

Effectiveness of Transition Theory-Based Interventions on Outcomes of Nursing Care: A Scoping Review

Abstract

Background: Transition theory addresses the experiences of coping with changes in stages, roles, identities, situations, or positions. It emphasizes understanding the nature of these changes, facilitating and supporting the experience and response at various stages, and maintaining health before, during, or after the transition process. This study examined the effects of “transition theory-based interventions” on nursing care outcomes. **Materials and Methods:** This scoping review followed the methodology proposed by Arksey and O'Malley. A comprehensive search was conducted across ProQuest, Scopus, PubMed, ScienceDirect, ResearchGate, and Google Scholar to identify studies where transition theory-based interventions were utilized as an independent variable in interventional designs. Identified studies underwent a four-stage screening process, and the final selection was made based on predefined inclusion and exclusion criteria. The screening process is detailed in the PRISMA diagram. **Results:** Of the 476 articles initially identified, 24 were shortlisted for further review. After applying the inclusion criteria, 11 studies focusing on care interventions grounded in transition theory were included. These comprised five randomized clinical trials and six quasi-experimental studies. A synthesis of the findings revealed that transition theory-based interventions significantly improved various outcomes, including quality of life, hope, self-efficacy, readmission rates, caregiver burden, and role mastery. **Conclusions:** Implementing nursing care interventions grounded in nursing theories, such as transition theory, is critical to bridging the gap between theory and practice. Transition theory-based care tailored to individuals undergoing diverse transitional experiences can enhance positive outcomes in nursing care.

Keywords: Health transition, nursing, nursing theory, transitional care, transition elements

Introduction

Transition theory generally serves as a framework to describe the experiences of individuals who face, live with, and cope with life events, situations, or developmental stages. In the course of these changes, new skills, emotions, goals, behaviors, or functions become necessary.^[1] Transition is a process that begins with a change and may involve different perceived impacts for different individuals. Consequently, the experiences related to such changes can vary widely.^[2]

Transition is typically linked to the philosophy of comprehensive care—one of the key concepts in nursing practice.^[2] Comprehensive care entails gaining an extensive understanding of patients and their care needs, which carries significant implications for healthcare systems.^[3] Moreover, it promotes a deeper

appreciation of how diseases affect patients' complex, real-life needs as well as patients' responses.^[4]

The application of nursing theories has been demonstrated to enhance care quality, bridge theory–practice gaps, improve the effective use of nursing skills, and guide nursing interventions aligned with care standards.^[5] Additionally, theories and models can be used to develop interventions, guide research designs, and inform evaluation processes.^[6] According to Meleis, theories are derived from clinical experiences^[7] and transition theory is considered a guide for clinical practice.^[2] Transition has been defined as the “passage

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How to cite this article: Estakhri RK, Ezbarami ZT, Peyrovi H, Leyli EK, Isanazar A, Fakhrmousavi SA, *et al.* Effectiveness of transition theory-based interventions on outcomes of nursing care: A scoping review. Iran J Nurs Midwifery Res 2025;30:461-7.

Submitted: 20-Jul-2024. **Revised:** 21-Jan-2025.

Accepted: 03-Feb-2025. **Published:** 24-Jul-2025.

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Access this article online

Website: <https://journals.iwwo.com/jnmr>

DOI: 10.4103/ijnmr.ijnmr_233_24

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from one life phase, condition, or status to another”.[5,8] The main concepts in transition theory encompass transition types and patterns, transition properties, transition conditions (i.e., facilitators and inhibitors), response patterns (process and outcome indicators), and nursing therapeutics.[8] Within this framework, transition types include developmental, health/illness-related, situational, and organizational. The defining characteristics of a transition experience comprise five sub-concepts: Awareness: Perception, knowledge, and recognition of the transition experience;[9] Involvement: The degree of an individual's participation in the transition process;[9] Change and difference: Shifts in identity, roles, relationships, abilities, and behaviors;[10] Period: Fluctuations over a certain period as one progresses from instability, confusion, and distress to eventual resolution and a new state of stability[11] and Critical points and events: Markers such as birth, death, menopause, or a medical diagnosis.[11]

