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Original Article

Health-illness transition experienced by mothers of children with Type 1 Diabetes *Mellitus* based on Meleis' theory

Transição saúde-doença de mães de crianças com Diabetes *Mellitus* Tipo 1 à luz da teoria de Meleis

Transición salud-enfermedad de madres de niños con Diabetes *Mellitus* Tipo 1 a la luz de la teoría de Meleis

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ABSTRACT

Objective: To analyze the health-illness transition experienced by mothers of children with type 1 Diabetes *Mellitus*, based on Afaf Meleis' Transitions Theory. **Method:** This is a descriptive, qualitative study performed with 17 mothers of children with Type 1 Diabetes *Mellitus* at a reference hospital in Alagoas, between March and July 2025. Data collection was carried out through interviews, and the material was analyzed using thematic content analysis. The research was approved by the Ethics Committee. **Results:** The health-illness transition emerged as a complex process, shaped by facilitating and inhibiting conditions; elements such as family support, faith, and health education acted as facilitating factors, promoting adaptation and confidence, while socioeconomic vulnerability, emotional overload, and isolation acted as inhibiting factors, hindering a smooth transition. **Final considerations:** The maternal experience emphasizes nursing's contribution to supporting healthy transitions. Professional practice grounded in education and emotional support is essential for enhancing care, fostering adaptation and autonomy, and improving quality of life for both mother and child.

DESCRIPTORS:
Diabetes Mellitus, type 1; Mother-Child Relations; Nursing Theory.

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RESUMO
Objetivo: Analisar a transição saúde-doença vivenciada por mães de crianças à luz da Teoria das Transições de Afaf Meleis. **Método:** Estudo descritivo, qualitativo, realizado com 17 mães de crianças com Diabetes *Mellitus* Tipo 1 em um hospital de referência de Alagoas, entre março e julho de 2025. A coleta de dados ocorreu mediante entrevista, sendo o *corpus* submetido à análise de conteúdo temática. A pesquisa foi aprovada pelo Comitê de Ética. **Resultados:** A transição saúde-doença revelou-se um processo complexo, influenciado por condicionantes facilitadores e inibidores; fatores como suporte familiar, fé e educação em saúde emergiram como facilitadores promovendo a adaptação e a confiança. Em contrapartida, a vulnerabilidade socioeconômica, sobrecarga emocional e isolamento, atuaram como inibidores, dificultando a fluidez da transição. **Considerações finais:** A experiência materna ratifica a importância da enfermagem na condução de transições saudáveis. A atuação profissional pautada na educação e suporte emocional é determinante para fortalecer o cuidado, favorecer a adaptação, a autonomia e a qualidade de vida do binômio mãe-filho.

DESCRITORES:
Diabetes Mellitus tipo 1; Relação Mãe-filho; Teoria de Enfermagem.

RESUMEN
Objetivo: Analizar la transición salud-enfermedad vivida por madres de niños a la luz de la Teoría de las Transiciones de Afaf Meleis. **Método:** Estudio descriptivo, cualitativo, realizado con 17 madres de niños con Diabetes Mellitus Tipo 1 en un hospital de referencia de Alagoas, entre marzo y julio de 2025. La recolección de datos se llevó a cabo mediante entrevistas, y el corpus fue sometido a un análisis de contenido temático. La investigación fue aprobada por el Comité de Ética. **Resultados:** La transición salud-enfermedad se reveló como un proceso complejo, influenciado por condicionantes facilitadores e inhibidores; factores como el apoyo familiar, la fe y la educación en salud surgieron como facilitadores que promueven la adaptación y la confianza. Por el contrario, la vulnerabilidad socioeconómica, la sobrecarga emocional y el aislamiento actuaron como inhibidores, dificultando la fluidez de la transición. **Consideraciones finales:** La experiencia materna ratifica la importancia de la enfermería en la conducción de transiciones saludables. La actuación profesional basada en la educación y el apoyo emocional es determinante para fortalecer el cuidado, favoreciendo la adaptación, la autonomía y la calidad de vida del binomio madre-hijo.

DESCRIPTORES:
Diabetes Mellitus tipo 1; Relação Madre-hijo; Teoría de Enfermería.

