a healthcare system that, despite its advances, remains woefully inadequate in providing unique care that recognizes the interconnectedness of medical and developmental aspects of ageing [27].

The relegation of developmental transitions to footnotes in scholarly articles and healthcare guidelines is not just an oversight; it is a glaring lacuna that impacts the quality

of gerontogeriatric care [29]. This omission manifests in multiple ways, from a lack of training modules focused on managing developmental transitions to a lack of patient-centered communication strategies that incorporate these aspects into routine clinical assessments [28].

Even more concerning is the effect of this oversight on healthcare outcomes [18]. The lack of a comprehensive approach to developmental transitions can exacerbate other health issues, leading to a vicious cycle of deteriorating well-being [29]. For instance, the social isolation stemming from a developmental transition like retirement could intensify mental health conditions, which, in turn, could impact the management of chronic illnesses [18].

This gap in research and practice does more than just fail the elderly—it undermines the essence of gerontogeriatric nursing, which prides itself on offering individualized, person-centered care [28]. By not addressing developmental transitions, we are essentially stripping gerontogeriatric nursing of one of its core tenets: the unitary approach that views each individual as a unique entity experiencing a unique set of transitions at any given time [27].

As nurses, the failure to adequately incorporate developmental transitions into gerontogeriatric studies and practice is a multifaceted problem with far-reaching implications [28]. It is not merely an academic issue to be pondered but a pressing clinical concern that demands immediate redress [29]. We can only aspire to provide truly comprehensive care to the ageing population by acknowledging and addressing this gap.

### 3. Theoretical Foundation: Meleis's Transition Theory

At this juncture, Meleis's transition theory emerges as an alternative and imperative paradigm shift in our conceptual understanding of gerontogeriatric care [30]. Originating within the crucible of healthcare transitions, the theory was initially constructed to offer a navigational framework for healthcare practitioners [31]. Its early applications spanned a variety of healthcare transitions, notably those of health and illness [32]. However, its utility is not confined to these traditionally examined realms; it provides the much-needed scaffolding to explore and understand developmental transitions in the ageing population [33].

The theory's architecture is inherently nuanced, designed to accommodate the complexities of various transitions [30]. This structural adaptability makes the theory well-suited for gerontogeriatric nursing, a field rife with intricate, interconnected transitions beyond the mere physiological [31]. Meleis's transition theory transcends the narrow confines of health-illness models, allowing for a deeper exploration into developmental transitions—areas that have long been marginalized in research and practice [32].

Moreover, Meleis's framework effectively highlights transition conditions and response patterns—elements often marginalized within traditional biomedical models of care. By focusing on these variables, Meleis advocates for a more nuanced understanding of patient care that extends beyond physiological health to include the broader spectrum of transitions experienced by individuals, particularly in gerontogeriatric settings [30]. These elements offer an additional layer of depth, enabling healthcare providers to approach developmental transitions more unitarily [32,33]. The concept of a unitary approach is pivotal here, as it aligns with contemporary nursing philosophies that advocate viewing the patient as a unique, indivisible entity rather than a sum of disparate parts [31].

This unique perspective is not merely theoretical; it has practical ramifications [32]. By adopting such an approach, nurses can develop individualized intervention strategies considering the person's unique circumstances and transitions, thus providing more effective and complex care. It transforms the current protocol-driven care models into a more fluid, adaptable system that recognizes the evolving nature of developmental transitions in the ageing population [33].

The theory's focus on response patterns provides another advantage: It allows for predictive modelling while maintaining personalized care [31]. With adequate data, nurses could potentially predict how certain developmental transitions, such as retirement or

the loss of a spouse, might impact an individual's overall well-being [32]. This predictive capability could be instrumental in developing preventive measures, shifting the focus from reactive to proactive care [30].

Furthermore, Meleis's transition theory offers a lens through which interdisciplinary collaboration can be viewed [33]. A common theoretical language enables smoother communication among nurses from different contexts, facilitating a more integrated and comprehensive approach to care [31].

Meleis's transition theory does more than fill a gap; it extends an invitation to reimagine and reformulate how we perceive and manage developmental transitions in gerontogeriatric nursing [32]. Its multifaceted framework captures the complexities inherent in these transitions and offers actionable insights that could transform the field [30].

