

Transition: inevitable, special, extraordinary, and uncertain

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I am in a process of transition, albeit quite a modest one, moving from offices based in a building that started life as a Nurses Home in 1914 and where I actually lived for a brief period in the mid-1980s. My office holds memories of past occupancy like the clear mark of an iron on the parquet flooring. I imagine that the nurse—or more likely the Sister judging on the fairly capacious size of the room—who occupied ‘my office’ had overslept and was in a something of a panic as she kneeled on the floor ironing the creases out of her uniform before heading off for a shift. Along with the move to a new 21st-century hospital, research and education are on the move to a new building, and we’re in transition. We’re excited about the new move and uncertain about what it will bring. There’s some sense of trepidation about the move, and there are processes to be gone through, not least the mandatory induction training about how to access the new building as well as the issuing of new badges.

Whilst transition is an inevitable part of life—a ‘passage or change from one place, or state, or set of circumstances to another’ (Jarrett, 2000: 41)—it is inherently unsettling. The move I and my colleagues face is minor compared to the much more major shift for the children, young people, their families, the clinical and support staff who are moving across to a new clinical site. The transition from the old but the much loved building which feels like ‘home’ to the all new, all-singing, all-everything hospital is going to be something of an emotional wrench for children, families and staff who are familiar with the ‘old Alder Hey’. The design of the new hospital ‘Alder Hey in the Park’ has been inspired by children, and engaging children in the design of the building is something that would never have crossed the minds of the architects designing the 1914 version.

Whilst this transition is exceptional, special and extraordinary, the children we care for and their families face transitions every day that attract much less razzamatazz, and yet they are every bit as exciting and daunting. When I started nursing, ‘transition’ did not really exist as a concept. Of course, children moved from children’s services to adult services between tertiary and secondary settings and between different services within the same setting and into palliative care. However, we paid little attention to the emotional toll that transition can have on children and families, the fears and anxieties engendered by transition, and the attributes such as flexibility and resilience that are required to transition ‘successfully’ and for the ‘accepting’ services to successfully continue their care and support. Ladores’ (2015) concept analysis of

health-care transition in adolescents with chronic conditions provides an excellent overview of some of the challenges that young people face. Transition is not easy and much of the evidence suggests that young people's experiences of transition to adult services can be both variable and problematic (Wright et al., 2015). Manhas and Mitchell's (2012: 233) work examines the experiences of the adults involved in transitioning ventilator-dependent children from hospital to home, and their findings reflect the 'extremes and uncertainty in bridging boundaries' and the 'extraordinariness' of the process.

My own planned move from one office to a new, shared desk space about 400 yards away in a different building is a tiny adjustment to make. It hardly seems worth talking about apart from the fact that it made me stop and think (and share my thoughts). Stopping and thinking is a really worthwhile process especially if it helps us to envisage the lives of the children and families for whom we care.

References

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