INTRODUCTION

Receiving a diagnosis that a child has type 1 diabetes mellitus (T1DM) constitutes a highly impactful event in family dynamics, triggering a health-illness transition affecting both the child and primary caregivers, particularly mothers[1]. Experiencing this process demands significant adjustments in family roles, daily routines, and priorities, as family members are required to integrate ongoing care practices into everyday life[1-2].

Early reactions to diagnosis are often characterized by fear, insecurity, and uncertainty, underscoring the need to gain knowledge to master disease management skill, including insulin administration, carbohydrate tracking, and glucose monitoring, essential elements for promoting a healthy transition[3-4].

Mothers' daily lives undergo profound changes, requiring a reorganization in meal routines and regular attendance at outpatient appointments. Afaf Meleis' theoretical framework emphasizes that successful adaptation occurs when mothers develop competence, confidence, and mastery in caregiving, integrate it into family life, and promote the child's well-being[1].

According to the framework, transition involves periods of instability and reorganization, during which individuals must reassess meanings and develop skills to manage significant changes in their roles, identity, and social context[6]. In this context, a chronic illness diagnosis in a child constitutes a health-illness transition, requiring caregivers to quickly adapt to treatment demands and manage the condition effectively.

Collaborative, multiprofessional action, with nursing at the forefront, is vital for supporting a healthy transition through continuous guidance, education, and personalized follow-up[1]. This coordinated care process supports families in establishing new routines, redefining roles, and attaining emotional stability, essential for effective adaptation to a chronic condition.

During outpatient follow-up, interaction with the nursing team becomes a key facilitating factor, enabling mothers to develop the technical and emotional skills required for caring for their child. Studies indicate that essential skills include insulin administration, glucose monitoring, nutritional and emotional management, coping, resilience, decision-making, and role reorganization[1-6-7-8].

Finally, insights into mothers' experiences with T1DM in their children reveal the complexity of the health-illness transition and emphasize the necessity of nursing interventions that consider individual and contextual needs. Upon applying the above-mentioned theoretical framework, this study reveals that transition is a dynamic, multidimensional process, strongly shaped by personal, social, and professional factors[4-1-8].

OBJECTIVE

To analyze the health-illness transition experienced by mothers of children with Type 1 Diabetes *Mellitus* based on Afaf Meleis' Transitions Theory.

METHODOLOGY

Study design, location, and period

The present study adhered to the Consolidated Criteria for Reporting Qualitative Research (COREQ), specifically designed for original research, aiming to ensure quality and transparency in data presentation. This is a descriptive, qualitative study grounded in Afaf Meleis' theoretical framework, conducted at the endocrinology outpatient clinic of a University Hospital in a Northeastern Brazilian capital, affiliated with the Brazilian Unified Health System (Portuguese acronym: SUS). The department provides care for children and adolescents aged up to 17 years, 11 months, and 29 days.

Participants

The study was carried out with 17 mothers of children with T1DM attending outpatient follow-up, and data were collected from March to July 2025 following institutional approval. Data were collected individually in a peaceful and inviting space within the University Hospital's endocrinology department, either prior to or following the children's appointments. Participants were selected through non-probabilistic, purposive sampling[9].

Inclusion/exclusion criteria

The location was chosen for its role as a leading reference center in pediatric chronic illness care. Participants were mothers of children with T1DM aged up to 12 years attending regular outpatient follow-up, with at least 6 months since diagnosis. The study period was determined to allow mothers to gain direct experience in managing their child's newly diagnosed health condition. The study followed the regulations set by the Brazilian Child and Adolescent Statute (Portuguese acronym: ECA), Law No. 8.069/1990[7-8].

Study protocol

Data collection was carried out using a sociodemographic questionnaire and a semi-structured interview. By observing the research environment, the researcher gained familiarity with the unit's routines and procedures, promoting close engagement with both participants and the hospital staff. The interviews served as the primary tool for collecting detailed information on mothers' experiences.

The semi-structured interview followed a guide integrating sociodemographic and clinical information. The instrument investigated the transitions experienced by mothers caring for children with T1DM and was supplemented, when necessary, by a review of the corresponding medical records.

Results analysis

Data analysis was performed on fully transcribed audio-recorded interviews and guided by Afaf Meleis' theoretical framework. The most representative statements were selected to illustrate the identified categories and reflect participants' perspectives on the phenomenon under investigation.