#### 4. The Case for Specialized Gerontogeriatric Nursing

This perspective article posits a bold contention: that considering Meleis's transition theory framework towards developmental transitions in ageing is not merely an academic proposition but a call for a fundamental transformation in gerontogeriatric nursing roles. In advocating for specialized roles within gerontogeriatric nursing, this study proposes not just an enhancement of existing medical care but a fundamental reimagining of how care is delivered to elderly populations [33]. This shift goes beyond mere supplementation of current practices and instead positions nursing as a critical, specialized discipline that operates in complement to yet distinct from medical doctors. It emphasizes the unique contributions of nursing to patient care, focusing on holistic and developmental transitions that are crucial yet often overlooked in conventional healthcare paradigms.

The cornerstone of this transformative proposal lies in the specialized roles themselves. These are not to be understood as peripheral extensions of existing nursing responsibilities. Instead, they embody a new ethos in gerontogeriatric nursing that places equal emphasis on developmental transitions rather than a sole approach to health-illness transitions [31]. Such specialized roles would necessitate reconfiguring the current healthcare infrastructure, from educational curricula for nurses to clinical guidelines and protocols.

Nurses trained and specialized in developmental transitions would bring a multifaceted skill set uniquely tailored to address the complex needs of the ageing population. Their roles would transcend the management of medications or management of chronic conditions. These specialized nurses would be equipped to navigate an array of intricate developmental transitions, each carrying its own complexities.

Furthermore, the individualized care paradigm these specialized nurses would bring could be more cost-effective in the long run [30]. Focusing on preventive and transitional care could potentially reduce hospital readmissions and complications related to poorly managed transitions, thereby contributing to overall healthcare savings.

Introducing specialized roles based on Meleis's transition theory also offers interdisciplinary collaboration opportunities. Specialized gerontogeriatric nurses could work with psychologists, social workers, and other healthcare providers, creating a complex and multifaceted care model that acknowledges the multidimensional nature of developmental transitions.

The case for specialized roles in gerontogeriatric nursing focused on developmental transitions is compelling and urgent. Rooted in the robust framework of Meleis's transition theory, these roles have the potential to revolutionize gerontogeriatric care, making it more comprehensive, individualized, and ultimately, more effective.

#### 5. Discussion

The conceptual framework for specialized roles in gerontogeriatric nursing, deeply rooted in Meleis's transition theory, presents a compelling rationale for a transformative shift in healthcare [11]. However, the transition from theoretical articulation to practical implementation is fraught with intricacies that warrant meticulous examination. This

transition would necessitate an overhaul of established healthcare protocols and challenge deeply entrenched institutional norms prioritizing a biomedical model of care [34].

The barriers to implementing specialized roles are multifaceted, requiring equally complex solutions that intersect at the junctions of healthcare policy, educational reform, and clinical practice. Pilot programs, for instance, could serve as crucial test beds for the proposed changes [31]. Equally important is the role of educational initiatives targeted at retraining the existing workforce and gaining this new paradigm into nursing education curricula [35].

Ethical considerations also warrant attention in the quest for specialized roles in gerontogeriatric nursing. As we move towards a more individualized, transition-focused care model, privacy, consent, and autonomy become increasingly pertinent [36].

Community involvement is a crucial facet of this transformative shift in gerontogeriatric nursing. Specialized nurses, including family health nurses, visiting nurses, and community nurses, play pivotal roles globally in developing support systems that facilitate smoother developmental transitions for the elderly. These professionals often work collaboratively with community leaders and organizations to tailor care that meets the specific needs of older adults. This approach underscores the need for integrated care and highlights the importance of multidisciplinary teamwork. Such collaboration is essential to ensure comprehensive care delivery that encompasses not just medical needs but also social and emotional support, thus enhancing the overall well-being of the elderly [37].

The role of technology in this envisioned future cannot be underestimated. Incorporating technology into care protocols would enhance the efficiency of service delivery and extend the reach of specialized care to remote or underserved populations [38].

In the sphere of healthcare policy, advocacy assumes a critical role [39]. Armed with data from pilot programs and academic research, policy advocates must navigate the labyrinthine decision-making corridors to engender systemic change.

A pressing imperative that emerges from this discussion is the need for robust empirical research to validate these conceptual propositions [40]. Future research should employ a mixed-methods approach, leveraging qualitative and quantitative methodologies to capture the multidimensional impact of specialized nursing roles on the ageing population's developmental transitions.