Furthermore, transition conditions refer to personal, social, or societal factors that facilitate or impede an individual's transition experience.[8] Patterns of response can be understood as process and outcome indicators: process indicators prompt nurses to perform initial assessments and interventions to achieve desired outcomes, whereas outcome indicators measure the success of the transition.[11] The central aim of nursing interventions is thus to conceptualize and address the potential difficulties individuals may encounter throughout their transition experiences. Preventive and therapeutic interventions are therefore vital for supporting patients in such circumstances.[1]

Nurses often manage the changes and transitions that people undergo during care. According to Meleis, nurses' care during critical transition periods aims to enhance health outcomes.[8] One part of the transition experience is employing interventions to facilitate the transition, improve health status, and control the consequences of change. In this regard, the transition theory provides knowledge, skills, and strategies that enable individuals to adapt to and manage transitions more effectively, thereby improving associated outcomes.[2] As such, transition theory-based nursing care programs can empower individuals, improve disease management and control, and reduce both short- and long-term complications.[2] Moreover, the transition theory offers a suitable framework for developing research questions and establishing guidelines for effective nursing care before, during, and after transitions.[1] Employing transition theory as a conceptual framework in practice thus helps nurses gain a comprehensive understanding of individuals' beliefs, perspectives, and experiences, enabling them to provide specialized care tailored to patient needs.[1] Transition theory has been applied through various interventions in multiple studies and has demonstrated its effectiveness among women,[12] children,[13] patients with chronic illnesses, such as Heart Failure (HF)[14] and cancer,[15] and caregivers.[16] However, no study has yet

examined the outcomes of transition theory-based care. Accordingly, this study aimed to perform a scoping review of interventional studies in which transition theory served as an independent variable influencing care outcomes.

Materials and Methods

This study was conducted from July 2023 to September 2024 and employed a scoping review methodology, a systematic and iterative approach that focuses on the core concepts within a given research topic and seeks to identify the main sources and types of existing evidence. Scoping reviews are often performed for complex topics that have not been thoroughly investigated.[17] Arksey and O'Malley (2005) first introduced the principal framework of scoping reviews, which was used in the present study.[18] The primary objective of this literature review was to identify all interventional studies based on transition theory from 2000 (when transition theory was first proposed in the literature) to the present. The scoping review was guided by the following question: “*What are the effects of Transition Theory-based interventions as an independent variable on care outcomes?*”

Consequently, the concepts related to the research topic and main question were searched in the titles, abstracts, and keywords of relevant articles, with no time limitations. To prevent duplication, all retrieved articles were recorded with their authors' names, publication year, and titles.

A broad review was conducted using the following keywords: *Nursing AND (Health Transition OR Transitional Care OR Transition Elements OR Nursing Theory)* in Farsi in the Scientific Information Database (SID) and Magiran, and *Nursing AND (Health Transition OR Transitional Care OR Transition Elements OR Nursing Theory)* in English in PubMed, Embase, Scopus, Web of Science, and Google Scholar. A wide and minimally restricted search strategy was adopted to identify existing interventional studies. Diagram 1 illustrates the article selection process.

The inclusion criteria were as follows: (1) articles written in Farsi or English, (2) interventional research design, (3) transition theory-based intervention as the independent variable, (4) publication date from 2000 onward, and (5) availability of the full text.

Ethical considerations

This study was approved by the Ethics Committee of Guilan University of Medical Sciences, Rasht, Iran (code no. IR.GUMS.REC.1402.009). The manuscript contains no plagiarism. Due to the nature of this study, formal ethical approval was not required.