The theoretical framework comprises three pillars: types, patterns, and properties related to the nature of transitions; conditioning factors, which may facilitate or hinder transitions; and response patterns, reflecting how individuals react. These elements provide a framework for recognizing healthy transitions and designing nursing interventions that effectively support the process[6].

Ethical aspects

The study was approved by the Research Ethics Committee (Portuguese acronym: CEP), under opinion No. 7.410.345, CAAE No. 85029324.8.0000.0155, and adhered to the ethical guidelines

established by Resolution No. 466[10] of the National Health Council (Portuguese acronym: CNS), which safeguards human dignity and participant protection, as well as by Resolution No. 510/2016[11] of the National Health Council (Portuguese acronym: CNS). All mothers signed the Free and Informed Consent Form (Portuguese acronym: TCLE), formalizing their voluntary participation.

RESULTS

The study included mothers aged 26 to 50 years from low socioeconomic backgrounds, which may directly influence how they manage their children's illness. Most participants (11, 70.6%) identified themselves as mixed race. Regarding family structure, 15 mothers (88.2%) had more than 1 child. Stable union or marriage was the predominant marital status, reported by 12 participants (70.6%).

Concerning educational attainment and socioeconomic background, 52.9% of participants completed secondary school. Domestic work was the main occupation, reported by 11 mothers (64.7%), reflecting its influence on household income. Most participants (10 mothers, 58.8%) reported a monthly income between 1 and 3 minimum wages, while the remaining 7 (41.2%) subsisted on up to 1 minimum wage.

Low levels of education and income, combined with informal domestic work, indicate social vulnerability, an important factor to consider when planning health and educational strategies for T1DM care. Regarding religion, most participants were Catholic (9 participants, 52.9%), reflecting a strong influence of beliefs and values that may either support or hinder adherence to treatment.

The health-illness transition process for children with T1DM is characterized by complex and dynamic challenges. According to the theory, this constitutes one of the four defined transition types, involving changes in health status that require emotional and practical reorganization, as well as adjustments in family and social roles[6], particularly for mothers, who assume a central role in daily care. The diagnosis produces an immediate emotional impact, characterized by fear, insecurity, and uncertainty, signaling the onset of a health-illness transition[6-12].

During this stage, individuals may experience uncertainty, differing viewpoints, and anxiety, alongside the need to develop knowledge and skills for managing the disease and adjusting daily routines, with variations according to time since T1DM diagnosis, as reflected in the participants' statements below:

> Prior to the diagnosis, we used to eat everything at home, yet the biggest issue was that everyone insisted it was because [the child] consumed too many sweets, "this only happened due to the amount of sugar you used to give him, too many sweets". But from what I understand, type 1 diabetes is different from type 2; so, he was born with the condition, but it only emerged now – it can manifest at birth or at any point during adolescence. And it wasn't easy, as he questioned me about everything he ate, asking why he had to eat certain foods while his sister and father ate something else. So much so that, throughout this time, I had to adapt to his dietary needs (mother No. 02, child aged 5 years and 1 month at T1DM diagnosis).

> I was upset, because it's not easy for me or any caregiver. Before the diagnosis, we used to eat everything (mother No. 03, child aged 5 years and 6 months at T1DM diagnosis).

> So, before [the diagnosis], we used to eat everything, we had a normal daily routine and didn't face many of the difficulties we have today (like having to restrict what he eats). At first, it wasn't easy for me, since I was always in charge and constantly dealing with challenges as everything was new to me; I still didn't know how to care for him appropriately or how things would unfold… Plus, he never takes 'no' for an answer, never (mother No. 04, child aged 8 years at T1DM diagnosis).

However, the initial impact is similar across families, as the diagnosis occurred during a critical stage of childhood growth and development. Over time, care is incorporated into daily family life, allowing the family to move from instability toward restored balance. This process illustrates the health-illness transition as a gradual adaptation, unfolding and consolidating through strategies that address ongoing challenges, thereby promoting well-being and quality of life, as demonstrated in the following statement:

> Before [the diagnosis], we used to eat everything, lots of pasta and sugar; now everything has changed, the diet has changed. It's not easy, because now we must monitor her blood glucose, wake up at three in the morning, but we're getting through it (mother No. 13, child aged 9 years and 5 months at T1DM diagnosis).