Lastly, the implications of this transformation extend beyond the local or national context; they resonate on a global scale [1]. The journey toward realizing specialized roles in gerontogeriatric nursing guided by Meleis's transition theory is undoubtedly arduous but unquestionably necessary. It calls for a concerted effort from stakeholders across various domains—educators, clinicians, policymakers, and researchers—to transcend traditional boundaries and collectively chart a new course [41].

Regarding the limitations of this study, it is important to note that this perspective article aims to explore and advocate for the application of Meleis's transition theory within gerontogeriatric nursing, focusing on developmental transitions. Given the nature of a perspective paper, this manuscript does not seek to perform a systematic review of the literature. Instead, it aims to provide a reflexive examination of the theory in the context of current and historical perspectives. Consequently, while we have incorporated recent research to substantiate the theory's current applications and relevance, we also rely heavily on seminal works by Meleis and others that are foundational to understanding the theoretical framework. These classical references are essential to appreciate the origins and evolution of transition theory and to articulate its enduring relevance in nursing practice.

Moreover, the discussion predominantly centers on theoretical applications and conceptual explorations, which may limit direct empirical validations presented in this article. However, this approach is deliberate, aiming to stimulate academic discussion and further empirical studies rather than concluding definitive clinical applications. This perspective encourages a deeper consideration of transition theory's potential, inviting future research to empirically test and expand upon the theoretical conjectures presented here.

## 6. Conclusions

As the global demographic ages, gerontogeriatric nursing stands at a pivotal juncture. The expanding needs of an older population underscore the urgency to adapt and innovate within healthcare frameworks. This paper has demonstrated the practical necessity of integrating Meleis's transition theory into contemporary gerontogeriatric nursing practice, particularly emphasizing developmental transitions, which have historically been under-represented in care strategies. By focusing on these transitions, this approach not only anticipates the complex needs of the elderly but also promotes a comprehensive care model that enhances their quality of life and well-being.

Meleis's transition theory provides a robust theoretical foundation instrumental in redefining how we approach gerontogeriatric care, offering a paradigm that integrates health–illness and developmental transitions. The call for integration is not just theoretical but a practical necessity that necessitates collaborative efforts spanning research, policy development, and community engagement. This integrated approach ensures that the proposed theoretical advancements translate into useful outcomes that benefit the ageing population. To advance this field, future research should focus on empirical studies that validate the application of Meleis's transition theory in diverse gerontogeriatric settings. Such research will deepen our understanding of the theory's practical implications and refine the strategies for its implementation, thus bridging the gap between theory and practice. These studies are crucial for preparing healthcare professionals to create personalized care plans that consider the psychological, social, and biological aspects of ageing, enhancing both patient outcomes and caregiver satisfaction.

In conclusion, adopting Meleis's transition theory in gerontogeriatric nursing is essential for developing a healthcare system that can meet the nuanced needs of an ageing society. This approach sets the groundwork for a shift in gerontogeriatric nursing that is as scientifically grounded as it is impactful, ensuring a dignified ageing process for all. By weaving this theory into the fabric of gerontogeriatric nursing, we set a new standard in healthcare that is as compassionate as comprehensive, thereby profoundly influencing policy and practice in elder care.

**Author Contributions:** Conceptualization, A.C., C.L., V.P., M.d.L.A., P.Q., R.G., J.P.S. and H.N.; methodology, A.C., C.L., V.P., M.d.L.A., P.Q., R.G., J.P.S. and H.N.; investigation, A.C., C.L., V.P., M.d.L.A., P.Q., R.G., J.P.S. and H.N.; writing—original draft preparation, H.N.; writing—review and editing, A.C., C.L., V.P., M.d.L.A., P.Q., R.G., J.P.S. and H.N.; visualization, M.d.L.A. and P.Q.; supervision, A.C. and H.N. All authors have read and agreed to the published version of the manuscript.

**Funding:** This research received no external funding.

**Institutional Review Board Statement:** Not applicable.

**Informed Consent Statement:** Not applicable.

**Data Availability Statement:** Not applicable.

**Acknowledgments:** The authors acknowledge the support provided by Health Sciences Research Unit: Nursing (UICISA: E), hosted by the Nursing School of Coimbra (ESENfC), and the ciTechCare, School of Health Sciences, hosted by the Polytechnic of Leiria.

**Conflicts of Interest:** The authors declare no conflicts of interest.

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