Results

A total of 476 articles were retrieved in the initial literature search. After excluding duplicates and restricting the selection to studies employing transition theory-based

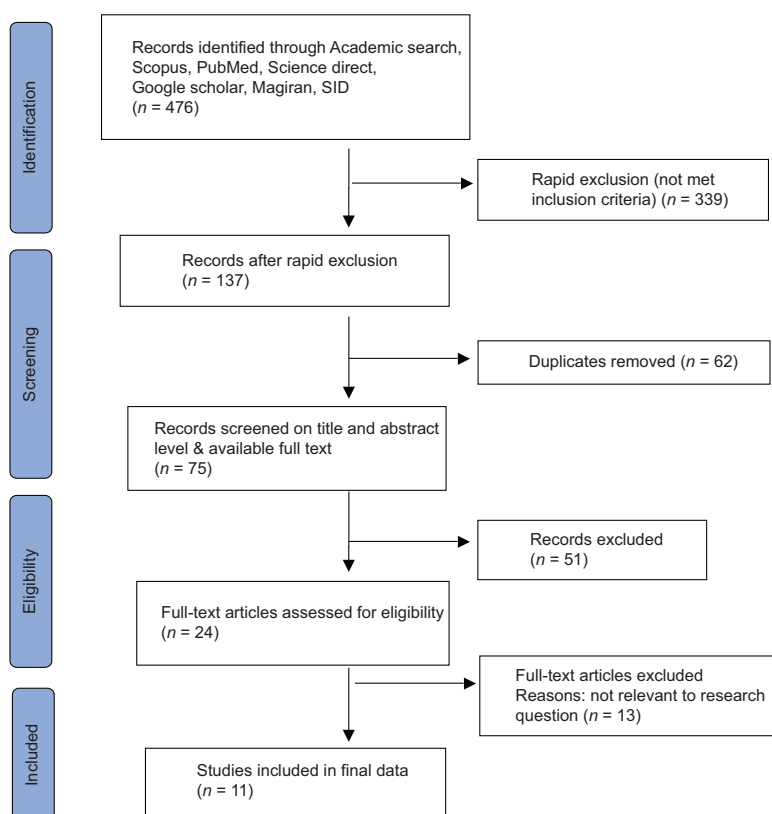


Diagram 1: PRISMA diagram of screening process and selection of articles

interventions with an interventional research design, 24 articles remained for further review. Subsequently, applying the inclusion criteria reduced the final count to 11 articles [Diagram 1]. Detailed information on the selected studies—including author(s), publication year, setting, research aims, participants, methods, sample sizes, outcomes, and intervention duration is summarized in Table 1.

In total, 11 articles examined the effects of transition theory-based interventions: 5 randomized clinical trials (RCTs) and 6 quasi-experimental studies. These studies were conducted with diverse populations, including postmenopausal women, children with asthma, pregnant women, patients with chronic non-communicable diseases, patients with breast and stomach cancers, older adults and their caregivers, individuals with stroke, patients with stomach cancer who had undergone gastrectomy, caregivers of patients with Alzheimer's disease (AD), and patients with heart failure (HF) and their caregivers. The primary variables evaluated across these groups were self-efficacy, Quality of Life (QoL), hospital readmissions or unplanned visits, and caregiver burden. Additional variables addressed included hope, nutritional quality, and stress-coping strategies. Overall, the findings demonstrated that transition theory-based interventions positively influenced the measured outcomes.

Discussion

This scoping review aimed to investigate the impact of transition theory-based interventions in nursing practice on

care outcomes. The results revealed that such interventions can significantly improve Quality of Life (QoL) and hope, enhance self-efficacy and role mastery, and reduce both patient readmissions and caregiver burden.

Several studies included in this review demonstrated the positive influence of transition theory-based interventions on QoL and hope. Because QoL is a key factor in health-related conditions, it was assessed in one study of postmenopausal women before and after theory-based nursing approaches, showing significant improvements in menopause-specific QoL scores in the experimental group.^[12] Likewise, participants with breast and stomach cancers also reported better QoL outcomes following transition theory-based interventions.^[21] Another study, Zhang *et al.*^[26] examined an Orem's Self-Care Theory-based intervention among patients with rectal cancer, noting significant effects on hope and QoL. Similarly, in a study of Iranian patients with hypertension (HTN), self-care training founded on Orem's Self-Care Theory enhanced QoL.^[27] Moreover, caregivers of patients with Alzheimer's disease (AD) exhibited higher hope levels following a transition theory-based intervention.^[24] According to Kurtgöz *et al.*,^[28] nursing care based on Watson's Theory of Human Caring reduced hopelessness among family caregivers of patients in palliative care.