Care is incorporated into daily family life, allowing the family to move from instability toward restored balance. Thus, adaptation becomes firmly established as families develop strategies to address ongoing challenges, thereby fostering well-being and enhancing quality of life. From Meleis' perspective[1], this scenario represents a key supportive space for developing essential skills and self-confidence, facilitating a successful health-illness transition through continuous follow-up and educational engagement between healthcare professionals and family members.

In this context, the health-illness transition encompasses profound changes in individual and family life, requiring role, routine, and expectation reorganization, as well as physical, emotional, and social adaptation to continuous care demands. Implications include developing competencies for condition management, addressing psychological and social impacts, and engaging with supportive resources.

Facilitating factors, including access to accurate information, professional guidance, and a reliable support network, contribute to a healthy transition, whereas obstacles such as insufficient knowledge, stigma, or caregiver burden may impede adaptation and extend the instability period.

Personal, community, and social factors significantly influence the quality of the transition. Facilitating factors include access to reliable information, family and religious support, and attitudes reflecting perseverance and effective coping[1]. Conversely, inhibiting conditions such as low

socioeconomic status, lack of social support, and insufficient or contradictory information may compromise the adaptive process which may prolong the unstable period[14].

Personal conditions are central to this process, covering aspects such as socioeconomic status, prior knowledge, attitudes, cultural beliefs, and the significance attributed to the diagnosis. Mothers with lower education or limited income face additional barriers, including restricted access to resources, dietary limitations, and work overload, which can hinder a healthy transition[1]. In contrast, hope, faith, and religious beliefs emerge as facilitating factors, fostering resilience, confidence, and psychological well-being[13].

Social conditions, in turn, encompass stigma, socially prescribed roles, and family expectations. Caregiving strain, particularly when partners or other family members fail to share care responsibilities, acts as an inhibiting factor, exacerbating maternal stress and constraining autonomy in managing the condition[1].

Community-level support, including extended family, friends, peers, and healthcare professionals, is essential for facilitating a successful transition. Access to support networks, effective coordination among healthcare services, and reliable information enhance skill development, competence, and confidence in delivering care[1]. Inhibiting conditions arise when social isolation, inadequate support, or contradictory information are present, exacerbating maternal workload and obstructing the emotional and practical reorganization needed for optimal disease management[14].

However, parental involvement and active engagement with the school community can facilitate the transition by offering support and reinforcing educational practices. In this way, personal, community, and social conditions collectively shape the maternal experience, guiding response patterns, fostering skill development, and promoting a secure, fully integrated care routine embedded in daily family life[1].

DISCUSSION

Insights from mothers' experiences demonstrate that the health-illness transition constitutes a complex, multidimensional, and highly individualized process shaped by the dynamic interplay of facilitating and inhibiting factors. Findings from this study regarding personal, community, and social conditions are consistent with Afaf Meleis' theory, which emphasizes that successful transitions rely on facilitating factors, including emotional support, information access, and institutional resources[6-1].

In this context, mothers must reorganize family routines, acquire new knowledge, and develop technical skills, including insulin administration and carbohydrate counting, gradually incorporating care into daily life. Interactions with the healthcare team, particularly during outpatient follow-up, serve as a facilitating condition, providing emotional support, health education, while supporting the child's autonomy, thereby enhancing adaptation and the ability to cope with the new situation[1].

Mothers supported by family and spiritual resources showed increased coping and adaptation skills, highlighting the significance of affective and cultural dimensions in the transition process[13]. Conversely, challenges including low income, insufficient support networks, and emotional burden act as major barriers, restricting skill development and ultimately obstructing a balanced family routine[1-14].

Nursing support emerges as a central element in mediating these transitions, providing active listening, health education, and resource mobilization to strengthen maternal competence and shared caregiving. Approaches such as multidisciplinary follow-up, participation in support groups, and support for religious coping strategies enhance illness management and promote successful health transitions[1].

Coping strategies such as participation in educational groups, skill development, and strengthening support networks serve as key facilitators in the transition process. Spirituality and faith also serve as coping mechanisms, contributing to stress reduction and enhancing mothers' quality of life[13].

By offering tailored guidance, emotional support, and health education, healthcare professionals strengthen maternal confidence and support the incorporation of care into the family routine, thus serving as markers of a successful health-illness transition[1].

