

Transition from paediatric to adult care for chronic diseases may cause insecurity and unpreparedness for new relationships and surroundings

10.1136/eb-2014-101780

Thelma Begley

School of Nursing and Midwifery, Trinity College Dublin, Dublin, Ireland

Correspondence to: Thelma Begley, School of Nursing and Midwifery, Trinity College Dublin, 24 D'Olier St, Dublin 2, Ireland; tbegley@tcd.ie

Commentary on: Fegran L, Hall EO, Uhrenfeldt L, *et al.* Adolescents' and young adults' transition experiences when transferring from paediatric to adult care: a qualitative meta-synthesis. *Int J Nurs Stud* 2014;51:123–35.

Implications for practice and research

- Challenges associated with the transition from paediatric to adult care are experienced by young people, parents and healthcare professionals.
- Poorly managed transition has long-term consequences for the health of young people.
- Additional research in successful transition programmes to identify factors contributing to success would be beneficial.

Context

Transition of young people from child to adult healthcare services has been the subject of much research. Despite the available evidence, young people continue to experience difficulties when transferring to adult care. Much of the previous research has focused on children and young people with specific conditions and has used small sample sizes, which limit the ability to generalise results. Two previous systematic reviews on transition have been undertaken^{1,2}; however, there is still no consensus about the most appropriate age or method for transition, or how transition is best implemented.^{1–3}

Methods

A five-step qualitative meta-synthesis was undertaken.⁴ To be included in the review, studies had to meet the following criteria: the study focused on the experiences of adolescents or young people when transferring from paediatric wards to adult wards; the study included participants with a somatic chronic disease; the study was published in English, German or a Nordic language.

Studies were located by searching key databases (including PubMed, CINALH, Scopus) between 1999 and November 2010 using systematic keyword searches; additional studies were located through other sources. Three hundred and ninety-eight study titles were screened. A total of 18 studies were included in the review, resulting in a total sample size of 368 participants. Qualitative meta-summaries and meta-synthesis were used to analyse data. Extracts from young adults' accounts and primary

researchers' interpretations of young adults' experiences were extracted from the studies and analysed using NVivo V.9 qualitative data analysis software.

Findings

Fegran and colleagues identified the following overarching theme that emerged from the data analysis, 'being in limbo moving from familiar to unknown ward cultures and achieving responsibility'. The four associated subthemes were: 'facing changes in significant relationships', 'moving from familiar to an unknown', 'being prepared for transfer' and 'achieving responsibility'. Age of transfer from paediatric to adult care in the studies reviewed ranged from 14 to 22 years.

Commentary

Meta-synthesis of qualitative studies means that individual study findings are strengthened and findings can be transferred across conditions and settings. While the meta-summaries and meta-synthesis has not extended what is already known about transition from paediatric to adult care, Fegran and colleagues findings strengthen and draw together current research.

Previously the recommended age for initiating the transition process was 14 years.⁵ This review recommends that the onset of preparation begins at 16 years and that the best age for transition is 18–19 years or older. This may be a better timeframe than previously suggested, as it is recognised that young adults with long-term conditions may not be as developed socially as their healthy peers.⁶

Despite research, young people continue to have difficulties during the transition from paediatric to adult care. Barriers to successful transition that have been identified include lack of recognition of the importance of the transition process, poor collaboration between young people, their families and health professionals and lack of education about the needs of young people for adult health professionals.⁶ Practice needs to change to ensure young people are at the centre of care and the transition process. Training and preparation of all healthcare professionals involved in the transitional care of young people, as well as a structured transition programme, is the key to successful transition.

Competing interests None.



References

1. Crowley R, Wolfe I, Lock K, *et al.* Improving the transition between paediatric and adult healthcare: a systematic review. *Arch Dis Child* 2011;96:548–53.
2. Lugasi T, Achille M, Stevenson M. Patients' perspective on factors that facilitate transition from child-centered to adult-centered health care: a theory integrated metasummary of quantitative and qualitative studies. *J Adol Health* 2011;48:429–40.
3. Al-Yateem N. Guidelines for the transition from child to adult cystic fibrosis care. *Nurs Child Young People* 2013;25:29–34.
4. Sandelowski M, Barroso J. *Handbook for synthesising qualitative research*. New York: Springer, 2007.
5. American Academy of Pediatrics; American Academy of Family Physicians; American College of Physicians–American Society of Internal Medicine. A consensus statement on health care transitions for young adults with special healthcare needs. *Pediatrics* 2002;110:1304–6.
6. Ishizakil Y, Maru M, Higashino H, *et al.* The transition for adult patients with childhood-onset chronic diseases from pediatric to adult healthcare systems: a survey of the perceptions of Japanese pediatricians and child health nurses. *Biopsychosoc Med* 2012;6:8.