Increased self-efficacy was another finding supported by this scoping review. Several studies highlighted that transition

Table 1: Table of selected articles

Author(s)	Year of Publication	Country	Research Objective	Participants	Research Method	Sample Size (Control)	Sample size (intervention)	Outcomes	Duration of Intervention
Eyimaya & Tezel. ^[12]	2021	Turkey	Determining the impact of applied nursing approaches based on transition theory on menopause-specific quality of life.	Women aged 45 to 54	RCT	38	38	Menopause-specific quality of life	7 weeks
Ekim & Ocakci ^[13]	2016	Turkey	Investigating the effectiveness of a nurse-led discharge preparation program based on transition theory on childhood asthma management.	Children with asthma	Quasi-experimental	60	60	Parent asthma management self-efficacy, unplanned readmissions, emergency department visits, and unscheduled outpatient visits	3 months
Dudukcu & Arslan ^[19]	2022	Turkey	Evaluating the effect of the Health Promotion Monitoring Program, consisting of four modules applied in individual sessions based on Meleis' Transition Theory, on maternal-fetal attachment, parental self-efficacy, and infant development.	Pregnant women at 36 and 40 gestational weeks	RCT	22	32	Maternal-infant attachment, parental self-efficacy, and infant development	7 months
Al-Fayyadh <i>et al.</i> ^[20]	2022	Iraq	Determining dominant smoking triggers and examining the effects of a tailored nursing intervention on smoking behavior in patients with non-communicable chronic diseases (cardiovascular disease, diabetes, cancer, and chronic lung disease).	Patients with non-communicable chronic diseases (cardiovascular disease, diabetes, cancer and chronic lung disease)	Quasi-experimental	64	64	Smoking behavior	10 weeks
Lai <i>et al.</i> ^[21]	2015	Hong Kong	Assessing the feasibility of subject recruitment, care, and data collection procedures and exploring the acceptability of this program.	Patients with breast and stomach cancer	Quasi-experimental	5	-	Quality of life, self-efficacy, symptom experiences, and satisfaction with care	4 weeks

Contd...

Table 1: Contd...

Author(s)	Year of Publication	Country	Research Objective	Participants	Research Method	Sample Size (Control)	Sample size (intervention)	Outcomes	Duration of Intervention
Fang <i>et al.</i> ^[22]	2022	Taiwan	Testing the effectiveness of an intervention from the perspectives of healthcare providers, older patients, and their family members.	Health care providers, elderly patients and their caregivers	RCT	20 health care providers and 42 patients and caregivers	18 health care providers and 42 patients and caregivers	Communication confidence, quality of life, family caregiving burden, readmission, and ADL	1 months
Kosasih <i>et al.</i> ^[23]	2020	Indonesia	Developing and evaluating a nursing therapeutics program to facilitate stroke patients' transition.	Patients with stroke	Quasi-experimental	42	42	Knowledge of stroke, skills of family caregivers, and role supplementation	From the third day of hospitalization to one month after discharge
Lim <i>et al.</i> ^[15]	2021	Korea	Evaluating the effects of a nurse-led navigation program for gastric cancer patients who underwent gastrectomy.	Gastric cancer patients who underwent gastrectomy	Quasi-experimental	23	22	Distress, nutritional status, quality of life, and patient satisfaction	3 months
Duggleby <i>et al.</i> ^[24]	2017	Canada	Evaluating the effectiveness of an online care program on increasing hope, self-efficacy, and quality of life in caregivers of Alzheimer's patients.	Caregivers of patients with Alzheimer's disease	RCT	90	90	Hope, self-efficacy, quality of life	3 months
Chiang <i>et al.</i> ^[14]	2012	Taiwan	Evaluating the effectiveness of nursing-led transitional care combining discharge plans and telehealth care, compared to traditional discharge planning only, on caregiver burden, stress mastery, and family function in caregivers of heart failure patients.	Family caregiver of patients with heart failure and patients with heart failure	Quasi-experimental	30	30	Caregiver burden, stress mastery, and family function	30 days
Bilgiç & Bozkurt ^[25]	2024	Turkey	Assessing the impact of online newborn care education and postpartum counseling based on Meleis' transition theory on mothers' readiness for newborn care and breastfeeding.	Pregnant women	RCT	50	50	Breastfeeding success, preparation for motherhood	2 consecutive online sessions