In addition to technical demands, the transition process entails situational changes, such as shifting family dynamics, reorganizing household responsibilities, and adapting social and work environments. Ongoing childcare follow-up can exacerbate caregiver stress and restrict mothers' engagement in social activities, especially in settings characterized by socioeconomic vulnerability[1-12]. In these cases, support from family and community networks emerges as a critical facilitating element for adaptation[14-15].

Therefore, effective nursing interventions should address families' unique personal and social conditions, enhance skills, provide emotional support, and incorporate care into daily life, promoting well-being and quality of life for child and family alike.

Study Limitations

The study carries limitations inherent to its qualitative design and the particular context in which it was conducted. The results capture experiences from a small group of mothers caring for children with Type 1 Diabetes *Mellitus* attending a single healthcare service, which could restrict applicability to diverse sociocultural contexts. Additionally, interpretations rely on participants' subjective experiences, which, while enriching understanding of the phenomenon, may be influenced by memory biases and emotional factors associated with caregiving. The absence of other caregivers or multidisciplinary team members in the sample further limits the analysis to a predominantly maternal perspective. Nonetheless, the findings provide important guidance for nursing practice, facilitating enhanced care interventions and a deeper understanding of the transitions experienced by families of children with chronic conditions.

Contributions to Nursing Practice, Healthcare Delivery, and Public Policy

The study provides valuable support for strengthening nursing practice, healthcare delivery, and public policy aimed at caring for children with Type 1 Diabetes Mellitus and their mothers. For nursing practice, it emphasizes the complex challenges mothers encounter during the health-disease transition and the need for approaches that integrate attentive listening, health education, and support for maternal and child autonomy. Guided by Meleis' model, the approach enhanced insight into the challenges families face and informed interventions that promote coping, adaptation, and empowerment among family members.

Within the healthcare field, the findings underscore the value of ongoing, multidisciplinary care that provides emotional support and integrates care into the family's daily routines. Strengthening support networks, training professionals, and developing educational strategies for diabetes management emerge as key elements to ensure quality life and treatment adherence. Additionally, recognizing cultural, spiritual, and community dimensions broadens perspectives on care, promoting a more holistic and humanized approach.

The findings indicate an urgent need for intersectoral public policies that guarantee equitable healthcare access, diabetes education, and essential treatment provisions. The study also emphasizes the need for policies supporting caregiving families, recognizing maternal burden and promoting conditions for shared responsibility among family members and social networks. Implementing educational programs and strengthening humanization policies within the Brazilian Unified Health System (Portuguese acronym: SUS) emerge as promising strategies to foster safer, sustainable, and inclusive transitions.

The study thus enhances nursing knowledge by evidencing family-centered care practices sensitive to mothers' personal and social circumstances and promoting policies that ensure equity, comprehensiveness, and humanized care for children with chronic conditions.

FINAL CONSIDERATIONS

By analyzing experiences reported by mothers of children with T1DM, the study highlighted the central role of nursing professionals as facilitators in the health-disease transition. Therefore, nursing plays a strategic role in promoting healthy transitions, supporting family-centered care, and enhancing life quality for children living with T1DM.

Through therapeutic interventions such as ongoing follow-up, health education, emotional support, and coordination with healthcare networks, nurses facilitate knowledge acquisition, foster technical and emotional skills, and strengthen maternal confidence in childcare, all essential for a healthy transition. In this way, nursing care assumes a strategic role by enabling the family to gradually adapt to

the demands imposed by T1DM, thus supporting well-being, autonomy, and life quality for both child and family.

The transitional process is strongly influenced by both facilitating and inhibiting factors. Facilitating factors include family, religious, and community support, access to information, and multiprofessional follow-up, which promote coping, meaning making, and help consolidate daily care. Conversely, inhibiting conditions such as socioeconomic vulnerability, emotional overload, resource scarcity, and social isolation may hinder adaptation and prolong instability during the transitional process.

This framework emphasizes that effectively addressing health-illness transitions requires interventions grounded in mothers' experiences and contextual realities, enabling families to adopt new roles, strengthen competencies, and implement care strategies that promote well-being. By considering both facilitating and inhibiting conditions, nurses become key agents in guiding healthy transitions and enhancing the child's and family's adaptation to the demands of T1DM.

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