theory-based interventions enhanced self-efficacy among caregivers of patients with AD,^[24] patients with stomach and breast cancers,^[21] pregnant women at 36–40 weeks' gestation,^[19] and the parents of children with asthma.^[13] In a separate investigation, Terp *et al.*^[29] found that a Cognitive Behavioral Therapy (CBT)-based stress management program significantly increased self-efficacy in nursing students. Additionally, Zhang *et al.*^[30] explored the outcomes of a transitional nursing care program for patients with coronary artery disease (CAD), reporting improved self-efficacy.

Several articles reported that transition theory-based interventions significantly reduced readmissions, notably in children with asthma^[13] and older adults.^[22] A study by Sarbooz Hossein Abadi *et al.*^[31] focused on the effect of a discharge program grounded in Self-Determination Theory on lifestyle and readmissions in heart failure (HF) patients, finding that readmission rates dropped notably in the intervention group. Similarly, a systematic review by Rasmussen *et al.*^[32] confirmed that transitional care interventions could reduce readmissions among older adults.

This review also found that transition theory-based interventions alleviated burden among caregivers HF patients^[14] and older adults.^[22] In line with this, Dağdelen *et al.*^[33] reported that a postoperative home care intervention rooted in the Theory of Dependent Care enhanced self-care in patients with brain tumors and diminished caregiver burden. Similarly, a family-centered care program developed from Neuman's Systems Theory lowered caregiver burden among families of post-stroke patients.^[34]

Finally, transition theory-based interventions positively influenced adaptation to new roles following a transition, such as in stroke patients^[23] and the caregivers of HF patients,^[14] with the intervention groups showing significantly improved outcomes. These findings underscore the positive impact of transition theory-based nursing practice. In a related study, Younas *et al.*^[35] concluded that nursing interventions guided by nursing theories were more beneficial than traditional practices and emphasized the importance of theory-guided nursing. Along similar lines, Annette *et al.* advocated for theory-guided practice, particularly the Theory of Adaptation, noting that such programs improve comprehensive well-being, address ethical dilemmas, and support nurse retention.^[36]

A comprehensive quality assessment of the selected studies was not performed; instead, the inclusion of studies was determined by their relevance to the research question and the availability of evidence. Additionally, some relevant studies may have been excluded due to language restrictions.

Conclusion

Overall, the findings suggest that transition theory-based interventions, as an independent variable, positively affect

hope, patient satisfaction, role mastery, QoL, self-efficacy, hospital visits and readmissions, attachment, problem management, and burden in individuals undergoing transition and their caregivers. Given the importance of supporting individuals experiencing transitions, such interventions may facilitate a healthier transition process. Future investigations could include a meta-analysis of interventional studies based on transition theory. Additionally, a meta-synthesis is recommended for qualitative research in this area, further elucidating the application of transition theory.

Acknowledgments

This review was part of a nursing Ph.D. dissertation which was carried out under the title “Designing, implementation and evaluation of nursing care program based on Transition Theory in patients with myocardial infarction: A mixed method study”, thesis number 9943 and at Guilan University of Medical Sciences.

Financial support and sponsorship

Guilan University of Medical Sciences

Conflicts of interest

Nothing to declare.

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